Agenda

Health and Social Services
Haldimand and Norfolk

Haldimand-Norfolk
Health and Social Services Advisory Committee

March 25, 2024
9:30 a.m.
Council Chambers
Norfolk County Administration Building
50 Colborne St. S., Simcoe ON

Pages

1. Disclosure of Pecuniary Interest
2. Additions to Agenda
3. Presentations/Deputations
4. Adoption/Correction of Advisory Committee Meeting Minutes
   - 4.1 Haldimand-Norfolk Health and Social Services Advisory Committee -February 26, 2024 — 3
5. Update on Reports
6. Consent Items
7. Staff Reports
   - 7.1 General Manager
   - 7.2 Public Health
     - 7.2.1 Safe Water Program Update 2023, HSS-24-011 — 8
     - 7.2.2 Haldimand-Norfolk Health Unit 2024-2027 Strategic Plan, HSS-24-009 — 17
     - 7.2.3 Annual Service Plan and Budget Submission, HSS-24-013 — 32
   - 7.3 Social Services and Housing
8. Sub-Committee Reports
9. Communications
10. Other Business
11. Closed Session

11.1 Verbal Update - Strengthening Public Health HSS-24-014
Section 239(2) of the Municipal Act, 2001 as amended as the subject matter pertains to:

(b) personal matters about an identifiable individual, including municipal or local board employees;

(d) labour relations or employee negotiations.

12. Next Meeting

12.1 Monday April 22, 2024

13. Adjournment

Haldimand-Norfolk

Health and Social Services Advisory Committee

February 26, 2024
9:30 a.m.
Council Chambers
Norfolk County Administration Building
50 Colborne St. S., Simcoe ON

Present: Chris Van Paassen, Shelley Bentley, John Metcalfe, Alan Duthie, Patrick O'Neill

Also Present: Syed Shah, Stephanie Rice, Angela Butcher, Sarah Page, Lori Friesen, Laura Goyette, Jackie Wood, Alexis Atkinson, Katie Donovan, Chris Parker, Chris Gilbert

Absent: Linda Vandendriessche, Dr. Joyce Lock

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1. Disclosure of Pecuniary Interest

2. Additions to Agenda

3. Presentations/Deputations

4. Adoption/Correction of Advisory Committee Meeting Minutes

4.1 Haldimand-Norfolk Health and Social Services Advisory Committee - January 22, 2024

The Minutes of the Health and Social Services Advisory Committee meeting dated January 22, 2024, having been distributed to all Committee Members and there being no errors to report. The minutes have been and signed by Chair Bentley.

Moved By: Chris Van Paassen
Seconded By: John Metcalfe

That the January 22, 2024 Health and Social Services Advisory Committee Minutes be approved.

Carried.

5. Update on Reports

6. Consent Items

7. Staff Reports

7.1 General Manager

7.2 Public Health

7.2.1 Medical Officer of Health - Update

Moved By: John Metcalfe
Seconded By: Councillor A. Duthie

That the Medical Officer of Health Update be received as information.

Carried.

7.2.2 Food Insecurity and the 2023 Ontario Nutritious Food Basket Survey, HSS-24-007

Moved By: Patrick O'Neill
Seconded By: John Metcalfe

That staff report HSS-24-007 be received as information;

And that the Board of Health correspond with the provincial government applauding recent changes to Ontario Disability Support Program that indexed rates to inflation and recommend the same change for Ontario Works recipients. This would ensure that everyone receiving social assistance could afford their basic needs;

And further that the Board of Health write a letter to the Minister of Health and Long-Term Care in support of continued monitoring of food affordability by public health units as part of the revised 2025 Ontario Public Health Standards;

And further that this Staff Report be forwarded to The Association of Local Public Health Agencies and Ontario Boards of Health.

Carried.

7.2.3 Rabies Program Update 2022-2023, HSS-24-006

Moved By: Chris Van Paassen
Seconded By: Alan Duthie

THAT the report HSS-24-006 regarding the be received as information.

Carried.

7.3 Social Services and Housing

7.3.1 Ontario Works Service Plan 2024, HSS-24-004

Moved By: John Metcalfe
Seconded By: Chris Van Paassen

That staff report HSS-24-004 be received as information; and

That Council direct staff to submit the Ontario Works Service Plan for 2024 to the Ministry of Children, Community and Social Services (MCCSS) for approval.

Carried.

8. Sub-Committee Reports

8.1 HNHU 2023 Q4 Report – BUDGET AMENDMENT, CS-24-025

Moved By: Patrick O'Neill
Seconded By: John Metcalfe

That report CS-24-025 HNHU 2023 Q4 Report – BUDGET AMENDMENT be received as information;

And that the Approved 2023 Haldimand-Norfolk Health Unit Operating Budget be amended as outlined in the report;

And further that the Board of Health endorse that COVID-19 programs remain 100% funded by the Ministry of Health.

Carried.

9. Communications

9.1 February alPHa InfoBreak

Moved By: Chris Van Paassen
Seconded By: John Metcalfe

That the Communication Item 9.1 February alPHa InfoBreak be received as information.

Carried.

10. Other Business

11. Closed Session

Moved By: Alan Duthie
Seconded By: John Metcalfe

That the Health and Social Services Advisory Committee enter into Closed Session at 9:59 a.m..

Carried.

Moved By: Chris Van Paassen
Seconded By: John Metcalfe

That the Health and Social Services Advisory Committee resume Open Session at 10:24 a.m..

Carried.

11.1 Verbal Update - Strengthening Public Health

Section 239(2) of the Municipal Act, 2001 as amended as the subject matter pertains to:

(b) personal matters about an identifiable individual, including municipal or local board employees;

(d) labour relations or employee negotiations.

Moved By: Alan Duthie
Seconded By: Patrick O'Neill

That the Closed Meeting Update Strengthening Public Health be received as information; and

That staff proceed as directed.

Carried.

12. Next Meeting

12.1 Monday March 25, 2024

13. Adjournment

Moved By: Alan Duthie
Seconded By: John Metcalfe

That the Health and Social Services Committee be adjourned at 10:25 a.m..

Carried.

Board of Health Meeting – April 03, 2024

Advisory Committee Meeting – March 25, 2024

Subject: Safe Water Program Update 2023
Report Number: HSS-24-011
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

That Staff Report 24-011, Safe Water Program Update 2023, be received as information.

Executive Summary:

This report provides information about the Health and Social Services (HSS) Environmental Health Team (EHT) Safe Water Program. This report highlights new challenges and trends in this program area, as well as the public health initiatives required to address them.

Discussion:

Overview

The Safe Drinking Water Program, like many mandated Ministry of Health Programs, took a back seat during the pandemic, such that routine inspections and risk assessments were not completed, only essential program elements were followed up on. This has left the EHT with the task of catching up on these missed obligations, while simultaneously dealing with the re-opening of existing Small Drinking Water Systems (SDWS). Other Ministry level changes to applicable legislation resulted in more public facilities being newly encompassed by the SDWS Regulation.

This report aims to provide a fulsome summary of the Haldimand Norfolk Health Unit's (HNHU) current situation regarding the delivery of the Safe Drinking Water Program elements. This report will outline these issues in detail and provide a clear picture of how they impact the HNHU's Environmental Health Team and our communities.

Board of Health Obligations

Ontario Public Health Standards (OPHS): *Requirements for Programs, Services, and Accountability (OPHS, June 2021),* are published by the Minister of Health and Long-Term Care under the authority of section 7 of the Health Protection and Promotion Act (HPPA). This document identifies the minimum expectations for public health programs and services to be delivered by Ontario's 34 boards of health, as well as the board of health's role in their delivery.

The **Environmental Health Team (EHT)** is tasked with fulfilling these mandated minimum requirements set out by the OPHS Protocols and Guidelines, as they pertain to the **Safe Drinking Water Program**. The ***Safe Drinking Water and Fluoride Monitoring Protocol (Feb. 2021)*** provides direction to boards of health on the components of the Safe Water Program for the prevention and reduction of illness related to drinking water which include, but are not limited to:

- Maintain an inventory of all drinking water systems within our jurisdiction that are regulated under the HPPA & the Safe Drinking Water Act (SDWA),
- Surveillance and inspection of Drinking Water systems,
- Timely response to adverse drinking water events, reports of water-borne illnesses or outbreaks, and other drinking water related issues arising from emergencies (24/7 availability),
- Education and training of owners/operators of small drinking water systems,
- Informing the public about unsafe drinking water conditions and providing information to respond appropriately, &
- Monitoring community water fluoride levels and taking specific action in accordance with the level of fluoride in the water.

The EHT has primary oversight of several Regulations under the HPPA, relevant to this safe drinking water protocol, since they each have a potable water requirement:

- Small Drinking Water Systems (O. Reg. 319/08),
- Food Premises (O. Reg. 493/17),
- Recreational Camps (O. Reg. 503/17),
- Personal Service Settings (O. Reg.

The OPHS & Protocols allow for individual Boards of Health to provide Safe Drinking Water Program elements that meet local community needs. Being a vast and rural Health Unit, results in a wide range of activities that require Safe Drinking Water such as Water Haulage, Seasonal Housing, and Private Drinking Water. As a result of Haldimand and Norfolk Counties varying soil composition in different geographical locations (sandy-clay), facilities tap into surface water sources (such as lake water) and ground water sources (Drilled, dug and sand point water wells), there is a wide knowledge base required to effectively deliver the Safe Drinking Water Program within our jurisdiction.

Regulated Drinking Water Systems

Regulation 319/08 SDWS Inventory

Currently there are ***251 active Small Drinking Water Systems (SDWS)*** in Haldimand-Norfolk, to which Regulation 319/08 applies and the HNHU is solely responsible for. Under Reg. 319, a Risk Assessment is required every 4 years minimum; therefore, the HNHU's target is to complete ~ 63 SDWS assessments each year.
Each of the 63 SDWS assessments entails: 1) A SDWS Inspection & Report, 2) A Site-Specific Risk Assessment using the Ministry of Health's Risk Categorization (RCat) Tool, and 3) The Creation & Issuance of a Site-Specific Directives Document. SDWS include public facilities that are on a private water supply (private well, cistern or surface water source) such as food premises, churches and seasonal campgrounds.

Newly Defined Small Drinking Water Systems

Recent changes to the regulatory definition of a Food Premise have made the SDWS regulation applicable to additional Food Premises not originally captured under Regulation 319/08. All fixed food premises, including take-out only and home-based food businesses, are now considered SDWS and, therefore, need to be added into the HNHU SDWS inventory. These sites now require Public Health Inspectors (PHIs) to complete the same inspections, assessments, surveillance, and response to adverse incidents as all other existing SDWS.

There are **16 Home-Based Food Premises and 30 Fixed Food Premises** that are now subject to the SDWS.

Personal Service Settings (PSS)

PSS are subject to Ontario Regulation 136/18, which does require the facility to be equipped with potable hot and cold running water under pressure. This is especially important for PSS that offer high-risk services such as micro blading, micro shading, tattooing and other beauty treatments. PHIs collect samples to verify the water provided on-site is safe. After discussions with neighboring PHU's and other Safe Drinking Water Program stakeholders, PSS that are on a private water supply are subject to the SDWS Regulation.
The **HNHU has ~15 PSS's that will be required to meet the requirements of Reg. 319/08** moving forward.

Regulation 170/03 Drinking Water System (DWS) Inventory

There are ***48 active Drinking Water Systems*** in Haldimand-Norfolk. The Ministry of Environment Conservation & Parks (MECP) has the primary oversight of these DWS under Regulation 170/03. The HNHU also has a responsibility under this regulation, since these DWS are within our jurisdiction. The Medical Officer of Health is named within the regulation and has decision-making obligations and power. DWS under this regulation are grouped into 8 different system types which capture Municipal DWS,

other year-round residential DWS and designated facilities such as schools and daycares.

Regulation 243/07 Schools, Private Schools and Childcare Centres Inventory

There are ***89 active sites that are subject to Regulation 243/07*** in Haldimand and Norfolk counties. This regulation addresses **lead** in drinking water at designated facilities, namely schools & daycares. This regulation deals with the interior plumbing of each building that houses a designated facility specifically, since older plumbing components contained lead which leaches into the water and could have negative impacts on growing children.

Adverse Water Quality Incidents (AWQI's)

The HNHU EHT responded to a ***Total of 69 AWQI's,*** from all regulated drinking water system types combined in 2023. Water sampling is required by each of the 3 regulations named above and, if the result is outside of the prescribed drinking water quality standard, then it is an adverse water sample result. A second type of AWQI is an Adverse Observation made about the water treatment equipment and/or system in general that may have a negative impact on the drinking water quality.

The EHT also responded to ***5 Drinking Water Complaints,*** which were regarding a variety of issues throughout Haldimand and Norfolk in 2023.

Other Facilities that Require Potable Water

Mobile Food Premises

One of the unforeseen outcomes of the pandemic was the rise in popularity of Mobile Food Premises. Food Trucks and other mobile units were generally able to continue operating during lockdowns and represented an opportunity for individuals who were out of work due to COVID-19 to earn income with minimal investment. Most of the Mobile Food Premises in Haldimand and Norfolk obtain water by filling holding tanks on the truck. These Mobile Food Premises are not subject to the same standards and oversight as fixed food premises in terms of potable water.

Providing continually safe water in a mobile unit presents unique challenges which PHIs must navigate to ensure safe water is available. PHIs educate the operators as needed on how to ensure the water is always safe. They collect water samples during inspections and follow up on any adverse results. The Health Unit currently has **43 active, local mobile food premises** that are inspected between 1 to 3 times per year dependent on risk assessment.

Mobile Food Premises tend to change hands and/or come and go frequently in HNHU. Approving Mobile Units, both local or from other jurisdictions, involves consultation with

the business owner, coordination with other county departments, and at least two inspections by a PHI, which includes the assessment of their water supply and sample collection. This high rate of turnover and complex approval processes demonstrates the time and manpower demands required to ensure safe water (and food) at these facilities, and as a result inventory does not accurately reflect the amount of time spent on this program.

Special Events (Tourism)

Special Events and Tourism have made a comeback in both counties since their rapid decline during the COVID-19 pandemic. These events attract many more mobile food vendors, and people, into our jurisdiction. Special events require public health oversight at many levels. Public Health Inspectors review and approve applications from Special Event organizers to ensure the venue is equipped to safely accommodate the expected number of visitors. The EHT also processes applications, manage organizer and vendor databases, communicate with applicants, and issue permits.
In 2023 the EHT approved 253 separate special event applications**.** This is a significant increase from 2022 where 153 Special Events were received and approved.

Bunkhouses

Haldimand and Norfolk counties have a long history in agriculture, with Norfolk County being dubbed “Ontario’s Garden”. Being rural communities with over 2800 square kilometers shared between the two counties, farming is a large part of everyday life for many of our residents and attracts temporary International Agricultural Workers (IAWs). Every year, the communities of Haldimand and Norfolk welcome over 4500 IAWs, more than almost every other region in the province. As a result, the HNHU has one of the largest inventories of seasonal housing units; **617 Bunkhouse Inspections/Approvals** were completed in 2023 to accommodate these IAWs.

Service Canada requires bunkhouse inspection reports to be included in a Labor Market Impact Assessment (LMIA) that farmers must submit to request workers for all agricultural program stream. The employer must provide housing for these workers, which is free of human health hazards, which includes safe drinking water. Annually, at least 1 site visit by a PHI is required with a satisfactory water sample result (among other things) for a bunkhouse to be approved. Samples collected may yield adverse results, which then require PHIs to notify, educate, correct and ultimately re-sample to ensure a safe water supply for the workers. There was a total of **52 Re-Inspections of seasonal housing units related to adverse water reports in 2023.**

Other Safe Drinking Water Program Obligations

Liaising with Official Agencies & Stakeholders is required and necessary for the HNHU to fulfill obligations under the Health Protection and Promotion Act, the Safe Drinking Water Act and the applicable Safe Drinking Water Regulations, Standards, Protocols and Guidelines. The importance of having safe drinking water to protect human health results in semi-annual meetings with the Ministry of Environment Conservation & Parks (MECP). Safe Water at meat processing facilities also calls for regular communications with the Ontario Ministry of Agriculture Food & Rural Affairs (OMAFRA).

Having firm and open lines of communication with other Safe Drinking Water Professionals is also necessary for successfully running a Safe Water Program. This includes DWS Operators such as Norfolk County Environmental Services and SDWS Operators that are private companies that provide this service in our area. Still other drinking water experts are also beneficial to stay in tune with, such as the Walkerton Clean Water Centre (WCWC) who help train and educate on existing and emerging drinking water systems and issues.

The EHT also responded to ***30 Reports of Spills & Wastewater (Sewage) Treatment Plant By-Passes,*** that may affect drinking water sources in our jurisdiction in 2023.

Private Drinking Water Sources

3240 private water samples, taken by property owners with wells, cisterns and potentially other water sources, were submitted to Public Health Ontario Labs from Haldimand-Norfolk residents in 2023. This number does not reflect the total number of private drinking water systems in Haldimand and Norfolk counties but rather reflects the total number of people who have the knowledge and desire to have their water tested. The **HNHU received 144 Drinking Water Inquiries in 2023,** from water sample results from private water supplies.

Water Haulage Vehicles

Since many homes in Haldimand and Norfolk rely on hauled water as their primary drinking water source (Cistern Owners), there is a need for water haulage vehicles within our jurisdiction. Since this essential service deals with safe water, routine inspections of these vehicles are warranted. A Water Haulage Vehicle Inspection Program has launched several times in the past and has been largely successful. However, through the COVID-19 pandemic this program was deemed lower risk and eventually routine inspections came to a halt. Neighboring PHU's have been canvased and given the local need, the HNHU is determined to restore the Inspection program to fulfill Safe Drinking Water Program needs.

There are 32 Active Water Haulage Vehicles that operate out of Haldimand-Norfolk to our knowledge currently.

Healthy Environments, Health Hazards and Impacts on Water

Hydrogen Sulfide H2S

Many formerly productive natural gas wells have been plugged, forgotten, abandoned, or orphaned over the years. Now these gas wells, which may not be maintained, are deteriorating and “leaking” gases into the air, but also into surface waters and ground water aquifers.
Hydrogen Sulfide may also leach into confined spaces such as cisterns and wells, causing potential immediate health hazards to homeowners performing maintenance on their systems. Therefore, public education regarding the dangers of confined spaces as well as H2S and methane are required to mitigate risk.

Chemical Hazard

In the past, chemical hazards such as gasoline have contaminated well water quality in the areas where spills have occurred. Monitoring, education, and direction to businesses and homeowners is required to mitigate risk from chemical spills into the environment.
These 2 scenarios highlight the complexity and expanse of what the EHT may encounter while attempting to deliver a comprehensive Safe Drinking Water Program.

Source Water Protection

The HNHU stays in stride with Source Water Protection efforts since these efforts are inextricably tied into the Safe Drinking Water Program. Protecting source waters is the first step in having safe drinking water, if you are an entity that relies on that water source.

Recreational Water

The EHT has regulatory oversight of Recreational Water, namely pools, spas, and beaches. Safe pool and spa water typically relies on a Safe Drinking Water Source in the first place. **There are currently 39 pools and spas in total in HNHU’s jurisdiction.**

There are many public beaches in Haldimand-Norfolk, where water quality is also monitored by Ontario Parks (MECP). Beach water quality is dependent on source water.

Financial Services Comments:

Norfolk County

There are no direct financial implications within the report as presented.

The Approved 2024 HNHU Operating Budget includes $1,992,400 to support the Environmental Health Team. The Safe Water program is one of many offered by the team as part of the Ministry of Health's Mandatory Programs.

Levy costs for the program are shared between Haldimand and Norfolk counties per the arbitration agreement.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Consultation(s):

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Empowering Norfolk - Putting the tools and resources in place to ensure our businesses' and residents' success

Explanation: The Environmental Health Team will focus public health services to address emerging trends in the Environmental Health Program. The key is awareness, education of the public, the development of innovative ideas to address providing services, and consultation with the Board of Health to address challenges while providing excellent service to our communities.

Conclusion:

The Environmental Health Team will focus public health services to address emerging trends in the Environmental Health Program. The key is awareness, education of the public, the development of innovative ideas to address providing services, and consultation with the Board of Health to address challenges while providing excellent service to our communities.

Attachment(s):

None.

Approval:

Approved By:
Sarah Page,
General Manager, Health and Social Services

Reviewed By:
Syed Shah,
Director, Public Health

Reviewed By:
Alexis Atkinson,
Program Manager, Environmental Health

Prepared By:
Greg Mychajluk,
Public Health Inspector

Board of Health Meeting – April 03, 2024

Advisory Committee Meeting – March 25, 2024

Subject:	Haldimand-Norfolk Health Unit 2024-2027 Strategic Plan
Report Number:	HSS-24-009
Division:	Health and Social Services
Department:	Public Health
Purpose:	For Information

Recommendation(s):

THAT the Board of Health approve the Haldimand-Norfolk Health Unit (HNHU) 2024-2027 Strategic Plan.

Executive Summary:

The purpose of this report is to present the Haldimand-Norfolk Health Unit's Strategic Plan for 2024-2027.

Discussion:

The Haldimand-Norfolk Health Unit (HNHU) began its strategic planning process in 2023, culminating with the HNHU 2024-2027 Strategic Plan. The new strategic plan reaffirms HNHU's vision, mission, values and working principles. The plan also outlines strategic goals that not only enhance and build upon its core work, but will also drive progress in targeted areas of change.

A range of diverse inputs were gathered and analyzed to support the strategic planning process. Data from HNHU's 2022 Community Needs Assessment was the foundation of the engagement process. From there, employees, partners, and members of the Board of Health and Health & Social Services Advisory Committee were consulted to identify the strategic areas and public health challenges to focus on over the next four years.

The new strategic plan demonstrates HNHU's dedication and focus on collaboration, equity, and integrity.

Financial Services Comments:

Norfolk County

The Approved Capital Budget includes an allocation of $20,000 for the completion of the HNHU's strategic plan, with funding provided by the shared municipal levy. Total project costs to date are $12,211 with at least one invoice remaining (as per the December 31, 2023 capital status report).

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Haldimand County

The HNHU 2024-2027 Strategic Plan reaffirms HNHU's vision, mission, values and working principles. It also aligns with Haldimand County's Corporate Strategic Pillar of Community Vibrancy & Healthy Community by supporting equitable health opportunities. This includes assisting all communities in reaching their full health potential and nurturing meaningful relationships with partners and communities to improve public health and address priority health issues.

Consultation(s):

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Building Norfolk - Develop the infrastructure and supports needed to ensure complete communities.

Explanation:
HNHU's strategic plan will direct the efforts of public health to enhance and promote the well-being of communities and contribute to the betterment of the quality of the health of residents.

Conclusion:

This refreshed strategic plan outlines HNHU's strategic priorities for immediate and anticipated local public health needs and challenges, and sets objectives of importance for HNHU over the next 4 years.

Attachment(s):

- Haldimand-Norfolk Health Unit Strategic Plan 2024-2027

Approval:

Approved By:
Sarah Page
General Manager, H&SS

Reviewed By:
Syed Shah
Director, Public Health

Sarah Titmus
Program Manager, Infectious Disease

Prepared By:
Julie Richardson
Health Planner, Planning and Evaluation

Josh Daley
Health Promoter, Planning and Evaluation

Haldimand-Norfolk Health Unit

Strategic Plan

2024 - 2027

Health and Social Services
Haldimand and Norfolk

A message from Mayor Amy Martin and Mayor Shelley Ann Bentley

The Board of Health and the Health and Social Services Advisory Committee are pleased to have participated in the development of a forward-looking strategic plan for our public health unit that builds on past strengths and acknowledges future challenges. Now more than ever, it is abundantly clear to us all that everyone has a role to play in public health. We recognize that Haldimand and Norfolk Counties have built a robust public health system that prioritizes the community first, and will continue to advocate for our citizens wellbeing while we navigate any overall system changes. HNHU cannot achieve its mission alone, and we thank our current and future partners for collaborating with the Health Unit to create a more effective public health system. We also wish to thank all of the Health Unit staff for their continued commitment to serving local residents, and for working each day to make Haldimand and Norfolk Counties healthier places to live, work and play.

Amy Martin
Mayor, Norfolk County
Chair, Board of Health

Shelley Ann Bentley
Mayor, Haldimand County
Chair, HSS Advisory Committee

A message from the Medical Officer of Health, Director of Public Health and General Manager of Health & Social Services

We are excited to present the HNHU Strategic Plan for 2024-2027. This plan encompasses the vision, mission, values and strategic goals and objectives that will guide our way forward to ensuring equitable access to public health, a safe and comprehensive delivery of services, and promoting a thriving population across Haldimand and Norfolk Counties.

As we move forward into a changing public health landscape, we know that every member of the Public Health teams will play a vital role in achieving the goals laid out in this plan. We share our sincere gratitude to all partners, within public health and across the community, who assisted with the strategic planning process and who work with us every day to improve the health and wellbeing of the residents in both Counties. Your extraordinary efforts are greatly valued and appreciated.

Dr. Joyce Lock
Medical Officer of Health

Syed Shah
Director, Public Health

Sarah Page
General Manager, Health and Social Services

Who We Are

The Haldimand-Norfolk Health Unit (HNHU) works to protect and promote the health of all residents of Haldimand and Norfolk and the communities where they live, work, play and learn.

Our programs, as mandated by the Ontario Public Health Standards, respond to public health emergencies, promote healthy lifestyles, help prevent injuries, illness and disease, and promote positive change and social conditions that improve health for everyone.

HNHU serves the counties of Haldimand and Norfolk, with a combined population of 116,872 people living in rural communities and small urban centres.

Our Strategic Plan

The Haldimand-Norfolk Health Unit's strategic plan will serve as a foundation that outlines our priorities for the next four years to help us meet the public health needs of the community while responding to changes in the public health system. This plan communicates our priorities with our partners and the communities we serve and will inform HNHU's decisions.

HNHU employees, partners, and members of the Board of Health and Health & Social Services Advisory Committee were engaged to identify the strategic priorities and goals that form the strategic plan. We also built on HNHU's 2022 Community Needs Assessment (CNA), which engaged community members, partner agencies and internal staff to understand the current health and social status of the local community.

Grounding Principles

- We see the community as a whole, considering its rural context.
- We use evidence-informed practices.
- We work 'upstream'.
- We work across the life span.
- We use a trauma-informed approach, including safety, transparency & trustworthiness, choice, collaboration & mutuality, and empowerment.
- We use an equity, diversity, and inclusivity approach. We support & promote the representation and participation of different groups of individuals regardless of age, religion, ethnicity, gender, sexual orientation, or disability.

Vision

Healthy, vibrant, caring communities for all

Mission

Working together to improve, promote, and protect the health and well-being of the communities we serve

Values

Collaboration - We foster relationships to effectively achieve shared goals.

Equity - We recognize the advantages and disadvantages community members experience and strive to reduce barriers so all people can achieve their optimal health.

Integrity - We serve with transparency, accountability, and dedication.

Strategic Priorities

Health Equity

Supporting equitable opportunities for health by assisting all communities to reach their full health potential

Objectives

- Strengthen organizational capacity to integrate health equity in all programs and services
- Engage with a diversity of people, including people with lived and living experiences, as we develop and implement public health initiatives
- Promote mental health and decrease harms associated with substance use through comprehensive approaches

Community and Sector Relationships

Nurturing meaningful relationships with partners and communities to improve public health and address priority health issues

Objectives

- Establish and enhance relationships with communities and partners, including Indigenous communities
- Execute external communication strategies to articulate and promote HNHU's value and role in community health efforts
- Enhance and explore new models of service through community collaboration and partnership

Workforce Well-being and Resilience

Fostering an enriching work environment that supports the mental health, well-being and resiliency of staff

Objectives

- Promote employee psychological safety and well-being
- Sustain a work culture where staff are acknowledged, engaged and empowered
- Cultivate a work environment of learning and development to support individual growth and organizational goals

Change Management

Effectively navigating system changes in public health

Objectives

- Guide HNHU, municipalities, partners and the community through organizational change
- Build organizational capacity and skills to effectively manage change
- Maintain effective public health practice and quality of programs as HNHU navigates change

Health and Social Services
Haldimand and Norfolk

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Board of Health Meeting – March 26, 2024

Advisory Committee Meeting – March 25, 2024

Subject:	Annual Service Plan and Budget Submission
Report Number:	HSS-24-013
Division:	Health and Social Services
Department:	Public Health
Purpose:	For Decision

Recommendation(s):

That report HSS-24-013 be received as information; and

That the Board of Health endorse the submission of the 2024 Annual Service Plan and Budget Submission to the Ministry of Health; and

Further that the Board of Health approve the inclusion for a funding increase request of $316,700 for the Ontario Seniors Dental Care Program (OSDCP).

Executive Summary:

This report is to advise the Board of Health on the submission of the Annual Service Plan and Budget Submission to the Ministry of Health and request that the Board endorse the submission.

Discussion:

The Ministry of Health (MOH) requires submission of an Annual Service Plan (ASP) to accompany the request for funding for mandatory, related and one-time programs.

The purpose of the ASP is to:

- Communicate program plans and budgeted expenditures for a given year; and
- Describe the programs and services Boards of Health (BOH) are planning to deliver in accordance with the Ontario Public Health Standards (OPHS), where requirements for Programs, Services, and Accountability (the "Standards") are based on local needs and budgets at the program level.

Boards of Health are required to include budget information on MOH funded public health programs (both cost-shared and 100% funded programs) and must include 100% of budgeted costs (municipal and provincial portions) for these programs, including any

municipal contributions over the ministry approved allocation, intended for the delivery of public health programs and services.

In 2024 two significant changes are that COVID Programs have been incorporated into the Immunization and Infectious and Communicable Diseases Prevention and Control Standards, and secondly that there is an opportunity to highlight and ask for additional funding for the Ontario Seniors Dental Care Program (OSDCP) based on local needs and financial predictions.

A summary of the ASP includes:

1. Base Funding
    a. Mandatory Programs: Board of Health approved budget of $9,537,100.
    b. OSDCP: Board of Health approved budget of $633,300, with additional pressures of $316,700 included for a total of $950,000.
2. COVID-19 Programs: both General and Vaccine programs have been included as part of Mandatory Programs, per the BOH approved initiative.
3. One-Time Programs: the MOH removed one-time funding requests in 2024 with the focus turning to merger proposals. The MOH has since provided assurance the PHI Practicum program will continue with funding to be in line with the previous year. The HNHU was allocated $20,000 for the program in 2023.

Note that the ASP does not include programs funded by the Ministry of Children, Community and Social Services, previously approved MOH one-time funded programs or third party funded programs.

Financial Services Comments:

Norfolk County

Financial Services staff work with HNHU staff to complete the budget portion of the ASP. The ASP can be summarized between base, COVID and one-time programs. For 2024, one-time program requests were not made available to PHUs.

Base Programs
In past years, the BOH Approved HNHU Operating Budget was equal to what was included in the ASP for base programs.

This remains true for Mandatory Programs, where after adjusting for prior year one-time and third party programs, the total budget is $9,537,100. MOH funding is listed at $5,541,200 in the ASP, however, in line with prior communication and the BOH Approved Budget, MOH funding is anticipated to be $5,922,000. This would include a return to the capped 75% MOH/25% Municipal funded cost share model (from what was reduced to 70%/30% in 2020) and a 1.0% funding increase. With this committed funding, the actual cost share would be 62% MOH and 38% Municipal. This is equal to

an amount of $1,641,100 being over the capped funding share, supported by the shared municipal levy.

For the OSDCP, the MOH requested PHUs to include financial pressures they have due to program demand. Based on historical actuals, staff have included an additional request of $316,700 compared to the approved allocation and HNHU Operating Budget of $633,300, for a total request of $950,000. While staff continue to work towards internal service delivery, this request should be sufficient to support external delivery for a few months of the year until the program is operational in-house. Staff will continue to operate the program within the approved budget, until the additional funding request is granted by the MOH. Staff will bring a report to BOH for program delivery considerations if the funding request is not granted by the MOH.

COVID Programs

Staff report HSS-23-068, approved by the BOH on December 5, 2023, has been incorporated into the ASP. Costs are included in base Mandatory Programs in line with MOH standards and programs. The MOH previously communicated that they may be able to provide one-time funding to support costs to the end of March 31, 2023 for the COVID-19 Vaccine Program, however, there has not been any indication since that this funding will be provided. The MOH was clear that no COVID funding would be provided after March 31, 2024.

With the BOH's endorsement, the ASP will be signed and submitted to the MOH for their review.

Haldimand County

Haldimand Finance staff have reviewed this report, and the attached budget submission and agree with the information provided by Norfolk Financial Services, with no budget amendments occurring as a result of the report. Any impacts of additional funding requested, and subsequently received, would be cost shared based on the applicable cost sharing agreement.

Interdepartmental Implications:

Haldimand County

Health and Social Services staff have provided a comprehensive submission in the attached 2024 Annual Service Plan and Budget Submission, responding to the key focus areas such as: Community Assessment, Foundational Standards, Chronic Disease Prevention and Well-Being, Food Safety, Health Environments, Healthy Growth and Development, Immunization, Infectious and Communicable Diseases Prevention and Control, Safe Water, School Health; and Substance Use and Injury Prevention.

The programs and services within the Haldimand Norfolk Board of Health structure are delivered in accordance with the Ontario Public Health Standards. These Standards are tailored to local needs and budgets at the program level.

Consultation(s):

None

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Empowering Norfolk - Putting the tools and resources in place to ensure our businesses' and residents' success

Explanation:

The submission of Annual Service Plan will ensure public health get required resources to enhance and promote the well-being of communities and contribute to the betterment of the quality of the health of residents.

Conclusion:

Attachment(s):

- Appendix A – HNHU 2024 Annual Service Plan and Budget Submission

Approval:

Approved By:
Sarah Page
GM, Health and Social Services

Prepared and Reviewed By:

Prepared By:
Syed Shah
Director, Public Health

Ministry of Health

2024 Annual Service Plan and Budget Submission

Board of Health for:

the Haldimand-Norfolk Health Unit

Version 1.0

Community Assessment

A. Community Needs and Priorities

Describe the process your board of health uses to understand your community's population health needs and priorities. Include information on how you assess whether your community's population health needs are changing and whether your board of health's programs and interventions have been or will be adapted to address changes in the community's population health needs.

Public health programs and services across Haldimand and Norfolk counties are administrated by the Haldimand-Norfolk Health Unit (HNHU) under the governance direction of HNHU Board of Health (BOH) that consists of members of Norfolk County Council. Haldimand County provides input to public health programs and services through its three representatives who sit on the Health and Social Services Advisory Committee. The Advisory Committee, which also has three representatives from Norfolk County, receives reports and provides recommendations to the BOH for approval, typically meeting one week before any regularly scheduled Board of Health meeting.

In order to understand our community's population health needs and priorities, the HNHU conducted a Community Needs Assessment (CNA) in 2019 and repeated this effort in 2022. The 2022 CNA aimed to both quantify and qualify the changes in the population and their health over the COVID-19 pandemic. The 2022 assessment included a community profile, a community survey, focus group discussions and key informant interviews. The community profile described the health and social status of the general population and priority populations of Haldimand and Norfolk counties. Data presented in the CNA came from an array of sources, including a scan of available literature, local reports, census data, and more. The community survey was available online and in paper form across the two counties. The survey collected data from members of the general population and investigated demographics, perspectives, and health behaviours, as well as a new survey section focused on COVID-19 and pandemic-related experiences. The focus group discussions and key informant interviews aimed to intentionally elicit information about and lived experiences from priority populations that might not otherwise be included in the survey results. Focus group participants and key informants included individuals with a variety of lived experiences, including addiction, homelessness, and religious minority groups, or those who work closely with these individuals. The data collected from all four sources were analyzed in combination to strengthen the findings, using a variety of cross-validation tools, including data triangulation. The findings are being used by the HNHU to inform priorities and develop programs and services that improve the population health status and health outcomes.

The 2022 CNA was conducted to understand the changes in health status and service gaps locally and is being used to inform a new strategic plan that will be launched in Q2 of 2024.

HNHU reports to the BOH on the changing population health needs of the community through regular monitoring of health behavior patterns, preventive health practices, risk and protective factors, health care utilization relevant to public health practice, demographic indicators, and more. Through these monitoring exercises, HNHU can modify programs and services in response to emerging population health needs. Further, HNHU communicates information on risks, service gaps, community-informed priorities, and more to relevant key stakeholders, community partners, health care providers and relevant audience members through various reports such as interactive dashboards, community health status reports and media release reports. HNHU has worked to make this information increasingly available to the local public and stakeholders, developing statistical dashboards for respiratory infections (e.g. COVID-19 and influenza) and plans to update our 'Reports and Statistics' website, including an opioid/substance use statistical dashboard.

The BOH also monitors program effectiveness and efficiencies through regular program evaluations. The Health Unit improves the efficiencies of the programs and services delivered through the implementation of continuous quality improvement (CQI) initiatives. The Health Unit continues to institute a CQI culture within the organization.

B. Priority Populations

Provide a high-level description of the priority populations (including Indigenous and Francophone populations, as appropriate) within your community.

HNHU services the area consisting of Haldimand County and Norfolk County. The region is geographically larger than neighbouring counties: Haldimand-Norfolk Census Division: 2,883.8 square km. Haldimand-Norfolk is primarily rural with a total population density of 40.5 people per square km and more than 50% of the population in each county live in rural areas (defined as <150 persons per square km). While the population is smaller than most neighbouring centres, there are many unique characteristics to the diverse population that HNHU services.

According to the 2021 census data the population of Haldimand-Norfolk (HN) was 116,872. (Statistics Canada, 2021)

Younger (0-14 years) and Older Populations (65 years and older)
HN has a higher proportion of adults 65 years and older (23.6%) compared to Ontario (18.5%). Similarly, the median age of HN's population (46.4 years) is higher than Ontario (41.6 years). The proportion of children and youth (0-14 years) is slightly higher in HN (16.2%) compared to the provincial population (15.8%). This may speak to larger family sizes in HN among some demographic groups and/or the tendency of young adults to move toward more urban centres. (Statistics Canada, 2021)

HN's dependency ratio is 64.4, compared to 50.4 in Ontario (Statistics Canada, 2022). This ratio is indicative of the proportion of the population that can socially and economically support the population under the age of 19 and over the age of 65. This ratio in HN has increased over the past decade, from 54.3 in 2015 and 61.9 in 2020.

Lower Income Households
In 2020, the median after-tax income of households in HN was $75,500 compared to $79,500 in Ontario. The proportion of the population considered to be low-income varies across the two-county service area; specifically, the proportion of lower-income households is lower in Haldimand (7.9%) compared to Norfolk (10.0%) or Ontario (10.1%). According to the 2021 census data, 51.8% of HN residents have a high school education or less, which is higher than Ontario (42.5%). Lone-parent households account for 13.8% of families in HN, however this is lower than Ontario (17.1%). (Statistics Canada, 2021)

Indigenous, Racialized and Newcomer Populations
Ten percent (9.9%) of HN's residents are immigrants, with the majority born in Europe (59.8%), the Americas (25.6%), and Asia (12.0%). 4.2% of HN residents identify as a visible minority, and of these individuals: 29.2% identify as Black, 19.8% identify as South Asian, and 10.4% identify as Filipino. As well, 3.6% of HN's population identify as Indigenous (excluding those on reserve), with a slightly higher proportion of individuals in Haldimand County (3.9%) compared to Norfolk County (3.2%). (Statistics Canada, 2021)

Haldimand and Norfolk are located next to two Indigenous reserves: Mississaugas of the Credit First Nation and Six Nations of the Grand River, which is one of the largest reservations in Canada by both population and geographic size. This offers the potential for service crossover.

HN is home to a few unique priority populations, including Low-German speaking Mennonites and international agricultural workers. It is estimated that up to 5,000 Low-German speaking Mennonites live in HN (internal data), primarily residing in the western portion of Norfolk County. Each year, approximately 4,500 international agriculture workers (internal data) come to Haldimand and Norfolk. These workers typically arrive in the spring and stay until late fall. Both Low-German speaking Mennonite and international agricultural worker populations are relatively transient into and out of the region, sometimes presenting challenges for service provision.

C. Unique Challenges and Risks

Describe any unique challenges, issues, and/or risks that are being faced by your community including those that have been exacerbated because of the pandemic and impacts on programming and service delivery decisions.

Haldimand and Norfolk counties are neighbouring rural, single-tier municipalities located in Southwestern Ontario, along the northern shore of Lake Erie. The unique challenges, issues, and/or risks that are being faced by these counties include population size, geographical span, and residents' accessibility to programs due to a lack of public transportation. The communities of Haldimand and Norfolk counties have faced challenges that have shifted and sometimes been exacerbated by the COVID-19 Pandemic.

ACCESS TO SERVICES

Rurality

Haldimand and Norfolk counties are defined as rural regions because over 50% of the population in each county live in rural communities (i.e. <150 persons per square kilometer). The two counties have a land area of 2,884 km2. This means that HNHU is considered to be a health unit with "population centres and rural mix". The main Health Unit office is in Simcoe, with satellite offices in Caledonia and Dunnville. Due to the large geographical area and the lack of public transportation, there is a persistent challenge for residents to access programs and services offered by the Health Unit. This presents a unique challenge for HNHU as service delivery is complex, logistically challenging, and at times limited by the sheer space that is serviced.

Moreover, residents within rural regions, including Haldimand and Norfolk counties, have faced significant challenges with access to high-speed internet, cellular service and other technologies within their home. Many of these issues were exacerbated by the COVID-19 Pandemic, with more people working and learning from home, but have continued beyond the pandemic. This presents unique challenges for the HNHU in delivering care that cannot be solely available online and can also present increased risk of feelings of loneliness and isolation amongst residents.

Substance Use and Addictions

The HNHU has faced a public health challenge related to the ongoing opioid crisis. In 2021, HNHU recorded the highest number of opioid deaths since at least 2005, increasing from 9.8 deaths per 100,000 population in 2019 to 22.2 deaths per 100,000 population in 2021. (PHO, Interactive Opioid Tool, 2023) HNHU is unique in that it is a large geographic region with few detoxification or transitional service offerings. Residents who wish to utilize these types of services are often forced to travel substantial distances to receive the support they require, removing them from their support systems. The HNHU is invested in opioid- and substance-related harms response and has re-initiated meetings of the Harm Reduction Action Team (HRAT) and plans to develop a public-facing substance use dashboard.

Mental Health

Another unique healthcare challenge in HNHU relates to mental health services. While mental health challenges are a priority locally, provincially and federally, HNHU faces an exacerbated challenge with access to services. Similar to some of the substance-use challenges outlined above, the HNHU has relatively limited locally-offered programming for mental health, especially for children and youth. As with substance use, mental health services in the community became increasingly needed and also harder at times to access due to the staffing challenges brought on by the pandemic.

Foundational Standards

Population Health Assessment

Description

Please describe how the board of health plans to implement this Standard, including:

a) A description of how the board of health is planning for the integration of social determinants of health into population health assessment (PHA) work as well as how PHA work is being used in the planning/prioritizing processes.

The Haldimand Norfolk Health Unit (HNHU) and the Board of Health (BOH) implement PHA into all work being conducted in the health unit. The work of PHA Standard is led by members of the Planning and Evaluation Team.

In 2022-2023, the Haldimand Norfolk Health and Social Services division (HNHSS) conducted a Community Needs Assessment (CNA). Data was collected relating to demographics, self-identification, health attitudes, health behaviours, COVID-19 experiences, program familiarity, as well as identifying gaps in health and social services programs. The CNA used targeted methods aimed at reaching individuals with diverse lived-experiences and health and social services agency employees who work with various priority populations. The data obtained from the CNA is essential to HNHU's application of the PHA Standard. HNHU's CNA supports the planning and prioritization of activities and programming, including the community voice in that process. The CNA also supports the understanding of our community and unique subpopulations, by providing detailed descriptions of priority populations via the community profile and survey. The CNA data was analyzed via descriptive and stratified analyses, determining if priorities for some groups are different than other groups. The CNA also contributes to the understanding of our community for the BOH and community partners, as substantial reporting and results dissemination occurred following the research project.

b) How the board of health plans to engage and provide population health information to the public, Ontario Health, Ontario Health Teams, other health system partners and primary care.

The HNHU shares population health information with the community and partners via the HNHU website, including community health statistics and online dashboards, which are updated and revised at various intervals. For example, our respiratory virus dashboard has been revised and will be updated imminently, to display relevant community health and health services information. The HNHU is currently revising the report and statistics webpage, which will include updating our population and community health reports (quick stats) and developing additional online dashboards in Power BI, to make health parameters more readily available to those who seek them.

The HNHU continues to provide information to the Ministry of Health, Public Health Ontario, and other mandated partners via required reporting templates.

HNHU has representation on the two Ontario Health Teams that serve the area (Greater Hamilton Health Network and Brantford Brant Norfolk Ontario Health Team) and can engage and provide population health information to the OHTs

The HNHU also shares specifically requested information with partners whenever requests are received. HNHU has provided demographics, SDOH, and other health and health inequities information to partners such as local family health teams over the past number of years. For example, when revising and updating their sexual health services plans, both local family health teams in the HNHU requested data to support the development of programming, which was provided by the HNHU.

c) The data sources the board of health will be purchasing to support assessment and surveillance activities and provide the total estimated budgeted costs for the data sources.

Over the past several years, the HNHU has prioritized building or developing access to freely available data sources, wherever possible. As stewards of public funds, we demonstrate that where open access data or restricted-access free data is available, it is best used by government entities.

Members of HNHU have access to the following free databases or data sources for population health assessment and health equity:
Intellihealth
Capacity Planning and Analytics Division (CPAD) Visual Analytics Hub datasets with SAS
Public Health Ontario (PHO), including Snapshots, and Interactive Tools
Statistics Canada, including Census data and Canadian Community Health Survey
Wastewater Surveillance Data, including ArcGIS and ESRI
CCM Case and Contact Management via Salesforce
COVaxON Vaccine Data, via Salesforce
Integrated Public Health Information System (iPHIS), with Cognos Reporting
Canadian Institutes for Health Information (CIHI)
Solicitor Generals Reports for Opioids and Opioids-Related Harms
IC/ES, including local population denominators for the population and sub-groups
Panorama, including PEAR
BORN Information System, BORN Ontario, Better Outcomes Registry & Network
Canadian Network for Public Health Intelligence
Ontario Drug Policy Research Network (ODPRN)

Health Equity

Description

Please describe how the board of health plans to implement this Standard, including:
a) How a health equity approach will be incorporated throughout all programs and services.

An HNHU organizational work plan and logic model that supports HNHU in implementing a health equity program has been created and will be reviewed and updated annually. The two major foci of the Health Equity program in 2024 are continuing to build organizational capacity for members of all teams across the HNHU, and re-establishing and building new community partnerships. Specifically, the HNHU is building relationships with Mississaugas of the Credit First Nation, Low German-Speaking Mennonite community and Justice for Women to investigate how HNHU can best support them.

Internally, the Health Equity Advocates committee has been re-established and are now working on building the committee and looking at how health equity can be built into HNHU programs, especially since the Health Equity Impact Assessment tool is being re-worked. Learning opportunities are being offered to staff, including the mandatory completion of Health Equity modules from the National Collaborating Center for Determinants of Health (NCCDH). The learning modules aim to increase staff's capacity to incorporate a health equity lens into their work. Many staff have completed the modules and discussions are continuing at team meetings to help staff transfer their knowledge into practice. Optional activities will be based on program need, prioritization and/or individual interest. Other capacity building opportunities will be delivered through team discussions, resource development and sharing, internal policy development and consultations with the SDOH Nurse, the Health Planner, and others.

HNHU will offer a session on Equity, Diversity and Inclusion to staff to begin building their awareness and knowledge. This is the beginning of this journey for HNHU.

b) How effective local strategies to reduce health inequities will be identified.

In 2023, HNHU outlined the Health Equity program. The Health Equity program will continue to focus on internal capacity building and rebuilding partnerships in 2024.

Through the Health Equity Advocates Committee, the HNHU continually assesses and builds capacity in the other committee members to allow them to disseminate the information to their teams. Each public health initiative and program continues to perform program planning activities using a health equity lens with a focus on priority populations. Connections with various community agencies continue to be the priority including working with partnering organizations through the Harm Reduction Action Team.

The SDOH program will use available data from all levels to identify, understand, describe, and address local health inequities. Specifically, the SDOH program will be influenced by the findings of the Community Needs Assessment (CNA) 2022. The CNA 2022 investigated several health behaviors, attitudes, and more, while also collecting extensive information about demographics and self-identity. The stratified data provide a unique lens into the needs of the HNHU population and their specific needs by population sub-group. For example, the data can provide information about substance use behaviors while also stratifying against household income, community, feelings of isolation, or racial and ethnic identities, among others. The CNA included key informant interviews and focus group discussions that provide insights into lived-experiences of various health-accessing barriers or other health inequity experiences and potential solutions. The HNHU is currently using the findings of the CNA 2022, among other guiding documents, to prioritize health equity planning in 2023 and beyond.

The combination of internal capacity building, rebuilding partner relationships, and using current, locally focused information as pillars of the Health Equity program aims to develop and modify the health unit's programs and services so that they best meet the needs of priority populations and thus reduce health inequities.

c) The role of the social determinants of health nurses in this work, if applicable.

The Social Determinants of Health Public Health Nurse's (SDOH PHN) role is to provide enhanced support to all staff as they incorporate health equity considerations into their program and service planning, delivery, and evaluation. The nurse is spearheading the Health Equity Advocates committee rebuilding process and provides support to program staff, such as links to appropriate community programs and services.

The SDOH Nurse collaborates with program managers and the Planning and Evaluation Team to lead health equity assessments for each program, as internal capacity grows.

The SDOH PHN will continue to work with community agencies to rebuild and build new partnerships to help HNHU to continue to identify barriers to service and work with partners to reduce those barriers.

Effective Public Health Practice

Description

Please describe how the board of health plans to implement this Standard related to the following under Effective Public Health Practice:
a) Program Planning, Evaluation, and Evidence-Informed Decision-Making.

Program planning and evaluation are supported by HNHU's "Planning and Evaluation" team. This team is responsible for building capacity and providing consultation and guidance to program teams as they move through the stages of planning and evaluating public health interventions.

HNHU has a program planning policy along with a series of templates to ensure all new programs/services follow a process of gathering relevant data and selecting evidence-informed interventions based on the community need and to modify programs throughout their lifespan. The HNHU completes annual operational planning that outlines the programs, main activities, objectives, outputs and program indicators. Throughout the year, monitoring and/or evaluation is built into the planning cycle to ensure that program achievements are tracked and reported. This allows teams to accurately evaluate whether their programs and services are meeting their set objectives using specific outputs and/or outcomes.

Other planning tools, including pre-planning template, logic models, project charters, and situational assessment templates, are utilized when creating or modifying a new or existing program. The situational assessment template and guidance document helps staff develop program recommendations. HNHU uses resources and frameworks from the National Collaborating Centre for Methods and Tools to guide Evidence-informed decision making in public health. Evidence may be considered from local community health issues, community and political preferences, public health resources and/or research depending on the topic and issue being assessed.

In 2024, the findings of the Community Needs Assessment (CNA) 2022 (see PHA or Community Assessment sections for more information) will continue to be used to inform program planning, evaluation of current programs and program gaps, and for evidence-informed decision-making with regards to local priorities.

In 2024, HNHU will work to ensure that programs unique to HNHU have a documented program plan that includes the goals, objective, target audiences, priority populations, planned interventions/activities, performance monitoring indicators and evaluation plans. Ensuring these program plans are up to date will aid HNHU through any mergers where many programs will need to be reviewed, assessed and adapted to align within the new public health organization.

One recent example of program planning and evaluation is HNHU's comprehensive school health program. At the end of the school year 2023, HNHU's school health team identified a need to revisit their delivery model. Facilitated planning processes and local data including Early Opportunities Index (EOI) were used and the school health team determined that a focused approach would be used with 10 schools with the highest risk factors for poor health. In 2024, the school health team will evaluate both process and outcomes to assess the new model.

HNHU has adopted the Program Budgeting and Marginal Analysis (PBMA) tool for prioritization across the health unit. This tool has been utilized to prioritize topics within standards, as well as to prioritize recommendations within a specific program area. The tool also helps the senior leadership team prioritize programs and services to deliver.

b) Research, Knowledge Exchange, and Communication.

HNHU has a series of policies and templates that guide research, knowledge exchange, and communication practices. The HNHU is guided by documents that support ethics review, dissemination practices, and communication planning tools.

HNHU has a research and evaluation policy that outlines the type and purpose of any research and evaluation that HNHU may undertake and to ensure that whenever HNHU participates or collaborates in research and evaluation, appropriate ethical assurances are sought and maintained. Previously, HNHU established an internal Research Advisory Committee to review internal research plans and ethics applications. In 2023, HNHU signed a board of record agreement with PHO to access its ethics review services and HNHU utilized PHO research services including methodology review and Ethics Review Board for its COVID-19 After Action Review research. Moving forward HNHU will continue to use PHO's services.

The Community Needs Assessment (CNA) 2022 is an excellent example of recent research at the HNHU. The CNA includes a community profile and collected as much relevant local information as possible to describe the community. This portion of the CNA is integral to understanding demographics, program availability, and more. The CNA supports the implementation of the EPHP Standard at HNHU as it provides up-to-date locally-relevant research, engaged community partners across the two counties in the research and dissemination processes, and culminated with substantial communications.
HNHU also uses research methodology for literature reviews and when assessing evidence to inform programs. HNHU uses the Shared Library Services Partnership to support our research needs as they arise.

Communication
HNHU uses a variety of communication modalities when communicating with members of the public and partners. HNHU is supported by Norfolk County's Corporate Division for public communication. This gives HNHU access to communication professionals to guide our public communication. HNHU maintains its website hnhu.org and completed a review and re-organization of the website in 2023 to ensure that content was up to date following the pandemic and easy to navigate. HNHU shares information on its Facebook page, Instagram account and X (formerly Twitter) account. HNHU distributes media releases to share information through local media outlets and works with media to respond to newspaper or radio interview requests. HNHU also uses paid media where appropriate to communicate its messages (e.g., newspaper ads, radio ads, social media ads, billboards, digital ads etc.)

When possible, HNHU takes advantage of existing resources such as those from Ministry of Health, Health Canada, Public Health Agency of Canada, Public Health Ontario, TCAN, Canadian Centre for Substance Use and Addiction, Parachute Canada, CAMH and others. The HNHU also has templates for communication planning and tracking the reach of our communication.

c) Describe the role of the board of health in research activities (e.g., contributor/participant, member of working groups/committees, principal researcher).

The HNHU is focusing available capacity for research activities on locally specific projects that inform broad program planning and evidence-informed decision making.

In 2022, HNHU was the principal researcher to conduct the Community Needs Assessment (CNA) 2022, which uses locally driven research in the form of a community profile, community survey, and focus group discussions and key informant interviews to assess all areas of health unit programming and provides data for stratified analyses that inform health equity assessments. The CNA will be conducted every 5 years to ensure HNHU has an updated understanding of the community and to compare how community needs have changed since the prior CNA.

HNHU recently responded to Public Health Agency of Canada's Invitation to Submit Funding Request for Youth Substance Use Prevention Program – Stream 1: Incubator and Capacity Building. If successful, this is a first step to HNHU conducting Population Health Implementation Research to measure the impact of the implementation of the Icelandic Prevention Model. HNHU would lead this research with a community coalition.

HNHU also partners in research activities as a contributor where opportunities arise. Currently, HNHU is partnering with University of Waterloo School of Optometry to conduct evaluative research on the vision screening program run by HNHU. Additionally, HNHU is promoting the MAPSH study being conducted by McGill University and University of Toronto Scarborough on monitoring methane, air pollutants, soil quality and human health near abandoned oil and gas wells in the municipalities of Chatham-Kent, Norfolk and Haldimand Counties.

d) Quality and Transparency.

HNHU provided all staff with IDEAS Foundations in Quality Improvement training in 2017, and at that time all staff were required to be a part of on-going team-level Continuous quality improvement (CQI) projects. These projects were supported by a steering committee to sustain the culture of CQI within the health unit. Even though this formalized program was paused during the COVID-19 pandemic, HNHU maintained a focus on continuous quality improvement throughout the pandemic and recovery stages and will continue to build CQI into the culture of the organization. The Planning and Evaluation team will continue to provide support to CQI projects. In the past, the HNHU held annual CQI research symposiums to share improvements with other staff and sometimes with partners. This is an ongoing goal for HNHU to work toward in the coming years.

For public health data and surveillance, the HNHU epidemiologist and program evaluators build in systematic data checks to all processes. This includes internally reported and externally shared data.

Public disclosure of all public health inspections, as per protocols, is available on the HNHU website. The HNHU also puts out media releases for high profile or high importance issues related to public health, such as facility closures, the first confirmed HNHU Influenza case of the respiratory virus season, and so on.

HNHU's Community Needs Assessment and latest strategic plan are posted on the HNHU website so that members of the public know how the Board of Health is responding to local community needs. Board of Health meeting agendas and minutes are available on Norfolk County's website and all meetings are live-streamed and recorded and available to watch after the meeting.

Emergency Management

A. Description

Please describe how the board of health plans to implement this Standard related to emergency management. The following details should be included in the description:
a) The emergency management planning activities you will conduct, including how you will engage key stakeholders in the development and implementation of these activities.

HNHU will maintain a public health emergency management program which considers the five components of emergency management: prevention, mitigation, preparedness, response, and recovery. HNHU will complete a variety of surveillance and risk assessment activities to maintain situational awareness and inform the public health emergency management program. These include participation in both municipal Hazard Identification and Risk Assessments (HIRAs) with Norfolk and Haldimand County, business impact assessments as part of continuity of operations planning and the routine surveillance of public health hazards.

In 2024, HNHU will review and revise its all-hazard Emergency Response Plan with lessons learned from the COVID-19 After Action Review (AAR) as well as prioritized sub-plans (e.g., Infectious Disease Emergency Response Plan, Opioid Response Plan). HNHU will continue to prepare for and respond to emergencies or potential emergencies requiring public health involvement. Management of these hazards continues to involve collaboration and coordination with relevant response agencies and community partners.

In alignment with HNHU's COVID-19 After-Action Review (AAR) recommendations, HNHU plans to develop and implement a comprehensive emergency preparedness and training plan for HNHU, beginning in 2024. The plan will include minimum training requirements for each position at HNHU, relevant to their potential roles in an emergency response. Various emergency preparedness and response education and training will be offered to staff including orientation to updated emergency plans, incident management training and through participation in exercises.

HNHU will maintain networks of community partners through regular participation in Emergency Management Program Committee and municipal Emergency Control meetings, consultation with partners during review of emergency plans and participation and facilitation of collaborative emergency exercises.

b) The processes you plan to put in place (and/or update) for recovering health services identified as time critical.

HNHU plans to conduct comprehensive continuity of operations planning in 2024 which will include the engagement of HNHU's leadership team to complete a re-assessment of time-critical public health programs and services, a business impact assessment and identification of recovery strategies.

As part of COVID-19 recovery efforts, in 2023, the Infectious Disease Team and Vaccine Preventable Disease Teams completed surge capacity planning. These plans will be considered and incorporated into the COOP, as appropriate.

c) The communication modes that will be used to disseminate information during responses (i.e., 24/7 processes).

HNHU's Emergency Response Plan and associated hazard-specific sub-plans outline notification and communication protocols which may be unique to the relevant hazard. The HNHU currently has an on-call system that operates after regular business hours. This on-call system is supported by a third-party answering service, an on-call public health inspector, an on-call manager and the Medical Officer of Health (MOH) for HNHU. The third-party answering service can also be utilized for staff fan-outs when required.

Norfolk County's Corporate Communications Department is able to assist with public communications (website, print, social media, radio).

d) How you will communicate hazard information to your staff and your community.

The HNHU will continue to use its Health and Social Service Emergency Management SharePoint page as the main means of internal communication and reference for staff in regard to emergency management. This SharePoint site contains relevant manuals, alerts, and more for staff to access quickly and regularly to conduct their roles effectively and to maintain their safety, as appropriate. When necessary, staff meetings can be arranged to communicate urgent information. The internal utilization of Teams software allows the HNHU to reach all staff quickly and directly, regardless of where they are working (e.g., work from home, working from a satellite office).

Ongoing public communications through various methods (e.g., media releases, social media, website, promotional materials, attendance at events, memos to stakeholders) and, at times, in collaboration with other partners (e.g., Community Emergency Management Coordinator (CEMCs), Opioids Alert Team) will also continue in 2024.

e) Emergency management learning/practice/training opportunities you plan on delivering in order to build capacity (include the planned audience for these opportunities).

In alignment with HNHU's COVID-19 After-Action Review (AAR) recommendations, HNHU plans to develop and implement a comprehensive emergency preparedness and training plan for HNHU, beginning in 2024. The plan will include minimum training requirements for each position at HNHU, relevant to their potential roles in an emergency response.

As part of this plan, HNHU will continue to work with local Community Emergency Management Coordinators (CEMCs) in delivering or providing staff with the opportunity to attend Emergency Management Ontario (EMO) courses, and will provide the following capacity building opportunities in 2024:

Introduction to Incident Management System (IMS 100) and Basic Incident Management System (IMS 200) - HNHU's Health Operational Leadership Team, key staff members identified based on their potential roles in an emergency response (e.g., Infectious Disease Team members, epidemiologist, Environmental Health Team members) and municipal partners

Intermediate Incident Management System (IMS 300) - HNHU's Health Operational Leadership Team and municipal emergency control group members

As plans are reviewed and revised, orientation and emergency exercises will be arranged for various internal audiences relevant to their roles.

f) How you plan on incorporating lessons learned from previous or future exercises/events into your program for the upcoming year.

HNHU's COVID-19 AAR was completed in Q3 of 2023. Following the AAR's completion, an improvement action plan was developed to ensure that recommendations and lessons learned would be incorporated into emergency plans, policies and procedures. Following any real or simulated emergency event, HNHU will conduct a debrief or an AAR to ensure that lessons learned will inform future programming.

B. Objectives

Please describe the objectives and what the board of health expects to achieve through the delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template.

To maintain situational awareness through surveillance and risk assessment
To increase coordination and collaboration with community and municipal partners
To improve HNHU readiness to respond to and recover from new and emerging events and/or emergencies with public health impacts
To maintain emergency management communication systems

C. Key Partners/Stakeholders

Provide information on the internal (e.g., board of health program areas) and external partners (e.g., health care and other providers) the board of health will collaborate with to carry out programs/services under this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), planned frequency of engagement, and any collaboration in the development and implementation of emergency management planning activities.

HNHU Internal stakeholders:

• All board of health program areas within HNHU will collaborate on continuity of operations planning, risk assessments, training and exercises.
• Health Operational Leadership Team: emergency plan review and revision. Participation on the internal emergency management committee. Frequency: as needed
• Infectious Disease Team- Infectious Disease Emergency Response Plan, donning/doffing training development; meeting as required
• Vaccine Preventable Disease Team- Infectious Disease Emergency Response Plan meeting as required
• Harm Reduction program- Opioid Response plan; preparedness and response; meeting as required
• Environmental Health Team- flooding preparedness, response and recovery; leaking gas well response
• School Health Team- business continuity plan meeting as required
• Planning and Evaluation Team- surveillance, vulnerable population identification

External Stakeholders
• Emergency Control Groups (Norfolk County, Haldimand County); Frequency – 4/year, 1 exercise per ECG
• Emergency Management Committees (Norfolk County, Haldimand County); Frequency – 2/year
• Emergency Management Ontario – assists in providing emergency management training and emergency management resources/support. Frequency: as required/as capacity allows
• Norfolk County and Haldimand County Community Emergency Management Coordinators – emergency management program planning and coordination; Frequency: meeting as required
• Haldimand-Norfolk Social Services and Housing Department- Evacuation Centre Plan, evacuation centre response, vulnerable population mapping; meeting as required
• Geographic information system (GIS) Departments- vulnerable population mapping, critical infrastructure mapping, hazard mapping (e.g., floods); meeting as required
• Norfolk County and Haldimand County IT Departments- business continuity planning; meeting as required
• Ontario Public Health Emergency Management Network (OPHEMN) – a network of representatives from all public health units in Ontario with an emergency management focused mandate. OPHEMN facilitates and supports the implementation of the Emergency Management Guidelines within the OPHS through coordination, knowledge exchange and sharing of resources to enhance public health emergency management programs across Ontario. Frequency: Meeting 2/year; Participation in workgroups on an ad hoc basis.
• Norfolk County Health and Social Services Emergency Sector Committee (including Home and Community Care Support Services, Emergency Medical Services, Long Term Care Home, Social Services and Hospital) - previously met 1/year for completion of HIRA. HNHU will be investigating the resumption of this committee. Frequency of meetings and scope: TBC.
• Ontario Provincial Police, Emergency Medical Services and hospitals – contribute to opioid response preparedness and response via Opioid Overdose Emergency Response Team; meeting as required
• Canadian Red Cross and Salvation Army- evacuation centre preparedness and response meeting as needed/threat level (e.g., flooding forecast)
• Ministry of Natural Resources and Forestry, Spills Action Centre and Ministry of Environment – support for leaking gas well (hydrogen sulphide) mitigation/prevention and response via task force meeting as required

Chronic Disease Prevention and Well-Being

A. Community Needs and Priorities

Please identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard **are being prioritized** by your board of health over the reporting period. Please briefly describe your rationale (i.e., key data and information including but not limited to, local conditions, comparison with provincial rates, acute elevations) to demonstrate why these topics are being prioritized.

Topics of consideration that are being prioritized in 2024 are: Built environment, Healthy eating behaviours and ental health promotion. These topics were prioritized due to local need and consideration of HNHU's capacity during this recovery phase of COVID-19 pandemic. Established programs, sometimes with partners who have continued and/or restarted work in CDP have been prioritized for 2023.

A Community Needs Assessment was completed in 2022. Findings specific to this Program Standard include:
70.6% (n=1,025) of participants agreed or strongly agreed that Haldimand and Norfolk needs more access to active transportation, such as bike lanes.
55.3% of participants consider their community walkable (e.g., well-lit, sidewalks, connected, etc.)
33.8% (n=489) of participants reported their physical activity levels decreased during the pandemic
When asked what public health services are needed to improve the health of themselves and their family, participants most commonly chose more exercise or physical activity opportunities (39.4%, n=584).
When asked what public health education they would most like to receive, participants most commonly chose exercise or physical activity (30.5%, n=449), mental health supports (28.8%, n=423), and cancer prevention (20.9%, n=308).
61.3% (n=869) of participants felt that climate change was affecting their local environment and 44.7% (n=634) felt that climate change was affecting their family's health.
23.4% (n=340) of participants reported a decrease in fruit and vegetable consumption over the course of the COVID-19 pandemic.
17.9% (n=260) of participants reported making unhealthy eating choices due to cost in the past month.
9.2% of survey respondents self-reported tanning bed use (up slightly from 2019 when 8% of survey respondents self-reported tanning bed use)

Healthy Eating Behaviours
Local 2023 food affordability data reveals the average monthly cost of a healthy diet for a family of four is $1122.43, representing an increase of 5.44% from 2022
In 2021-2022, 16.7% or 1 in 6 households in Haldimand and Norfolk Counties were food insecure (data from Canadian Income Survey). While this is not significantly different from the province, food insecurity rates across the 10 provinces are at the highest recorded prevalence in the 17-year history of monitoring
There are nine food banks in Norfolk County and eight food banks in Haldimand County.
In 2023, the population accessing foodbanks in Ontario remained at the highest ever recorded with seven consecutive years of increases (Hunger Report 2023, Feed Ontario). Local data was not available.
In 2020, self-reported consumption of vegetables and fruit 5 or more times per day was 18.9% locally compared to 21.3% in Ontario [Age standardized rate both sexes CI 10.4 - 27.4]
In Ontario, ED visits for eating disorders increased among adolescents, young adults and older adults during the pandemic compared to pre-pandemic. Local data is not available.

Mental Health Promotion
Current trends and observations to support Mental Health in Haldimand and Norfolk
The intentional injuries hospitalization rate for Haldimand and Norfolk counties (102 per 100,000 population) is significantly higher than for Ontario (78 per 100,000 population)18(source: PHO snapshots).
In 2021, 23% of Haldimand and Norfolk residents reported that their life is quite or extremely stressful, compared to 22% in Ontario.
In 2021, 75% (n=172) of HN Community Safety and Wellbeing Plan survey participants reported feeling anxiety related to contracting COVID-19 and 29% (n=67) reported feeling anxiety about loss of income due to COVID-19.

Please briefly describe how the topics for consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard **that are not addressed** in the Annual Service Plan were assessed or considered.

HNHU is using data from the Community Needs Assessment to inform the selection of topics to address in 2024.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners (e.g., community organizations, people with living/lived experience, research institutions) you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

Norfolk Pathways for People is a community coalition that advocates for the development and improvement of connected pathways in Norfolk County. A Terms of Reference for the group outlines how the Health Unit provides administrative support for Norfolk Pathways for People. The committee typically meets up to 10 times a year. The committee paused during COVID-19 response and re-commenced late 2023. In 2024, the group is planning to resume routine activities, events, and advocacy efforts as done previously.

Norfolk County Planning Department an internal partnership with staff in the department where planning applications are shared with HNHU for the purpose of providing comments related to healthy built environment. Meetings are held every 3 weeks as needed, and comments are submitted electronically.

Norfolk County Environmental & Infrastructure Division an internal partnership with staff to monitor the implementation of Norfolk County's Active Transportation Plan. Ad hoc meetings and communication as required

Norfolk County Licensing, Building Division, and Planning Division - Collaborate throughout the year on food premises business license process and by-law requirements pertaining to food premises, floor plans for food premises are reviewed and share with the Health Unit. The departments frequently work collaboratively to address crossover non-compliance issues.

Haldimand County Licensing, Corporate Services - Collaborate throughout the year with regards to the food premises business license process and by-law requirements pertaining to food premises, floor plans for food premises are reviewed and share with the Health Unit. The departments frequently work collaboratively to address crossover non-compliance issues.

Haldimand County Planning & Development Department a partnership with Haldimand County staff where planning applications are shared with HNHU for the purpose of providing comments related to healthy built environment. Meetings are held every 3 weeks as needed, and comments are submitted electronically.

Haldimand County Trails Advisory Committee – aim to strengthen relationship with this committee and collaborate on items related to the built environment.

Salvation Army – Share resources, funding opportunities, knowledge exchange primarily on healthy eating. Frequency: on an as needed basis.

Ontario Dietitians in Public Health (ODPH) - Participate in workgroups, knowledge sharing, communities of practice and provincial campaigns. Frequency: Monthly via teleconference.

Church Out Serving (COS) is a community-focused faith-inspired charity organization. HNHU partners with COS to maintain a directory of local food programs, including emergency food programs/food banks, that is available to the public online and in print. Frequency of engagement is quarterly at minimum.

Riversyde 83 is a gathering place where food, friends and wellbeing converge. Riversyde 83 is a community food hub that contains a teaching kitchen and commercial kitchen that runs emergency food programming. A Public Health Dietitian collaborated with the food skills coordinator to consult on nutrition related programming run through the teaching kitchen in 2023. The food skills program now runs independently however the health unit continues to be a resource as needed.

Food banks in Haldimand & Norfolk Counties - Share resources, funding opportunities and consultation. Frequency: On an as needed basis, minimum annually to confirm service information for local food program directory.

Norfolk County Recreation Department (Seniors 50+ program). A staff member from this department also sits on Norfolk Pathways for People coalition.

Community Support Centre Haldimand-Norfolk is a not-for-profit agency providing comprehensive client-driven community support services. They provide community meal programs and food literacy initiatives. The Public Health Dietitians support the CSCHN through providing feedback on nutrition topics and promoting community meal services through local food brochures.

Ministry of Health - Consult with the Ministry regarding food safety, tanning and menu labelling. HNHU's management team and staff will attend training sessions. HHNU's management will provide feedback and comments on proposed Ministry documents related to the menu labelling and tanning bed requirements

Health Canada - Consult when necessary, regarding complaints, make referrals to Health Canada when required.

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) - Managers will attend conferences in the spring and fall, share information and review documents to improve practices within the province (re. menu labelling and tanning beds)

Five community dental offices in Haldimand and Norfolk - Service Level agreements exist between HNHU and the partners. Frequency of meetings is as needed. These community providers support the implementation of the OSDCP, by providing dental care services to eligible clients in Haldimand and Norfolk.

Grand Erie District School Board and Houghton Elementary School: Frequency: meet as necessary to discuss and conduct planning for dental programs

P 1) Menu Labelling

Program Description:

a) Describe the program including:

a1) The target population(s) to be served by the program.

The Menu Labelling Program aims to promotes healthier eating choices by ensuring consumers have access to calorie information on menus and tags/labels at regulated food service premises through enforcing organizational compliance with the Healthy Menu Choices Act (HMCA), 2015 and its Regulation 50/16. The target population for education and enforcement is all regulated food service premises to which the HMCA applies. The secondary target population is the general public.

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-Being Requirement 4

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

2) Healthy Eating Behaviours

a4) Describe key activities or approaches that the program will utilize.

This program utilizes an effective compliance strategy which includes a balance of education, inspection, and progressive enforcement. This includes education visits, inspections, inquiries into complaints, issuing warnings, and laying charges under the HMCA, as well as data collection and reporting.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

Not applicable, program related to mandated programing for enforcement of the HCMA and Menu Labelling Protocol, 2020.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

No priority population identified

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

N/A

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

N/A

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

100% of existing and newly regulated food premise inspections and applicable reinspections completed.
100% of complaints about the Healthy Menu Choices Act are responded to within 10 business days.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To enforce the Healthy Menu Choices Act:

To inspect 100% of existing and newly regulated food premises and applicable reinspections by December 31, 2024
To respond to 100% of Healthy Menu Choices Act complaints within 10 business days

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Investigation and Inspections

• Ensure inspectors designated under the HCMA are trained in accordance with ministry requirements.
• Maintain an up-to-date inventory of all food services premises and collect and maintain up-to-date inspection and enforcement data.
• Inspectors will conduct inspections for each existing regulated food service premises that have not already been inspected including restaurants, grocery stores, movie theatres, cafeterias and convenience stores with 20 or more locations.
• Inspectors will conduct an inspection for each new regulated food service premises within one year and conduct reinspections as necessary.
• Education will be provided to operators during inspection and on request.
• Respond to complaints regarding compliance with the HCMA through investigation/inspection.

i 2) Enforcement

Regulatory enforcement will follow a progressive enforcement framework (Education, re-inspection, and enforcement action), data Collection and Reporting.

P 2) Non-Mandatory Oral Health Programs

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

The Tooth-brushing & Fluoride Varnish Program - The goal of this program is to improve the oral health of students in selected schools by supporting the implementation of daily tooth brushing in the classroom and applying fluoride varnish twice per year. The target population is elementary students at Houghton Public school

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-Being Requirement 2

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

5) Oral Health and 4) Mental Health promotion

a4) Describe key activities or approaches that the program will utilize.

Train the trainer: Haldimand Norfolk Health Unit (HNHU) oral health staff will train educators in selected schools on proper tooth brushing techniques. Educators will include time for tooth brushing in their daily classroom routine.
Oral Health education and promotion: HNHU oral health staff will provide oral health education to all students, and the importance of proper oral hygiene.
Fluoride Varnish application: HNHU oral health staff apply fluoride varnish to all students in the selected schools twice a year.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

See response below

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

This program is offered at schools that ranked as high intensity schools from the oral health school screening results. One elementary school was selected from the 2022 screening results; Houghton Public (20.8% high intensity) school. Enrollment in the program is through an opt-out method, and tooth-brushing supplies are provided for every enrolled student to ensure every child can participate in the program.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Oral and Mental health have a mutual relationship. Poor oral health may lead to poor mental health, and/or exacerbate already existing issues. Focused approach on topics such as building healthy relationships, good nutrition, and proper oral hygiene will be delivered in the classrooms. These topics will contribute to self-esteem and self-confidence, and overall mental well-being of the students

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

School Health

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

Risk intensity ranking from oral health screening
# of students participating in the tooth brushing program
# of fluoride varnish applications

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To improve risk-intensity ranking of selected high-risk level schools from "high" to "medium" intensity level risk by December 2024

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Partnerships, Engagement and Collaboration

- Program promotion and awareness through engagement with Grand Erie District School Board and selected school
- Training of educators in proper tooth-brushing techniques
- Promotion of good oral hygiene through school presentations and demonstrations
- Develop and implement an evaluation of the tooth brushing and fluoride varnish program at Houghton Elementary

P 3) Ontario Seniors Dental Care Program

Program Description:

a) Describe the program including:

a1) The target population(s) to be served by the program.

The OSDCP is for low-income seniors, aged 65 and above, within Haldimand and Norfolk Counties. The program provides low-income seniors with access to routine dental care, at little or no cost to them, to address their oral health needs and increase their quality of life.

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-Being Requirement 5

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

5) Oral Health and 4) Mental Health promotion

a4) Describe key activities or approaches that the program will utilize.

- Promoting the program to the target population (eligible clients aged 65+) and organizations that serve those same clients
- Enrolling eligible clients into the program
- Providing covered oral health services at the Health Unit dental offices, and in partnership with local dental offices

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

Seniors (65+) in the Haldimand-Norfolk area are more likely to use emergency departments for dental care. In 2021, the rate of emergency department visits of clients aged 65-74 years for oral health conditions was 495.9 per 100,000 seniors. MOHLTC has estimated that 2,500 seniors in Haldimand-Norfolk will meet the eligibility requirement for the OSDCP.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

A specific priority population within low-income seniors has not yet been identified

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Oral and Mental health have a mutual relationship. Poor oral health may lead to poor mental health, and/or exacerbate already existing issues. Good oral health can help improve mental health. Services provided through the Seniors Dental Care program will help promote overall mental well-being in the seniors by increasing self-esteem through a confident smile, and social connectedness.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

N/A

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

% of eligible seniors in Haldimand and Norfolk enrolled in the OSDCP Program
% of enrolled clients utilizing OSDCP services

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

The goal of the OSDCP is to improve the oral health of low-income seniors, to increase the quality of life of seniors enrolled in the program and reduce the burden of chronic disease caused by untreated dental issues and reduce the burden on the health care system.

To increase the number of eligible clients enrolled in the program in 2024 by 10% from 2023

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

- Increase program awareness through community engagement with target population, for example through Haldimand-Norfolk seniors support services, developing and distributing health promotion material
- Increase access to services by assisting eligible seniors with program enrolment
- Report to Board of Health

i 2) Screening, Assessment and Case Management

- HNHU is engaged with community dental providers to implement the program. Service Level Agreement's (SLA) exist for these partnerships to guide service delivery expectations
- Implement service delivery through the Health Unit dental suites
- Provide preventive, and restorative dental services through the HNHU clinics and community providers

i 3) Monitoring and Surveillance

- Collect client treatment data, analyze as required
- Use client and claims data to inform appropriate program improvements
- Complete required reporting to the Ministry

P 4) Tanning Beds

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

The Tanning Bed Program aims to reduce health harms caused by UV exposure in tanning beds by enforcing organizational compliance with the Skin Cancer Prevention Act (tanning Beds), 2013 and Regulation 99/14 with respect to the monitoring and compliance and enforcement requirements of the Act. The target population for education and enforcement is all tanning salons in Haldimand and Norfolk. The secondary target population is users of tanning salons

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-Being Requirement 3

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

9) UV exposure

a4) Describe key activities or approaches that the program will utilize.

Inspections, education and awareness, data collection and reporting, surveillance

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

Haldimand and Norfolk counties have 9 registered tanning salons

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

No priority populations identified.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

N/A

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

N/A

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

- % of existing and new tanning bed facility inspections and applicable reinspections completed .
- % of Skin Cancer Prevention Act complaints responded to within 10 business

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

• To inspect 100% of existing and new tanning bed facilities and applicable reinspections by December 31, 2024
• To respond to 100% of Skin Cancer Prevention Act complaints within 10 business days

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Investigation and Inspections

• Maintain an up-to-date inventory of all tanning bed facilities and collect and maintain up-to-date inspection and enforcement data
• Respond to complaints regarding compliance of the Skin Cancer Prevention Act, 2013.

i 2) Enforcement

• Regulatory enforcement following a progressive enforcement framework (Education, re-inspection, and enforcement action)

P 5) Built Environment

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

This program aims to promote and advocate for natural and built environments that support healthy lifestyles across the lifespan for prevention of chronic diseases. Collaborative approaches within the municipalities as well as community engagement and mobilization are key strategies utilized. This program targets the whole population and takes an upstream, universal approach.

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-being Requirement #2

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

Primarily addresses topic 1) Built environment
And secondarily addresses topics: 2) Healthy eating behaviours, 4) Mental health promotion 6) Physical activity and sedentary behaviour, 9) UV exposure

a4) Describe key activities or approaches that the program will utilize.

Healthy public policy, create supportive environments & strengthen community action

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

N/A

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

This program targets the whole population and takes an upstream, universal approach, therefore interventions address health inequities for priority populations (i.e. low socioeconomic status, elderly, homeless, those with disabilities or chronic health conditions).

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Community planning and design can increase social well-being by ensuring: street connectivity and active transportation, quantity and quality of green spaces, safe space design, place making, public art and heritage conservation, and community engagement with planning processes. Other areas of built environment which can promote mental wellbeing include access to affordable housing, access to natural environments, and access to local food systems. (source: http://www.bccdc.ca/pop-public-health/Documents/HBE_linkages_toolkit_2018.pdf)

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

Healthy Environments

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

# of healthy built environment comments provided on site plans/subdivision plans in Haldimand County
# of healthy built environment comments provided on site plans/subdivision plans in Norfolk County
# of healthy built environment recommendations implemented into development plan in Norfolk County
# of healthy built environment recommendations implemented into development plan in Haldimand County
# of healthy built environment advocacy initiatives supported (i.e. P4P advocacy letters, events, etc.)
# of P4P meetings

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

• To increase adoption of active transportation infrastructure and healthy built environment principles in local developments.
• To promote safe, active transportation through awareness, education, and advocacy activities.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

• Adapting and/or supplementing provincial or regional campaigns to promote and provide education on active transportation, share the road, 1m legislation, bike safety etc.

i 2) Partnerships, Engagement and Collaboration

• Partnerships: Working with both Haldimand and Norfolk's planning departments to collaborate on projects where a healthy built environment lens is valuable.
• Community Engagement – Norfolk Pathways for People - Support community group with advocacy efforts, trail events, newsletters and social media presence.
• Review all applicable developments in the pre-consultation and final application stages for both Haldimand and Norfolk counties to provide comments on ways the applications could be improved to address health built environment

i 3) Policy and Supportive Environments

• Monitor the installation/implementation of recommendations from Norfolk County's Active Transportation Strategy.
• Provide healthy built environment comments on official and secondary plans.

P 6) Mental Health Promotion

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

In 2024, HNHU begun work conducting a situational assessment including collating findings from literatures reviews conducted by different local public health units and an internal inventory of mental health program/service needs for priority populations. A life course approach will be utilized to prioritize populations most in need of mental health programs and services. Initially, the health unit will strengthen capacity within internal teams and then move to mental health promotion interventions across programs and services. Current status of project: planning phase.

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-being Requirement 1 and 2

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

The primary focus will be mental health promotion. Secondary areas of focus may include built environment, healthy eating behaviours, physical activity and sedentary behaviour, and substance use.

a4) Describe key activities or approaches that the program will utilize.

Key health promotion strategies that may be identified for inclusion in the strategy may include: healthy public policy, create supportive environments, strengthen community action & develop personal skills

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

See community needs section above

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

Currently, we have not identified interventions or priority populations. Interventions will be defined in later phases of our framework development process and with consultation from teams.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

N/A as the primary focus of the program is mental health promotion.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

While the situational assessment has not been completed to date and interventions have not been finalized, the program will likely address the following Program standards: Substance Use and Injury Prevention, Healthy Growth and Development, School Health and Chronic Disease Prevention and Well-Being.

Program Indicators:

List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

% of public health staff who have participated in mental health literacy training
# of staff training sessions offered
% increase in mental health literacy among staff members completing mental health literacy training at HNHU

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To increase mental health promotion literacy among health unit staff by Q4 2024. Specific targets will be developed once an evaluation tool has been adapted/developed.
To embed mental health promotion within public health programming across the lifespan. Specifically, 3 different age groups will have mental health promotion programming or program components by end of 2024.

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Effective Public Health Practice

Situational assessment of mental health promotion in Haldimand and Norfolk Counties, including:
•An assessment of provincial and local data related to mental health
•The development of an internal inventory of existing programs and services that address mental health promotion
•A review of recent literature reviews conducted by other public health units
•An environmental scan to learn how other public health unit's are addressing mental health promotion
•A scan of existing mental health programs and services in Haldimand and Norfolk

Development and implementation of internal survey to assess staff knowledge of mental health literacy pre and post mental health literacy training

i 2) Promotion, Awareness, Education and Knowledge Translation

Mental health literacy training for public health staff: likely a combination of existing training with supplementation from HNHU staff (e.g. CAMH Mental Health 101 courses)
Other promotion, awareness and education as identified throughout the planning process

P 7) Healthy Eating

Program Description:

a) Describe the program including:

a1) The target population(s) to be served by the program.

In 2023, an internal Healthy Eating Strategy was developed to provide strategic direction on how to address healthy eating within the standards. The Healthy Eating program uses a comprehensive health promotion approach that aims at upstream interventions, often crossing program standards. Specific to Chronic Disease Prevention and Well-Being, focus areas include food insecurity, food systems (addressed in the Built Environment program) and food literacy at the community level. In addition, a situational assessment related to food systems work is planned for 2024. Long-term goals of the internal healthy eating strategy specific to CDP-WB include increased fruit and vegetable consumption, decreased chronic diseases related to poor diet quality, decreased rates of mental health disorders including eating disorders, and decreased rates of food insecurity.

As food security is the foundation of work in nutrition, individuals and households with inadequate incomes are a target population of this program. Additional target populations have not been identified at this time.

a2) Identify the specific requirements under the Chronic Disease Prevention and Well-Being Standard that the program will address.

Chronic Disease Prevention and Well-Being requirements 1, 2.

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Chronic Disease Prevention and Well-Being Standard the program intends to address.
1) Built environment, 2) Healthy eating behaviours, 3) Healthy sexuality, 4) Mental health promotion, 5) Oral health, 6) Physical activity and sedentary behaviour, 7) Sleep, 8) Substance use, 9) UV exposure, 10) Not applicable, 11) Other (Please explain)

1) Built environment
2) Healthy eating behaviours
4) Mental health promotion

a4) Describe key activities or approaches that the program will utilize.

The healthy eating program uses a population health approach. Food insecurity work has been prioritized within the standard as it serves as the foundation of nutrition work and income is an important social determinant of health. Efforts are focused on upstream interventions, including work on the built environment, food insecurity and creating supportive nutrition environments (linkages to HGD standard).
Key health promotion strategies include developing personal skills, creating supportive environments, strengthening community action and building healthy public policy.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

While a national issue, inflation and food costs continue to be a concern. Monitoring of food affordability remains a priority.

Mental health was themed as a priority area for Health and Social Services in the 2022 Community Needs Assessment. During the development of the HNHU internal Healthy Eating Strategy, programming that linked to mental health promotion was considered and prioritized, including food insecurity, weight bias and food neutral language programming. These interventions work across Program Standards, specifically Chronic Disease Prevention and Well-Being, Healthy Growth and Development, and School Health.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

Data previously reported in Community Needs and Priorities section and 5a.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

There is a strong connection between the healthy eating program and mental health promotion.
•HNHU offers the You're the Chef food literacy program in schools and community settings. Food literacy programming focuses on skill building, empowerment and self-efficacy, all of which are protective factors. Food skills programming also improves social connectedness.
•Food insecurity and mental health are strongly linked. Children who experience severe food insecurity are more likely to have depression and suicidal ideation in adolescence and early adulthood. A public health dietitian participates in partnership with the local Child Nutrition Network supporting Student Nutrition Programs. Student Nutrition Programs provide access to food at school to children who may be experiencing food insecurity. This intervention is detailed in the School Health Program Standard.
•A food-neutral and weight-neutral approach is integrated in all programming, key messages and communications. Awareness regarding key messages and nutrition education in schools has been targeted through staff meetings and increasing awareness for teachers and is detailed in the School Health Program Standard.
•Public Health Dietitians participate in anti-racism and eating disorder prevention communities of practice, and participate in the internal mental health promotion strategy group

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Substance Use and Injury Prevention, School Health, Healthy Growth and Development), please identify those program standards or indicate N/A.

School Health
Healthy Growth and Development

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the chronic disease prevention and well-being program over the reporting period.

Food insecurity:
•Completion of the Monitoring Food Affordability methodology (data collection, analysis and dissemination)
Built environment:
•See Program P5 Built Environment
Food literacy
•% of participants in HNHU-led community food literacy programming that report improved social connectedness

CDP-WB indicators specific to nutrition are being developed through a Locally Driven Collaborative Project. Results of this project will be incorporated into internal planning and implementation activities within the healthy eating program.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

•By April 2024, increase awareness of local food insecurity and the impacts on mental and physical health
•By December 2024, increase the number of schools and community organizations who have received You're the Chef food literacy training
•Improved food access in Haldimand and Norfolk Counties by reviewing 100% of applicable development applications received from the planning departments [built environment program]
•By December 2024, increase capacity of community partners to offer nutrition programming that is evidence based by responding to 100% of consults received on all topics (e.g. nutrition policies, supportive environments, menu reviews, education requests)

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

NFB survey: local food affordability data
•Collected in May, reported on in following Q4/Q1

i 2) Policy and Supportive Environments

Built Environment (also detailed above in P 5 Built Environment):
•As part of the built environment program, a RD comments on development applications from the perspective of food access (e.g. proximity to food, community gardens, etc)
•As part of the built environment program, a RD consults on Official Plan and secondary plan reviews when occurring from the perspective of food access

Consultation related to Policy/Supportive Environments:
•RDs accept consultations from local workplaces to support the development of internal healthy eating policies
•RDs review internal healthy eating policy, update resources and train staff annually
•RDs accept consultations from local institutions (e.g. group homes) regarding menu review and supportive nutrition environments

Food affordability data dissemination and advocacy:
•A RD supports the BOH with suggestions for advocacy related to policies aimed at reducing food insecurity

RDs collaborate with Ontario Dietitians in Public Health (ODPH) to participate in nutrition related provincial campaigns, communications and program development.

i 3) Promotion, Awareness, Education and Knowledge Translation

You're the Chef Food Literacy Program:
•Using a train the trainer model, RDs train schools and community partners to implement the You're the Chef food literacy program in their organization
•You're the Chef is undergoing an update in 2024 to include new recipes and updated information
•The target audience of the program is schools, however is offered to community-based organizations as dictated by local demand

Nutrition Resources and Social Media:
•RDs support communications staff with development/supplementation of nutrition social media campaigns on a variety of topics (e.g. food allergies, nutrition month)
•Develop, adapt and update HNHU nutrition resources

Nutrition Education
•Current focus on food neutral language and weight bias; building internal capacity with plans to implement more broadly with schools and partners working with children
•Linkages to mental health promotion

i 4) Effective Public Health Practice
NFB/Food Affordability Dissemination: •Knowledge exchange of local food affordability data with BOH and community partners, including Ontario Living Wage Network Planning activities: •Situational assessment on local food systems

Food Safety

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address food safety.

The rate of reported food-borne illness (i.e., food poisonings for all causes) in Haldimand Norfolk Health Unit (HNHU) fluctuates from year to year. Between 2014 and 2018, the average rate of reported (i.e., notifiable) food-borne illnesses was 0.5 cases per year, per 100,000 population. Reportable food-borne infections in HNHU in 2022 included cases of Salmonella (24), Campylobacter enteritis (33), Giardiasis (11), cryptosporidiosis (7), and more.

There are 884 active Food Premises in Haldimand and Norfolk that provide food to our communities. The Food Safety Program is critical to ensure food that is prepared in these premises is safe to eat. Food handlers have a substantial responsibility to provide food that is safe to eat, which is supported by the HNHU through the Safe Food Handling Course. After pausing during the pandemic due to staff redeployment and provincial emergency measures, the Haldimand Norfolk Health Unit has restarted the Safe Food Handling Course in early 2023. Interest in the course is high and we have consistently high enrolment.

In 2023, the HNHU received and responded to 370 Food Safety complaints and inquiries from the general public or facility operators. During this same time period, Public Health Inspectors conducted 1,288 Food Safety Inspections, observed 1,454 infractions, and conducted 239 re-inspections to ensure compliance with the Food Premises Regulation.

In 2022 the HNHU completed a Community Needs Assessment (CNA) that investigated health behaviours and attitudes, among many other things, across our communities by way of a community profile, community survey, and focus group discussions and key informant interviews. There are many relevant findings from the CNA, including that in 2019 (previous CNA) more training for food safety preparation was one of the most self-identified public health services individuals needed to feel healthy locally; however, in 2022 this service was significantly less sought after (2019= 48%; 2022=15%). While this may be simply interpreted as less importance of food safety to community participants, it is more likely that over the duration of the pandemic, when this service was less available, or entirely unavailable, the community became unaware of the availability of this program. Educational campaigns will be essential to support this need. Moreover, over 10% of respondents (10.7%) to the CNA survey reported that they disagreed or strongly disagreed when asked if they had the necessary skills to prepare healthy meals for their family.

The CNA also identified a new area of educational concern for the HNHU in highlighting that 48.8% of the local survey respondents are growing some of their own food, indicating a unique need for safe food handling knowledge. Moreover, 19.9% of survey respondents reported that they are raising animals at home for food consumption (e.g., eggs, dairy, or meat), further reinforcing the need for targeted and unique food safety education locally. In 2022, 8% of survey respondents reported wanting food safety training.

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses food safety.

The HNHU plans to continue to respond to food complaints and food-borne illness in a timely manner to ensure that measures can be taken to protect the public. The inspection of food premises remains a priority at the local level as it provides an opportunity for food handling practices to be observed. Where improper food handler practices are observed Public Health Inspectors can ensure that appropriate interventions are in place to prevent or reduce food-borne illnesses. The HNHU will continue to educate the public and food handlers on principles of safe food handling practices to help prevent food-borne illness, including considerations for the unique needs of HNHU, such as raising animals for consumption.

c) Your boards of health's approach to disclosure of inspection results (onsite posting and website posting) and evaluation of the program.

In January 2019, the HNHU launched the “Inspect OUR Community” disclosure program, allowing the public to easily access the inspection results for food premise inspections. These results can be accessed via the HNHU’s online disclosure website. In addition to this, notices called “Certificate of Inspection” are posted at food premises once inspections are completed. This provides information such as the date of the inspection, and if a re-inspection is required, as well as a scannable link to the disclosure website.

It is possible that this program can be tied to an increase in the public participation in this program as well. In 2019, when the program was just launched, only 1% of the survey respondents in the CNA reported that they had filed a complaint about an inspection site in the previous year. However, when the CNA was repeated in 2022, nearly 7% of survey respondents reported that they had filed a complaint about an inspection site in the past 12 months. This program may help the HNHU to respond more attentively to community needs and increase food safety even further in our jurisdiction.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

There are several stakeholders and partners that assist the HNHU with ensuring the services outlined in the standard are met:

Norfolk County Licensing, Building Division, and Planning Division - Collaborate throughout the year on food premises business license process and by-law requirements pertaining to food premises, floor plans for food premises are reviewed and share with the Health Unit. The departments frequently work collaboratively to address crossover non-compliance issues.

Haldimand County Licensing, Corporate Services - Collaborate throughout the year with regards to the food premises business license process and by-law requirements pertaining to food premises, floor plans for food premises are reviewed and share with the Health Unit. The departments frequently work collaboratively to address crossover non-compliance issues.

Canadian Food Inspection Agency (CFIA) - Meetings are held once or twice a year for sharing knowledge, conduct joint inspections when required, assist with product recalls when requested.

Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) - Meetings once or twice a year for sharing knowledge, conduct joint inspections when required. The Health Unit continually works with OMAFRA Inspectors to address non-compliance or novel issues in Provincially regulated facilities with a retail component inspected by HNHU Inspectors. OMAFRA Inspectors frequently consult Public Health Inspectors regarding causes and corrective actions for adverse results from water samples collected at Provincially regulated food premises.

Alcohol and Gaming Commission of Ontario (AGCO) - Consult with the partner regarding the license permits for fixed premises and special events. Compliance with Health Unit regulations is a licensing requirement for food premises that serve alcohol. The AGCO can therefore assist in bringing operators into compliance through revocation of licenses if other enforcement methods are unsuccessful.

Farmer's Market organizers - Consult and provide guidance to farmer's market operators through the year, provide food safety resources and the Food Handler Certification course when required.

Ministry of Health - Consult with the Ministry regarding food safety issues. HNHU's management team and staff will attend training sessions. HHNU's management will provide feedback and comments on proposed Ministry documents related to the food safety program as needed.

Public Health Ontario - Consult with PHO (Public Health Ontario) at various times of the year regarding foodborne illness statistics and technical food safety issues as needed.

Health Canada - Consult when necessary, regarding food products or complaints, make referrals to Health Canada when required.

Public Health Ontario Labs - Consult with the public health lab throughout the year on food sample testing and interpretation of results.

Central West Food Safety Committee - Meetings are twice a year, discuss food safety issues faced by public health units and formulate solutions, share resources created like inspection reports, policies, position papers, etc.

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) - Managers will attend conferences in the spring and fall, share information and review documents to improve practices within the province.

Spectrum (on-call service provider) - A call center service is used during the after-hours to assist with the triage and forwarding of calls that require a response to staff on-call. This allows the health unit to meet the requirements of the standards for programs that require 24/7 services

P 1) Food Safety Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The Food Safety Program endeavors to prevent and reduce food-borne illness by ensuring that food that is provided to the public is prepared, handled, and stored in a manner that makes it safe to eat. This objective is reached through epidemiological analysis of surveillance data, public education, food premise inspections, education and training of food handlers, and enforcement of compliance with the HPPA (Health Promotion and Protection Act) and its regulations with respect to food safety: Food Premises Regulation, the Recreational Camps Regulations. The target population is the general public, food premises owners/operators, and food premise staff.

The specific requirements under the standards the Food Safety Program addresses are: Effective Public Health Practice Requirement 9, and Food Safety Requirements 1-5.

While the Food Safety program services the entire/ general population and those working in food service (see above), several key priority groups are also noted in this program. Specifically, in relation to the unique needs in HNHU that involve homesteaders (I.e., those individuals growing or raising animals for their own food), the program must respond to their needs. This may include targeted information for how to safely achieve the appropriate pH for their pickling activities or how to butcher their own animals for consumption, among many other examples. This population is large in HNHU, as evidenced by the results of the CNA 2022 (e.g., that 49% of respondents are growing food at home and 20% of respondents are raising animals for consumption).

From a health equity lens, it is possible that low-income families are more likely to participate in homesteading activities like growing or raising their own food, suggesting that educational programs, like the Safe Food Handling Course, need to be accessible.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To provide education and awareness to operators and the public (using a variety of communication modalities) about safe food handling and food-borne illnesses.
2. To complete inspections and investigations in accordance with the protocol
3. To publicly disclose all food premise inspection results.
4. To conduct surveillance and monitor trends and respond to suspect and confirmed food- borne illness
5. To ensure food handlers have access to training as per protocol
6. To provide all components of the food safety program in accordance with applicable regulations, protocols and guidelines
7. To provide 24/7 response to food borne illness, complaints and food related emergencies due to fires, floods and power outages

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

• The health unit conducts surveillance for food-borne illnesses. All suspect and confirmed food-borne illness reports are investigated within 24 hours of the report. Food history, food samples or stool samples may be collected. In addition to this, inspections are conducted at the suspect food premises. The Environmental Health Team utilizes the services of the HNHU epidemiologist and data analysts as needed during a food-borne outbreak, which may include outbreak and contact mapping, calculating attack rates, and more.
• The HNHU collects data on the number of food premises complaints and how many of the complaints are related to food-borne illness. Data is collected regarding the number of certified food handlers onsite at food premises at the time of the inspection.
• The number of food premises inspections completed are tracked for reporting, monitoring, and quality assurance purposes. Data includes the type of inspection, the number and type of infractions observed (critical or non-critical), and any follow-up or enforcement action taken

i 2) Promotion, Awareness, Education and Knowledge Translation

• A number of education and awareness strategies are in place to educate the community on food safety and keep them informed on health unit activities to increase transparency. • • Social media, radio ads, informational material and media releases are used to keep the public informed.
• Training material for the food handler course is kept updated and made accessible for schools that teach the course. In addition to this, the health unit teaches the food handler course at minimal cost and provides this course in both counties to address accessibility.
• Promotional material is distributed to the public and operators to promote safe food handling.
• Inspection results are posted on the health unit disclosure website which provides the public with information so they can make informed choices about their health.

i 3) Investigation and Inspections

• The Haldimand Norfolk Health Unit provides 24/7 response to investigate food-borne illness, complaints and food related emergencies. Investigations may result in inspections where food or specimen samples are collected to determine the cause.

The Haldimand Norfolk Health Unit does routine inspections of food operators based on risk. High risk are done 3x/year, low risk is once per year.

i 4) Enforcement

Utilize progressive enforcement strategies ranging from education to the issuance of tickets, summons, or section 13 orders.

Healthy Environments

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy environments.

Haldimand and Norfolk counties have a long history in agriculture, with Norfolk County being dubbed "Ontario's Garden". Being rural communities with over 2,800 square kilometers (about the area of half of Prince Edward Island) shared between the two counties, farming is a large part of everyday life for many of our residents, including International Agricultural Workers (IAWs). Every year, the communities of Haldimand and Norfolk welcome over 4,500 IAWs, more than almost every other region in the province, increasing our population by 5-10% every growing season. The Haldimand Norfolk Health Unit (HNHU) has one of the largest numbers of seasonal houses to accommodate IAWs within Ontario. Service Canada requires housing inspections for Labour Market Impact Assessment (LMIAs) for farmers to request workers for the growing and harvest seasons as well as workers under the 1- and 2-year programs available. Due to the volume of inspections and the unique needs of communities, these inspections have significant financial and staffing impacts on HNHU resources.

The HNHU runs a general environmental health program and public health inspectors (PHIs) are required to address all programing needs in their work area including housing inspections. In 2023, 620 compliance seasonal housing inspections were completed. In addition to this, there were 52 follow-up inspections completed. The Seasonal Housing Program continues to grow year after year. In 2023, the Haldimand-Norfolk Health Unit has assessed, inspected, and approved 10 new Seasonal Housing facilities. For each of those new facilities, a PHI must conduct at least one site visit, measure each room for floor and air space calculations, collect water samples, and ensure compliance with the Seasonal Housing Guidelines.

In July 2017, the HNHU was made aware of a gas well that was leaking hydrogen sulphide. Homes were evacuated until full remediation was completed. Since that time, the HNHU has become aware of the documented 2,634 gas wells in Norfolk and 5,993 in Haldimand of similar aging infrastructure of similar vintage. Currently, the HNHU continues to monitor several leaking gas wells. This new area of environmental risk has taken up a considerable amount of time and resources to gain knowledge and address the concerns.

Climate change and its impact on our environment has been identified as a priority by our provincial and federal governments. In 2022, Haldimand County had 3 heat warnings and 1 cold warning, and Norfolk County had 4 heat warnings and 1 cold warning from Environment Canada, which the HNHU declared. HNHU's long shoreline along Lake Erie makes it home to wind storms, flooding, and other environmental risks, as well.

Climate change is an increasingly recognized local threat for residents. As part of the Community Needs Assessment (CNA) 2022, climate change was an increasingly prominent concern. Specifically, only 37% of the 1,400 survey respondents reported that they felt prepared for a local climate emergency. Over 60% of survey respondents reported being concerned about wind or storms locally and over 52% of respondents reported being concerned about extreme heat. Additionally, nearly 37% of respondents reported being concerned about flooding locally. Nearly 49% of all survey respondents reported that they desired more information about climate change impacts on health from the HNHU. With regards to observed local impacts, 61% of survey respondents reported that they felt climate change was already impacting their environment and 45% of respondents felt that climate change was already impact their family's health.

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses healthy environments with consideration of the required list of topics identified in the Standards.

Seasonal Housing inspections are a priority as this is a historically important industry for our region. Changes to housing requirements for LMIAs due to the pandemic and updates to housing guidelines continue to impact Public Health Inspectors.

Gas wells continue to be a priority for Haldimand and Norfolk Counties due to the number of wells and potential health hazards to residents.

Providing climate-health information and education campaigns is an emerging priority of the local residents and fits within the recommendations of the overarching Community Needs Assessment (CNA) findings. Specifically, one of the key recommendations of the CNA is to resume and increase health promotion activities. Climate-health, as an element of healthy environments, is a good way to respond to the calls of the community for more education on this topic.

c) Your boards of health's approach to disclosure of inspection results of recreational camps (onsite posting and website posting) and evaluation of the program.

The inspection results for recreational camps are posted on the health unit's disclosure website. Onsite posting is done using a notice called "Certificate of Inspection".

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

- Ministry of Environment Parks and Conservation (MECP) - consult as needed
- Spills Action Centre (SAC) - consult as needed and provide reports about GAS wells
- The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) - attend training sessions and conferences in the spring and fall, share information and knowledge via phone or email
- Ministry of Natural Resources and Forestry (MNRF) - consult as needed throughout the year
- Conservation Authorities – LPCA, GRCA - consult as needed through the year
- Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) - Meet with OMAFRA twice a year and consult as needed
- Public Health Ontario - consult on health hazard and environmental health issues throughout the year and staff will attend training sessions as part of professional development
- Public Health Ontario Labs - consult, send samples for testing and analysis, request test interpretations as needed through the year
- Health Canada - Consult throughout the year as needed
- Spectrum (on-call service provider) - call center to ensure we provide 24/7 hours service and calls are forwarded to the public health inspector on-call
- Norfolk County GIS division - work with the GIS team to map data and trends
- Norfolk County H2S Task Force Working Group - meet a few times a year to discuss emerging gas wells within the community and determine actions to address the issue and protect the community
- Norfolk County Public Works Division - collaboratively work on the implementation of a Norfolk County active transportation strategy
- Norfolk County Agricultural Board - consult as needed
- Norfolk County Building and By-Law Division - consult as needed
- Haldimand County Building Division and By-Law Division - consult as needed.
- Norfolk County Fire Department - consult as needed
- Haldimand County Fire Department - consult as needed
- Norfolk County EMS - consult as needed
- Environment Canada – Participate in heat and extreme cold weather alert program. Consult as needed

P 1) Health Hazards Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The health hazard program prevents or reduces the burden of illness from potential, suspected and/or identified health hazards in the environment, ensuring the public is protected from health hazards. This program applies to the general public.

The specific requirements under the Standards that the Health Hazards program will address are Effective Health Practice Requirement 9 and Healthy Environment Requirements 1, 5, 8, 9, and 10.

A health equity lens has been incorporated by removing barriers such as simplifying and adjusting communications to priority populations such as providing information in different languages to International Agricultural Workers.

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To collaborate with partners to develop strategies to reduce exposures to health hazards

To complete:

- 100% of recreational camp inspections
- 100% of group home inspections
- 100% of seasonal farm worker housing units inspections requested

To investigate and respond to health hazards and potential health hazards

To ensure 24/7 availability to respond to health hazards

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Partnerships, Engagement and Collaboration

Collaborate with community partners to come up with strategies to reduce exposure to health hazards and promote healthy built and natural environments.

i 2) Investigation and Inspections

Investigate complaints regarding potential health hazards and respond by issuing direction and/or orders to prevent or mitigate exposures to health hazards.

Conduct facility inspections to ensure compliance with relevant regulations and protocols. The following facilities will be inspected:

- boarding/lodging homes
- homes for special care (upon request)
- seasonal farm worker housing inspections (upon request)
- childcare centers
- other facilities where an assessment has determined need (e.g., arenas, shelters, schools)

Disclosure of recreational camp inspection results

P 2) Healthy Environments and Climate Change Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The healthy environments program prevents and reduces exposure to health hazards and promotes healthy built and natural environments by developing mitigation strategies to prevent exposures and conditions that can impact the public's health. This program works in alignment with the built environment program which aims to promote and advocate for natural and built environments that support healthy lifestyles.

The specific requirements under the Standards that the Healthy Environments and Climate Change Program are Population Health Assessment Requirement 2 and Healthy Environments Requirements 1, 3, 4, 5, and 7. A health equity lens has been incorporated by removing barriers by using multiple media outlets such as newspapers, radio, social media and media releases from HNHU to reach as many individuals as possible. These releases aim to inform of health hazards in the environment that can negatively impact the public, including heat and cold alerts. Partnerships support community agencies to reduce the risk of environmental health hazards such as extreme climate conditions identified in the jurisdiction. The young, elderly, those with underlying medical conditions, outside workers, the homeless, and those who live in close proximity to gas wells are the priority populations, based on known risks from the literature.

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To conduct surveillance and analysis of environmental and population factors as they relate to health impacts on the population

To identify risk factors and priority health needs in the built and natural environments

To collaborate with partners to promote healthy built and natural environments

To communicate warnings to the public and partners and response activities as necessary for heat, cold and adverse air quality incidents

Communicate to the public developing and/or supplementing federal, provincial, or local communication strategies re: built environments, climate change, hazardous environmental contaminants and biological agents, UV, radon, extreme weather, indoor and outdoor air pollutants, and other emerging environmental exposures

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

Conduct surveillance of environmental factors (e.g. heat/cold alerts, smog advisories, extreme weather events, VBD data, syndromic surveillance, adaptation measures implemented)

Conduct epi analysis of surveillance data including identification of trends and priority populations

i 2) Effective Public Health Practice

• Collect and analyze data from health hazard complaints and inquiries to inform program plans and policies.

i 3) Partnerships, Engagement and Collaboration

• Review and comment on land-use applications and official plans to highlight environmental health related concerns and healthy built environment principles.
• Work with county building and zoning departments on property standard requirements/by-law for matters that may be related to public health.
• Work with community partners on hot and cold weather responses.

i 4) Promotion, Awareness, Education and Knowledge Translation

• Key communication strategies will be used to educate the public about environmental exposures to UV, radon, region specific environmental exposures and what can be done to protect their health. Climate-health education will be incorporated into communications materials.

• Communication and education related to heat warning, col warning and adverse air quality incidents

Healthy Growth and Development

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy growth and development.

• The proportion of children aged 0-5 living in low-income households was 9.9% in Haldimand and Norfolk County (Stats Can, 2020).
• The proportion of children involved with child protective services is higher in Haldimand Norfolk (HN) than in Ontario on average (PHO Snapshots 2022).

PRENATAL

• HN had a pregnancy rate of 51.3 (per 1,000 women of reproductive age), which was significantly higher than the province of Ontario (45.3 per 1,000 women of reproductive age), (PHO Snapshots, 2020).
• HN had a teen pregnancy rate of 11.8 (per 1,000 women of reproductive age), which was significantly higher than Ontario (7.6 per 1,000 women of reproductive age), (PHO Snapshots, 2020).
• 25% of women attended prenatal education in Haldimand Norfolk in comparison to 37% in Ontario (BORN 2023)
• 54% of clients did not take in-person prenatal education and 70% did not take online prenatal offered through HNHU stating they did not know about them (Prenatal Needs Assessment 2023, HNHU)
• 31.6% of women had one or more mental health concerns during pregnancy in H-N in comparison to 21.1% in Ontario (BORN 2023)
• HN pregnant women had a higher rate of smoking, alcohol, drug and cannabis use, compared to the average use in Ontario (BORN, 2023)
• 6.3% of babies born in Haldimand and Norfolk were considered to have a low birth weight (PHO Snapshots, 2021)
• HN had a Large for Gestation age rate of 15.9 (per 100 live singleton births), which was significantly higher than the province of Ontario (10 per 100 live singleton births), (PHO Snapshots, 2020).

MENTAL HEALTH

• 26.9% of parents in Haldimand Norfolk suffer from a mental illness, compared to 20.6% across the province of Ontario (PHO Snapshots, 2022).
• 4.8% of new moms identified as having experienced diagnosed post-partum depression, slightly higher than the previous year's score of 4.8% (PHO snapshots, 2021).
• 12.2% of Haldimand Norfolk residents reported that they would like more post-partum support (Community Needs Assessment 2022, HNHU).
• Three of the five top mental health topics identified by HN residents are Healthy Relationships, Available Community Services, Mental health and/or depression and stress management and coping skills (Community Needs Assessment 2022, HNHU)

PARENTING

• In 2023, parents and caregivers were supported by a public health nurse through 1,103 interactions at four HN Well Baby and Breastfeeding Drop-ins. Of these interactions, 200 were with new families (2023 WB schedule and stats spreadsheet, HNHU).
• 25% of children in HN are vulnerable to at least one EDI domain. Approx. 10% of children were identified as having one or more special concerns as part of the EDI study in 2017-2018 (PHO Snapshots, 2018).
• Data from the 2022 Community Needs Assessment showed that parents/caregivers felt that breastfeeding, and prenatal care were necessary supports to help keep their families healthy. Further they wanted more healthy childhood development programming. The respondents sought to receive more information on the children services available and education on early childhood development (CNA 2022, HNHU).
continued below...

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses healthy growth and development with consideration of the required list of topics identified in the Standards.

*continued from question a) above
HEALTHY EATING
• In Haldimand and Norfolk, 75.4% of pregnant moms intended to exclusively breastfeed, however only 56.1% were able to continue to exclusively breast feed as planned (BORN, 2023).
• During a past pregnancy, 62.8% of HN mothers identified they would have liked access to prenatal breastfeeding support (Prenatal Needs Assessment 2023, HNHU). Further, Lactation consultants was the most used program reported by mothers in HN, for support with feeding their baby (Infant Feeding Survey Results 2022, HNHU). There are only two local lactation consultants available in HN..
• Of the mothers who participated in the Infant Feeding Survey (IFS), in 2021/22, approximately 78% of mothers introduced formula to their babies. Of these mothers, 64% reported formula had been introduced within the first two weeks. The introduction of formula is one factor that affects overall duration and exclusivity rates of breastfeeding.
• 24% of mothers who were still breastfeeding when surveyed in 2021/22 reported that returning to work or school impacted how long they breastfed for (Infant Feeding Survey Results 2022, HNHU).
• Over one third of mothers who participated in the IFS reported complementary foods were introduced to their child prior to 6 months of age.
• Children who have early experiences with eating nutritious foods are more likely to prefer and to consume those foods and to have an eating pattern that promotes healthy growth (NHTI 6-24 months)
• In Ontario, 1 in 4 children live in food insecure households (2021-2022 CIS data). Local data is not available.
• In Ontario, Nutri-eSTEP® data show that 14.9% of toddlers scored at a high level of nutritional risk, while 18.9% of preschoolers scored at a high level of nutritional risk in 2016.
• The Nutritional Status of Preschoolers in Haldimand and Norfolk (2013) found that: 21% of preschoolers were at moderate or high risk for poor nutrition; 78.9% of preschoolers are not receiving adequate amounts of vegetables; 59.3% of preschoolers are not receiving adequate amounts of fruits and 62.9% of preschoolers are not receiving adequate amounts of grains.
• The 2018 Kindergarten Parent Survey: 36.3% of parents/caregivers reported they find it challenging to getting their child to eat healthy and 22.2% reported they find preparing healthy meals is a challenge
• In Haldimand and Norfolk, when asked what public health supports and services were needed to keep their household healthy, 14.8% reported nutrition/healthy eating supports (CNA 2022, HNHU).
• The 2018 Kindergarten Parent Survey offers insight into top parent challenges: 36.3% of parents/caregivers reported they find it challenging to getting their child to eat healthy and 22.2% of parents/caregivers reported they find preparing healthy meals is a challenge
• In Haldimand and Norfolk, when asked what public health supports and services were needed to keep their household healthy, 14.8% reported nutrition/healthy eating supports (CNA 2022, HNHU).

RESPONSE TO QUESTION B
Current program priorities include increasing breastfeeding initiation and duration, increasing expectant mother's access to prenatal education and resources (healthy pregnancies), development of positive parenting key messages, and a focus on supportive nutrition environments in childcare settings. A community needs assessment was conducted in 2022 that provided insight as to the health needs identified by residents of Haldimand and Norfolk. Further a prenatal needs assessment was conducted in 2023 that spoke to the needs and services of parents/caregivers during the prenatal period. Use of this data will allow staff to make evidence-informed decisions for programming and the deployment of resources. A comprehensive approach to ensure the Healthy Growth & Development team, in collaboration with the entire health unit provides support using a trauma-informed approach. Further, ensuring ACE's and their health impacts are included in decision making, interventions and resources.

c) A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under Healthy Growth and Development.

Due to resource constraints some healthy growth and development topics were not comprehensively addressed. Preconception health and healthy sexuality are being supported by other community stakeholders (ex. family doctors, family health teams, school health team, etc.).

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

• Haldimand-Norfolk REACH –local organization who provides a variety of children and family services. We partner with them on topics and services such as Canadian Prenatal Nutrition Program, and positive parenting. Provide referrals to REACH programs and vice versa. Frequency: On an as needed basis
• Norfolk General Hospital – ongoing partnership with Healthy Babies Healthy Children program; we provide support for breastfeeding and parenting resources. Collaboration further achieved through Public Health Nurse Liaisons. Frequency: On an as needed basis. Sharing of program specific data, key messaging and resources.
• Ontario EarlyON Centres – partner with ongoing prenatal classes, weekly Well Baby Drop-ins and as needed RD drop ins. Frequency: weekly prenatal classes and Well Baby Drop-ins at a variety of locations.
• Child and Family Services of Grand Erie – parenting support
• Childcare settings – ongoing training, policy development and menu consultations to help create supportive nutrition environments. Further providing a platform for education on the product safety through hosting Health Canada information session. Frequency: on an as needed basis
• ODPH (Ontario Dietitians in Public Health) – ongoing provincial collaboration related to family health nutrition and childcare settings. Includes advocacy, resource development and provincial campaigns. Frequency: monthly meetings and on an as needed basis.
• Norfolk Pregnancy and Family Resource Centre Care Centre & Haldimand Pregnancy Care and Family Centre – client referrals, project collaboration, staff training as required. Both organizations have been trained in You're the Chef food literacy programming in previous years.

• Haldimand Pregnancy Care and Family Centre – client referrals, project collaboration, staff training as required.
• Norfolk County & Haldimand County – breastfeeding in the workplace and community policy
• Local health care providers and family health centers – sharing information on program specific interventions and resources (ex. Breastfeeding, prenatal and infant loss, prenatal classes, etc.)
• Norfolk Community Help Centre – collaborate with team to support Low-German Speaking Mennonite community and their unique needs, specifically through education sessions and development of Low-German language resources/educational videos. Focus in 2023 was prenatal nutrition education with 2 sessions offered. The focus in 2024 will be on reproductive health and prenatal care.
• Ontario HGD community of practices/PHO – various working groups to collaborate with PHU's from across the province on topics like adverse childhood events, InJOY online prenatal, ISCIS, Cognitive Behavioral Therapy strategies, etc.

P 1) Healthy Growth and Development

Program Description:

a) Describe the program including the population(s) to be served. Please identify the specific requirements under the Standards that the program will address. Include a linkage to identified community needs and priorities.

Through a comprehensive approach, this program will aim to support pregnant mothers, new mothers, fathers, caregivers and children from birth to school age. We will also work to support community partners and key stakeholders that share similar programs and client population. Our programming will be focused on interventions to support healthy growth and development for our population. Monitoring and reporting requirements will be met through the continuation of the infant feeding survey and review/utilization of the HNHU Community Needs Assessment and Prenatal needs assessment data. This data will be shared with relevant community partners to encourage locally driven decisions and interventions are provided in the community. Requirement 2 will be addressed through public health interventions that aim to support the following needs and priorities: breastfeeding, child growth and development, healthy pregnancies, maternal mental health, adverse childhood experiences, preparing for parenting and positive parenting. To do this we will provide awareness, education, support, community collaborations and supportive environments. All interventions will be identified, reviewed and implemented using a trauma-informed approach.

b) If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

Teen Mothers between the ages of 15-19 is a priority population as per PHO snapshots 2020 which identified a higher number of teen mothers in Haldimand and Norfolk compared to the rest of Ontario. HNHU healthy growth & development team continues to work with school health team to support teen mothers, connect them with community groups (REACH-Young Parents) and ensure they receive appropriate prenatal education and healthcare.

The Low-German Mennonite community residing in Haldimand and Norfolk has been identified as a priority population due their high-risk screening on our HBHC program, education and literacy level, access to resources and social culture that influence decision making. Interventions are modified to support language barriers (e.g., survey and resources translated, translator for medical appointments and prenatal education), additional resources available at their locally situated and trusted Help Centre. Further, we have a Low-German speaking staff that can provide support in-person or on the phone.

Rural communities have greater difficulty accessing care and thus are identified as a priority population. We provide home visits for our clients requiring breastfeeding support in addition to over-the-phone support as needed. We provide free online prenatal education courses which allow for a flexible schedule and completion in their own homes.

Haldimand Norfolk has seen an increase in the Newcomers to Ontario population. This population sometimes presents with language barriers, often does not have a family physician and may be isolated in a new community. To support this priority population our team has more access to translation services, we encourage social connectedness by engaging them in well-baby/early-on facilities. Further we assist them with social assistance support as needed and help them to find a family doctor.

Further priority populations include those experiencing homelessness and food insecurities. Interventions that were modified to help decrease inequities for this population include decrease and/or waiving the fees for in-person prenatal classes, one-on-one prenatal education, and referrals to the Canadian prenatal nutrition program.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), target population, and delivery setting (e.g. schools, community centers, public health units, etc.).

A mental health promotion working group has been established at HNHU and will consult and develop specific approaches to address the specific population's needs.

Prenatal mental health will be supported by implementing the recommendations from the HNHU's prenatal needs assessment (e.g., providing newsletters or education on mental wellbeing via text/email on an ongoing basis during the prenatal period, breastfeeding education during prenatal period, prenatal education promotion).

To support connectedness and healthy parent child relationships, use of the Parent & Child interaction scales will help identify appropriate interventions and education required.

Use of the Edinburgh scale screening tool to assess mental health and application of the CBT strategies in response to mental health concerns identified.

Social connectedness of our newcomers to the Country and area is addressed by connection with the EarlyOn centres and the Pregnancy Centers of Haldimand and Norfolk.

The internal Infant Feeding Survey is currently being revised to incorporate a trauma informed approach.

Internal staff education on Adverse Childhood Experiences and their impacts on mental health

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

Breastfeeding:
• improve maintenance of breastfeeding rates closer to 70% at 6 months post-partum
• improve ability for breastfeeding mothers to continue breastfeeding while they return to the workforce/school by providing Breastfeeding business toolkits to all of the businesses/schools in Haldimand and Norfolk.
Child Growth & Development:
• Early identification of child vulnerabilities prior to entering school through an increase of 10% in referrals to community partners (e.g., Speech/language, vision, child & youth mental health services, etc.).
• To train 100% of the registered childcare settings in Haldimand and Norfolk Counties on the Practical Guide and supportive nutrition environments by December 2024
• Respond to 100% of requests from EarlyON centres regarding nutrition education requirements (e.g., picky eating, introduction to solids education) in 2024.
Healthy pregnancies and Preparing for Parenting:
• To increase the number of in-person prenatal education participants for expectant mothers and their partners from 25% to 35% by the end of 2024.
• To increase the number of online prenatal education participants for expectant mothers and their partners by 10% by the end of 2024.
• To provide a virtual platform/smartphone application for parents/caregivers to utilize in the prenatal and postnatal period by June 2024.
• Continue the downward trend of pregnant people who report substance use during the prenatal period.
• 10% of Haldimand Norfolk births will receive a prenatal HBHC screen by the end of 2024.
• Increase Knowledge to Low German speaking Mennonite community
Maternal mental health:
• 100% of HGD staff will integrate Cognitive Behavioral Therapy pathways and interventions into all their applicable family service plans by June 2024.
• Decrease the number of women reporting mental health concerns during pregnancy to 25% by the end of of 2024 (as reported in PHO Snapshots)
• Parent-Child Interaction Feeding and Teaching Scales will be utilized to improve parent-child relationships and to provide opportunities for intervention when necessary. All clients will have at least one NCAST scale completed prior to their discharge.
• All HGD staff educated on Brain Story/Adverse Childhood Experiences (ACE) by end of 2024.
• Assessment of ACEs with every client included in 50% of Family Service Plans by end of 2024.
Positive Parenting:
• To implement a comprehensive positive parenting strategy in 2024.
• Moms/caregivers referred to Positive Discipline in Everyday Parenting course and have positive parenting interventions incorporated into their service plans by the end of 2024.
Community Engagement:
• Complete situational assessment of the needs of community partners in relation to Healthy Growth and Development objectives and interventions. Beginning of local Community of Practices as identified in situational assessment. Assessment to be completed by July 2024. Initiation of Community of Practices if deemed valuable by end of year, 2024.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

Infant Feeding Survey – monitor breastfeeding rates in Haldimand Norfolk and to obtain further client needs information

Currently on hold with goal to re-start data collection in July 2024

i 2) Promotion, Awareness, Education and Knowledge Translation

Program Promotion
A variety of communication strategies are used to increase awareness of the importance of breastfeeding and help families make an informed infant feeding decision. Examples of strategies include prenatal class education, social media, website and resources.
Various communication and education strategies are used to increase awareness of positive parenting techniques. Examples of strategies include social media, website, resources, phone, and Well Baby Drop-ins. Internal and external staff capacity of positive parenting messaging and techniques will also be addressed.
Communication with health care providers related to Healthy Growth & Development topics and resources via email, and resource delivery to offices.
Prenatal promotion campaign through social media and community signage
Nutrition Environment in Childcare Settings:
RDs accept consultations to review menus from childcare settings to support meeting CCEYA guidelines
RDs collaborate with ASCY to support nutrition resources and education to local childcare staff
RDs currently developing plan to update menu review process and carryout practical guide and supportive nutrition environment communication plan involving childcare staff presentations and webinar.
RD participated in provincial workgroup to update childcare resources and developed supportive nutrition environment resources to share alongside updated ODPH practical guide.
Prenatal Education
InJoy online prenatal education
In-person prenatal education
Follow-up calls/emails for online prenatal registrants and 48-hourr calls
Placeholder: resources for LGM population
EarlyON programming:
Well-baby – PHN supporting parents and caregivers with information on Heathy Growth & Development
RD offers drop-in programming at EarlyON as requested
Internal Capacity Building
Annual Breastfeeding Self-Assessment
1 on 1 coaching for NCAST PCI scales
Ongoing breastfeeding and infant feeding training is provided at team meetings and through professional development opportunities.
Perinatal Infant Loss Workshop
Applied Suicide Intervention Skills Training

i 3) Direct Services

48 hour post-birth phone calls for all new mothers who have been screened and provided consent in hospital.

Norfolk General Hospital Liaison Breastfeeding Support

Well-baby drop-ins at EarlyON centers weekly

i 4) Effective Public Health Practice

EarlyON Nutrition Programming Evaluation - Offered in-person and online nutrition education on introduction to solids and picky eating in 2023, completing process evaluation in 2024 to guide program planning

Infant Feeding Survey - Process and survey under review with the goal of increasing response rate and making the survey trauma-informed

Assessment of Community Supports available related to positive parenting, breastfeeding, mental health, etc.

Investigate and identify the need for supporting Adverse Childhood experiences and their impact on health in the community.

i 5) Partnerships, Engagement and Collaboration

External Training

Hosting a Perinatal and Infant Loss Compassionate Care Workshop for Community Health Care providers.

External Program Promotion

Promotion of evidence-based community programs (e.g., REACH Positive Parenting, Norfolk FHT etc.) and online programs

Collaboration

Assessment of need of Community of Practice to collaborate with all community health care partners working with children and families to support Healthy Growth & Develpment

Completion of Cognitive Behavioral training by all HGD team members. Work with the HNHU mental health working group to build capacity of team members and how it relates to program delivery. This includes participation in a provincial CBT policy and procedure/home visiting working group.

All team HG&D team members will be trained on the Parent-Child Interaction Scales. Community partners will be educated on the scales so that consistent messaging is provided to families.

Childcare menu review with Registered Dietitian

• Well-baby drop-in Registered Dietitian support

Immunization

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address immunization.

The Haldimand Norfolk Health Unit (HNHU) provides immunization services to the communities located within the two counties under its authority. In these counties, there are 41 elementary schools and 9 secondary schools. The health unit implements the Grade7/8 Hepatitis B/HPV/Men-C-ACWY135 program, catch up program for individuals with overdue records for the aforementioned vaccines, ISPA Enforcement, including access to ISPA vaccines, and routine record maintenance throughout the year. The Vaccine Preventable Diseases team at the HNHU provides immunization services to the public who attend our monthly routine immunization clinics hosted in four locations across the two counties.

Further, we provide routine annual cold chain inspection for 109 vaccine storage fridges including UIIP participants, Long Term Care Homes, Retirement Homes, family physicians/nurse practitioners, hospitals and Health Care Agencies. We investigate and respond to incidents of cold chain failure. Partnerships with this sector are invaluable to assist with knowledge translation and immunization service delivery. It is with these partnerships that we can provide timely response to all reported AEFI's.

Immunization coverage rates for Vaccine Preventable Diseases mandated under the Immunization of School Pupils Act (ISPA) in Haldimand and Norfolk counties are as follows for the upcoming 2024/2025 school year:
- Seven year olds (grade 2 students-birth cohort 2017): Measles 69% ; Mumps 69% ; Rubella 69% ; Diphtheria 63%; Pertussis 63%; Tetanus 63%; Polio 64%; and Varicella 69%
- Seventeen year olds (grade 11 students-birth cohort 2008): Measles 94%; Mumps 94%; Rubella 94%; Diphtheria 66%; Pertussis 66%; Tetanus 66%; Polio 93%; and Meningococcal 72%.

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses immunization with consideration of the required list of topics identified in the Standards.

The following priorities have been identified for the Vaccine Preventable Disease Team in keeping with the immunization protocol:
1. Improved access to immunizations, ensuring community members have access to publicly funded vaccines
2. Increase vaccine coverage rates for students in our schools.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

The Vaccine Preventable Diseases Team engages with several community partners to advance the public health message regarding immunizations:
• Health care providers (Family Physicians, Community Health Care, Family Health Teams): Provide routine vaccinations within their clinic settings. Vaccine orders are submitted on a weekly basis and memos in relation to various vaccines are sent 4-6 times per year or more as required. Health care providers are also involved in the maintenance of cold chain and work with the VPD Team to undertake annual inspections and training in this area.
• Local hospitals: Provide rabies post exposure prophylaxis (PEP – rabies vaccine and immunoglobulin) to members of the community who require this following animal exposure. Each hospital maintains an emergency stock of Rabies PEP and places orders as required. Hospitals are also involved in the maintenance of cold chain for vaccinations and work with the VPD Team to undertake annual inspections and training in this area.
• Vaccine Courier: HNHU contracts the services of a courier company to deliver vaccine orders between health unit sites for distribution to the ordering health care providers. The VPD Team provides training and education to the courier service on maintaining cold chain during delivery. The courier service also delivers school vaccine information packages and consents to all 41 elementary schools to help organize our grade 7 immunizations program.
• Local pharmacies: The VPD team works with local pharmacies to complete their annual fridge inspection for the Universal Influenza Immunization Program (UIIP). Memos relevant to pharmacists in regard to UIIP are also sent 1-3 times during Influenza season, or more as required.
• Paramedic Services: The VPD team works with the paramedic services in relation to their community para-medicine program through which the paramedics administer influenza and COVID-19 vaccines. The VPD team works with the paramedics to provide training on maintaining cold chain and complete inspections of the Koolatrons and fridges to store the vaccine.
• HNHU Infectious Disease Team: The VPD team works with the infectious disease team to promote the uptake of vaccines in our long-term care and retirement homes. The ID team also promotes and makes recommendations for vaccines to clients during case and contact management of Diseases of Public Health Significance (DoPHS).
• Houghton Public School and the HELP center: VPD provides immunization clinics aimed at priority population, Low-German Speaking Mennonite communities. Houghton public school provides space in the Langton area where many of the Low-German Speaking Mennonite communities are located. And the HELP center employs staff who are part of the Low-German speaking community who help with translation services as well as promoting to service.
• School Boards: VPD works with the public and catholic boards closely to assist in the enforcement of the ISPA. And promote grade 7 immunizations.

P 1) Community Based Immunization Outreach (excluding vaccine administration)

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

This program is aimed at increasing the immunization literacy of the Haldimand and Norfolk Communities through stakeholder and partner engagement. As a result, increasing public confidence in immunization. Under the Immunization standard, this program will address requirements: #2, #3. #4, #5. With our extensive list of partners/stakeholders we intend to address the barriers in vaccine confidence in our Low German Mennonite population, which is identified as a local priority population. To assist with reaching this priority population we host immunization clinics in the Houghton area of Norfolk, where many of the Low German speaking Mennonite population reside. Likewise, we partner with the Norfolk Help Center which is dedicated assisting Low German speaking Mennonites. They provide translation services for our team at clinics, and assist clients in navigating health care, with specific attention to vaccines.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

Analyze vaccine coverage and monitor trends over time to provide education and knowledge translation to priority populations and stakeholders/partners as required.
To promote local, provincial and national immunization programs or campaigns that are aimed towards increasing vaccine knowledge and confidence.
Share available existing and newly created resources with stakeholders/partners to increase knowledge related to: Ontario Immunization Schedule, Introduction of newly funded vaccines, Updates to the storage and handling guidelines, etc.
Provide consultation and expert advice on immunization and immunization practices as required.
To increase the reporting back from HCP of high-risk vaccine use
To increase knowledge of best practices for high-risk vaccine use

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

Create and share immunization messaging via social media, radio, HNHU website, media releases
Public Health Nurse visits to local Early Years Centres for vaccine information and answer parent questions/provide resources
Promote existing national/provincial immunization awareness campaign material

i 2) Partnerships, Engagement and Collaboration

Work with Norfolk and Haldimand FHTs to consult on sexual health immunization activities (high risk clients)
Provide consultation for HCPs and community partners on immunization and immunization practices, as requested
Providing knowledge transfer and translation about changes to vaccine preventable diseases programming; including storage and handling guidelines, the Ontario Immunization Schedule, new vaccine products available for the public

P 2) COVID-19 Vaccine Program

Program Description:
Describe the program per items and activities described in other Immunization requirements (i.e., Community based Immunization Outreach, Monitoring and Surveillance, Administration and Vaccine Management), including the population(s) to be served, with specifics on priority populations, as well as COVaxON reporting and support. For priority populations identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The COVID-19 Vaccine Program is aimed at decreasing Haldimand and Norfolk's rates of COVID-19 and reducing the spread of this infectious disease through the access to and provision of approved COVID-19 vaccines. During the period from January 1 - December 31, 2023, there were 25,145 doses of COVID-19 vaccines provided to individuals of Haldimand and Norfolk.

COVID-19 Vaccine Clinics
The Haldimand Norfolk Health Unit's COVID-19 Vaccine team operates clinics in various communities in its jurisdiction as required, based on the current Ministry Guidance and Campaigns. To increase access to the vaccine(s) for the populations we serve, clinic start and end times vary throughout the week, as well as the locations we service. To assist with providing COVID-19 Vaccines to priority populations (Long Term Care staff/residents, Retirement Home staff/residents, High Risk individuals, etc), we coordinate our efforts with partners to increase timely access to these vaccines by offering on-site assistance, home-bound appointments and easy access to vaccine. Likewise we provide as requested training on the use of covaxON to partners.

COVID-19 Vaccine Storage and Delivery
The COVID-19 Vaccine team coordinates the ordering and delivery of COVID-19 Vaccines to service partners (health care providers, long term care homes, and retirement homes), as requested. Our team manages the COVID-19 vaccine inventory received from the Ministry at our facility. And participates in the Ministries monthly reporting on vaccine usage, wastage, and on-hand quantities.

In addition to the above priority populations, our health unit coordinates access to COVID-19 vaccines to the Mississaugas of the Credit First Nation (MCFN).

Promotion, Awareness, Education and Knowledge Translation:
The COVID-19 Vaccine Team utilizes the HNHU website and media accounts to broadcast messaging and provide public education on approved and available COVID-19 vaccines. The team regularly communicates with internal and external stakeholders and partners to disseminate latest information and provide education related to changes with the COVID-19 vaccine program. This improves service coordination and enhances evidence-based practices.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To ensure that eligible persons can access the COVID-19 vaccine through a variety of accessible channels

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

Promotion of COVID-19 vaccine and clinics including social media, website, newspaper
Answering partner requests related to product monographs and vaccine guidance (PC, EMS, pharmacy, LTC/RH)

i 2) Direct Services

HNHU COVID-19 clinics
COVaxON documentation at COVID-19 vaccine clinics

i 3) Partnerships, Engagement and Collaboration

Supporting community partner clinics (Primary care, pharmacy, Haldimand EMS)

i 4) Monitoring and Surveillance

COVaxON wastage documentation and reporting as requested
Out of province (OOP) management and documentation
Consent/administration data entry into COVaxON (primary care, LTCH, RH, MCFN partnership)

P 3) Immunization Monitoring and Surveillance

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

This program focuses on the monitoring of adverse events for immunization (AEFI). Additionally, the program focuses on the surveillance of vaccine preventable diseases (current and emerging trends) and the VPD team's involvement in outbreak management vaccine clinics. Under the Immunization standard, this program will address requirements: #2, #3c, #6, #10.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To increase % of school-aged children with complete immunization records for HBV, HPV, and meningococcus vaccines
To comprehensively respond to adverse events following an immunization
To develop a contingency plan to provide vaccine preventable disease outbreak management and control in the event of a community outbreak.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

Data entry into Panorama from school clinics
Data entry into Panorama for immunization record updates/records requests
Analyze Panorama data to determine immunization trends and priority populations/areas (reactive)
Monitor, investigate, and document all suspected cases of adverse events following immunizations
Report adverse events following immunizations to the MOH (a member of the local BOH)

i 2) Effective Public Health Practice

Draft contingency plan (including determining immunization clinic locations, protocols, media communication, etc.)

P 4) Vaccine Administration

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

There are two main components for the program
• Grade 7/8 vaccination program - HPV, Hepatitis B and Men-C-ACWY135 - This program is administered at all 41 elementary schools in both the Catholic and Public School boards in our Jurisidction. We also administer this program in four Private schools. Priority populations for this program are elementary school students in Grade 7. Grade 8 students who missed their opportunity (either the complete series or single doses) are seen in the school clinics on the day we attend. We provide access to these vaccines to our health care providers should students choose to have their vaccine administered there. Additionally, these vaccines are administered in our routine monthly immunization clinics to offer catch up to students in Grade 9-12 who have missed their previous in school opportunity.
• Health Unit Routine Immunization Clinics - HNHU offers monthly clinics in two of its three office locations (Simcoe and Caledonia). We offer quarterly clinics in our third office location (Dunnville). At the routine monthly clinic we make available all publicly funded vaccines from infancy through old age.
HNHU also offers quarterly routine vaccine clinics to the priority population of Low German Mennonite speaking individuals, in the west area of Norfolk County (Houghton) where many of these individuals reside. We partner with the Norfolk Help Center, who serves this population.

Immunization coverage rates for Vaccine Preventable Diseases mandated under the Immunization of School Pupils Act (ISPA) in Haldimand and Norfolk counties are as follows for the upcoming 2024/2025 school year:
- Seven year olds (grade 2 students-birth cohort 2017): Measles 69% ; Mumps 69% ; Rubella 69% ; Diphtheria 63%; Pertussis 63%; Tetanus 63%; Polio 64%; and Varicella 69%
- Seventeen year olds (grade 11 students-birth cohort 2008): Measles 94%; Mumps 94%; Rubella 94%; Diphtheria 66%; Pertussis 66%; Tetanus 66%; Polio 93%; and Meningococcal 72%.

Under the Immunization standard, this program will address requirements: #1,#2, #3, #4, #5.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To increase % of school-aged children with complete immunization records for HBV, HPV, and Men-C-ACWY135 vaccines
2. To ensure that eligible persons can access provincially funded immunization programs and services at the Health Unit

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Direct Services

Deliver monthly clinics, increasing HU operated clinic locations from 3 locations to 4 locations as an opportunity for routine immunization and catch up. Clinics are open to all ages and appointments can be booked in advance at hnhu.org website
Deliver quarterly clinics at community sites (Help Centre)
Delivery of school-based immunization clinics - Provide school-based vaccine administration for grade 7/8 students, twice per year to offer HPV, Hepatitis B and Men-C-ACWY135 vaccines. The VPD team visits all 41 schools once in the fall and again in the spring of the school year.

P 5) Vaccine Management

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The vaccine management program is directed toward maintaining cold chain and the storage and handling of publicly funded vaccines in the settings that house them. Through inventory management, the program maintains appropriate stock of vaccines at the Health unit and works to minimize vaccine wastage due to expiry or from cold chain incidents. The health unit facilitates the access to publicly funded vaccines for its partners in the community. Under the Immunization standard, this program will address requirements: #7, #8, #9

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To keep the vaccine wastage rate for vaccines stored/administered by HNHU at <5%
To ensure that 100% of refrigerators storing publicly funded vaccines within HNHU jurisdiction receive a routine annual cold chain inspection
To ensure compliance with vaccine storage and distribution protocol requirements
Investigate and respond to 100% of cold chain incidents

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Investigation and Inspections

Annual fridge inspections
Cold chain and proper storage and handling education at time of annual fridge inspection
Responding to cold chain incidents. Provide response based on investigation findings to community partner reporting the cold chain incident. This includes providing direction on the viability of vaccines that have experienced a cold chain incident.
Education with HCPs if/when there is a cold chain failure

i 2) Monitoring and Surveillance

Tracking vaccine wastage
Complete ministry wastage reports as required.

Infectious and Communicable Diseases Prevention and Control

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address infectious and communicable diseases.

The Jurisdiction of the Haldimand Norfolk Health Unit has approximately 43 Active Child Care Facilities (20 Daycares and 23 Before and After School Programs), 127 Active Personal Service Settings, 24 Active Facilities (LTCH/RH/Hospitals), and 6 Active Congregate Living Organizations with more than 10 beds (Youth corrections/Womens Shelter/Addictions).

Diseases of Public Health Significance (DoPHS) reported, and case managed in 2023:
- 2360 cases of DoPHS, 809 of which were non-COVID
- Top five disease of burden were: COVID-19 (1346), Influenza (178), Chlamydia (231), Campylobacter (33), and Lyme Disease (31)

Confirmed Facility/Institutional Outbreaks managed in 2023:
- 93 outbreaks, 43 of which were non-COVID
- Pathogens identified include: COVID-19 (50 outbreaks), RSV (6 outbreaks), Influenza (5 outbreaks)
- Outbreaks of unknown causative agent include; Enteric (17 outbreaks) and Acute Respiratory Illness (15 outbreaks)

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses infectious and communicable diseases.

The following priorities have been identified for the Infectious Disease Team (ID Team) in keeping with the Infectious Disease protocol:
- Case, Contact and Outbreak Management of DoPHS: Ensure community members within Haldimand Norfolk receive the appropriate treatment, follow-up, and contact management for DoPHS.
- Educational Opportunities: Work with local partners (long-term care and retirement homes) on increasing literacy in outbreak management and infection prevention and control (IPAC).

The following priorities have been identified for the school health team
- Education opportunities: work with local partners (school boards) on increasing literacy among high students on STI's, disease prevention and contraception.
- Offering healthy sexuality counselling and birth control services to students in high schools.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

Ontario Public health units: Notification/Referral of cases and contacts of DoPHS to the appropriate Health Unit Jurisdiction, notification of rabies investigations, collaboration on cross-jurisdictional case, contact and outbreak management.
Local Institutions/Facilities (Local long-term care homes, retirement homes, hospitals, CLS > 10 beds): The ID Team support's outbreak management with these institutions/facilities. The ID Team also collaborates on enhancing IPAC practices by participating on IPAC committees and providing education and resources in this area.
Hospitals: The Infection Prevention and Control Practitioner (ICP) collaborates with the hospital ICP's on enhancing IPAC practices by participating on IPAC committees and collaborating on DoPHS diagnosed in in-patients.
Family Health Team: Service agreement in place for TB – IMS referrals for medical follow-up.
IPAC Hub: The Infection Prevention and Control Practitioner (ICP) collaborates with regional and local IPAC Hubs on building capacity and enhancing IPAC practices in highest risk settings (LTCH, RH, institutions, and congregate living settings). The ICP also participates with the IPAC Hub working group, virtual town-hall meetings, training, and webinars.
EMS/Police/Fire: The ID Team collaborates with our emergency service groups to provide information on Outbreaks in the Haldimand Norfolk Jurisdiction as well as facilitating the Mandatory Blood Testing Act (MBTA) process.
HNHU VPD Team: The ID Team works with the Vaccine Preventable Disease Team to promote the uptake of the influenza vaccine in our long-term care and retirement homes. The ID team also promotes and makes recommendations to clients regarding vaccines in relation to case and contact management of Diseases of Public Health Significance (DoPHS). The VPD Team and ID Team also collaborate on community outbreaks were vaccines for PEP are recommended.
HNHU Oral Health Team: The ICP collaborates with the oral health team on IPAC Practices including IPAC self-audits and recommendations (policy and procedure, retrofitting etc.) to enhance IPAC in the dental operatory.
HNHU EHT team: The ID Team works with the Environmental Health Team for support with IPAC lapses within regulated facilities and Personal Service Setting's. The EH team would also conduct inspections for enteric outbreaks in long-term care & childcare facilities; participate in confirmed food-borne illness outbreaks and consultations for reported diseases of public health significance. After hours response for outbreaks and high-risk DoPHS would also be conducted by the EH Team.

Ontario Public health units: Notification/Referral of cases and contacts of DoPHS to the appropriate Health Unit Jurisdiction, notification of rabies investigations, collaboration on cross-jurisdictional case, contact and outbreak management.
Local Veterinarians: Share promotional information about rabies vaccination, work with vets to advocate for low-cost clinics
Humane Society: Consult as need, may report animal bites and confined animals to HNHU
Welland SPCA/Hillside Kennels: throughout the year, request mare made for suspected rabid animals to be confined or pick up from a resident to be euthanized and sent for testing, may report when suspected rabid animals are seen
Central West Rabies Committee: meet once or twice a year, knowledge sharing via teleconference and email
Ministry of Natural Resources and Forestry (MNRF): consult, as needed
Ontario Association of Veterinary Technicians (OAVT): consult, as needed
Ontario Ministry of Agriculture, Farms and Rural Affairs (OMAFRA): consult when farm animals or wild animals may be suspected of having rabies
On-call service provider: call center picks up calls and forwards to public health inspector, part of the 24/7 response system

Grand Erie District School Board and Brant Haldimand Norfolk Catholic District School Board: Sexual health clinics in secondary schools
Norfolk and Haldimand Family Health Teams: Refer high school students needing further support

P 1) Vector-Borne Diseases Program

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The specific requirement under the Standards that the VBD program addresses is Requirement 16.

The Haldimand-Norfolk Health Unit continues to strive for efficient and impactful service delivery of its Vector-borne Disease (VBD) program. The program includes surveillance, promotion, and limited vector control components (i.e., responding to standing water complaints) to mitigate the risk of VBDs in the community.

Target groups include the immunocompromised, elderly, young, outdoor workers, and the general public. Consultations with the public, schools and local Lyme support groups have clearly indicated a need to educate healthcare providers, school staff and school-aged children. To incorporate a health equity lens, information and education will be targeted in priority populations by adjusting language and literacy of communications where applicable, as well as the use of different types of media to communicate including media releases, social media, newspaper, website, and radio. Communication would also be targeted to begin prior to the emergence and frequently throughout the season to inform as much of the population as possible.

The HNHU conducted a Community Needs Assessment (CNA) in 2022 that investigated health and social services needs, gaps, priorities, and more. The CNA aimed to understand demographics, self-identification, preferences, health attitudes and behaviours, and more about the community. Trends demonstrate the need for VBD education activities in HNHU. Specifically, survey respondents reported they do significantly fewer tick-checks following outdoor activities in 2022 than in the 2019 CNA (75% in 2019 compared to 64% in 2022). Additionally, the desire or recognition of the value of VBD information was also down significantly since 2019; 8.6% of participants in 2022 wanted more vector-borne disease information, compared to 12% in 2022.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To conduct surveillance for vector-borne diseases including vector surveillance, non-human host surveillance and human surveillance
To increase awareness and knowledge of vector-borne diseases in the community including specific target populations
Increase awareness amongst partners of local epidemiology of communicable diseases, infection control practices and reporting requirements
To increase awareness amongst HCPs of their duty to report WNV, EEEV, Lyme
To review and update the HNHU's vector borne disease strategy based on surveillance data and other scientific evidence to better prevent vector-borne diseases in 2024

The timeline for these objectives is ongoing unless otherwise specified

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

- Conduct mosquito trapping and tick dragging as part of vector surveillance
- To collect data regarding non-human host surveillance (e.g., horses) for West Nile Virus (WNV) and Eastern Equine Encephalitis Virus (EEEv)
- Human case surveillance
- Conduct epidemiological analysis of surveillance results for both Lyme Disease and WNV for use in developing a VBD strategy

i 2) Investigation and Inspections

- Receive and respond to all standing water complaints reported to the health unit through investigation.

i 3) Promotion, Awareness, Education and Knowledge Translation

• VBD and Lyme Disease education through regular media channels (e.g., media releases, radio ads, social media, and website) and print materials (e.g., brochures, posters, tick cards, shower cards, guidance documents, etc.)
• memos to and meetings with health care providers re. HNHU VBD program, local epidemiology of VBD, reporting requirements
• To provide program activity and updates to health care providers (HCP). This includes providing HCP with risk areas/PHO map, prevalence of Borrelia burgdorferi locally, case definition, antibiotic prophylaxis, serological interpretation, and various EM rash presentations) to local healthcare providers.

i 4) Effective Public Health Practice

• Continue to review and update VBD strategy for Lyme Dieses and West Nile Disease prevention and control

P 2) Rabies Prevention and Control

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

HNHU's Environmental Health Team (EHT) and Infectious Diseases Team provide a local, comprehensive rabies program with the objective of preventing a human case of rabies by standardizing animal rabies surveillance and the management of human rabies exposures. The program includes active surveillance of rabies positive animals both within Haldimand and Norfolk counties and within bordering jurisdictions; investigating all suspected rabies exposures; providing post-exposure prophylaxis (PEP) upon request; developing and leading public education and awareness; maintaining communications with health care providers, veterinary clinics, police services, and other agencies as required; completing Integrated Public Health Information Systems (iPHIS) database entries; and supporting human case management, should it occur.

The specific requirements under the Standards that the Rabies Prevention and Control Program addresses are: Infectious and Communicable Diseases Prevention and Control Requirement 1, 4, 5, 6, 11, 13, 14, and 21.

Rabies virus is a 100% fatal disease that is preventable if treated within 10 days of exposure to an infected animal. The community's need for preventing and controlling rabies is an Ontario-wide priority. However, uniquely for the HNHU, Haldimand County’s proximity to the United States border, where they do not release rabies vaccine bait drops to assist in controlling the disease among the state’s wildlife, makes HNHU’s Rabies Prevention and Control program essential.

Education has always been an important part of the HNHU’s Rabies Control Program and this need was re-affirmed in the most recent Community Needs Assessment (CNA) in Haldimand and Norfolk. When asked about what public health topics or issues participants most wanted education about, animal bites and rabies education was significantly more sought after in 2022 than in the previous CNA (2019). 10.6% of the population listed this as a top-three education need in 2022, compared to 7% of respondents in 2019 (p=0.02).

A health equity lens has been incorporated by adjusting language and literacy levels in communications to the community so that information is easily understood. Development of communications tools that support low-literacy and/or lower-educational attainment are essential in Haldimand and Norfolk as the proportion of individuals who have not completed high school is significantly higher here than the provincial average. In Haldimand and Norfolk, multiple types of media including newspapers, social media, media releases and radio are needed to reach as many community members as possible. Health equity is also considered when the HNHU provides low-cost rabies vaccination clinics with community partners. Locally, 7.9% of residents in Haldimand County and 10.0% of residents in Norfolk County live in low-income households.

Population to be served - general public.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

• To conduct rabies surveillance (human and non-human cases) and epidemiological analysis, including the monitoring of trends over time, emerging trends, and priority populations
• To increase awareness and knowledge of rabies among partners and the public
• To increase awareness amongst HCPs, vets and OPP of their duty to report suspected rabies exposures
• To respond to suspected rabies human exposures (within 24hrs of notification)
• To manage suspected rabies exposures to humans
• To develop and maintain a Rabies Contingency Plan
• Provision of after-hours response to suspected rabies exposures

Timeline: ongoing basis

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

• Conduct surveillance of rabies in domestic and wild animals
• Conduct surveillance for rabies in humans
• Monitor, track, and analyze of PEP disbursement
• Reporting data elements to the MOHLTC
• Monitoring of trends over time and emerging trends, including monitoring for local changes in PEP disbursement, reports of local rabid animals, and trends in local, regional, or national reporting of rabies
• Responding to international, Federal/Provincial/Territorial and local changes in diseases epidemiology by adapting programs and services
• Using the information obtained through assessment and surveillance to inform program development and continuous quality improvement efforts
• Monitor case numbers of rabies positive animals in this jurisdiction. This information is collected from animal test reports from the Canadian Food Inspection Agency (CFIA), the Ministry of Natural Resources and Forestry, and the Canadian Wildlife Health Cooperative

i 2) Promotion, Awareness, Education and Knowledge Translation

• Rabies communication to HCPs, OPP and Veterinarians: Memo communication will be sent to health care providers and veterinarians reinforcing duty to notify health unit about animal to human exposures.
• Collaborate with community partners to hold low-cost rabies clinics to increase animal vaccination rates.
• Provide rabies awareness and education to the general public via the HNHU website, social media platforms, radio and print advertisement, considering health equity throughout this process.
• Communicate positive rabies activity in animals to the general public through the use of social media platforms and media releases.

i 3) Screening, Assessment and Case Management

• Maintain inventory and deliver rabies vaccine and RIG to HCPs upon request

i 4) Investigation and Inspections

• Investigate suspect or confirmed human rabies exposures within 24 hours of notification
• Upon receiving a report of a suspect or confirmed human case of rabies, immediately report by telephone to the ministry. The notification is made verbally
• On-call response to suspected human rabies exposures

i 5) Effective Public Health Practice

• Maintain a rabies contingency plan

P 3) Zoonotic Disease Reporting Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

HNHU provides public health management of (animal) cases and contacts of zoonotic infectious diseases of public health importance in accordance with the Infectious Diseases Protocol, 2022. The zoonotic infections managed by the HNHU include but are not limited to rabies (please see Rabies Program for more information), avian chlamydiosis (infection of birds with the causative agent of psittacosis), avian influenza, novel influenza, and Echinococcus multilocularis infections.

The specific requirement under the Standards that the Zoonotic Animal Case Reporting program will address is Requirement 21 b).

Zoonotic animal case reporting for avian chlamydiosis, avian influenza, novel influenza and echinococcus multiocularis are new to the Infectious Disease Protocol (2022) and related guideline documents. HNHU is currently updating relevant policies and procedures internally to reflect these changes. These changes are expected to be completed by the end of 2023.

This work has already begun with an advisory on the new reporting requirements disseminated to veterinarians in HNHU jurisdiction, the creation of a reporting form, and a draft policy on reporting and response requirements.

The HNHU is finalizing the development of an Emerging Infectious Diseases Policy and Process map that will support active surveillance activities, responsiveness to new alerts locally and across the province/ country, and rapidity of action in the face of a potential emergency. The process has been drafted and piloted alongside reports of Avian Influenza-positive birds in HNHU in 2022 and other concerns.

Populations to be served - general public

The HNHU's Zoonotic Animal Case Reporting program is unique compared to some areas of the province as HNHU is very rural (population density: 40.5 people/ km2 (Statistics Canada)), increasing contact with domesticated and wild animals. Therefore, from a health equity lens, while the program serves the entire population, particular focus is given to providing locally relevant teaching and materials to the population in our rural communities. Further, a health equity lens has been incorporated by adjusting language and literacy levels in communications to the community so that information is easily understood. Development of communications tools that support low-literacy and/or lower-educational attainment are essential in Haldimand and Norfolk as the proportion of individuals who have not completed high school is significantly higher here than the provincial average.

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

• To conduct ongoing zoonotic disease surveillance
• To increase awareness amongst veterinarians of their duty to report certain zoonotic diseases
• To manage cases, contacts and outbreaks related to zoonotic diseases
• Provision of after-hours response to certain zoonotic diseases

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

- Surveillance of zoonotic diseases cases reported to the health unit and provincially
- Monitoring of zoonotic diseases trends and alerts locally, provincially, nationally, and internationally

i 2) Promotion, Awareness, Education and Knowledge Translation

- Send out communication memos (reminders) to veterinarians regarding their duty to report designated zoonotic diseases
- Provide information to the general public of what to do when a zoonotic animal case is identified, by way of media releases and education campaigns related to known cases or risks.

i 3) Investigation and Inspections

- Conduct investigations zoonotic disease exposures
- Ensure there is 24/7 response to certain zoonotic diseases
- Where warranted, inspection of premises or facilities where infected animals and/or disease transmission are suspected
- Develop and update policy and procedures for zoonotic disease investigations
- Collaborate with community and agency partners for effective management of animals that have a zoonotic disease (isolation of infected animals)
- The board of health shall consult with the ministry and any attending or primary care veterinarians to determine the most effective and appropriate management of the animal(s). In accordance with the HPPA
- Ordering the isolation of animal(s)
- Ordering the treatment of animal(s)
- Ordering physical or laboratory diagnostic examinations of the animal(s)
- Ordering the cleaning and disinfection of premises currently or previously housing the animal(s)

P 4) Infectious Disease Program

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

This program will address requirements 1,2,3,4,5,7,8,10,11,12,13,14,15,16,17,18,19,20, and 21 of the infectious and communicable diseases prevention and control standard. The infectious Disease program is aimed at decreasing Haldimand and Norfolk's rates of DoPHS and reducing the spread of infectious diseases through appropriate case, contact, outbreak management, health education and risk communication.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To conduct monitoring and Surveillance to provide data to inform HNHUs response to emerging trends.
To provide public education to increase awareness related to diseases of public health significance by engaging with the public and community partners.
To collaborate with HCPs and community partners to ensure a consistent approach to the management of STBBIs.
To communicate in a timely and comprehensive manner with relevant HCPs, community partners and the public about outbreaks, DoPHS risks, urgent and emergent diseases.
To conduct case, contact and outbreak management for all DoPHS on a 24/7 basis.
To increase awareness of infection prevention and control and provide education, consultation, and surveillance on infection prevention and control topics.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

• In collaboration with the health unit's epidemiologist and/or Public Health Ontario and the Ministry of Health the team identifies risk factors and communicate' s timely with all relevant health care providers and other partners about urgent and emerging infectious diseases issues.
• The ID Team also communicates with external and internal partners to improve service coordination and enhance evidence-based practices. For Example; Comprehensive Communication plan to disseminate information on Urgent and Emerging Infectious Diseases.

i 2) Promotion, Awareness, Education and Knowledge Translation

• The ID team utilizes the HNHU Website and social media accounts (Facebook and X, formally Twitter) to broadcast messaging and provide public education in relation to DoPHS. Messaging includes; Infection Disease Fact Sheets and Infection Prevention and Control information.
• The ID Team participates in Knowledge translation activities. For Example; developing and presenting board of health reports, collaborating with EH Team in knowledge sharing on IPAC investigations, and designated officer training for the mandatory blood testing act.

i 3) Partnerships, Engagement and Collaboration

• Develop and maintain policies, procedures, processes and medical directives to improve consistency of services across HNHU
• Work with Family Health Teams and Pharmacies to increase treatment rates for LTBI and Active TB infections in HNHU
• Establish services agreements with Family Health Teams to provide TB-IMS medical follow-up

i 4) Screening, Assessment and Case Management

• The ID Team conducts case and contact management of all DoPHS including STBBIs and TB to limit secondary cases through investigation of sources of infection and contact tracing as applicable. This includes iPHIS and CCM data entry, client health teaching, tracking indicators, ministry reporting and iPHIS & CCM quality assurance and data cleaning.
• The ID Team also completes the Mandatory Blood Testing Act application process and collaborates with Health Care Providers and designated officers to ensure timely testing and advice on post exposure prophylaxis.

i 5) Investigation and Inspections

• The ID Team investigates all reported institutional outbreaks of respiratory and enteric diseases by working with the infection control and/or administrative staff to recommend and implement outbreak control measures. Settings include Long-Term Care Homes, Retirement Homes, Hospitals, Congregate Living settings >10 beds and Licensed Childcare Settings.

P 5) Infection Control Program

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

This program will address requirements 2,3,4, 7, 12,17, and 18of the infectious and communicable diseases prevention and control standard. The Infection Control program is aimed at enhancing Infection Prevention and Control (IPAC) practices in facilities, institutions and community settings. Proper infection control practices are necessary to prevent the spread of diseases and infection in facilities such as LTCH/RH/CLS, childcare centers, personal service settings, medical and dental offices.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To provide educational and training opportunities to staff and external stakeholders regarding infection, prevention, and control.
To collaborate with LTCH and RH partners to re-establish an HNHU-led IPAC community of practice to help integrate IPAC into facility practices.
To increase adoption of IPAC measures with healthcare settings, childcare settings and settings associated with high risk of infectious disease.
To integrate IPAC practices into public health practice within HNHU.
To conduct IPAC lapse complaints and investigations.
To inspect settings associated with risk of infectious diseases

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Partnerships, Engagement and Collaboration

• Work with partners to assess IPAC needs i.e. Education, Consultation, Surveillance needs of our local Institutional Infection Control Committees to inform planning for the Haldimand Norfolk IPAC community of practice
• Participate on IPAC committees at a broader level i.e. IPAC Canada, IPAC Hub, Regional Infection Prevention and Control Committee
• Develop and maintain policies, procedures, processes and orientation on IPAC to improve consistency of IPAC implementation in services across HNHU

i 2) Investigation and Inspections

• The ID Team and EH Team investigate IPAC complaints to identify if an IPAC lapse has occurred. If lapses are identified communication activities may include disclosure on the HNHU website, media release, HPC memos and/or client traceback activities to advise of potential exposures, risks, health teaching and any follow-up actions required.
Inspection of peronal servive settings, daycares, before and after school program

P 6) Sexual Health Services in Schools

Program Description:
Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

The school sexual health program offers prevention, case management and counselling services to promote healthy sexuality and prevent or reduce the spread of sexually transmitted infections. Youth in secondary schools are the population to be served by clinical sexual health services, and specifically for contraceptive promotion of the program. Qualified Public Health Nurses (PHNs) offer services within secondary schools of the GEDSB twice a month for this service to be equitable for all secondary school students.

This program addresses requirement 7 and 8 of the Infectious and Communicable Diseases Standard.

This program aims to improve access to sexual health services for those that may experience transportation barriers to other clinics, and financial barriers by offering low-cost birth control.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

- To increase access of sexual health services to all students in the 9 high schools in Haldimand and Norfolk
- To utilize health promotion approaches to increase the adoption of healthy behaviors regarding sexual health among youth populations

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

- PHNs will provide healthy growth and development education to youth via classroom interactions

i 2) Direct Services

- One on one confidential sexual health appointments offered in secondary schools by qualified PHNs. Appointments include education on healthy sexuality, pregnancy and STI prevention as well the provision of low-cost birth control, plan B and free condoms as well as STI testing and treatment, all on school property to be accessible for secondary students within the GEDSB.

Safe Water

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address safe water.

Safe Drinking Water Program
The Ontario Public Health Standards and Protocols to address Safe Drinking Water in which the Health Unit has regulatory oversight include: Safe Drinking Water & Fluoride Protocol (Feb 2019), Health Hazard Response Protocol (Feb 2019), and Infectious Disease Protocol (May 2022). In addition to the specific requirements for Safe Drinking Water in these protocols, the Board of Health & Health Unit must also consider the local community needs within their jurisdiction and incorporate Safe Drinking Water program elements, where applicable and possible.

Safe Drinking Water & Fluoride Protocol:
Prevent or reduce drinking water related illnesses, by:
• Surveillance and inspection of drinking water systems:
- There are 251 SDWS in H-N, to which Regulation 319/08 applies and the HNHU is solely responsible for.
- There are 45 Reg. 170/03 DWS (Drinking Water System) & 87 Reg. 243/07 DWS, which the MECP is primarily responsible for, the HNHU also has obligations under those Regulations.
- Under Reg. 319, a Risk Assessment is required every 4 years minimum; therefore, the HNHU's target is to complete 65 SDWS assessments each year. This entails a: SDWS Inspection & Report, a Site-Specific Risk Assessment using the Ministry of Health's Risk Categorization (RCat) Tool, and creation & issuance of a Site-Specific Directive.
• Timely response to drinking water adverse events, reports of water-borne illnesses or outbreaks (related to regulated water supplies), and other drinking water-related issues arising from emergencies:
- The HNHU responded to 69 Adverse Drinking Water Quality Incidents (AWQI's) total, from all DWS types combined, in 2023.
- The HNH also responded to 5 Drinking Water Complaints, which were regarding a wide variety of issues and locations in 2023.
- HNHU must also respond to and investigate any report of "Spills" & sewage treatment plant by-passes that may affect water sources –30 reports in 2023.

Recreational Water Protocol
•Prevent or reduce the burden of water-borne illnesses & injuries related to recreational water use.
•There are currently 39 recreational water facilities in HNHU's jurisdiction.

The HNHU conducted a Community Needs Assessment (CNA) in 2022 that investigated health and social services needs, gaps, priorities, and more. The CNA aimed to understand demographics, self-identification, preferences, health attitudes and behaviours, and more about the community. With regards to safe drinking water, the ability to drop-off a water sample for testing is a commonly used program at the HNHU and was among the more popular services local residents reported using in the previous 12 months in the CNA survey. Approximately 13% of respondents had dropped off a water sample for testing in the previous 12 months. Additionally, the CNA identified more opportunities for recreation across all age groups to be a priority for improving physical health among respondents. If this includes recreational waters, such as pools, this may increase the workload for HNHU Public Health Inspectors in the future.

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses safe water.

Safe Drinking Water Program - Local Needs in Haldimand-Norfolk include:

Private Water Supplies
- Largely rural population, therefore there are many private wells, cisterns or surface waters that are the primary source of drinking water for residents. Private water supply owners can test their drinking water for bacteria (no cost), by collecting and then submitting water samples to the Public Health Lab, via the HNHU. When an adverse result is received, the instruction given to the individual is to consult with the HNHU (PHI) about what the results mean and how to make the water safe. As a result, the HNHU responds to many private water inquiries and provides interpretation of results and advice.
– HNHU received 109 Drinking Water Inquiries in 2022, with the vast majority of these regarding private water supplies.

Water Haulage Vehicles
The are currently 31 active water haulage vehicles that operate out of H-N and the Health Unit is therefore responsible for.
- The current goal of the health unit is to inspect each haulage vehicle annually.

c) Your boards of health's approach to disclosure of inspection results (onsite posting and website posting) and evaluation of the program.

The HNHU discloses recreational water facility inspection reports, SDWS inspection reports, and water haulage vehicle inspection reports, as well as any advisories, on the disclosure website. I8

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

• Ministry of the Environment Conservation and Parks (MECP) - meetings twice a year to discuss MECP compliance inspections of Reg. 170 & Reg. 243 Drinking Water Systems within H-N. In addition, to also review all AWQI's and any unique investigations that may have been addressed jointly with the HNHU and/or other County departments (Norfolk County Env. Services - Water and Wastewater, Haldimand County Water and Wastewater Division, Haldimand and Norfolk Public Works Divisions as needed). Fluoride monitoring results are reported to the HNHU as well, from these departments, where applicable.
• Spills Action Centre (SAC) – Reg. 170 and Reg. 243 AWQI's must all be reported to SAC as well as the corresponding Corrective Actions required by the HNHU/Medical Officer of Health. SAC also advises the HNHU of all Spills and Sewage Plant By-Passes that may impact H-N residents.
• Local School Boards (GEDSB and BHNCSB) - Consultation as needed regarding drinking water supply.
• Walkerton Clean Water Centre (WCWC) – Provides DWS owner, operator, and PHI Training. HNHU directs operators to complete WCWC training courses where certificates are issued. HNHU also consults with WCWC when unusual issues arise regarding safe drinking water, to obtain advice, best practices, etc.
• Public Health Ontario - Consult for technical advice when needed.
• Public Health Ontario labs - HNHU submits water samples throughout the year for public health lab analysis.
• Local Water Professionals – WRC Purifying, PWBS, JDP Water Company, Norfolk Testing, and Pure Water Supplies are all private companies that are hired to fulfill the owner's responsibilities of Operating and/or Sampling SDWS and DWS. HNHU also liaises with plumbers, water treatment companies, well drillers, cistern cleaners and the like, that are often employed to set up or repair regulated water supplies.
• Central West Water Committee - meetings are at least once a year, this team communicates throughout the year via email or teleconferences to share information and resources.
• The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) - managers attend conferences in the spring and in the fall, share knowledge on safe water issues, develop process and strategies to effectively manage safe water programs.
• Source Water Protection Officers – Consult with as needed.
• Conservation Authorities – LPRCA, GRCA - consult as needed
• Spectrum – on-call service provider - supports the 24/7 on call service, call the public health inspector when after-hours response is required.
• Six Nations and Mississaugas of the Credit First Nation – Consult with and liaise with as needed.
• Norfolk County GIS division - Assist with all mapping needs (SDWS, MECP Systems, etc.)

P 1) Drinking Water Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

Prevent or reduce illness related to the burden of water-borne illnesses related to drinking water.

The specific requirements under the Standards that the Drinking Water Program addresses are Safe Water, Requirements 1, 3, 6, and 8. The target population is the general public of Haldimand and Norfolk counties.

Target: All Drinking Water System owners and operators.

A health equity lens has been incorporated by adjusting language and literacy levels in communications to the community so that information is easily understood.

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To meet and exceed the minimum Safe Water programs and services to be delivered by Ontario Health Units, as outlined, and required by the MOHLTC.
- Reassess every active SDWS and issue new directives by the end of 2025.
- Respond to every AWQI reported within our jurisdiction, in a timely manner, as required.

Establish an up-to-date inventory of all water haulage vehicles in H-N and complete a compliance inspection of each by the end of 2024.
To publicly disclose all SDWS risk assessments and drinking water advisories, boil water orders
To conduct surveillance and analysis of adverse water quality incidents and reports for small drinking water systems (SDWS), drinking water systems (HPPA) and water haulers and associated illness
To provide education and training to SDWS operators
To inform the public for unsafe drinking water conditions
To increase public awareness about safe water and waterborne illness and inform the public of unsafe drinking water conditions
To review drinking water reports from municipal systems that are fluoridated
To provide 24/7 response to AWQIs, waterborne illnesses, complaints and emergencies related to drinking water

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

- Use surveillance data to inform drinking water programs and services
- review and analyze drinking water surveillance data (e.g., fluoride levels, WTSEN data, AWQI, secondary parameters via PHO snapshots)
- conduct surveillance of water haulers and associated illness. Use data to inform water hauler program
- review municipal water system fluoride reports and data and respond as needed

i 2) Promotion, Awareness, Education and Knowledge Translation

• Create and disseminate promotional materials for the public regarding private wells
• public education and awareness media campaign regarding private wells
• coordinate education and training for operators

i 3) Investigation and Inspections

• risk assessment of SDWS
• issues directive of SDWS as needed
• Inspect HPPA systems (e.g., water haulers)
• Maintain inventory of SDWS
• Liaise with other agencies involved in drinking water safety
• Follow up on adverse water quality incidents in a timely manner
• Disclose all SDWS inspection and drinking water advisories
• On-call response to AWQIs, complaints and waterborne illnesses

i 4) Enforcement

• Issue directives, closures as necessary

P 2) Recreational Water Program

Program Description:

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Please identify the specific requirements under the Standards that the program will address, describe how a health equity lens has been incorporated, how barriers will be removed or addressed for priority populations, and include a linkage to identified community needs and priorities

This program aims to ensure that all recreational water facilities are inspected to prevent transmission of water-borne illness and injury. Target population: pool water operators and the general public.

The specific requirements under the Standards that the Recreational Water program addresses are Effective Health Practice Requirement 9 and Safe Water Requirements 1, 3, 5, and 8.

Program Objective:

Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To conduct surveillance and analysis of recreational water facilities and associated illnesses
To provide education and training to rec water facility operators
To increase public awareness about recreational water safety and associated waterborne illnesses
To provide all components of the recreational water program in accordance with applicable regulations, protocols, and guidelines
To provide 24/7 response to waterborne illnesses, complaints and emergencies related to rec water
To publicly disclose all Class A, B, C and public spa inspections

Intervention Descriptions:

Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

- Review and analyze rec water surveillance data
- Use surveillance data to inform rec water programs and services

i 2) Promotion, Awareness, Education and Knowledge Translation

- Co-ordinate education and training (for operators and identify training needs for PHIs). This includes disseminating educational resources for operators.
- Maintain recreational water webpages on HNHU.org
- Public education and awareness through social media, radio ads and newspapers.

i 3) Investigation and Inspections

- Inspection of Class A, B, C, and public spas as per the Ontario public health standard requirements
- Maintain inventory of rec water facilities
- Liaise with owners and operators
- Disclose all Class A, B, C, and public spa inspections.
- 24/7 response to water-borne illness, outbreaks and complaints related to recreational water facilities.
- Respond to emergencies that may affect recreational water safety.

i 4) Enforcement

- Issue directives and closures as necessary

School Health

School Health - Oral Health

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address oral health.

In 2023, HNHU enrolled 208 clients in HSO-PSO Program

In the 2022/2023 school year, 86.1% of students screened were found eligible for HSO-PSO and 10.5% were found eligible for HSO-EES, 51.53% of screened schools were identified as low risk, 37.8% as medium risk and 10.8% as high risk. Many of our high intensity level schools are in rural areas.

Haldimand and Norfolk counties are a mix of rural and urban areas. Some of the major towns have fluoridated water but large proportions of our population have well water or live in a town where fluoride is not added to their municipal water system.

The self-reported prevalence of having visited the dentist in the past 12 months for children ages 12-19 years was the same (85%; 75, 95%) in Haldimand and Norfolk and in Ontario (85%; 83, 87%).

In 2017/2018, 87.7% of H-N children aged 12-19 years reported having visited the dentist at least once a year which is lower than Ontario 90.8% (PHO snapshot 2023)

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses oral health.

Current HNHU program priorities include providing targeted and tailored preventive oral health services to children and youth living in rural areas, increasing enrollment of eligible children and youth in the Healthy Smiles Ontario (HSO) program, as well as a focus on high intensity level schools in areas without fluoridated water.

Oral health school screening is mandated by the Ministry. The risk levels determined by the previous year's screening results determine the number of students screened the next year. The program creates "priorities" in its design. The priority populations we identify logically and anecdotally also align with the populations deemed high risk by screening.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

School Health

• Grand Erie District School Board - formal partnership agreement. Frequency: meet as necessary to discuss and conduct planning
• Brant Haldimand-Norfolk Catholic District School Board - formal partnership agreement. Frequency: meet as necessary to discuss and conduct planning
• Brant County Health Unit – Partner health unit sharing school boards. HNHU works together with BCHU to collaborate with the school boards in program implementation; aligning implementation processes where possible Frequency: meet monthly
• Local private schools -no partnership agreement. Frequency: meet with some schools annually to discuss programs and services and provide accordingly
• Norfolk Community Help Centre – HNHU offers a by appointment only evening clinic where children can get their immunizations, dental screening, and fluoride varnish applications. The Help Centre promotes Public Health Unit services to their community. Frequency: Clinic services are offered monthly.
• Ontario Works - Ontario Works (OW) case workers refer clients, we provide HSO promotional material to be distributed to families that are OW recipients. Frequency: as required
• Local food banks - Provide resources on oral health/oral health programs and toothbrushes. Frequency: as required

P 1) Healthy Smiles Ontario Program

Program Description:

a) Describe the program including the population(s) to be served. Please identify the specific requirements under the Standards that the program will address. Include a linkage to identified community needs and priorities.

The Healthy Smiles Ontario Program provides preventive and tele-dental services to children and youth aged 17 years and under from low-income households. This program's goal is to facilitate access to dental care for eligible children and youth and provide preventive dental services. Children and youth in need of urgent care are identified through oral health screening. HNHU notifies parents/caregivers of eligibility and staff facilitate the assessment of eligibility for different streams of HSO is completed and provision of oral health care.

b) If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

GIS mapping of HNHU schools oral health screening decay rates has identified schools in southwest Norfolk as the highest at-risk schools within our jurisdiction. This area of Norfolk is predominantly populated by the Low-German Mennonite community and are therefore identified as a priority population. The low oral health indices have been attributed to common behaviors observed within the community regarding their oral health practices. HNHU has oriented specific oral health interventions for this population by offering a monthly clinic in the community, translating oral health promotional materials into Low-German Mennonite language, as well as promoting HSO in Low-German Mennonite language

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), target population, and delivery setting (e.g. schools, community centers, public health units, etc.).

Oral health is linked to mental health and overall well-being. Pain and the appearance of poor oral health, including dental decay, can have negative impacts on a child's self-esteem and confidence, thus improving oral health of children through health promotion activities that encourage good oral hygiene habits will contribute to their self-esteem and self-confidence and overall mental and social well-being.

School Health

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To increase awareness of oral health services available through the health unit and HSO.
2. To facilitate access to oral health care for children and youth from low-incomes families.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Screening, Assessment and Case Management

- Identify children with urgent dental needs, eligible for the HSO Program
- Enroll eligible children directly into the HSO Program, and facilitate access to care
- Provide oral health assessment through tele-dental services and anticipatory guidance on oral health resources and programs.
- Provision of preventive services (to include application of fluoride varnish, scaling, sealants, silver diamine fluoride and oral health education) to eligible children and youth through the health unit's dental clinics and give instruction on good oral self care

i 2) Promotion, Awareness, Education and Knowledge Translation

- Promote HSO through local radio ads, website, and social media, posters distributed to dental and medical offices.
- Targeted communication strategies to priority population through radio ads, translated promotional material translated
- Distribute Teacher Resource Kits (curriculum based)
- Deliver oral health presentations and demonstrations
- Distribute HSO Program information through Ontario Works, Children Services, and other partners to streamline referral process.
- Oral Health month campaign - month-long campaign that promotes positive oral health behaviors and raises awareness about oral health services

P 2) Oral Health Assessment and Surveillance

Program Description:
a) Describe the program including the population(s) to be served. Please identify the specific requirements under the Standards that the program will address. Include a linkage to identified community needs and priorities.

The program is a Ministry mandated one and implemented as outlined in the Oral Health Protocol. Children and youth are screened in schools and in community settings for dental concerns. Children and youth with urgent and preventive needs are identified, and followed up to ensure care is provided through private insurance coverage or publicly funded dental programs.

b) If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

School Health

Children and youth from low-income households and children from the schools within the southwest Norfolk areas have been identified as the priority population. (see reasons above). All grades are screened at the elementary schools that have a high population of Low German Mennonite students (see reasons above).

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), target population, and delivery setting (e.g. schools, community centers, public health units, etc.).

Oral health is linked to mental health and overall well-being. Pain and the appearance of poor oral health, including dental decay, can have negative impacts on a child's self-esteem and confidence, thus improving oral health of children through health promotion activities that encourage good oral hygiene habits will contribute to their self-esteem and self-confidence and overall mental and social well-being.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To conduct oral health screenings at 100% of publicly funded elementary schools in Haldimand and Norfolk each school year.
2. To conduct 10 oral health screening sessions at select community locations within Haldimand and Norfolk
3. To identify children and youth in need of oral health services through school and community screening program

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Screening, Assessment and Case Management

- Partner with school boards to deliver the program as outlined in the Oral Health Protocol
- Based on screening intensity level from previous years screening results, conduct oral health assessment in all publicly funded elementary schools, and private schools (who agree to take part in the program)
- Provide parents and caregivers with screening information and results through Parent Notification Letters
- Initiate and follow up with families whose children have been identified as having urgent needs or require preventive oral health care; provide HSO program information, and support with access to care as necessary

i 2) Monitoring and Surveillance

- Routinely collect program monitoring and surveillance data
- Report screening and surveillance data results as outlined in Oral Health Protocol

School Health - Vision

School Health

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address vision.

The Ministry requires the Board of health to provide vision screening services for Senior Kindergarten (SK) students in all Haldimand-Norfolk schools annually. Haldimand-Norfolk has approximately 1115 SK students in the 2023/2024 school year.

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses vision.

The Board of Health is required to provide, in collaboration with community partners, visual health support and vision screening services to children in Senior Kindergarten. No additional local priorities have been identified for a public health intervention that addresses vision.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

Haldimand and Norfolk Lions Clubs: The Lions Club supports the HNHU school health team in implementing the screening program. A Memorandum of Understanding has been signed between both parties. The HNHU provides training annually to the Lion volunteers, and has regular meetings with the Lions coordinator as needed

Grand Erie District School Board (GEDSB) & Brant Haldimand Norfolk Catholic District School Board (BHNCDSB): Formal partnership agreement, school boards provide input on vision screening implementation

University of Waterloo School of Optometry – partnering on evaluation of vision screening implementation and results. School of Optometry also provides support to train Lions Club volunteers and has provided additional equipment to the vision screening program. A Memorandum of Understanding has been signed for this partnership.

P 1) Child Visual Health and Vision Screening

Program Description:

a) Describe the program including the population(s) to be served. Please identify the specific requirements under the Standards that the program will address. Include a linkage to identified community needs and priorities.

School Health

The goal of this program is to promote and protect the visual health of senior kindergarten students in all Haldimand and Norfolk elementary schools through a short series of standardized screening tests, which are non-invasive. The screening tests are done with volunteers from the Haldimand and Norfolk Lions Clubs. The program also helps families access a comprehensive eye exam from a trained professional, and access to free prescription eyeglasses where necessary through the “Eye See, Eye Learn” program. The program specifically addresses requirement seven (7) of the school health standards.

b) If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

This program is universal and is offered to all SK students. It aims to reduce barriers to access by providing screening in the school setting. Information that goes home after vision screening includes information about “eye see eye learn” program which provides free eye exams and glasses for JK and SK children in need

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), target population, and delivery setting (e.g. schools, community centers, public health units, etc.).

Poor visual health can negatively impact a child's social relationships, literacy levels, and overall academic achievement. If undetected and untreated, visual disorders can lead to life-long visual impairments. Activities that encourage early detection and management of visual issues may positively impact a child's mental health and overall well-being.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To conduct vision screenings for SK students at 100% of publicly funded elementary schools in Haldimand and Norfolk each school year.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Screening, Assessment and Case Management

- Coordinate with school boards and schools to make prior arrangements regarding screening dates, time, and location for the school year
- Training of local Lions Club volunteers (in partnership with University of Waterloo School of Optometry) to conduct screening using Ministry-approved vision screening tools and methods
- Conduct/support vision screenings of SK students
- Ensure provision of post-screening notification to parents/caregivers in accordance with Ministry protocols.
- Data entry of school screening data results
- Use screening data to inform continuous quality improvement for School Health – Vision screening program
- Promotion of available vision health services in the community and assisting families in accessing necessary care
- Support children and their families to improve their awareness about visual health through health promotion activities (e.g. provision of newsletters about importance of visual health)

School Health

i 2) Effective Public Health Practice

Partner with University of Waterloo School of Optometry to collect vision screening data to inform an evaluation of vision screening program

School Health - Immunization

A. Community Needs and Priorities

Please provide a short summary of the following:

a) The key data and information which demonstrates your communities' needs for public health interventions to address school health immunization.

The Haldimand Norfolk Health Unit (HNHU) provides immunization services to the communities located within the two counties under its jurisdiction. In these counties, there are 41 elementary schools and 9 secondary schools. The health unit implements the Grade7/8 Hepatitis B/HPV/Men-C-ACWY135 program, catch up program for individuals with overdue records for the aforementioned vaccines attending high school, ISPA Enforcement (surveillance and maintenance of records) and routine record maintenance throughout the year. The Vaccine Preventable Diseases team at the HNHU provides immunization services to the public who attend our monthly routine immunization clinics, hosted in four locations across the two counties.

Further, we provide routine annual cold chain inspection for family physicians/nurse practitioners who store school related vaccines. We investigate and respond to incidents of cold chain failure. Partnerships with this sector are invaluable to assist with knowledge translation and immunization service delivery. It is with these partnerships that we can provide timely response to all reported AEFI's.

Immunization coverage rates for Vaccine Preventable Diseases mandated under the Immunization of School Pupils Act (ISPA) in Haldimand and Norfolk counties are as follows for the upcoming 2024/2025 school year:
- Seven year olds (grade 2 students-birth cohort 2017): Measles 69% ; Mumps 69% ; Rubella 69% ; Diphtheria 63%; Pertussis 63%; Tetanus 63%; Polio 64%; and Varicella 69%
- Seventeen year olds (grade 11 students-birth cohort 2008): Measles 94%; Mumps 94%; Rubella 94%; Diphtheria 66%; Pertussis 66%; Tetanus 66%; Polio 93%; and Meningococcal 72%.

b) Your board of health's determination of the local priorities for a program of public health interventions that addresses school health immunization with consideration of the required list of topics identified in the Standards.

The following priorities have been identified for the Vaccine Preventable Disease Team in keeping with the immunization protocol:1
1. Immunization Catch-up strategy; increasing the number of students with complete up-to-date records
2. Decreasing the number of active suspensions annually.

c) A description of how other topics for consideration not addressed in the Annual Service Plan were assessed or considered under School Health - Immunization.

Due to resource constraints some immunization topics were not comprehensively addressed.

School Health

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

The Vaccine Preventable Disease Team engage with a number of community partners to advance the public health message regarding immunizations:

• Grand Erie District School Board: Collaboration with the Public schools in Haldimand Norfolk's Jurisdiction through an immunization protocol that includes; co-ordination of the suspension process – including STIX uploads, communication with each school principal regarding the suspension process, provision of High School vaccine suspension clinics and collaboration during the suspension period, implementation of the Grade 7/8 immunization program.
• Brant Haldimand-Norfolk Catholic District School Board: Collaboration with the Public schools in Haldimand Norfolk's Jurisdiction through an immunization protocol that includes; co-ordination of the suspension process – including STIX uploads, communication with each school principal regarding the suspension process, provision of High School vaccine suspension clinics and collaboration during the suspension period, implementation of the Grade7/8 immunization program.
• Local private schools: Collaboration with Local Private schools in Haldimand Norfolk's Jurisdiction including; co-ordination of the suspension process – including STIX uploads, communication with each school principal regarding the suspension process, collaboration during the suspension period, implementation of the Grade 7/8 immunization program.

P 1) Immunizations for Children in Schools and Licensed Child Care Settings

Program Description:

a) Describe the program including the population(s) to be served. Please identify the specific requirements under the Standards that the program will address. Include a linkage to identified community needs and priorities.

The immunizations for Children in Schools and Licensed Childcare Settings program have two main components:

• ISPA Enforcement where the VPD Team assess the records of all students aged seven and seventeen years of age for up-to-date vaccination records and employs a suspension process for those children who are overdue or with unreported records on file.
• Childcare Records collection process where the VPD team works with parents and childcare centers to ensure up-to-date records on file for children in attendance at childcare facilities.

Under the School Health; Immunization standard, this program delivers on the requirements: #8, #9, #10.

b) If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

No priority population within childcare settings has been identified.

School Health

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), target population, and delivery setting (e.g. schools, community centers, public health units, etc.).

Improving a child's protection against vaccine preventable diseases may decrease the number of days absent from school as well as increasing their health literacy which may contribute to a child overall self-esteem and self-confidence and overall mental and social well-being.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

Increase the % of 7-year-old students in compliance with ISPA.
Increase the % of 17-year-old students in compliance with ISPA.
Increase the % of children in licensed day cares with complete immunization records by informing and educating childcare licensees and children's parents about the immunization requirements and activities as per the CCEYA.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

Maintenance, assessment and reporting on the immunization status of children in schools
Board of Health Report annually about the ISPA enforcement and suspension process. This report in publicly available on the Norfolk County website
Collect all demographic information and immunization records of children in licensed childcare settings
Obtain Student data in accordance with the data sharing agreement for all daycares

i 2) Direct Services

ISPA Enforcement and Suspension Process: maintenance and assessment of immunization records for school pupils aged seven and seventeen. Following this, those students with incomplete records on file are notified via a questionnaire letter ~3 months prior to the set suspension date. The VPD team engages with parents to obtain up-to-date records, and/or provide the required immunizations to the students. A minimum of 5 weeks prior to the set suspension date a Suspension Order is provided to the parent and/or student to advise that the students vaccination records remain incomplete, and that the student will be suspended from school if complete immunization records are not file by the suspension date. At this point the suspension is implemented and the VPD team works with parents to obtain up-to-date records in order to remove their child from the suspension list as quickly as possible.
Engage the school boards in ISPA enforcement by utilizing their internal communication channels to reach students and parents/caregivers.
Accommodation of parents who wish to submit an affidavit for religious/conscientious reasons.

See also Immunization Standard – Vaccine administration program

i 3) Partnerships, Collaboration and Engagement

School Health

Education to licensed childcare settings with respect to the CCEYA
Create a data sharing agreement for all the daycares (REACH)
Engage childcare centers in communication and dissemination of vaccine requirements for enrollment and employment at their organizations.

i 4) Promotion, Awareness, Education and Knowledge Translation

Immunization awareness and education on a one-to-one basis as well as at a local population level through social media, radio, website, and promotional items; for example, distributing fridge magnets to parents that outline whose responsibility it is to report immunizations to the health unit and the various methods this can be undertaken by.
Sharing local, provincial and national resources for vaccine safety, vaccine administration, and vaccine coverage trends
Messaging through social channels to share knowledge with community members to increase vaccine confidence. Utilizing local, provincial and national resources/campaigns.
Sharing ISPA vaccine trends with school boards.
Provide resources to school boards to include in the kindergarten registration package.

School Health - Other

A. Community Needs and Priorities

a) Please identify which topics of consideration listed in requirement 4 of the School Health Standard **are being prioritized** by your board of health over the reporting period. Please briefly describe your rationale (i.e., key data and information including but not limited to, local conditions, comparison with provincial rates, acute elevations) to demonstrate why these topics are being prioritized.

School Health

In 2019, the school health team followed a Program Budgeting Marginal Analysis (PBMA) process to identify priority topics to address in our local school setting. The four health topics identified to address first were: healthy eating, physical activity and sedentary behavior, substance misuse prevention, and mental health promotion. In 2023, the PBMA process was reviewed to see if there were any changes to the priority topics following the COVID-19 pandemic. There were no changes in the top four topic areas, however mental health and substance misuse came forward as a greater need compared to 2019 results.

SUBSTANCE MISUSE

- The most commonly used drugs among students in grades 7-12 are high caffeine energy drinks, alcohol, and cannabis (OSDUHS 2021)
- 34% of students in grades 7-12 had tried a vaping product (referred to as an e-cigarette in the survey) and 20% reported using them within the last 30 days. (OSDUHS 2021)
- 32% of students in Ontario between grades 9-12 report using alcohol in the past year with 8% of students reporting binge drinking (five or more drinks on one occasion) at least once in the past month (OSDHUS, 2021)
- One in seven (14%) secondary students report that they used cannabis to cope with a mental health problem at least once in the past year (OSDHUS, 2021)
- In 2019/2020, the rate of H-N underage drinking was 30.7% which is higher compared to Ontario 26.8% (PHO Snapshot 2023)

MENTAL HEALTH

- About half (47%) of students indicate a moderate to serious level of psychological distress (symptoms of anxiety and depression). Over one quarter (26%) indicate a serious level of psychological distress (OSDHUS, 2021)
- Haldimand-Norfolk had a significantly higher rate of ER visits for intentional injury compared to the province (PHO Snapshot emergency department visits for all injuries, 2021) (all ages)
- Haldimand-Norfolk had 7 deaths by suicide of children ages 10-19 between 2006-2016
- Over half (59%) of students feel depressed about the future because of COVID-19 and 32% report experiencing an elevated level of stress or pressure in their lives (OSDHUS, 2021)
- 42% of students report that, in the past year, there was a time they wanted to talk to someone about a mental health problem but did not know where to turn (OSDHUS, 2021)

PHYSICAL ACTIVITY

- Only one-in-five students (grades 7-12) in Ontario met the recommended daily physical activity guideline (OSDUHS,2021).
- 68.4%% of Haldimand-Norfolk youth ages 12-17 years reported physically activity below the recommended level from Canadian Physical Activity Guidelines (PHO snapshot,2023)
- Most students (91%) in grade 7-12 use social media daily. One-third of them spend 5 or more hours on social media daily (OSDUHS 2021).

HEALTHY EATING

- 90.1% (n=13) of 12–19-year-olds in Haldimand and Norfolk reported consumption of fruit and vegetables four or less times per day (Ontario overall = 80.6%) (PHO snapshot 2023)
- 36.3% of Haldimand-Norfolk kindergarten parents find that getting their child to eat healthy is a challenge. (Kindergarten Parent Survey, Children Services - HSS Childrens Services, 2019)

Note: For the OSDUHS data above, the report states that the Western region of Ontario does not differ significantly from the provincial averages. However, there may be limitations with inferring that the local situation mirrors the provincial data.

b) Please briefly describe how the topics for consideration listed in requirement 4 of the School Health Standard **that are not addressed** in the Annual Service Plan were assessed or considered.

The topics highlighted above are the main focus areas being addressed in the schools. Online resources are provided through our school health webpage The other topics listed in requirement 4 of the School Health Standard

c) Considering the concept of proportionate universalism, describe how your board of health determines which school communities to prioritize for engagement and the provision of programs and services.

School Health

The determination is made based on results of an assessment of the local population to identify priority populations in schools and the school communities at risk for health inequities and negative health outcomes. One of the indicators to be used is oral health screening results.

B. Key Partners/Stakeholders

a) Provide a high-level summary of **school board and school partners (e.g., school administrators, school staff)** you will collaborate with to deliver on this Standard. Include a description of the contribution/role of school boards and schools in program and service delivery, the mechanism(s) for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and the frequency of engagement. Please also describe any situations where the programming provided by the school board and / or school partners is sufficient so that you have not had to deliver similar programming under this Standard.

Grand Erie District School Board (GEDSB) and the Brant Haldimand Norfolk Catholic District School Board (BHNCDSB) - Formal partnership agreement exists with both school boards and includes Brant County Health Unit. Partnership between the public health and school board management contributes to program and service delivery to align strategic and education priorities. Data sharing agreements exist. Communication occurs regularly, and as necessary. The formal frequency of meetings is still to be determined.

School Health program management and staff also collaborate with internal partners: Vaccine program, Healthy Growth and Development program, Smoke Free Ontario program, Substance Use Program. The contribution of these partners includes cross-program coordination and strategic delivery of programs and services related to the School Health Standard. Ad hoc work group meetings and consultations occur as necessary for program development and implementation.

Individual schools (staff, students, parents) -meet to discuss Public Health Unit programs and services; seek feedback regarding school needs. Where a Healthy School Committee has been established in the schools, collaborate to plan healthy school initiatives. The frequency of meetings is as requested.

b) Provide a high-level summary of **key internal partners and external partners *other than* school board and school partners you will collaborate with to deliver on this Standard (e.g., students, broader school community, parents / guardians, not-for-profit organizations, university partners, researchers, municipalities, etc).** Include a description of the contribution/role of the key internal and other external partners in program and service delivery, the mechanism(s) for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and the frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

School Health

• Brant County Health Unit (BCHU) - management and team members meet to align programs where possible. Meetings between management occur monthly and meetings with the teams occur quarterly.
• Child Nutrition Network (CNN) -Collaborative planning, regular meetings, public health dietitian provide support in the form of product reviews, nutrition updates and training to student nutrition program coordinators and volunteers. Frequency: meet every other month and communicate regularly
• Student Nutrition Program Management Consortium - Regional network with representatives from but not limited to, Haldimand-Norfolk R.E.A.C.H (lead agency), Brant County Food for Thought, the Child Nutrition Network, Niagara Nutrition Partners, and Hamilton Taste Buds; collaborate to support local program delivery of the Ministry of Children Community and Social Services Student Nutrition Program. Frequency: meet quarterly
• Haldimand-Norfolk Women's Services - Collaborate with Women's services (STAR counsellors) within the high school setting on as needed basis. Share clients within the school, participate in road shows to promote services and assist with GIRLS Power Camp (annually). Frequency: communicate as required
• Haldimand Norfolk Health Unit program teams - collaborative planning for interventions targeted at school aged children and youth
• Ontario Healthy Schools Coalition (OHSC) - A network of public health units within Ontario (school managers and school health teams memberships) as well as other organizations. Annual workshop for knowledge exchange and networking. HNHU is a paid member of the OHSC
• Ontario School Health Managers Network – meet monthly to collaborate with other organizations within Ontario that are affiliated with school health for knowledge exchange, resource sharing and capacity building

P 1) Comprehensive School Health

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

School Health

Schools are a critical setting for promoting and protecting the health and well-being of our children and youth.

Comprehensive School Health in elementary schools is delivered using a “Focused and Universal Schools” approach. This approach helps to identify our target population within the elementary schools (Focused schools), and to ensure that these schools receive targeted support and services from the school health team and the other schools will receive universal services from the team, such as online classroom support.

Ten schools out of the 40 elementary schools within Haldimand and Norfolk have been identified as our Focused schools, using data mainly sourced from the Education Opportunities Index (EOI) ranking of schools, oral health screening data and EQAO stats. These schools were also confirmed by both school boards as being their highest risk schools.

Comprehensive school health designed programs ensure most of our students receive health promotion education and interventions. The goal of this approach is to improve and protect the health of local elementary and secondary students and school staff members through the development and maintenance of effective partnerships with area schools and school boards. This collaboration will support the development of healthy school environments, curriculum resources, and healthy school policies.

The population to be served are primarily students at elementary and secondary schools, but also their parents/guardians, teachers, school staff and principals.

a2) Identify the specific requirements under the School Health Standard that the program will address.

School Health Standard requirement 3 and 4

a3) If applicable, identify which topics of consideration listed in requirement 4 of the School Health Standard the program intends to address.
1) Concussions and injury prevention, 2) Healthy eating behaviours and food safety, 3) Healthy sexuality, 4) Immunization, 5) Infectious disease prevention (e.g., tick awareness, rabies prevention, and hand hygiene), 6) Life promotion, suicide risk and prevention, 7) Mental health promotion, 8) Oral health, 9) Physical activity and sedentary behaviour, 10) Road and off-road safety, 11) Substance use and harm reduction, 12) UV exposure, 13) Violence and bullying, 14) Visual Health, 15) Not applicable, 16) Other (Please explain)

2) Healthy eating behaviors and food safety
3) Healthy sexuality
5) Infections disease prevention (related to COVID-19 and respiratory illnesses and STIs)
7) Mental Health Promotion
9) Physical Activity and sedentary behaviors
11) Substance use and harm reduction

a4) Describe key activities or approaches that the program will utilize.

School Health

• Ranking of elementary schools to identify Focused schools. Data sources used for this ranking include EOI, oral health school screening and EQAO data.
• Annual review of available local school data and community data, conducting needs assessment in focused schools.
• Working with school board to identify board priorities for schools
• Working with Focused schools (principal, teacher and student champions) to develop and implement programs based on identified priorities, recommend best-practices for support and provide other necessary support that will help address those needs.
• Link students and families to available community support and resources
• Promotion and provision of guidance from resources from organizations such as School Mental Health Ontario
• Promotion of healthy sexuality in the high schools

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

There are 38 publicly funded, 8 private elementary schools, and 9 publicly funded secondary schools within Haldimand-Norfolk.
The Grand Erie District School Board and the Brant Haldimand Norfolk Catholic District School Board are covered by both HNHU and Brant County Health Unit. To ensure some level of consistency in programs across the Boards, both Health Units try to align programs and interventions, as much as is possible.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

The school health program provides universal services for all publicly funded elementary and secondary schools in the Haldimand- Norfolk area. Interventions have been updated based on historical health and well-being plans and these interventions have been made available to all schools by request to ensure most students can have access to comprehensive school health while priority populations are identified.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g., resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Mental health is a topic that schools can identify as a focus area – HNHU will provide interventions and activities to support mental health promotion in the schools that focus on resiliency, social connectedness, stigma reduction, stress management and coping skills and mental health literacy. Comprehensive school health may also address physical activity, healthy eating and/or substance use in schools, all of which are linked to mental health promotion.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, Substance Use and Injury Prevention, Healthy Growth and Development), please identify those Program Standards or indicate N/A.

Chronic Disease Prevention and Well-Being
Substance Use and Injury Prevention

School Health

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the school health program over the reporting period. Consider the inclusion of indicators that assess both the health of school-aged children and youth and the strength of the board of health's working relationship with school boards and schools, as applicable.

# of initiatives implemented in the schools (focused and universal schools)
# of school health team engagements with focused schools
# of schools who receive OPHEA Healthy Schools Certification
Social media reach and engagement on social media posts by school health team

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

- To increase collaboration with school boards to plan and implement school-based initiatives in 2023/2024 school year.
- To increase the frequency of engagement with Focused schools in 2023/2024 school year.
- To share population health information relevant to the school population with schools/schools boards annually to identify public health needs in schools
- To develop and implement comprehensive, evidence-informed health programs/initiatives in all identified focused schools
- To increase awareness and use of available curriculum supports and school-based interventions in all elementary and secondary schools

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Effective Public Health Practice

HNHU will focus on reviewing available relevant data for schools/school-age children to determine if any new literature/data has become available since the pandemic began, and continue to monitor trends, priorities, and health inequities related to the health of school-aged children and youth.
Develop and conduct an evaluation of HNHU's focused/universal approach in schools
Collect and analyze data from school health team's sexual health program

i 2) Partnerships, Collaboration and Engagement

School Health

• Meet annually with principals to share data about their school population
• Meet annually with principals of focus schools to review school-year evaluation
• Communicate with and enhance relationships with school boards and with schools
• Promote and support implementation of OPHES's Healthy Schools Certification
• Partner with schools to implement evidence-informed interventions in schools (e.g., MindUP, PALS, You're The Chef)
• HNHU has been working to strengthen relationships with school board partners to allow for joint planning and implementation of various school-based initiatives.
• Strengthening relationships with school administration, school staff and school board personnel continues to be a priority for HNHU. As HNHU shares school boards with the Brant County Health Unit, members from the school health teams of both PHUs have been in contact to discuss aligning our interventions and offerings where possible to improve uptake from the school boards. Redefining and clarifying roles and expectations between the PHU and school boards/schools continues to be a challenge, meetings and discussions with school board staff (e.g., Child & Youth Workers, Mental Health leads, Social Workers) have started and will continue to help facilitate a better understanding of roles and clearer path to collaboration.

i 3) Promotion, Awareness, Education and Knowledge Translation

• Promote local/regional/provincial/national health campaigns/resources (e.g., Jack.org, Unfiltered Facts, Not an Experiment, School Mental Health Ontario)
• Disseminate health-related messaging through various channels (e.g., school health team social media, fact sheets, newsletter inserts, wellness series)
• HNHU manages a school health-specific X (Twitter) account to promote health-related activities happening in local schools, share resources with educators, and enhance relationships with educators, administrators, and school community stakeholders.
• Identify and promote health-related curricula resources
• Provide support/consultation on health-related curricula resources

i 4) Policy and Supportive Environments

• Support Healthy School Committees in focus schools
• Support Student Nutrition Programs to create a supportive environment for students with healthy snack options

Substance Use and Injury Prevention

A. Community Needs and Priorities

a) Please identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard **are being prioritized** by your board of health over the reporting period. Please briefly describe your rationale (i.e., key data and information including but not limited to, local conditions, comparison with provincial rates, acute elevations) to demonstrate why these topics are being prioritized.

Substance use is being prioritized in 2024. In 2023, HNHU developed an internal substance use plan that provides a way for HNHU to address tobacco control, cannabis, alcohol and opioids in a comprehensive manner.

COMPREHENSIVE TOBACCO CONTROL:

•11.9% (n=201) of Haldimand and Norfolk residents self-identified as tobacco users (CNA, 2022)

• 8.96 % of Haldimand and Norfolk residents reported using vaping products or e-cigarettes in the past 12 months (CNA, 2022)

• Local data for youth related to tobacco use and vaping are unavailable. Smoking rates among Ontario youth (grades 7-12) continue to be at an all-time low (4.1%, OSDUHS 2021) while at the same time vaping rates among youth (grades 7-12) remain high, having increased at an alarming rate in recent years. Past-year vaping prevalence rates among youth in grades 7-12 doubled from an average of 10.7% in 2017 to 22.7% in 2019.

CANNABIS:

• 12.3% (n=208) of Haldimand and Norfolk residents self-identified as cannabis users (CNA, 2022)

• Local data for youth related to cannabis use are unavailable. Provincially, about 17.0% of students (grade 7-12) report using cannabis at least once in the past year (OSDUHS, 2021)

ALCOHOL:

• 15.9% (n=231) of Haldimand and Norfolk residents stated they consumed one or more alcoholic drinks per day, up significantly from 2019 (9%, p<0.01) (CNA, 2022)

• Hospitalizations for conditions entirely attributable to alcohol (age standardized rate, both sexes) 2021 HNHU 220.4 per 100,000 population vs ON 210.9 per 100,000 population (PHO Snapshots)

• Among Ontario youth (grades 7-12), 32% report alcohol use in the past year, 8% report binge drinking in the past month and 5% report hazardous/harmful drinking in the past month (OSDUHS 2021)

• In an average year in Ontario, alcohol consumption causes approximately 4,330 deaths, 22,009 hospitalizations and 194,692 emergency department visits. These make up 4.3% of deaths, 2.1% of hospitalizations and 3.7% of emergency department visits from all causes in people ages 15 and older. Whereas in an average year in Haldimand-Norfolk, alcohol consumption causes approximately 50 deaths, 209 hospitalizations and 2000 emergency department visits in people ages 15 and older (PHO, 2023).

OTHER SUBSTANCES INCLUDING OPIOIDS

In 2022, the CNA found the following related to other substances, including opioids:

•11.8% (n=200) of participants identified that another adult and 4.9% (n=82) of participants identified that a teen in their house has a substance use disorder (CNA, 2022)

•3.9% (n=66) of participants self-identified as a person who uses substances currently, similarly to 2019 (3%, p>0.05) (CNA, 2022)

•7.65% of participants self-identified as a person who has used substances in the last 12 months (CNA, 2022)

•69.7% (n=1,012) of participants agreed or strongly agreed that Haldimand and Norfolk needs more access to supports for individuals who misuse alcohol and substances (CNA, 2022)

• There were 91 cases per 100,000 population opioid related emergency department visits in Haldimand and Norfolk, compared to 71.6 cases per 100,000 population in Ontario in 2021.

• There were 22.2 cases per 100,000 population opioid related deaths in Haldimand and Norfolk, compared to 19.4 cases per 100,000 population in Ontario in 2021.

Substance Use and Injury Prevention

b) Please briefly describe how the topics for consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard **that are not addressed** in the Annual Service Plan were assessed or considered.

HNHU recognizes that mental health and substance use are related and complex. Substance use is a risk factor for several mental illnesses while some mental illnesses precede substance use. At the same time, many of the risk and protective factors are the same for both. As a result, mental health promotion and life promotion may be addressed through the upstream substance use and chronic disease prevention strategies.

HNHU will not have capacity to assess and plan a similar comprehensive approach for injury prevention (concussions, falls, on and off-road safety and violence) in 2024. In the future, injury prevention may be addressed through the upstream substance use and chronic disease prevention strategies.

B. Key Partners/Stakeholders

Please provide a high level summary of the specific key internal and external partners (e.g., community organizations, people with living/lived experience, research institutions, harm reduction agencies) you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanisms for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), substances of focus (i.e., alcohol, cannabis, tobacco, opioids and other drugs), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.

Central West Tobacco Control Area Network (CW TCAN) – HNHU is a member of the CW TCAN. The TCAN engages in regional and provincial planning and coordination of tobacco control initiatives to enhance efficiencies and increase reach across PHUs. Frequency: regular meeting schedule and working group involvement for 2024 to be established in Q2.
Haldimand and Norfolk Family Health Teams – deliver tobacco cessation programming, including access to free NRT, to Haldimand and Norfolk residents. The HNHU will promote and refer to these services to increase awareness of local cessation supports.
Centre for Addiction and Mental Health (CAMH) - offers STOP cessation programs. HNHU will promote STOP on the Net to promote free access to NRT and cessation support virtually that may be more accessible to remote populations.
Norfolk County and Haldimand County - Provides support regarding SFOA and Norfolk County smoke-free outdoor spaces by-law enforcement by providing the complaint line information to people in recreational settings that have complaints about smoking or vaping. Also facilitates the installation of SFOA signage at recreational properties. The Harm Reduction Team works with these partners to install and maintain nine Sharps Kiosks for safer used needle return.
Grand Erie District School Board (GEDSB) and Brant Haldimand Norfolk Catholic District School Board - Completes referrals regarding smoking, vaping or sale and supply of tobacco or vapour product infractions at schools. Receive and or/distribute curricula related resources regarding substances including tobacco, vaping and cannabis. Frequency: On an as needed basis.
Ontario Public Health Association (OPHA) Alcohol Work Group - To make recommendations to OPHA leadership on alcohol and related issues; To seek advocacy opportunities for OPHA on alcohol and related issues, at all levels of government; To provide information and recommendations on alcohol and related issues to Ontario public health units to advance their advocacy positions and efforts
Ontario Public Health Association (OPHA) Alcohol Marketing Advocacy Subcommittee - The purpose of the OPHA Alcohol Marketing Advocacy Subcommittee is to collaborate with OPHA, OPHA Alcohol Workgroup, and key stakeholders to bring awareness to the prevalence of alcohol marketing; the impact of alcohol marketing on youth; the current policy landscape and lack of regulation; and f potential policy solutions.

Substance Use and Injury Prevention

Canadian Mental Health Association Haldimand Norfolk - The Harm Reduction Team engage and work with this community partner to address the ongoing opioid crisis through the Harm Reduction Action Team
Community Addiction and Mental Health Services Haldimand and Norfolk - The Harm Reduction Team engage and work with this community partner to address the ongoing opioid crisis through the Harm Reduction Action Team.
Holmes House - The Harm Reduction Team engage and work with this community partner to address the ongoing opioid crisis through the Hard Reduction Action Team.
Haldimand and Norfolk County EMS/Fire/Police/Local Hospitals: The Harm Reduction Team collaborates with these stakeholders to develop the HNHU early warning and Surveillance plan and address the ongoing opioid crisis.
First Nations Health Services: The Harm Reduction Team engage and work with this community partner to address the ongoing opioid crisis through the Harm Reduction Action Team.
AIDs Network: The Harm Reduction Team engage and work with this community partner to address the ongoing opioid crisis. They are also a member of the health unit's community naloxone distribution program.
Indwell: The Harm Reduction Team engage and work with this community partner to address the ongoing opioid crisis. This community partner is a member of the health unit's community naloxone distribution program.
The Salvation Army Simcoe Community Church: This community partner is a member of the health unit's community naloxone distribution program.

P 1) Alcohol

Program Description:

a) Describe the program including:

a1) The target population(s) to be served by the program.

This program aims to reduce the burden of chronic disease and injury as a result of alcohol use/misuse, through implementation of various interventions using a comprehensive health promotion approach (e.g. Awareness, skill building, healthy public policy, building supportive environments, reorienting health care services). Target populations include: pregnant women, youth and general population.

a2) Identify the specific requirements under the Substance Use and Injury Prevention Standard that the program will address.

Substance Use and Injury Prevention Requirement 2.

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard the program intends to address.
1) Comprehensive tobacco control, 2) Concussions, 3) Falls, 4) Life promotion, suicide risk and prevention, 5) Mental health promotion, 6) Off-road safety, 7) Road safety, 8) Substance use, 9) Violence, 10 Not applicable, 11) Other (Please explain)

5) Mental health promotion
8) Substance use

Substance Use and Injury Prevention

a4) Describe key activities or approaches that the program will utilize.

Implementation of various interventions using a comprehensive health promotion approach (e.g. Awareness, skill building, healthy public policy, building supportive environments, reorienting health care services).

Youth substance use will be targeted with an upstream substance use prevention approach; namely the Icelandic Prevention Model (IPM) (also known as Planet Youth) which is an evidence based and community-driven approach to influence risk and protective factors associated with substance use. The IPM model focuses on building community supports designed to enhance the social environment. Youth outcomes are a direct reflection of the environments where they live and grow. This model mobilizes society as a whole to strengthen community engagement and collaboration.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

Local data on priority populations is limited. However, research studies have pointed to several priority populations for alcohol harms. For e.g. The Canadian Public Health Association (CPHA) (2011) position paper on alcohol policy in Canada states that:
The negative impacts of high-risk drinking cross all sectors of the population (Giesbrecht et al., 2010), yet they exert an even greater burden on certain populations such as youth (Rehm et al., 2009a), First Nations, Inuit and Métis people of Canada (Alcohol Policy Network, 2006), and people who are homeless (Hwang, 2006) or otherwise living in poverty (Rehm et al., 2009b).
Furthermore, the Chief Public Health Officer's Report on the State of Public Health in Canada (2015) stated that alcohol is a public health concern for youth, women and aboriginal populations for various reasons while stating some health equity concerns that in Canada, men and women with high SES are more likely to drink and undertake risky drinking than those with low SES. In general, people with low SES are more likely to experience negative impacts from drinking.
This SES discrepancy when it comes to alcohol consumption was also seen in the alcohol report that the Haldimand-Norfolk Health Unit released in 2018 available at https://hnhu.org/wp-content/uploads/AlcoholReport_Final_Spreads.pdf on pages 14-16. More specifically we found that in 2013/14, heavy drinking was higher for Haldimand and Norfolk residents with higher education compared to lower levels of education (22.6 % vs. 9.1 %). This difference was statistically significant. Similarly, in 2013/14, Haldimand and Norfolk residents with higher income reported more heavy drinking compared to those with lower income levels (adjusted income 32.8% vs. 15.6%). This difference was statistically significant.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Substance Use and Injury Prevention

We are cognizant of the fact that mental health and substance use (including alcohol) are related and complex. The Chief Public Health Officer's Report on the State of Public Health in Canada (2015) states that alcohol is a risk factor for several mental illnesses while some mental illnesses precede heavy drinking. At the same time, many of the risk and protective factors are the same for both, meaning that mental illness and drinking may be driven by other factors.

Mental health promotion is expected to be addressed by the Icelandic Prevention Model (IPM) as both short-term and intermediate outcomes of the IPM are expected to include engagement among community members, increased youth participation in extra-curricular activities, reduced time spent by youth in unstructured and unsupervised activities and increased parental monitoring. Long-term outcomes are expected to include reduced rates of substance use, reduced incidence of youth experiencing substance-related harms, and increased levels of overall youth well-being.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, School Health), please identify those Program Standards or indicate N/A.

Chronic Disease Prevention and Well-Being

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the substance use and/or injury prevention program over the reporting period.

and type of activities implemented in collaboration with internal and external partners that influence alcohol legislation and policy
and type of awareness raising/education activities related to alcohol

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To increase awareness of the harms associated with alcohol by promoting the new Canada's Guidance on Alcohol and Health in 2024.
2. To reduce alcohol-related harms by increasing collaboration and advocacy on population level interventions and effective alcohol policies in 2024.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

To increase awareness of Canada's Guidance on Alcohol and Health through the promotion of provincial, regional and local campaigns (e.g., Rethink Your Drinking awareness campaign that encourages moderation or low-risk drinking to support healthy lifestyle choices and reduce short and long-term risks associated with alcohol consumption.

i 2) Partnerships, Collaboration and Engagement

To collaborate with local family and youth serving partners to implement the Icelandic Prevention Model (also known as Planet Youth).

Substance Use and Injury Prevention

i 3) Policy and Supportive Environments

To network with other PHUs and OPHA Alcohol Workgroup about alcohol related issues to increase collaboration and advocacy for effective alcohol policies to reduce alcohol-related harms.

P 2) Cannabis

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

A comprehensive health promotion approach will not be applied to cannabis as a specific program in 2024 and HNHU's cannabis program will consist primarily of interventions related to general awareness raising of the Low-Risk Cannabis Use Guidelines and enforcement of the Smoke-Free Ontario Act, 2017 as it relates to cannabis use. There will be a Pediatric Cannabis Poisoning Campaign to raise awareness of accidental cannabis poisoning by children. This campaign will target parents/caregivers in Haldimand and Norfolk.

HNHU will be implementing Icelandic Prevention Model (IPM) (also known as Planet Youth) which is an evidence based and community-driven approach to influence risk and protective factors associated with substance use. The IPM model focuses on building community supports designed to enhance the social environment. Youth outcomes are a direct reflection of the environments where they live and grow. This model mobilizes society as a whole to strengthen community engagement and collaboration.

a2) Identify the specific requirements under the Substance Use and Injury Prevention Standard that the program will address.

Substance Use and Injury Prevention, Requirement #2

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard the program intends to address.
1) Comprehensive tobacco control, 2) Concussions, 3) Falls, 4) Life promotion, suicide risk and prevention, 5) Mental health promotion, 6) Off-road safety, 7) Road safety, 8) Substance use, 9) Violence, 10 Not applicable, 11) Other (Please explain)

5) Mental health promotion
8) Substance use

a4) Describe key activities or approaches that the program will utilize.

Substance Use and Injury Prevention

Awareness-raising and creating supportive environments (through enforcement of the SFOA, 2017).

Youth substance use will be targeted with an upstream substance use prevention approach; namely the Icelandic Prevention Model (IPM) (also known as Planet Youth) which is an evidence based and community-driven approach to influence risk and protective factors associated with substance use. The IPM model focuses on building community supports designed to enhance the social environment. Youth outcomes are a direct reflection of the environments where they live and grow. This model mobilizes society as a whole to strengthen community engagement and collaboration.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

Less than 1 in 10 are aware of the Lower-Risk Cannabis Use Guidelines (Health Canada, 2021)
As per PHO Snapshots, ED visits for Cannabis related poisonings for ages 0-12 in 2021, HN was 48.4 per 100,000 population compared to ON at 17 per 100,000 population (Note: not statistically significant).

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

Priority populations have not been identified for this program.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Mental health promotion is expected to be addressed by the Icelandic Prevention Model (IPM) as both short-term and intermediate outcomes of the IPM are expected to include engagement among community members, increased youth participation in extra-curricular activities, reduced time spent by youth in unstructured and unsupervised activities and increased parental monitoring. Long-term outcomes are expected to include reduced rates of substance use, reduced incidence of youth experiencing substance-related harms, and increased levels of overall youth well-being.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, School Health), please identify those Program Standards or indicate N/A.

Chronic Disease Prevention

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the substance use and/or injury prevention program over the reporting period.

Reach (# and type, impressions etc.) of awareness raising activities
# of complaints responded to

Substance Use and Injury Prevention

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To increase awareness, among Haldimand and Norfolk residents of the harms associated with cannabis
2. To protect Haldimand and Norfolk residents from exposure to second-hand smoke and vapour from cannabis through enforcement and compliance activities related to the Smoke-Free Ontario Act, 2017

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Promotion, Awareness, Education and Knowledge Translation

• Adapt and/or supplement provincial or regional campaigns to promote and provide education on the harms of cannabis use and Canada's lower-risk cannabis use guidelines

i 2) Partnerships, Collaboration and Engagement

To collaborate with local family and youth serving partners to implement the Icelandic Prevention Model (also known as Planet Youth).

i 3) Policy and Supportive Environments

Providing comments on municipal development applications related to substance use (cannabis) prevention
Reviewing and signing endorsement letters to provincial and federal decision-makers as opportunity arises

P 3) Other Drugs

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

Currently, the HNHU does not have specific programs related to "other drugs", however other substances may be addressed through upstream strategies such as Planet Youth which is included in HNHU's alcohol and cannabis programs. Initiatives and partnerships under the harm reduction program may also have ties to "other drugs" outside of opioids including work around destigmatization.

a2) Identify the specific requirements under the Substance Use and Injury Prevention Standard that the program will address.

Substance Use and Injury Prevention

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard the program intends to address.
1) Comprehensive tobacco control, 2) Concussions, 3) Falls, 4) Life promotion, suicide risk and prevention, 5) Mental health promotion, 6) Off-road safety, 7) Road safety, 8) Substance use, 9) Violence, 10 Not applicable, 11) Other (Please explain)

a4) Describe key activities or approaches that the program will utilize.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, School Health), please identify those Program Standards or indicate N/A.

Substance Use and Injury Prevention

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the substance use and/or injury prevention program over the reporting period.

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

Intervention Descriptions:
Briefly describe the following public health intervention(s).

P 4) Harm Reduction Program Enhancement

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

This program is aimed at enhancing the Harm Reduction Program within the Haldimand and Norfolk Health Unit area by collaborating with community partners to implement the opioid management plan, increase the number of community naloxone distribution partners, and develop the opioid early warning and surveillance plan. Target populations to be served by this program include those who use drugs including opioids and the family and friends of those who use drugs including opioids.

a2) Identify the specific requirements under the Substance Use and Injury Prevention Standard that the program will address.

Substance use and injury prevention standard requirement 1 and 2

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard the program intends to address.
1) Comprehensive tobacco control, 2) Concussions, 3) Falls, 4) Life promotion, suicide risk and prevention, 5) Mental health promotion, 6) Off-road safety, 7) Road safety, 8) Substance use, 9) Violence, 10 Not applicable, 11) Other (Please explain)

5) Mental Health Promotion
8) Substance Use

Substance Use and Injury Prevention

a4) Describe key activities or approaches that the program will utilize.

•Providing Naloxone training to community partners
•Collaboration with the Harm Reduction Action Team and other community partners
•Providing Harm Reduction Supplies to community partners for distribution

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

Substance use remains a high priority and a major concern for the community, particularly around addictions and opioid or "harder" substance use. Even though the pandemic has been declared over, community agencies and local data have highlighted the concerns for increased substance use related to isolation, mental health impacts, and other challenges brought on by COVID-19.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

No further priority populations beyond the target population have been identified at this time. However, HNHU is partnering with the Mississaugas of the Credit First Nations to start collaborating on harm reduction supplies and naloxone distribution.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

HNHU is in the process of building a Mental Health Promotion program. HNHU continues to build resiliency and relationships through increased access to Naloxone Kits via the needle exchange program. HNHU continues to partner with community agencies and will work to build a referral process with HNHU.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, School Health), please identify those Program Standards or indicate N/A.

This program will address requirements 9 and 10 of the Infectious and Communicable Diseases Prevention and Control Standard.

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the substance use and/or injury prevention program over the reporting period.

Substance Use and Injury Prevention

Partnership, Collaboration, Engagement –
# of local partners engaged
# of referral to treatment and other services
# of schools and school boards engaged
Surveillance –
# of blood-borne infections among people who use substances
Stigma –
# of healthcare providers trained on stigma
# of local partners engaged in stigma reduction work
# of social media posts and responses, ads, etc.
Public Awareness and Education
# of education activities
# of harm reduction public awareness activities based on local community needs
Policy
# of healthy public policies that address substance use prevention, harm reduction, and risk/protective factors for substance use
Opioid Response & Naloxone Distribution –
# of local opioid response initiatives implemented
# of naloxone kits distributed
# of naloxone trainings provided

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

1. To implement an opioid-overdose early warning system within Haldimand and Norfolk Counties to communicate information on substance and overdose risks
2. To work with members of the Harm Reduction Action Team to host harm reduction community educational events
3. To increase public awareness of overdose prevention, anti-stigma, and HNHU harm reduction services
4. To partner with Mississaugas of the Credit First Nation to provide training and access to harm reduction supplies
5. To increase to number of community partners trained in naloxone administration and distribution

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

Substance Use and Injury Prevention

The Substance Use Team will partner community agencies (e.g., local OPP, EMS, hospitals, Haldimand Norfolk Brant AIDS Network, etc.) to obtain opioid-related harm surveillance data:
•Maintain and update the substance use program plan
•Interpret and use surveillance data to communicate information on substance and overdose risks to key stakeholders, individuals who use substances and the broader community via the early warning and surveillance system
•Monitor effectiveness of the early warning and surveillance system
•Work with the Harm Reduction Action Team to gain a better understanding of the local context

The Substance Team will also report program progress to the Ministry of Health through completion of:
• Ministry of Health quarterly naloxone reports
• HRPE Annual Report

i 2) Emergency Response

The Substance Use Team is in the process of developing a response plan with the Harm Reduction Action Team partners:

Based on the data, an early warning system will be developed to raise awareness of increased poisonings or contaminated supply

i 3) Partnerships, Collaboration and Engagement

The Substance Use Team partners with many organizations through the Harm Reduction Action Team to:
•deliver education sessions to the communities of Haldimand Norfolk on harm reduction and addictions services
•build and maintain the early warning system and the overdose emergency response plan

The Substance Use Team will continue to partner with local EMS, OPP, hospitals and other key partners to develop and implement the Overdose Emergency Response Plan. This will include:
• Holding meetings with the Overdose Emergency Response Group to assess availability and potential for sharing of data
• obtaining data that supports monitoring of the Overdose Emergency Response plan
• Interpreting and using surveillance data to communicate information on substance and overdose risks to key stakeholders, individuals who use substances and the broader community
• communicating information on substance/overdose risks with Harm Reduction Action Team (HRAT)
• Implement Overdose Emergency Response Plan as required (e.g., if trigger is reached)
• Monitoring effectiveness of early warning and surveillance system

i 4) Promotion, Awareness, Education and Knowledge Translation

Substance Use and Injury Prevention

HNHU's Substance Use Team will engage with relevant community agencies to expand partnership agreements in relation to the health unit's community naloxone distribution program. This will include:
- Providing train-the-trainer sessions for external agencies
- Facilitate distribution of naloxone kits to external agencies
- Provide on-going training for internal staff on Naloxone distribution
- Provide on-going training for internal staff on Naloxone administration

The Substance use team will also provide community education events to promote harm reduction and addictions services/resources in Haldimand Norfolk and reduce stigma related to substance use

i 5) Direct Services

The Substance Use Team continues to provide harm reduction supplies to clients, their families and friends and partnered community agencies.
Harm reduction supplies are available in 3 offices locations
Reception staff are trained to distribute supplies

P 5) Needle Syringe Program

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

This program aims to provide Needle Syringe Program supplies to reduce the harms associated with injection and inhalation substance use. The program focuses on providing services at a local level to increase availability and access to Needle Syringe Program. The program also aims to increase communication and awareness of overdose prevention, local harm reduction services including needle exchange program and mental health resources as well as reducing the stigma related with substance use.

The target populations for this program include those who use substances, and their family and friends, as well as community outreach partners

a2) Identify the specific requirements under the Substance Use and Injury Prevention Standard that the program will address.

Substance Use and Injury Prevention requirement 1 and 2

Substance Use and Injury Prevention

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard the program intends to address.
1) Comprehensive tobacco control, 2) Concussions, 3) Falls, 4) Life promotion, suicide risk and prevention, 5) Mental health promotion, 6) Off-road safety, 7) Road safety, 8) Substance use, 9) Violence, 10 Not applicable, 11) Other (Please explain)

5) Mental Health Promotion
8) Substance Use

a4) Describe key activities or approaches that the program will utilize.

Harm Reduction Services – Needle Syringe Program
Provision and servicing of sharps kiosks in the community

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

Substance use remains a high priority and a major concern for the community, particularly around addictions and opioid or “harder” substance use. Even though the pandemic has been declared over, community agencies and local data have highlighted the concerns for increased substance use related to isolation, mental health impacts, and other challenges brought on by COVID-19.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

No further priority populations beyond the target populations have been identified at this time. However, HNHU is partnering with the Mississaugas of the Credit First Nations to start collaborating on harm reduction supplies and naloxone distribution.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Increasing access to Needle Syringe Program across the communities of Haldimand and Norfolk and assisting clients to support their recovery journey can open the door to mental health services and supports that community members may not have previously accessed or considered.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, School Health), please identify those Program Standards or indicate N/A.

This program will address requirements 9 and 10 of the Infectious and Communicable Diseases Prevention and Control Standard.

Substance Use and Injury Prevention

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the substance use and/or injury prevention program over the reporting period.

Direct Services –
# of new HIV, Hep B and Hep C cases;
# of harm reduction programs and services developed based on needs of priority populations
Distribution –
sterile supplies provided to community members who use substances;
of education sessions/consultations with individuals who use substances on how to reduce harms associated with substance use;
# of referrals to addiction treatment, other harm reduction services, health and social services
Disposal –
# of disposal options for used harm reduction supplies;
# of sharps returned (est. weight) vs distributed
# of community bins

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

To increase provision of harm reduction supplies to priority populations through increased engagement with community partners
To increase the return rate of needles/syringes
To reduce HIV, Hep B and Hep C infections

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Monitoring and Surveillance

The Substance Use Team monitors the sharps kiosks located within Haldimand and Norfolk jurisdiction, including tracking needles returned through the sharps kiosks and monitoring needle return rates. This data will be used to evaluate sharp kiosk locations and ongoing community need. Previous evaluations have led to an increase in sharps kiosks and the installation of new sites bringing the total number of kiosks in Haldimand Norfolk jurisdiction to 16.

The Substance Use Team will also report program progress to the Ministry of Health through completion of:
• OHRDP Inventory services
• NEP Annual Report

Substance Use and Injury Prevention

i 2) Direct Services

The Substance Use Team continues to provide harm reduction supplies to clients, their families and friends and partnered community agencies.
Harm reduction supplies are available in 3 offices locations
Reception staff are trained to distribute supplies
• Continued internal program development with the creation/updating/revising of Harm Reduction program policies & procedures with ongoing internal staff education

i 3) Partnerships, Collaboration and Engagement

• The Substance Use Team works with community partners to finalize and distribute partnership agreements for distribution of harm reduction supplies, the team will then facilitate distribution of Needle Syringe Program to community partners as required.
• To continue partnering with Brant County Health Unit, Six Nations Health Services, and Mississaugas of the Credit First Nation Social and Health Services for harm reduction programming and services
• Continue to monitor and report on needle syringe program supplies for community partner agencies

P 6) Smoke-Free Ontario

Program Description:
a) Describe the program including:
a1) The target population(s) to be served by the program.

The Smoke-Free Ontario program, informed by the Public Health Ontario Evidence to Guide Action: Comprehensive Tobacco Control (2016), takes a coordinated and comprehensive approach to tobacco control, leveraging the synergy of multiple interventions across four tobacco control pillars of prevention, protection, enforcement and cessation, and actions aimed at three age groups (youth, young adults and adults). To support a comprehensive approach, this program coordinates and implements tobacco control actions through the CW TCAN and partners with other TCANs across Ontario. Interventions aim to:
• Prevent experimentation and escalation of tobacco, vapour products and cannabis use among youth;
• Protect the health of Haldimand and Norfolk residents by eliminating involuntary physical exposure to second-hand smoke (including tobacco, vape and cannabis) and social exposure to smoking, vaping and other tobacco products;
• Increase and support cessation among Haldimand and Norfolk residents by raising awareness of resources and supports to assist people to quit nicotine products;
• Promote and enforce the Smoke-Free Ontario Act, 2017 as set forth in the Tobacco, Vapour and Smoke Protocol, 2021.

a2) Identify the specific requirements under the Substance Use and Injury Prevention Standard that the program will address.

Substance Use and Injury Prevention, Requirement #2 and #3

Substance Use and Injury Prevention

a3) If applicable, identify which topics of consideration listed in requirement 2 of the Substance Use and Injury Prevention Standard the program intends to address.
1) Comprehensive tobacco control, 2) Concussions, 3) Falls, 4) Life promotion, suicide risk and prevention, 5) Mental health promotion, 6) Off-road safety, 7) Road safety, 8) Substance use, 9) Violence, 10 Not applicable, 11) Other (Please explain)

1)Comprehensive tobacco control

a4) Describe key activities or approaches that the program will utilize.

Education and promotion of local and provincial campaigns through traditional media and social media, promoting and supporting referrals to cessation interventions including counselling and NRT, creating supportive environments through promotion and support of smoke-free housing policies and tobacco enforcement activities.

a5) Provide any further contextual information as needed (i.e., links to relevant community needs and priorities).

HNHU reorganized in January 2020, which impacted the team responsible for developing and implementing the Smoke Free Ontario program. Many components of this program were on hold since March 2020 due to the pandemic but gradually restarted in 2023. HNHU is now actively contributing to the development and implementation of the CW TCAN 2024 workplan. HNHU will continue to collaborate with the PHUs in the CW TCAN and other TCANs on tobacco control initiatives to maximize effort and reduce duplication.

b) If a priority population or multiple priority populations have been identified for this program, please provide data and informational details that informed your decision, unless previously reported. Describe how interventions were modified and oriented to decrease health inequities for these priority populations.

Youth who use vapour products containing nicotine are the target population for prevention initiatives. Additional specific priority populations for prevention initiatives may be identified through TCAN planning throughout Q1-Q2 2024.

c) Describe how mental health promotion will be addressed, including specific approaches, topic of focus (e.g. resiliency building, healthy relationships, social connectedness, etc.), priority population, and delivery setting (e.g., schools, community centers, public health units, etc.).

Youth prevention initiatives identified through provincial planning will consider protective and risk factors for tobacco and vapour use which may be interrelated with protective and risk factors for mental health promotion (e.g., school connectedness and social cohesion). Planned youth prevention campaigns in 2024 also include key messages regarding the connection between vaping and mental health in youth. Mental health promotion may also be addressed through upstream substance use and chronic disease prevention strategies including Planet Youth.

d) As a program may address more than one Program Standard, if this program is intended to meet requirements under additional Program Standards (e.g., Chronic Disease Prevention and Well-Being, School Health), please identify those Program Standards or indicate N/A.

Substance Use and Injury Prevention

School Health, Requirement 3
Chronic Disease Prevention and Well-being, Requirement 2

Program Indicators:
List and describe locally developed indicators (existing and/or new) that the board of health will use to monitor and measure the success of the substance use and/or injury prevention program over the reporting period.

Prevention and Cessation:
Engagement and site traffic analytics for web-based and social media campaigns
# of residents engaging with or registering for NRT and quit support following campaign promotion
Campaign evaluation tools to measure changes in knowledge, attitude and behaviours

Enforcement
Tobacco and vendor compliance rates with SFOA, 2017
# of youth test shopper checks conducted
# of display and promotion inspections completed

Program Objective:
Describe the expected objectives of the program and what you expect to achieve, within specific timelines.

Reduce past year vaping by 5 percentage points among youth in Ontario by 2027
Reduce the prevalence of young adults (age 20-24) in Ontario who use nicotine products
Reduce the prevalence of adults (age 30+ years) who smoke commercial tobacco or use in combination with nicotine vapour products.

Enforcement
To maintain or increase compliance for the sale of tobacco and vapour products to youth under 19 years of age
To maintain or increase tobacco and vapour retailers in compliance with display, handling and promotion sections of the SFOA, 2017 at time of last inspection
To publicly disclose all convictions related to tobacco sales offences and vapour product sales offences, in accordance with Tobacco, Vapour and Smoke Protocol, 2021

Intervention Descriptions:
Briefly describe the following public health intervention(s).

i 1) Investigations and Inspections

Substance Use and Injury Prevention

•Conduct all mandatory inspections of tobacco and/or vapour product vendors including re-inspections as needed as per protocol
•Conduct youth test shopping of tobacco and vapour products including re-test shops as needed as per protocol
•Respond to complaints in timely manner

i 2) Enforcement

•Enforce the SFOA, 2017 according to the Tobacco, Vapour and Smoke protocol, 2021
•Oversee registration and maintain up-to-date records of Specialty Vape Stores and tobacconists
•Collect and maintain up-to-date inspection and enforcement data using the Tobacco Inspection System
•Ensure TIS reporting requirements to Ministry of Health
•Support Norfolk County with education and enforcement of their smoke-free outdoor spaces bylaw

i 3) Promotion, Awareness, Education and Knowledge Translation

Promote Don’t Quit Quitting (DQQ.ca), QUASH and other approved cessation supports as online resources for evidence-based information to reduce smoking among adults.
Promote SFHO.ca on PHU social media and link SFHO website through PHU website
Promote vaping prevention campaign via online (e.g., social media, Google) channels to increase reach and engagement of target audience

i 4) Partnerships, Collaboration and Engagement

Collaborate with other PHUs and TCANs in the development, adaptation and implementation of prevention and cessation campaigns and materials
Promote services offered by local health care providers to support cessation attempts

i 5) Policy and Supportive Environments

Providing comments on municipal development applications related to tobacco use prevention (e.g., smoke-free multi-unit dwellings)
Implementing advocacy efforts led by TCAN
Reviewing and signing endorsement letters to provincial and federal decision-makers as opportunity arises

Staff Allocation to Programs

Program		Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter	Nutritionist
Total Population Health Assessment	F.T.E.#	-	-	-	0.11													
	$	-	-	-	14,700													
Total Health Equity	F.T.E.#		0.30				1.00											
	$		34,100				93,600											
Total Effective Public Health Practice	F.T.E.#		0.30		0.11												0.10	
	$		34,100		14,700												7,900	
Total Emergency Management	F.T.E.#				0.11													
	$				14,700													
Total Chronic Disease Prevention and Well-Being	F.T.E.#				0.50								0.35	0.50	1.00	1.20	1.80	
	$				63,600								31,900	80,200	56,600	83,400	142,900	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Menu Labelling	F.T.E.#												0.25					
	$												22,800					
Non-Mandatory Oral Health Programs	F.T.E.#															0.20		
	$												-			11,700		
Ontario Seniors Dental Care Program	F.T.E.#				0.17									0.50	1.00	1.00		
	$				19,500									80,200	56,600	71,700		
Tanning Beds	F.T.E.#												0.10					
	$												9,100					
Built Environment	F.T.E.#				0.11												0.50	
	$				14,700												39,700	
Mental Health Promotion	F.T.E.#				0.11												1.30	
	$				14,700												103,200	
Healthy Eating	F.T.E.#				0.11													
	$				14,700													
Total Food Safety	F.T.E.#				0.25								2.90				0.25	
	$				28,100								303,700				19,900	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Safety Program	F.T.E.#				0.25								2.90				0.25	
	$				28,100								303,700				19,900	
Total Healthy Environments	F.T.E.#				0.30								1.75				0.25	
	$				33,700								159,700				19,900	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Hazards Program	F.T.E.#				0.05								0.75				0.25	
	$				5,600								68,400				19,900	
Healthy Environments and Climate Change Program	F.T.E.#				0.25								1.00					
	$				28,100								91,300					
Total Healthy Growth and Development	F.T.E.#				0.50		1.66										0.70	
	$				57,300		156,600										55,600	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Staff Allocation to Programs

Program		Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communications Staff	Program Evaluator	Data Analyst	Other Program Staff	Total	% of Bilingual FTEs
Total Population Health Assessment	F.T.E.#		0.75												0.30	0.20	**1.36**	0.00%
	$		69,500												22,200	16,600	**123,000**	
Total Health Equity	F.T.E.#				0.25											0.05	**1.60**	0.00%
	$				13,000											4,200	**144,900**	
Total Effective Public Health Practice	F.T.E.#		0.25		0.25									0.50	0.20	0.75	**2.46**	0.00%
	$		23,200		13,000									36,900	14,800	62,300	**206,900**	
Total Emergency Management	F.T.E.#															0.40	**0.51**	0.00%
	$															36,500	**51,200**	
Total Chronic Disease Prevention and Well-Being	F.T.E.#	0.60			1.25												**7.20**	
	$	51,400			65,200												**575,200**	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Menu Labelling	F.T.E.#																**0.25**	18.00%
	$																**22,800**	
Non-Mandatory Oral Health Programs	F.T.E.#																**0.20**	0.00%
	$																**11,700**	
Ontario Seniors Dental Care Program	F.T.E.#				1.00												**3.67**	0.00%
	$				52,200												**280,200**	
Tanning Beds	F.T.E.#																**0.10**	18.00%
	$																**9,100**	
Built Environment	F.T.E.#	0.10															**0.71**	0.00%
	$	8,600															**63,000**	
Mental Health Promotion	F.T.E.#	0.10															**1.51**	0.00%
	$	8,600															**126,500**	
Healthy Eating	F.T.E.#	0.40			0.25												**0.76**	0.00%
	$	34,200			13,000												**61,900**	
Total Food Safety	F.T.E.#				0.50							0.34					**4.24**	
	$				27,600							11,900					**391,200**	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Food Safety Program	F.T.E.#				0.50							0.34					**4.24**	18.00%
	$				27,600							11,900					**391,200**	
Total Healthy Environments	F.T.E.#				0.50							0.69					**3.49**	
	$				27,600							24,300					**265,200**	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Health Hazards Program	F.T.E.#																**1.05**	18.00%
	$																**93,900**	
Healthy Environments and Climate Change Program	F.T.E.#				0.50							0.69					**2.44**	18.00%
	$				27,600							24,300					**171,300**	
Total Healthy Growth and Development	F.T.E.#	0.90			1.00												**4.76**	
	$	77,000			55,300												**401,800**	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Staff Allocation to Programs

Program		Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter	Nutritionist
Healthy Growth and Development	F.T.E.#				0.50		1.66										0.70	
	$				57,300		156,600										55,600	
Total Immunization	F.T.E.#				0.25		2.90	0.17	0.67									
	$				26,800		268,700	10,900	52,100									
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Based Immunization Outreach (excluding vaccine administration)	F.T.E.#						0.50											
	$						46,700											
COVID-19 Vaccine Program	F.T.E.#				0.25		0.50											
	$				26,800		43,100											
Immunization Monitoring and Surveillance	F.T.E.#						1.90		0.25									
	$						178,900		17,000									
Vaccine Administration	F.T.E.#							0.17	0.42									
	$							10,900	35,100									
Vaccine Management	F.T.E.#																	
	$																	
Total Infectious and Communicable Diseases Prevention and Control	F.T.E.#				1.62		4.74					1.00	3.75				0.50	
	$				187,200		440,300					93,600	352,800	-			39,700	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vector-Borne Diseases Program	F.T.E.#												0.25					
	$												22,800					
Rabies Prevention and Control	F.T.E.#				0.20								1.50					
	$				22,500								141,500					
Zoonotic Disease Reporting Program	F.T.E.#												0.50					
	$												45,600					
Infectious Disease Program	F.T.E.#				1.25		3.84						1.50				0.50	
	$				145,200		357,700						142,900				39,700	
Infection Control Program	F.T.E.#											1.00						
	$											93,600						
Sexual Health Services in Schools	F.T.E.#				0.17		0.90											
	$				19,500		82,600											
Total Safe Water	F.T.E.#				0.25								2.25					
	$				28,100								219,300					
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Drinking Water Program	F.T.E.#				0.12								1.25					
	$				13,500								128,000					
Recreational Water Program	F.T.E.#				0.13								1.00					
	$				14,600								91,300					
Total School Health - Oral Health	F.T.E.#				0.34		0.50								2.00	1.60		
	$				39,000		45,400								147,800	93,200		
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Smiles Ontario Program	F.T.E.#				0.17										1.00	0.80		
	$				19,500										73,900	46,600		

Staff Allocation to Programs

Program		Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communications Staff	Program Evaluator	Data Analyst	Other Program Staff	Total	% of Bilingual FTEs
Healthy Growth and Development	F.T.E.#	0.90			1.00												4.76	0.00%
	$	77,000			55,300												401,800	
Total Immunization	F.T.E.#				1.00									0.50			5.49	
	$				61,900									37,000			457,400	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Community Based Immunization Outreach (excluding vaccine administration)	F.T.E.#																0.50	0.00%
	$																46,700	
COVID-19 Vaccine Program	F.T.E.#				0.50												1.25	0.00%
	$				34,200												104,100	
Immunization Monitoring and Surveillance	F.T.E.#				0.50												2.65	0.00%
	$				27,700												223,600	
Vaccine Administration	F.T.E.#													0.25			0.84	0.00%
	$													18,500			64,500	
Vaccine Management	F.T.E.#													0.25			0.25	0.00%
	$													18,500			18,500	
Total Infectious and Communicable Diseases Prevention and Control	F.T.E.#				1.50							0.33					13.44	
	$				82,900							11,400					1,207,900	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Vector-Borne Diseases Program	F.T.E.#											0.33					0.58	8.00%
	$											11,400					34,200	
Rabies Prevention and Control	F.T.E.#				0.50												2.20	21.00%
	$				27,600												191,600	
Zoonotic Disease Reporting Program	F.T.E.#																0.50	18.00%
	$																45,600	
Infectious Disease Program	F.T.E.#				1.00												8.09	3.30%
	$				55,300												740,800	
Infection Control Program	F.T.E.#																1.00	0.00%
	$																93,600	
Sexual Health Services in Schools	F.T.E.#																1.07	0.00%
	$																102,100	
Total Safe Water	F.T.E.#				0.50							0.20					3.20	
	$				27,600							7,000					282,000	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Drinking Water Program	F.T.E.#				0.25							0.20					1.82	20.00%
	$				13,800							7,000					162,300	
Recreational Water Program	F.T.E.#				0.25												1.38	23.00%
	$				13,800												119,700	
Total School Health - Oral Health	F.T.E.#				1.00												5.44	
	$				55,400												380,800	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Healthy Smiles Ontario Program	F.T.E.#				0.50												2.47	0.00%
	$				27,700												167,700	

Staff Allocation to Programs

Program		Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter	Nutritionist
Oral Health Assessment and Surveillance	F.T.E.#				0.17		0.50								1.00	0.80		
	$				19,500		45,400								73,900	46,600		
Total School Health - Vision	F.T.E.#				0.15		0.60											
	$				17,200		53,100											
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Child Visual Health and Vision Screening	F.T.E.#				0.15		0.60											
	$				17,200		53,100											
Total School Health - Immunization	F.T.E.#						1.40	0.30	0.25									
	$						130,900	18,700	17,000									
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations for Children in Schools and Licensed Child Care Settings	F.T.E.#						1.40	0.30	0.25									
	$						130,900	18,700	17,000									
Total School Health - Other	F.T.E.#				0.17		3.00										1.00	
	$				19,500		271,000										79,400	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Comprehensive School Health	F.T.E.#				0.17		3.00										1.00	
	$				19,500		271,000										79,400	
Total Substance Use and Injury Prevention	F.T.E.#		0.40		0.34		2.00										2.40	
	$		45,400		45,400		185,600										190,600	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	F.T.E.#				0.11												0.80	
	$				14,700												63,500	
Cannabis	F.T.E.#				0.11												0.20	
	$				14,700												15,900	
Other Drugs	F.T.E.#																	
	$																	
Harm Reduction Program Enhancement	F.T.E.#		0.20				1.00										0.50	
	$		22,700.00				92,800										39,700	
Needle Syringe Program	F.T.E.#		0.20				1.00										0.50	
	$		22,700.00				92,800										39,700	
Smoke-Free Ontario	F.T.E.#				0.12												0.40	
	$				16,000												31,800	
Grand Total	F.T.E.#	-	**1.00**	-	**5.00**	-	**17.80**	**0.47**	**0.92**	-	-	**1.00**	**11.00**	**0.50**	**3.00**	**2.80**	**7.00**	-
	$	-	**113,600**	-	**590,000**	-	**1,645,200**	**29,600**	**69,100**	-	-	**93,600**	**1,067,400**	**80,200**	**204,400**	**176,600**	**555,900**	-

Staff Allocation to Programs

Program		Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communications Staff	Program Evaluator	Data Analyst	Other Program Staff	Total	% of Bilingual FTEs
Oral Health Assessment and Surveillance	F.T.E.#				0.50												2.97	0.00%
	$				27,700												213,100	
Total School Health - Vision	F.T.E.#				0.30												1.05	
	$				16,600												86,900	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Child Visual Health and Vision Screening	F.T.E.#				0.30												1.05	0.00%
	$				16,600												86,900	
Total School Health - Immunization	F.T.E.#				0.50												2.45	
	$				27,700												194,300	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Immunizations for Children in Schools and Licensed Child Care Settings	F.T.E.#				0.50												2.45	0.00%
	$				27,700												194,300	
Total School Health - Other	F.T.E.#	0.50			0.70												5.37	
	$	42,800			38,700												451,400	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Comprehensive School Health	F.T.E.#	0.50			0.70												5.37	0.00%
	$	42,800			38,700												451,400	
Total Substance Use and Injury Prevention	F.T.E.#				0.75	1.50					0.10						7.49	
	$				39,200	103,800					2,700						612,700	
Validation	Unalloc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Unalloc.$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Alcohol	F.T.E.#																0.91	0.00%
	$																78,200	
Cannabis	F.T.E.#																0.31	0.00%
	$																30,600	
Other Drugs	F.T.E.#																-	
	$																-	
Harm Reduction Program Enhancement	F.T.E.#				0.25												1.95	25.64%
	$				13,100												168,300	
Needle Syringe Program	F.T.E.#				0.25												1.95	25.64%
	$				13,100												168,300	
Smoke-Free Ontario	F.T.E.#				0.25	1.50					0.10						2.37	0.00%
	$				13,000	103,800					2,700						167,300	
Grand Total	F.T.E.#	**2.00**	**1.00**	**-**	**10.00**	**1.50**	**-**	**-**	**-**	**-**	**0.10**	**1.56**	**-**	**1.00**	**0.50**	**1.40**	**69.55**	
	$	**171,200**	**92,700**	**-**	**551,700**	**103,800**	**-**	**-**	**-**	**-**	**2,700**	**54,600**	**-**	**73,900**	**37,000**	**119,600**	**5,832,800**	

2024 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

MOH & Administrative Staff

Position Titles	F.T.E.#	$
Medical Officer of Health	0.80	260,700
Chief Executive Officer		
Director/ Business Administrator	1.00	138,800
Manager/Supervisor		
Secretarial/Admin Staff	4.00	209,800
Financial Staff		
I & IT Staff		
Communications Manager/Media Coordinator		
Volunteer Coordinator		
Human Resources Staff/Coordinator		
Maintenance/Caretaker/Custodian/Security		

2024 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

MOH & Administrative Staff

Other Administrative Staff		
Total	**5.80**	**609,300**

Allocation of Expenditures

% of Benefits	

Population Health Assessment	Expenditures									Sources of Funding					
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Total Population Health Assessment	123,000	36,800	1,300	5,200	16,800	4,200	-	4,900	**192,200**	192,200					**192,200**

Health Equity	Expenditures									Sources of Funding					
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Total Health Equity	144,900	45,300	1,600	6,100	19,700	4,900	-	5,800	**228,300**	228,300					**228,300**

Effective Public Health Practice	Expenditures									Sources of Funding					
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Total Effective Public Health Practice	206,900	62,900	2,400	9,400	30,300	7,600	-	8,900	**328,400**	328,400					**328,400**

Emergency Management	Expenditures									Sources of Funding					
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Total Emergency Management	51,200	14,600	500	2,000	6,300	1,600	-	1,900	**78,100**	78,100					**78,100**

Allocation of Expenditures

Chronic Disease Prevention and Well-Being	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)	Ontario Seniors Dental Care Program (100%)				Total Funding Sources
Menu Labelling	22,800	6,600	200	1,000	3,100	800	-	900	**35,400**	35,400					**35,400**
Non-Mandatory Oral Health Programs	11,700	3,800	200	800	2,500	600	-	700	**20,300**	20,300					**20,300**
Ontario Seniors Dental Care Program	280,200	96,500	200	700	2,100	549,000	-	50,600	**979,300**	29,300	950,000				**979,300**
Tanning Beds	9,100	2,600	100	400	1,200	300	-	400	**14,100**	14,100					**14,100**
Built Environment	63,000	18,600	700	2,700	8,800	2,200	-	2,600	**98,600**	98,600					**98,600**
Mental Health Promotion	126,500	37,700	1,500	5,800	18,700	4,700	-	5,500	**200,400**	200,400					**200,400**
Healthy Eating	61,900	18,600	800	2,900	9,400	2,300	-	2,800	**98,700**	98,700					**98,700**
Total Chronic Disease Prevention and Well-Being	**575,200**	**184,400**	**3,700**	**14,300**	**45,800**	**559,900**	**-**	**63,500**	**1,446,800**	**496,800**	**950,000**	**-**	**-**	**-**	**1,446,800**

Food Safety	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Food Safety Program	391,200	109,700	4,300	16,300	52,400	13,100	(6,900)	15,400	**595,500**	595,500					**595,500**
Total Food Safety	**391,200**	**109,700**	**4,300**	**16,300**	**52,400**	**13,100**	**(6,900)**	**15,400**	**595,500**	**595,500**	**-**	**-**	**-**	**-**	**595,500**

Healthy Environments	Expenditures	Sources of Funding

Allocation of Expenditures

Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Health Hazards Program	93,900	27,400	1,100	4,000	13,000	3,200	-	3,800	**146,400**	146,400					**146,400**
Healthy Environments and Climate Change Program	171,300	47,900	2,500	9,400	30,200	7,500	(65,100)	8,900	**212,600**	212,600					**212,600**
Total Healthy Environments	**265,200**	**75,300**	**3,600**	**13,400**	**43,200**	**10,700**	**(65,100)**	**12,700**	**359,000**	**359,000**	**-**	**-**	**-**	**-**	**359,000**

Healthy Growth and Development	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Healthy Growth and Development	401,800	123,800	4,800	18,300	58,800	14,700	(500)	17,300	**639,000**	639,000					**639,000**
Total Healthy Growth and Development	**401,800**	**123,800**	**4,800**	**18,300**	**58,800**	**14,700**	**(500)**	**17,300**	**639,000**	**639,000**	**-**	**-**	**-**	**-**	**639,000**

Immunization	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Community Based Immunization Outreach (excluding vaccine administration)	46,700	14,800	500	1,900	6,200	1,500	-	1,800	**73,400**	73,400					**73,400**
COVID-19 Vaccine Program	104,100	54,400	-	-	-	-	-	30,000	**188,500**	188,500					**188,500**
Immunization Monitoring and Surveillance	223,600	72,000	2,700	10,200	32,700	8,200	(34,500)	9,600	**324,500**	324,500					**324,500**
Vaccine Administration	64,500	20,700	900	3,200	10,400	2,600	-	3,100	**105,400**	105,400					**105,400**
Vaccine Management	18,500	5,700	300	1,000	3,100	800	-	900	**30,300**	30,300					**30,300**

Allocation of Expenditures

Total Immunization	**457,400**	**167,600**	**4,400**	**16,300**	**52,400**	**13,100**	**(34,500)**	**45,400**	**722,100**	**722,100**	**-**	**-**	**-**	**-**	**722,100**

Infectious and Communicable Diseases Prevention and Control	**Expenditures**									**Sources of Funding**					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Vector-Borne Diseases Program	34,200	8,500	600	2,200	7,100	1,800	-	2,100	**56,500**	56,500					**56,500**
Rabies Prevention and Control	191,600	56,200	2,200	8,400	27,200	6,800	-	8,000	**300,400**	300,400					**300,400**
Zoonotic Disease Reporting Program	45,600	13,200	500	1,900	6,200	1,500	-	1,800	**70,700**	70,700					**70,700**
Infectious Disease Program	740,800	239,200	6,900	26,300	84,500	21,100	-	24,800	**1,143,600**	1,143,600					**1,143,600**
Infection Control Program	93,600	29,600	1,000	3,800	12,400	3,100	-	3,600	**147,100**	147,100					**147,100**
Sexual Health Services in Schools	102,100	31,900	1,100	4,100	13,200	3,300	-	3,900	**159,600**	159,600					**159,600**
Total Infectious and Communicable Diseases Prevention and Control	**1,207,900**	**378,600**	**12,300**	**46,700**	**150,600**	**37,600**	**-**	**44,200**	**1,877,900**	**1,877,900**	**-**	**-**	**-**	**-**	**1,877,900**

Safe Water	**Expenditures**									**Sources of Funding**					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Drinking Water Program	162,300	44,600	1,800	7,000	22,500	5,600	-	6,600	**250,400**	250,400					**250,400**
Recreational Water Program	119,700	35,200	1,400	5,300	17,100	4,300	-	5,000	**188,000**	188,000					**188,000**
Total Safe Water	**282,000**	**79,800**	**3,200**	**12,300**	**39,600**	**9,900**	**-**	**11,600**	**438,400**	**438,400**	**-**	**-**	**-**	**-**	**438,400**

Allocation of Expenditures

School Health - Oral Health	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Healthy Smiles Ontario Program	167,700	53,800	2,500	9,500	30,500	7,600	-	9,000	**280,600**	280,600					**280,600**
Oral Health Assessment and Surveillance	213,100	68,400	3,000	11,400	36,700	9,100	-	10,800	**352,500**	352,500					**352,500**
Total School Health - Oral Health	**380,800**	**122,200**	**5,500**	**20,900**	**67,200**	**16,700**	**-**	**19,800**	**633,100**	**633,100**	**-**	**-**	**-**	**-**	**633,100**

School Health - Vision	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Child Visual Health and Vision Screening	86,900	27,900	1,100	4,000	13,000	3,200	-	3,800	**139,900**	139,900					**139,900**
Total School Health - Vision	**86,900**	**27,900**	**1,100**	**4,000**	**13,000**	**3,200**	**-**	**3,800**	**139,900**	**139,900**	**-**	**-**	**-**	**-**	**139,900**

School Health - Immunization	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Immunizations for Children in Schools and Licensed Child Care Settings	194,300	63,000	2,500	9,400	30,300	7,500	-	8,900	**315,900**	315,900					**315,900**
Total School Health - Immunization	**194,300**	**63,000**	**2,500**	**9,400**	**30,300**	**7,500**	**-**	**8,900**	**315,900**	**315,900**	**-**	**-**	**-**	**-**	**315,900**

School Health - Other	Expenditures	Sources of Funding

Allocation of Expenditures

Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Comprehensive School Health	451,400	141,900	5,400	20,600	66,300	16,500	-	19,500	**721,600**	721,600					**721,600**
Total School Health - Other	**451,400**	**141,900**	**5,400**	**20,600**	**66,300**	**16,500**	**-**	**19,500**	**721,600**	**721,600**	**-**	**-**	**-**	**-**	**721,600**

Substance Use and Injury Prevention	Expenditures									Sources of Funding					
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Alcohol	78,200	23,200	900	3,500	11,200	2,800	-	3,300	**123,100**	123,100					**123,100**
Cannabis	30,600	8,900	300	1,200	3,800	1,000	-	1,100	**46,900**	46,900					**46,900**
Other Drugs	-	-	-	-	-	-	-	-	**-**	-					**-**
Harm Reduction Program Enhancement	168,300	52,500	2,000	7,500	24,100	6,000	-	7,100	**267,500**	267,500					**267,500**
Needle Syringe Program	168,300	52,500	2,000	7,500	24,100	6,000	-	7,100	**267,500**	267,500					**267,500**
Smoke-Free Ontario	167,300	54,700	2,400	9,100	29,300	7,300	-	8,600	**278,700**	278,700					**278,700**
Total Substance Use and Injury Prevention	**612,700**	**191,800**	**7,600**	**28,800**	**92,500**	**23,100**	**-**	**27,200**	**983,700**	**983,700**	**-**	**-**	**-**	**-**	**983,700**

Indirect Costs	Expenditures									Sources of Funding					
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost-Shared)					Total Funding Sources
Total Indirect Costs	609,300	160,000	5,300	20,400	65,500	16,300	(108,800)	19,200	**787,200**	787,200					**787,200**

Allocation of Expenditures

Grand Total	**6,442,100**	**1,985,600**	**69,500**	**264,400**	**850,700**	**760,600**	**(215,800)**	**330,000**	**10,487,100**	**10,487,100**

Budget Summary

Base Funding

Source of Funding	Board of Health Approved Budget (at 100%) ($) A	Ministry Approved Allocation ($) B	Provincial Share (%) C = B / A	Municipal Contribution ($) D = A - B	Municipal Share (%) E = 1 - C
Mandatory Programs (Cost-Shared)	9,537,100	5,541,200	58.10%	3,995,900	41.90%
Ontario Seniors Dental Care Program (100%)	950,000	633,300			
Total	**10,487,100**	**6,174,500**			

Summary of Expenditures by Standard

Standards	Total Board of Health	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures
Direct Costs									
Population Health Assessment	192,200	123,000	36,800	1,300	5,200	16,800	4,200	-	4,900
Health Equity	228,300	144,900	45,300	1,600	6,100	19,700	4,900	-	5,800
Effective Public Health Practice	328,400	206,900	62,900	2,400	9,400	30,300	7,600	-	8,900
Emergency Management	78,100	51,200	14,600	500	2,000	6,300	1,600	-	1,900
Chronic Disease Prevention and Well-Being	1,446,800	575,200	184,400	3,700	14,300	45,800	559,900	-	63,500
Food Safety	595,500	391,200	109,700	4,300	16,300	52,400	13,100	(6,900)	15,400
Healthy Environments	359,000	265,200	75,300	3,600	13,400	43,200	10,700	(65,100)	12,700
Healthy Growth and Development	639,000	401,800	123,800	4,800	18,300	58,800	14,700	(500)	17,300
Immunization	722,100	457,400	167,600	4,400	16,300	52,400	13,100	(34,500)	45,400
Infectious and Communicable Diseases Prevention and Control	1,877,900	1,207,900	378,600	12,300	46,700	150,600	37,600	-	44,200
Safe Water	438,400	282,000	79,800	3,200	12,300	39,600	9,900	-	11,600
School Health	1,810,500	1,113,400	355,000	14,500	54,900	176,800	43,900	-	52,000
Substance Use and Injury Prevention	983,700	612,700	191,800	7,600	28,800	92,500	23,100	-	27,200
Total Direct Costs	9,699,900	**5,832,800**	**1,825,600**	**64,200**	**244,000**	**785,200**	**744,300**	**(107,000)**	**310,800**
Indirect Costs									
Indirect Costs	787,200	609,300	160,000	5,300	20,400	65,500	16,300	(108,800)	19,200
Total Expenditures	10,487,100	**6,442,100**	**1,985,600**	**69,500**	**264,400**	**850,700**	**760,600**	**(215,800)**	**330,000**

Budget Summary

Staff Allocation by Standard

Position Title	Total Board of Health		Population Health Assessment		Health Equity		Effective Public Health Practice		Emergency Management		Chronic Disease Prevention and Well-Being		Food Safety		Healthy Environments		Healthy Growth and Development		Immunization		Infectious and Communicable Diseases Prevention and Control		Safe Water		School Health		Substance Use and Injury Prevention	
Program Staff	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Associate Medical Officer of Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chief Nursing Officer	1.00	113,600	-	-	0.30	34,100	0.30	34,100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.40	45,400
Program Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Manager/Supervisor	5.00	590,000	0.11	14,700	-	-	0.11	14,700	0.11	14,700	0.50	63,600	0.25	28,100	0.30	33,700	0.50	57,300	0.25	26,800	1.62	187,200	0.25	28,100	0.66	75,700	0.34	45,400
Project Officer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Health Nurse	17.80	1,645,200	-	-	1.00	93,600	-	-	-	-	-	-	-	-	-	-	1.66	156,600	2.90	268,700	4.74	440,300	-	-	5.50	500,400	2.00	185,600
Registered Nurse	0.47	29,600	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.17	10,900	-	-	-	-	0.30	18,700	-	-
Registered Practical Nurse	0.92	69,100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.67	52,100	-	-	-	-	0.25	17,000	-	-
Nurse Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Social Determinants of Health Nurse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infection Prevention and Control Nurse	1.00	93,600	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00	93,600	-	-	-	-	-	-
Public Health Inspector	11.00	1,067,400	-	-	-	-	-	-	-	-	0.35	31,900	2.90	303,700	1.75	159,700	-	-	-	-	3.75	352,800	2.25	219,300	-	-	-	-
Dentist	0.50	80,200	-	-	-	-	-	-	-	-	0.50	80,200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	3.00	204,400	-	-	-	-	-	-	-	-	1.00	56,600	-	-	-	-	-	-	-	-	-	-	-	-	2.00	147,800	-	-
Dental Assistant	2.80	176,600	-	-	-	-	-	-	-	-	1.20	83,400	-	-	-	-	-	-	-	-	-	-	-	-	1.60	93,200	-	-
Health Promoter	7.00	555,900	-	-	-	-	0.10	7,900	-	-	1.80	142,900	0.25	19,900	0.25	19,900	0.70	55,600	-	-	0.50	39,700	-	-	1.00	79,400	2.40	190,600
Nutritionist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dietitian	2.00	171,200	-	-	-	-	-	-	-	-	0.60	51,400	-	-	-	-	0.90	77,000	-	-	-	-	-	-	0.50	42,800	-	-
Epidemiologist	1.00	92,700	0.75	69,500	-	-	0.25	23,200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Support Staff	10.00	551,700	-	-	0.25	13,000	0.25	13,000	-	-	1.25	65,200	0.50	27,600	0.50	27,600	1.00	55,300	1.00	61,900	1.50	82,900	0.50	27,600	2.50	138,400	0.75	39,200
SFOA Inspector	1.50	103,800	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.50	103,800
Tobacco Control Coordinator/Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TCAN Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Youth Development Specialist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Youth Engagement Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SFO staff	0.10	2,700	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.10	2,700
Student	1.56	54,600	-	-	-	-	-	-	-	-	-	-	0.34	11,900	0.69	24,300	-	-	-	-	0.33	11,400	0.20	7,000	-	-	-	-
Communications Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Evaluator	1.00	73,900	-	-	-	-	0.50	36,900	-	-	-	-	-	-	-	-	-	-	0.50	37,000	-	-	-	-	-	-	-	-
Data Analyst	0.50	37,000	0.30	22,200	-	-	0.20	14,800	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Program Staff	1.40	119,600	0.20	16,600	0.05	4,200	0.75	62,300	0.40	36,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Program Staff	**69.55**	**5,832,800**	**1.36**	**123,000**	**1.60**	**144,900**	**2.46**	**206,900**	**0.51**	**51,200**	**7.20**	**575,200**	**4.24**	**391,200**	**3.49**	**265,200**	**4.76**	**401,800**	**5.49**	**457,400**	**13.44**	**1,207,900**	**3.20**	**282,000**	**14.31**	**1,113,400**	**7.49**	**612,700**

MOH & Administrative Staff	F.T.E. #	$
Medical Officer of Health	0.80	260,700
Chief Executive Officer	-	-
Director/ Business Administrator	1.00	138,800
Manager/Supervisor	-	-
Secretarial/Admin Staff	4.00	209,800
Financial Staff	-	-
I & IT Staff	-	-
Communications Manager/Media Coordinator	-	-
Volunteer Coordinator	-	-
Human Resources Staff/Coordinator	-	-

Budget Summary

Maintenance/Caretaker/Custodian/Security	-	-
Other Administrative Staff	-	-
Total MOH & Administrative Staff	**5.80**	**609,300**
Total Staffing	**75.35**	**6,442,100**

Board of Health Membership

#	Member First Name	Member Last Name	Type of Appointment		Identify Municipality (if applicable)
			(Municipal / Provincial)	If Municipal (Council / Citizen Representative)	
1	Amy	Martin	Municipal	Council (Mayor)	Norfolk County
2	Tom	Masschaele	Municipal	Council	Norfolk County
3	Linda	Vandendriessche	Municipal	Council	Norfolk County
4	Michael	Columbus	Municipal	Council	Norfolk County
5	Chris	Van Paassen	Municipal	Council	Norfolk County
6	Alan	Duthie	Municipal	Council	Norfolk County
7	Doug	Brunton	Municipal	Council	Norfolk County
8	Adam	Veri	Municipal	Council	Norfolk County
9	Kim	Huffman	Municipal	Council	Norfolk County

Apportionment of Board of Health Costs

Method of Apportionment
Percentage Share of Households (2024 via MPAC)
if Other please explain

#	Municipality Name	% Share
1	Haldimand County	41.16%
2	Norfolk County	58.84%
	Total: (Must be 100.00%)	**100.00%**

2024 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

Certification

Position	Name	Date Approved
Board of Health Chair	Amy Martin	
Medical Officer of Health / Chief Executive Officer	Dr. Joyce Lock	
Business Administrator (Verifies that the budget data provided in the Annual Service Plan and Budget Submission is accurate)	Amy Fanning, CPA	

By submitting the budget and request for funding, the board of health is certifying that all costs and information submitted in this document are accurate, and conform with categories specified as eligible.