



2019 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 and 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 and Long-Term Care (“MOHLTC”), annually grants the WECHU funding to a maximum of 75% of admissible expenditures. 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 25% of admissible expenditures. Throughout the remainder of this document, this will be referred to as the Cost Shared Budget.
- The MOHLTC annually provides grants for Related Health Protection and Promotion Programs on a 100% basis.
- The Province of Ontario, more specifically the Ministry of Children and Youth Services (“MCYS”) provides annual grants to fund the Healthy Babies Healthy Children Program Initiative and the Nurse Practitioner Program Initiative on a 100% basis.

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 MOHLTC and MCYS. The due date for the 2019 Annual Service Plan and Budget Submission to the MOHLTC is March 1, 2019. The due date for the Budget Submission to MCYS is April 30, 2019.

A quarterly budget variance analysis is prepared for the Board to supplement the quarterly reporting requirements to both the MOHLTC and MCYS.

Community Needs in Windsor-Essex

To understand our budget, it is imperative to understand the needs of the community of Windsor and Essex County (“WEC”) including the public health challenges we face and attempt to address with finite financial and human resources.

In 2016, the WECHU completed a Community Needs Assessment 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. Below is a summary of key findings and health related areas in need of improvement in WEC (Table 4 Page 17). For more information please see [2016 Community Needs Assessment](#) on the WECHU website.

Sections	Key findings and areas in need of improvement
Population Demographics	<ul style="list-style-type: none"> • There were 403,625 individuals residing in WEC in 2015. • Compared to Ontario, WEC has an older population (65+ years old) that is projected to increase substantially over the next 25 years. • Educational attainment is lower in WEC compared to Ontario. • Poverty is a significant issue in WEC as the local population is disproportionately affected by poverty compared to Ontario.
General Health and Well-being	<ul style="list-style-type: none"> • In WEC, injury was the leading cause of preventable death among those under 45 years old; cancer was the leading cause among those 45 years old and over. • Life expectancy was lower in WEC, and rates for all mortalities, premature mortalities, and potentially avoidable mortalities were greater in WEC compared to Ontario. <p>The number of physicians per capita in WEC is lower compared to Ontario.</p>
Chronic Diseases and Injuries	<ul style="list-style-type: none"> • Over 1 in 5 adults in WEC report being a current smoker which is similar to the Ontario estimate. • The WEC population is disproportionately affected by greater rates of cancer compared to the rest of Ontario. • The mortality rate for chronic respiratory diseases and lung cancer is significantly greater in WEC compared to Ontario. • Over 80% of adults aged 45-64 years old in WEC are overweight or obese which is significantly greater than the Ontario average. • In WEC, there are over 30,000 visits to the emergency department (“ED”) for injuries each year; but the overall rate of injuries is lower in WEC when compared to Ontario. • Falls account for nearly 1 in 3 injury-related ED visits. • Intentional self-harm is the leading cause of injury-related death and it accounts for nearly 1 in 4 deaths caused by injury. • The use of motor vehicle seatbelts and bicycle helmets was lower in WEC compared to Ontario. • The rate of ED visits for misuse of drugs has been steadily increasing in WEC since 2009; this is being driven by an 83.9% increase in opioid-related ED visits, a 360.0% increase in cannabinoid-related ED visits, and a 122.6% increase in cocaine and other stimulant-related ED visits in WEC.
Family Health	<ul style="list-style-type: none"> • 34.6% of WEC mothers reported breastfeeding exclusively for 6 months. • Mothers in WEC were nearly 3-times less likely to use folic acid prior to and during pregnancy compared to Ontario. • Over 1 in 10 mothers reported smoking during pregnancy in WEC. • The birth rate and pregnancy rate in WEC was significantly lower than the provincial rate; this may relate to the stagnant population growth. • The rate of stillbirths was 57.0% greater in WEC compared to Ontario. • Over 1 in 5 children in WEC are not prepared for school (they are vulnerable in at least one domain of health related to school readiness). • Children in WEC have greater oral health needs compared to Ontario; nearly 1 in 7 children in junior kindergarten (“JK”) and Grade 2 have urgent dental needs.

Sections	Key findings and areas in need of improvement
Infectious Diseases	<ul style="list-style-type: none"> • Infectious diseases cause 2.0% of preventable deaths in WEC. • Sexually transmitted and blood-borne diseases account for over 2 in 3 cases of reportable diseases in WEC. • There has been a 30.2% increase in the rate of infectious diseases over the past 10 years in WEC; however, the WEC rate of reportable diseases has consistently remained lower than the Ontario rate. • Influenza, chlamydia, Lyme disease, syphilis, and salmonellosis were ranked as the reportable diseases that require the greatest priority.
Environmental Health	<ul style="list-style-type: none"> • The amount of parkland (4.65 hectares per 1,000 population) in the City of Windsor is greater than the municipal standard, the Canadian standard, and the World Health Organization standard. • Over 1 in 10 public elementary schools in WEC lack an open space. • Outdoor air quality is worse in WEC when compared to Ontario; nearly 1 in 4 elementary schools and 2 in 5 long-term care homes in WEC are within a traffic-related air pollution zone. • The percent of households that exceed safe radon levels is 1.7-times greater in WEC compared to Ontario. • In the past 10 years, there were more heatwaves and tornadoes in WEC than any other health unit region in Ontario. • The population density for WEC is greater than the population density for Southwestern Ontario. • Compared to Ontario, WEC has a greater proportion of older residential dwellings (over 1 in 3 dwellings in WEC were built more than 50 years ago).

In addition to our CNA findings, additional local factors of public health significance and trends are emerging that require public health intervention in our community. Some of these important factors are highlighted below:

Sections	Emerging Public Health Factors of Significance (Identified through 2018 Evidence-Based Program Planning)
Chronic Diseases and Injuries	<ul style="list-style-type: none"> • Only 25% of our residents meet their daily fruit and vegetable consumption recommendations, with males being less likely to meet the recommendations than females (20.3% vs. 32.8%), and youth with lower consumption rates than adults (15.5 vs. 27.7%). • In 2013-2014, 10% of WEC residents were moderately or severely food insecure. • In 2015, about 12,500 WEC residents were living in materially deprived areas and lacked walkable access to grocery stores. • Approximately 25% of residents from WEC met the Canadian Physical Activity Guidelines from 2015-2016. • The rate of mental health related ED visits was 42.7% higher in WEC compared to Ontario in 2016. • Alcohol-related ED visits rates rose by 200% from 2007-2017. • Opioid-related ED visit rates have increased by 200% from 2007-2017.

Sections	Emerging Public Health Factors of Significance (Identified through 2018 Evidence-Based Program Planning)
	<ul style="list-style-type: none"> • The number of drug-related overdoses reported by EMS increased from 505 in 2016 to 783 in 2017. • There were 37 opioid-related deaths in WEC in 2016; up from the 24 deaths in 2015, 19 of which were in the City of Windsor. • Cannabis-related ED visits rates rose by 6.8 times from 2007 to 2017.
Family Health	<ul style="list-style-type: none"> • In WEC, 24% of residents do not have dental insurance coverage. • Between 2010 - 2016, there were on average 921 oral health related visits to the ED per year. • In 2016, the rate of oral day surgeries for caries-related issues was 3-times greater locally than Ontario. Children age 1-10 had the highest rate of such surgeries. • Local school screening results show that children with decay and/or requiring urgent dental 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. • Every year, thousands of children begin school without ever having had a comprehensive eye exam, despite the fact that 25% of all children have a vision problem significant enough to impair their ability to learn. Recent provincial data indicates that 60% of children that experience reading difficulties have uncorrected or undetected vision problems, and almost 25% of school aged children have vision problems. In 2016, 57% of 3-6 years olds from WEC did not have an eye exam by either an optometrist or physician.
Infectious Diseases	<ul style="list-style-type: none"> • In 2017, there were 107 cases of chickenpox, 36 cases of invasive streptococcus pneumonia ("IPD"), 15 cases of pertussis, 2 cases of mumps, 1 case of invasive meningococcal disease, and 1 case of tetanus in WEC. • The rate of IPD increased by 53% from 2014 to 2017. • In the 2017/18 flu season, there were 161 cases of influenza in WEC (39 cases per 100,000 residents). • There were 59 respiratory outbreaks and 16 enteric outbreaks in local institutions in the 2017/18 flu season. Influenza outbreaks accounted for 54% of all respiratory outbreaks. • Immunization coverage for 7-year olds in the 2016/17 school year, for all immunizations under the Immunization of School Pupils Act (except varicella), was below the national goal. WEC ranked among the bottom 10% of all health units for this group. • From 2012 to 2017, there was a 180% increase in incidence rates of invasive Group A Streptococcal disease. • Rates of active Tuberculosis cases increased by 220% from 2015 to 2017. • Rates of Hepatitis C have also increased (24% increase from 2016-2017). More than half of these cases from 2017 reported injection drug use.
Environmental Health	<ul style="list-style-type: none"> • The WECHU inspects 2,392 fixed food premises. More than half (54%) of these food premises are considered high or moderate risk.

Sections	Emerging Public Health Factors of Significance (Identified through 2018 Evidence-Based Program Planning)
	<ul style="list-style-type: none"> • WEC has the largest seasonal worker population in Ontario with over 630 bunkhouses. • In 2017, 631 mosquito pools were tested for West Nile Virus (WNV) with 29 pools testing positive. Twenty human cases of WNV were diagnosed in 2017. • Mosquito traps in WEC have identified exotic vector species, mainly aedes albopictus mosquitoes which have the potential to carry Zika virus (17 in 2016; >800 in 2018). To date, all mosquitoes have tested negative for Zika virus. • Seven confirmed cases of Lyme disease were reported in 2017. Point Pelee is a high-risk area for black legged ticks which are known to carry Lyme disease. • The number of potential rabies exposure ranged from 105 to 139 from 2012 to 2017 in WEC. • A median of 25 days with temperatures above 30°C occurred from 2005 to 2017. WEC experienced 37 and 24 days above 30°C in 2016 and 2017. From 2012 to 2017, 538 heat-related ED visits occurred. • A multiyear radon study showed Essex County had significantly higher levels of radon compared to Windsor. Homes built after 2001, bungalow style, or with a sump pump had higher radon levels. • In 2018, the WECHU inspected 53 small drinking water systems and 149 recreational facilities (swimming, wading pools, splash pads, public spas). • Nine public beaches in the region are monitored seasonally for E. coli levels and blue-green algae. In 2017, there were six instances of beach closures and 41 times where beaches were posted as 'not recommended for swimming'.

2019 Cost Shared Budget - Funding Sources

The 2019 Cost Shared Budget proposes a \$717,143 increase in expenditures over the 2018 approved budget. This increase includes operational pressures of \$637,231 and the addition of 1 FTE to support our board of health's ability to provide, in collaboration with community partners, visual health supports and vision screening services in accordance with the Child Visual Health and Vision Screening Protocol, 2018 of \$79,912 (salaries, benefits and other operating costs).

In building the funding scenario for 2019, consideration was given to the following:

- The funding approval of 2018 to address operational pressures. In 2018, the Annual Service Plan and Budget Submission included a request of \$1,026,092, of which \$355,528 was identified as operational pressures and the balance of \$670,564 was identified as an amount to reduce the funding disparity between the MOHLTC and the Obligated Municipalities (to move towards a 75%/25% split). The MOHLTC only approved \$399,500 of the request, representing a 3% increase in base mandatory program funding over the 2017 approval of \$13,316,100.
- The impact of 2018 provincial elections and subsequent decisions/announcements by the Progressive Conservative Government.
- Communications from the MOHLTC indicating that public health units should plan for \$nil growth in 2019.

For 2019, the Leadership team assumes an increase in the funding approval from the MOHLTC of 3.23% or \$443,165 and an increase in contributions from the Obligated Municipalities of 5% or \$273,978. This scenario assumes that, similar to 2018, the MOHLTC's request for an augment in base funding will be approved (in or around 3%). This scenario also recognizes that the Obligated Municipalities are responsible for the budget shortfall in the event that the MOHLTC does not approve an augment in base funding (at all or less than \$443,165).

For details on the impact of both funding scenarios on individual Obligated Municipality Contributions as well as the Funding Ratio, refer to *Appendix A, Funding Sources*.

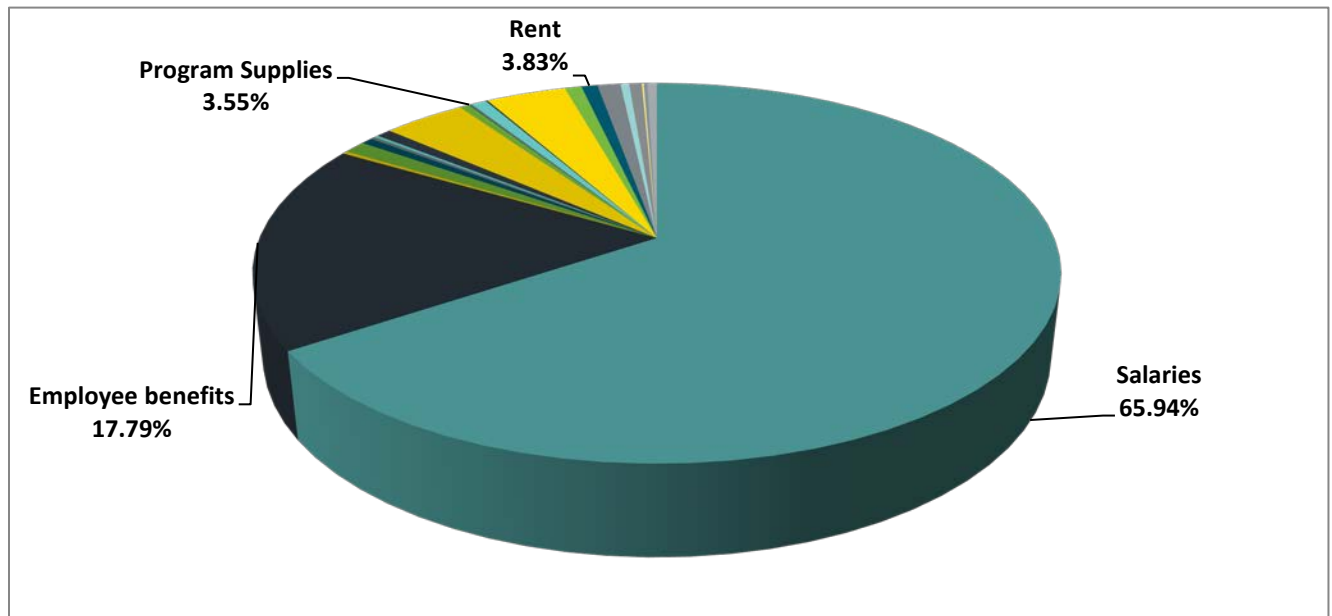
2019 Cost Shared Budget

Total budget Cost Shared Expenditures for 2019 are \$20,102,586, compared to \$19,415,092 in 2018, representing a \$687,494 over 2018. These expenditures are comprised of salaries and benefits of \$16,831,023 (2018 - \$16,278,791) and other operating costs of \$3,271,563 (2018 - \$3,136,301).

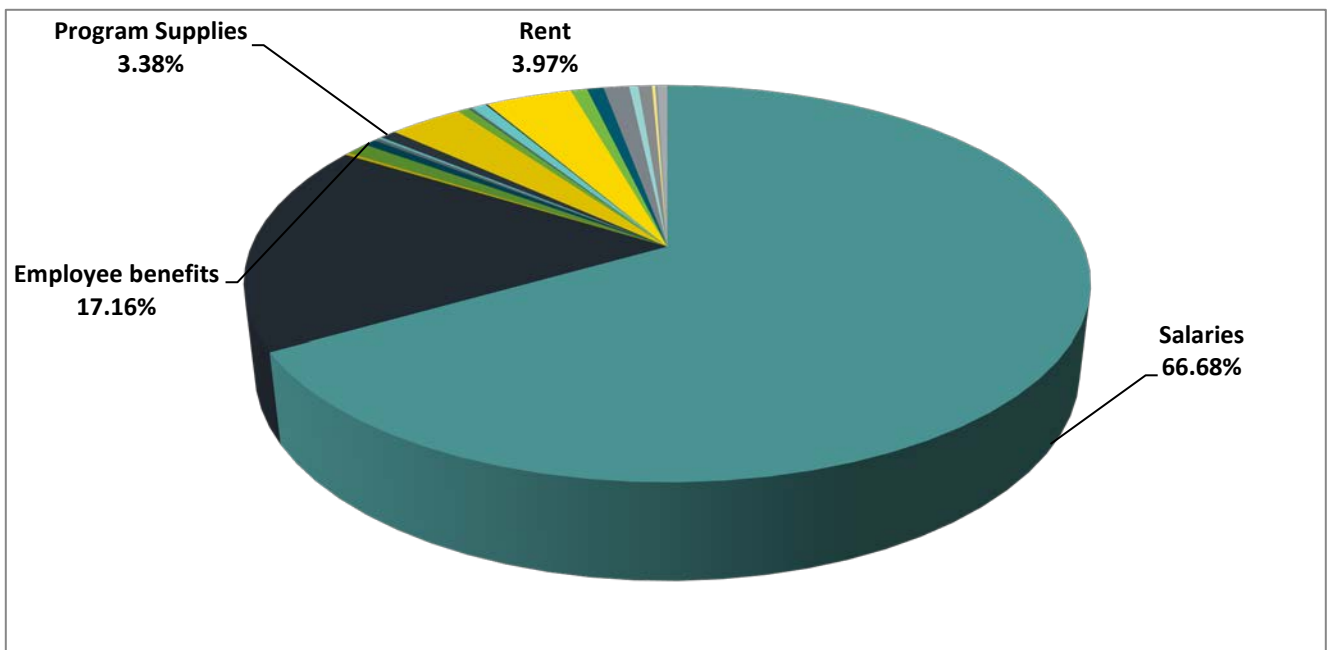
The following provides narrative on expenses that vary compared to the prior year's budget equal to or greater than \$25,000.

	2019	2018	Variance
Salaries	13,255,133	12,946,856	308,277
Employee benefits	3,575,890	3,331,935	243,955
Travel and meetings	48,752	39,650	9,102
Mileage	216,425	198,531	17,894
Professional development	109,100	108,700	400
Association and membership fees	45,000	45,000	-
Office supplies	40,000	35,000	5,000
Office equipment rental	142,000	144,000	(2,000)
Program supplies	714,626	655,847	58,779
Purchased services	105,310	105,000	310
Advertising and promotion	8,500	9,329	(829)
Board expenses	22,450	22,294	156
Professional fees	143,300	128,600	14,700
Bank charges	20,000	17,900	2,100
Rent	770,000	770,000	-
Building maintenance	161,300	145,200	16,100
Utilities	155,000	147,000	8,000
Taxes	221,000	227,500	(6,500)
Insurance	83,500	80,000	3,500
Telephone	121,200	121,200	-
Security	17,500	28,000	(10,500)
Vehicle expenses	2,100	2,100	-
Postage and freight	33,500	17,450	16,050
Parking	91,000	88,000	3,000
	20,102,586	19,415,092	687,494
Offset Revenue	(200,000)	(179,175)	(20,825)
Total Cost Share Budget	19,902,586	19,235,917	666,669
Vector-Borne Disease Program, net	350,000	128,800	221,200
	20,252,586	19,364,717	887,869

2019



2018



Salaries and employee benefits

Total salaries increased 2.41% over the 2018 budget. The increase is attributed to an estimate of contractual rate increases for all staff for 2019 as well as the addition of 1 FTE to support our board of health's ability to provide, in collaboration with community partners, visual health supports and vision screening services in accordance with the Child Visual Health and Vision Screening Protocol, 2018.

Total budgeted employee benefits as a percentage of total salaries in 2019 amounted 26.54% compared to 25.26% in 2018. The increase over 2018 is attributed to estimated increases in premiums for such benefits as medical, life insurance, disability insurance, extended health care and dental of approximately 10%. Adding to this is the impact of the inclusion of 1 FTE (as discussed above) as well as increases associated with changes in premium rates and/or changes in the maximums for earnings used in calculating EI and CPP payroll deductions.

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

Program Supplies

Program supplies expenditures are incurred to support the functions of WECHU departments, those that directly support Mandatory Health Protection and Health Promotion Programs as well as departments that fall under the Knowledge Management and Corporate Services Divisions. Program supplies include, but are not limited to: promotional materials, program initiatives relating to physical activity, healthy eating, physician outreach, WTW luncheon series, falls and injury prevention, substance misuse, clinic supplies, dental supplies to support screening, health inspection software and emergency preparedness supplies. Total budgeted program supplies for 2019 are \$714,626, an increase of \$58,779 over 2018. The most notable increases to program supplies include:

- Emergency Preparedness \$11,500: The augment in budget dollars supports such activities as WECHU's respiratory protection program and supplies, emergency preparedness exercises for the WECHU staff as well as a public awareness campaign for WEC.
- Information Technology \$36,925: The augment in budget dollars supports hardware replacements for 2019.

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. Given the environmental changes in WEC, enhancements are required to better address the public health risks associated with vector-borne diseases. Details on budgeted 2019 expenditures are below:

	West Nile Virus Program	Enhanced Mosquito Surveillance Program	Tick Borne Diseases Program
Salaries and benefits	70,150	46,767	-
Operating expenditures:			
Mileage	6,556	2,500	-
Public awareness campaign	20,000	10,000	-
Program supplies	30,381	10,328	20,000
Purchased services	142,913	15,405	-
Total operating expenditures	270,000	85,000	20,000
Less: Other grants	-	25,000	-
Total expenditures	270,000	60,000	20,000

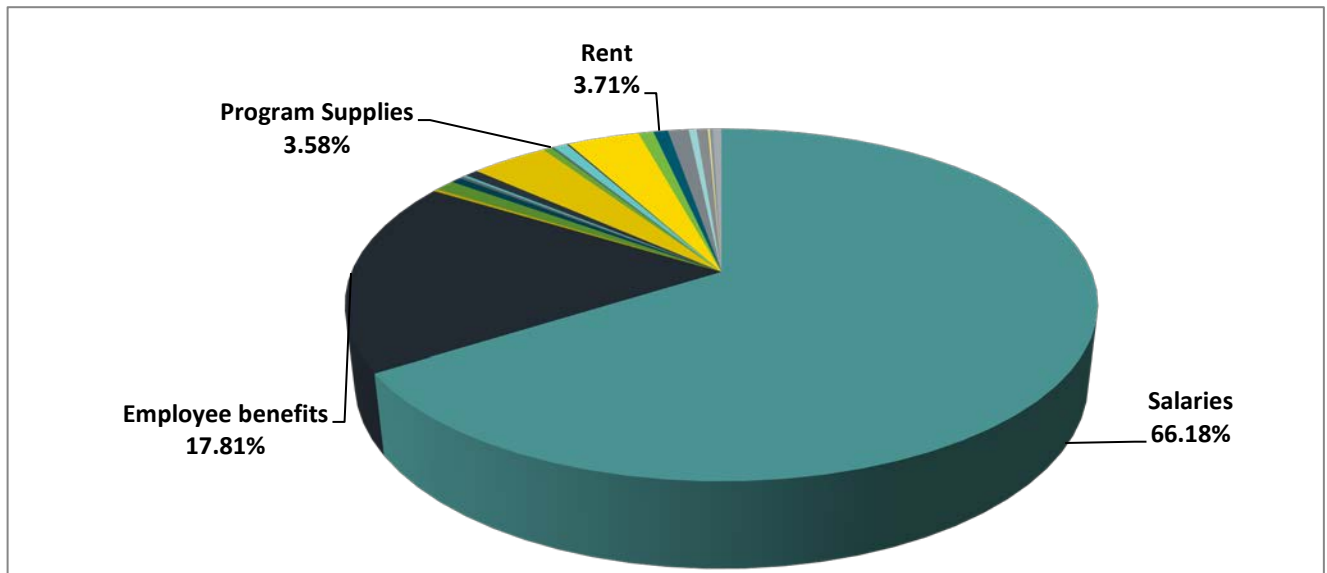
Information in Support of the 2019 Annual Service Plan and Budget

The enclosed budget scenario was built to demonstrate the Leadership Teams process for identifying all priorities needed to address the needs of WEC. These priorities (including requests for additional FTEs) form the foundation for both additional base and one-time funding requests to the MOHLTC that will not be actioned by the WECHU until such time as a funding approval is received.

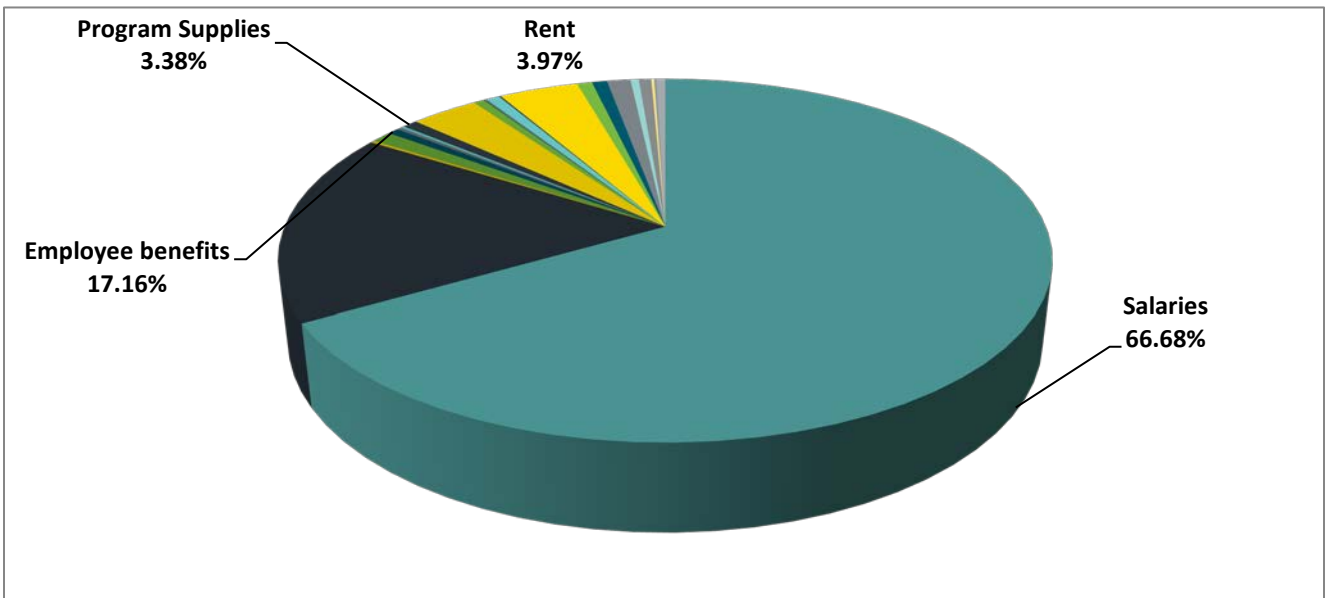
Under this scenario, total budget Cost Shared Expenditures for 2019 would be \$20,735,034, representing a \$1,319,942 over 2018 Cost Shared Expenditures. Total Cost Shared Expenditures would comprise salaries and benefits of \$17,415,425 and other operating costs of \$3,319,609.

	2019	2018	Variance
Salaries	13,722,488	12,946,856	775,632
Employee benefits	3,692,937	3,331,935	361,002
Travel and meetings	52,752	39,650	13,102
Mileage	230,625	198,531	32,094
Professional development	111,900	108,700	3,200
Association and membership fees	45,000	45,000	-
Office supplies	40,000	35,000	5,000
Office equipment rental	142,000	144,000	(2,000)
Program supplies	741,672	655,847	85,825
Purchased services	105,310	105,000	310
Advertising and promotion	8,500	9,329	(829)
Board expenses	22,450	22,294	156
Professional fees	143,300	128,600	14,700
Bank charges	20,000	17,900	2,100
Rent	770,000	770,000	-
Building maintenance	161,300	145,200	16,100
Utilities	155,000	147,000	8,000
Taxes	221,000	227,500	(6,500)
Insurance	83,500	80,000	3,500
Telephone	121,200	121,200	-
Security	17,500	28,000	(10,500)
Vehicle expenses	2,100	2,100	-
Postage and freight	33,500	17,450	16,050
Parking	91,000	88,000	3,000
	20,735,034	19,415,092	1,319,942
Offset Revenue	(200,000)	(179,175)	(20,825)
Total Cost Share Budget	20,535,034	19,235,917	1,299,117
Vector-Borne Disease Program, net	350,000	128,800	221,200
	20,885,034	19,364,717	1,520,317

2019



2018



This scenario represents a \$632,448 increase over the proposed 2019 Cost Shared Expenditure Budget and would include the following FTE additions:

- 3 FTEs (2 health inspectors; 1 health promotion specialist) to support our board of health's ability to address the requirements relating to a number of regulations, guidelines and protocol involving food and water safety and infection control and outbreak management (Increase of \$292,497).
- 2 FTE (registered practical nurses) to support our board's ability to address the requirements of the Immunization for Children in Schools and Licensed Child Care Setting Protocol, 2018 (Increase of \$132,513).

- 2 FTE (1 tobacco enforcement officer; 1 health promotion specialist) to support our board's ability to address the impacts of legalization of cannabis on children and youth, road safety, as well as enforcement activities (Increase of \$159,392).
- Augments to the following financial captions for the impact of adding 7 FTE's:
 - Mileage – increase of \$14,200
 - Travel and meetings – increase of \$4,000
 - Professional development – increase of \$2,800
 - Program supplies – increase of \$27,046

2019 Ministry of Children and Youth Services Budgets

The following represents the 2019 budgets for program initiatives funded by the Ministry of Children and Youth Services ("MCYS"), 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 expenditure budget is detailed below. Total funding envelope for this program is \$2,755,841. Details of the 2019 budget are as follows:

	2019	2018	Variance
Salaries and benefits	2,629,189	2,623,389	5,800
Operating expenditures:			
Mileage	60,000	60,000	-
Travel and meetings	3,000	3,000	-
Professional development	10,400	10,400	-
Program supplies	38,252	38,252	-
Purchased services	15,000	20,800	(5,800)
Total operating expenditures	126,652	132,452	-
Total expenditures	2,755,841	2,755,841	-

Salaries and benefits have increased \$5,800 over 2018. As the funding envelope is anticipated to remain consistent with 2018, cost savings were drawn out of operating lines, namely purchased services, to compensate.

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:

	2019	2018	Variance
Salaries and benefits	146,617	144,210	2,407
Total expenditures	146,617	144,210	2,407

For 2019, total salaries and benefits of \$146,617 (2018 - \$144,210) have been budgeted. The overage of \$7,617 represents an operational pressure reflected in the Benefits financial caption of the Cost Shared Budget for 2019. Similar to our approach in 2018, the WECHU will put forward a request to the MCYS to fund the overage of \$7,617. Operating costs associated with mileage, travel and meetings as well as professional development, are borne by the Cost Shared Budget.

2019 Ministry of Health and Long-Term Care Related Program Budgets

The following represents the 2019 budgets for related program initiatives funded by the Ministry of Health and Long-Term Care (“MOHLTC”) namely:

- Healthy Smiles Ontario Program;
- Smoke-Free Ontario Strategy (Prosecution, Protection and Enforcement, Tobacco Control Coordination, Youth Tobacco Use Prevention) Programs;
- Electronic Cigarettes Act (Protection and Enforcement);
- Chief Nursing Office Initiative;
- Enhanced Food Safety Initiative;
- Enhanced Safe Water Initiative;
- Harm Reduction Program Enhancement;
- Infection Prevention and Control Nurses Initiative;
- Infectious Diseases Control Initiative
- Social Determinants of Health Nurses Initiative;
- Needle Exchange Program Initiative;
- MOH/AMOH Compensation Initiative**

**The MOH/AMOH Compensation Initiative is an application process separate from the Annual Service Plan and Budget Submission. This initiative will not be addressed in this budget document.

The 2019 **Healthy Smiles Ontario Program (“HSO”)** budget supports 14.25 FTEs comprised of a manager (0.75), 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 and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under. Details of the 2019 budget are as follows:

	2019	2018	Variance
Salaries and benefits	1,207,326	1,206,022	1,304
Operating expenditures:			
Administration and accommodation	31,445	33,149	(1,704)
Travel/Meetings	8,000	8,000	-
Mileage	10,000	10,000	-
Professional Development	5,500	5,100	400
Association and Membership fees	300	300	-
Office Supplies	4,500	4,500	-
Program Supplies	100,229	100,229	-
Purchased services	162,400	162,400	-
Total operating expenditures	322,374	323,678	(1,304)
Total expenditures	1,529,700	1,529,700	-

For 2019, total salaries and benefits are anticipated to increase \$1,304 from 2018. This was offset by a net decrease in operating costs of \$1,304.

The **Smoke-Free Ontario and Electronic Cigarettes Acts Program Initiatives** 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). These programs support the WECHU's ability to:

- Comply and adhere to the Electronic Cigarettes Act and Public Health Unit Guidelines and Directives as well as enforcement of the Electronic Cigarettes Act.
- Comply and adhere to the Smoke-Free Ontario Strategy and Public Health Unit Guidelines and Directives as well as enforcement of the Smoke-Free Ontario Act.

	2019	2018	Variance
Salaries and benefits	546,350	522,218	24,132
Operating expenditures:			
Travel/Meetings	3,045	6,245	(3,200)
Mileage	30,000	35,800	(5,800)
Association and Membership fees	-	155	(155)
Professional Development	3,380	5,500	(2,120)
Program Supplies	28,725	41,582	(12,857)
Purchased services	25,200	25,200	-
Total operating expenditures	90,350	114,482	(24,132)
Total expenditures	636,700	636,700	-

For 2019, total salaries and benefits are anticipated to increase \$24,132 due to changes made in 2016 resulting from the implementation of internal equity and certain other adjustments. This was offset by reductions in a number of operating lines as noted above. To further support these programs, additional amounts were budgeted for in the Cost Shared Budget, namely:

- Program supplies of \$15,275;
- Salaries of \$5,100 representing a provision for overtime for the tobacco enforcement officers.

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

	2019	2018	Variance
Chief Nursing Officer Initiative	121,500	121,500	-
Enhanced Food Safety Initiative	53,800	53,800	-
Enhanced Water Safety Initiative	32,900	32,900	-
Harm Reduction Program Enhancement	250,000	250,000	-
Infection Prevention and Control Nurses Initiative	105,251	104,315	936
Infectious Diseases Control Initiative	466,517	461,700	4,817
Social Determinants of Health Initiative	210,502	208,630	1,872
Needle Exchange Program Initiative	63,000	63,000	-
Total expenditures	1,303,470	1,295,845	7,625

Chief Nursing Officer Initiative: Under the Organizational Requirements of the Ontario Public Health Standards, the Chief Nursing Officer role serves to enhance health outcomes of the community at individual, group and population levels: i) Through contributions to organizational strategic planning and decision making; ii) By facilitating recruitment and retention of qualified, competent public health nursing staff; iii) By enabling quality public health nursing practice. This funding envelope supports 1 FTE (salaries and benefits) meeting certain qualifications as required by the Ontario Public Health Standards. Total funding approval for 2018 amounted to \$121,500.

Enhanced Food Safety – Haines Initiative: Base funding for this initiative supports the enhancement of 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 2018 amounted to \$53,800 and supports staffing (salaries and benefits) as well as program supplies.

Enhanced Safe Water: Base funding for this initiative supports the enhancement of 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 2018 amounted to \$32,900 and supports staffing (salaries and benefits) as well as program supplies.

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 2018 amounted to \$250,000 and supports staffing (salaries and benefits).

Infection Prevention Control Nurses Initiative: Base funding for this initiative supports one additional infection prevention and control nursing FTE having certain qualifications. Total funding approval for 2018 amounted to \$90,100 and supports staffing (salaries and benefits). As noted in 2018 (and prior year's) salaries and benefits for this FTE exceeded the funding approval. For 2019, the amount in excess of the funding approval or \$15,151 has been budgeted for in Benefits financial caption of the Cost Shared Budget. The WECHU will request additional base funding to fully support this program.

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 2018 amounted to \$461,700 and supports staffing (salaries, benefits and mileage). For 2019, the amount in excess of the funding approval or \$4,817 has been budgeted for in Benefits financial caption of the Cost Shared Budget. The WECHU will request additional base funding to fully support this program.

Social Determinants of Health Nurses Initiative: This initiative was established to support 2 public health nursing FTEs with specific knowledge and expertise in social determinants of health and health inequities issues, and to provide enhanced supports internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health. Total funding approval for 2018 amounted to \$180,500 and supports staffing (salaries and

benefits). For 2019, the amount in excess of the funding approval or \$30,002 has been budgeted for in Benefits financial caption of the Cost Shared Budget. The WECHU will request additional base funding to fully support this program.

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 2018 amounted to \$63,000.

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 WECHU's budget. The impact of those uncertainties will be analyzed throughout fiscal 2019 and mitigation strategies implemented as required.

The following is a list of potential risks arising from the 2019 Budget, irrespective of the option selected:

1. Funding approval from the Ministries less than prior year's approval, or, in the case of the Cost Shared Budget, with an augment of less than 3.23% or \$443,165 over prior year's approval. 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 modernized Ontario Public Health Standards which provide the requirements for Programs, Services and Accountability for all Public Health Programs, with no resulting increase in funding from the Ministry.
3. Costs associated with capital projects. Legal and project management costs associated with capital projects have not been contemplated in the 2019 budget. While a planning grant has been received, it is our understanding that all capital grants approved in 2018 are presently under review with the Minister of Health and Long-Term Care.
4. Labour negotiations. Labour negotiations, as at the writing of this report (October 11, 2018), remain unsettled. Collective bargaining agreements with CUPE expired December 31, 2017 and ONA expired March 31, 2018. The outcomes associated with those negotiations represent a financial risk to 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 Cost Shared expenditures. In 2019, WECHU will look to mitigate these pressures first through ensuring that appropriate procurement procedures are followed. Secondly, 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 2019 Cost Share Budget, as presented, requiring a 3.23 percent increase in funding from the Ministry of Health and Long-Term Care and a 5 percent increase in funding from the Obligated Municipalities, the 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 Cost Shared expenditures net of offset revenue for 2019, in the amount of \$19,902,586 be approved.

That total expenditures for 2019 relating to the Vector-Borne Disease program, in the amount of \$350,000, be approved.

That total Healthy Babies Healthy Children Program Initiative expenditures, in the amount of \$2,755,841, be approved.

That total Nurse Practitioner Program Initiative expenditures, in the amount of \$146,617, be approved.

That total Related Program expenditures, in the amount of \$3,469,870, be approved.

Windsor-Essex County Health Unit

2019 Cost Share Budget

Appendix A

Funding Sources

	<u>2019</u>	<u>2018</u>	<u>Change</u>	<u>Increase over 2018</u>
Ministry of Health and Long-Term Care Grant				
Mandatory Programs	14,158,765	13,715,600		
Small Drinking Water	10,300	10,300		
Total	14,169,065	13,725,900	443,165	3.23%
Municipal				
Corporation of the City of Windsor	3,132,187	2,983,035		
Corporation of the County of Essex	2,617,944	2,493,280		
Corporation of the Township of Pelee	3,390	3,228		
Total	5,753,521	5,479,543	273,978	5.00%
Total Funding (all sources)	19,922,586	19,205,443		
Percentages:				
Ministry	71.12%	71.47%		
Municipal	28.88%	28.53%		
Calculation of Individual Municipal Contributions based upon 2016 census data:				
Corporation of the City of Windsor	217,188	54.44%	3,132,187	
	398,953			
Corporation of the County of Essex	181,530	45.50%	2,617,944	
	398,953			
Corporation of the Township of Pelee	235	0.06%	3,390	
	398,953			
	398,953			
Breakdown of what Total Funding (all sources) is allocated to:				
Total Cost Shared Budget, net of offset revenue	\$ 19,902,586			
Tick Borne Diseases Program (included in Vector-Borne Diseases Program)	20,000			
Total Cost Shared Budget expenditures	\$ 19,922,586			

Windsor-Essex County Health Unit

2019 Cost Share Budget

Appendix B

FTE Continuity

FTE's, beginning of the year			164.10	\$	13,197,153
Requests for 2019:					
	<u>Department</u>	<u>Division</u>			
Adjustment			(1.00)	-	-
Dental assistant	Dental	Health Promotion	1.00	57,980	57,980
Total			164.10	\$	13,255,133

Calculation of budgeted employee benefits:

Salaries (per 2019 budget)	\$	13,255,133
Less: On-call		50,000
Salaries, Adjusted	\$	13,205,133
Benefits as a percentage of Salaries, Adjusted		26.54%
Benefits, net of retiree benefits	\$	3,504,706
Plus: Retiree benefits		71,184
Benefits (per 2019 budget)	\$	3,575,890



**WINDSOR-ESSEX COUNTY
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