
Haldimand-Norfolk Health Unit
Regular Board of Health Meeting

July 3, 2024

1:00 p.m.

Council Chambers

Norfolk County Administration Building

50 Colborne St. S., Simcoe ON

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| | Pages |
|---|-------|
| 1. Approval of Agenda | |
| Recommendation: | |
| That the agenda be approved as presented. | |
| 2. Disclosure of Pecuniary Interest | |
| 3. Board of Health Meeting Minutes | |
| 3.1 Board of Health Meeting Minutes - May 23, 2024 | 4 |
| Recommendation: | |
| That the Board of Health Meeting Minutes - May 23, 2024, be approved as presented. | |
| 4. Staff Reports/Discussion Items | |

4.1 HNHU 2023 Annual Report and Attestation, HSS-24-028

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Recommendation:

That report HSS-24-028 HNHU 2023 Annual Report and Attestation be received as information; and

That the Board of Health endorse the Chair of the Board to sign the 2023 Annual Report and Attestation; and

Further that the signed report be submitted to the Ministry of Health.

4.2 HNHU Risk Management Update - HSS-24-034

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Recommendation:

That the Information Memo regarding the HNHU Risk Management Update – HSS-24-034 be received as information.

5. Other Business

6. Closed Session

Recommendation:

That the Board of Health enter closed session at ___ p.m. to discuss the following items pursuant to the Municipal Act, 2001, as amended, sections 239(2)(b) and (d) as the subject matters pertains to (b) personal matters about an identifiable individual, including municipal or local board employees, and (d) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board.

6.1 Staff Appointment - HSS-24-029

Persuant to 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; and

(d) labour relations or employee negotiations.

6.2 Strengthening Public Health - Verbal Update - HSS-24-031
Persuant to 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; and

(d) labour relations or employee negotiations.

6.3 Office Relocation - HSS-24-033

Persuant to 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.

Recommendation:

That the Board of Health reconvene in open session at ___ p.m.

7. Confirming By-Law

7.1 2024-8-BH Confirming By-law

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Recommendation:

That By-law 2024-8-BH Being a By-Law to Confirm the Proceedings of the Board of Health for the Haldimand-Norfolk Health Unit at this Regular Board of Health Meeting held on the 3rd day of July 2024 be approved, signed by the Chair and Clerk and affixed with the Corporate Seal.

8. Adjournment

Recommendation:

That the Board of Health meeting be adjourned at ___ p.m.

Haldimand-Norfolk Health Unit Board of Health Minutes

May 23, 2024

1:00 p.m.

Council Chambers

Norfolk County Administration Building

50 Colborne St. S., Simcoe ON

Members Present: A. Martin, Board Chair, D. Brunton, M. Columbus, A. Duthie, K. Huffman, T. Masschaele, L. Vandendriessche, C. Van Paassen, A. Veri

Staff Present: K. Brandt, Committee Coordinator, A. Meneses, Chief Administrative Officer, S. Page, General Manager, Health and Social Services, G. Scharback, County Clerk, S. Shah, Director, Public Health, H. VanDyk, General Manager, Corporate Services

Also Present: B. Richardson, CEO, Brant County Health Unit

1. Ceremonial Activities

2. Approval of Agenda

Resolution No. BOH-037

Moved by: Board Member Columbus

Seconded by: Board Member Masschaele

That the agenda be approved as presented.

Carried.

3. Disclosure of Pecuniary Interest

None disclosed.

4. Early Closed Session

None.

5. Consent Items

None.

6. Deputations

None.

7. Presentations

None.

8. Board of Health Meeting Minutes

Resolution No. BOH-038

Moved by: Board Member Duthie

Seconded by: Board Member Van Paassen

That the following Board of Health meeting minutes be approved as presented:

8.1 Board of Health Meeting Minutes - May 7, 2024

Carried.

9. Communications

Resolution No. BOH-039

Moved by: Board Member Brunton

Seconded by: Board Member Duthie

That the following Communication items be received as information:

9.1 April alPHa InfoBreak

9.2 May alPHa InfoBreak

Carried.

10. Staff Reports/Discussion Items

No staff reports.

11. By-laws

None.

12. Motions

None.

13. Notice of Motions

None.

14. Other Business

None.

15. Late Closed Session

Resolution No. BOH-040

Moved by: Board Member Masschaele

Seconded by: Board Member Columbus

That the Board of Health enter closed session at 1:03 p.m. to discuss the following items pursuant to the Municipal Act, 2001, 239(2)(b) and (d), as amended, as the subject matters pertains to (b) personal matters about an identifiable individual, including municipal or local board employees, and (d) labour relations or employee negotiations.

Carried.

Resolution No. BOH-041

Moved by: Board Member Van Paassen

Seconded by: Board Member Masschaele

That the Board of Health reconvene in open session at 1:59 p.m.

Carried.

Councillor Veri joined the open session at 1:59 p.m.

15.1 Strengthening Public Health - HSS-24-026

Resolution No. BOH-042

Moved by: Board Member Vandendriessche

Seconded by: Board Member Columbus

That the closed meeting report, HSS-24-026, Strengthening Public Health, be received as information; and

that staff confirm the the letter of intent was signed by Brant County Health Unit and Haldimand-Norfolk Health Unit and submitted to the Ministry of Health on May 2, 2024; and

Further that staff are directed to submit the business case for merger in collaboration with the Brant County Health Unit to the Ministry of Health prior to May 31, 2024; and

Further that staff proceed as directed.

Carried.

15.2 Employment Update - HSS-24-027

Resolution No. BOH-043

That the closed meeting update regarding Employment Update be received as information; and

That staff proceed as directed.

Moved by: Board Member Duthie

Seconded by: Board Member Masschaele

Carried.

16. Confirming By-Law

16.1 2024-7-BH Confirming By-law

Resolution No. BOH-044

Moved by: Board Member Huffman

Seconded by: Board Member Duthie

That By-law 2024-7-BH Being a By-Law to Confirm the Proceedings of the Board of Health for the Haldimand-Norfolk Health Unit at this Regular Board of Health Meeting held on the 23rd day of May 2024 be approved, signed by the Chair and Clerk and affixed with the Corporate Seal.

Carried.

Sarah Page, General Manager, Health and Social Services, introduced Brent Richardson, CEO, Brant County Health Unit.

17. Adjournment

Resolution No. BOH-045

Moved by: Board Member Huffman

Seconded by: Board Member Columbus

That the Board of Health meeting be adjourned at 2:02 p.m.

Carried.

Board Chair

Board Clerk



Board of Health Meeting – July 03, 2024

Advisory Committee Meeting – June 24, 2024

Subject: HNHU 2023 Annual Report and Attestation
Report Number: HSS-24-028
Division: Health and Social Services
Department: Haldimand Norfolk Health Unit
Purpose: For Decision

Recommendation(s):

That report HSS-24-028 HNHU 2023 Annual Report and Attestation be received as information;

And that the Board of Health endorse the Chair of the Board to sign the 2023 Annual Report and Attestation;

And further that the signed report be submitted to the Ministry of Health.

Executive Summary:

The Annual Report and Attestation is a funding and accountability reporting tool that Boards of Health are required to submit annually, as per the Ontario Public Health Standards (OPHS). This report outlines the results of the 2023 calendar year for base and one-time programs. The Ministry of Health requires Board of Health approval and Board Chair signature prior to submission.

Discussion:

The Ministry of Health requires all public health units to submit an Annual Report and Attestation. This is an annual reporting requirement, as per the Ontario Public Health Standards (OPHS) and the Public Health Funding and Accountability Agreement, which includes year-end financial and program-related summaries.

The template was completed by staff from the Health Unit and Financial Management & Planning. Health Unit staff completed the narrative worksheets, to report on key achievements related to the delivery of public health programs and services, as well as the board of health attestation, demonstrating compliance with the organizational requirements outlined in the OPHS and some program specific requirements. Financial Management and Planning completed the financial worksheets providing

year-end actuals for each program delivered, and for each one-time project approved by the ministry.

Boards of health are no longer required to report on program outcomes as part of the annual report, as they were reported on as part of the 2023 Q4 Standards Activity Report.

Financial Services Comments:

Norfolk County

While this is not a settlement report, with the year-end financials nearing completion, the amounts provided at this point can be considered a reflection of the Health Unit's financial operations for 2023.

This report provides financial information for calendar year, base and COVID-19 programs, as well as fiscal year one-time programs.

The Ontario Seniors Dental Care Program (OSDCP) has been included in both base and one-time programs. This is due to overspending base funds, with the Ministry providing additional support to ensure the program remains 100% funded. Cost mitigations, including a waitlist and internal service delivery, have since been implemented and the 2024 program is on track to be in a much better financial position than in prior years.

Base Programs

Base programs include Mandatory Programs and the OSDCP. Mandatory Programs continued to be offered at a cost share of 70% Ministry and 30% Municipal, to a capped allocation of \$7,896,400. The OSDCP is funded by the Ministry to a capped allocation. Note that the Health Unit's Mandatory Programs budget was amended with report CS-24-025 HNHU 2023 Q4 Report, however initial approved budgets have been provided for a total levy surplus/deficit. Financial summaries of these programs can be found in Table 1.

Table 1: Base Program Summaries

| Program | Amended Budget (\$) | Ministry Cost Share (\$) | Costs at Ministry Share (\$) | Surplus/ (Deficit) (\$) |
|----------------------------|---------------------|--------------------------|------------------------------|-------------------------|
| Mandatory | 7,896,400 | 5,527,475 | 5,660,924 | (133,449) ¹ |
| OSDCP | 633,300 | 633,300 | 633,301 | (1) |
| Total Base Programs | 8,529,700 | 6,160,775 | 6,294,225 | (133,450) |

¹The Mandatory Programs deficit represents a Ministry funding shortfall when compared to the amended budget, rather than the initial approved budget.

Excluded from Table 1 is the shared levy surplus in Mandatory Programs of \$918,166. This is a result of the original Board Approved/Annual Service Plan budget (\$9,005,200)

being measured against the Q4 amended budget (\$7,896,400) and the cost shared deficit (\$190,634).

COVID-19 Programs

COVID-19 programs include the General and Vaccine programs. The Ministry withheld funding announcements until later in the year, due to province-wide underspending/over-forecasting in these programs since the pandemic began. The same trend occurred in 2023, with a combined underspend when compared to the budget of just under \$655,000. These two programs are outlined in Table 2 below.

Table 2: COVID-19 Program Summaries

| Program | Approved Budget (\$) | Approved Allocation (\$) | Actual Expenses (\$) | Surplus/ (Deficit) (\$) |
|--------------------------------|----------------------|--------------------------|----------------------|-------------------------|
| COVID-19 General | 1,035,100 | 955,200 | 856,491 | 98,709 |
| COVID-19 Vaccine | 1,165,000 | 675,000 | 688,813 | (13,813) |
| Total COVID-19 Programs | 2,200,100 | 1,630,200 | 1,545,304 | 84,896 |

The Vaccine program deficit is expected to remain fully funded by the Ministry (no levy impact), with cash flow received shortly after the settlement has been approved.

One-Time Programs

One-time programs had to be completed by March 31, 2024, and will be settled with the Ministry in the following year's (2024) report. Table 3 summarizes costs to March 31, 2024 and these are not expected to change by the time programs are settled. Most programs were approved as part of the 2023 Annual Service Plan process, with the exception of the OSDCP (based on the Q4 projected deficit in base funding) and the Strategic Option Analysis (carryover from the prior year).

Table 3: One-Time Program Summaries

| Program | Approved Budget (\$) | Approved Allocation (\$) | Actual Expenses (\$) | Surplus/ (Deficit) (\$) |
|--------------------------------|----------------------|--------------------------|----------------------|-------------------------|
| School-Focused Nurses | 125,000 | 125,000 | 70,865 | 54,135 |
| OSDCP | 513,158 | 513,200 | 467,261 | 45,939 |
| Secure Card Swipe | 15,300 | 15,300 | 10,803 | 4,497 |
| PHI Practicum | 28,700 | 20,000 | 24,503 | (4,503) ¹ |
| Vaccine Refrigerators | 48,700 | 48,700 | 32,262 | 16,438 |
| Strategic Option Analysis | 150,000 | 150,000 | 0 | 150,000 |
| Total One-Time Programs | 880,858 | 872,200 | 605,694 | 266,506 |

¹The PHI Practicum funding deficit has been funded through base Mandatory Programs.

The net result of the combined variances in tables 1-3 is an anticipated surplus of \$217,952, with \$84,896 owing back to the Ministry for 2023, \$266,506 to be settled in the 2024 report, and (\$133,450) to be funded from the shared levy.

Any levy surplus or deficit is shared with Haldimand County as per the arbitration agreement. For 2023, levy funded costs are shared with 41.29% attributed to Haldimand County and 58.71% covered by Norfolk County.

Haldimand County

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

Consultation(s):

None

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Serving Norfolk - Ensuring a fiscally responsible organization with engaged employees who value excellent service.

Explanation:

The 2023 Annual Report and Attestation provides the Board of Health, Health Unit staff and residents in Haldimand and Norfolk with transparent program data and financial information for the calendar year. This report fulfills a Ministry of Health requirement within the Funding and Accountability Agreement.

Conclusion:

The Haldimand-Norfolk Health Unit's 2023 Annual Report and Attestation provides both financial and data driven elements for the year, with Board of Health confirmation that Ontario Public Health Standards are being followed. When compared to the approved budget, year-end actuals have significantly reduced variances compared to other pandemic years; this is only anticipated to improve as the Health Unit continues to recover.

Attachment(s):

- Attachment A – HNHU 2023 Annual Report and Attestation

Approval:

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

Reviewed By:
Syed Shah
Director, Haldimand-Norfolk Health Unit

Prepared By:
Jackie Wood
Program Manager, Planning and Evaluation

Michael VanSickle
Senior Financial Analyst

2023 Annual Report and Attestation

(as of December 31, 2023)

To be completed by

Board of Health for the Haldimand-Norfolk Health Unit

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2023 to December 31, 2023)

Foundational Standards

Population Health Assessment Foundational Standard

1. Describe the engagement between the board of health, health care and other partners (including Ontario Health; the Ontario Health Teams; and priority populations).

In 2023, HNHU continued to collaborate with health care providers around COVID-19 as well as other DOPHS. The Infectious Diseases team works with the IPAC Hub, local primary care providers, hospital partners and long-term care and retirement home partners. In preparation for respiratory virus season, HNHU collaborated with Ontario Health to conduct a respiratory readiness exercise with local health system partners in September 2023. HNHU's Vaccine Preventable Diseases Team partners with local healthcare providers to distribute publically funded vaccinations.

2. Describe how population health assessments were used to inform program planning in order to meet the needs of priority populations.

Population health assessment activities in 2023 included weekly monitoring, collating and internal sharing of available respiratory data, along with utilization and capacity data related to our local health care resources. With the results of our 2022 Community Needs Assessment (CNA) complete, a series of reports and team-specific videos were created and shared with staff and managers, highlighting priority populations and community health needs, to help inform program planning. Throughout 2023, we responded to internal and external population health data requests, which were used to inform internal and external program planning. For example, an external partner requested chronic

3. Describe how the board of health monitored food affordability.

In 2023, the Ontario Nutritious Food Basket survey and methodology was used to monitor local food affordability. In May of 2023, nine grocery stores across Haldimand and Norfolk Counties were surveyed. The cost for a reference family of four to consume a healthy dietary pattern in Haldimand and Norfolk Counties was \$1,122.43 per month, which was a 5.5% increase from 2022.

Health Equity Foundational Standard

1. Describe the engagement between the board of health, municipalities, and other relevant stakeholders (including Ontario Health Teams) with Indigenous communities and/or organizations to decrease health inequities.

The Health Equity program logic model and workplan that supports HNHU in implementing a health equity lens has been finalized and implementation was stated in 2023. The two major foci of the Health Equity program in 2023 was building organizational capacity for members of all teams across the HNHU and re-establishing strong community partnerships. HNHU is a member on the Health Equity Manager Roundtable, Community Equity Council and the Brantford Brant Norfolk Ontario Health Team Equity, Diversity, Inclusivity Community of Practice, and RISE (a grassroots community-based group engaged in health equity advocacy in Norfolk County). Discussions and meetings with the

2a. Describe how health equity strategies and approaches were embedded into programs and services and how priority populations were identified to reduce health inequities in each of the following areas:

- 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

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Within the Food Safety program costs for the Food Handler course and exam were kept low so that people in a lower socioeconomic status would be able to access the course. In person classes are offered monthly to present course information in different ways to address any learning challenges of participants and/or language barriers

The Healthy Growth and Development program facilitates the Well Baby clinics in various locations in the community, including the EarlyON centre in Hagersville through the Mississaugas of the Credit First Nations. This allows for the

2b. Describe the challenges, if any, with embedding health equity strategies and approaches into programs and services for Indigenous communities.

One of the biggest challenges was that many services stopped in order for the Board of Health to focus on the COVID-19 response. The Board of Health continues rebuilding the relationships with many communities. The Well Baby clinics, which are part of the Health Growth and Development program, are facilitated through the Mississauga's of the Credit at the EarlyON centre. The Board of Health continues to work to facilitate the relationship building with the Indigenous communities. Mississaugas of the Credit First Nations and Six Nations are both represented at the Harm Reduction Action Team network for substance use.

3. Based on the experience of your health unit during the pandemic, describe any lessons learned about the barriers to health equity faced by Indigenous communities that may continue to impact current/future Indigenous public health programs and services, and the steps being taken to ensure that these barriers are being addressed.

It is important to re-build partnerships which were fractured and re-build trust within the community to move forward. The Board of Health is continuing to connect with Indigenous leaders in the community to start re-building the partnerships, assess the needs of the Indigenous community in the area and provide services.

4a. Is there a mandatory requirement for all staff to take the Indigenous cultural competency training course?

All staff were required to complete the National Collaboration Centre Determinants of Health (NCCDH) online health equity courses to start the discussions of the impact of health inequities on the clients we service. The Social Determinants of Health Nurse investigated the use of the Health Equity Impact Assessment (HEIA) tool and whether there was another less complex tool for programs to use as planning occurred. The HEIA is required to be used in program planning. Moving forward, the Board of Health is looking into training related to unconscious bias and Indigenous cultural humility.

4b. Is Indigenous cultural competency training currently offered by the Board of Health?

There was no Indigenous specific training offered by the Board of Health. However, there was an investigation done to find a course which all staff could complete

4c. Describe other measures to ensure engagement with partners or services are provided in a culturally safe way.

The measure for community partner engagement is currently being measured by the number of partners who attend the Harm Reduction Action Team meetings and who are involved with the development of the Community Drug and Alcohol Strategy. We have increased the participation at the HRAT meetings to over 40 community partners, including agencies and people with lived/living experience. As we are in the process of continuing to engage community partners, we continue to develop indicators and mechanisms of measurement.

5. Describe how the board of health has engaged with Francophone communities and organizations and any strategies undertaken to increase or enhance the planning and delivery of programs and services for Francophone communities in your jurisdiction.

In 2021, 0.7% of Haldimand Norfolk residents had French as their first official language spoken for the total population, excluding institutional residents. Consequently, the Board of Health has not planned to target within universalism the French only speaking population.

Effective Public Health Practice

1a. Describe how the following activities informed program and service delivery in 2023:

- i) Program planning, evaluation and evidence-informed decision-making;
- ii) Research, knowledge exchange and communication; and,
- iii) Quality and transparency.

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i) Program planning, evaluation and evidence-informed decision-making

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

1b. Do you have any evaluation, research results or lessons learned that you would like to share? Please describe.

HNHU conducted a thorough after-action review (AAR) of its COVID-19 response spanning from January 2020 to June 2022, employing a mixed methods approach to address key inquiries. This thorough examination yielded valuable lessons and recommendations, notably emphasizing the crucial development of an Incident Management System (IMS) structure for future emergencies. Additionally, it underscored the need to update policies prioritizing responder safety, including physical and psychological well-being, and to explore avenues for redeployments and flexible hiring during emergency activations. Furthermore, the review emphasizes the importance of strengthening partnerships

2a. Please provide the following information for the French Languages Services Community of Practice (FLS CoP) for 2023 (if applicable).

- i) Total number of members registered.
- ii) Number of new members in reporting period.
- iii) Number of collaboration document views (hits and visits) on the FLS CoP website.
- iv) Number of new resources uploaded for sharing within the reporting period.
- v) Number of resources reviewed for quality control within the reporting period.

N/A

2b. Provide a brief, high-level summary of activities completed in 2023 for the FLS CoP (if applicable).

N/A

2c. Based on your experiences with the FLS CoP, please share your learnings and perspectives regarding opportunities and barriers for developing and implementing a successful CoP (if applicable).

N/A

Emergency Management Foundational Standard

Emergency Management Planning Activities

1. Provide a short description of emergency management integrated* planning activities conducted this year, including key community stakeholders and levels of government engaged, processes in place for recovering public health services identified as time-critical (similar to those identified in the Continuity of Operations Plans), key responses you coordinated, and changes implemented to your emergency management planning, practice and plans that resulted from recommendations included in your debriefs and/or after action reports. (*Developed in collaboration with community stakeholders, other levels of government and other health system partners)

In 2023, HNHU completed a comprehensive After-Action Review (AAR) of HNHU's COVID-19 response. The AAR documented the actions that HNHU took related to COVID-19 response spanning from January 2020 to June 2022. The AAR also assessed challenges and best practices encountered during the response and made recommendations to improve HNHU's policies and plans related to emergency preparedness and response. Key recommendations included developing and implementing a comprehensive emergency preparedness training plan; reviewing and updating emergency and business continuity plans; exploring opportunities to support surge capacity when HNHU activates its

Health Assessment, Awareness, and Surveillance Activities

2. Provide a short description of activities/processes the board of health conducted to (1) identify public health risks, hazards and impacts; potential disruptions to public health service delivery; and, threats to continuity of operations; and, (2) provide a public health perspective to other hazard awareness and risk assessment processes conducted in your area/region.

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HNHU's Planning and Evaluation Team and Environmental Health Team maintain situational awareness of public health risks through a variety of mechanisms, including subscribing to alerts/bulletins (e.g., Ontario Vigilance Bulletin, AlertMe, CNPHI etc.), monitoring and surveillance systems and procedures (e.g., weekly respiratory virus updates) and through communication networks with partner organizations (e.g., HarmReduction Action Group members).

Communication and Notification

3. Provide a short description of (1) 24/7 notification protocols available for communication with board of health staff, community partners, and governmental bodies, developed and maintained by the board of health, including main modes of contact available for the medical officer of health; and, (2) communication modes used to disseminate information regarding hazards to the board of health, staff and other relevant community partners (e.g., Emergency Management Communications Tool, social media, news, media).

HNHU 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/notifications when required.

The internal utilization of Microsoft Teams software allows HNHU to call all staff quickly and directly, regardless of where they are working (e.g., working from home, working from a satellite office). Team specific chats have been

4. Does the board of health's 24/7 notification process include the availability of the medical officer of health?

Yes

Learning and Practice

5. Provide a short description of emergency management learning opportunities delivered to board of health staff, including the activities you conducted to practice emergency planning and 24/7 notification procedures (e.g., general response plans, etc.) either as part of training, an exercise, a response or recovery.

HNHU conducted a thorough after-action review (AAR) of its COVID-19 response spanning from January 2020 to June 2022. The AAR was completed in Q3 of 2023 and was presented to all board of health staff. The AAR included several lessons learned and recommendations, including the importance of using an Incident Management System (IMS) structure for future emergencies, including regular application of these principles, even in small-scale incidents, to encourage learning and practice. The AAR also recommended the development of a comprehensive emergency preparedness and training plan for HNHU and the review and update of emergency response and continuity of operations

Program Standards

Chronic Disease Prevention and Well-Being Program Standard

1a. Describe the program of public health interventions that was implemented. Please identify the specific requirements under the OPHS that the program addressed (e.g., topics of consideration). Include a linkage to how this intervention addressed community needs and priorities.

The Healthy Eating Program (CDPWB) includes the following topics of consideration as per the OPHS: healthy eating behaviours and mental health promotion. The program focuses on raising awareness and addressing increasing rates of food insecurity as the foundation of healthy eating. Local rates of household food insecurity increased from 15.9% in 2019-2020, to 16.7% in 2021-2022, with local food costs also increasing by 5.5% as per Nutritious Food Basket data. Key messaging of the program includes both mental and physical health implications of being food insecure. Activities included: food affordability costing, participating in a local panel discussion on food insecurity with emergency food

1b. Describe how mental health promotion was addressed, including specific approaches (e.g., embedding strategies and approaches across programs and services, identifying and targeting priority populations, offering programs and services in a range of settings and across the life course, implementing whole population and community-based interventions, engaging in multi-sector collaboration).

In 2023, mental health promotion was addressed within specific programs and services, with the initiation of a mental health situational assessment in late 2023 with the goal of identifying priority populations and improving collaboration across teams. A Registered Dietitian working in the CDP and WB standard participated in the situational assessment. Specific to Chronic Disease Prevention and Well-Being, food insecurity programming has a goal of reducing the negative mental health outcomes associated with household food insecurity. The Healthy Eating program uses a strength based, food neutral and trauma informed lens to programming. Resources and programming were

Healthy Environments Program Standard

1. Describe the program of public health interventions that was implemented and how environmental strategies and approaches in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current), were embedded into the program to promote healthy built and natural environments.

2023 Annual Report and Attestation

The public health interventions that were implemented for the healthy environments program standard, were heat warnings and coordination with community partners for cooling centers in Haldimand and Norfolk counties.

Healthy Growth and Development Program Standard

1a. Describe the program of public health interventions that was implemented. Please identify the specific requirements under the OPHS that the program addressed (e.g., topics of consideration). Include a linkage to how this intervention addressed community needs and priorities.

The Haldimand Norfolk Health Unit provided a range of public health interventions to promote physical, emotional, and social growth and development of children from birth to school entry. Similarly supporting mothers and caregivers during the prenatal period. Interventions created awareness, supportive environments, community engagement, and partnerships with other programs available in the community. The following are the topics of consideration and the interventions used to address them.

1b. Describe how mental health promotion was addressed, including specific approaches (e.g., embedding strategies and approaches across programs and services, identifying and targeting priority populations, offering programs and services in a range of settings and across the life course, implementing whole population and community-based interventions, engaging in multi-sector collaboration).

Delivery of the HBHC program has been directly correlated with improved mental health. Through one-on-one communication, and the utilization of CBT approaches, clients are empowered to better manage their mental health. Further, clients were connected to community resources and professionals when necessary. Review of mental health resources and health professionals in the community was completed and shared with families. The development of a mental health toolkit, including components of CBT was created and is being utilized by team members. Use of the NCAST PCI scales provided targeted interventions and a comprehensive approach to support optimal emotional, and social growth and development of children and their caregivers. HGD staff have received education on intimate partner violence as a primary prevention strategy.

School Health Program Standard

1. Describe the program of public health interventions that was implemented and how the board of health offered support to school boards and schools to assist with the implementation of health related curricula and health needs in schools, as outlined in the *School Health Guideline, 2018* (or as current).

The Haldimand-Norfolk Health Unit provided a range of public health interventions to promote and improve the health of school-aged children and youth. The Public Health Nurses (PHNs) work with schools to enhance the physical, mental, and social health of the entire school community through relationship building with school boards, school leadership, students, staff, parents and local community. Support for the elementary schools was provided using the Focused and Universal schools approach.

2. Describe how mental health promotion was addressed, including specific approaches (e.g., embedding strategies and approaches across programs and services, identifying and targeting priority populations, offering programs and services in a range of settings and across the life course, implementing whole population and community-based interventions, engaging in multi-sector collaboration).

Mental health was considered in every health program intervention implemented in the schools. Through wellness clubs in the elementary schools, and one-on-one communication in the high schools, students are empowered to better manage their mental health. Students and families are also connected to community services and professionals where necessary, and the use of resources from School Mental Health Ontario by the educators is promoted by the nurses.

3. If applicable to the board of health, describe the outcomes of the Northern Fruit and Vegetable Program (related to reach, education, and evaluation results) implemented by the board of health.

N/A

4. If applicable to the board of health, describe the outcomes of the Northern Fruit and Vegetable Program related to Food Security implemented by the board of health.

N/A

Substance Use and Injury Prevention Program Standard

2023 Annual Report and Attestation

1a. Describe the program of public health interventions that was implemented for each substance (e.g., for tobacco, vapour products, cannabis, alcohol, etc.). Please include program focus (e.g., for tobacco, vapour products, cannabis, alcohol, etc.) and targeted group in the description.

Alcohol:

The program aims were 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). The public health interventions implemented included promoting the new Canada's Guidance on Alcohol and Health and increasing

1b. Describe how mental health promotion was addressed for each intervention, including specific approaches (e.g., embedding strategies and approaches across programs and services, identifying and targeting priority populations, offering programs and services in a range of settings and across the life course, implementing whole population and community-based interventions, engaging in multi-sector collaboration).

Mental health promotion was not directly addressed through alcohol/cannabis interventions in 2023. Mental health promotion may be addressed through upstream substance use and chronic disease prevention strategies.

2a. Describe the program of public health interventions related to Injury Prevention. Please identify the specific requirements under the OPHS that the program addressed (e.g., topics of consideration). Include a linkage to how this intervention addressed community needs and priorities.

Due to capacity constraints, and re-starting other prioritized program areas, including mental health promotion and substance use, a comprehensive approach to injury prevention was not developed in 2023. HNHU continued to monitor local data and need, and implemented some education and awareness raising activities on topics such as: falls prevention, concussions, poisonings prevention, bike safety, water safety, and car seat safety.

2b. Describe how mental health promotion was addressed, including specific approaches (e.g., embedding strategies and approaches across programs and services, identifying and targeting priority populations, offering programs and services in a range of settings and across the life course, implementing whole population and community-based interventions, engaging in multi-sector collaboration).

Mental health promotion was not directly addressed through the injury prevention awareness raising interventions implemented in 2023.

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

**Narrative - One-Time Funding
(for the period of January 1, 2023 to March 31, 2024)**

| Project / Initiative | Source of Funding | Description <i>(Provide a brief description of the project/initiative that was undertaken. If the project was not completed, describe why)</i> | Outcomes <i>(Provide a brief description of the achievements of the project/initiative)</i> |
|--|--|--|--|
| 2023-24 One-Time Funding (January 2023 to March 31, 2024) | | | |
| January 1, 2023 to December 31, 2023 | | | |
| COVID-19: General Program | COVID-19: General Program (100%) | The COVID-19 General Program is aimed at decreasing Haldimand and Norfolk's rates of COVID-19 and reducing the spread of this infectious disease through appropriate case, contact, and outbreak management. | The COVID-19 general program investigated 1346 case of COVID-19 in 2023. The team also managed 49 COVID-19 outbreaks including; 31 in LTCH/RH, 5 in Hopsitals 12 in CLS and 1 in Farms settings. |
| COVID-19 Vaccine Program | COVID-19: Vaccine Program (100%) | Screening, Assessment and Case Management: The COVID-19 Response Team conducted case and contact management for COVID-19 through 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. The community needs assessment (CNA) conducted in 2022, noted that the majority of survey respondents were familiar with COVID 19 programming. Similarly, respondents also reported that the most | The COVID general program has also maintained the COVID-19 webpage for HNHU as well as the COVID-19 dashboard. Regular communications regarding changes to COVID have been sent to HCPs In 2023, there was 20 HNHU led vaccination clinics established. . 25,226 doses of vaccine administered. 100% of LTC and retirement residents vaccinated with primary series and at least one booster 77.% of HNHU population (18-64) and older have completed primary series |
| April 1, 2023 to June 30, 2023 | | | |
| School-Focused Nurses Initiative | School-Focused Nurses Initiative (100%) | Funding was provided for nurses to support in the effort to mitigate the risks and effects of COVID-19 in the schools. | The nurses employed provided support to schools and childcare settings on enquiries on disease conditions and with IPAC measures. They also supported in the implementation of comprehensive school health programming in the schools from Apr-June 2023. |
| April 1, 2023 to March 31, 2024 | | | |
| Ontario Seniors Dental Care Program | Ontario Seniors Dental Care Program (100%) | Funding was provided to ensure the program remained 100% funded by the Ministry of Health. | By ensuring the program remained funded, the BoH was able to provide services to eligible clients. A waitlist was established in Q4 since the program was facing a deficit. With the delivery of services now being offered in-house, the waitlist can begin to be reduced. |
| Secure Card Swipe Access | Capital: Secure Card Swipe Access (100%) | Contracted installation of a card swipe reader for a room holding Health Unit records, required for privacy concerns. | Completed within budget, the swipe control will ensure limited staff have access to medical and all other Health Unit records. |

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Narrative - One-Time Funding (for the period of January 1, 2023 to March 31, 2024)

| Project / Initiative | Source of Funding | Description <i>(Provide a brief description of the project/initiative that was undertaken. If the project was not completed, describe why)</i> | Outcomes <i>(Provide a brief description of the achievements of the project/initiative)</i> |
|---|--|---|---|
| PHI Inspector Program | Mandatory Programs: Public Health Inspector Practicum Program (100%) | Two PHI practicum students were hired and completed the Public Health Inspector Practicum Program at the Haldimand Norfolk Health Unit. | The PHI practicum students successfully completed their program and passed their licensing exams and became certified Public Health Inspectors. |
| Vaccine Refrigerator Upgrade | Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%) | Installation of a new vaccine refrigerator at the Gilbertson Administration building location. | The new refrigerator has increased vaccine storage space and likely reduced future maintenance costs on the older, smaller refrigerator. |
| 2022-23 Carry Over (April 1, 2023 to March 31, 2024) | | | |
| Mandatory Programs: Strategic Option Analysis | Mandatory Programs: Strategic Option Analysis (100%) | With the Strengthening Public Health funding provided by the Ministry, this project funding was not required. | N/A |

Board of Health for the Haldimand-Norfolk Health Unit

**COVID-19 Programs - Actual Expenditures
(for the period of January 1, 2023 to December 31, 2023)**

| Cost Item | COVID-19 GENERAL PROGRAM | | | COVID-19 VACCINE PROGRAM | | | TOTAL COVID-19 PROGRAMS | | |
|--|--------------------------|-------------------------|-------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | Q4 Amount (at 100%) | Actual Amount (at 100%) | Variance Under / (Over) | Q4 Amount (at 100%) | Actual Amount (at 100%) | Variance Under / (Over) | Q4 Amount (at 100%) | Actual Amount (at 100%) | Variance Under / (Over) |
| 1. Staffing | | | | | | | | | |
| Salaries | 652,146 | 652,148 | (2) | 533,759 | 533,760 | (1) | 1,185,905 | 1,185,908 | (3) |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Sub-total Salaries | 652,146 | 652,148 | (2) | 533,759 | 533,760 | (1) | 1,185,905 | 1,185,908 | (3) |
| Benefits | 186,749 | 186,748 | 1 | 136,375 | 136,375 | - | 323,124 | 323,123 | 1 |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Sub-total Benefits | 186,749 | 186,748 | 1 | 136,375 | 136,375 | - | 323,124 | 323,123 | 1 |
| Total Staffing Expenses | 838,895 | 838,896 | (1) | 670,134 | 670,135 | (1) | 1,509,029 | 1,509,031 | (2) |
| 2. Travel and Accommodation | | | | | | | | | |
| Staff Travel | 1,148 | 1,255 | (107) | 6,924 | 6,924 | 0 | 8,072 | 8,179 | (107) |
| Other Travel | - | - | - | - | - | - | - | - | - |
| Staff Accommodation | - | - | - | - | - | - | - | - | - |
| Other Accommodation | - | - | - | - | - | - | - | - | - |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Total Travel and Accommodation Expenses | 1,148 | 1,255 | (107) | 6,924 | 6,924 | 0 | 8,072 | 8,179 | (107) |
| 3. Supplies and Equipment | | | | | | | | | |
| Personal Protective Equipment | - | - | - | - | 1,039 | (1,039) | - | 1,039 | (1,039) |
| Office Supplies | - | - | - | 1,221 | 476 | 745 | 1,221 | 476 | 745 |
| Medical Supplies | - | - | - | 707 | 1,796 | (1,089) | 707 | 1,796 | (1,089) |
| Cleaning Supplies | - | - | - | - | - | - | - | - | - |
| I&T equipment | - | - | - | - | - | - | - | - | - |
| Telephone Equipment | - | - | - | - | - | - | - | - | - |
| Furnishings | - | - | - | - | 102 | (102) | - | 102 | (102) |
| Vaccine Fridges | - | - | - | - | - | - | - | - | - |
| Other Supplies & Equipment | - | - | - | - | - | - | - | - | - |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Total Supplies and Equipment | - | - | - | 1,928 | 3,413 | (1,485) | 1,928 | 3,413 | (1,485) |
| 4. Purchased Services | | | | | | | | | |
| Leasing/Rental Costs | - | - | - | 2,843 | 3,487 | (644) | 2,843 | 3,487 | (644) |
| Partnerships | - | - | - | - | - | - | - | - | - |
| Security Services | - | - | - | - | - | - | - | - | - |
| Maintenance & Cleaning Services | 10,066 | 10,066 | - | 2,552 | 2,804 | (252) | 12,618 | 12,870 | (252) |
| Hazardous Waste Disposal | - | - | - | - | - | - | - | - | - |
| Transportation clients to/from vaccine clinics | - | - | - | - | - | - | - | - | - |
| Other Purchased Services | - | - | - | - | - | - | - | - | - |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Total Purchased Services | 10,066 | 10,066 | - | 5,395 | 6,291 | (896) | 15,461 | 16,357 | (896) |
| 5. Communications | | | | | | | | | |
| Media Campaign | - | - | - | - | - | - | - | - | - |
| Translation | 298 | 298 | - | - | - | - | 298 | 298 | - |
| Printing | - | - | - | - | - | - | - | - | - |
| Other Communications | - | - | - | - | - | - | - | - | - |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Total Communications | 298 | 298 | - | - | - | - | 298 | 298 | - |
| 6. Other Operating | | | | | | | | | |
| Cellphones | 4,611 | 4,958 | (347) | 1,455 | 1,587 | (132) | 6,066 | 6,545 | (479) |
| Legal | - | - | - | - | - | - | - | - | - |
| Courier Services | 1,018 | 1,018 | - | - | - | - | 1,018 | 1,018 | - |
| Other Operating | - | - | - | - | 463 | (463) | - | 463 | (463) |
| Minus: Revenue from Other Funding Sources | - | - | - | - | - | - | - | - | - |
| Total Other Operating | 5,629 | 5,976 | (347) | 1,455 | 2,050 | (595) | 7,084 | 8,026 | (942) |
| Adjustments | | | | | | | | | |
| Total COVID-19 Net Costs (A) | 856,036 | 856,491 | (455) | 685,836 | 688,813 | (2,977) | 1,541,872 | 1,545,304 | (3,432) |
| COVID-19 Program Costs to be Managed within Mandatory Programs (provincial and municipal portions) (B) | - | - | - | - | - | - | - | - | - |
| COVID-19 Program Costs to be Managed within Mandatory Programs (municipal contribution over 30%) (C) | - | - | - | - | - | - | - | - | - |
| COVID-19 Program Costs to be Managed within Unorganized Territories (100%) (D) | - | - | - | - | - | - | - | - | - |
| Total Net COVID-19 Extraordinary Costs (E = A - (B + C + D)) | 856,036 | 856,491 | (455) | 685,836 | 688,813 | (2,977) | 1,541,872 | 1,545,304 | (3,432) |

COVID-19 Programs - Actual Expenditures
(for the period of January 1, 2023 to December 31, 2023)

| Cost Item | COVID-19 GENERAL PROGRAM | | | COVID-19 VACCINE PROGRAM | | | TOTAL COVID-19 PROGRAMS | | |
|-----------|--------------------------|-------------------------|-------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | Q4 Amount (at 100%) | Actual Amount (at 100%) | Variance Under / (Over) | Q4 Amount (at 100%) | Actual Amount (at 100%) | Variance Under / (Over) | Q4 Amount (at 100%) | Actual Amount (at 100%) | Variance Under / (Over) |

COVID-19 Programs - Actual Expenditures Over 2022 One-Time Funding Approvals
(for the period of January 1, 2023 to December 31, 2023)

The form below is to be completed by the board of health for the COVID-19 General Program and/or the COVID-19 Vaccine Program if actual expenditures for either Program is over the 2023 approved one-time funding. One form should be completed for each Program if expenditures are over approvals for both Programs and the board of health is requesting additional one-time funding.

COVID-19 General Program - Extraordinary Costs

Description

Describe the circumstances that led to this request not being included as part of initial 2023 in-year reporting.

Risks / Impacts

Describe the risks and/or direct impacts to programs and services if any or all of the funding requested is not received.

Were the additional extraordinary costs incurred by December 31, 2023? (Yes/No)

Were those costs over and above ministry approved funding for 2023? (Yes/No)

| | |
|--|----------|
| Total Extraordinary Costs Incurred for 2023 for the COVID-19 General Program (A) | 856,491 |
| Total 2023 One-Time Funding Previously Approved (refer to Schedule A of the 2023-24 Public Health Funding and Accountability Agreement) | 955,200 |
| Total Additional One-Time Funding Being Requested (C=B-A) | <u>-</u> |

COVID-19 Vaccine Program - Extraordinary Costs

Description

Describe the circumstances that led to this request not being included as part of initial 2023 in-year reporting.

At year-end, it was determined that a few items, largely Salaries & Benefits, had been charged incorrectly to Mandatory Programs and/or Extraordinary Costs. This has been corrected since the Q4 report, resulting in a slight deficit in the Vaccine Program offset by reduced costs in MP and Extra. Costs.

Risks / Impacts

Describe the risks and/or direct impacts to programs and services if any or all of the funding requested is not received.

The BoH is anticipating the program will remain 100% MOH funded. If the COVID-19 programs are not funded as such, this could impact future programming decisions.

Were the additional extraordinary costs incurred by December 31, 2023? (Yes/No)

Were those costs over and above ministry approved funding for 2023? (Yes/No)

| | |
|--|---------------|
| Total Extraordinary Costs Incurred for 2023 for the COVID-19 Vaccine Program (A) | 688,813 |
| Total 2023 One-Time Funding Previously Approved (refer to Schedule A of the 2023-24 Public Health Funding and Accountability Agreement) | 675,000 |
| Total Additional One-Time Funding Being Requested (C=A-B) | <u>13,813</u> |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Base Funding
(For the period of January 1, 2023 to December 31, 2023)

| Standard - Section / Program | Sources of Funding | Budgeted Expenditures (at 100%) | Salaries and Wages | Benefits | Travel | Professional Services | Expenditure Recoveries & Offset Revenues | Other Program Expenditures | Adjustments | Actual Expenditures (at 100%) | Variance Under / (Over) | |
|--|--|---------------------------------|--------------------|----------------|--------------|-----------------------|--|----------------------------|-------------|-------------------------------|-------------------------|--------------|
| A | B | C | D | E | F | G | H | I | J | K = SUM (D : J) | L = C - K | M = L / C |
| Direct Costs | | | | | | | | | | | | |
| Foundational Standards | | | | | | | | | | | | |
| Effective Public Health Practice | Mandatory Programs (Cost-Shared) | 375,100 | 254,484 | 70,896 | 2,756 | 10,461 | | 57,227 | - | 395,824 | (20,724) | -5.5% |
| Emergency Management | Mandatory Programs (Cost-Shared) | 48,800 | 33,108 | 9,224 | 359 | 1,361 | | 7,445 | - | 51,497 | (2,697) | -5.5% |
| Health Equity | Mandatory Programs (Cost-Shared) | 202,500 | 137,385 | 38,274 | 1,488 | 5,648 | | 30,894 | - | 213,689 | (11,189) | -5.5% |
| Population Health Assessment | Mandatory Programs (Cost-Shared) | 198,800 | 134,874 | 37,575 | 1,461 | 5,544 | | 30,330 | - | 209,784 | (10,984) | -5.5% |
| Foundational Standards Total | | 825,200 | 559,851 | 155,969 | 6,064 | 23,014 | - | 125,896 | - | 870,794 | (45,594) | -5.5% |
| Chronic Disease Prevention and Well-Being | | | | | | | | | | | | |
| Built Environment | Mandatory Programs (Cost-Shared) | 52,800 | 35,821 | 9,980 | 388 | 1,473 | | 8,055 | | 55,717 | (2,917) | -5.5% |
| Healthy Eating | Mandatory Programs (Cost-Shared) | 69,000 | 46,813 | 13,042 | 507 | 1,924 | | 10,527 | | 72,813 | (3,813) | -5.5% |
| Menu Labelling | Mandatory Programs (Cost-Shared) | 29,700 | 20,150 | 5,613 | 218 | 828 | | 4,531 | | 31,340 | (1,640) | -5.5% |
| Non-Mandatory Oral Health Programs | Mandatory Programs (Cost-Shared) | 18,600 | 12,619 | 3,515 | 137 | 519 | | 2,837 | | 19,627 | (1,027) | -5.5% |
| Ontario Seniors Dental Care Program | Ontario Seniors Dental Care Program (100%) | 633,300 | 43,309 | 14,728 | - | 575,264 | | - | - | 633,301 | (1) | -0.0% |
| Ontario Seniors Dental Care Program | Mandatory Programs (Cost-Shared) | 23,700 | 16,079 | 4,479 | 174 | 661 | | 3,616 | | 25,009 | (1,309) | -5.5% |
| Tanning Beds | Mandatory Programs (Cost-Shared) | 12,300 | 8,345 | 2,325 | 90 | 343 | | 1,877 | | 12,980 | (680) | -5.5% |
| Chronic Disease Prevention Strategy | Mandatory Programs (Cost-Shared) | 93,100 | 63,163 | 17,596 | 684 | 2,596 | | 14,204 | | 98,243 | (5,143) | -5.5% |
| Chronic Disease Prevention and Well-Being Total | | 932,500 | 246,299 | 71,278 | 2,198 | 583,608 | - | 45,647 | - | 949,030 | (16,530) | -1.8% |
| Food Safety | | | | | | | | | | | | |
| Food Safety Program | Mandatory Programs (Cost-Shared) | 391,600 | 265,679 | 74,014 | 2,878 | 10,920 | (64,353) | 59,745 | | 348,883 | 42,717 | 10.9% |
| Food Safety Total | | 391,600 | 265,679 | 74,014 | 2,878 | 10,920 | (64,353) | 59,745 | - | 348,883 | 42,717 | 10.9% |
| Healthy Environments | | | | | | | | | | | | |
| Health Hazards Program | Mandatory Programs (Cost-Shared) | 97,400 | 66,081 | 18,409 | 716 | 2,716 | | 14,860 | | 102,782 | (5,382) | -5.5% |
| Healthy Environments and Climate Change Program | Mandatory Programs (Cost-Shared) | 281,200 | 190,779 | 53,148 | 2,066 | 7,842 | | 42,902 | | 296,737 | (15,537) | -5.5% |
| Healthy Environments Total | | 378,600 | 256,860 | 71,557 | 2,782 | 10,558 | - | 57,762 | - | 399,519 | (20,919) | -5.5% |
| Healthy Growth and Development | | | | | | | | | | | | |
| Healthy Growth & Development | Mandatory Programs (Cost-Shared) | 519,900 | 352,724 | 98,264 | 3,820 | 14,498 | (1,061) | 79,319 | | 547,564 | (27,664) | -5.3% |
| Healthy Growth and Development Total | | 519,900 | 352,724 | 98,264 | 3,820 | 14,498 | (1,061) | 79,319 | - | 547,564 | (27,664) | -5.3% |
| Immunization | | | | | | | | | | | | |
| COVID-19 Vaccine Program | COVID-19 Program Costs to be Managed within Mandatory Programs (provincial and municipal portions) | - | | | | | | | | - | - | 0.0% |
| COVID-19 Vaccine Program | COVID-19 Program Costs to be Managed within Mandatory Programs (municipal contribution over 30%) | - | | | | | | | | - | - | 0.0% |
| COVID-19 Vaccine Program | COVID-19 Program Costs to be Managed within Unorganized Territories / Indigenous Public Health Programs (100%) | - | | | | | | | | - | - | 0.0% |
| Community Based Immunization Outreach (excluding vaccine administration) | Mandatory Programs (Cost-Shared) | 64,500 | 43,760 | 12,191 | 474 | 1,799 | | 9,840 | | 68,064 | (3,564) | -5.5% |
| Immunization Monitoring and Surveillance | Mandatory Programs (Cost-Shared) | 347,300 | 235,624 | 65,641 | 2,552 | 9,685 | | 52,986 | | 366,488 | (19,188) | -5.5% |
| Vaccine Administration | Mandatory Programs (Cost-Shared) | 25,900 | 17,572 | 4,895 | 190 | 722 | | 3,951 | | 27,330 | (1,430) | -5.5% |
| Vaccine Management | Mandatory Programs (Cost-Shared) | 63,500 | 43,081 | 12,002 | 467 | 1,771 | (41,154) | 9,688 | | 25,855 | 37,645 | 59.3% |
| Immunization Total | | 501,200 | 340,037 | 94,729 | 3,683 | 13,977 | (41,154) | 76,465 | - | 487,737 | 13,463 | 2.7% |
| Infectious and Communicable Diseases Prevention and Control | | | | | | | | | | | | |
| COVID-19 General Program | COVID-19 Program Costs to be Managed within Mandatory Programs (provincial and municipal portions) | - | | | | | | | | - | - | 0.0% |
| COVID-19 General Program | COVID-19 Program Costs to be Managed within Mandatory Programs (municipal contribution over 30%) | - | | | | | | | | - | - | 0.0% |
| COVID-19 General Program | COVID-19 Program Costs to be Managed within Unorganized Territories / Indigenous Public Health Programs (100%) | - | | | | | | | | - | - | 0.0% |
| Infectious Disease Program | Mandatory Programs (Cost-Shared) | 874,800 | 593,504 | 165,342 | 6,428 | 24,395 | | 133,465 | | 923,134 | (48,334) | -5.5% |
| Rabies Program | Mandatory Programs (Cost-Shared) | 258,400 | 175,310 | 48,839 | 1,899 | 7,206 | | 39,423 | | 272,677 | (14,277) | -5.5% |
| Sexual Health Program | Mandatory Programs (Cost-Shared) | 61,100 | 41,453 | 11,548 | 449 | 1,704 | (431) | 9,322 | | 64,045 | (2,945) | -4.8% |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Base Funding
(For the period of January 1, 2023 to December 31, 2023)

| Standard - Section / Program | Sources of Funding | Budgeted Expenditures (at 100%) | Salaries and Wages | Benefits | Travel | Professional Services | Expenditure Recoveries & Offset Revenues | Other Program Expenditures | Adjustments | Actual Expenditures (at 100%) | Variance Under / (Over) | |
|--|----------------------------------|---------------------------------|--------------------|------------------|---------------|-----------------------|--|----------------------------|-------------|-------------------------------|-------------------------|--------------|
| A | B | C | D | E | F | G | H | I | J | K = SUM (D : J) | L = C - K | M = L / C |
| Vector-Borne Diseases Program | Mandatory Programs (Cost-Shared) | 50,100 | 33,990 | 9,469 | 368 | 1,397 | | 7,644 | | 52,868 | (2,768) | -5.5% |
| Zoonotic Disease Reporting Program | Mandatory Programs (Cost-Shared) | 60,400 | 40,978 | 11,416 | 444 | 1,684 | | 9,215 | | 63,737 | (3,337) | -5.5% |
| Infectious and Communicable Diseases Prevention and Control Total | | 1,304,800 | 885,235 | 246,614 | 9,588 | 36,386 | (431) | 199,069 | - | 1,376,461 | (71,661) | -5.5% |
| Safe Water | | | | | | | | | | | | |
| Drinking Water Program | Mandatory Programs (Cost-Shared) | 208,000 | 141,117 | 39,313 | 1,528 | 5,800 | | 31,734 | | 219,492 | (11,492) | -5.5% |
| Recreational Water Program | Mandatory Programs (Cost-Shared) | 162,700 | 110,383 | 30,751 | 1,196 | 4,537 | | 24,822 | | 171,689 | (8,989) | -5.5% |
| Safe Water Total | | 370,700 | 251,500 | 70,064 | 2,724 | 10,337 | - | 56,556 | - | 391,181 | (20,481) | -5.5% |
| School Health - Oral Health | | | | | | | | | | | | |
| Healthy Smiles Ontario Program | Mandatory Programs (Cost-Shared) | 231,800 | 157,264 | 43,811 | 1,703 | 6,464 | | 35,365 | | 244,607 | (12,807) | -5.5% |
| Oral Health Assessment and Surveillance | Mandatory Programs (Cost-Shared) | 292,200 | 198,242 | 55,227 | 2,147 | 8,148 | | 44,580 | | 308,344 | (16,144) | -5.5% |
| School Health - Oral Health Total | | 524,000 | 355,506 | 99,038 | 3,850 | 14,612 | - | 79,945 | - | 552,951 | (28,951) | -5.5% |
| School Health - Vision | | | | | | | | | | | | |
| Child Visual Health and Vision Screening | Mandatory Programs (Cost-Shared) | 159,900 | 108,483 | 30,222 | 1,175 | 4,459 | | 24,395 | | 168,734 | (8,834) | -5.5% |
| School Health - Vision Total | | 159,900 | 108,483 | 30,222 | 1,175 | 4,459 | - | 24,395 | - | 168,734 | (8,834) | -5.5% |
| School Health - Immunization | | | | | | | | | | | | |
| Immunizations for Children in Schools and Licensed Child Care Settings | Mandatory Programs (Cost-Shared) | 353,300 | 239,695 | 66,775 | 2,596 | 9,852 | | 53,902 | | 372,820 | (19,520) | -5.5% |
| School Health - Immunization Total | | 353,300 | 239,695 | 66,775 | 2,596 | 9,852 | - | 53,902 | - | 372,820 | (19,520) | -5.5% |
| School Health - Other | | | | | | | | | | | | |
| Comprehensive School Health | Mandatory Programs (Cost-Shared) | 614,200 | 416,701 | 116,087 | 4,513 | 17,128 | | 93,706 | | 648,135 | (33,935) | -5.5% |
| School Health - Other Total | | 614,200 | 416,701 | 116,087 | 4,513 | 17,128 | - | 93,706 | - | 648,135 | (33,935) | -5.5% |
| Substance Use and Injury Prevention | | | | | | | | | | | | |
| Alcohol | Mandatory Programs (Cost-Shared) | 145,500 | 98,714 | 27,500 | 1,069 | 4,058 | | 22,198 | | 153,539 | (8,039) | -5.5% |
| Cannabis | Mandatory Programs (Cost-Shared) | 43,800 | 29,716 | 8,278 | 322 | 1,221 | | 6,682 | | 46,219 | (2,419) | -5.5% |
| Harm Reduction Program Enhancement | Mandatory Programs (Cost-Shared) | 217,700 | 147,698 | 41,146 | 1,600 | 6,071 | | 33,214 | | 229,729 | (12,029) | -5.5% |
| Needle Syringe Program | Mandatory Programs (Cost-Shared) | 74,800 | 50,748 | 14,138 | 550 | 2,086 | | 11,412 | | 78,934 | (4,134) | -5.5% |
| Smoke-Free Ontario | Mandatory Programs (Cost-Shared) | 226,000 | 153,329 | 42,715 | 1,661 | 6,302 | | 34,480 | | 238,487 | (12,487) | -5.5% |
| Comprehensive Substance Use Strategy | Mandatory Programs (Cost-Shared) | 80,200 | 54,411 | 15,158 | 589 | 2,237 | | 12,236 | | 84,631 | (4,431) | -5.5% |
| Substance Use and Injury Prevention Total | | 788,000 | 534,616 | 148,935 | 5,791 | 21,975 | - | 120,222 | - | 831,539 | (43,539) | -5.5% |
| Direct Costs Total | | 7,663,900 | 4,813,186 | 1,343,546 | 51,662 | 771,324 | (106,999) | 1,072,629 | - | 7,945,348 | (281,448) | -3.7% |
| Indirect Costs | | | | | | | | | | | | |
| | Mandatory Programs (Cost-Shared) | 865,800 | 587,398 | 163,641 | 6,362 | 24,144 | (138,650) | 132,092 | | 774,987 | 90,813 | 10.5% |
| Indirect Costs Total | | 865,800 | 587,398 | 163,641 | 6,362 | 24,144 | (138,650) | 132,092 | - | 774,987 | 90,813 | 10.5% |
| Board of Health for the Haldimand-Norfolk Health Unit Total | | 8,529,700 | 5,400,584 | 1,507,187 | 58,024 | 795,468 | (245,649) | 1,204,721 | - | 8,720,335 | (190,635) | -2.2% |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

One-Time Funding
(For the period of January 1, 2023 to March 31, 2024)

2023-24 One-Time Funding (January 2023 to March 31, 2024)

| January 1, 2023 to December 31, 2023 | | Funding Source | | | | | | | | Q4 Eligible Amount Jan 1 - Dec 31 | Actual Eligible Amount Jan 1 - Dec 31 | Variance Under / (Over) | |
|---|--|---------------------------------|--------------------|----------------|---------------|-----------------------|--|----------------------------|-------------|--------------------------------------|--|-------------------------|------|
| A | B | C | D | E | F | G | H | I | J | D | E = C - D | H = G / C | |
| One-Time Mitigation | Cost-Sharing Mitigation (100%) | | | | | | | | | 325,400 | 325,400 | - | 0.0% |
| Project / Initiative | Source of Funding | Budgeted Expenditures (at 100%) | Salaries and Wages | Benefits | Travel | Professional Services | Expenditure Recoveries & Offset Revenues | Other Program Expenditures | Adjustments | Actual Expenditures (at 100%) | Variance Under / (Over) | | |
| A | B | C | D | E | F | G | H | I | J | K = SUM (C : J) | L = C - K | M = L / C | |
| COVID-19: General Program | COVID-19: General Program (100%) | 1,035,100 | 652,148 | 186,748 | 1,255 | 10,066 | - | 6,274 | - | 856,491 | 178,609 | 17.3% | |
| COVID-19 Vaccine Program | COVID-19: Vaccine Program (100%) | 1,165,000 | 533,760 | 136,375 | 6,924 | 6,291 | - | 5,463 | - | 688,813 | 476,187 | 40.9% | |
| Subtotal (January 1, 2023 to December 31, 2023) | | 2,200,099 | 1,185,908 | 323,123 | 8,179 | 16,357 | - | 11,737 | - | 1,545,304 | 654,795 | 29.8% | |
| April 1, 2023 to June 30, 2023 | | | | | | | | | | | | | |
| School-Focused Nurses Initiative | School-Focused Nurses Initiative (100%) | 125,000 | 56,839 | 14,026 | - | - | - | - | - | 70,865 | 54,135 | 43.3% | |
| April 1, 2023 to March 31, 2024 (Actuals up to December 31, 2023) | | | | | | | | | | | | | |
| Ontario Seniors Dental Care Program | Ontario Seniors Dental Care Program (100%) | 513,158 | - | - | - | 467,261 | - | - | - | 467,261 | 45,897 | 8.9% | |
| Secure Card Swipe Access | Capital: Secure Card Swipe Access (100%) | 15,300 | - | - | - | - | - | 10,803 | - | 10,803 | 4,497 | 29.4% | |
| PHI Inspector Program | Mandatory Programs: Public Health Inspector Practicum Program (100%) | 28,700 | 19,408 | 3,136 | 1,959 | - | - | - | - | 24,503 | 4,197 | 14.6% | |
| Vaccine Refridgerator Upgrade | Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%) | 48,700 | - | - | - | - | - | 32,262 | - | 32,262 | 16,438 | 33.8% | |
| 2022-23 Carry Over (April 1, 2023 to March 31, 2024) (Actuals up to December 31, 2023) | | | | | | | | | | | | | |
| Mandatory Programs: Strategic Option Analysis | Mandatory Programs: Strategic Option Analysis (100%) | 150,000 | - | - | - | - | - | - | - | - | 150,000 | 100.0% | |
| Subtotal (April 1, 2023 to March 31, 2024) | | 755,858 | 19,408 | 3,136 | 1,959 | 467,261 | - | 43,065 | - | 534,829 | 221,029 | 29.2% | |
| 2023-24 One-Time Funding Total (January 1, 2023 to March 31, 2024) | | 3,080,957 | 1,262,155 | 340,285 | 10,138 | 483,618 | - | 54,802 | - | 2,150,998 | 929,959 | 30.2% | |

Variance Explanations for One-Time Funding

*Please provide explanations for any variances reported for one-time funding.

| Project / Initiative | Funding Source | Variance Under / (Over) | |
|---|--|-------------------------|--------|
| | | \$ | % |
| A | B | C | D |
| School-Focused Nurses Initiative | School-Focused Nurses Initiative (100%) | 54,135 | 43.3% |
| A portion of the FTEs moved to the SFN initiative from full time positions. Due to the timing of contracts, those staff moved back to their positions within Mandatory Programs prior to the SFN initiative concluding. The temporary positions also were never able to be fully staffed during the final three months of the initiative. | | | |
| Ontario Seniors Dental Care Program | Ontario Seniors Dental Care Program (100%) | 45,897 | 8.9% |
| The initial request for funding was based on a forecast for Q4, driven by increased services for dentures. Actual use for denture services came in under forecast, due to a waitlist being established. The waitlist remains in effect while services transition in-house. | | | |
| Secure Card Swipe Access | Capital: Secure Card Swipe Access (100%) | 4,497 | 29.4% |
| Small surplus from favourable pricing of the materials and installation. | | | |
| PHI Inspector Program | Mandatory Programs: Public Health Inspector Practicum Program (100%) | 4,197 | 14.6% |
| Student positions hired approximately one month later than initially budgeted. | | | |
| Vaccine Refridgerator Upgrade | Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%) | 16,438 | 33.8% |
| Surplus from favourable pricing of the materials and installation. | | | |
| Mandatory Programs: Strategic Option Analysis | Mandatory Programs: Strategic Option Analysis (100%) | 150,000 | 100.0% |
| Unable to utilize project funding. Costs for this initiative will instead be coded against Strengthening Public Health. | | | |
| [Program / Project / Initiative Name] | [Funding Source] | [\$] | [%] |
| Variance Explanation | | | |

2023 Annual Report and Attestation

One-Time Funding
(For the period of January 1, 2023 to March 31, 2024)

2023-24 One-Time Funding (January 2023 to March 31, 2024)

| January 1, 2023 to December 31, 2023 | | | | | | | | | | | | | |
|---------------------------------------|--------------------------------|---------------------------------|--------------------|----------|--------|-----------------------|--|----------------------------|-------------|-------------------------------|-------------------------|-------------------------|-----------|
| Project / Initiative | Funding Source | | | | | | | | | Q4 Eligible Amount | Actual Eligible Amount | Variance Under / (Over) | |
| | | | | | | | | | | Jan 1 - Dec 31 | Jan 1 - Dec 31 | \$ | % |
| A | B | | | | | | | | | C | D | E= C - D | H = G / C |
| One-Time Mitigation | Cost-Sharing Mitigation (100%) | | | | | | | | | 325,400 | 325,400 | - | 0.0% |
| Project / Initiative | Source of Funding | Budgeted Expenditures (at 100%) | Salaries and Wages | Benefits | Travel | Professional Services | Expenditure Recoveries & Offset Revenues | Other Program Expenditures | Adjustments | Actual Expenditures (at 100%) | Variance Under / (Over) | | |
| A | B | C | D | E | F | G | H | I | J | K = SUM (C : J) | L = C - K | M = L / C | |
| [Program / Project / Initiative Name] | [Funding Source] | | | | | | | | | | [\$] | [%] | |
| Variance Explanation | | | | | | | | | | | | | |
| [Program / Project / Initiative Name] | [Funding Source] | | | | | | | | | | [\$] | [%] | |
| Variance Explanation | | | | | | | | | | | | | |
| [Program / Project / Initiative Name] | [Funding Source] | | | | | | | | | | [\$] | [%] | |
| Variance Explanation | | | | | | | | | | | | | |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Variance Explanation

** Please provide variance explanations for variances that are greater than 3% (negative or positive).*

| Program / Project / Initiative A | Source of Funding B | Variance Under / (Over) | |
|--|---|-------------------------|--------------|
| | | \$ C | % D |
| Effective Public Health Practice | Mandatory Programs (Cost-Shared) | (20,724) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Emergency Management | Mandatory Programs (Cost-Shared) | (2,697) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Health Equity | Mandatory Programs (Cost-Shared) | (11,189) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Population Health Assessment | Mandatory Programs (Cost-Shared) | (10,984) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Built Environment | Mandatory Programs (Cost-Shared) | (2,917) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Healthy Eating | Mandatory Programs (Cost-Shared) | (3,813) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Menu Labelling | Mandatory Programs (Cost-Shared) | (1,640) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Non-Mandatory Oral Health Programs | Mandatory Programs (Cost-Shared) | (1,027) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Ontario Seniors Dental Care Program | Mandatory Programs (Cost-Shared) | (1,309) | -5.5% |

2023 Annual Report and Attestation

Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|--|---|-------------------------|--------------|
| | | \$ | % |
| A | B | C | D |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Tanning Beds | Mandatory Programs (Cost-Shared) | (680) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Chronic Disease Prevention Strategy | Mandatory Programs (Cost-Shared) | (5,143) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Food Safety Program | Mandatory Programs (Cost-Shared) | 42,717 | 10.9% |
| Greater than budgeted recoveries for user fee driven food safety related inspections. | | | |
| Health Hazards Program | Mandatory Programs (Cost-Shared) | (5,382) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Healthy Environments and Climate Change Program | Mandatory Programs (Cost-Shared) | (15,537) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Healthy Growth & Development | Mandatory Programs (Cost-Shared) | (27,664) | -5.3% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Community Based Immunization Outreach (excluding vaccine administration) | Mandatory Programs (Cost-Shared) | (3,564) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Immunization Monitoring and Surveillance | Mandatory Programs (Cost-Shared) | (19,188) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |

2023 Annual Report and Attestation

Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|--|---|-------------------------|--------------|
| | | \$ | % |
| A | B | C | D |
| Vaccine Administration | Mandatory Programs (Cost-Shared) | (1,430) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Vaccine Management | Mandatory Programs (Cost-Shared) | 37,645 | 59.3% |
| Greater than budgeted recoveries for vaccines (HPV/MENN-C/FLU). | | | |
| Infectious Disease Program | Mandatory Programs (Cost-Shared) | (48,334) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Rabies Program | Mandatory Programs (Cost-Shared) | (14,277) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Sexual Health Program | Mandatory Programs (Cost-Shared) | (2,945) | -4.8% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Vector-Borne Diseases Program | Mandatory Programs (Cost-Shared) | (2,768) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Zoonotic Disease Reporting Program | Mandatory Programs (Cost-Shared) | (3,337) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Drinking Water Program | Mandatory Programs (Cost-Shared) | (11,492) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Recreational Water Program | Mandatory Programs (Cost-Shared) | (8,989) | -5.5% |

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Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|--|---|-------------------------|--------------|
| | | \$ | % |
| A | B | C | D |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Healthy Smiles Ontario Program | Mandatory Programs (Cost-Shared) | (12,807) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Oral Health Assessment and Surveillance | Mandatory Programs (Cost-Shared) | (16,144) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Child Visual Health and Vision Screening | Mandatory Programs (Cost-Shared) | (8,834) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Immunizations for Children in Schools and Licensed Child Care Settings | Mandatory Programs (Cost-Shared) | (19,520) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Comprehensive School Health | Mandatory Programs (Cost-Shared) | (33,935) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Alcohol | Mandatory Programs (Cost-Shared) | (8,039) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Cannabis | Mandatory Programs (Cost-Shared) | (2,419) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Harm Reduction Program Enhancement | Mandatory Programs (Cost-Shared) | (12,029) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |

2023 Annual Report and Attestation

Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|--|---|-------------------------|--------------|
| | | \$ | % |
| | | C | D |
| A | B | | |
| Needle Syringe Program | Mandatory Programs (Cost-Shared) | (4,134) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Smoke-Free Ontario | Mandatory Programs (Cost-Shared) | (12,487) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Comprehensive Substance Use Strategy | Mandatory Programs (Cost-Shared) | (4,431) | -5.5% |
| The approved budget was revised to the minimum cost share from a budget amendment. Due to this, any costs above the minimum would be a variance. The initial Board approved levy remains to cover these costs. | | | |
| Indirect | Mandatory Programs (Cost-Shared) | 90,813 | 10.5% |
| Greater than budgeted recoveries made. This includes costs charged to Mandatory Programs for other programs and staff benefit payments for leaves. | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |

2023 Annual Report and Attestation

Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|---------------------------------------|-----------------------|-------------------------|-----|
| | | \$ | % |
| A | B | C | D |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |

2023 Annual Report and Attestation

Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|---------------------------------------|-----------------------|-------------------------|-----|
| | | \$ | % |
| A | B | C | D |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |
| [Program / Project / Initiative Name] | [Sources of Funding] | [\$] | [%] |
| Variance Explanation | | | |

2023 Annual Report and Attestation

Variance Explanation

*** Please provide variance explanations for variances that are greater than 3% (negative or positive).**

| Program / Project / Initiative | Source of Funding | Variance Under / (Over) | |
|--------------------------------|-------------------|-------------------------|---|
| | | \$ | % |
| A | B | C | D |
| Variance Explanation | | | |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Summary of Expenditures by Funding Source

| Programs/Sources of Funding | Budgeted Expenditures (at 100%) | Actual Expenditures (Up to December 31, 2023) (at 100%) | Variance Under / (Over) | | Actual Expenditures (at provincial share) | Approved Allocation | Variance Under / (Over) | | |
|--|---------------------------------|---|-------------------------|--------------|---|---------------------|-------------------------|--------------|-----------|
| | | | \$ | (%) | | | \$ | (%) | |
| | | | D = B - C | E = D / B | | | F = C * Prov. Share | G | H = G - F |
| A | B | C | | | | | | | |
| Base Funding (January 1, 2023 to December 31, 2023) | | | | | | | | | |
| Mandatory Programs (Cost-Shared) | 7,896,400 | 8,087,034 | (190,634) | -2.4% | 5,660,924 | 5,527,475 | (133,449) | -2.4% | |
| COVID-19 Program Costs to be Managed within Mandatory Programs (provincial and municipal portions) | - | - | - | 0.0% | - | | | | |
| COVID-19 Program Costs to be Managed within Mandatory Programs (municipal contribution over 30%) | - | - | - | 0.0% | | | | | |
| Total Mandatory Programs (Cost-Shared) (including COVID-19 Program Costs to be Managed within Mandatory Programs) | 7,896,400 | 8,087,034 | (190,634) | -2.4% | 5,660,924 | 5,527,475 | (133,449) | -2.4% | |
| Ontario Seniors Dental Care Program (100%) | 633,300 | 633,301 | (1) | -0.0% | 633,301 | 633,300 | (1) | -0.0% | |
| Base Funding Total | 8,529,700 | 8,720,335 | (190,635) | -2.2% | 6,294,225 | 6,160,775 | (133,450) | -2.2% | |
| 2023-24 One-Time Funding (January 1, 2023 to December 31, 2023) | | | | | | | | | |
| COVID-19: General Program (100%) | 1,035,100 | 856,491 | 178,609 | 17.3% | 856,491 | 955,200 | 98,709 | 10.3% | |
| COVID-19: Vaccine Program (100%) | 1,165,000 | 688,813 | 476,187 | 40.9% | 688,813 | 675,000 | (13,813) | -2.0% | |
| 2023-24 One-Time Funding (April 1, 2023 to March 31, 2024) | | | | | | | | | |
| School-Focused Nurses Initiative (100%) | 125,000 | 70,865 | 54,135 | 43.3% | 70,865 | 125,000 | 54,135 | 43.3% | |
| Ontario Seniors Dental Care Program (100%) | 513,158 | 467,261 | 45,897 | 8.9% | 467,261 | 513,200 | 45,939 | 9.0% | |
| Capital: Secure Card Swipe Access (100%) | 15,300 | 10,803 | 4,497 | 29.4% | 10,803 | 15,300 | 4,497 | 29.4% | |
| Mandatory Programs: Public Health Inspector Practicum Program (100%) | 28,700 | 24,503 | 4,197 | 14.6% | 24,503 | 20,000 | (4,503) | -22.5% | |
| Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%) | 48,700 | 32,262 | 16,438 | 33.8% | 32,262 | 48,700 | 16,438 | 33.8% | |
| 2022-23 Carry Over (April 1, 2023 to March 31, 2024) | | | | | | | | | |
| Mandatory Programs: Strategic Option Analysis (100%) | 150,000 | - | 150,000 | 100.0% | - | 150,000 | 150,000 | 100.0% | |
| 2023-24 One-Time Funding Total (January 1, 2023 to March 31, 2024) | 3,080,957 | 2,150,998 | 929,959 | 30.2% | 2,150,998 | 2,502,400 | 351,402 | 14.0% | |
| Board of Health for the Haldimand-Norfolk Health Unit Total | 11,610,657 | 10,871,333 | 739,324 | 6.4% | 8,445,223 | 8,663,175 | 217,952 | 2.5% | |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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|--|--|---|--|
| 1.0 Delivery of Programs and Services | | | |
| 1.1 Did the board of health undertake population health assessments that included the identification of priority populations, social determinants of health and health inequities, and measure and report on them in accordance with the <i>Population Health Assessment and Surveillance Protocol, 2018</i> (or as current)? | Yes | | |
| 1.2 Did the board of health publicly disclose all required information including results of all inspections or any other required information in accordance with the Ontario Public Health Standards? | Yes | | |
| 1.3 Did the board of health prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from, emergencies with public health impacts, in accordance with ministry policy and guidelines? | Yes | | |
| 1.4 Did the board of health collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Ontario Public Health Standards and the Population Health Assessment and Surveillance Protocol, 2018 (or as current)? | Yes | | |
| 1.5 Does the board of health have a strategic plan that establishes strategic priorities over 3 to 5 years? Did the plan include input from staff, clients, and community partners, and is a process in place to review the plan at least every other year? | Yes | | |
| 1.6 Did the board of health develop and implement a program of public health interventions in accordance with the Chronic Disease Prevention and Well-Being Program Standard, using a comprehensive health promotion approach as outlined in the <i>Chronic Disease Prevention Guideline, 2018</i> (or as current), that addressed chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the public health unit population? | Yes | | |
| 1.7 Did the board of health enforce the <i>Skin Cancer Prevention Act (Tanning Beds), 2013</i> in accordance with the <i>Tanning Beds Protocol, 2019</i> (or as current)? | Yes | | |

2023 Annual Report and Attestation

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|---|---|---|--|
| 1.8 Did the board of health conduct routine inspections of all high and moderate risk fixed food premises as per the <i>Food Safety Protocol, 2019</i> (or as current)? | Yes | | |
| 1.9 Did the board of health develop and implement a program of public health interventions that promoted healthy built and natural environments in accordance with the Healthy Environments Program Standard? | Yes | | |
| 1.10 Did the board of health develop and implement a program of public health interventions in accordance with the Healthy Growth and Development Program Standard, using a comprehensive health promotion approach as outlined in the <i>Healthy Growth and Development Guideline, 2018</i> (or as current), that supported healthy growth and development in the public health unit population? | Yes | | |
| 1.11 Did the board of health complete inventory counts as specified in the <i>Vaccine Storage and Handling Protocol, 2018</i> (or as current)? | Yes | | |
| 1.12 Did the board of health conduct routine inspections of small drinking water systems and recreational water facilities as per the <i>Recreational Water Protocol, 2019</i> (or as current) and <i>Safe Drinking Water and Fluoride Monitoring Protocol, 2019</i> (or as current)? | Yes | | |
| 1.13 Did the board of health develop and implement a program of public health interventions in accordance with the School Health Program Standard, using a comprehensive health promotion approach as outlined in the <i>School Health Guideline, 2018</i> (or as current) to improve the health of school-aged children and youth? | Yes | | |
| 1.14 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the <i>Substance Use Prevention and Harm Reduction Guideline, 2018</i> (or as current) and the <i>Tobacco, Vapour and Smoke Guideline, 2018</i> (or as current), that addresses risk and protective factors to reduce the burden of substance use in the public health unit population? | Yes | | |
| 1.15 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the <i>Injury Prevention Guideline, 2018</i> (or as current), that addressed risk and protective factors to reduce the burden of preventable injuries in the public health unit population? | No | Due to capacity constraints, and re-starting other prioritized program areas, including mental health promotion and substance use, a comprehensive approach to injury prevention was not developed in 2023. HNHU continued to monitor local data and need, and implemented some education and awareness raising activities. | HNHU will continue to assess local need as part of the annual planning process, and will address risk and protective factors through the implementation of upstream strategies. |

2023 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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|---|---|--|--|
| 1.16 Did the board of health deliver programs and services in accordance with the Ontario Public Health Standards? | Yes | | |
| 1.17 Did the board of health comply with programs provided for in the <i>Health Protection and Promotion Act</i> ? | Yes | | |
| 2.0 Fiduciary Requirements | | | |
| 2.1 Did the board of health comply with the terms and conditions of the Public Health Funding and Accountability Agreement? | Yes | | |
| 2.2 Did the board of health place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry? | N/A | The account is ineligible for interest. | |
| 2.3 Did the board of health report all revenues it collected for programs or services in accordance with the direction provided in writing by the ministry? | Yes | | |
| 2.4 Did the board of health report any part of the grant that was not used or accounted for in a manner requested by the ministry? | Yes | | |
| 2.5 Did the board of health repay ministry funding as requested by the ministry? | Yes | | |
| 2.6 Did the board of health ensure that expenditure forecasts were as accurate as possible? | Yes | | |
| 2.7 Did the board of health keep a record of financial affairs, invoices, receipts and other documents, and prepare annual statements of their financial affairs? | Yes | | |
| 2.8 Did the board of health comply with the financial requirements of the <i>Health Protection and Promotion Act</i> (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations? | Yes | | |
| 2.9 Did the board of health use the grant only for the purposes of the <i>Health Protection and Promotion Act</i> and provide or ensure the provision of programs and services in accordance with the <i>Health Protection and Promotion Act</i> , Ontario Public Health Standards, and the Public Health Funding and Accountability Agreement? | Yes | | |

2023 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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|---|---|--|--|
| 2.10 Did the board of health spend the grant only on admissible expenditures? | Yes | | |
| 2.11 Did the board of health comply with the <i>Municipal Act, 2001</i> , and ensure that the administration adopted policies with respect to its procurement of goods and services? | Yes | | |
| 2.12 Did the board of health conduct an open and competitive process to procure goods and services? | Yes | | |
| 2.13 Did the board of health ensure that the administration implemented appropriate financial management and oversight to ensure the following were in place? a) A plan for the management of physical and financial resources; b) A process for internal financial controls based on generally accepted accounting principles; c) A process to ensure that areas of variance were addressed and corrected; d) A procedure to ensure that the procurement policy was followed across all programs/services areas; e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and, f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity. | Yes | | |
| 2.14 Did the board of health have financial controls in place that met the specified attributes and objectives as per <i>Schedule D</i> of the Public Health Funding and Accountability Agreement? | | | |
| 2.15 Did the board of health negotiate and have in place service level agreements for corporately provided services? | Yes | | |
| 2.16 Did the board of health have and maintain insurance? | Yes | | |
| 2.17 Did the board of health maintain an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances? | Yes | | |
| 2.18.1 If the board of health disposed of an asset which exceeded \$100,000 in value, did the board of health do so with the ministry's prior written confirmation? | N/A | No assets exceeding \$100,000 were disposed of in 2023. | |

2023 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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|--|---|--|--|
| 2.19 Did the board of health ensure that the grant was not carried over from one year to the next, unless pre-authorized in writing from the ministry? | Yes | | |
| 2.20 Did the board of health maintain a capital funding plan which included policies and procedures to ensure that funding for capital projects was appropriately managed and reported? | Yes | | |
| 2.21 Did the board of health comply with the Community Health Capital Programs policy? | Yes | | |
| 2.22 Did the board of health utilize the one-time cost-sharing mitigation funding to offset increased costs of municipalities as a result of the cost-sharing change for mandatory programs? | Yes | | |
| 2.23 Did the board of health negotiate and have in place service level agreements (or similar contracts/agreements) with partner organizations for the delivery of mandatory public health programs and services, including but not limited to COVID-19, and other ministry funded programs such as the Ontario Seniors Dental Care Program? | Yes | | |
| 3.0 Good Governance and Management Practices | | | |
| 3.1 Did the board of health operate in a transparent and accountable manner, and provide accurate and complete information to the ministry? | Yes | | |
| 3.2 Did the board of health ensure that members were aware of their roles and responsibilities, and emerging issues and trends, by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members? | Yes | | |
| 3.3 Did the board of health carry out its obligations without a conflict of interest and disclose to the ministry an actual, potential, or perceived conflict of interest? | Yes | | |
| 3.4 Did the board of health comply with the governance requirements of the <i>Health Protection and Promotion Act</i> (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations? | Yes | | |

2023 Annual Report and Attestation

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|---|---|--|--|
| <p>3.5 Did the board of health comply with medical officer of health appointment and reporting requirements of the <i>Health Protection and Promotion Act</i>, and the ministry's <i>Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation</i>? This includes, but is not limited to, having or ensuring:</p> <p>a) The appointment and approval of a full-time Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit);</p> <p>b) The appointment of a physician as Acting Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit) where there was no Medical Officer of Health or Associate Medical Officer of Health in place;</p> <p>c) The Medical Officer of Health reported directly to the board of health (solid line relationship) on matters of public health significance/importance;</p> <p>d) The Medical Officer of Health was part of the senior management team;</p> <p>e) Staff responsible for the delivery of public health programs and services reported directly to the Medical Officer of Health without any need to report to intermediaries (solid line relationship); and,</p> <p>f) Compliance with eligibility criteria under the Medical Officer of Health and Associate Medical Officer of Health Compensation Initiative.</p> | Yes | | |
| <p>3.6 Did the board of health ensure that the administration established a human resources strategy which considered the competencies, composition and size of the workforce, as well as community composition, and included initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce?</p> | Yes | | |
| <p>3.7 Did the board of health ensure that the administration established and implemented written human resource policies and procedures which were made available to staff, students, and volunteers?</p> | Yes | | |
| <p>3.8 Did the board of health ensure all policies and procedures were regularly reviewed and revised, and included the date of the last review/revision?</p> | Yes | | |

2023 Annual Report and Attestation

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|--|---|--|--|
| 3.9 Did the board of health engage in community and multi-sectoral collaboration with health care and other relevant stakeholders (including Ontario Health, Ontario Health Teams and priority populations) in decreasing health inequities? | Yes | | |
| 3.10 Did the board of health engage in relationships with Indigenous communities in a way that was meaningful for them? | Yes | | |
| 3.11 Did the board of health provide population health information, including social determinants of health and health inequities, to the public, community partners and health care providers, including Ontario Health Teams, in accordance with the Foundational and Program Standards? | Yes | | |
| 3.12 Did the board of health develop and implement policies or by-laws regarding the functioning of the governing body, including: a) Use and establishment of sub-committees; b) Rules of order and frequency of meetings; c) Preparation of meeting agenda, materials, minutes, and other record keeping; d) Selection of officers; e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health were able to recommend the recruitment of members to the appointing body; f) Remuneration and allowable expenses for board members; g) Procurement of external advisors to the board such as lawyers and auditors (if applicable); h) Conflict of interest; i) Confidentiality; j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and, k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan. | Yes | BoH members are Norfolk County council (as CMSM) per the Provincial designation. | |
| 3.13 Did the board of health ensure that by-laws, policies and procedures were reviewed and revised as necessary, and are reviewed at least every two years? | Yes | | |

2023 Annual Report and Attestation

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|--|--|---|---|
| <p>3.14 Did the board of health provide governance direction to the administration and ensure that the board of health remained informed about the activities of the organization regarding the following? a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; d) Research and evaluation; e) Compliance with all applicable legislation and regulations; f) Workforce issues, including recruitment of medical officer of health and any other senior executives; g) Financial management, including procurement policies and practices; and, h) Risk management.</p> | <p>Yes</p> | | |
| <p>3.15 Did the board of health have a self-evaluation process of its governance practices and outcomes that are completed at least every other year?</p> | <p>Yes</p> | | |
| <p>3.16 Did the board of health ensure that the administration developed and implemented a set of client service standards?</p> | <p>Yes</p> | | |
| <p>3.17 Did the board of health ensure that the medical officer of health, as the designated health information custodian, maintained information systems and implemented policies/ procedures for privacy and security, data collection and records management?</p> | <p>Yes</p> | | |
| <p>4.0 Public Health Practice</p> | | | |
| <p>4.1 Did the board of health ensure that the administration established, maintained, and implemented policies and procedures related to research ethics?</p> | <p>Yes</p> | | |

2023 Annual Report and Attestation

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|---|---|--|--|
| 4.2 Did the board of health designate a Chief Nursing Officer and meet specific requirements under Schedule B of the Public Health Funding and Accountability Agreement? This includes but is not limited to: a) The Chief Nursing Officer role was implemented at the management level or participated in senior management meetings; b) The Chief Nursing Officer reported directly to the medical officer of health or Chief Executive Officer; and, c) The Chief Nursing Officer articulated, modelled, and promoted a vision of excellence in public health nursing practice, which facilitated evidence-based services and quality health outcomes in the public health context. | Yes | | |
| 4.3 Did the board of health use a systematic process to plan public health programs and services to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities? | Yes | | |
| 4.4 Did the board of health employ qualified public health professionals in accordance with the <i>Qualifications for Public Health Professionals Protocol, 2018</i> (or as current)? | Yes | | |
| 4.5 Did the board of health support a culture of excellence in professional practice, ensuring a culture of quality and continuous organizational self-improvement? | Yes | | |
| 5.0 Other | | | |
| 5.1 Did the board of health have a formal risk management framework in place that identified, assessed, and addressed risks? | Yes | | |
| 5.2 Did the board of health produce an annual financial and performance report to the general public, as well as its Strategic Plan? | Yes | | |

Board of Health for the Haldimand-Norfolk Health Unit

2023 Annual Report and Attestation

Certification by the Board of Health

Chair, Board of Health

| | |
|---------------------------|------------|
| Name | Amy Martin |
| (Signature) (Date) | |

Medical Officer of Health / Chief Executive Officer

| | |
|---------------------------|----------------|
| Name | Dr. Joyce Lock |
| (Signature) (Date) | |

Chief Financial Officer / Business Administrator

| | |
|---------------------------|------------------|
| Name | Amy Fanning, CPA |
| (Signature) (Date) | |

I certify that the information provided in the Annual Report and Attestation is accurate and complete, conform with categories specified as eligible, that copies of all invoices/back-up documentation are available for review at the board of health and that the signed/scanned and Excel versions submitted are identical.

Information Memo

Advisory Committee Meeting – June 24, 2024
Board of Health Meeting – July 3, 2024

Division: Health and Social Services
Department: Public Health
Subject: HNHU Risk Management Update - HSS-24-034

Recommendation(s):

That the Information Memo regarding the HNHU Risk Management Update – HSS-24-034 be received as information.

Background

In January 2023, an HNHU Risk Management Update HSS-23-002 was presented to the Board of Health. At that time, it was requested that an update be given annually. This is the annual HNHU Risk Management Update as per the request. The Ministry of Health requires Boards of Health (BOH) to provide a risk management update annually, usually in Q3, which represents the risks of the state as of the end of Q3. This memo presents the risks as of the end of December 2023 and provides the BOH with an opportunity to review the high risks identified and assessed by staff. Mitigation strategies continue for the risks not resolved and for any new risks identified.

Discussion:

Since the launch of the Risk Management program in 2019, HNHU has assessed its risks at a program level, and at the higher HNHU overarching level. When a risk is identified, mitigation strategies are considered to address the risk and minimize its impact. Since coming out of the pandemic, HNHU has worked to address and minimize multiple risks.

With the integration of risk management into the operational planning process, mitigation strategies are being built into operational plans. This enables each program team to develop action plans to respond to the identified operational risks. At the HNHU level, two additional risks were added since the last report was presented. This brings the overall number for HNHU to 11. However, some of these risks have been mitigated

to the best of our ability to control. For example, there will always be some risk related to recruitment of staff.

A review of Appendix A shows that the HNHU is continually working to mitigate all the currently identified risks and has been making progress. It is the expectation that the action plans proposed will minimize the impact of the identified high risks on the ability of the HNHU to meet its strategic and operational objectives.

As part of the risk management program, all action plans will be monitored throughout the year on progress to enable modifications to be made where necessary. All high risks and the progress in managing them will continue to be communicated to the BOH.

Financial Services Comments:

Norfolk

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

The Approved 2024 HNHU Operating Budget includes \$308,200 to support the Professional Practice & Quality Assurance Team. The Risk Management program is one of many offered by the HNHU 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

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

Attachment(s):

- Attachment A: Risk Registry 2023

Conclusion:

The continuation of risk identification and mitigation strategies allows the BOH to meet an operational mandate of the OPHS and empowers staff to consider events that could impact their ability to meet their operational objectives. At the strategic level, the HNHU has developed action plans within its control in response to identified high risks. At the program team level, steps continue to be taken to identify, assess and manage operations risks. HNHU will continue to build its risk management program and thus strengthen organizational resiliency. This will help HNHU ensure effective service delivery and the safety of staff and other stakeholders.

Approval:

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

Reviewed By:
Syed Shaw
Director, Public Health

Prepared By:
Marcia Annamunthodo
Chief Nursing Officer and Program Manager,
Professional Practice and Quality Assurance

Risk Register

2023

Date of development: January 9, 2023

Date of last review: Jan 9, 2023; May 22, 2023; Oct 18, 2023, March 5, 2024

| # | Identification | | Description of Risk and Resources | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---|--|---------------------------------|---|--------|------------|----------------|--------|------------|----------------|--------|------------|----------------|--------|------------|----------------|
| | | | | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating |
| 1 | Handling of personal health information (eg. Receiving, transporting, storing, sharing etc.) | Compliance Legal | Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) Personal Health Information Protection Act (2004) https://www.ipc.on.ca/ | 5 | 3 | 15 | 5 | 2 | 10 | 5 | 2 | 10 | 5 | 2 | 10 |
| 2 | Lack of an electronic client management system | Operational/Service Delivery | Without an electronic system, the impact is that client data can be lost and there is an increased risk of a breach | 5 | 2 | 10 | 5 | 2 | 10 | 5 | 2 | 10 | 5 | 2 | 10 |

| # | Identification | | Description of Risk and Resources | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---|--|----------------------------------|---|--------|------------|----------------|--------|------------|----------------|--------|------------|----------------|--------|------------|----------------|
| | | | | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating |
| 3 | Retention and recruitment of qualified people to fill staffing gaps. | People/ Human resources | Risk is across HNHU but greatest for specific program areas such as Social Determinants of Health | 4 | 5 | 20 | 4 | 4 | 16 | 4 | 3 | 12 | 4 | 2 | 8 |
| 4 | Failure to develop a comprehensive succession plan | People/ Human resources | | 3 | 4 | 12 | 3 | 3 | 9 | 3 | 3 | 9 | 3 | 3 | 9 |
| 5 | Uncertainty regarding public health restructuring affecting funding requests and staff morale. | Strategic/ Policy | | 5 | 5 | 25 | 5 | 3 | 15 | 5 | 5 | 25 | 5 | 5 | 25 |
| 6 | Lack of comprehensive staff scheduling system to ensure coverage of program needs. | Operational/S ervice Delivery | Impact of hybrid work and in office days on programming | 4 | 5 | 20 | 2 | 3 | 6 | 4 | 3 | 12 | 3 | 3 | 9 |

| # | Identification | | Description of Risk and Resources | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---|---|----------------------------|-----------------------------------|--------|------------|----------------|--------|------------|----------------|--------|------------|----------------|--------|------------|----------------|
| | | | | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating |
| 7 | Staffing changes due to new staff orientation and staff moving to other programming area | People/ Human resources | | 5 | 5 | 25 | 3 | 3 | 9 | 2 | 3 | 6 | 2 | 3 | 6 |
| 8 | Increasing COVID cases and | Strategic/ Policy | | 5 | 3 | 15 | 5 | 3 | 15 | 5 | 3 | 15 | 5 | 1 | 5 |
| 9 | Lack of emergency preparedness resources to address local environmental health hazards (e.g. gas well leaks of H2S and Methane, etc.) | Environment | | 4 | 2 | 8 | 4 | 3 | 12 | 4 | 3 | 12 | 3 | 3 | 9 |

| # | Identification | | Description of Risk and Resources | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|----|--------------------------------|------------------------------|---|--------|------------|-------------------------------------|--------|------------|-------------------------------------|--------|------------|----------------|--------|------------|----------------|
| | | | | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating | Impact | Likelihood | Overall Rating |
| 10 | Lack of reliable faxing system | Technology | In May, 2023, Norfolk County changed the provider which offered faxing capability. There has been a significant interruption to service which the change was made. This interruption to service has impacted the ability of programs to adequately meet the response requirements and appropriately service the community. The service interruption has been significant. | | | Not previously identified as a risk | | | Not previously identified as a risk | 5 | 5 | 25 | 5 | 5 | 25 |
| 11 | Distribution Groups lists | Operational/service delivery | | | | | 5 | 3 | 15 | 4 | 2 | 8 | 4 | 2 | 8 |



The Board of Health

By-Law 2024-8-BH

Being a By-Law to Confirm the Proceedings of the Board of Health for the Haldimand-Norfolk Health Unit at this Board of Health Meeting held on the 3rd day of July 2024.

Whereas Section 56 of the *Health Protection and Promotion Act, R.S.O. 1990, c.H.7*, as amended, provides that every Board of Health shall pass a by-law respecting the calling and proceedings at meetings; and

Whereas it is deemed expedient that the proceedings of the Board at this Board of Health Meeting be confirmed and adopted by By-Law.

Now therefore the Board of Health for the Haldimand-Norfolk Health Unit hereby enacts as follows:

1. That the actions of the Board of Health for the Haldimand-Norfolk Health Unit at this Board of Health Meeting held the 3rd of July 2024, and each motion and resolution passed and other action taken by The Board of Health for the Haldimand-Norfolk Health Unit at this meeting are hereby adopted and confirmed as if all such proceedings were expressly embodied in this By-Law.
2. That the Chair of the Board of Health and proper officials of the Haldimand-Norfolk Health Unit are hereby authorized and directed to do all things necessary to give effect to the actions of The Board of Health referred to in the preceding section hereof.
3. That the Mayor and Clerk are authorized and directed to execute all documents necessary in that behalf and to affix thereto the Seal of Norfolk County.

Enacted and passed this 3rd Day of July, 2024

Chair

County Clerk