



THUNDER BAY DISTRICT HEALTH UNIT
BOARD OF HEALTH MEETING
AGENDA

November 20, 2024

1:00 PM

BOARDROOM - FIRST FLOOR

Pages

1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT

Chair: Mr. Don Smith

2. ATTENDANCE AND ANNOUNCEMENTS

3. DECLARATIONS OF CONFLICT OF INTEREST

4. AGENDA APPROVAL

THAT the Agenda for the Regular Board of Health Meeting to be held on November 20, 2024 be approved.

5. INFORMATION SESSION

There is no information session scheduled

6. MINUTES OF THE PREVIOUS MEETINGS

6.1 Thunder Bay District Board of Health

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THAT the Minutes of the Thunder Bay District Board of Health (Regular Session) Meeting held on October 16, 2024, to be approved

7. MATTERS ARISING FROM THE MINUTES

8. BOARD OF HEALTH (CLOSED SESSION) MEETING

There is no closed session scheduled

9. DECISIONS OF THE BOARD

9.1 2025 Mandatory Program Budgets & Municipal Levy

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Report No.33-2024 (Finance) relative to providing the Board of Health with the proposed 2025 Mandatory Program (Cost-Shared) Budgets & Municipal Levies

“THAT with respect to Report No. 33-2024 (Finance), we recommend that the:

1. 2025 Mandatory Core Program Budget (Cost-Shared) be approved at \$17,177,613 including 135.16 net full time equivalent (FTE) positions, for submission to the Ministry of Health;
2. Municipal Levy be set at \$3,937,721;
3. Safe Food Handling Reserve Fund transfer \$5,000 to the Mandatory Core Program Budget (Cost-Shared);
4. 2025 User Fee Schedule be approved;
5. 100% Indigenous PH: Thunder Bay budget be approved at \$546,511, with 3.90 FTE and submitted to the Ministry of Health;
6. 100% Indigenous PH: SLFNHA budget be approved at \$221,671, with 0.60 FTE and submitted to the Ministry of Health;
7. 100% Indigenous PH: Food Sovereignty budget be approved at \$325,681, with 1.70 FTEs and submitted to the Ministry of Health;
8. 100% Northern Fruit and Vegetable Program - Schools budget be approved at \$213,400, with 1.55 FTEs and submitted to the Ministry of Health;
9. 100% Ontario Seniors Dental Care Program budget be approved at \$999,300, with 3.05 FTE and submitted to the Ministry of Health;
10. Land Development Program budget be approved at \$232,783 including 2.00 FTE positions to be funded through Land Development user fees;
11. Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the respective budget submission processes, as required; and
12. Director of Corporate Services and Manager of Finance be authorized to arrange appropriate financing for the funding of the Health Unit operations, if required.”

9.2 BOH Funding approval

A memorandum from D. Hrychuk (Finance) relative to providing the Board of Health with an update to the policy and procedure on funding approval

acceptance that require Board of Health approval.

“THAT we approve the updating of the TBDHU policies and procedures to indicate a threshold of \$10,000 as the minimum amount for grants that require Board of Health approval.

AND THAT the Board be brought information quarterly detailing the grants that Administration has approved under these policies.”

9.3 Ontario Power Generation - Regional Empowerment Grant 81

A memorandum from S. Robinson (Health Promotion) dated November 20, 2024 relative to accepting funding from Ontario Power Generation Grant for Healthy Equity on the Move for Kids Program (HOME)

“THAT we recommend the Ontario Power Generation one-time funding be approved accepting \$3,500 in additional funding for 2024-2025;

AND THAT the Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the budget submission process as required.”

9.4 Locally Driven Collaborative Project Funding Approval 82

Report No. 34-2024 ((Family & School Health) relative to accepting funding from Public Health Ontario (PHO) for Locally Driven Collaborative Project (LDCP) - *Improving the quality of local public health programs: Understanding prevention of gender-based violence through the lens of local public health*, totaling \$97,390 for the period between October 25, 2024 – March 31, 2025

“THAT with respect to Report No.34-2024 (Family & School Health), we recommend that the Public Health Ontario (PHO) funding for Locally Driven Collaborative Project (LDCP) - Improving the quality of local public health programs: Understanding prevention of gender-based violence through the lens of local public health, totaling \$97,390 for the period between October 25, 2024 – March 31, 2025, be approved;

AND THAT the Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the budget submission process as required.”

9.5 Annual Board of Health Holiday Dinner 85

A memorandum from Dr. J. DeMille, Medical Officer of Health and Chief Executive Officer, dated November 20, 2024, and containing a resolution relative to the above noted.

“THAT we approve the payment of the invoice for the Annual Board of Health Dinner to be held on Wednesday, December 18, 2024, at 5:00 p.m. at the Valhalla Inn.”

10. COMMUNICATIONS FOR INFORMATION

10.1 Third Quarter Interim Financial Statements 86
Report No. 35-2024 (Finance) relative to providing the Board of Health

with the interim financial reports for the quarter ended September 30, 2024, for information.

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10.2 aPHa Fall Symposium

A report on the Association of Local Public Health Agencies Fall Symposium held on November 8, 2024, from the members that attended.

10.3 MOH/CEO Update

An update from the Medical Officer of Health and Chief Executive Officer, for information.

11. NEXT MEETING

The next regularly scheduled meeting will be held on Wednesday, December 18, 2024 at 1:00 PM.

12. ADJOURNMENT

THAT the Board of Health meeting held on November 20, 2024, be adjourned at _____ p.m

13. RESOLUTION CORRESPONDENCE

(Available at the meeting)

Letter of support from Northwestern Health Unit, dated for October 25th, 2024, addressed to the Minister of Health, Hon. Minister Sylvia Jones and the Ministry of Health endorsed by the Board of Health for the Northwestern Health Unit regarding Support for Ontario to continue to protect the safety of private drinking water.

Letter of support from Peterborough Public Health (PPH), dated for October 29, 2024, addressed to the Premier, Minister of Child, Community and Social Services and Minister of Education, endorsed by the Board of Health for Peterborough Public Health (PPH) regarding funding support for provincial student nutrition programs (SNPs), as outlined in the National School Food Policy.



Thunder Bay District Health Unit

Board of Health Meeting Minutes

MINUTES OF THE MEETING: October 16, 2024

TIME OF MEETING: 1:00 PM

PLACE OF MEETING: FIRST FLOOR BOARDROOM /
VIDEOCONFERENCE

CHAIR: MR. DON SMITH, CHAIR

BOARD MEMBERS PRESENT:

Mr. Grant Arnold
Ms. Cindy Brand
Mr. Paul Malashewski
Mr. James McPherson
Mr. Jim Moffat
Ms. Cynthia Olsen
Ms. Donna Peacock
Mr. Don Smith
Ms. Kristine Thompson
Mr. Todd Wheeler

ADMINISTRATION PRESENT:

Dr. Janet DeMille, Medical Officer of Health and
Chief Executive Officer
Ms. Diana Gowanlock, Director of Health
Protection
Mr. Dan Hrychuk, Director - Corporate Services
Ms. Shannon Robinson, Director - Health
Promotion
Ms. Dana Wilson, Associate Director –
Communications and Strategic Initiatives
Ms. Shelley Oleksuk, Administrative Assistant –
Health Promotion
Ms. T. Royer, Administrative Assistant - Health
Protection

REGRETS:

Mr. Allan Mihalcin
Dr. Mark Thibert
Ms. Kasey Etrene
Ms. Lucy Belanger

RECORDER:

Ms. Sunena Shetty, Executive Assistant and
Secretary to the Board of Health

1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT

The Chair called the meeting to order at 1:01 PM followed by a land acknowledgement.

2. ATTENDANCE AND ANNOUNCEMENTS

The Chair presented regrets from Ms. Kasey Etreni, Allan Mihalcin & Lucy Belanger.

3. DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4. AGENDA APPROVAL

The meeting agenda was presented for approval.

Resolution No. Resolution No. 78-2024

Moved By: C. Brand

Seconded By: D. Peacock

THAT the Agenda for the Regular Board of Health Meeting to be held on October 16, 2024, be approved.

CARRIED

5. INFORMATION SESSION

5.1 Library Services Information Session

Ms. Dana Wilson (Associate Director of Communications and Strategic Initiatives) introduced Stephanie Commisso (Librarian) & Amy Hadley (Library Technician) who provided a presentation to the Board of Health on Library services and responded to questions and comments from the Board.

6. MINUTES OF THE PREVIOUS MEETINGS

6.1 Thunder Bay District Board of Health

The minutes of the September 18, 2024 Board of Health Regular and Closed session meetings were presented for approval.

Resolution No. Resolution No. 79-2024

Moved By: D. Peacock

Seconded By: C. Brand

THAT the Minutes of the Thunder Bay District Board of Health (Regular and Closed Session) Meetings held on September 18, 2024, be approved.

CARRIED

7. MATTERS ARISING FROM THE MINUTES

There were no matters arising from the previous minutes.

8. BOARD OF HEALTH (CLOSED SESSION) MEETING

There is no closed session scheduled.

9. DECISIONS OF THE BOARD

9.1 Professional Legal Services Contract

Report No.29-2024 (Finance) was presented by D. Hrychuk, Director of Corporate Services, relative to providing the Board of Health with recommendations for renewal of the legal contracts for the Thunder Bay District Health Unit, for a three year term.

Resolution No. Resolution No. 80-2024

Moved By: P. Malashewski

Seconded By: T. Wheeler

THAT with respect to Report No. 29-2024 (Finance), we recommend that the contract for Professional Legal Services be awarded to Weilers Law for a three (3) year term effective November 1, 2024.

AND THAT we recommend that the contract for Professional Legal Services for Human Resources, Labour and Employment matters be awarded to O'Neill Associates for a three (3) year term effective November 1, 2024.

CARRIED

9.2 Reserve & Reserve Fund Strategy

Report number 30-2024 (Finance) was presented by D. Hrychuk, Director of Corporate Services, relative to providing the Board of Health with an annual review and recommendations regarding the Reserves and Reserve Fund Strategy.

Resolution No. Resolution No. 81-2024

Moved By: P. Malashewski

Seconded By: T. Wheeler

THAT with respect to Report No. 30-2024 (Finance), we recommend that the Board of Health approve the Reserve and Reserve fund strategy and transfers as presented:

- Any year-end municipal surplus be applied to replenish the \$10,000 withdrawal from the Program Contingency Reserve Fund for the contribution to the Thunder Bay Drug Strategy Community Partnership;
- Any year-end municipal surplus to a maximum of the principal contribution limit of \$500,000 be transferred to the Program Contingency Reserve Fund;
- Any amount required to maximize the Program Contingency Reserve Fund (subsequent to the transfer of any year-end municipal surplus) be transferred from the Capital Expenditures Reserve Fund to the maximum of the principal contribution limit of \$500,000;
- \$20,000 from the Benefit Cost Stabilization reserve fund be designated to the Workplace Health and Wellness initiative over a three year period of 2024-2027;

- Any year-end surplus or deficit from the Land Development Program be transferred into or withdrawn from the Land Development Reserve Fund, respectively;

AND THAT the Director of Corporate Services and Manager of Finance be authorized to complete any related administrative requirements for the Reserve and Reserve Fund strategy.

CARRIED

9.3 General Insurance Program Renewal

Report No. 32-2024 (Finance) was presented by D. Hrychuk, Director of Corporate Services, relative to providing the Board of Health with recommendations for renewal of the general insurance program for the Thunder Bay District Health Unit for 2024-2025.

Resolution No. Resolution No. 82-2024

Moved By: T. Wheeler

Seconded By: P. Malashewski

THAT with respect to Report No. 32-2024 (Finance), we recommend that the insurance program renewal for the Thunder Bay District Health Unit from Intact Public Entities Inc., effective October 20, 2024 to October 20, 2025, at a total cost of \$163,859 (taxes extra) be approved;

AND THAT the Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the General Insurance Program Renewal, as required.

CARRIED

9.4 aPHa Fall Symposium

A memorandum was presented by Dr. J. DeMille, Medical Officer of Health and Chief Executive Officer, dated October 16, 2024, and containing a resolution relative to the aPHa Fall Symposium.

Resolution No. Resolution No. 83-2024

Moved By: J. McPherson

Seconded By: G. Arnold

THAT the following members of the Board be authorized to attend the alPHa 2024 Fall Symposium to be held virtually on November 8, 2024:

1. Mr. Grant Arnold
2. Mr. James McPherson
3. Mr. Don Smith
4. Ms. Cindy Brand

AND THAT the Board of Health Chair may approve additional members of the Board to attend if there are available spaces, or if a listed member is unable to attend.

CARRIED

10. COMMUNICATIONS FOR INFORMATION

10.1 Alcohol Availability & Related Harms

Report No. 31-2024 (Injury Prevention and Substance Use) was presented by S. Robinson (Director of Health Promotion) relative to providing the Board of Health with information regarding Alcohol Availability & Related Harms.

10.2 By-law Review Schedule

A memorandum was presented by Dr. J. DeMille, Medical Officer of Health and Chief Executive Officer, dated October 16, 2024 relative to the BOH by-law review schedule.

10.3 MOH Evaluation

A verbal update was provided by the Chair and Vice Chair to indicate that per Policy and Procedure BH-02-16 (Performance Evaluation of the Medical Officer of Health and Chief Executive Officer) and Ontario Public Health Standards, the annual performance review of the MOH/CEO has been carried out.

10.4 MOH/CEO Update

Dr. J. DeMille (Medical Officer of Health and Chief Executive Officer) provided a verbal update to the Board of Health regarding Strengthening Public Health and the 3 pillars as it relates to the Thunder Bay District Health Unit.

11. NEXT MEETING

The next regularly scheduled meeting will be held on Wednesday, November 20, 2024, at 1:00 PM.

12. ADJOURNMENT

Resolution No. Resolution No. 84-2024

Moved By: D. Peacock

Seconded By: C. Brand

THAT the Board of Health meeting held on October 16, 2024, be adjourned at 2:05 p.m.

CARRIED

PROGRAM/ DIVISION	Finance Corporate Services	REPORT NO.	33-2024
MEETING DATE	November 20, 2024	MEETING TYPE	Regular
SUBJECT	2025 Mandatory Budgets		

RECOMMENDATION

THAT with respect to Report No. 33–2024 (Finance), we recommend that the:

1. 2025 Mandatory Core Program Budget (Cost-Shared) be approved at \$17,177,613 including 135.16 net full time equivalent (FTE) positions, for submission to the Ministry of Health;
2. Municipal Levy be set at \$3,937,721;
3. Safe Food Handling Reserve Fund transfer \$5,000 to the Mandatory Core Program Budget (Cost-Shared);
4. 2025 User Fee Schedule be approved;
5. 100% Indigenous PH: Thunder Bay budget be approved at \$546,511, with 3.90 FTE and submitted to the Ministry of Health;
6. 100% Indigenous PH: SLFNHA budget be approved at \$221,671, with 0.60 FTE and submitted to the Ministry of Health;
7. 100% Indigenous PH: Food Sovereignty budget be approved at \$325,681, with 1.70 FTEs and submitted to the Ministry of Health;
8. 100% Northern Fruit and Vegetable Program - Schools budget be approved at \$213,400, with 1.55 FTEs and submitted to the Ministry of Health;
9. 100% Ontario Seniors Dental Care Program budget be approved at \$999,300, with 3.05 FTE and submitted to the Ministry of Health;
10. Land Development Program budget be approved at \$232,783 including 2.00 FTE positions to be funded through Land Development user fees;
11. Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the respective budget submission processes, as required; and
12. Director of Corporate Services and Manager of Finance be authorized to arrange appropriate financing for the funding of the Health Unit operations, if required.

REPORT SUMMARY

To provide the Board of Health with the proposed 2025 Mandatory Core Program Budget (Cost-Shared), 100% Funding Initiatives, and 100% Other Program Budgets.

BACKGROUND

The Thunder Bay District Health Unit (TBDHU) provides programs and services in compliance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS; the Standards). The Standards outline the expectations of boards of health who are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address public health needs, as well as the contexts in which these needs occur. This includes assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. Through the delivery of these programs and services, boards of health collectively contribute to the physical, mental, and emotional health and well-being of all Ontarians. The Standards also include requirements for boards of health related to transparency and accountability as well as effective governance and management practices. The Standards apply to all boards of health in Ontario, and are published by the Ministry of Health (the Ministry) under the authority of the *Health Protection and Promotion Act*.

The budget process is the annual planning process where resources are allocated to meet the public health standards. The Budget Committee, comprised of the Medical Officer of Health/Chief Executive Officer and Division Directors, conduct administrative reviews of proposed budgets to ensure consistency with the organization's overall strategy and to make recommendations to the Board of Health for the allocation of resources for the next fiscal year.

In accordance with the Budget Process Policy, FP-05-03, the Board of Health must approve all budget estimates for all health unit programs.

COMMENTS

As previously communicated to the Board, in August 2023, the Minister of Health launched the provincial strategy, Strengthening Public Health (SPH), a three-pronged, sector-driven strategy to optimize capacity, stability, and sustainability in public health. The three pillars of the strategy are:

- Roles and responsibilities: conducting a review of the Ontario Public Health Standards (OPHS) with an aim to refine, refocus and re-level roles and responsibilities, for implementation beginning January 1, 2025.
- Voluntary mergers: enhancing capacity by facilitating voluntary mergers between local public health agencies, through a sector-driven approach and by providing time-limited funding, for implementation beginning January 1, 2025.

- Funding: restoring provincial base funding to 2020 levels by January 1, 2024, implementing 1% growth base funding for the next three calendar years (2024-2026), creating a three-year Merger Support Fund for 2024-25 to 2026-27, and reviewing public health funding methodology for sustainability.

Informal communication from the Ministry and initial draft versions of updated standards and protocols helped inform program planning and the budget for 2025. However, boards do remain legally responsible for the current version of the OPHS until an updated version is officially approved by the Province. Consistent with this, the Ministry has indicated to plan for 2025 based on the current standards and so, while challenging, this was also considered in the plans and budgets for TBDHU. Realistically, the final version of the OPHS may not be communicated until early 2025. It is anticipated the Ministry may consider 2025 a transition year with the full implementation of the updated OPHS not expected until the end of the year or until January 2026.

As previously indicated, the review of the funding model for public health does provide the Board of Health an opportunity as the Ministry had committed to stable and sustainable funding for public health. While communication and engagement occurred with some stakeholders in the summer of 2024, the Ministry has had limited engagement with health units and boards of health in general. Following this consultation, the Ministry did put forward recommendations to the Minister on public health funding, however, nothing has been shared with the public health sector more broadly. It had been anticipated that something would be communicated in 2025, possibly in the spring or summer, with implementation of the new approach for 2026. It is not clear if this remains the same at this time. In addition, there is a possibility of a provincial election that would likely disrupt any plans.

Expenses related to COVID-19 and COVID-19 vaccine programming are expected to continue in 2025. The Ministry does offer one-time funding to cover expenses to deliver this programming, however, it is only for the COVID vaccine program. The Ministry has made health units aware that COVID-19 vaccine funding will be available for Q1 of 2025 but amounts remain unknown and will be based on a formula created by the Ministry. It is not anticipated that funding will be available for general COVID-19 programming and therefore this pressure has been incorporated into the infectious disease program. Ongoing work related to COVID includes outbreak prevention and outbreak management in high-risk settings (ex. long-term care homes, other seniors' congregate settings, and hospitals, etc). This remains a significant amount of work compared to pre-pandemic times. Both the vaccine program and general program present significant risk to the Board as these represent additional work that is required without permanent base funding. Administration continues to closely monitor and track all staff time and expenditures related to COVID-19 and COVID-19 vaccine separately, in case funding were to become available.

Further complicating this budget is the unknown status of the Infection Prevention and Control Hub (IPAC hub) 100% funding. The program was made permanent however it remains unknown what amount of funding will be approved for 2025/26. It is known however, that a minimum of half of the current budget of \$909,200 will continue as base funding going forward (2024/25 has not yet been official approved at this time). A review is currently underway of overall funding packages to Health Units and Hospitals who are the leads for IPAC hubs, to determine the total amounts that will be approved.

Planning and budget decisions for 2025 were made with the above uncertainties in mind. Administration will continue to monitor developments, including connecting with the Ministry of Health, and will continue to keep the Board of Health informed as the process unfolds.

Given current funding challenges and uncertainties going forward, and potential changes to the public health system, Administration will continue to take a disciplined approach to program planning, including investigating opportunities to deliver programs and services more efficiently, implementing process improvements to assist in maintaining quality services, utilizing optimal allocation of available resources to address priorities and continuing to look for other grant opportunities to support mandatory core programming. Administration has demonstrated this approach over a number of years.

Mandatory Core Program Budget (Cost-Shared)

The Consolidated 2025 Mandatory Core Program Budget (Cost-Shared) Recommendation Summary is provided in Attachment 1.

Attachment 4 provides an overview of each program (by division) funded by the Mandatory Core Program Budget (cost-shared). Included for each program is a program overview, financial information (budget) and human resources (FTEs), key strategic goals and directions, and any significant budget implications or changes.

Highlights of the significant items within the 2025 consolidated Mandatory Core Program Budget (Cost-Shared) are as follows.

Revenues

The Mandatory Core Program Budget (Cost-Shared) of \$17,177,613 is financed by the following significant funding sources:

i) Provincial Funding – Mandatory Core Program Budget (Cost-Shared)

Provincial funding for mandatory core programs was last confirmed by the Province at \$11,164,100 for 2024 (Report No. 25-2024). The budgeted amount of \$11,275,675 is equal to a 1% increase as previously announced by the Ministry as part of Strengthening Public Health.

ii) Municipal Levy

Administration is recommending a base increase to the Municipal levy of \$357,975 or 10%, increasing the Municipal levy to \$3,937,721. This increase is the amount that was proposed to the Board of Health at the June meeting and included in the budget parameter board report (Report No. 23-2024).

Attachment 2 provides the respective municipal contributions by obligated municipality should the budget be approved as recommended.

iii) Generated Revenues

Generated revenues, totaling \$1,036,400 (\$1,041,500 in 2024), include clinic fees, course and consulting fees, interest income, miscellaneous recoveries, and allocated administration received from 100% Funded and Other Programs. Generated revenues have decreased 0.49% mainly due to decreased interest income, In Good Hands revenues, and universal influenza revenue offset by increases to allocated administration.

Attachment 6 provides a detailed breakdown of user fees charged by TBDHU that support generated revenues. Numerous changes are proposed as part of the 2025 user fee schedule as described below:

- Sexual health clinic fees are proposed to increase for the majority of products sold at the clinic by an average of \$2.43. These increases are as a result of increases to costs over the past two years resulting in a small loss after the most recent increases. The program strives to break even overall.
- Land Development program fees included proposals of increases of 2.5% on average along with two new proposed fees. For details regarding Land Development charges, see the Other Programs – Land Development section below.
- Vaccine preventable disease programming includes proposals for two fee increases. These are as a result of recent cost increases incurred by TBDHU.
- Removal of certain fees and products that are no longer required or relevant to TBDHU are also recommended.

iv) Provincial funding - Unorganized Territory Grant (100%)

The Unorganized Territory Grant is provided entirely by the Province to support mandated programs in areas without municipal organization. Since 2023, the Funding and Accountability Agreement grouped Unorganized, Indigenous Public Health and Northern Fruits and Vegetable funding into one funding category totaling \$2,220,000. As a result, TBDHU has greater flexibility to allocate costs amongst those programs. Unorganized funding was decreased to \$922,817 as compared to \$978,847 in 2024 to support the Mandatory Core Programming Budget (Cost Shared). This funding was reallocated to the 100% funded programs to support the increasing cost of wages and benefits.

v) Transfer from Safe Food Handling Reserve Fund

In 2014, the Board of Health approved the establishment of the Safe Food Handling Training Reserve Fund. The amount in this reserve was derived from partnership revenues that were relinquished to the TBDHU under the understanding these funds would be used for future upgrading and other needs of the safe food handling educational website. Per the audited financial statements at December 31, 2023, the balance in the Safe Food Handling Training Reserve Fund was \$195,193. Given the balance of the reserve fund is sufficient to meet future needs, Administration is recommending that \$5,000 be used from the reserve fund to pay for regular website updates and maintenance costs.

Expenditures

Expenditures total \$17,177,613, and reflect an overall increase of 2.47% from the 2024 Board approved amount of \$16,764,128.

i) Salaries and Benefits

The total salaries and benefits are projected to be \$14,177,527 in 2025, an increase of \$275,291 or 1.98%. Consistent with previous years, salaries and benefits continue to be the most significant expenditure category. In the 2025 budget, they account for approximately 83% (83% in 2024) of the mandatory core program budget (cost-shared), which funds a total of 135.16 Full-Time Equivalents (FTEs) (2024 – 139.27 FTEs).

Attachment 3 provides the summary of FTE changes for the mandatory core program budget (cost-shared). As can be seen in attachment reductions in staffing positions include 0.80 FTE nutritionist, 1.00 FTE public health nurse and 0.84 FTE visual health program facilitator. The reduction of the nutritionist and public health nurse were completed through attrition. Offsetting staffing reductions are increases as a result of negotiated union agreements, non-union increases and increased benefit costs attributable to increases in CPP, WSIB and health and dental.

ii) Other Operating Expenses

Operating Expenses have increased by 4.83%. Significant increases in expenses include staff training and recognition of \$16,812, purchased and allocated administration of \$119,376 and communications of \$40,080 which relate to additional corporate software licensing including price increases, information system requirements, telecommunication licensing increases and insurance. This is partially offset by decreases in materials and supplies of \$49,684 as a result of harm reduction supplies being provided by the Province and office expenses and printing of \$9,661.

100% Funded Programs

Attachment 4 provides an overview of each of the 100% Funding Initiatives and the 100% Other Program budgets. Included for each program is a program overview, financial information (budget) and human resources (FTEs), key strategic goals and directions, and any significant budget implications or changes.

The following funding sources are anticipated to remain 100% funded by the Ministry of Health with no anticipated increase to these amounts from the Province.

100% Indigenous PH: Thunder Bay

The 100% Indigenous PH: Thunder Bay funding was included in base funding in 2020 to enhance the Board of Health's ability to more comprehensively manage infectious disease threats and other health issues with Indigenous Communities in Thunder Bay. This is accomplished through improved relationship building, surveillance, testing services, case and contact management, and harm reduction services. The TBDHU has allocated 3.90 FTEs (2024 – 3.90 FTE) to this budget.

The Ministry has not changed any requirements for this program, therefore, the 2025 budget is recommended at \$546,511 (2024 - \$502,650).

100% Indigenous PH: SLFNHA

The 100% Indigenous PH: SLFNHA funding was included in base funding in 2020 to be used for the implementation of the Sioux Lookout First Nations Health Authority's (SLFNHA) Approaches to Community Well-Being public health model for the First Nation communities in the Sioux Lookout region. Some of these communities do fall in the TBDHU geography and the Board has been supportive of advancing this work which is consistent with requirements in the OPHS related to Indigenous Engagement. The base funding must be used for salaries, wages and benefits (including a 1.0 FTE Public Health physician position), accommodation costs, transportation and communication costs, and supplies and equipment to assist with the implementation of SLFNHA's integrated public health model. The TBDHU has allocated 0.60 FTE (2024 – 0.60) to this budget in accordance with Ministry's requirements.

The Ministry has not changed any requirements for this program, therefore, the 2025 budget is recommended at \$221,671 (2024 - \$187,672).

100% Indigenous PH: Food Sovereignty

The 100% Indigenous PH: Food Sovereignty funding supports work with road accessible First Nation communities in the TBDHU geography to explore and implement measures to improve food security, access to affordable, healthy and culturally meaningful foods, food safety and food literacy, and the development of local food initiatives and a sustainable food system overall. The TBDHU has allocated 1.70 FTEs (2024 – 1.70 FTEs) to this budget.

The Ministry has not changed any requirements for this program, the 2025 budget is recommended at \$325,681 (2024 - \$337,431).

100% Northern Fruit and Vegetable Program - Schools

In 2019, the government moved previous one-time Northern Fruits and Vegetable funding to TBDHU base funding. The program objective for the Northern Fruit and Vegetable Program is to ensure a coordinated approach to increasing consumption and awareness of fresh fruits and vegetables in combination with healthy eating and physical activity education to school-aged children and their families, including in First Nations communities, in Northern Ontario. The TBDHU has allocated 1.55 FTEs (2024 – 1.55 FTEs) to this budget.

The Ministry has not changed any requirements for this program, the 2025 budget is recommended at \$213,400 (2024 - \$213,400).

100% Ontario Seniors Dental Care Program

In 2019, the Government confirmed the implementation of the Ontario Seniors Dental Care Program. The Ontario Seniors Dental Care Program (“OSDCP”) 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. TBDHU has allocated 3.05 FTEs (2024 – 3.00 FTEs) to this budget.

The Ministry has not changed any requirements for this program, the 2025 budget is recommended at \$999,300 (2024 - \$999,300).

Other Programs

Land Development Program

The Land Development program is budgeted at \$232,783 revenues and expenditures, an increase of \$7,563 over 2024 budget levels with staff remaining consistent at 2.00 FTEs. As a result of the 3.4% increase to the expense side of the budget, a corresponding increase to user fees is also recommended. Two new fees are also being recommended for Septic Cancellation and Septic Renewal Fees both of which are being recommended with a charge of \$100 to cover the administrative cost of this work. A summary of the fees can be found in Attachment 6.

Also considered with the Land Development budget is the corresponding reserve fund which had a balance of \$105,707 at December 31, 2023. The land development program is the only program TBDHU runs that is required to be self-funded which is why a reserve fund is in place. The program ideally will have a small surplus annually in order to sufficiently fund the reserve and ensure that in the case of a lower year in terms of revenue, the reserve fund can support a deficit. Expenses remain fairly consistent year over year with no change in the manner in which the program operates.

The 2025 Land Development Program is recommended by Administration as presented.

One-Time Requests

There are no one-time requests being recommended at this time for 2025. At this time, the Ministry has provided no indication as to whether one-time requests will be available. Additional requests will be brought to the Board of Health for approval in February or March of 2025, prior to the submission of the Annual Service Plan and Budget Submission to the Ministry of Health, should they be admissible. In 2024, one time requests were not available as the only requests eligible were related to mergers.

FINANCIAL IMPLICATIONS

Overall, revenues from all sources included within the recommended Mandatory Core Program Budget (Cost-Shared) total \$17,177,613. This represents an overall increase of 2.47% from the 2024 Board approved levels. These revenues are provided to fund expenditures of the existing mandatory core programming.

Revenues are balanced with expenditures for each of the 100% and Other Funded Programs at levels required to deliver existing programming, and include:

- 100% Indigenous PH: Thunder Bay at \$546,511
- 100% Indigenous PH: SLFNHA at \$221,671
- 100% Indigenous PH: Food Sovereignty at \$325,681
- 100% Northern Fruit and Vegetable - Schools at \$213,400
- 100% Ontario Seniors Dental Care Program at \$999,300
- Land Development – Revenue and Expenditures at \$232,783

STAFFING IMPLICATIONS

Attachment 3 provides a full summary of the FTEs within the Mandatory Core Programs Budget (Cost-Shared), including the impact of the above noted program adjustments.

Attachment 5 provides the summary of the FTEs for the 100% and Other Funded Programs, including 100% Indigenous PH: Thunder Bay, 100% Indigenous PH: SLFNHA 100% Indigenous PH: Food Sovereignty, 100% Ontario Seniors Dental Care Program, 100% Northern Fruit and Vegetable – Schools, and Land Development.

CONCLUSION

The 2025 Mandatory Core Program Budget (Cost-Shared), totaling \$17,177,613 with 135.16 FTEs, represents a package that balances fiscal capacity with health protection and promotion programming, and sets the Municipal Levy at \$3,937,721.

It is recommended that the 2025 Mandatory Core Program Budget (Cost-Shared) be approved by the Board of Health as presented and submitted to the Province in accordance with its prescribed process;

And that the 2025 Land Development Program budget be approved at \$232,783 for Revenues and Expenditures;

And that the balanced budgets listed below be approved by the Board of Health as presented and submitted to the Ministry of Health in accordance with its prescribed processes:

- 100% Indigenous PH: Thunder Bay at \$546,511
- 100% Indigenous PH: SLFNHA at \$221,671
- 100% Indigenous PH: Food Sovereignty at \$325,681
- 100% Northern Fruit and Vegetable - Schools at \$213,400
- 100% Ontario Seniors Dental Care Program at \$999,300
- Land Development – Revenue and Expenditures at \$232,783

LIST OF ATTACHMENTS

- Attachment 1 Consolidated 2025 Mandatory Core Programs Budget Summary
- Attachment 2 Municipal Levy Distribution
- Attachment 3 Summary of Full Time Equivalent Changes (Mandatory Core Program Budget (Cost Shared))
- Attachment 4 2025 Mandatory Core Programs (Cost-Shared) Divisional Summary, 100% Funding Initiatives, and 100% Other
- Attachment 5 Summary of Full-Time Equivalent Changes for 100% Funded Programs
- Attachment 6 User Fee Schedule

PREPARED BY: Lauren Paradis, CPA, CA Manager, Finance
Dan Hrychuk, CPA, CA Director, Corporate Services

THIS REPORT RESPECTFULLY SUBMITTED BY:
D. Hrychuk, CPA, CA, Director, Corporate Services

DATE:
November 20, 2024

Medical Officer of Health and Chief Executive Officer

Attachment 1

Consolidated 2025 Mandatory Core Program Budget (Cost-Shared) Summary

**THUNDER BAY DISTRICT HEALTH UNIT
CONSOLIDATED 2025 COST SHARED BUDGET SUMMARY**

	2024 Board Approved Budget *	2025 Total Budget Request	Increase/(Decrease) (2025 vs 2024)	
	\$	\$	\$	%
	(1)	(2)	(3)	(4)
REVENUES				
Provincial - Mandate	11,164,035	11,275,675	111,640	1.00%
Municipal Contributions	3,579,746	3,937,721	357,975	10.00%
Provincial - Unorganized Territories Generated	978,847	922,817	(56,030)	-5.72%
Transfer from Safe Food Handling Reserve Fund	-	5,000	5,000	100.00%
Total Revenues	16,764,128	17,177,613	413,485	2.47%
EXPENDITURES				
Salaries & Benefits	13,902,236	14,177,527	275,291	1.98%
Travel	216,385	217,306	921	0.43%
Staff Training & Recognition	148,450	165,262	16,812	11.33%
Board of Health	40,300	42,100	1,800	4.47%
Purchased Program Service	160,400	162,700	2,300	1.43%
Purchased & Allocated Admin	1,023,040	1,142,416	119,376	11.67%
Building Occupancy	388,100	397,400	9,300	2.40%
Equipment Expense	282,900	289,850	6,950	2.46%
Materials & Supplies	356,972	307,288	(49,684)	-13.92%
Office Expenses & Printing	139,565	129,904	(9,661)	-6.92%
Communications	105,780	145,860	40,080	37.89%
Total Expenditures	16,764,128	17,177,613	413,485	2.47%
Surplus / (Deficit)	-	-	-	

* As restated to match revised presentation for In Good Hands budget

Attachment 2

Municipal Levy Distribution

CONSOLIDATED 2025 MANDATORY CORE PROGRAMS BUDGET (COST SHARED) MUNICIPAL LEVY DISTRIBUTION

Method of Apportionment: Population

Municipality	2024	2025	2025 vs 2024	
			\$	%
Conmee	19,827	21,810	1,983	10.00%
Dorion	7,584	8,342	758	10.00%
Greenstone	102,058	112,264	10,206	10.00%
Gillies	12,670	13,937	1,267	10.00%
Manitouwadge	51,227	56,350	5,123	10.00%
Marathon	80,252	88,277	8,025	10.00%
Neebing	58,080	63,888	5,808	10.00%
Nipigon	40,628	44,691	4,063	10.00%
O'Connor	18,213	20,034	1,821	10.00%
Oliver Paipoonge	161,478	177,626	16,148	10.00%
Red Rock	23,817	26,198	2,382	10.00%
Schreiber	29,877	32,865	2,988	10.00%
Shuniah	74,221	81,644	7,422	10.00%
Terrace Bay	38,862	42,748	3,886	10.00%
Thunder Bay	2,860,952	3,147,048	286,096	10.00%
Total Cost	3,579,746	3,937,721	357,975	10.00%
Per Capita	30.46	33.50	3.05	10.00%

Attachment 3

Summary of Full-Time Equivalent Changes (Mandatory Core Program Budget [Cost-Shared])

	Full Time Equivalents (FTE)		Balance
	Enhancements	Reductions	
2024 Mandatory Core Programs Budget FTEs			139.27
Additions			
Health Protection			
<u>Sexual Health</u>			
Public Health Nurse		0.03	
		<u>0.03</u>	
Total Additions			0.03
Reductions			
Health Promotion			
<u>Chronic Disease Prevention</u>			
Nutritionist		-0.80	
		<u>-0.80</u>	
<u>Children, Youth and Families</u>			
Public Health Nurse		-1.00	
		<u>-1.00</u>	
<u>Visual Health</u>			
Visual Health Program Facilitator		-0.84	
		<u>-0.84</u>	
Health Protection			
<u>Divisional Administration</u>			
Manager		-0.40	
Director		-0.10	
		<u>-0.50</u>	
<u>Street Outreach</u>			
Public Health Nurse		-1.00	
		<u>-1.00</u>	
Total Reductions			-4.14
2025 Total Mandatory Core Programs Budget FTEs			135.16

Attachment 4

**2025 Mandatory Core (Cost-Shared) Divisional Summary, 100%
Funding Initiatives, and 100% and Other Programs**

Under Separate Cover

Attachment 5

Summary of Full-Time Equivalent Changes for 100% Funded Programs

	Full Time Equivalents (FTE)		
	Enhancements	Reductions	Balance
2024 Total 100% Funded Program FTEs			12.75
Additions			
Indigenous PH: Thunder Bay Public Health Nurse	1.00		
	<u>1.00</u>		
Ontario Senior Dental Program Director - Health Promotion	0.05		
	<u>0.05</u>		
Total Additions			1.05
Reductions			
Indigenous PH: Thunder Bay Health Promotion Planner		-1.00	
		<u>-1.00</u>	
Total Reductions			-1.00
2025 Total 100% Funded Program FTEs			12.80

Attachment 6 User Fee Schedule

Division	Program	User Fee Description	2024 Fee	2025 Fee	\$ Change	% Change
Corporate Services	Finance	NSF Charge	\$25.00	\$25.00	-	0.0%
		Freedom of Information Requests	as per Municipal Freedom of Information and Protection of Privacy Act	as per Municipal Freedom of Information and Protection of Privacy Act	-	0.0%
Health Protection	Environmental Health	Property Information - File Search, per search	\$83.00	\$83.00	-	0.0%
		Property Information - File Search and non-mandated inspection	\$83.00 + \$45/hr + travel costs	\$83.00 + \$70/hr + travel costs	25.00	55.5%
Health Protection	Food Safety	In Good Hands" Online Safe food Handling Course	\$34.95	\$34.95	-	0.0%
		In-Class Safe Food Handling Course	\$75.00	\$75.00	-	0.0%
		In-Class Safe Food Handling Course Group Rate (per person, for groups of 10 or more)	\$65.00	REMOVE	N/A	N/A
Health Protection	Health Hazard	Playground Inspections	\$70/hr + mileage & reimbursement of direct photography costs	\$70/hr + mileage & reimbursement of printing costs	-	0.0%
Health Protection	Land Development	Class 2 - Grey Water Leaching	\$300.00	\$310.00	10.00	3.3%
		Class 3 - Cesspool	\$300.00	\$310.00	10.00	3.3%
		Class 4 - Septic Tank + Field (Residential)	\$1,000.00	\$1,020.00	20.00	2.0%
		Class 4 - Septic Tank + Field (Commercial)	\$1,100.00	\$1,125.00	25.00	2.3%
		Class 4 - Advanced Septic Treatment System	\$2,500.00	\$2,550.00	50.00	2.0%
		Class 4 - Tank only Replacement - (Residential)	\$450.00	\$460.00	10.00	2.2%
		Class 4 - Tank only Replacement - (Commercial)	\$550.00	\$565.00	15.00	2.7%
		Class 4 - Field only Replacement - (Residential)	\$750.00	\$765.00	15.00	2.0%
		Class 4 - Field only Replacement - (Commercial)	\$1,000.00	\$1,020.00	20.00	2.0%
		Class 5 - Holding Tank (Residential)	\$850.00	\$870.00	20.00	2.4%
		Class 5 - Holding Tank (Commercial)	\$1,000.00	\$1,020.00	20.00	2.0%
		Sewage Renovation Permit (extend, alter, repair, change of use) - Inspection Required	\$400.00	\$410.00	10.00	2.5%
		Sewage Renovation Permit (extend, alter, repair, change of use) - No inspection required	\$125.00	\$130.00	5.00	4.0%
		Re-inspection Fee	\$300.00	\$310.00	10.00	3.3%
		Septic Cancellation / Refund Request Fee	NEW	\$100.00	100.00	100.0%
		Septic Renewal Fee - beyond 12 months	NEW	\$100.00	100.00	100.0%
		File Search - 4 day	\$175.00	\$180.00	5.00	2.9%
		File Search - Rush (Less than 4-day notice)	\$200.00	\$205.00	5.00	2.5%
		Severance (per Lot)	\$250.00	\$255.00	5.00	2.0%
		Minor Variance	\$250.00	\$255.00	5.00	2.0%
		Zoning By-law	\$250.00	\$255.00	5.00	2.0%
		Sub-Division (per Lot)	\$250.00	\$255.00	5.00	2.0%
		Lot Inspection/Compliance - Inspection & Letter	\$250.00	\$255.00	5.00	2.0%
		Performance Level Review - Inspection & Letter	\$250.00	\$255.00	5.00	2.0%
		Performance Level Review - Letter only	\$100.00	\$105.00	5.00	5.0%
Health Protection	Sexual Health	Hormonal contraceptive - Alesse	\$15.00	\$16.00	1.00	6.7%
		Hormonal contraceptive - Alysena	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Brevicon .5/35	\$10.00	REMOVE	N/A	N/A
		Hormonal contraceptive - Depo-Provera	\$25.00	\$30.00	5.00	20.0%
		Hormonal contraceptive - Evra	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Linessa	\$10.00	\$15.00	5.00	50.0%
		Hormonal contraceptive - Lolo	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Marvelon	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Minovral	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Movisse	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Nexplanon	\$295.00	\$295.00	-	0.0%
		Hormonal contraceptive - NuvaRing	\$10.00	\$12.00	2.00	20.0%
		Emergency contraceptive	\$5.00	\$10.00	5.00	100.0%
		Hormonal contraceptive - Tricira Lo	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Triquilar	\$10.00	\$12.00	2.00	20.0%
		Hormonal contraceptive - Yasmin	\$15.00	\$16.00	1.00	6.7%
		Hormonal contraceptive - Yaz	\$15.00	\$16.00	1.00	6.7%
		Hormonal contraceptive - ella™	\$26.00	\$26.00	-	0.0%
		IUD - Liberte	\$56.50	REMOVE	N/A	N/A
		IUD - Mirena	\$335.00	\$350.00	15.00	4.5%
		IUD - Non-Hormonal (5 year)	\$50.00	\$50.00	-	0.0%
		IUD - Non-Hormonal (10 year)	\$55.00	\$55.00	-	0.0%
		IUD - Kyleena	\$355.00	\$355.00	-	0.0%
		Pregnancy Tests by appointment	No Charge	No Charge	-	0.0%

**Attachment 6
User Fee Schedule (continued)**

Division	Program	User Fee Description	2024 Fee	2025 Fee	\$ Change	% Change
Health Protection	Vaccine Preventable Disease	Hepatitis A	\$70.00	\$70.00	-	0.0%
		Hepatitis A Jr.	\$45.00	\$45.00	-	0.0%
		Hepatitis A/B	\$70.00	\$70.00	-	0.0%
		Hepatitis A/B Jr.	\$45.00	\$45.00	-	0.0%
		Hepatitis B	\$35.00	\$35.00	-	0.0%
		Hepatitis B Jr.	\$20.00	\$20.00	-	0.0%
		Meningococcal Serogroups A, C, Y, W135	\$130.00	\$130.00	-	0.0%
		Meningococcal B	\$115.00	\$125.00	10.00	8.7%
		Typhoid	\$45.00	REMOVE	N/A	N/A
		Yellow Fever	\$150.00	REMOVE	N/A	N/A
		Varicella (chickenpox)	\$80.00	\$80.00	-	0.0%
		Human Papilloma Virus (HPV-9)	\$165.00	\$180.00	15.00	9.1%
		Rabies (special order; pre-paid)	\$180.00	\$180.00	-	0.0%
		Ixiaro (Japanese Encephalitis)	\$225.00	REMOVE	N/A	N/A
		Herpes Zoster (Shingles)	\$185.00	\$185.00	-	0.0%
		Vivaxim (Hep A & Typhoid)	\$110.00	REMOVE	N/A	N/A
		Tick-borne Encephalitis	\$105.00	\$105.00	-	0.0%
		Gardasil (HPV)	\$150.00	\$150.00	-	0.0%
		Physican Fee	\$30.00	\$30.00	-	0.0%
		Physican Fee - Family	\$80.00	\$80.00	-	0.0%
	No Show	\$15.00	\$15.00	-	0.0%	

33 – 2024 (Finance)

2025 Mandatory Core Budget (Cost Shared) Divisional Summary, 100% Funding Initiatives and 100% Other Programs

Attachment 4

**Thunder Bay District Health Unit
2025 Expenditure Budget Summary**

Mandatory Core Budget (Cost Shared) by Division		2024	2025	Change	% Change	Page Number
Health Promotion	Financial Resources	\$4,912,999	\$4,884,469	-\$28,530	-0.6%	3-13
	Human Resources in FTE	46.35	43.71	-2.64	-5.7%	
Health Protection	Financial Resources	\$6,187,678	\$6,189,925	\$2,247	0.0%	14-31
	Human Resources in FTE	56.02	54.55	-1.47	-2.6%	
Medical Officer of Health	Financial Resources	\$1,485,244	\$1,576,872	\$91,628	6.2%	32-35
	Human Resources in FTE	9.60	9.60	0.00	n/a	
Corporate Services	Financial Resources	\$1,979,558	\$2,130,154	\$150,596	7.6%	36-40
	Human Resources in FTE	19.00	19.00	0.00	n/a	
Corporate	Financial Resources	\$1,420,278	\$1,593,775	\$173,497	12.2%	41-45
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Branch Offices	Financial Resources	\$778,371	\$802,419	\$24,047	3.1%	46-47
	Human Resources in FTE	8.30	8.30	0.00	n/a	
Total Financial Resources		\$16,764,128	\$17,177,613	\$413,485	2.5%	
Human Resources in FTE		139.27	135.16	(4.11)	-3.0%	
100% and Other Programs		2024	2025	Change	% Change	Page Number
100% Funded and Other	Financial Resources	\$2,465,673	\$2,539,346	\$73,673	3.0%	48-56
	Human Resources in FTE	12.75	12.80	0.05	0.4%	

**Health Promotion Division
2025 Division Expenditure Budget Summary**

Program Area		2024	2025	Change	% Change	Page
Health Promotion Administration	Financial Resources	\$651,559	\$700,550	\$48,991	7.5%	4
	Human Resources in FTE	4.75	4.75	0.00	n/a	
Chronic Disease Prevention	Financial Resources	\$931,157	\$889,300	-\$41,857	-4.5%	5-6
	Human Resources in FTE	8.84	8.04	-0.80	-9.0%	
Children, Youth and Families	Financial Resources	\$1,363,263	\$1,323,852	-\$39,411	-2.9%	7-8
	Human Resources in FTE	12.70	11.70	-1.00	-7.9%	
Substance Use Health	Financial Resources	\$974,513	\$1,035,319	\$60,806	6.2%	9
	Human Resources in FTE	9.65	9.65	0.00	n/a	
Injury Prevention	Financial Resources	\$223,212	\$232,919	\$9,707	4.3%	10
	Human Resources in FTE	2.00	2.00	0.00	n/a	
Visual Health	Financial Resources	\$155,407	\$0	-\$155,407	-100.0%	11-12
	Human Resources in FTE	1.74	0.00	-1.74	-100.0%	
Oral Health	Financial Resources	\$613,888	\$702,529	\$88,641	14.4%	13
	Human Resources in FTE	6.67	7.57	0.90	13.5%	
Total Financial Resources		\$4,912,999	\$4,884,469	-\$28,530	-0.6%	
Total Base Positions (FTEs)		46.35	43.71	(2.64)	-5.7%	

**Health Promotion Division
Budget Year 2025
Health Promotion Administration
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 651,559	\$ 700,550	\$ 48,991	7.5%
FTEs	4.75	4.75	0.00	0.0%

Program Overview

Health Promotion Administration supports the divisional teams in programs and service delivery. The division continues to focus on building and maintaining collaborations internally between programs, with external stakeholders, optimizing external funding opportunities, and prioritizing projects and work plans in accordance with the Ontario Public Health Standards and associated Protocols.

Key Strategic Goals of the Program and Direction for 2025

Strategic Goals:

-Move programming towards a stronger comprehensive health promotion model that emphasizes policy, environments and partnerships.

- Continue to expand upon and increase cross-collaboration between programs within the division and with Health Protection Division on topics such as climate change, violence and adverse childhood experiences.
- Enhance health promotion program delivery in District communities.

Direction for 2025:

- Re-align programs and services to adjust to the new Ontario Public Health Standards .

Budgetary Changes/Implications

Budgetary increase due to salary step grid increases, negotiated inflationary increases and increased benefit costs.

**Health Promotion Division
Budget Year 2025
Chronic Disease Prevention
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 931,157	\$ 889,300	\$ (41,857)	-4.5%
FTEs	8.84	8.04	(0.80)	-9.0%

Program Overview

To reduce the burden of chronic diseases and improve well-being through improved food and nutrition, increased physical activity and decreased sedentary behaviour, supportive built environments and planetary health, and the promotion of mental wellness and health equity. A comprehensive approach is applied which targets all population levels, addresses different settings and implements multiple strategies at various levels of intervention including increased public awareness. Priority populations and social determinants are considered in planning, as well as the principles of need, capacity, impact, partnerships and collaboration.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

The chronic disease prevention program aims to improve population health through evidence-informed interventions targeted at priority populations. Strategic Goals include:

- Improve food policies and food skills in a variety of settings that promote food literacy and improved food and nutrition.
- Monitor food affordability and improve food security in Thunder Bay and District
- Improve Physical Literacy to support building blocks of being active for life at any age.
- Improve planetary health through sustainable food systems, built environments, and active transportation.
- Support mental health through workplace settings and promoting decent work as a social determinant of health.

Direction for 2025:

- Implement Nutritious Food Basket Tool to assess food affordability and food insecurity.
- Improve the food environment in early-years settings through peer-training and policy development.
- Partner with local school boards and Student Transportation Services to enhance active school travel in the midst of bussing cuts and shortages.
- Pursue an Ontario Trillium foundation grant to embed Physical Literacy mentors in early-years settings.
- Promote the Active Commute Challenge with local partners with a focus on sustainability and planetary health.
- Complete a situational assessment on Decent Work as a social determinant of health and collaborate with local partners to improve health equity.
- Build local capacity to support mental wellness in partnership with the Superior Mental Wellness at Work Advisory Committee.

Budgetary Changes/Implications

Budget savings from the elimination of 0.80 FTE Public Health Nutritionist position which was vacant. Partially offset by salary step grid increases, negotiated inflationary increases and increased benefit costs, resulting in a budget reduction of \$41,857.

Thunder Bay District Health Unit
Reduction/Expansion

Division: Health Promotion
Program: Chronic Disease Prevention

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
(0.80 FTE) Nutritionist - reduction to Nutrition/Dietitian team (vacancy)	Salary & Benefits	-110,636
	Total Cost (Savings)	-\$110,636

Staff Resource Impact	FTE
Nutritionist	-0.80
Total FTE Enhancement (Reduction)	-0.80

**Health Promotion Division
Budget Year 2025
Children, Youth and Families
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 1,363,263	\$ 1,323,852	\$ (39,411)	-2.9%
FTEs	12.70	11.70	(1.00)	-7.9%

Program Overview

The goal of the Children, Youth and Families program is to support optimal preconception, pregnancy, infant, child, youth, parental and family health through a comprehensive health promotion approach that includes implementing evidence-based interventions, creating supportive environments, and strengthening community action. This is done through education and skill development for factors associated with healthy growth and development including: reproductive, preconception and perinatal health, and parenting; clinical services to support increasing breastfeeding exclusivity, surveillance and professional skill development; policies that promote healthy growth and development and create healthy environments; a comprehensive school health approach to improve student health and well-being; and by embedding mental health promotion strategies and approaches across public health programs and services.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Align services and support policies to reduce health inequities for children and families and promote healthy environments for optimal development.
- Increase education, and skills in preconception, pregnancy, perinatal health, breastfeeding, parenting and maternal substance use to improve outcomes for infants, children and caregivers.
- Collaborate with community partners to prevent and mitigate Adverse Childhood Experiences (ACEs) address gender-based violence, improve mental health, reduce suicide rates, stigma and promote trauma informed care.
- Employ a comprehensive school health approach to foster a positive climate, engage students and parents, strengthen community partnerships, and deliver health curriculum.

Direction for 2025:

- Align and implement new OPHS. Focus on continuous improvement of breastfeeding rates (initiation and exclusivity), timely access to clinical lactation support, promotion of TBDHU Lactation Services, and capacity building with community partners to advance the practice of breastfeeding.
- Develop and maintain partnerships with service providers that reach equity-deserving populations to improve access to programs, services and resources that support healthy growth and development and mental health.
- Deliver evidence based programming to increase education, awareness and develop skills related to preconception, reproductive, perinatal health, pregnancy, attachment & positive parenting, and substance use.
- Collaborate with key partners to implement an ACEs resilience framework and adopt standard indicators.
- Collaborate with partners to increase education and support policies that reduce children's exposure to environmental threats and contaminants, and promote environmental health as a key social determinant of health.
- Collaborate to reduce mental health stigma and raise awareness of perinatal mood disorders and local resources, promote mental health across the lifespan, especially for families during prenatal and early years.
- Provide staff Crisis Prevention Intervention training to support organizational resilience and a thriving workforce.
- Enhance capacity for staff and community to prevent violence and support and refer those at risk of violence.
- Partner with School Boards to deliver health-related programming in schools, based on identification of priority schools and topics. Build capacity and create resources for parent and caregivers. Support policy implementation.

Budgetary Changes/Implications

Budget savings from the elimination of 1.0 FTE Public Health Nurse which was vacant in the school team. Partially offset by salary step grid increases, negotiated inflationary increases, and increased benefit costs, resulting in a budget reduction of \$39,411.

Thunder Bay District Health Unit
Reduction/Expansion

Division: Health Promotion
Program: Children, Youth, and Families

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
(1.0 FTE) Public Health Nurse - reduction to school team (vacancy)	Salary & Benefits	-114,477
	Total Cost (Savings)	-\$114,477

Staff Resource Impact	FTE
Public Health Nurse	-1.00
Total FTE Enhancement (Reduction)	-1.00

**Health Promotion Division
Budget Year 2025
Substance Use Health
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 974,513	\$ 1,035,319	\$ 60,806	6.2%
FTEs	9.65	9.65	0.00	n/a

Program Overview

In accordance with the Ontario Public Health Standards, the Substance Use Health program (addressing tobacco, vaping, alcohol, cannabis, and other drugs) develops programs and services that address varying substance use health concerns in order to reduce the burdens associated with substance use including: preventing or delaying use; decreasing youth access, supporting cessation; preventing problematic substance use; reducing harms associated with substance use; re-orienting health services to meet population needs; and/or contributing to the planning of and referral to treatment and other services to meet population needs. Programs and services focus on topics that address identified gaps and address inequities among priority populations. Public health interventions are informed by local needs and take into consideration risk and protective factors; consultation with local stakeholders; assessment of existing programs and services; and evidence of effective interventions. The program also includes enforcement of the Smoke Free Ontario Act (SFOA); and collaboration on a local, regional and provincial level - minimizing duplication across health units in the areas of research, communication campaigns, and data collection through regional, multi-region, and province-wide initiatives.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Promote Substance Use Health
- Reduce smoking and vaping initiation rates among youth/young adults.
- Inform, develop and promote healthy public policies that support health related to comprehensive tobacco control, alcohol, cannabis and other substance-related risk and harm.
- Maintain compliance of the SFOA through education, monitoring, inspections and responding to complaints.
- Coordinate programming based on local and regional need and conduct research, knowledge exchange and evaluation in collaboration with other health units to inform planning decisions.

Direction for 2025:

- Communicate, educate on, and enforce the Smoke Free Ontario Act, 2017
- Increase the knowledge and ability of community partners (including schools and post-secondary institutes, municipalities and workplaces) to integrate tobacco and vaping reduction into their practices; and adopt or strengthen smoke/vape-free policies and other substance-related policies and practices.
- Increase awareness and provide education and skill-building among key audiences to increase mental wellness and reduce problematic substance use using evidence and best practices (harm reduction, life course approach, Icelandic Prevention Model.).
- Work with community stakeholders on the Thunder Bay Drug Strategy (TBDS) – provide evidence and lead the Prevention Pillar through the Drug Awareness Committee.
- Maintain and build the cessation community of practice with community partners.
- Promote local, provincial and federal tobacco and vaping prevention and cessation promotion campaigns through education and targeted media campaigns; create communication strategies related to safe use of Psilocybins (magic mushrooms) in TBD; and continue to develop the "Parents Like Us" project - guidance for parents and caregivers of people with lived experience who use substances along the substance use spectrum.
- Reduce stigma, promote recovery from addiction and contribute to improved access to needed services and supports for people at risk of or living with substance use disorders in TBD i.e. 2025 Recovery Day event, Substance Use Stigma Organizational working group.

Budgetary Changes/Implications

Budgetary increase due to salary step grid increases, negotiated inflationary increases and increased benefit costs and reallocation of budget from Injury Prevention program budget.

**Health Promotion Division
Budget Year 2025
Injury Prevention
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 223,212	\$ 232,919	\$ 9,707	4.3%
FTEs	2.00	2.00	0.00	n/a

Program Overview

The Injury Prevention program use a comprehensive health promotion approach in collaboration with community partners, to strengthen community action, build healthy public policy, raise awareness and create safe and supportive environments within Thunder Bay and District. Falls Prevention targets community dwelling older adults as they have the highest proportion of falls with extended negative health outcomes. The Road Safety program involves collaboration with community partners to examine trends and support implementation of initiatives to address priority health risks such as distracted driving, impaired driving, all-terrain vehicle safety (ATVs, Snowmobiles, and boating vessels) and safely sharing the road with vulnerable road users. These priority health risks are tailored to the context of isolated and rural communities as well as priority populations including young and high-risk drivers.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- To provide comprehensive, evidence-based approaches in consultation and collaboration with local stakeholders in order to reduce the frequency, severity, and impact of preventable on and off road injury.
- Increase capacity of community organizations to decrease falls and concussions in high-risk populations in Thunder Bay District.

Directions for 2025:

- Engage with community partners to assess Injury Prevention needs in Thunder Bay and District.
- Collaborate with provincial and national partners to build on initiatives that increase focus on falls prevention.
- Carry out the 3 year work plan aimed at decreasing falls in high-risk populations of Thunder Bay and District through the newly formed Age Friendly Fall Prevention Committee.
- Build on the Seat Belt Deputy project though collaboration with roadway enforcement agencies and road safety organizations.
- Engage youth through education related to cannabis use and impaired driving in on and off-road vehicles (all terrain vehicles and snowmobiles).
- Focus on safe vessel use, promoting youth life vest use while using watercraft.
- Work with community partners to develop a safer roadways plan for vulnerable youth road users focusing on school transportation and active commuting to schools.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Visual Health
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 155,407	\$ -	\$ (155,407)	-100.0%
FTEs	1.74	0.00	(1.74)	-100.0%

Program Overview

Current version of the program stopped.

Key Strategic Goals of the Program & Direction for 2025

Not applicable.

Budgetary Changes/Implications

Program stopped as informed by anticipated changes as it relates to visual health in the updated Public Health Standards. Children's Visual Health Facilitator position (0.84 FTE) terminated and portion of wages for Oral Health employees that helped support this program reallocated to Oral Health (0.90 FTEs). No remaining program expenses for 2025 budget year.

Thunder Bay District Health Unit
Reduction/Expansion

Division: Health Promotion
Program: Visual Health

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
<i>(0.84 FTE) Visual Health Program Facilitator - position eliminated as program stopped</i>	Salary & Benefits	-82,522
	Total Cost (Savings)	-\$82,522

Staff Resource Impact	FTE
<i>Visual Health Program Facilitator</i>	-0.84
Total FTE Enhancement (Reduction)	-0.84

**Health Protection Division
Budget Year 2025
Oral Health
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 613,888	\$ 702,529	\$ 88,641	14.4%
FTEs	6.67	7.57	0.90	13.5%

Program Overview

The activities of the Oral Health program are informed by the Ontario Public Health Standards, specifically the Oral Health Protocol, 2021 and the proposed Population Health Assessment and Surveillance Protocol. The team provides screening and surveillance in all elementary schools in the TBDHU catchment area to determine the oral health risk intensity of the school population. The screenings also inform program planning related to the oral health status of the children in our catchment area. The program facilitates access to the Healthy Smiles Ontario (HSO) program for eligible children and youth both through our public health dental clinic and with community partners. The program also provides universal and targeted oral health education and promotion and seeks opportunities to collaborate with community organizations and other providers of services to our target HSO populations.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- To offer an early intervention universal/risk based school fluoride varnish program to students in JK to grade 2 and at targeted EarlyON centres for children up to 4 years, as an early caries prevention intervention.
- To meet Ministry Oral Health indicator of 100% of schools screened in the 2024/25 school year.
- To navigate and ensure access to oral health care services for families eligible for the Healthy Smiles Ontario program.
- To continue to promote the use of Early Years and School Aged oral health education toolkits by service providers as per school curriculum guidelines.
- To encourage adolescents to engage in Healthy Smiles Ontario and in healthy oral health behaviours through the use of specific engagement tools.
- To promote oral health education tools to primary health care providers to encourage oral health education at the primary care level.

To engage in oral health promotion activities and to work with community partners to reach families eligible for HSO as well as individuals who experience barriers to care.

Direction for 2025

- The Oral Health team will provide screening and surveillance to all eligible schools in Thunder Bay and District.
- Provide educational information and navigation to Healthy Smiles Ontario program for eligible families.
- Provide fluoride varnish program at our oral health clinic and targeted EarlyON sites for children up to 4 years of age and in schools for children in JK to grade 2.
 - Increase capacity for oral health promotion and education activities for children and youth up to 17 years, and their families.
- Continue to seek collaborative opportunities with community organizations serving children and youth who may be at risk for poor oral health outcomes.

In light of the implementation of the new Federal Canada Dental Benefit Plan and that families eligible for HSO may utilize both plans to support treatment costs, we will perform an ongoing environmental scan to identify utilization and access needs so as to inform our program planning.

Budgetary Changes/Implications

Budget variance represents a portion of Oral Health staffing returned to the Oral Health budget from the Visual Health program due to program discontinuation (0.90 FTE).

**Health Protection Division
2025 Division Expenditure Budget Summary**

Program Area		2024	2025	Change	% Change	Page
Health Protection Administration	Financial Resources	\$1,046,463	\$1,033,981	-\$12,482	-1.2%	15-16
	Human Resources in FTE	7.80	7.30	(0.50)	-6.4%	
Professional Practice	Financial Resources	149,293	159,296	\$10,003	6.7%	17
	Human Resources in FTE	1.20	1.20	0.00	n/a	
Emergency Preparedness	Financial Resources	\$7,000	\$12,700	\$5,700	81.4%	18
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Health Hazard	Financial Resources	\$230,648	\$237,955	\$7,307	3.2%	19
	Human Resources in FTE	2.00	2.00	0.00	n/a	
Food Safety	Financial Resources	\$833,444	\$837,843	\$4,399	0.5%	20
	Human Resources in FTE	7.00	7.00	0.00	n/a	
Safe Water	Financial Resources	\$241,046	\$248,607	\$7,561	3.1%	21
	Human Resources in FTE	2.00	2.00	0.00	n/a	
Vector Borne Disease	Financial Resources	\$124,966	\$128,950	\$3,984	3.2%	22
	Human Resources in FTE	1.10	1.10	0.00	n/a	
Rabies Control	Financial Resources	\$22,280	\$23,110	\$830	3.7%	23
	Human Resources in FTE	0.20	0.20	0.00	n/a	
Unincorporated Area	Financial Resources	\$20,860	\$20,860	\$0	0.0%	24
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Sexual Health	Financial Resources	\$747,032	\$783,474	\$36,442	4.9%	25-26
	Human Resources in FTE	6.52	6.55	0.03	0.5%	
Harm Reduction	Financial Resources	\$528,758	\$490,157	-\$38,601	-7.3%	27
	Human Resources in FTE	4.10	4.10	0.00	n/a	
Infectious Disease	Financial Resources	\$875,908	\$904,943	\$29,035	3.3%	28
	Human Resources in FTE	8.00	8.00	0.00	n/a	
Street Outreach	Financial Resources	\$378,320	\$285,572	-\$92,749	-24.5%	29-30
	Human Resources in FTE	3.60	2.60	-1.00	-27.8%	
Vaccine Preventable Disease (VPD)	Financial Resources	\$981,660	\$1,022,477	\$40,817	4.2%	31
	Human Resources in FTE	12.50	12.50	0.00	n/a	
Total Financial Resources		\$6,187,678	\$6,189,925	\$2,247	0.0%	
Total Base Positions (FTEs)		56.02	54.55	-1.47	-2.6%	

**Health Protection Division
Budget Year 2025
Health Protection Administration
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 1,046,463	\$ 1,033,981	\$ (12,482)	-1.2%
FTEs	7.80	7.30	(0.50)	-6.4%

Program Overview

Health Protection Administration supports the divisional management team to advance programming and deliver services and initiatives as laid out in the Ontario Public Health Standards (OPHS), associated guidelines and protocols.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Provision of evidence-based planning and programming in accordance with the OPHS, Protocols and Guidelines.
- Identify and implement quality improvement initiatives to increase program efficiencies.

Direction for 2025:

- Oversight of the OPHS at the divisional and program level.
- To advance planning and engagement with municipalities with regard to emergency management.
- Meet goals and objectives of 2024- 2027 strategic plan.
- Support staff well-being initiatives and increase efforts to ensure effective communication between programs, divisions and organizationally.

Budgetary Changes/Implications

Budget reflects 0.50 FTE reallocation of portion of Director and Infectious Disease Manager FTEs to the 100% funded Infection Prevention and Control Hub program.

**Health Protection Division
Budget Year 2025
Professional Practice
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 149,293	\$ 159,296	\$ 10,003	6.7%
FTEs	1.20	1.20	0.00	n/a

Program Overview

Under the leadership of the Chief Nursing Officer/Director of Health Protection, the Professional Practice program works to ensure a high standard and quality practice within both nursing areas and organizationally. The program looks at nursing leadership initiatives, supports organizational effectiveness and continuous quality improvement.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

Nursing Leadership:

- Support quality student learning in public health and community health nursing through development and maintenance of a strong preceptorship program.
- Foster an environment supportive of best practices that reflect the College of Nurses of Ontario's Practice Standards and Guidelines.
- Support, lead and guide Nursing Practice Council to promote and foster a high standard of nursing across the organization.

Continuous Quality Improvement:

- Support continuous quality improvement, adoption of best practices and implementation within practice.

Direction for 2025:

- The Professional Practice program will continue to support and expand organizational initiatives as they apply to professional practice with application of continuous quality improvement principles, tools and best practice standards.
- Professional Practice will respond to and support inquiries, challenges, research and initiatives organizationally.
- A focus will be on the implementation of a client/patient safety program.

Budgetary Changes/Implications

Budgetary increase due to salary grid step increases, negotiated inflationary and benefit increases and additional costs were added for training new staff member within the program.

**Health Protection Division
Budget Year 2025
Emergency Preparedness
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 7,000	\$ 12,700	\$ 5,700	81.4%
FTEs	0.00	0.00	0.00	n/a

Program Overview

The purpose of the Public Health Emergency Preparedness Program is to implement measures that will prepare the Thunder Bay District Health Unit (TBDHU) to respond and recover to threats or disruptions to public health and public health programs and services as outlined in the Ontario Public Health Standards and related protocols and guidelines. This program leverages the authority granted by the Health Protection and Promotion Act (HPPA) to implement necessary measures in times of public health emergencies.

Key activities may include:

- Health Hazard Identification & Risk Assessment
- Surveillance & Awareness of threats to public health
- Emergency Planning with internal and external partners
- Communication & Notification strategies and
- Training & Exercises

The program is designed to enhance the health authority's capacity for coordinated action during public health emergencies and to ensure continuity of services under challenging circumstances.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Ensure ability of TBDHU to respond to emergencies and assess public health risks on a 24/7 basis.
- Ensure continuity of operations for critical services during business disruptions.

Direction for 2025:

- Maintain a strong 24/7 on-call system, including appropriate services and equipment.
- Participate in municipalities annual emergency exercises as able.
- Engage municipalities in discussions related to response to adverse weather events.
- Maintain connectivity with emergency preparedness partners such as Emergency Management Ontario, local community emergency management coordinators and the Thunder Bay International Airport
- Review and update internal emergency management processes to improve response to emerging issues.

Budgetary Changes/Implications

On-call wages will be managed by any in-year variance or through the Program Contingency reserve fund, if required. The increase in budget this year relates to centralizing of the budget for Environmental Health cellphones from individual programs to Emergency Preparedness. There has been a corresponding decrease in those programs from which the costs were transferred.

**Health Protection Division
Budget Year 2025
Health Hazard
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 230,648	\$ 237,955	\$ 7,307	3.2%
FTEs	2.00	2.00	0.00	n/a

Program Overview

The purpose of the Health Hazard program is to prevent and reduce adverse health outcomes from health hazards in the environment, as defined in the Health Protection and Promotion Act.

The majority of work involves investigating and resolving complaints related to unsafe or unsanitary conditions in publicly-accessible locations, including rental housing, businesses, and public indoor and outdoor spaces. Typical complaints investigated by the program include indoor mold, vermin infestations, garbage accumulation, and unsanitary conditions caused by hoarding. Because of the broad range of potential health hazards, TBDHU often investigates and resolves hazardous conditions in collaboration with other internal TBDHU programs, as well as external enforcement agencies, such as municipal bylaw, fire and police departments, safety standards agencies, and provincial ministries.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Eliminate or control health hazards in the natural and built environment through effective response.
- Collaborate with local and provincial agencies to ensure that cross-jurisdictional health hazards are resolved effectively and efficiently.

Direction for 2025:

- Maintain a high level of responsiveness when investigating and resolving health hazard complaints.
- Review trends in individual health hazard complaints to identify issues that require broader community responses.
- Maintain and enhance relationships with local and provincial agencies.
- Work with landlords and tenants to promote integrated pest management as a more effective long-term solution to pest-related problems.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Food Safety
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 833,444	\$ 837,843	\$ 4,399	0.5%
FTEs	7.00	7.00	0.00	n/a

Program Overview

The purpose of the Food Safety Program is to prevent and reduce food-borne illness by delivering local, comprehensive food safety programming that includes, but is not limited to:

- Surveillance and inspection of diverse array of food premises, including fixed retail premises, institutional kitchens, mobile, home-based, and special event vendors;
- Epidemiological analyses of surveillance data;
- Food handler training, including in-person courses and TBDHU's In Good Hands web-based online food safety course; and
- Timely response to reports of food-borne illnesses or outbreaks; unsafe food-handling practices, food recalls, adulteration and consumer complaints; and emergent situations that may affect food safety (ex. floods, fires, power outages, etc).

Inspection and enforcement of food safety standards is facilitated by regulations under the Health Protection and Promotion Act (HPPA) including:

- O. Reg. 493 (Food Premises);
- O. Reg. 568 (Recreational Camps); and
- O. Reg. 554 (Camps in Unorganized Territories).

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Prevent or reduce the burden of food-borne illness in the population using a variety of methods, including education, enforcement and advocating for healthy public policy.
- Detect and control instances and outbreaks of food-borne illness in a timely and effective manner.
- Inform the public and food premise operators about safe food-handling practices and food safety issues through health promotion messaging, disclosure of inspection results, and food handler training and certification.
- Educate and certify food premises staff in safe food-handling to reduce the incidence of enteric communicable disease.

Direction for 2025:

- Investigate and remediate all suspect foodborne outbreaks, as well as complaints about food premises, in a timely manner.
- Inspect all food premises at the required frequency; educate operators and ensure adherence to regulatory requirements.
- Inspect all high risk special events; educate operators and ensure their adherence to regulatory requirements.
- Offer online and in-person food safety education and certification to food premises staff and the public.
- Continue work on strategy for Public Disclosure of Inspection Results; launch online disclosure portal.
- Maintain a user-friendly, up-to-date and Ministry-compliant course website and certification system.
- Continue to grow the number of In Good Hands users and maintain a robust revenue stream.

Budgetary Changes/Implications

Budget now includes the In Good Hands online food safety course program which has been in place since 2002 but was previously treated only as a revenue source in the budget. Since 2017, it has grown significantly both in revenues and expenses, mainly due to Ministry requirements for fraud prevention. To better align the budget with the way revenue and expenses are recorded, a 2025 budget for expenses has been added and 2024 has been restated to conform to this presentation. In previous years the revenue budget was presented net of expenditures.

**Health Protection Division
Budget Year 2025
Safe Water
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 241,046	\$ 248,607	\$ 7,561	3.1%
FTEs	2.00	2.00	0.00	n/a

Program Overview

The Safe Water Program ensures that water used for drinking or for recreation meets standards for safety, to prevent and reduce water-borne illness and outbreaks. There are two sub-programs:

- The Drinking Water Program addresses both large and small systems. As the primary regulatory authority for small drinking water systems (SDWS) that serve the public, TBDHU conducts regular inspections, enforces standards, educates system operators and the public, and responds to adverse chemical or microbiological events. For large municipal drinking water systems, the Ministry of Environment, Conservation, and Parks (MECP) is the primary regulator for inspections and standards enforcement, while TBDHU is responsible for providing direction to protect the public when adverse events occur. TBDHU is also responsible for public health follow-up of waterborne disease incidents and outbreaks.
- The Recreational Water Program consists of surveillance, inspection, and standards enforcement for publicly accessible recreational water facilities, including pools, spas and beaches. In addition to regular inspections, the Program responds to reports of water-borne illness and injury related to recreational water use, education and training of operators of recreational water facilities, testing of beach water and informing the public about potentially unsafe recreational water conditions.

The following Acts and Regulations apply to the Safe Water program:

Health Protection and Promotion Act: O. Reg. 319 (Small Drinking Water Systems); O. Reg. 565 (Public Pools); O. Reg. 568 (Recreational Camps); and O. Reg. 554 (Camps in Unorganized Territories).

Safe Drinking Water Act: O. Reg. 170 (Drinking Water Systems).

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Prevent and reduce water-borne illness related to drinking water.
- Prevent and reduce water-borne illness and injury related to recreational water use.

Direction for 2025:

- Maintain compliance with indicator - 100% of pools and public spas by class inspected while in operation.
- Provide education and training to pool operators regarding safe pool operation and compliance with regulatory framework.
- Ensure SDWS operator compliance with Directives issued under Regulation 319, with a particular focus on ensuring that drinking water sampling and testing requirements are being met.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Vector Borne Disease
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 124,966	\$ 128,950	\$ 3,984	3.2%
FTEs	1.10	1.10	0.00	n/a

Program Overview

The Vector-borne Disease (VBD) program implements an integrated vector-borne disease management strategy based on local risk assessment and other scientific evidence with respect to effective and efficient prevention and control measures. The goal of the program is to prevent or reduce the incidence of vector-borne disease including, but not limited to West Nile Virus and Lyme Disease.

The primary activities of the program are:

- Active surveillance for black-legged ticks (i.e., tick-dragging), which are the vector for Lyme disease and other tick-borne infections;
- Active surveillance for mosquitoes (i.e., mosquito trapping), certain species of which can carry West Nile Virus and other mosquito-borne infections;
- Passive surveillance for ticks and other insect pests;
- Public and professional education regarding prevention measures and vector status in the Thunder Bay District.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Prevent or reduce the number of cases of vector-borne disease including, but not limited to West Nile Virus and Lyme Disease.

Direction for 2025:

- Conduct surveillance of key aspects of the life cycle of West Nile Virus and Lyme disease, including their vectors, reservoirs and human hosts.
- Conduct active surveillance for black-legged ticks, which are the vector for Lyme disease.
- Conduct public education on personal protective measures.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Rabies Control
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 22,280	\$ 23,110	\$ 830	3.7%
FTEs	0.20	0.20	0.00	n/a

Program Overview

The Rabies Prevention and Control Program's goal is to prevent the occurrence of rabies in humans. The primary activity of the program is to receive reports on animal bites and scratches on a 24/7 basis, aid physicians and patients in risk assessment, and deliver immunization components for administration if necessary. In addition, the program ensures that domestic animals that bite or scratch humans are confined for the appropriate period of observation time, or in the case of deceased animals, that they are tested for rabies virus.

Regulation 557 (Communicable Diseases) of the HPPA sets the regulatory basis for mandatory reporting of suspected rabies exposures by physicians and other professionals, as well as the requirements for information, confinement and potential destruction of animals suspected of carrying rabies.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Prevent the occurrence of rabies in humans through identification and risk assessment of animal bites, as well as public health management of suspected rabies exposures, including ensuring 24/7 availability of rabies vaccine and consultation services for physicians encountering suspected rabies exposures.

Direction for 2025:

- Maintain compliance with the Ministry of Health Rabies Prevention and Control Protocol.
- Provide effective communication with community stakeholders regarding notification and follow up with all animal bites.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Unincorporated Area
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 20,860	\$ 20,860	\$ -	0.0%
FTEs	0.00	0.00	0.00	n/a

Program Overview

Environmental Health delivers programming in unorganized and often remote areas. These programs are largely within the Food Safety, Safe Water and Health Hazard areas. Aside from unorganized communities and areas, locations also include tourist camps and industrial operations, such as mines, logging camps, tree planting camps, exploration camps, etc. Many of these operations are located in rough terrain or in remote fly-in areas.

An allocation from the Unorganized Territories funding (100% funding grant) is provided to the EH program to support the additional costs, including travel costs, to provide these programs in these areas.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Ensure that remote areas of the district are protected from public health threats by delivering key environmental health programming, including Food Safety, Safe Water, and Health Hazard Investigations.

Direction for 2025:

- Fulfill the inspection requirements of the Food Safety and Safe Water Public Health Standards in the Unorganized Territories.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Sexual Health
Program Budget Summary**

	2024	2025	Change	% Change
Cost Shared Budget	\$ 747,032	\$ 783,474	\$ 36,442	4.9%
FTEs	6.52	6.55	0.03	0.5%

Program Overview

The Sexual Health (SH) program, specifically the Sexual Health, Sexually Transmitted Infections (STIs) and Blood-borne Infections (BBIs) (including HIV), is required under the Ontario Public Health Standards to prevent or reduce the burden of STIs and BBIs and to promote healthy sexuality. The Board of Health outcomes include:

- Timely detection of cases of STIs and BBIs, risk factors and trends;
- Use of epidemiological data to improve policy, programs and services;
- Increase public awareness of factors related to healthy sexuality and prevention of STIs and BBIs;
- Work with community partners to promote healthy sexuality and STBBI prevention;
- Work with priority populations to promote healthy sexuality, STBBI prevention, and to ensure access to contraception; and
- Appropriately manage cases and contacts of STIs and BBIs, and support health care provider capacity to manage cases and contacts of STIs and BBIs in community.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Increase priority population access to clinical services, including anonymous HIV testing;
- Increase priority population access to low or no-cost contraception;
- Enhance management of cases of STIs and BBIs to increase secondary prevention, decrease re-infections, and improved data quality for program and policy development;
- Ongoing review of clinical services, sexual health resources and supplies available to the community; and
- Align the program to fit community needs specific to public health role.

Direction for 2025:

The Sexual Health program will continue to focus on five main areas over the next year:

- STBBI Surveillance;
- Sexual Health Promotion; specifically a significant syphilis awareness campaign to address the steep increase in cases;
- Clinical Services;
- Case and contact management; and
- Continue engagement with high-risk populations and service providers that work with similar populations to both increase awareness and increase connectivity of programming for wrap around care services.

Clinical service delivery will concentrate on client-centered care and efficiencies. This will be achieved by expanding existing clinical roles, addressing barriers and process improvement.

Budgetary Changes/Implications

Excluding wages and benefits, the remaining budget has been decreased relating to decreased need in certain program areas including contraceptive purchases related to OHIP+, staff training and some administrative costs. FTEs increase due to reallocation from HIV funding due to limited budget.

TBDHU Total Program Funding

	2024	2025	Change	% Change
Cost Shared	\$ 747,032	\$ 783,474	\$ 36,442	4.9%
100% - HIV Funding	\$ 63,271	\$ 63,271	\$ -	0.0%

Thunder Bay District Health Unit
Reduction/Expansion

Division: Health Protection
Program: Sexual Health

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
0.03 FTE Public Health Nurse - reallocated from HIV 100% funded program	Salary & Benefits	3,434
	Total Cost (Savings)	\$3,434

Staff Resource Impact	FTE
Public Health Nurse	0.03
Total FTE Enhancement (Reduction)	0.03

**Health Protection Division
Budget Year 2025
Harm Reduction
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 528,758	\$ 490,157	\$ (38,601)	-7.3%
FTEs	4.10	4.10	0.00	n/a

Program Overview

The Harm Reduction program ("Superior Points") is required under the Ontario Public Health Standards, as directed by the Sexual Health and Sexually Transmitted/Blood-Borne Infection (STBBI) protocol (2019) and the Substance Use Prevention and Harm Reduction guideline (2018). This program aims to reduce the harms associated with substance use through harm reduction, surveillance and response.

The Harm Reduction Program provides essential harm reduction supplies—such as needles, safe inhalation kits, crystal meth kits, condoms, and naloxone kits—while also offering training for individuals and organizations. In addition to supporting appropriate referrals for clients, the program is responsible for the safe collection of used needles throughout Thunder Bay and the surrounding District.

In partnership with local stakeholders, the Harm Reduction Program played a key role in the development of the community's Overdose Response Plan, and continues to support its ongoing implementation and review. This work is carried out through a network of community collaborations, including the Thunder Bay Drug Strategy, the Harm Reduction Working Group, and the Opioid Surveillance & Response Task Force, where the program takes an active leadership role.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Increase access to harm reduction supplies by increasing number of fixed distribution sites in the City and District of Thunder Bay.
- Expand naloxone distribution and training for priority populations.
- Enhance community partnerships to increase the reach of the program.
- Design health promotion messaging specific to clients of the Harm Reduction program.
- Work with community partners to reduce the impact of publicly discarded needles.
- Lead Harm Reduction expertise within the community to support learning and knowledge exchange.

Direction for 2025:

- Sustain existing and increase community partnerships for delivery of harm reduction services.
- Work with district communities to develop a harm reduction strategy in their communities.
- Deliver a Harm Reduction conference to facilitate learning and knowledge exchange.
- Update training and health promotion resources.
- Continued work to address increase in overdoses in Thunder Bay and district in partnership with the Opioid Surveillance and Response Task Force and other community partners.

Budgetary Changes/Implications

A significant decrease in this budget has occurred due to the Ministry providing additional harm reduction supplies (needles and syringes) that were previously purchased.

**Health Protection Division
Budget Year 2025
Infectious Disease
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 875,908	\$ 904,943	\$ 29,035	3.3%
FTEs	8.00	8.00	0.00	n/a

Program Overview

Under the Infectious and Communicable Disease Prevention and Control Standard of the OPHS, TBDHU has broad role in reducing the burden of communicable and infectious diseases of public health significance (DOPHS) in the TBDHU area. The mandate is achieved across several TBDHU programs, notably the Infectious Disease team, Environmental Health, Sexual Health program, and Street Outreach with the Foundational Standard team providing expertise in epidemiology to support the monitoring and surveillance of DOPHS.

The Information contained here covers the work and activities of the Infectious Disease team and Environmental Health.

Key activities done by these teams include:

- Receiving and following up on reports of diseases of PH significance in the TBDHU area.
- Case and contact management for DOPHS to reduce the risk of transmission of Infectious diseases
- Monitoring trends and surveillance data and communicating as needed internally and to external partners, including health care providers.
- Declaration and management outbreaks in community and in facilities (ex. long term care homes, congregate living settings, etc.).
- Strengthening infection prevention and control (IPAC) measures in various facilities and settings through inspection and capacity building activities.
- Follow up on IPAC lapses in health care and other settings.
- Preparedness and response activities to Infectious disease issues including annual respiratory season, and emerging trends and threats.
- Communication to the public regarding infectious disease issues, trends and preventive measures.
- Communication and collaboration with provincial partners including Ministry of Health, Office of the CMOH, Public Health Ontario, and other health units.

Key Strategic Goals of the Program & Direction for 2025

Strategic goals:

- Timely, efficient and effective response to reports of Diseases of PH significance (DOPHS)
- Monitoring and surveillance of DOPHS with communication to partners and public as appropriate.
- Increase awareness and use of infection and prevention control measures in facilities and settings to reduce spread of infectious diseases.
- Effective outbreak prevention, identification and management measures.
- Effective collaborations with partners to reduce the burden of infectious disease in TBDHU.
- Strengthened management and approach to urgent/emergent issues and to complex issues such as tuberculosis.

Direction for 2025:

- Enhance preventive measures in infection prevention and control in high risk congregate living settings, especially in advance of, and during, respiratory virus season.
- Investigate and implement opportunities to strengthen response and reduce gaps related the case, contact and outbreak management for tuberculosis.
- Apply continuous improvement approach to maintain efficient and effective follow-up on DOPHS, and high compliance with inspections of personal service settings, daycare and other settings.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Health Protection Division
Budget Year 2025
Street Outreach
Program Budget Summary**

	2024	2025	Change	% Change
Cost Shared Budget	\$ 378,320	\$ 285,572	\$ (92,749)	-24.5%
FTEs	3.60	2.60	(1.00)	-27.8%

Program Overview

The Street Outreach program supports implementation of the Ontario Public Health Standards and is directed by; the Sexual Health and the Infectious Disease protocol (2019), the Sexually Transmitted/Blood-Borne Infection (STBBI) protocol (2019), the Substance Use Prevention and Harm Reduction guideline (2018), and the Health Equity guideline (2018) among others. The primary focus of this program is on reducing the burden of infectious diseases for people who are homeless/under-housed and/or using substances in the city of Thunder Bay, through the provision of mobile public health services. The program is staffed by three public health nurses (PHN), an outreach worker and a nurse practitioner (NP) who provide infectious disease follow-up and management, STBBI testing and management, harm reduction, tuberculosis (TB) screening, immunization, wound care, and referrals to other services. An emphasis on relationship building, harm reduction and health promotion enable the provision of culturally safe, trauma-informed public health services to equity deserving populations.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Provide public health services that are accessible to the Street Outreach priority populations.
- Reduce the burden of infectious disease in people experiencing homelessness and/or using substances in the city of Thunder Bay through surveillance, case and contact management and prevention activities.
- Reduce the harms associated with substance use in people who are homeless/under-housed in the city of Thunder Bay.
- Leverage connections with community partners to effectively provide wrap around support for people who are homeless/under-housed and/or using substances in the city of Thunder Bay.

Direction for 2025:

- Continued engagement with priority populations and service providers who work with systemically excluded populations; to both increase awareness and increase connectivity of programming for wrap around care services.
- Increase reach and success of pop-up testing events through meaningful collaboration with community partners.
- Increase awareness of infectious disease trends and prevention strategies for priority populations and service providers.

Budgetary Changes/Implications

1.0 FTE reallocated from cost shared to the 100% funded Indigenous PH: Thunder Bay street outreach team.

TBDHU Total Program Funding

	<u>2024</u>	<u>2025</u>	<u>Change</u>	<u>% Change</u>
Cost Shared	\$ 378,320	\$ 285,572	\$ (92,749)	-24.5%
100% - Nurse Practitioner Funding	\$ 165,453	\$ 165,453	\$ -	0.0%
100% - Indigenous PH: Thunder Bay	\$ 184,774	\$ 310,214	\$ 125,440	67.9%

Thunder Bay District Health Unit
Reduction/Expansion

Division: Health Protection
Program: Street Outreach

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
(1.0 FTE) Public Health Nurse - reallocated to 100% funded Indigenous PH: Thunder Bay program	Salary & Benefits	-110,855
	Total Cost (Savings)	-\$110,855

Staff Resource Impact	FTE
Public Health Nurse	-1.00
Total FTE Enhancement (Reduction)	-1.00

**Health Protection Division
Budget Year 2025
Vaccine Preventable Disease (VPD)
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 981,660	\$ 1,022,477	\$ 40,817	4.2%
FTEs	12.50	12.50	0.00	n/a

Program Overview

The Vaccine Preventable Disease (VPD) program works towards the societal goal of reducing or eliminating the burden of vaccine preventable diseases. Their work is supported or directed by the Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018, the Infectious Diseases Protocol, 2018, Vaccine Storage and Handling Protocol, 2018 and the School Health Guideline, 2018 and in accordance with the Immunization of School Pupils Act and the Child Care and Early Years Act, 2014.

The VPD program achieves this goal by:

- Raising public awareness of the importance of immunization across the lifespan;
- Implementing, maintaining and updating data within immunization registries (Panorama, COVax);
- Assessing immunization records and advising individuals, parents, and healthcare providers on needed vaccines;
- Delivering school immunization clinics and enforcing immunization legislation for school pupils and children in childcare;
- Effectively managing vaccine inventory including; ordering and distributing all publicly funded vaccine to healthcare providers, provision of vaccine storage and handling inspections for all vaccine users to ensure compliance and investigating all cold chain incidents;
- Monitoring, investigating and reporting on adverse events following immunizations (AEFI's) in a timely manner;
- Ensuring access to immunizations by hosting appointment-based clinics targeted to priority populations as well as holding targeted vaccine clinics as needed for individuals or groups at risk;
- Effectively supporting the Infectious Disease team as needed with response to VPD associated outbreaks;
- Responding to provincial direction and implementing new vaccine programs and products as directed.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Ensure individuals are vaccinated according to the publicly-funded schedules to maintain the highest possible degree of community protection against vaccine preventable diseases;
- Increase public confidence in immunizations;
- Monitor and respond to trends in local immunization surveillance to support program planning;
- Increase immunization coverage among school-aged children; and
- Determine gaps in access and plan clinics to ensure availability of flu vaccine to high-risk populations.

Direction for 2025:

- Use and adapt our inventory of data sources and related indicators to inform decision making and planning;
- Develop resources for health care providers specific to vaccine administration to improve the health of TBDHU residents and vaccine storage and handling to reduce vaccine wastage;
- Implement an online booking system for immunization appointments to facilitate easy access to immunization services;
- Foster a continuous quality improvement approach to obtaining, tracking and reviewing client feedback to inform process improvements (i.e. answering inquiries, appointment booking) to better meet the need of those we serve;
- Continue to provide individualized parent/guardian notification, including notification letters to update immunization records, followed by suspension notification process;
- Continue to provide prioritized immunization services when required for children overdue for immunizations and increase awareness of these opportunities;
- Ensure vaccine access to high-risk populations throughout the community and district, including children under two years of age without a health care provider.

Budgetary Changes/Implications

No significant changes or implications as compared to the 2024 budget.

**Medical Officer of Health Division
2025 Division Expenditure Budget Summary**

Program Area		2024	2025	Change	% Change	Page
Medical Officer of Health & Chief Executive Officer Office	Financial Resources	\$824,207	\$876,628	\$52,421	6.4%	33
	Human Resources in FTE	3.60	3.60	0.00	n/a	
Communications	Financial Resources	\$198,300	\$213,292	\$14,992	7.6%	34
	Human Resources in FTE	2.00	2.00	0.00	n/a	
Foundational Standards	Financial Resources	\$462,737	\$486,952	\$24,215	5.2%	35
	Human Resources in FTE	4.00	4.00	0.00	n/a	
Total Financial Resources		\$1,485,244	\$1,576,872	\$91,628	6.2%	
Total Base Positions (FTEs)		9.60	9.60	0.00	n/a	

**Medical Officer of Health Division
Budget Year 2025
Medical Officer of Health & Chief Executive Officer Office
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 824,207	\$ 876,628	\$ 52,421	6.4%
FTEs	3.60	3.60	0.00	n/a

Program Overview

The Medical Officer of Health and Chief Executive Officer (MOH/CEO) with the support of the Senior Leadership team provides organizational leadership and oversight for the delivery of public health programs and services in the Thunder Bay District and reports to the Board of Health on organizational direction, strategic planning, programs, services and issues of public health concern. The MOH/CEO has key responsibilities under the HPPA as well as in numerous other acts and regulations. The Executive Assistant provides administrative support to the MOH/CEO, AMOH, and the Board of Health. The MOH/CEO Office budget covers the MOH/CEO, AMOH, Associate Director of Communications & Strategic Initiatives and the Executive Assistant.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

The MOH/CEO Office works to ensure that all the requirements the Board of Health is responsible for in the Ontario Public Health Standards: Requirements for Programs, Services and Accountability, including the organizational requirements, are met and reports to the Board of Health on these and other matters of strategic and public health importance. The implementation of the TBDHU Strategic Plan 2024-2027, and other organizational initiatives such as a comprehensive approach to risk management, are also responsibilities of this office. Through establishing and building relationships with high-level leadership in the community and in the government, the MOH/CEO Office is able to promote the goals of the organization through meaningful engagement. Internally, the MOH/CEO Office provides leadership and direction and oversight for organizational and management practices and for the delivery of all public health programs and services under the HPPA.

Direction for 2025:

- Provide leadership to the organization through “Strengthening Public Health”, the Ministry’s policy direction for public health in Ontario. This will be through working with the Board of Health, working provincially, and regionally as appropriate, and internally. Notably 2025 will be a year of transition with the implementation of the updated OPHS, which falls under the roles and responsibility pillar of SPH, and ongoing advocacy re stable and sustainable funding for TBDHU (Funding pillar of SPH).
- Full implementation of the 2024-2027 TBDHU Strategic Plan, including reporting processes.
- Strengthened accountability and reporting processes with the Annual Service Plan and program reporting to Ministry, Board, and public.
- Strengthened risk management through updated policy and procedure and documented processes to make it routine.

Budgetary Changes/Implications

Budgetary increase due to salary step grid increases, negotiated inflationary increases and increased benefit costs.

**Medical Officer of Health Division
Budget Year 2025
Communications
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 198,300	\$ 213,292	\$ 14,992	7.6%
FTEs	2.00	2.00	0.00	n/a

Program Overview

The Communications Team provides direction, services, resources, and leadership to support effective communication practices, client service programming, and accountability reporting in alignment with the Ontario Public Health Standards (OPHS) requirements for programs, services, and accountability.

Core functions include the provision of support and services for customer service and service standards, corporate branding, media relations, health communication, digital, print, and social media materials, graphic design, internal engagement, risk communications, and public and partner relations and engagement.

The Communications Team provides organizational support to enhance effective and inclusive communication practices and client service programming; capacity building through direct support, training, development of processes and sharing of resources; internal relations.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Built capacity in fulfilling the communication requirements of the Partnership, Collaboration, Coordination and Knowledge Exchange Foundational Standard (formerly Effective Public Health Practice) of the OPHS.
- Build capacity for effective and efficient client service standards. Focus on ensuring that individuals who access our services or who seek information through other means (e.g. website, social media, phone) are well-served, and that accessibility of services and is prioritized to better serve clients.
- Enhance internal and external public health communication activities and knowledge exchange processes to ensure communication practices are consistent, effective, and efficient.
- Support purposeful reporting to the Board of Health and Province on strategic initiatives, organizational reporting requirements, and performance and accountability.
- Support purposeful reporting and sharing of information to the public, partners and other parties to inform and foster action on public health issues.

Directions for 2025

- Build capacity in fulfilling the communication requirements of the Foundational Standards of the OPHS through the assessment of needs, provide training, and sharing resources
- Build capacity for fulfilling the communication and notification requirements for Emergency Management
- Support programs and TBDHU to meet the OPHS requirements for programs, services, and accountability.
- Support corporate branding, media relations, health communication, digital, print, and social media materials, graphic design, internal engagement, risk communications, and public and partner relations.
- Provide leadership, direction, training, services, and resources to support effective communication practices and client service standards.
- Focus on accountability reporting, internal engagement, risk communications, and internal and external relations.
- Lead and support communication-related goals identified in the 2024-2027 strategic plan priorities

Budgetary Changes/Implications

The majority of the budgetary increase was due to salary step grid increases and increased benefit costs.

**Medical Officer of Health Division
Budget Year 2025
Foundational Standards
Program Budget Summary**

	2024	2025	Change	% Change
Cost Shared Budget	\$ 462,737	\$ 486,952	\$ 24,216	5.2%
FTEs	4.00	4.00	0.00	0.0%

Program Overview

The Foundational Standards Team (FST) supports the application of the Foundational Standards of the OPHS across TBDHU. The Foundational Standards articulate requirements that underlie and support all Program Standards and include: Population Health Assessment; Health Equity; and Effective Public Health Practice. FST also supports Emergency Management through roles and responsibilities connected to planning, evaluation, addressing health inequities, and population health assessment and surveillance.

Key areas of focus of FST: epidemiology, planning support, program evaluation, library support, health equity including supports to Indigenous engagement, and quality improvement. FST helps provide the data, information, and evidence that supports programs to understand the need in the population around a public health issue, to align interventions and activities to maximize impact and decrease health inequities, and to evaluate intervention effectiveness (or outcomes).

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Build capacity across TBDHU in fulfilling the requirements of the Foundational Standards of the OPHS including the revised OPHS once launched (i.e., new or revised Foundational Standards including Planning, Evaluation, and Quality (formerly Effective Public Health Practice), Partnership, Collaboration, Coordination and Knowledge Exchange (formerly Effective Public Health Practice), and Health Equity (including two new protocols for Health Equity and Relationship with Indigenous Communities) through assessing needs, delivering training or guidance sessions, and developing or sharing resources.
- Build capacity for population health surveillance and public reporting of population health data including health equity data and the monitoring of new and emerging public health priorities
- Build capacity for generating evidence through the primary collection of new data or the secondary use of existing data for the purposes of research, program planning, evaluation, and quality improvement.
- Continued development of relevant procedures, guidance, tools and other resources to support the systematic program planning and evaluation activities consistent with the Foundational Standards.

Direction for 2025:

- Continued epidemiology, library, and evaluation support to TBDHU.
- Continued support for planning and review process for evidence generating activities.
- Strengthen systematic and standardized approach and processes for program planning and reporting.
- Continued support to health equity and Indigenous engagement efforts across TBDHU.
- Lead and maintain TBDHU Health Equity Work Group to advance goals identified in Strategic Plan 2024-2027 priority of Health Equity.
- Lead and support goals identified in the 2024-2027 strategic plan priorities of Thriving Workforce, Organizational Resilience, Communities and People.

Budgetary Changes/Implications

Budgetary increase due to salary step grid increases, negotiated inflationary increases and increased benefit costs.

**Corporate Services Division
2025 Division Expenditure Budget Summary**

Program Area		2024	2025	Change	% Change	Page
Director of Corporate Services	Financial Resources	\$252,507	\$279,690	\$27,183	10.8%	37
	Human Resources in FTE	2.00	2.00	0.00	n/a	
Finance	Financial Resources	\$662,715	\$703,525	\$40,810	6.2%	38
	Human Resources in FTE	7.00	7.00	0.00	n/a	
Human Resources	Financial Resources	\$411,729	\$436,587	\$24,858	6.0%	39
	Human Resources in FTE	4.00	4.00	0.00	n/a	
Information Systems	Financial Resources	\$652,607	\$710,352	\$57,745	8.8%	40
	Human Resources in FTE	6.00	6.00	0.00	n/a	
Total Financial Resources		\$1,979,558	\$2,130,154	\$150,596	7.6%	
Total Base Positions (FTEs)		19.00	19.00	0.00	n/a	

**Corporate Services Division
Budget Year 2025
Director of Corporate Services
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 252,507	\$ 279,690	\$ 27,183	10.8%
FTEs	2.00	2.00	0.00	n/a

Program Overview

Working together with the senior management team, carries out the Board of Health's strategic plans and policies, and directs the Corporate Services Division (Human Resources, Finance, Information Systems and Property) in providing administrative leadership to the organization.

Key Strategic Goals of the Program & Direction for 2025

TBDHU's 2024-2027 Strategic Plan focuses on the values of Excellent, Commitment, Inclusion and Transparency. Stemming from these principles are the priority areas of Thriving Workforce, Organizational Resilience, Communities and People, Truth and Reconciliation and Health Equity. Our goal is to align the direction of the 2025 Corporate Services programs with these priority areas:

Organizational Effectiveness

Prioritize a thriving workforce through staff well-being, connectedness, and capacity building.

Organizational Resilience

Proactively align our organizational processes and resources to remain sustainable and responsive to meet the changing needs of the communities that we serve.

Communities & People

Deliver meaningful and impactful programs and services that meet the needs of the communities we serve.

Truth and Reconciliation

Continue work to become a culturally safer organization.

Health Equity

Increase organizational capacity for health equity action.

Budgetary Changes/Implications

Budgetary increase is as a result of step increases as well as inflationary increases for staff.

**Corporate Services Division
Budget Year 2025
Finance
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 662,715	\$ 703,525	\$ 40,810	6.2%
FTEs	7.00	7.00	0.00	n/a

Program Overview

Finance provides a wide range of financial services to support Health Unit programming while upholding financial data integrity and safeguarding assets of the organization through ethical, efficient and cost-effective processes; including the system of internal controls, the budget process, financial reporting, payroll and procurement. This program also oversees the customer service provided at main reception.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Develop excellence in our systems, people, infrastructure, tools and technology.
- Advocate for and seek out public health investments
- Enhance external communication and promotion of public health and our programs and services

Direction for 2025:

- Develop Finance team expertise to enhance knowledge and innovation thereby improving customer service and support to the organization as well as improve the use and effectiveness of our systems.
- Review finance policies, procedures, processes and systems in collaboration with internal clients (programs) to enhance their program/service delivery.
- Provide staff with the necessary skills, tools, technology, and direction to make use of the existing software programs to provide better services and programs to our clients.
- Continue to improve financial support services to internal clients (programs) through updated technology solutions in the areas of budgets, variance reporting, payroll and purchasing.
- Optimize client reception and flow to support effective and efficient client service.

Budgetary Changes/Implications

Budgetary increase due to salary step grid increases, negotiated inflationary increases and increased benefit costs.

**Corporate Services Division
Budget Year 2025
Human Resources
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 411,729	\$ 436,587	\$ 24,858	6.0%
FTEs	4.00	4.00	0.00	n/a

Program Overview

Human Resources (HR) provides support and services to management and staff of the Health Unit in the following areas: recruitment, hiring and orientation; policies and procedures; facilitating effective labour relations and adherence with employment legislation; coordination of corporate training sessions; ensuring the organization is in compliance with health and safety legislation; student and volunteer coordination; salary and benefit administration; as well as providing ongoing guidance in the areas of employee discipline, disability management, privacy requests/breaches, and performance management.

Key Strategic Goals of the Program & Direction for 2025

One of the goals of the Corporate Services Division is to align the direction of the Human Resources program with these priority areas.

Strategic Goals:

Organizational Resilience

- Provide relevant management training to all managers and high performers identified as future leaders.
- Take measures to ensure roles and responsibilities are well defined, understood and met, including up-to-date job descriptions and defined level of authority and responsibility.
- Complete a review and update procedures and processes to ensure consistent and efficient processes are in place across the organization.

Thriving Workplace

- Implement the National Standard for Psychological Health and Safety in the Workplace internally within the Thunder Bay District Health Unit, and promote implementation of the standard to external organizations,
- Support mental wellness promotion activities within our organization via the Wellness Committee.

Direction for 2025:

Organizational Resilience

- Provide managers with leadership essentials training.
- Review and update 50% of the Human Resources policies and procedures.

Thriving Workplace

- Continue the implementation of the National Standard for Psychological Health and Safety in the Workplace with a focus on one of the following two psychosocial factors: clear leadership and expectations or organizational culture.
- Continue to support mental wellness promotion activities including but not limited to: stress and resiliency workshop(s), nutritional wellness session(s) and Yoga/Tai Chi within our organization via the Wellness Committee.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Corporate Services Division
Budget Year 2025
Information Systems
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 652,607	\$ 710,352	\$ 57,745	8.8%
FTEs	6.00	6.00	0.00	n/a

Program Overview

Information Systems provides service and support for staff at the main office as well as the four branch offices. Information Systems' guiding statement is: "To support and advance Health Unit programming while ensuring that the stability and security of all systems are not compromised in order to protect the system and employees from internal and external threats in a cost effective manner.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Develop excellence in our systems, people, infrastructure, tools and technology.
- Create a culture of empowerment.
- Enhance System to support client service standards.

Direction for 2025:

- Provide support and direction as needed and/or requested in order to assist the organization with future pandemic response.
- Develop Information Systems team expertise to enhance knowledge and innovation thereby improving customer service and support to the organization as well as improve the use and effectiveness of our systems and technology to help shape the future and growth of the organization with a focus on cloud technology and migration for 2025.
- Review Information Systems policies, procedures, processes and systems in collaboration with internal clients (programs) to enhance their program/service delivery. Provide staff with the necessary skills, tools, technology, and direction to make use of the existing technology and infrastructure to provide better services and programs to our clients.
- Provide leadership and be a resource for any building changes/improvements.
- Ensure the stability and effectiveness of the organizations technology infrastructure is considered in all future upgrades and enhancements and ensure that the organizations data and systems are secure from outside threats and vulnerabilities by proactively monitoring all threat response solutions.
- Review current systems and evaluate the opportunity to transition them to the O365 environment and ensure privacy and security requirements are maintained.
- Continue to review the TBDHU's Technology Risks and implement solutions or processes to minimize the risk/threat.
- Maintain the IS Incident Response Plan (IRP) and ensure appropriate testing and reporting is performed.
- Ensure diligence with regards to cyber threats and breaches and implement required solutions/technologies.

Budgetary Changes/Implications

Additional funds are being requested to the IS training budget in order to build/enhance the necessary skills required to support our virtualized infrastructure as well as to gain the knowledge required to maintain our presence and security on the cloud.

**Corporate Division
2025 Division Expenditure Budget Summary**

Program Area		2024	2025	Change	% Change	Page
Board of Health	Financial Resources	\$54,050	\$59,150	\$5,100	9.4%	42
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Corporate Overhead	Financial Resources	\$306,340	\$359,519	\$53,179	17.4%	43
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Human Resources Overhead	Financial Resources	\$149,090	\$148,590	-\$500	-0.3%	44
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Information Systems Overhead	Financial Resources	\$910,798	\$1,026,516	\$115,718	12.7%	45
	Human Resources in FTE	0.00	0.00	0.00	n/a	
Total Financial Resources		\$1,420,278	\$1,593,775	\$173,497	12.2%	
Total Base Positions (FTEs)		0.00	0.00	0.00	n/a	

**Corporate Division
Budget Year 2025
Board of Health
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 54,050	\$ 59,150	\$ 5,100	9.4%
FTEs	0.00	0.00	0.00	n/a

Program Overview

The Board of Health is convened in accordance with the *Health Protection and Promotion Act (HPPA)* and regulations, and constitutes a local board of the obligated municipalities in accordance with the *Municipal Act*.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

As legislated in the *Health Protection and Promotion Act*, the Board of Health provides strategic oversight and governance for TBDHU. The Board is accountable for the delivery of mandated public health programs and services in the Thunder Bay District, and for effective governance and management practice as required in the Ontario Public Health Standards: Requirements of Programs Services and Accountability.

Budgetary Changes/Implications

2025 budget increased to better reflect actual board meeting and training costs.

**Corporate Division
Budget Year 2025
Corporate Overhead
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 306,340	\$ 359,519	\$ 53,179	17.4%
FTEs	0.00	0.00	0.00	n/a

Program Overview

Expenses that are designed to provide resources that impact the entire organization as a whole, and are not program specific, are included within the Corporate Overhead Budget. Amounts are included for legal, audit, payroll and general insurance costs.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- To maintain the physical capacity and fundamental infrastructure to support the organization in the most cost-effective and efficient manner.

Budgetary Changes/Implications

Budgetary increase mainly due to increasing costs for telecommunications charges, insurance costs and payroll processing fees.

**Corporate Division
Budget Year 2025
Human Resources Overhead
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 149,090	\$ 148,590	\$ (500)	-0.3%
FTEs	0.00	0.00	0.00	n/a

Program Overview

Expenses that are designed to provide resources that impact the entire organization as a whole, and are not program specific, are included within the Human Resources Overhead Budget. Amounts are included for legal, training and recognition and recruitment and retention.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- To provide resources that impact the entire organization as a whole to support the organization in the most cost-effective and efficient manner.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**Corporate Division
Budget Year 2025
Information Systems Overhead
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 910,798	\$ 1,026,516	\$ 115,718	12.7%
FTEs	0.00	0.00	0.00	n/a

Program Overview

Expenses that are designed to provide resources that impact the entire organization as a whole, and are not program specific, are included within the Information Systems Overhead Budget. Amounts are included for software license fees, building occupancy and equipment expense.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- To provide resources that impact the entire organization as a whole to support the organization in the most cost-effective and efficient manner.

Budgetary Changes/Implications

Budget increase as a result of an increase to software license fees and equipment leasing costs.

**Branch Offices Summary
2025 Branch Expenditure Budget Summary**

Branch Office		2024	2025	Change	% Change
Red Rock	Financial Resources	\$186,428	\$196,757	\$10,329	5.5%
	Human Resources in FTE	1.90	1.90	0.00	n/a
Geraldton	Financial Resources	\$224,945	\$244,191	\$19,245	8.6%
	Human Resources in FTE	2.50	2.50	0.00	n/a
Terrace Bay	Financial Resources	\$134,963	\$113,251	-\$21,712	-16.1%
	Human Resources in FTE	1.25	1.25	0.00	n/a
Marathon	Financial Resources	\$161,570	\$174,646	\$13,076	8.1%
	Human Resources in FTE	1.90	1.90	0.00	n/a
Manitouwadge	Financial Resources	\$70,465	\$73,574	\$3,109	4.4%
	Human Resources in FTE	0.75	0.75	0.00	n/a
Total Financial Resources		\$778,371	\$802,419	\$24,047	3.1%
Total Base Positions (FTEs)		8.30	8.30	0.00	n/a
Branch Office Divisional Allocations		2024	2025	Change	% Change
Health Promotion	Financial Resources	\$642,085	\$655,141	\$13,056	2.0%
	Human Resources in FTE	7.30	7.30	0.00	n/a
Health Protection	Financial Resources	\$90,166	\$100,548	\$10,382	11.5%
	Human Resources in FTE	1.00	1.00	0.00	n/a
Corporate	Financial Resources	\$46,120	\$46,730	\$610	1.3%
	Human Resources in FTE	0.00	0.00	0.00	n/a
Total Financial Resources		\$778,371	\$802,419	\$24,047	3.1%
Total Base Positions (FTEs)		8.30	8.30	0.00	n/a

**Health Protection Division
Budget Year 2025
District Branch Offices
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 778,371	\$ 802,419	\$ 24,048	3.1%
FTEs	8.30	8.30	0.00	0.0%

Program Overview

Public health activities provided in rural communities in the Thunder Bay District Health Unit (TBDHU) catchment area are informed by the Ontario Public Health Standards. The District team utilizes evidence-based programming created and/or provided by standard programs in both the Health Promotion and Health Protection Divisions of the TBDHU. Programming is provided by District staff independently and/or in collaboration with staff travelling from Thunder Bay. Outreach travel to individual District communities is provided by Oral Health, Substance Use Health and the inspection team from Environmental Health. Some programming is supported through formal agreements with community partners including community dental providers and one community primary care team for efficiency and equity of service access. The District team also seeks opportunities to collaborate with other rural community service providers, including but not limited to, First Nations communities and service providers, primary care, schools and early years programs. The TBDHU has office locations in Red Rock, Terrace Bay, Marathon and Geraldton.

Key Strategic Goals of the Program and Direction for 2025

Strategic Goals:

- To encourage and maximize the number of elementary and high school students accessing eligible school based vaccines to ensure up to date vaccination status. This includes implementation of ISPA school suspension procedure.
- To ensure access to publicly funded vaccinations.
- To support families eligible for the Healthy Babies Healthy Children program through virtual and in person public health nurse visits.
- To collaborate with internal and external partners to work towards comprehensive health promotion.
- To identify community-specific health promotion/education and health protection needs that may be facilitated through public health mandate.
- To ensure available resources to meet programming needs as able.
- To ensure resources and service access mechanisms available to the public are available in French language as able.

Direction for 2025:

- Provide Ontario Immunization of School Pupils Act (ISPA) school-based clinics for students in all District elementary and high schools and allow for opportunities in office or via partner health care providers for absent students.
- To ensure availability of publicly funded vaccines to health care providers and eligible community residents. Provide evidence-based support to families eligible for Healthy Babies Healthy Children program.
- Schedule community COVID 19 vaccination clinic opportunities in District communities to align with any Ministry COVID 19 vaccination campaigns with the ability to increase capacity as needed through in-office vaccination clinics.
- Support District and First Nation's community health care provider Flu vaccination clinics as able and provide opportunistic flu vaccinations at TBDHU COVID 19 clinics as relevant in Fall/Winter months to help maximize opportunities and uptake.
- Increase opportunities relevant to specific community needs to work towards comprehensive health promotion as per updated 2025 Public Health Standards.
- Investigate possible opportunity/needs to pilot collaboration with TBDHU outreach team in District communities.
- To plan and work collaboratively and efficiently with TBDHU staff/programs and community partners to provide relevant programming to rural District communities.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.

**100% Funded and Other Programs Summary
2025 100% Funded and Other Program Expenditure Budget Summary**

100% Funded and Other Programs		2024	2025	Change	% Change	Page
Indigenous PH: Thunder Bay	Financial Resources	\$502,650	\$546,511	\$43,861	8.7%	49-50
	Human Resources in FTE	3.90	3.90	0.00	n/a	
Indigenous PH: SLFNHA	Financial Resources	\$187,672	\$221,671	\$33,999	18.1%	51
	Human Resources in FTE	0.60	0.60	0.00	n/a	
Indigenous PH: Food Sovereignty	Financial Resources	\$337,431	\$325,681	-\$11,750	-3.5%	52
	Human Resources in FTE	1.70	1.70	0.00	n/a	
Northern Fruit and Vegetable Program - Schools	Financial Resources	\$213,400	\$213,400	\$0	0.0%	53
	Human Resources in FTE	1.55	1.55	0.00	n/a	
Ontario Seniors Dental Care Program	Financial Resources	\$999,300	\$999,300	\$0	0.0%	54-55
	Human Resources in FTE	3.00	3.05	0.05	1.7%	
Land Development	Financial Resources	\$225,220	\$232,783	\$7,563	3.4%	56
	Human Resources in FTE	2.00	2.00	0.00	n/a	
Total Financial Resources		\$2,465,673	\$2,539,346	\$73,673	3.0%	
Total Base Positions (FTEs)		12.75	12.80	0.05	0.4%	

**Medical Officer of Health Division
Budget Year 2025
Indigenous PH: Thunder Bay
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 502,650	\$ 546,511	\$ 43,861	8.7%
FTEs	3.90	3.90	0.00	0.0%

Program Overview

The Ministry of Health provides these 100% funds to enhance TBDHU ability to respond to and address public health issues disproportionately affecting Indigenous populations in the city of Thunder Bay, recognizing the connections between the city and many First Nation communities in Northwestern Ontario. Unfortunately, increases of some significant infectious diseases, including tuberculosis and others, have been seen in recent years in the more vulnerable population in the city. As such, a significant proportion of this budget is used to provide resources for the Street Outreach program – for ongoing engagement and relationship building, prevention activities, surveillance and monitoring, case and contact management and outbreak management with this population. This includes an outreach worker, a Public Health Nurse (PHN) and proposed addition of a second PHN. A planner position was eliminated to accommodate this change. This budget also covers epidemiology services and PH physician support for this work.

With upcoming changes to the OPHS, including to requirements for the Board related to Indigenous Engagement (the details of which are still pending), further work and planning will be done in 2025 to realign and optimize the programming and budget to meet the updated requirements, including those for Indigenous engagement.

Key Strategic Goals of the Program & Direction for 2025

The goals and direction are as per the Street Outreach program.

Budgetary Changes/Implications

Budget reflects reallocation of 1.0 FTE Public Health Nurse from cost shared Street Outreach team and increases due to salary step grid increases, negotiated inflationary increases and increased benefit costs partially offset by elimination of the 1.0 FTE Planner position.

Thunder Bay District Health Unit
Reduction/Expansion

Division: 100% Funded
Program: Indigenous PH: Thunder Bay

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
1.0 FTE Public Health Nurse - reallocated from cost shared Street Outreach budget (1.0 FTE) Health Promotion Planner - position eliminated	Salary & Benefits	110,855
	Salary & Benefits	-101,170
	Total Cost (Savings)	\$9,685

Staff Resource Impact	FTE
Public Health Nurse	1.00
Health Promotion Planner	-1.00
Total FTE Enhancement (Reduction)	0.00

**Medical Officer of Health Division
Budget Year 2025
Indigenous PH: SLFNHA
Program Budget Summary**

	2024	2025	Change	% Change
Cost Shared Budget	\$ 187,672	\$ 221,671	\$ 33,999	18.1%
FTEs	0.60	0.60	0.00	N/A

Program Overview

Through agreements with the Ontario Ministry of Health and Indigenous Services Canada (FNIHB), TBDHU supports the Sioux Lookout First Nation Health Authority (SLFNHA) in the implementation of Approaches to Community Wellbeing (ACW), a FN-governed and FN-controlled public health system for the First Nation communities in the SLFNHA catchment area.

The total program funding provides for a 1 FTE public health physician who is seconded to SLFNHA and associated expenses. This also covers other expenses incurred by the Medical Officer of Health and others who may do work related to supporting the ACW.

Key Strategic Goals of the Program & Direction for 2025

Provide ongoing support for the implementation of the Approaches to Community Wellbeing through secondment of a public health physician.

Continued collaboration with SLFNHA, the Ministry of Health, ISC-FNIHB and NWHU for the ACW through development of relevant agreements, procedures and protocols, and coordination of regional responses to public health issues.

Budgetary Changes/Implications

Budgetary Increase as a result of inflationary increases, step increase, benefit increases as well as a retroactive increase as per Ministry of Health wage bands.

TBDHU Total Program Funding

	2024	2025	Change	% Change
Cost Shared	\$ 187,672	\$ 221,671	\$ 33,999	18.1%
100% - FNIHB	\$ 140,100	\$ 140,100	\$ -	0.0%

**Health Promotion Division
Budget Year 2025
Indigenous PH: Food Sovereignty
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 337,431	\$ 325,681	\$ (11,750)	-3.5%
FTEs	1.70	1.70	0.00	N/A

Program Overview

The Indigenous Food Sovereignty Program was established as part of a provincial investment in Indigenous health through the First Nations Health Action Plan. Along with Northwestern Health Unit, all First Nations communities within the jurisdiction of the TBDHU are serviced within this Program. The TBDHU has worked with fourteen road accessible communities including: Animbiigoo Zaagi igan Anishinaabek (AZA); Aroland First Nation; Biinjitiwaabik Zaaging Anishinaabek (BZA); Bingwi Neyaashi Anishinaabek (BNA); Biitigong Nishnaabeg (Pic River); Fort William First Nation; Ginoogaming First Nation; Kiashke Zaaging Anishinaabek (KZA); Long Lake #58 First Nation; Namaygoosisagagun First Nation; Pawgwasheeng (Pays Plat First Nation); Netmizaaggamig Nishnaabeg (Pic Mobert), Red Rock Indian Band, Whitesand First Nation. This project is community-led identifying issues pertaining to community food security, distribution, food literacy and food skills. This work supports the objectives of increasing access, consumption and awareness of fruits and vegetables to Indigenous northern and remote communities.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Build capacity in communities for Indigenous food sovereignty through skill building and education.
- Provide opportunities for intercommunity knowledge exchange.
- Implement recommendations from the Food Sovereignty Assessment completed in 2022.

Direction for 2025:

- Continue to build relationships with key community members, assess community needs, and build capacity.
- Bring people together through workshop and networking opportunities.
- Distribute and train partners on curriculum resources to support the Traditional Harvesting Resource.
- Implement new application process for larger community grants to support food security and capacity building.

Budgetary Changes/Implications

Budget changes due to decrease of allocated administration to 10%.

**Health Promotion Division
Budget Year 2025
Northern Fruit and Vegetable Program - Schools
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 213,400	\$ 213,400	\$ -	0.0%
FTEs	1.55	1.55	0.00	N/A

Program Overview

The goal of the NFVP is to increase consumption and awareness of fresh fruits and vegetables in combination with healthy eating and physical activity education to elementary and intermediate school aged children. The 20 week program that runs from January-June in schools, provides twice weekly, no cost, fresh fruits and vegetables in combination with a variety of health promotion programming to address healthy eating behaviors and active living. The NFVP serves approximately 15,000 elementary school aged children in 87 schools, within 7 School Boards and schools within 17 First Nations communities. Additional activities include the development of educational materials and resources, coordination of food handler training, train-the-trainer skills based programming, evaluation and reporting.

Funding is provided to public health units to administer the program at the local level. The Ontario Food Growers' Association is responsible for the co-ordination of all direct food delivery to the schools. The University of Windsor conducts the program evaluation across the province.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Increase consumption of fresh fruits and vegetables among elementary students in Thunder Bay, the District, and First Nation communities.
- Develop relevant resources to support food literacy and physical literacy.
- Build & foster relationships with First Nation community educators.

Direction for 2025:

- Increase capacity in District and First Nation schools to implement food skills programming in schools through a train the trainer program (Cooking with Kids).
- Expand the Walk Broc & Roll Physical Activity and Food Literacy Program in schools.
- Develop education materials for caregivers.

Budgetary Changes/Implications

No budgetary changes or implications as compared to the 2024 budget.

**Health Promotion Division
Budget Year 2025
Ontario Senior Dental Program
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 999,300	\$ 999,300	\$ -	0.0%
FTEs	3.00	3.05	0.05	1.7%

Program Overview

The Ontario Seniors Dental Care Program (OSDCP) is informed by the Oral Health Protocol, 2021. Eligibility criteria for access to the program includes residents of Ontario aged 65 years and older who meet an income threshold of \$25,000 or less for a single senior or a combined income of \$41,500 or less for a couple. Public health is required to facilitate services through publicly funded clinics and/or external service level agreements. Activities required of public health include service delivery, oral health navigation, data collection and analysis and reporting. Promotion activities related to program access and health education are also required. Public health facilitates and oversees all services and service level agreements with external providers. Dental services are provided through our onsite public health dental clinic and community dental providers via service agreements. This includes 5 local general dentists, 1 denturist office and 3 dental offices in District communities. Clients continue to be eligible for the OSDCP while also being eligible for the Canada Dental Benefit Plan (CDCP) but must choose use of one plan at time of specific treatment. Public Health has not yet been provided permission by the Ontario Ministry of Health to serve clients in our clinics under the CDCP.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Facilitate access to the OSDCP for eligible low-income seniors.
- Provide access to basket of eligible services for seniors registered in the program.
- Collect and report data and service information as per Ministry requirements.
- Promote the OSDCP using various promotional strategies.
- Provide educational opportunities to the public regarding seniors oral health.
- Work with community partners for service provision and health promotion.
- Seek opportunities to reach vulnerable low income seniors with barriers to accessing this program.

Direction for 2025:

- Monitor the impact of the Canada Dental Benefit Plan on uptake of the Ontario Seniors Dental Care Program.
 - Ensure an integrated delivery model of service provision that includes majority of general dentistry services provided at the health unit clinic, service agreements with community dental providers in some rural communities due to travel distance to clinic, as well as dental specialists and denturists.
 - Implement guidelines, policies and procedures to ensure effective program management.
 - Support staff through knowledge exchange and required tools to meet ministry program requirements including client registration, client navigation, data collection, claims submission, Ministry reporting and eligible service provision.
 - Promote the program to increase awareness and registration for eligible seniors including forming connections with community organizations serving the OSDCP population.
 - Seek opportunities to collaborate with other public health programs regarding educational topics relevant to this population such as tobacco and substance use, vaccine preventable diseases, nutrition, sexual health as related to impacts on oral health
- Perform environmental scan to determine barriers to access to care for our local eligible seniors e.g. long-term care, homebound, etc. and investigate service strategies to meet needs identified.
- Analyze seniors dental care satisfaction survey that was implemented in 2024 and make any adjustments and improvements to the program as relevant.

Budgetary Changes/Implications

Additional 0.05 FTE for Director of Health Promotion absorbed into this budget reallocated from 100% funded Healthy Babies Healthy Children program. The program will be monitored for any implications due to the roll out of the CDCP.

Thunder Bay District Health Unit
Reduction/Expansion

Division: 100% Funded
Program: Ontario Senior Dental Program

Expansion/Reduction

Description/Justification	Expenditures	
	Expense name	Cost
0.05 FTE Director - reallocated from 100% funded Healthy Babies Healthy Children Program	Salary & Benefits	9,686
	Total Cost (Savings)	\$9,686

Staff Resource Impact	FTE
Director	0.05
Total FTE Enhancement (Reduction)	0.05

**Health Protection Division
Budget Year 2025
Land Development
Program Budget Summary**

	2024	2025	Change	% Change
Budget	\$ 225,220	\$ 232,783	\$ 7,563	3.4%
FTEs	2.00	2.00	0.00	n/a

Program Overview

The Land Development program approves and regulates new construction of on-site wastewater systems in accordance with Part VIII of the Ontario Building code. The Land Development Program is different from other Environmental Health programming insofar as it is not mandated or funded by the Ministry of Health. It is supported entirely by user fees.

The Ontario Building Code Act requires TBDHU to enforce Part VIII of the Building Code, which relates to on-site sewage treatment (i.e., septic fields and related structures) for homes and businesses that produce less than 10,000 litres of sewage per day.

Aside from the Land Developments primary activity of approving and regulating on-site wastewater systems, other functions of the program include approvals for lot severances and sub-divisions, and assessing and ordering the correction of failed systems to prevent contamination of surface and/or groundwater.

Key Strategic Goals of the Program & Direction for 2025

Strategic Goals:

- Prevent or reduce the burden of illness that may result from exposure to wastewater by ensuring that septic systems operate effectively.
- Ensure the financial viability of the Land Development Program.

Direction for 2025:

- 100% compliance with the Ontario Building Code Act timelines for lot severance approvals.
- 100% compliance with the Ontario Building Code Act timelines for final field inspections.
- Lakehead Source Protection Plan implementation in Rosslyn Village: continue re-inspection regime for existing septic systems in the Rosslyn Village Area of Concern.
- Continue implementation of succession plan for Land Development program.

Budgetary Changes/Implications

No significant budgetary changes or implications as compared to the 2024 budget.



TO: Board of Health

FROM: Shannon Robinson, Director of Health Promotion

DATE: November 20, 2024

RE: **Funding Approval: Ontario Power Generation - Regional Empowerment Grant**

NOTE: If the Board of Health approves a resolution related to funding approvals that will be considered earlier in the agenda of the November Board meeting, the resolution presented here may not need to be considered and this item would then be for information only.

The Healthy Kids HOME program, which focuses on bringing health promotion programs and services to children and youth in priority neighbourhoods submitted an application to the Ontario Power Generation's Regional Empowerment Grant. The application requested funds to support after-school drop-ins, "I Love To..." recreation programs, and community kitchen programs across Healthy Kids HOME sites. These programs promote physical activity, healthy eating, and mental wellness for children and youth in three of Thunder Bay's equity-deserving communities (Academy-Trillium, Blucher-Windsor-Picton, and Dease-McKellar-Ogden-Simpson), including a high population of Indigenous families. The funding will help us foster community inclusion, build strong relationships with neighbourhood residents, and provide essential resources to our participants. The project was awarded \$3,500 by Ontario Power Generation.

In accordance with Budget Process Policy FP-05-03, the Board of Health must approve all funding for Health Unit programs, the following resolution is presented for consideration:

“THAT we recommend the Ontario Power Generation one-time funding be approved accepting \$3,500 in additional funding for 2024-2025;

AND THAT the Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the budget submission process as required.”



Issue Report

PROGRAM/ DIVISION	Family & School Health Health Promotion Division	REPORT NO.	34-2024
MEETING DATE	November 20, 2024	MEETING TYPE	Regular
SUBJECT	Locally Driven Collaborative Project Funding Approval		

RECOMMENDATION

THAT with respect to Report No.34-2024 (Family & School Health), we recommend that the Public Health Ontario (PHO) funding for Locally Driven Collaborative Project (LDCP) - *Improving the quality of local public health programs: Understanding prevention of gender-based violence through the lens of local public health*, totaling \$97,390 for the period between October 25, 2024 – March 31, 2024, be approved;

AND THAT the Director of Corporate Services and Manager of Finance be authorized to complete any administrative requirements of the budget submission process as required.

REPORT SUMMARY

To provide the Board of Health with an overview of the Public Health Ontario – LDCP grant application that the Thunder Bay District Health Unit received notice on October 25, 2024 was successful.

BACKGROUND

Public Health Ontario (PHO) Locally Driven Collaborative Projects program brings together public health units, academics and community partners to collaboratively design and implement applied research and program evaluation projects on important public health issues.

Gender-based violence (GBV) is defined by the Government of Ontario (2023) as harmful acts based on someone’s gender and unequal power dynamics, including intimate partner violence (IPV), family violence, sexual violence, and human trafficking. GVB is a pressing public health issue as experiences of violence increase the likelihood of mental health issues, chronic disease, risk-taking behaviours related to sexual activity, substance use and violence, and can result in deaths, disabilities, and intergenerational trauma (Public Health Agency of Canada, 2016). Local public health roles and strategies in preventing GBV, however, are not well-defined. This gap hinders the development of consistent, comprehensive and coordinated local public health responses.

In partnership with Kingston Frontenac and Lennox & Addington (KFL&A) Public Health, and Lakehead University Department of Health Sciences, Thunder Bay District Health Unit (TBDHU), as a lead for the project with KFLA, submitted an application for funding to Public Health Ontario on September 28, 2024 and received notification of conditional approval for funding in the amount of \$97,390 on October 25, 2024. The approved project, entitled *Improving the quality of local public health programs: Understanding prevention of gender-based violence through the lens of local public health*, aims to enhance the efficiency of GBV prevention efforts across public health units, strengthening their role in multi-sectoral collaborations and improving partnerships with academics and community organizations for more effective GBV prevention initiatives.

In accordance with the Budget Process Policy, FP-05-03, the Board of Health must approve budgets for all health unit programs.

COMMENTS

The project will strengthen Ontario's public health system by defining potential roles, scope, and areas of focus for local public health agencies (LPHAs) in GBV prevention in relation to existing national/provincial GBV strategies. The project will provide evidence-based guidance and tools to improve the efficiency and effectiveness of LPHAs' prevention programs, reduce duplication, and foster collaboration among LPHAs, community partners, ministries, and academics to enhance GBV prevention efforts across the province. Prevention of GBV increases well-being, and gender and social equity across the population, while decreasing the healthcare and societal costs of GBV.

Findings from the completed LDCP project will support the continuation of collaborative efforts beyond the scope of the project, including informing future indicator development that LPHAs can use to monitor GBV, risk and protective factors and evaluation of prevention initiatives.

The funding will be used to support a 0.75 FTE project coordinator based at KFL&A; to contract a research assistant as a consultant to support project activities, data analysis and synthesis, and reporting; and enable knowledge mobilization activities to share results.

FINANCIAL IMPLICATIONS

Funds in the total of \$97,390 from October 2024 to March 2025 will provide financial support for project-related costs as per the grant application budget.

STAFFING IMPLICATIONS

There are no staffing implications with this report.

CONCLUSION

It is recommended that the Board of Health approve acceptance of the Public Health Ontario LDCP grant in the amount of \$97,390 from October 2024 – March 2025 to support the *Improving the quality of local public health programs: Understanding prevention of gender-based violence through the lens of local public health* project.

LIST OF ATTACHMENTS

There are no attachments with this report.

PREPARED BY: Marianne Stewart, Manager - Family & School Health

THIS REPORT RESPECTFULLY SUBMITTED BY:
Shannon Robinson, Director of Health Promotion

DATE:
November 20, 2024

Medical Officer of Health and Chief Executive Officer



Thunder Bay District
Health Unit

Memo

TO: Board of Health

FROM: Dr. J. DeMille, Medical Officer of Health & Chief Executive Officer

DATE: November 20, 2024

RE: **Board of Health Approval for Annual Dinner**

In the past, the Board of Health has had an annual dinner, usually on the same day as the December Board of Health meeting.

In order to be compliant with Section 2.8 of the Board Remuneration and Expense Policy (BH-02-04), a Board of Health resolution is required to approve the expenses for the Annual Dinner.

The cost of the dinner in previous years has been:

2023 - Valhalla Inn, \$3,010.85 including HST
2019 - Valhalla Inn, \$1,157.07 including HST
2017 - Valhalla Inn, \$1,405.28 including HST

A dinner was not held in 2020 and 2021 due to the pandemic. There were also no annual dinners in 2018 or 2022 as these were municipal election years.

A quote was obtained from Vahalla Inn for 30 people and it is anticipated that the cost of the Annual Dinner will be approximately \$3,500.00, depending upon the number of attendees. There were twenty-six attendees at the Board's 2023 annual dinner.

Therefore, the following resolution will be presented for consideration at the November 20, 2024, Board of Health meeting:

“THAT we approve the payment of the invoice for the Annual Board of Health Dinner to be held on Wednesday, December 18, 2024, at 5:00 p.m. at the Valhalla Inn.”

PROGRAM/ DIVISION	Finance Corporate Services	REPORT NO.	35-2024
MEETING DATE	November 20, 2024	MEETING TYPE	Regular
SUBJECT	Interim Financial Reports as of September 30, 2024		

RECOMMENDATION

FOR INFORMATION ONLY.

REPORT SUMMARY

To provide the Interim Financial Reports for the quarter ended September 30, 2024.

BACKGROUND

The Mandatory Core Program Budget, including Cost-Shared and Provincial 100% funds, for the period January 1 to December 31, 2024, was approved by the Board of Health at its November 15, 2023 meeting (Report No. 49-2023). The budget was submitted to the Ministry of Health (the Ministry) on April 2, 2024 through the Annual Service Plan and Budget Submission process. Funding approvals have been received and were presented to the Board of Health Executive meeting on July 9, 2024 (Report 25-2024).

The Board also receives some 100% funds from other sources, for example, the Public Health Agency of Canada, First Nation and Inuit Health, and Public Health Ontario for programming the Board has approved. These programs are also included in the 100% funding reporting.

Administration completes regular reviews of the status of the financial position of the Mandatory Core Programs and 100% Funded Programs relative to the budgets approved by the Board of Health. These reviews are presented to the Board of Health on a quarterly basis, in accordance with the Board of Health Policy BH-02-23 Financial Responsibilities and Limitations and with the Policy FP-05-03 Budget Process.

COMMENTS

Subsequent to the approval of the respective budgets by the Board of Health, Administration monitors funding, revenues, and expenditures. Based on identified quarterly variance analysis reporting objectives, program managers review their year-to-date actual results, and project year-end financial position, based on actual and projected programming activities. Action plans are developed to deal with any significant negative projected year-end financial results. For Mandatory Core

Programs, the year end is December 31 and for 100% Funded Programs, the year-end may be December 31st, March 31st, or September 30th.

The objective of the third quarter variance analysis is to identify significant items that may or will impact the year-end financial position of the Thunder Bay District Health Unit (TBDHU), so that appropriate corrective action, if required, can be implemented.

FINANCIAL IMPLICATIONS

Overall Summary

This report is prepared based on the Board of Health 2024 budget as approved on November 15, 2023 (Report No. 49-2023). Financial and operating results are based on the information currently available, including the TBDHU Annual Service Plan and Budget Submission and the matters noted below. Actual results will vary from estimates and the variances may be significant as more information becomes available.

In 2023, the Province announced “Strengthening Public Health” which reflects the latest policy direction for public health in Ontario. Beginning January 1st, 2024 the Province restored \$47 million in provincial annual base funding for public health units, which is the level previously provided under the 75% provincial / 25% municipal cost-share ratio. Mitigation funding previously received (from 2020 to 2023) is now included within Ministry base funding. The Province also provided local health units an annual one-percent funding increase over the next three years (2024-2026) to allow for more effective planning. For 2024, no one-time funding requests were allowed in the Annual Service Plan and Budget submission to the Ministry, with the exception of one-time funding for voluntary mergers.

Although COVID-19 Vaccination expenses continue in 2024, at this point one-time funding has only been approved for the period January to March 2024 to a maximum of \$45,000. At this time, the Ministry has indicated that April 2024 to March 2025 COVID-19 Vaccination funding will be made available to health units and that a funding amount will be formula based and is currently in the Ministry approval process. As well, coupled with third quarter Ministry reporting was the opportunity to apply for RSV funding (for the period April 1, 2024 – March 31, 2025) and/or in year outbreak funding (for the period January 1, 2024 – December 31, 2024). TBDHU worked with the Ministry to determine appropriate requests and has submitted a one-time request for RSV funding. This request coupled with information provided by the Ministry should alleviate the need to use the Program Contingency reserve fund as previously approved by the Board of Health (Report No. 21-2024).

Mandatory Core Programs

Attachment 1 provides the summary of the current financial position for the Mandatory Core Programs. Actual year-to-date financial results to September 30th, 2024, show a favourable net operating variance of \$20,360. The following is a brief description of the variances of the major revenue and expense categories:

Revenues

At September 30, 2024, there is a favourable variance of \$149,595. The variance is a result of the higher than budgeted generated revenues mainly related to the In-Good Hands food safety program and additional allocated administration revenue.

Expenditures

Total unfavourable variance related to expenditures is \$129,234.

Notable unfavourable variances include:

- Salaries and Benefits of \$15,289 mainly related to unbudgeted COVID related staff, on-call costs and increased employee benefit costs partially offset by vacancy savings. The majority of vacancy savings are expected to be temporary;
- Purchased Program Services of \$78,102 related to the timing of In-Good hands costs which are expected to be offset by future revenue, and MOH coverage costs;
- Purchased Allocated Admin of \$66,933, related to software purchases and increased software costs as compared to budget; and
- Capital of \$91,592, related to board and meeting room renovations and replacement of air conditioners in the server room to replace units that failed.

Notable favourable variances include:

- Travel of \$9,272 and Staff Training and Recognition of \$37,387 mainly related to timing as training courses tend to occur in Q4; and
- Materials and Supplies of \$71,330 mainly related to timing and the receipt of free harm reduction supplies from the Ontario Harm Reduction Distribution Program. This variance is expected to reduce with Q4 purchases.

Mandatory Core Programs Summary

At September 30th, 2024, a favourable variance of \$20,360 is reported, based on a total budget of \$16,675,228. The Mandatory Core Programs variance is expected to be \$Nil at year end.

100% Funded Programs

Attachment 2 provides the financial results of the 100% Funded Programs.

The Indigenous Public Health (PH): Engagement 100% funded program has a favourable variance of \$73,787 due to a vacancy which has resulted in a decrease in programming. Any variance at year-end will be used to offset any unorganized territories or other Indigenous public health related expenditures.

The Indigenous Public Health (PH): Food Sovereignty 100% funded program has a favourable variance of \$105,101 due to a leave of absence (vacancy) which has resulted in a temporary decrease in programming. Any variance at year-end will be

used to offset any unorganized territories or other Indigenous public health related expenditures.

The Indigenous PH: Thunder Bay 100% funded program has a favourable variance of \$83,994 due to the AMOH position vacancy. Any variance at year-end will be used to offset any unorganized territories or other Indigenous public health related expenditures.

The Ontario Seniors Dental Care 100% funded program has a favourable variance of \$46,291 due to delayed billing from community dental providers and less clinic programming. At year end this variance is expected to be \$Nil.

The Healthy Babies Health Children 100% funded program has a favourable variance of \$46,767. The variance is a result of timing of an increase in funding. Plans are in place including the addition of a contract public health nurse to spend this additional funding. At year end this variance is expected to be \$Nil.

Land Development Program

Attachment 3 provides the financial results for the Land Development Program, including a favourable variance of \$20,095 at September 30 2024 largely as a result of increased revenues as compared to budget. Any favourable variance at year end will be transferred from the Land Development Reserve fund.

STAFFING IMPLICATIONS

There are no staffing implications associated with the report, as of September 30, 2024.

CONCLUSION

At September 30, 2024, it is concluded that:

- Mandatory Core Programs currently show a small favourable variance;
- Some significant favourable variances exist within the 100% funded programs;
- An favourable variance exists within the Land Development Program;
- Interim Financial Reports will be provided to the Board of Health quarterly.

LIST OF ATTACHMENTS

Attachment 1 – Financial Position – Mandatory Core Programs
Attachment 2 – Financial Position – 100% Funded Programs
Attachment 3 – Financial Position – Land Development Program

PREPARED BY: Lauren Paradis, CPA, CA, Manager of Finance

THIS REPORT RESPECTFULLY SUBMITTED BY:
Dan Hrychuk, CPA, CA, Director of Corporate Services

DATE: November 20, 2024

Medical Officer of Health and Chief Executive Officer

ATTACHMENT 1

Financial Position – Mandatory Core Programs

THUNDER BAY DISTRICT HEALTH UNIT				
Mandatory Core Program (Cost Shared)				
Financial Position as at September 30, 2024				
	Annual Budget	As at September 30, 2024		
		Actual	Budget	Variance
	\$	\$	\$	Favourable/ (Unfavourable)
REVENUES				
Municipal Contributions	3,579,746	2,684,810	2,684,810	-
Provincial - Mandate	11,164,035	8,373,026	8,373,026	-
Provincial - Unorganized	978,847	734,135	734,135	-
Generated	952,600	864,045	714,450	149,595
Total Revenues	16,675,228	12,656,016	12,506,421	149,595
EXPENDITURES				
Salaries & Benefits	13,902,236	10,441,966	10,426,677	(15,289)
Travel	216,385	153,017	162,289	9,272
Staff Training & Recognition	148,450	73,950	111,338	37,387
Board of Health	40,300	26,347	30,225	3,878
Purchased Program Services	115,400	164,652	86,550	(78,102)
Purchased Allocated Admin	995,040	813,213	746,280	(66,933)
Building Occupancy	388,100	282,865	291,075	8,210
Equipment Expense	282,900	209,618	212,175	2,557
Materials & Supplies	351,972	192,649	263,979	71,330
Office Expenses	128,665	71,423	96,499	25,076
Communications	105,780	114,363	79,335	(35,028)
Capital	-	91,592	-	(91,592)
Total Expenditures	16,675,228	12,635,655	12,506,421	(129,234)
Favourable/(Unfavourable)	-	20,360	-	20,360

ATTACHMENT 2

Financial Position – 100% Funded Programs

THUNDER BAY DISTRICT HEALTH UNIT						
Financial Position as at September 30, 2024						
100% Funded Program Summary						
Program Name	Funding Source	Year End	Annual Budget	As at September 30, 2024		
				Actual	Budget	Variance Favourable/ (Unfavourable)
Indigenous PH: Engagement	Ministry of Health	Dec 31st	99,500	990	74,777	73,787
Indigenous PH: Food Sovereignty	Ministry of Health	Dec 31st	337,431	147,122	252,223	105,101
Indigenous PH: SLFNHA	Ministry of Health	Dec 31st	187,672	138,898	140,754	1,856
Indigenous PH: Thunder Bay	Ministry of Health	Dec 31st	403,150	218,369	302,363	83,994
IPAC Hub	Ministry of Health	Mar 31st	909,200	417,296	454,600	37,304
Northern Fruit and Vegetable Program - Schools	Ministry of Health	Dec 31st	213,400	163,038	159,387	(3,651)
Ontario Senior Dental	Ministry of Health	Dec 31st	999,300	691,984	738,275	46,291
First Nation Indigenous Health Branch	Indigenous Service Canada	Mar 31st	140,100	59,137	70,050	10,913
Healthy Babies - Healthy Children	MCCSS*	Mar 31st	1,384,623	645,545	692,312	46,767
Healthy Kids HOME	PHAC**	Mar 31st	477,346	214,008	238,673	24,665
HIV	Ministry of Health	Mar 31st	63,271	31,530	31,636	106
HUB Library	Public Health Ontario	Mar 31st	113,547	64,353	56,774	(7,580)
Nurse Practitioner	Ministry of Health	Mar 31st	165,453	70,316	82,727	12,411
Youth Violence Prevention	PHAC**	Sept 30th	96,794	96,794	96,794	-
Total 100% Funded Programs			5,590,787	2,959,380	3,391,343	431,963

* Ministry of Children, Community and Social Services

** Public Health Agency of Canada

ATTACHMENT 3

Financial Position – Land Development Program

THUNDER BAY DISTRICT HEALTH UNIT				
LAND DEVELOPMENT				
Financial Position as at September 30, 2024				
	Annual Budget	As at September 30, 2024		
		Actual	Budget	Variance
	\$	\$	\$	\$
REVENUES				
Certificates of Approval	184,732	170,233	143,167	27,065
Subdivisions	8,617	16,505	6,678	9,827
Severances	17,000	15,000	13,175	1,825
File Searches	4,360	1,575	3,379	(1,804)
Lot Inspections	8,700	675	6,743	(6,068)
Other Services	1,811	4,998	1,404	3,594
Total Revenues	225,220	208,986	174,546	34,440
EXPENDITURES				
Salaries & Benefits	169,971	137,627	127,478	(10,149)
Travel	15,742	17,541	11,807	(5,735)
Staff Training & Recognition	3,850	2,018	3,850	1,832
Purchased Program Services	-	29	-	(29)
Purchased Allocated Admin	7,400	6,073	5,550	(523)
Equipment Expense	1,500	1,164	1,125	(39)
Materials & Supplies	600	1,539	450	(1,089)
Office Expense	2,300	712	1,725	1,013
Communications	1,500	750	1,125	375
Capital	-	-	-	-
Allocated Administration	22,357	16,768	16,768	-
Total Expenditures	225,220	184,223	169,878	(14,345)
Favourable/(Unfavourable)	-	24,763	4,668	20,095



Thunder Bay District
Health Unit

Memo

TO: Board of Health

FROM: Dr. J. DeMille, Medical Officer of Health & Chief Executive Officer

DATE: November 20, 2024

RE: **aPHa Fall Symposium**

The Association of Local Public Health Agencies held its fall symposium virtually on Friday, November 8. There were also two workshops offered in advance of the symposium. The Board of Health section meeting was held in the afternoon of Nov 8th.

Following the conference, J. McPherson compiled a member's report. This is included in Attachment 1.

Information on the symposium and BoH section meeting can be found in Attachment 2.

Some Presentations from the Symposium, workshop can be found at the link below:

[Presentations](#)

Please note, aPHa member login will be required to access presentations.

ATTACHMENT 1

Members Report: aPHa Fall symposium

Nov 8 2024; Virtual via Zoom

- 1) **alpha update** – Did review of Strategic plan which runs from 2024 – 2027 that has four key directions.
 - a. Be the unified voice and a trusted advisor on public health. Many infographics available on aPHa website.
 - b. Advance the work of local public health through strategic partnerships and collaborations. aPHa prioritizes partnerships through which they engage on our behalf.
 - c. Support the sustainability of Ontario’s local public health system by assisting with the review of OPHS.
 - d. Deliver member services to local public health leaders. i.e all the symposiums. Next one is Feb 12 – 14. aPHa has two new training programs.
- 2) **Update from Public Health Ontario.** Also have a new Strategic plan. Focus on quality improvement of public health – developing metrics across the sector. Looking at alignment to the new standards (in development) and quality improvement training to Public Health professionals. They launched a program for public health professionals in October 2024. Trying to create a consistent approach to quality improvement along with process. They will continue to learn how they can improve QI in our sector. Desire is to have a regional model so that people do not have to travel south. Appears to be a very new concept in our industry so expect some learnings.
- 3) **Results of engagement survey on public health recovery, renewal and resilience building post pandemic.** Results of survey which had four questions were presented. It was a technical presentation, not easy to summarize.
- 4) **Update on Public Health Workforce Burnout:** a Canadian Cross-sectional Study. Over 75% burnout from 2023 report on public health senior level mgmt. (Covid). This report was a follow-up. Prevalence was 63%. Do not know who responded in each study, stated that staff do not intend on leaving profession.

ATTACHMENT 1

Strategies are needed to address burnout across the system. Find out what strategies may exist that can be leveraged across the system. Concept of Recovery and what is needed along with time frame (up to 10 years)

- 5) **Merger lessons:** Ensure Staff engagement, communication, shared commitment to vision, change management transformational leadership. These principles apply to any organizational change, points we all can use. Recognize it will take time and is likely an add-on to people's existing work! South east merger will be in Name only by Jan 1st, expect two years to finish process.
- 6) **So what is keeping you up at night:** Currently the PC are still popular, project an even larger majority. Consistently strong support over past four years for PC's. Conservatives now party of working class. Had some very interesting slides on polling across the province by demographics. Be careful with advocacy understanding the political reality. Watch your fight! Province wants to have an election before the Federal one, i.e. this spring. Learn how to connect our issue to government priorities. If you have the opportunity to listen to Sabine Matheson, do.
- 7) **Ontario MOH was not available:** Designate gave update. Funding review ongoing, no announcement. Respiratory program reviewed. Very short update, nothing new.

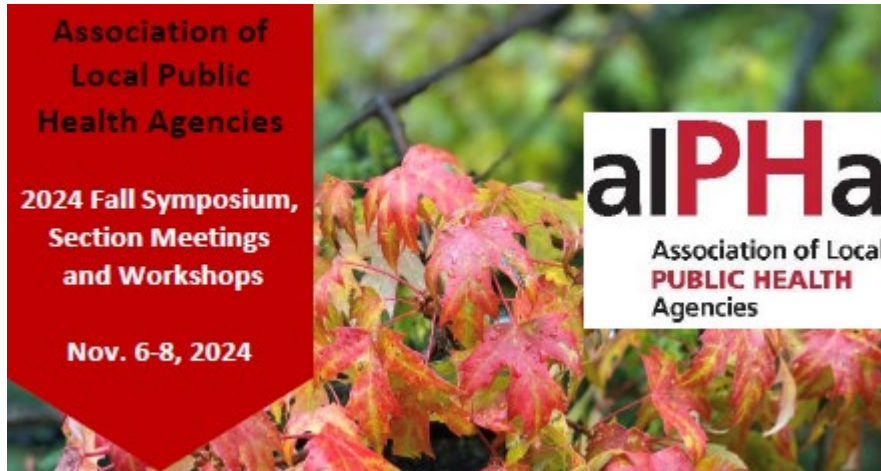
Board of Health Section Meeting

- 1) **alPHa update and section business:** Loretta Ryan gave an orientation/update to the group. All available on the website. The organization relies on many others to function, four staff members who work with the partners to enhance our outcomes. They have a section on Risk Management for our use.
- 2) **Meet the Executive members:** Gave a description of who is on the Executive committee and where they are from.
- 3) **Public Health CEO reflections:** All speakers had a dual model, i.e. dual leaders with CEO and MOH. Was interesting this was the only model presented? Northwest is presenting to municipal organizations. We could present more to the TBDML.

ATTACHMENT 1

- 4) **Spokespersons:** What to do when the Microphone is in front of you. Ensure you follow the organizations policy regarding spokespersons, know who speaks to what. Do not feel rushed in response, consult with your team to create the response and who is best to respond. Take advantage of the opportunity to get our message out during the interview, along with facts specific to the request. Remember your quote and show up anywhere, anytime! If you commit to replying, ensure you make time, if not, give them proper notice. If using lap top, close all other applications, have good front light, keep head in top of screen. It is all right to say no, that you will get them the information. Remember to stay calm, keep the interview focused on question. Do not use acronyms.
- 5) **AIPHa Legal update:**
- a. Governance – Reviewed Board responsibilities of policy formulation, decision making, and oversight as directed by our governing legislation. We oversee operations, no hands on role in operations. Once in the boardroom decisions must be what is best for the Health unit, not the group who appointed us.
 - b. Risk – The greatest risk to the organization is the failure to have and to follow good governance practices. It is everyone’s responsibility. Three phases of plans, Preparation, Prevention, Protection.
 - c. Legal cases. Algoma PHU from 2006 – 2013, administrator committing fraud, he listed the lessons learned. Kingston Frontenac Lanark developed a coloured risk matrix to illustrate, and a future based risk matrix.
- 6) **AMO Update.** Strengthening Public Health initiative, homelessness and encampments, mental health and addictions, along with Social responsibilities which we are not resourced to do were reviewed. AMO suggesting that province invest in public infrastructure. Reduce the province’s reliance on Municipal revenues to fund health and social services and address the systemic causes of homelessness.

ATTACHMENT 2



Wednesday November 6

[Artificial Intelligence \(AI\) and Public Health Workshop Agenda \(Updated October 9\)](#)

Speaker Bios (To Follow)

This workshop is included for and exclusive to all registrants for the Fall Symposium.

Thursday November 7

Working for a Future with Less Alcohol Harms in Ontario: Public Health's Role

This workshop is included for and exclusive to all registrants for the Fall Symposium.

Friday November 8

ALPHA Symposium and Section Meetings

[Symposium Program](#) (Updated October 2)

[Boards of Health Section Agenda](#) (Updated October 2)

Speaker Bios (To Follow)

Meeting Resources

[Call for Videos](#)

[Zoom Webinar Troubleshooting Tips](#)

[Best Practices for Online Speakers and Presenters](#)