



## 2020 BUDGET

WINDSOR-ESSEX COUNTY  
HEALTH UNIT

Corporate Services Division



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## Background

The Windsor-Essex County Health Unit (WECHU) is a publicly funded organization; as such the WECHU has a responsibility to spend funds prudently with the objective of providing public health programs and services as required by the Health Protection and Promotion Act (HPPA) and the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

The WECHU receives funding in the following manner:

- The Province of Ontario, more specifically the Ministry of Health, annually grants the WECHU funding to a maximum of 70% of admissible expenditures for its mandatory and certain related health protection and promotion programs. In addition, the WECHU receives required contributions from the Corporation of the City of Windsor, the Corporation of the County of Essex, and the Corporation of the Township of Pelee (hereinafter collectively referred to as the Obligated Municipalities) at a minimum of 30% of admissible expenditures. Previously, the Ministry of Health funded the mandatory program to a maximum of 75% of admissible expenditures (required contributions from the Obligated Municipalities were a minimum of 25%) and the related health protection and promotion programs at a rate of 100% of admissible expenditures.
- The Ministry of Health annually provides grants for certain related health protection and promotion programs at a rate of 100% of admissible expenditures. More specifically this includes the Ontario Seniors Dental Care Program and the AMOH/MOH Compensation Initiative.
- The Province of Ontario, more specifically the Ministry of Children, Community and Social Services (MCCSS) provides annual grants to fund the Healthy Babies Healthy Children Program Initiative and the Nurse Practitioner Program Initiative at a rate of 100% of admissible expenditures.

On an annual basis, the WECHU prepares its operating budgets for review and approval by its Board. The budget approval then becomes the foundation for the Annual Service Plan and Budget Submissions to the Ministry of Health and the MCCSS. The due date for the 2020 Annual Service Plan and Budget Submission to the Ministry of Health is March 1, 2020. The due date for the Budget Submission to the MCCSS for the Budget Submission included in this document was September 13, 2019.

A quarterly budget to actual variance analysis is prepared for the Board to supplement the quarterly reporting requirements to both the Ministry of Health and the MCCSS.

## Community Needs in Windsor-Essex and Ministry Requirements

To understand our budget, it is imperative to understand the needs of the community in Windsor and Essex County (WEC), including the public health challenges we face and attempt to address with finite financial and human resources. Beyond specific data driven community needs, in some instances the Ministry of Health outlines requirements that must be fulfilled based upon the Ontario Public Health Standards and related legislation.

In 2016 the WECHU completed a Community Needs Assessment (CNA) to identify population health needs and to describe factors that should be addressed to improve the health and well-being of

individuals in our community. The assessment was updated in 2019 to identify any new or emerging trends previously unidentified. The findings highlight opportunities for the WECHU and its community partners in addressing and prioritizing the health needs of our community. Furthermore, this report also provides information on some of the disparities and health inequities found within WEC. Below is a summary of key findings related to the public health needs in WEC, as well as details about Ministry of Health mandated requirements (where applicable). For more information please see the [2019 Community Needs Assessment](#) on the WECHU website and the [Ontario Public Health Standards](#).

## Population Information

- Windsor and Essex County has a population of 398,953 people (2016 Census). The latest population projections (based on the 2011 Census), show that the local population is expected to grow to approximately 450,000 people by 2029.
- As of 2016, 17.7% of the local population are seniors (65 years of age or older). The proportion of seniors in Windsor and Essex County is projected to grow steadily. By 2029, seniors are projected to account for approximately 24% of the local population.
- Data from 2013-15 shows that the rate of preventable deaths among Windsor and Essex County residents (140.1 deaths per 100,000 residents) remains significantly higher than Ontario's rate (121.8 deaths per 100,000 residents). Preventable deaths contribute to a shorter life expectancy and a higher likelihood of premature death among Windsor and Essex County residents.

## Health Equity

The OPHS states that boards of health shall use local health information to identify health inequities and priority populations. This includes developing public health interventions that consider the unique needs of the community, and that focus on reducing health inequities experienced by priority populations. Efforts to address these aspects include supporting stakeholders in health equity analysis, policy development, and advancing healthy public policies to decrease health inequities. Health Equity is a Foundational Standard in the OPHS; as such, these aspects are to be integrated throughout the implementation of public health interventions. Examples of local data related to priority populations and social determinants of health include:

- According to the 2016 Census, 1 in 4 WEC children under age 5 (26.0%) lived in poverty and nearly 1 in 10 children in WEC were moderately or severely food insecure (a measure of income-dependent food accessibility).
- Between 2007-2017 rates of emergency room visits in Windsor and Essex County related to self-harm were 53.1% higher for women as compared to men.
- In 2017, the rate of alcohol-related emergency department visits was 4.8 times greater among residents from impoverished areas in the community.
- The rate of Windsor and Essex County residents visiting the emergency department for mental health-related outcomes was seven-times higher for residents of low socioeconomic status compared to residents of high socioeconomic status in 2017.

## Chronic Disease and Well-Being

Under the Chronic Disease and Well-Being standard, the OPHS requires boards of health to consider a range of topics based on local need, and provide interventions aimed at reducing the burden of chronic

disease and improving well being for local residents. In WEC, priorities include improving mental health, and increasing healthy eating and physical activity. Local public health interventions to address these priorities involve a comprehensive health promotion model that includes: public education and awareness, policy and supportive environments, and direct services. Some examples of data related to the local priorities include:

- In 2015/16, approximately two out of every three (64.5%) residents in Windsor and Essex County were overweight or obese, making it the most common chronic health problem locally. This is significantly higher than the rate in Ontario (58.3%).
- In 2015, cardiovascular disease was the leading cause of chronic disease death in Windsor and Essex County and the rate of these deaths (215.2 deaths per 100,000 residents) was significantly higher than the rate for Ontario (170.0 deaths per 100,000 residents).
- In 2015/16, approximately one in ten (10.2%) residents in WEC reported experiencing a mood disorder.
- The rate of mental health-related emergency department visits for Windsor and Essex County residents (2,499.6 visits per 100,000 residents in 2017) was significantly higher than Ontario (2,181.9 visits per 100,000 residents in 2017).

### **Food Safety**

Activities under the Food Safety standard aim to prevent and/or reduce exposure and transmission of food-borne illnesses. The OPHS and the Health Protection and Promotion Act (HPPA) dictate minimum requirements for inspection, enforcement, surveillance, and reporting under the Ontario Food Premises Regulation; and for monitoring, reporting, and responding to suspected and confirmed food-borne illnesses or outbreaks. Boards of health are also to provide food safety education, training, and certification. Examples of local data that influence program implementation include:

- In 2018, the highest rates of enteric illness reported in WEC were campylobacter enteritis (17.4 cases per 100,000 residents) and salmonellosis (12.9 cases per 100,000 residents).
- The WECHU inspected 2860 food premises in Windsor Essex County in 2018; over half (53%) of the food premises are considered high or moderate risk, which require a minimum of 2-3 compliance inspections each year.
- The WECHU trained and certified 1942 food handlers in 2018. For 2019, 1540 have been certified to date.

### **Healthy Growth and Development**

Under the Healthy Growth and Development standard, the OPHS directs boards of health to consider a range of topics based on an assessment of local need, with the goal of achieving optimal newborn, child, youth, parental, and family health. Local priorities include maternal and child mental health, preconception health, preparation for parenting, healthy pregnancies, growth and development, and breastfeeding. A strong focus has been placed on priority populations that are at an increased risk of negative health outcomes; including mothers under the age of 24, parents and children of low socioeconomic status, parents with mental health concerns, children affected by adverse childhood experiences, and newcomers. Local public health interventions to address these priorities involve a comprehensive health promotion model that includes: public education and awareness, policy and

supportive environments, and direct services. Some examples of data related to the local priorities include:

- In 2018, 7.0% of pregnant women in Windsor and Essex County reported smoking during pregnancy.
- In 2018, folic acid consumption prior to, and during pregnancy, was significantly lower in WEC (7.0%) compared to the 2016 provincial average (31.3%), even though folic acid is strongly recommended for optimum fetal development.
- In 2017, the proportion of Windsor and Essex County mothers who reported an intention to breastfeed (exclusively or in combination with a breast-milk substitute) was significantly lower (89.6%) than mothers in Ontario (94.0%). At 6-months postpartum, only 60.1% of mothers reported that they were breastfeeding, and only 15.5% reported that they were exclusively breastfeeding.
- In 2017, a significantly higher proportion of WEC mothers of infants were single parents (6.2%) compared to Ontario (4.7%). Additionally, 6.6% of parents or parenting partners in Windsor and Essex County were involved with child protection services, a significantly higher proportion compared to Ontario (3.9%).

### **Immunization**

The goal of the Immunization standard is to eliminate the burden of vaccine preventable diseases through immunization. According to the OPHS, boards of health must ensure effective inventory management for provincially funded vaccines, timely and effective outbreak management related to vaccine preventable disease, and access to provincially funded immunization programs and services through community and school based clinics. In addition, the Immunization of School Pupils Act (ISPA) requires boards of health to assess the immunization records of students in schools to determine coverage rates, and enforce the requirements of the ISPA. Local data that influences program implementation include:

- In the 2017/18 school year, coverage estimates in 7-year olds met the national average of 95% for two diseases (meningococcal disease and rubella).
- In the 2017/18 school year, coverage estimates in 12-year olds did not meet the national goal of 90% for meningococcal disease, hepatitis B, and human papilloma virus.
- In the 2017/18 school year, coverage estimates in 17-year olds met the national goal for measles, mumps, and rubella.
- Vaccine preventable diseases (e.g., Chickenpox) were the third most common type of diseases of public health significance reported in Windsor and Essex County in 2018, accounting for 11% of all reportable cases.

### **Infectious and Communicable Diseases**

Under the Infectious and Communicable Diseases Prevention and Control standard, boards of health are required to work toward reducing the burden of communicable diseases and other infectious diseases of public health significance by: responding to all reports of infectious diseases and implementing associated protocols to investigate cases, contacts, and outbreaks; working with community partners and service providers to provide infection prevention and control (IPAC) education; responding to outbreaks and providing outbreak prevention, management, and control;

and by managing all zoonotic and vector-borne diseases (ZVBD) of public health significance. Local data that influences program implementation include:

- There were 2,194 cases of diseases of public health significance reported in WEC in 2018. Sexually transmitted and blood-borne infections (e.g., Gonorrhea) accounted for approximately 60% of all cases.
- In 2018, respiratory diseases (e.g., Pertussis) were the second most common type of diseases, accounting for 18% of all reportable cases.
- In 2018, 26 mosquito pools tested positive for West Nile Virus (WNV) and 13 human cases of WNV were reported. In 2019 one mosquito pool tested positive for Eastern Equine Encephalitis (EEE)
- Since 2016, invasive mosquito species *Ae. aegypti* and *Ae. albopictus*, vectors of the Zika virus, have been identified in WEC (the first in Canada).
- The total number of ticks submitted through passive surveillance increased from 94 in 2013 to 338 in 2018 (a 260% increase).

### Healthy Environments

Activities under the Healthy Environments standard aim to reduce exposure to health hazards and mitigate existing and emerging health hazard risks, including climate change. These efforts include: collaboration with municipalities and relevant partners, identifying priority health needs related to the built and natural environment, and implementation of public health interventions based on local needs. Boards of health are also required to inspect facilities where there is an elevated risk of health hazards, investigate potential health hazard exposures, and respond to reports of health hazards. Examples of data used to identify local priorities and influence program implementation include:

- From 2007 to 2017, the rate of heat-related ED visits in WEC ranged from 6.8 to 13.6 cases per 100,000 residents. Between 2011 and 2016, notably, the rise in heat-related ED visits correlates with the record number of heat days experienced during these years.
- Annually, between 2003 and 2014, there were 13 days (median) with smog advisories in Windsor and Essex County.
- The WECHU has approximately 690 seasonal housing accommodations that require inspections every 8 months, as required by Services Canada.

### Safe Water

Activities under the Water Safety standard aim to prevent and/or reduce exposure and transmission of water-borne illnesses. The OPHS and the HPPA dictate minimum requirements for inspection, enforcement, surveillance, and reporting under the Safe Drinking Water Act; and for monitoring, reporting, and responding to suspected and confirmed water-borne illnesses or outbreaks. A unique issue in WEC is the presence of blue-green algae blooms that appear in Lake Erie and Lake St. Clair every summer affecting both the ecology and safety of water in this area. Water safety education and information is provided to school boards, local public works and utilities, and small drinking water system owners/operators, private well owners, and the general public. Examples of local data that influence program implementation include:

- To date, in 2019 the WECHU inspected 157 recreational water facilities. Of these, 41 required re-inspection and there have been 2 pool closures. There have been 11 complaints received to date in 2019.
- There are nine public beaches in the region monitored for E. coli levels and blue-green algae. These nine beaches were monitored weekly over a 14-week time period in 2018 resulting in 675 beach water samples submitted. Of these samples, 35 resulted in a warning being issued due to the water quality and there were six results that required a beach closure.

## School Health

The goal of the School Health standard is to achieve optimal health of school-aged children and youth through partnership and collaboration with schools and school boards. The OPHS requires boards of health to consider a range of topics based on local need, and provide interventions aimed at improving the health of school-aged children and youth. In WEC, priorities include improving sexual health, mental health, and increasing healthy eating and physical activity amongst school-aged youth. Local public health interventions to address these priorities involve a comprehensive health promotion model that includes: public education and awareness, policy and supportive environments, and direct services. Some examples of data related to the local priorities include:

- Between 2005 and 2014, adolescents and young adults (15-29 years old) accounted for 72% of all cases of sexually transmitted blood-borne infections (STBBI) in WEC, and they were over 10-times more likely to have an STBBI than the rest of the WEC population.
- Emergency department visits for intentional self-harm in WEC has increased by 29% among youth (10-19 years) between 2012 and 2017.
- In 2015/16, only 18.8% of WEC youth (12 to 19 years of age) self-reported eating vegetables and fruits five or more times per day.
- In 2015/16, 32.8% of WEC youth (12 to 17 years of age) were overweight or obese as compared to 23.6% of Ontario youth (based on self-reported weight and height).

## Oral Health

The OPHS specifies that boards of health shall provide the Health Smiles Ontario (HSO) program in accordance with the Oral Health Protocol (2018). In addition, the OPHS states that boards of health shall collect local oral health data and promote oral health based on locally identified needs. Local priorities include improving oral health in children, especially in children from lower socioeconomic status households. This is accomplished through the provision of the HSO program, use of local data to identify opportunities to promote oral health, and the development of health promotion interventions to reduce oral health disease amongst priority groups.

- Local school screening results show that children with decay and/or requiring urgent care has increased by 51% between the 2011/12 and 2016/17 school years.
- Compared to Ontario, the percentage of children with urgent dental needs in 2016/17 was two-times greater locally.
- School screening data from 2018/2019 showed that 12.4% of children screened required urgent dental care.



## Vision

The OPHS specifies that boards of health shall provide, in collaboration with community partners, visual health supports and screening services in schools based on the Child Visual Health and Vision Screening Protocol (2018). Examples of local data that influence program implementation include:

- In 2016, 57% of 3-6 years olds from WEC did not have an eye exam by either an optometrist or a physician.
- The WECHU vision screening pilot (2018/19 school year) screened 1494 children in a total of 54 schools.
- In 2018/19, 67% (1005) of SK children passed all three-vision tests and 33% (499) children were referred to an optometrist for a comprehensive eye exam.
- There are approximately 4000 SK children attending WEC elementary schools to be screened in the 2019/20 school year.

## Substance Use and Injuries

The OPHS states that boards of health shall use local data to inform public health interventions specific to substance use and injuries. This includes collaboration with local stakeholders and prioritization of interventions based on local needs. The OPHS also requires the enforcement of the Smoke-Free Ontario Act and the Electronic Cigarettes Act, based on both the Tobacco Protocol (2018) and the Electronic Cigarettes Protocol (2018). Local priorities related to substance use involve a focus on smoking cessation and enforcement; as well as, alcohol, opioid, and methamphetamine consumption. Local priorities related to injuries include falls and land transportation collisions. Local public health interventions to address these priorities involve a comprehensive health promotion model that includes: public education and awareness, policy and supportive environments, and direct services. Some examples of data related to the local priorities include:

- Alcohol-related health outcomes were the most common cause of substance-use related Emergency Department (ED) visits, amounting to 2271 visits in 2017. Alcohol-related ED visits rates rose by 200% between 2007 and 2017.
- Opioid-related health outcomes were the second most common cause of substance related ED visits in 2017, at a rate of 143.2 visits per 100,000 population. Opioid-related ED visit rates have increased by 200% from 2007-2017.
- In 2018, 48 people died in Windsor and Essex County from opioid-related causes— a 33 per cent increase from 2017.
- In 2017, the rate of methamphetamine-related ED visits were more than three-times higher in WEC compared to the province (98.2 vs. 31.3 ED visits per 100,000 residents). From 2015 to 2017, the rate of methamphetamine ED visits has increased by 242%.
- Falls accounted for 33% of all injury-related ED visits in WEC in 2017. Approximately, 56% of all injury-related hospitalizations in 2017 were due to falls.
- Land transportation collisions accounted for 9% of all injuries experienced in WEC in 2017. In 2017 there were 662.1 ED visits per 100,000 population in WEC.

## Summary

Efforts by the WECHU are focused on delivering legislated programs, as well as mandatory program areas of consideration based on locally determined needs. As such, the use of data pertaining to local

health outcomes and inequities is used to directly inform the development and implementation of public health interventions. This is accomplished with the goal of promoting, protecting, and improving the health and well-being of all Windsor and Essex County residents.

### 2020 Budget (Cost-Shared)

	2020 \$	2019 \$	Change \$
Mandatory Program	19,058,100	19,902,586	(844,486)
Vector-Borne Diseases Program	322,000	350,000	(28,000)
Healthy Smiles Ontario	1,529,700	1,529,700	-
Smoke-Free Ontario Strategy	636,700	636,700	-
Infectious Diseases Control Initiative	461,700	466,517	(4,817)
Nursing Initiatives	392,100	437,253	(45,153)
Harm Reduction Program Enhancement	250,000	250,000	-
Needle Exchange Program Initiative	63,000	63,000	-
Enhanced Food Safety - Haines Initiative	53,800	53,800	-
Enhanced Safe Water Initiative	32,900	32,900	-
	<b>22,800,000</b>	<b>23,722,456</b>	<b>(922,456)</b>

Total budgeted expenditures for the 2020 are \$22,800,000 compared to \$23,722,456 for 2019, representing a \$922,456 or 3.89% decrease from 2019. In compiling the 2020 budget, the Leadership Team undertook a detailed review of all programs including FTE allocation and operational budgets and, where appropriate, reduced and or redeployed resources to ensure continuity of required programs and services.

The 2020 budget contemplates receiving \$15,960,000 from the Ministry of Health in base funding. The base funding estimate is based upon verbal consultations with the Ministry of Health in the fall of 2019. Actual approvals for the 2020 budget year are not expected to be received until Spring/Summer of 2020 and could vary from this estimate.

In addition to base funding, the Ministry of Health is providing one-time funding of \$700,000 to the WECHU to help mitigate the financial impact of the change in the funding formula.

Required contributions from the Obligated Municipalities for 2020 are as follows:

	2020 \$	2019 \$	Change \$
Corporation of the City of Windsor	3,445,406	3,132,187	313,219
Corporation of the County of Essex	2,879,738	2,617,944	261,794
Corporation of the Township of Pelee	3,729	3,390	339
	<b>6,328,873</b>	<b>5,753,521</b>	<b>575,352</b>

The increase in required contributions from the Obligated Municipalities over 2019 is attributed to the increase in the number of programs Obligated Municipalities are required to fund in 2020 compared to

prior years. The increase was limited to 10% from prior year's contributions to be consistent with guidance from the Ministry of Health.

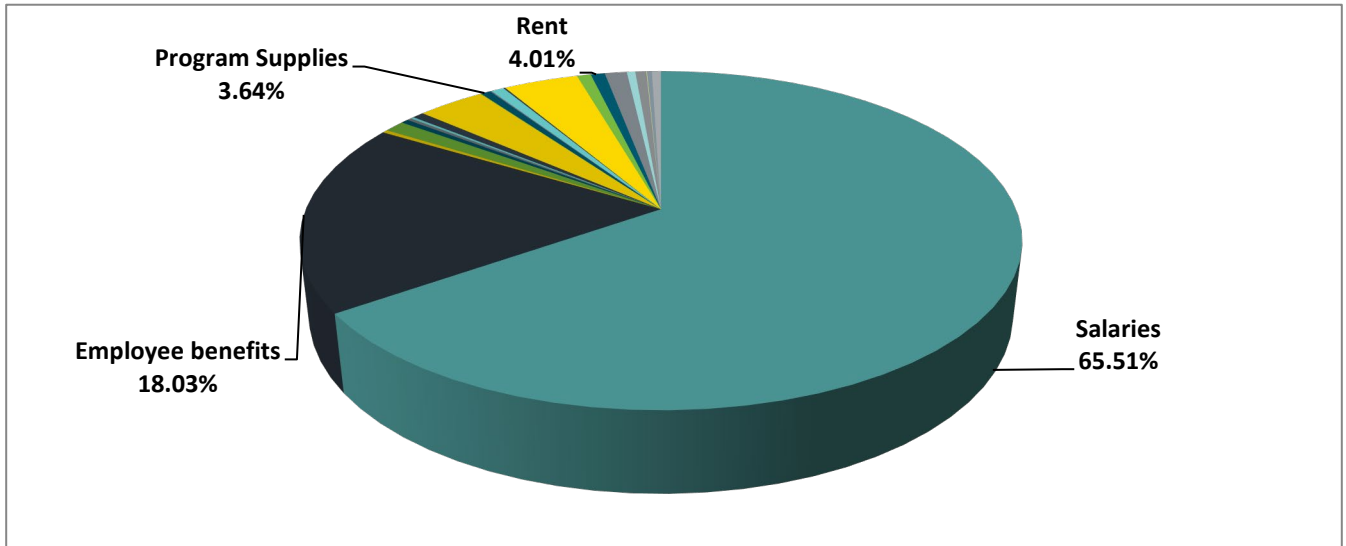
For additional details on the Funding Sources and Ratio, refer to *Appendix A, Funding Sources*.

## 2020 Mandatory and Vector-Borne Diseases Program Budgets

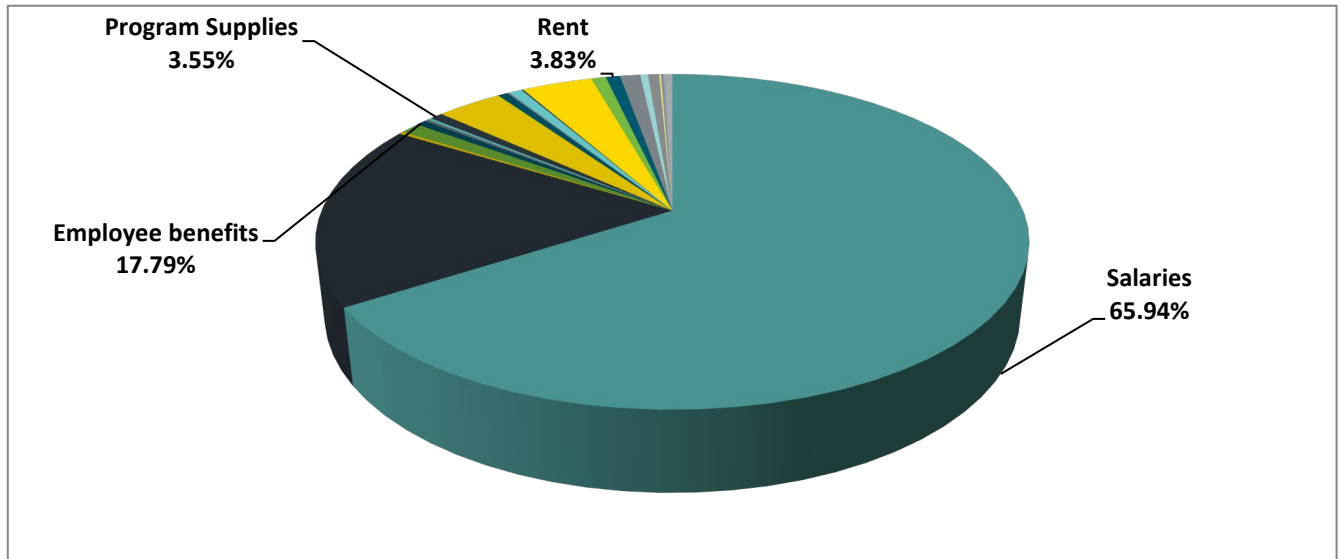
Total budgeted expenditures for 2020 are \$19,380,100, compared to \$20,252,586 in 2019, representing an \$872,486 decrease over 2019. These expenditures are comprised of salaries and benefits of \$16,116,677 (2019 - \$16,831,023) and other operating costs of \$3,183,711 (2019 - \$3,271,563).

	2020	2019	Variance
Salaries	12,596,305	13,255,133	(658,828)
Employee benefits	3,520,372	3,575,890	(55,518)
Travel and meetings	55,453	48,752	6,700
Mileage	216,425	216,425	-
Professional development	76,200	109,100	(32,900)
Association and membership fees	45,000	45,000	-
Office supplies	35,000	40,000	(5,000)
Office equipment rental	140,000	142,000	(2,000)
Program supplies	696,666	714,626	(17,600)
Advertising and promotion	8,000	8,500	(500)
Purchased services	102,500	105,310	(2,810)
Board expenses	15,368	22,450	(7,082)
Professional fees	133,000	143,300	(10,300)
Bank charges	20,000	20,000	-
Rent	771,500	770,000	1,500
Building maintenance	144,300	161,300	(17,000)
Utilities	145,000	155,000	(10,000)
Taxes	228,000	221,000	7,000
Insurance	87,000	83,500	3,500
Telephone	115,000	121,200	(6,200)
Security	3,500	17,500	(14,000)
Vehicle expenses	2,300	2,100	200
Postage and freight	50,500	33,500	17,000
Parking	93,000	91,000	2,000
<b>Total Expenditures</b>	<b>19,300,388</b>	<b>20,102,586</b>	<b>(802,199)</b>
Offset Revenue	(242,288)	(200,000)	(42,288)
<b>Total Expenditures, net offset revenue</b>	<b>19,058,100</b>	<b>19,902,586</b>	<b>(844,486)</b>
Vector-borne Disease Program, net	322,000	350,000	(28,000)
<b>Total 2020 Expenditures, net offset revenue</b>	<b>19,380,100</b>	<b>20,252,586</b>	<b>(872,486)</b>

**2020**



**2019**



**Salaries and employee benefits**

Total salaries decreased 4.24% over the 2019 budget. The decrease is attributed to changes in head count offset by an estimate of contractual rate increases for the 2020 fiscal year. Additional information on changes will be discussed in Committee of the Whole.

Total budgeted employee benefits as a percentage of total salaries in 2020 amounted to 27.95% compared to 26.54% in 2019. The increase over 2019 is attributed to estimated increases in premiums for such benefits as medical, life insurance, disability insurance, extended health care and dental of approximately

6.31%. Adding to this is the impact of changes in head count and/or changes maximums and or rates used in calculating certain payroll deductions and remittances (i.e. E.I., C.P.P., and WSIB).

Refer to *Appendix B, FTE Continuity*, for additional details relating to Salaries and Benefits.

### **Operating expenses**

Total budgeted operating expenses for 2020 are \$3,183,711 compared to \$3,271,563 in 2019, representing a decrease of \$87,852 from 2019. The Leadership Team embarked upon a line-by-line review of operating expenses with the objective of reducing and or reprioritizing dollars to maintain the efficient operations of programs and services. Changes to financial statement captions greater than \$10,000 include:

- Detailed review of professional development allotments for the WECHU staff and the Board of Health. Total budget reductions for 2020 of \$34,150 (Professional development financial caption - \$32,900; Board expenses financial caption - \$1,250).
- Detailed review of program supplies budgets resulting in a net reduction of \$17,960.
- Detailed review of professional fees resulting in a decrease of \$10,300.
- Detailed review of building occupancy costs resulting in a net reduction of \$33,200. The largest reductions in budget resulted from the following financial captions: i) Building maintenance; ii) Utilities; iii) Telephone; iv) Security.

### **Vector-Borne Diseases Program**

Expenditures included in this financial caption support the vector-borne disease surveillance and control program for WEC. More specifically this includes the West Nile Virus Program, the Enhanced Mosquito Surveillance Program and the Tick Borne Disease Program. Details on budgeted 2020 expenditures are below:

	<b>West Nile Virus Program</b>	<b>Enhanced Mosquito Surveillance Program</b>	<b>Tick Borne Diseases Program</b>
Salaries and benefits	60,662	40,442	-
Operating expenditures:			
Mileage	6,338	2,550	-
Public awareness campaign	10,000	10,000	20,000
Program supplies	15,000	12,008	-
Purchased services	150,000	20,000	-
Total operating expenditures	242,000	85,000	20,000
Less: Other grants	-	25,000	-
<b>Total 2020 budgeted expenditures</b>	<b>242,000</b>	<b>60,000</b>	<b>20,000</b>

### **2020 Ministry of Health Related Program Budgets**

The following represents the 2020 budgets for related health protection and promotion program initiatives funded by a grant from the Ministry of Health to a maximum of 70% of admissible expenditures and by the Obligated Municipalities with required contributions at a minimum of 30%:

- Healthy Smiles Ontario Program;

- Smoke-Free Ontario Program;
- Infectious Diseases Control Initiative;
- Nursing Initiatives;
- Harm Reduction Program Enhancement;
- Needle Exchange Program Initiative;
- Enhanced Food Safety Initiative;
- Enhanced Safe Water Initiative;

The 2020 **Healthy Smiles Ontario Program (HSO)** budget supports 13.90 FTEs comprised of a manager (0.4), dental assistants (5.5), dental hygienists (5.5), a health promotion specialist (0.5) and support staff (2). The objective of the program is to provide preventive, routine, emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under. Details of the 2020 budget are as follows:

	2020	2019	Variance
Salaries and benefits	1,182,702	1,207,326	(24,624)
Operating expenditures:			
Travel and meetings	8,000	8,000	-
Mileage	10,000	10,000	-
Professional development	4,410	5,500	(1,090)
Association and membership fees	1,500	300	1,200
Office supplies	4,500	4,500	-
Program supplies	125,174	131,674	(6,500)
Purchased services	182,000	162,400	19,600
Security	11,414	-	11,414
Total operating expenditures	346,998	322,374	24,624
<b>Total 2020 budgeted expenditures</b>	<b>1,529,700</b>	<b>1,529,700</b>	-

For 2020, total salaries and benefits are anticipated to decrease \$24,624 from 2019. The decline in salaries and benefits is attributed to the reallocation of a portion of the Program Manager's time from the HSO program to the new Ontario Seniors Dental Care Program. In response to the changes in the hours of operations for the dental clinics, \$24,646 of funding is being redeployed into operations, primarily the Purchased services financial caption (\$19,600) and Security financial caption (\$11,414). Dental clinics will now operate from 8:30 a.m. to 8:00 p.m. Monday through Friday in Windsor.

The **Smoke-Free Ontario Strategy Program** support 6.65 FTEs comprised of a manager (0.65 FTE), tobacco enforcement officers (5.0 FTEs) and a youth engagement coordinator (1.0 FTE). Base funding for this program must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels. Tobacco control activities must be based in evidence and best practices, contributing to reductions in tobacco use rates. In addition, Boards of Health must comply with and adhere to the Smoke-Free Ontario Strategy: Public Health Tobacco Control Program Guidelines and the Directives: Enforcement of the Smoke-Free Ontario Act.

	2020	2019	Variance
Salaries and benefits	564,661	546,350	18,311

Operating expenditures:			
Travel and meetings	3,045	3,045	-
Mileage	32,000	30,000	2,000
Professional development	2,115	3,380	(1,265)
Program supplies	14,879	28,725	(13,846)
Purchased services	20,000	25,200	(5,200)
Total operating expenditures	72,039	90,350	(18,311)
<b>Total 2020 budgeted expenditures</b>	<b>636,700</b>	<b>636,700</b>	<b>-</b>

For 2020, total salaries and benefits are anticipated to increase \$18,311 due to changes made in 2016 resulting from the implementation of internal equity and certain other adjustments. This increase will be offset by reductions in a number of operating lines as noted above. To further support this program, \$11,971 was budgeted for under the Program supplies financial caption of the Mandatory program budget.

The remainder of the other related program initiatives are as follows:

	2020	2019	Variance
Infectious Diseases Control Initiative	461,700	466,517	(4,817)
Nursing Initiatives	392,100	437,253	(45,153)
Harm Reduction Program Enhancement	250,000	250,000	-
Needle Exchange Program Initiative	63,000	63,000	-
Enhanced Food Safety Initiative	53,800	53,800	-
Enhanced Water Safety Initiative	32,900	32,900	-
<b>Total 2020 budgeted expenditures</b>	<b>1,253,500</b>	<b>1,303,470</b>	<b>(49,970)</b>

To further support these programs, additional amounts were budgeted under the Benefits financial statement caption of the Mandatory program budget, the details of which are disclosed below:

	2020
Infectious Diseases Control Initiative	14,058
Nursing Initiatives	53,312
<b>Total</b>	<b>67,370</b>

**Infectious Disease Control Initiative:** Base funding for this initiative supports the hiring of infectious diseases control positions (4.5 FTEs) and supporting these staff to monitor and control infectious diseases. They serve to enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management. Total funding approval for 2019 amounted to \$461,700 and supports staffing (salaries, benefits and mileage). For 2020, the amount in excess of the 2019 funding approval or \$14,058 has been budgeted for in Benefits financial caption of the Mandatory program budget.

**Nursing Initiatives:** Base funding supports the Board of Health for the following nursing initiatives and positions: 1. Chief Nursing Officer; 2. Infection Prevention and Control Nurses; 3. Social Determinants of Health Nurses. The Amending Agreement with the Ministry of Health has certain educational and

professional requirements that must be satisfied for expenditures to be considered admissible under this funding. Total funding approval for 2019 amounted to \$392,100 and supports up to or greater than four (4) FTE's. For 2020, the amount in excess of the 2019 funding approval or \$53,312 is budgeted for in the Benefits financial caption of the Mandatory program budget.

**Harm Reduction Program Enhancement:** Base funding for this initiative supports the Board of Health in the activities associated with its Local Opioid Strategy. More specifically, it supports 2.5 FTEs dedicated to working on activities associated with: i) Our local opioid response; ii) Naloxone Distribution and Training; iii) Opioid Overdose Early Warning and Surveillance. Total funding approval for 2019 amounted to \$250,000 and supports staffing (salaries and benefits).

**Needle Exchange Program Initiative:** Base funding for this initiative supports the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program. Total funding approval for 2019 amounted to \$63,000.

**Enhanced Food Safety – Haines Initiative:** Base funding for this initiative was established to augment the Board of Health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario". Total funding approval for 2019 amounted to \$53,800 and supports staffing (salaries and benefits) as well as program supplies.

**Enhanced Safe Water:** Base funding for this initiative should be used to increase the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the Ontario Public Health Standards. Total funding approval for 2019 amounted to \$32,900 and supports staffing (salaries and benefits) as well as program supplies.

## 2020 Ministry of Health Related Program Budgets (100%)

The following represents the 2020 budgets for related health protection and promotion program initiatives funded by a grant from the Ministry of Health at a rate of 100% of admissible expenditures. These include:

- Ontario Seniors Dental Care Program;
- AMOH/MOH Compensation Initiative.

Note: The AMOH/MOH Compensation Initiative is subject to an annual application process with the Ministry of Health. The 2019 approved allocation was \$38,000 with cash flows adjusted accordingly to reflect the WECHU's current circumstances. As such, a budget for this initiative is not presented.

In April of 2019, the Province of Ontario announced a new **Ontario Seniors Dental Care Program (OSDCP)**. This program provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. Implementation of this program is anticipated to commence November 1, 2019.

The 2020 **OSDCP** budget supports 8.5 FTEs comprised of a manager (0.5), a coordinator (1.0), a dentist (1), dental assistants (2), dental hygienists (2), a health promotion specialist (0.5) and support staff (1.5). Details of the 2020 budget are as follows:



	<b>2020</b>
Salaries and benefits	816,947
Operating expenditures:	
Travel and meetings	8,000
Mileage	15,000
Professional development	3,000
Association and membership fees	1,500
Office supplies	4,500
Other	414,339
Program supplies	200,000
Purchased services	200,000
Security	11,414
Total operating expenditures	857,753
<b>Total 2020 budgeted expenditures</b>	<b>1,674,700</b>

As the WECHU currently does not have experience, in terms of program up-take and volumes, an Other financial caption was included in the budget, representing the remainder of the budget dollars up to the WECHU's 2019 approval level. Actual experience could show that additional FTEs and or supplies will be required to service this program in 2020. Further financial information will be made available to the Board in the WECHU's 2020 quarterly budget to actual variance analysis.

### **2019/2020 Ministry of Children, Community and Social Services Program Budgets**

In August of 2019, the MCCSS communicated to all public health units that the fiscal year for all programs funded by MCCSS would change to align to the Province of Ontario fiscal year (April 1, 2019 to March 31, 2020) on a going-forward basis. In response to this, the WECHU was required to submit revised budgets contemplating this change. The following represents the 2019/2020 budgets for program initiatives funded by the MCCSS, namely:

- Healthy Babies Healthy Children Program Initiative
- Nurse Practitioner Program Initiative

**Healthy Babies Healthy Children Program Initiative** supports 27.0 FTEs comprised of managers (2), nurses (17), family home visitors (4), social worker (1) and support staff (3). The objective of the program is to ensure a healthy future for children and their families. The 2019/2020 expenditure budget is detailed below. Total funding envelope for this program is \$2,755,841. Details of the 2019/20 budget are as follows:

	<b>2019/20</b>
Salaries and benefits	2,623,390
Operating expenditures:	
Mileage	60,000
Travel and meetings	3,000
Professional development	10,400
Program supplies	44,051
Purchased services	15,000
Total operating expenditures	132,451

<b>Total 2019/20 budgeted expenditures</b>	<b>2,755,841</b>
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The **Nurse Practitioner Program Initiative** supports 1.0 FTE (nurse practitioner). The objectives of the program are to promote healthy pregnancy, birth and infancy for children, improve parenting and family supports, strengthen early childhood development, learning and care. Total funding envelope for this program is \$139,000. Details of the 2019 budget are as follows:

	<b>2019/20</b>
Salaries and benefits	136,500
Mileage	2,500
<b>Total 2019/20 budgeted expenditures</b>	<b>139,000</b>

## Risk Assessment

Inherent in any budget process is risk, as there are a number of uncertainties that could generate budget variances, either positive or negative. To that end, the Leadership Team makes efforts to arrive at reasonable assumptions to form the basis for the WECHU's budget. The impact of those uncertainties will be analyzed throughout fiscal 2020 and mitigation strategies implemented as required.

The following is a list of potential risks arising from the 2020 Budget:

1. Funding approval from the Ministry of Health less than the amount budgeted. This will require the Leadership Team to review financial results to determine whether operational efficiencies can be achieved to fund any shortfall or seek additional contributions from the Obligated Municipalities.
2. Changes to the Ontario Public Health Standards with no resulting increase in funding from the Ministry of Health.
3. Costs associated with capital projects. Legal and project management costs associated with capital projects have not been contemplated in the 2020 budget. As at the writing of this report, the WECHU has not received any further communications for the Ministry of Health regarding the extension of the planning grant that expired in March of 2019.
4. Labour negotiations and other labour related matters. The collective bargaining agreement with employees represented by the Canadian Union of Public Sector Employees expires December 31, 2019. The outcome associated with negotiations represent a financial risk to the WECHU. In addition, labour related matters associated with pay equity are ongoing and may represent a financial risk to the WECHU.
5. Other operating costs. In arriving at budgeted operating costs, the Leadership Team attempted to factor in the impact of external pressures, such as inflation and market pressures, on expenditures. In 2020, the WECHU will look to mitigate these pressures first through ensuring that appropriate procurement procedures are followed. Secondly, the WECHU will actively monitor budget to actual results on a departmental basis and on an account-by-account basis and implement mitigation strategies (i.e. looking for operational efficiencies), if required.

## Recommendations

The Leadership Team recommends:

That the 2020 Budget, as presented, requiring \$15,960,000 of base funding and \$700,000 of one-time funding from the Ministry of Health, and \$6,328,873 of funding from the Obligated Municipalities, the

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Corporation of the City of Windsor, the Corporation of the County of Essex and the Corporation of the Township of Pelee, be approved.

That total Mandatory program expenditures net of offset revenue for 2020, in the amount of \$19,058,100 be approved.

That total expenditures for 2020 relating to the Vector-Borne Disease program, in the amount of \$322,000, be approved.

That total Related program expenditures for 2020, funded on a Cost-Shared Basis, in the amount of \$3,419,900 be approved.

That total Related program expenditures for 2020, funded by the Ministry of Health, in the amount of \$1,674,700 be approved.

That total 2019/20 Healthy Babies Healthy Children Program Initiative expenditures, funded by the Ministry of Children, Community and Social Services, in the amount of \$2,755,841, be approved.

That total 2019/20 Nurse Practitioner Program Initiative expenditures, funded by the Ministry of Children, Community and Social Services, in the amount of \$139,000, be approved.



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