AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

Thursday, 7:00 p.m.
2013 April 18

MISSION - MIDDLESEX-LONDON BOARD OF HEALTH

The mission of the Middlesex-London Health Unit is to promote wellness, prevent disease and injury, and protect the public's health through the delivery of public health programs, services and research.

MEMBERS OF THE BOARD OF HEALTH

Mr. David Bolton
Ms. Denise Brown (Vice Chair)
Mr. Al Edmondson
Ms. Patricia Fulton
Mr. Marcel Meyer (Chair)
Mr. Stephen Orser
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Mark Studenny
Ms. Sandy White

SECRETARY-TREASURER

Dr. Bryna Warshawsky

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

SCHEDULE OF APPOINTMENTS

7:10 – 7:25 p.m. 1) Mr. Alex Tyml, Online Communications Coordinator and Mr. Dan Flaherty, Manager, Communications, Report No. 045-13 re "Redevelopment of the Middlesex-London Health Unit's Website – Update on Status and Public Launch"

REPORTS WITH VIDEO PRESENTATIONS

7:25 pm

Recognizing the importance of videos as a means of providing educational materials that are engaging and interesting, the Health Unit has produced several very creative videos in 2012. At this Board of Health meeting, seven recently produced videos will be showcased. These videos represent a collaborative effort between the service area of the Health Unit responsible for this topic, the Communications Department under the leadership of Mr. Dan Flaherty, Communications Manager, and several video production companies.

2) Ms. Heather Lokko, Manager, Reproductive Health Team, Report No. 055-13 re "Birthing Centre Online Modules"

3) Ms. Ruby Brewer, Manager, Early Years Team, Report No. 046-13 re "Breastfeeding Videos"

4) Ms. Christine Preece, Manager, Young Adult Team and Ms. Jane Berardini, Public Health Nurse, Young Adult Team, Report No. 047-13 re "Launching the Parenting of Teen Videos"

5) Ms. Stacy Manzerolle, Acting Manager, Sexual Health and Ms. Leanne Powell, Public Health Nurse, Sexual Health Promotion Team, Report No. 048-13 re "Youth Engagement Strategy: 'Add Your Colour' Lesbian Gay Bisexual Transgender Queer Videos"

6) Ms. Kim Leacy, Registered Dietitian, Chronic Disease and Tobacco Control Team, and Mr. Scott Navarro and Ms. Eleane Paguaga, Youth Leaders from *One Life One You*, Report No. 049-13 re " 'One Life One You' Create Four-Part Video Series on Energy Drinks"

7) Ms. Marylou Albanese, Manager, Healthy Communities and Injury Prevention Team, Report No. 050-13 re "Canada's Low-Risk Alcohol Drinking Guidelines Video"

8) Ms. Ginette Blake, Registered Dietitian, Reproductive Health Team and Ms. Heather Lokko, Manager, Reproductive Health Team, Report No. 051-13 re "Sodium Reduction Strategy Resources and Activities"

See below for full agenda

REPORTS

	Report No. and Name	Link to Appendices and Key Additional Information	Delegation	Recommendation	Information	Brief Overview
1	Report No. 045-13 re "Redevelopment of the Middlesex-London Health Unit's Website – Update on Status and Public Launch"	Health Unit's Web Site	X		X	To provide an overview of the reasons for and the process of redesigning the Health Unit's website
2	Report No. 055-13 re "Birthing Centre Online Modules"		X		X	To provide background information on the development of a series of on-line videos that serve as an orientation to the Birthing Centre at London Health Sciences Centre and contain information on what to anticipate during labour and delivery
3	Report No. 046-13 re "Breastfeeding Videos"	Breastfeeding Support Videos	X		X	To provide background information regarding the development of a series of videos to support breastfeeding
4	Report No. 047-13 re "Launching the Parenting of Teen Videos"	Parenting of Teen Videos	X		X	To provide background information regarding the development of a series of videos to assist with parenting teens
5	Report No. 048-13 re "Youth Engagement Strategy: 'Add Your Colour' Lesbian Gay Bisexual Transgender Queer Videos"		X		X	To outline a youth engagement strategy for Lesbian Gay Bisexual Transgender Queer (LGBTQ) youth, including the development of two videos
6	Report No. 049-13 re **" '***One Life One You'* Create Four-Part Video Series on Energy Drinks"	Energy Drink Videos	X		X	To provide background regarding the development of a series of videos to inform youth of the health risks associated with energy drinks
7	Report No. 050-13 re "Canada's Low-Risk Alcohol Drinking Guidelines Video"	Low Risk Alcohol Drinking Guidelines Video	X		X	To provide background information regarding the development of a video to promote the Low-Risk Alcohol Drinking Guidelines
8	Report No. 051-13 re "Sodium Reduction Strategy Resources and Activities"		X		X	To provide information about a local Sodium Reduction Strategy, including a series of videos to raise awareness about sodium consumption
9	Report No. 052-13 re "April 2013 Board of Health Self-Assessment Survey"	Appendix A		X		To outline the process for completing the Board of Health self-assessment by April 30, 2013
10	Report No. 053-13 re "Artificial Tanning Legislation Update: Government Bill 30 Introduced to Ban Youth Under 18 from Access to Tanning Beds"	Appendix A Appendix B		X		To seek Board of Health support for Bill 30 "*An Act to Regulate the Selling and Marketing of Tanning Services and Ultraviolet Light Treatments*"
11	Report No. 054-13 re "2013 Board Member Compensation"			X		To recommend an increase in compensation for eligible Board members, in keeping with County Council rates

	Report No. and Name	Link to Appendices and Key Additional Information	Delegation	Recommendation	Information	Brief Overview
12	Report No. 056-13 re "Overview Of 'Make No Little Plans – Ontario's Public Health Sector Strategic Plan' "				X	To provide an overview of the recently released Strategic Plan for Ontario's Public Health Sector
13	Report No. 057-13 re "Open Ontario Compliance Initiative – London Pilot Project"				X	To provide information on a pilot project to improve government services for businesses
14	Report No. 059-13 re "Student Education Program"				X	To provide an overview of the volume and types of students education provided by the Health Unit
15	Report No. 060-13 re "2013 Budget Update – April"				X	To provide an update on budget approvals and submissions for 2013
16	Report No. 058-13 re "Acting Medical Officer of Health Activity Report – March 18 to April 10, 2013 "				X	To provide an overview of the activities of the Acting Medical Officer of Health from March 18 to April 10, 2013

OTHER BUSINESS

Next scheduled Board of Health Meetings

7:15 p.m. – Thursday, May 9, 2013

7:00 p.m. – Thursday, May 16, 2013

IN CAMERA

CORRESPONDENCE RECEIVED

a) Dated 2013 March 7 (Received 2013 March 20) Correspondence from Ms. Beth Campbell, Chair, Hastings & Prince Edward Counties Health Unit to The Honourable Deb Matthews, Minister of Health and Long-Term Care, requesting that the Ministry of Health and Long-Term Care provide funding to support free nicotine therapy at smoking cessation programs offered by board of health.

b) Dated 2013 March 18 (Received 2013 March 21) Correspondence from Ms. Diane Holmes, Chair, Board of Health for the City of Ottawa Health Unit, to The Honourable Deb Matthews, Minister of Health and Long-Term Care, endorsing the Health Kids Panel report: No Time to Wait: The Healthy Kids Strategy and urging a comprehensive action plan to implement the Strategy.

c) Dated 2013 March 18 (Received 2013 March 21) Correspondence from Ms. Diane Holmes, Chair, Board of Health for the City of Ottawa Health Unit, to The Honourable Teresa Piruzza, Minister of Children and Youth Services, endorsing the Health Kids Panel report: No Time to Wait: The Healthy Kids Strategy and urging a comprehensive action plan to implement the Strategy.

d) Dated 2013 March 25 (Received 2013 April 2) Correspondence from The Honourable Leona Aglukkaq, Minister of Health, to Dr. Bryna Warshawsky, Secretary-Treasurer, Middlesex-London Board of Health, following up on Dr. Warshawsky's letter of February 21, 2013, re Bill C-460, *An Act respecting the implementation of the Sodium Reduction Strategy for Canada*.

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

PUBLIC SESSION - MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2013 March 21

MEMBERS PRESENT:
Ms. Denise Brown (Chaired the meeting)
Mr. David Bolton
Ms. Trish Fulton
Mr. Marcel Meyer (via teleconference)
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Mark Studenny
Ms. Sandy White (via teleconference until 7:25 pm)

REGRETS: Mr. Al Edmondson

ABSENT: Mr. Stephen Orser

OTHERS PRESENT:
Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services
Ms. Diane Bewick, Director, Family Health Services
Mr. Maurice Chang, Director, PricewaterhouseCoopers (via teleconference until 7:22 pm)
Mr. Dan Flaherty, Manager, Communications
Mr. Ross Graham, Manager, Special Projects
Mr. Jeremy Hogeveen, Vector-Borne Disease Coordinator
Mr. Iqbal Kalsi, Manager, Environmental Health
Dr. Christopher Mackie
Mr. John Millson, Director, Finance and Operations
Mr. Daniel Myran, Medical Student
Ms. Gayle Riedl, Human Resources Officer
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)
Mr. Rick Shantz, Director, Information Technology
Ms. Pat Simone, Manager, Emergency Preparedness
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team
Ms. Louise Tyler, Director, Human Resources and Labour Relations Services
Mr. Alex Tyml, Online Communications Coordinator
Dr. Bryna Warshawsky, Acting Medical Officer of Health & CEO and Director, Oral Health, Communicable Disease & Sexual Health Services

MEDIA OUTLETS: None

As Mr. Marcel Meyer was unable to attend the meeting in person (he participated via teleconference), Ms. Denise Brown called the meeting to order at 7:00 p.m. and chaired the meeting.

DISCLOSURES OF CONFLICT(S) OF INTEREST
Vice-Chair Brown inquired if there were any disclosures of conflict of interest to be declared. None were declared.

APPROVAL OF AGENDA
It was moved by Mr. Bolton, seconded by Mr. Studenny *that the **AGENDA** for the March 21, 2013 Board of Health meeting be approved.* Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Studenny *that the Board of Health **MINUTES** for the February 19, 2013 Board of Health meeting be approved.* Carried

REPORTS

1) **Report No. 032-13 re "Review of Administrative Functions, Including Shared Services, Being Conducted by PricewaterhouseCoopers – March Update"**

Mr. John Millson, Director, Finance & Operations Services, introduced Mr. Maurice Chang, Director, PricewaterhouseCoopers (PWC), who joined the meeting via teleconference. Mr. Chang assisted Board members with their understanding of this report using a PowerPoint presentation. Mr. Chang reported that Phases I and II of the project will conclude with the interim report to be presented at the May 9th Special Board of Health meeting. Based on the interim report, the Board will provide its direction regarding proceeding with Phase III.

Mr. Chang ensured Board members that the review has considered the Board of Health's requirements under provincial legislation and other legal documents (e.g., the Public Health Accountability Agreement).

It was moved by Mr. Studenny, seconded by Mr. Bolton *that Report No. 032-13 re "Shared Services Review" be received for information.* Carried

2) **Report No. 033-13 re "Overview of Human Resources & Labour Relations Services"**

Ms. Louise Tyler, Director, Human Resources & Labour Relations Services, assisted Board members with their understanding of this report using a PowerPoint presentation.

It was moved by Mr. Studenny, seconded by Ms. Fulton *that Report No. 033-13 re "Overview of Human Resources & Labour Relations Services" be received for information.* Carried

3) **Report No. 034-13 re "Overview of Finance and Operations Services"**

Mr. John Millson, Director, Finance & Operations Services, assisted Board members with their understanding of this report using a PowerPoint presentation.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Studenny *that Report No. 034-13 re "Overview of Finance and Operations Services" be received for information.* Carried

4) **Report No. 035-13 re "Overview of Office of the Medical Officer of Health"**

Dr. Bryna Warshawsky, Acting Medical Officer of Health & CEO, assisted Board members with their understanding of this report using a PowerPoint presentation.

It was moved by Mr. Bolton, seconded by Mr. Peer *that Report No. 035-13 re "Overview of Office of the Medical Officer of Health" be received for information.*
Carried

5) **Report No. 036-13 re "Board of Health Code of Conduct – Third Review"**

Mr. Ross Graham, Manager, Special Projects, assisted Board members with their understanding of this report.

Mr. Graham provided clarification about the use of an objective third party to resolve issues related to the Code of Conduct that the Board cannot agree upon. He explained that based on consultation with the Board's solicitor, it appears that while the Board of Health may at any time seek advice from an objective third party, the Board cannot delegate its duties to an objective third party.

It was moved by Ms. Poole, seconded by Mr. Studenny that *Report No. 036-13 re "Board of Health Code of Conduct – Third Review" be approved*. Carried

6) **Report No. 037-13 re "Transfer of Funds Agreement – Shared Library Services Partnership with Public Health Ontario"**

Ms. Louise Tyler assisted Board members with their understanding of this report. Ms. Tyler reported this is a long-term project that is well supported by Public Health Ontario and other public health units.

It was moved by Mr. Peer, seconded by Ms. Fulton *that the Board of Health approve the renewal of the Transfer of Funds Agreement – Shared Library Services Partnership with Public Health Ontario for an additional two years.*
Carried

It was moved by Mr. Bolton, seconded by Ms. Poole *that the Board of Health approve the designation of the 1.0 Full-Time Equivalent position under the Shared Library Services Partnership with Public Health Ontario, contingent on funding being available, as a permanent position*.
4 For; 3 Against Carried

7) **Report No. 038-13 re "2012 Budget – Fourth Quarter Review"**

Mr. John Millson assisted Board members with their understanding of this report. Mr. Millson discussed that he will be bringing a report to the Board of Health regarding the establishment of reserves in May 2013. He will outline how other health units manage surplus and what is permitted with respect to the establishment of reserves.

It was moved by Mr. Studenny, seconded by Ms. Poletes Montgomery *that Report No 038-13 re"2012 Budget – Fourth Quarter Review" be received for information.* Carried

8) **Report No. 039-13 re "Healthy Baby Healthy Brain Campaign: The How to Campaign"**

It was moved by Mr. Peer, seconded by Ms. Fulton *that Report No. 039-13 re "Healthy Baby Healthy Brain Campaign: The How to Campaign" be received for information.* Carried

9) **Report No. 040-13 re "2012 Vector-Borne Disease Season"**

A hardcopy of the report entitled, "Vector-Borne Disease Report: West Nile Virus, Lyme Disease and Eastern Equine Encephalitis Surveillance and Control Activities for 2012", was made available to each Board member at the meeting. An electronic copy of the document was also sent to Board members on March 18, 2013, as an email attachment.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Bolton *that Report No. 040-13 re "2012 Vector-Borne Disease Season" be received for information.* Carried

10) **Report No. 041-13 re "Tobacco Enforcement Program – 2012 Year in Review"**

Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services, introduced Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team, to answer any questions about this report.

In response to a question from the Board about the City of London's new bylaw that will come into effect on May 1, 2013 prohibiting smoking near recreation amenities and entrances to municipal buildings, Ms. Stobo summarized the discussions Health Unit staff members have had with City staff to date about promoting and enforcing the bylaw. Promotion of the bylaw will begin in early April and take place in three phases. Ms. Stobo also reported that based on other municipalities, the bylaw will be self-enforced by users of the facilities.

It was moved by Mr. Peer, seconded by Mr. Studenny *that Report No. 041-13 re "Tobacco Enforcement Program – 2012 Year in Review" be received for information.* Carried

11) **Report No. 042-13 re "2012-2013 Staff Influenza Immunization Rates in Hospitals and Long-Term Care Facilities"**

It was moved by Mr. Bolton, seconded by Mr. Studenny *that Report No. 042-13 re "2012-2013 Staff Influenza Immunization Rates in Hospitals and Long-Term Care Facilities" be received for information.*
Carried

Board members expressed concern about the low rates of staff influenza immunization in hospitals and long-term care facilities. Dr. Warshawsky explained that Health Unit staff will continue to work with community partners on strategies to elevate the staff influenza immunization rates.

12) **Report No. 043-13 re "2012 Public Sector Salary Disclosure"**

It was moved by Ms. Poletes Montgomery, seconded by Ms. Fulton *that Report No. 043-13 re "2012 Public Sector Salary Disclosure" be received for information.* Carried

13) **Report No. 044-13 re "Acting Medical Officer of Health Activity Report – February 12 to March 8, 2013"**

It was moved by Mr. Peer, seconded by Mr. Studenny *that Report No. 044-13 re "Acting Medical Officer of Health Activity Report – February 12 to March 8, 2013" be received for information.* Carried

CORRESPONDENCE
Vice-Chair Brown reported that there was no correspondence this month.

OTHER BUSINESS
It was moved by Mr. Bolton, seconded by Ms. Fulton *that the Confidential Minutes from the February 19, 2013, in-camera session of the Board of Health meeting be approved.* Carried

Next scheduled Board of Health Meeting – Thursday, April 18, 2013 at 7:00 p.m.

ADJOURNMENT
At 9:30 p.m., it was moved by Mr.Studenny, seconded by Ms. Poletes Montgomery *that the meeting be adjourned.* Carried

DENISE BROWN
Vice-Chair

BRYNA WARSHAWSKY
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 045-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

REDEVELOPMENT OF THE MIDDLESEX-LONDON HEALTH UNIT'S WEBSITE – UPDATE ON STATUS AND PUBLIC LAUNCH

Recommendation

It is recommended that Report No. 045-13 re "Redevelopment of the Middlesex-London Health Unit's Website – Update on Status and Public Launch" be received as information.

Key Points

- A redesign of the Health Unit's website was required to keep up with changing technologies, requirements and social media needs.
- The redesign of the website was a collaborative project involving the entire Health Unit that took approximately one year to complete. Resolution Interactive Media was contracted to undertake the website redevelopment project after a competitive Request for Proposal process.
- The new website was launched on April 3, 2013 at a media conference.

Background

Consumers are always seeking better and more efficient ways to find solutions and answers to challenges and questions, and the Internet has become an easy source for the information, regardless of the topic. In September 2012, the Pew Research Center, a leading American think tank and trend tracker, found that 72% of Internet users said they had looked for health information online within the previous year.

As the leading source of local health information, the importance of a strong online presence has never been more critical for public health. Although the Internet can provide credible, factual and reliable information, it also links to information that is unreliable, untested or misleading. Therefore, it is very important for public health units, which are known to be trusted sources, to provide current, relevant information.

More than a decade ago, the Health Unit had the foresight to obtain www.healthunit.com as its online address, securing its position as a leader in providing health information to the online community. From its initial launch in April of 2000 through a major re-design in late 2004 and a re-write in 2007, the Health Unit's website has grown over time and has had new features and capabilities added as necessary. While the Health Unit's online information was current, the website's foundation and architecture had not kept pace with the evolving ways the Internet is used. The advent of social media and the growing number of web-enabled devices such as smart phones and tablets are just a few of the additional factors that are changing the ways people find information online and how they share what they learn.

The information gathered during consultations held as part of the Health Unit's most recent Strategic Planning process, which was outlined in the *Strategic Plan Discovery Report*, highlighted the potential of new technologies to communicate messages and indicated the need to redevelop the Health Unit's website. The *Strategic Plan Discovery Report* also highlighted the need for additional Communications

Resources. In the fall of 2011, Mr. Alex Tyml was hired as the Online Communications Coordinator and was tasked with leading the website redevelopment project. As part of the Health Unit's Strategic Plan, the completion and launch of a completely renewed website was one of the Enhanced Communications Strategic Achievement Group's (Communications SAG) main goals for the first quarter of 2013.

Goals of the Website Redevelopment Project

From the earliest stages of the website redevelopment project, certain criteria for this important resource began to emerge. A new website would have to:

- be easier to navigate than the previous versions;
- require a strong, built-in search function;
- be compatible with a wide range of mobile devices;
- incorporate the Health Unit's current and future social media channels; and
- meet the requirements of the *Accessibility for Ontarians with Disabilities Act*.

As an overarching project goal, a redeveloped website must provide easy access to Health Unit programs, services and information, while providing an enjoyable experience for online visitors.

Process for Redevelopment of the Website

The Health Unit issued a *Request for Proposal* to redevelop the corporate website in February of 2012. By April, the Health Unit had entered into a contract with London and Toronto-based web design, web development and digital marketing firm, Resolution Interactive Media (ResIM) to undertake the work.

In May 2012, a team of staff members under the leadership of Mr. Alex Tyml had been assembled to collaborate with ResIM on this important project. An online survey was made available on www.healthunit.com to seek online users' input on how they would use the new website and what Health Unit information was most important to them. ResIM also interviewed Health Unit staff, community partners and others to determine their thoughts and preferences about website design and online content. ResIM was instrumental in creating the technical aspects and architecture of the website, while staff members collaborated, developed and wrote or re-wrote more than 1,300 pages of web content.

Project Costs for the Website Redevelopment

As part of the 2012 grant request to the Ministry of Health and Long-Term Care, a $100,000 one-time funding request was made for the Website Redevelopment project. The redevelopment of the website was identified as part of the Board of Health strategic plan. As such the project moved forward without a funding commitment from the Ministry, and in the summer of 2012 the Board learned that the Ministry was not in a position to fund the project and did not approve their 75% (or $75,000) share of the project. This required the project to be funded from the general Mandatory Programs funding.

The website redevelopment project required two phases. Phase 1 consisted of professional services provided by ResIM to develop the new website. This included research, testing, planning, design, and training and cost $83,000 (plus HST). Phase 1 was significantly completed by the end of 2012. Phase 2 of the project primarily consisted of loading content to the new website that was being written or re-written by Health Unit staff. The initial plan was to use existing health unit expertise and staff time to load the content to the new website. This meant shifting significant amount of resources from program work to this phase of the project. This work was to occur in the first three months of 2013. In February, the province announced it was reconsidering the 2012 one-time request for this project, however to qualify, the resources had to be utilized by March 31, 2013. This additional provincial funding ($75,000) allowed the Health Unit to contract with ResIM for additional services to assist the Health Unit in loading web content. In addition, these funds were used to cover costs for Health Unit staff associated with work on the website from January 1 to March 31, 2013.

Launch of the Redeveloped Website

The website that has resulted from this project was launched publicly on Wednesday, April 3rd during a news conference held at the Health Unit's 50 King Street office (see the news release related to this event). As part of the public launch, Mr. Alex Tyml demonstrated some of the redeveloped website's architecture, navigation and other capabilities. His efforts in leading the web committee in the completion of this important project were warmly acknowledged by Health Unit colleagues who attended the event.

This report was prepared by Mr. Dan Flaherty, Manager, Communications.

Bryna Warshawsky,
Acting Medical Officer of Health

This report addresses the Ontario Public Health Organizational Standards, section 5.1 *Community Engagement*.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 046-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

BREASTFEEDING VIDEOS

Recommendation

It is recommended that Report No. 046-13 re "Breastfeeding Videos" be received for information.

Key Points

- Breastfeeding promotes optimal nutritional, immunological and emotional benefits for the growth and development of infants. The World Health Organization recommends exclusive breastfeeding for the first six months of life with continued breastfeeding and appropriate complementary foods up to two years of age and beyond.
- In an effort to enhance the quality of information and support that is available to new breastfeeding mothers, the Early Years Team has embarked on an initiative to produce a series of breastfeeding videos. Three videos have been produced in 2012.

Background

Breastfeeding provides optimal nutritional, immunological and emotional benefits for the growth and development of infants. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life with continued breastfeeding and appropriate complementary foods up to two years of age and beyond. Literature suggests breastfeeding initiation rates are relatively high; however, the rate of exclusive breastfeeding at six months is dramatically lower. In part, this can be related to a mother's lack of confidence in her ability to produce enough breast milk. A mother's self-confidence to breastfeed is positively associated with and predictive of breastfeeding duration. Confidence and self-efficacy is enhanced as mothers understand the principles of breastfeeding and develop problem solving abilities that enable continued breastfeeding.

Public Health Nurses Support Breastfeeding

Public Health Nurses are in a unique position to provide a combination of support, reassurance, teaching of breastfeeding techniques, and information to help mothers. It is not purely about what information is provided, rather it is how the information is delivered that is often most significant. Mothers need to feel confident in their ability to meet their infants' nutritional needs through breastfeeding and need to be able to access information in multiple ways. The Early Years Team provides education and support through a variety of strategies that include Well Baby/Child and Breastfeeding Clinics, telephone counseling through the Health Connection and Infantline, 'All About Breastfeeding' classes, clinic talks, provision of information on the Health Unit website, print resources and social marketing. Incorporating a multi-strategy plan for mothers to obtain the information they need and develop their breastfeeding skills ensures a client-centered approach that allows mothers to access information and support in the way that best suits their personal learning needs.

Breastfeeding Videos

Technological advances are changing the landscape of the way in which families receive information. The internet is a frequently accessed information source as it can be convenient, informative and enjoyable. In an effort to enhance the quality of information and support that is available to new breastfeeding mothers, the Early Years Team developed a plan to produce a series of breastfeeding videos. The videos build on the knowledge that breastfeeding confidence is positively associated with and predictive of breastfeeding duration. Lack of breastfeeding confidence has been found to be significantly related to maternal perception of insufficient milk supply, the most cited reason for the premature discontinuation of breastfeeding. Confidence and self-efficacy are enhanced as mothers understand the principles of breastfeeding and develop problem solving abilities that enable continued breastfeeding. The series of three videos provide professional information to help mothers feel assured in their ability to produce a sufficient milk supply. They are intended to provide the type of support, reassurance, and teaching available from public health nurses. The links to the breastfeeding videos are listed below:

- Breastfeeding Support - Introduction
- Supply – Do I Have Enough Milk?
- Milk Supply – Strategies for Increasing Your Milk Supply

Conclusion/Next Steps

The Breastfeeding Videos enhance the multi-strategy approach to support breastfeeding that is being implemented by the Early Years Team. The strategies support the Baby-Friendly Initiative and the Health Unit's progress in achieving Baby-Friendly designation by contributing to the ten steps to support successful breastfeeding including postpartum education and support, encouragement of exclusive and sustained breastfeeding, and discouragement of the use of artificial teats or soothers. The intended goal of the Early Years Team is to create a breastfeeding video library over the next two years that addresses a variety of breastfeeding topics. Three additional videos will be created in 2013.

This report was prepared by Ms. Ruby Brewer, Manager, Early Years Team.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Child Health, Requirement # 5, #6, #7.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 047-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

LAUNCHING THE PARENTING OF TEEN VIDEOS

Recommendation

It is recommended that Report No. 047-13 re "Launching the Parenting of Teen Videos" be received for information.

Key Points

- Parents of teens are most likely to get their information from the internet and their peers.
- The Young Adult Team partnered with other community agencies to develop a library of 25 videos regarding parenting of teens, six of which are related to resiliency and mental wellness.
- A Parent Symposium in November 2012 organized by Young Adult Team staff members and community partners was the official launch for the video series.
- The video series has had over 12,000 viewings.

Background

The 2008 Ontario Public Health Standards require health units to promote positive parenting through a comprehensive, health promotion approach. In 2009, a Health Unit report entitled, 'Great Parents are Made, Not Born', identified that initiatives regarding parenting of teens were missing in the community.

Parenting a teenager is often met with challenges as there are many external influences that impact both parents and teens. These include peer pressure, social media, drugs, rapid paced technology, the economy and physiological changes with the teen. Parents of teens often find it challenging to balance promoting their teen's independence and monitoring and disciplining him/her. Teenagers are very involved with their peers at this developmental stage of life. Despite this, parents of teens need to know that their teens do listen to them and consider them to be big influencers in their lives. Parents have the power to create positive home environments where their children are comfortable disclosing information about the risky decisions they are facing in their daily lives.

Parents of teens are often hesitant to ask for help, and evidence shows that parents of teens are most likely to get their information from the internet and their peers. It has also been identified that social media techniques should be utilized within future programming efforts to expand to the target groups, who are increasingly moving away from traditional communication methodologies like television and print media.

Rationale

A 2011 survey administered by the Health Unit's Young Adult Team to parents of teens identified ways parents would like to receive information. Parents identified the internet, their friends, community professionals and school events and newsletters as the key methods for learning. This survey also identified the topics that parents were most interested in learning which included the teen brain, drugs and

alcohol, positive discipline, sexuality and mental health issues. Considering the information obtained from the parents, the Young Adult Team (YAT) decided to create some evidence-based YouTube videos for parents of teenagers that could be easily accessed through the internet and would provide credible information to this population.

Production and Launching the Video Series

In late fall 2010, members of the YAT began to work on an initial series of videos which focused on the developmental challenges that teens face and ways parents can help teens through this stage of their life. Over the past two years, members of the YAT have worked collaboratively with community partners and other Health Unit staff to develop 25 subject-specific videos, each of two to three minutes in duration. The videos focus on teen brain, drugs and alcohol, mental wellness, healthy sexuality, positive discipline and communication with teens.

On November 15, 2012, the Health Unit officially launched the series of 25 videos. The YAT hosted a community Parenting Symposium with guest speaker Mr. Michael Reist, who is an author, educator and parenting consultant. Along with acknowledging the content of the video library and topics, Mr. Reist provided an hour presentation on "Building Resiliency in Our Children". Prior to presentations, parents visited displays and had opportunities to speak with representatives from 10 community agencies that support parents. The formal presentation was opened with dignitaries representing the Thames Valley Parent Involvement Committee, the Thames Valley District School Board and a Thames Valley School Board Trustee. Mr. Graham Smith, Public Health Nurse, showed the attendees a sample of a mental wellness video focused on resiliency and outlined where one could access the other video series on the Internet. The following day, a formal media launch was held at the Health Unit which involved Mr. Reist's endorsement of the video series.

Community Response

Many community partners worked together to make the community launch a success. Over 400 people attended the November 15th Parenting Symposium. This event helped to raise awareness about the video library and the significant role the Health Unit plays in supporting families with teenagers. Over 12,000 viewings of the videos have occurred to date.

Next Steps

Parents need and want information so they can raise caring, responsible and independent adults. Allowing parents to participate in community events and view the video library from their home are important activities that provide valuable service to our community. It is the intent of the Health Unit's Young Adult Team to develop more videos for parents of teens which will focus on addressing teen's use of technology, cyber bullying and healthy relationships.

This report was prepared by Mr. Graham Smith, Public Health Nurse and Ms. Christine Preece, Manager, Young Adult Team.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Chronic Disease and Injuries Program Standard, 3, 4, 11, 12 and Child Health, 5, 6, 7, 8.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 048-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

YOUTH ENGAGEMENT STRATEGY: 'ADD YOUR COLOUR' LESBIAN GAY BISEXUAL TRANSGENDER QUEER VIDEOS

Recommendation

It is recommended that Report No. 048-13 re "Youth Engagement Strategy: 'Add Your Colour' Lesbian Gay Bisexual Transgender Queer Videos" be received for information.

Key Points

- There are limited services and resources available to Lesbian Gay Bisexual Transgender Queer (LGBTQ) youth in Middlesex-London.
- Bullying is a pervasive problem for all youth, with additional challenges for youth who are struggling with identity as an LGBTQ individual.
- Youth engagement is an effective strategy for assessing and targeting the health needs of youth.
- LGBTQ youth and allies in the community have collaborated with Health Unit staff to develop videos raising awareness with respect to the problem of bullying in the LGBTQ community.

Background Information

Sexual Health Services at the Health Unit is made up of The Clinic and Sexual Health Promotion (SHP) Team. One of the Public Health Nurses on the SHP Team, Ms. Leanne Powell, works with the Lesbian Gay Bisexual Transgender Queer (LGBTQ) population. Over the past few years, she has focused many of her efforts on delivering health information and promoting The Clinic services to this underserved group.

Through interactions with the LGBTQ community, it became apparent that there are many gaps in services and very few resources available specifically for LGBTQ youth. In September of 2011, as a part of Sexual Health Promotion program planning, it was decided that a youth engagement strategy would be initiated. In the past, with projects such as the Adventures in Sex City Game (two on-line sexual health games for youth), youth engagement has proven to be a successful strategy for assessing and targeting the interests and health information needs of the youth in this community.

The purpose of the LGBTQ engagement strategy was to gain a greater understanding of the health-related barriers and possible health needs of these youth in Middlesex-London. The strategy began with efforts to recruit high school aged students; recruitment strategies were carried out first by sending letters to the Gay Straight Alliance (GSA) groups in high schools in Middlesex-London, as well as at the GSA conference at the Thames Valley District School Board. Public Health Nurses from Family Health Services also helped to spread the word in the high schools. Although recruitment was initially a

challenge, in February 2012, a group of students from various high schools met for the first time to set goals and talk about what they thought public health providers could do to help break down barriers and increase access to health care for them and their LGBTQ peers.

The first collaborative effort took place at the Pride London weekend in the summer of 2012; students helped to disseminate health information and encouraged their peers to attend the event. The students also accompanied Health Unit staff in the Pride March that weekend. This first initiative motivated and inspired the students to continue their collaboration with the SHP Team.

With a core group of five to eight students, the engagement group continues to meet bi-weekly and has taken on the title of 'Youth Encouraging Acceptance' (YEA). During the meetings, the students talk about their experiences and challenges they have faced. They agree with the assessment that there are limited resources and services available to them, and particularly to those who are bullied by their peers. The students expressed an interest in developing videos which would raise awareness about bullying and the resulting isolation that happens in the LGBTQ youth community. The students wanted the videos to target a wide audience, to encourage everyone to stand up against bullying and to show support and acceptance of LGBTQ individuals.

The LGBTQ Videos: 'Add Your Colour'

The first draft of the storyboards and scripts for the videos were quite elaborate, but over time, it became apparent that the message the students wanted to communicate could be demonstrated quite simply. Two short videos were created for distribution by the London-based communications company, Keyframe, with the assistance of Mr. Dan Flaherty, Manager, Communications. By calling attention to abusive name-calling and demonstrating how each statement can shatter a person piece by piece, the videos are very impactful. The videos highlight that showing support and caring, as indicated by the hand on a shoulder, can help individuals dealing with discrimination.

Conclusion/Next Steps

The 'Add Your Colour' videos will be launched by the Youth Encouraging Acceptance (YEA) group on the evening of May 17, which is International Day Against Homophobia. In addition to showcasing the two video clips, the evening will feature musical performances, a guest speaker, and a health fair including LGBTQ friendly organizations.

The Health Unit will use social media to promote the launch, as well as to disseminate the videos. Posters and invitations will be used to advertise the event and promote the videos within the community. Efforts are currently underway to promote the videos in high schools across Middlesex-London. In addition, it is hoped that local media will help to promote the launch night, as well as the videos themselves.

The YEA group continues to meet bi-weekly to complete the video campaign and to recruit new members. The YEA group has also expressed interest in providing feedback for the newly redesigned Health Unit website and in helping the Sexual Health Promotion Team develop and expand their online resources for LGBTQ individuals and their allies.

This report was prepared by Ms. Stacy Manzerolle, Acting Manager, Sexual Health Services.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following Ontario Public Health Standard:
Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)

MIDDLESEX-LONDON HEALTH UNIT

REPORT No. 049-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

'ONE LIFE ONE YOU' CREATE FOUR-PART VIDEO SERIES ON ENERGY DRINKS

Recommendation

It is recommended that Report No. 049-13 re " 'One Life One You' Create Four-Part Video Series on Energy Drinks" be received for information.

Key Points

- *One Life One You* Youth Leaders recognized the need to inform and educate their peers regarding the dangers associated with using energy drinks.
- With the support and leadership of Health Unit staff, the Youth Leaders developed engaging videos to address the sugar and caffeine content of energy drinks, and the danger of combining energy drinks with alcohol or physical activity.
- The Youth Leaders plan to explore advocacy opportunities at the local level related to sale of energy drinks in Middlesex-London community-based recreational and physical activity facilities.

Background

The Ontario Energy Drink Work Group (OEDWG) is a provincial committee co-chaired by a Public Health Nurse and a Registered Dietitian from this Health Unit. Membership in OEDWG includes Public Health Nurses (PHNs), Health Promoters and Registered Dietitians (RDs) from 21 Ontario health units and related health organizations. The mandate of the group is to plan and coordinate advocacy and education related to the formulation, sale and consumption of energy drinks in Ontario.

In June 2012, the Association of Local Public Health Agencies (alPHa) unanimously supported the OEDWG's Energy Drink Resolution sponsored by the Ontario Society of Nutrition Professionals in Public Health (OSNPPH). alPHa has submitted advocacy letters to three Federal and Provincial Ministers introducing resolutions and calling for stricter energy drink regulations. In addition to assisting in Federal and Provincial work through alPHa, OEDWG members also engage in consumer education and local policy efforts.

One Life One You

The *One Life One You* Youth Leaders are employed by the Health Unit on the Chronic Disease Prevention and Tobacco Control Team team. The seven (7) Youth Leaders are between the ages of 16 and 18 years and come from different neighbourhoods in London. They meet weekly with a Health Promoter to discuss health issues and trends that are of concern to youth in the community. The Youth Leaders plan and implement interactive educational activities/events and health promotion campaigns to address these issues by reaching out to other youth in the community. While most activities of the *One Life One You* group are related to tobacco, they are also able to address other health topics important to the group.

Video Development

In early 2012, *One Life One You* received presentations on chronic disease and injury prevention-related program topics from Health Unit staff to understand the work of and to investigate potential partnerships with the Chronic Disease Prevention and Health Communities & Injury Prevention Teams. From the topics presented, the youth chose energy drink education and advocacy. The youth created videos aimed at

informing their peers about the risks associated with energy drink consumption. Each video includes a call to action statement. Evidence-based facts and support were provided by Health Unit staff.

The final product is a series of four peer-to-peer videos depicting messages about energy drinks. The videos were written, performed, filmed, and edited by *One Life One You*. They are a unique tool to enhance peer-to-peer education enabling youth to make informed and safe choices, thereby reducing overall harm. The following videos provide creative visuals while delivering research-based information and a call to action:

- ***Energy Drinks and Sugar***

Most energy drinks are packed with sugar. One energy drink can have the same amount of sugar as 5 ½ large donuts. Tell your friends – you wouldn't eat this much sugar... so why drink it?

- ***Energy Drinks and the Crash***

Drinking high amounts of energy drinks can disrupt sleep at night and increase the chance of falling asleep during the day. Tell your friends – avoid the crash. Lasting energy doesn't come in a can.

- ***Energy Drinks and Alcohol***

Mixing energy drinks with alcohol may make you FEEL more alert and less drunk... BUT the alcohol still affects you the same. Tell your friends – energy drinks and alcohol don't mix.

- ***Energy Drinks and Physical Activity***

Drinking energy drinks before or during physical activity can cause muscle cramps, increased heart rate and vomiting. Tell your friends – energy drinks and physical activity don't mix.

Video Dissemination

The videos, posted on the Health Unit YouTube channel, will be promoted on www.healthunit.com and through the Health Unit Twitter feed. The videos will be presented and distributed by the Health Unit's Young Adult Team and through various professional memberships (e.g. Ontario Energy Drink Work Group, Ontario Society of Nutrition Professionals in Public Health, Ontario Public Health Association Alcohol Working Group). National distribution through the Canadian Centre for Substance Abuse is planned, as well as local promotion through advertisements on local television stations.

The videos will also be promoted through the youth via their personal networks and at their secondary schools. A joint letter from the Youth Leaders and the associated Health Unit staff will be distributed to schools describing the video development process and suggesting ideas for using the videos at the schools. In the future, the videos may be promoted to local minor sports associations with a suggestion to consider an energy drink-free team policy and promoted at Western University health fairs.

Conclusion/Next Steps

The Youth Leaders, supported by Health Unit staff, developed engaging videos about energy drinks. The Youth Leaders value youth-to-youth education and understand the importance of policy change to create supportive environments. As a next step, the Youth Leaders, in collaboration with Health Unit staff, are investigating the sale of energy drinks in municipal recreation and physical activity facilities. An update will be presented to the Board of Health later this year.

This report was prepared by Ms. Christine Callaghan and Ms. Kim Leacy, Registered Dietitians; Ms. Tanya Weishar, Health Promoter; Ms. Melissa Knowler, Public Health Nurse; and Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control Team.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Child Health, Chronic Disease Prevention, and Prevention of Injury and Substance Misuse.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 050-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

CANADA'S LOW-RISK ALCOHOL DRINKING GUIDELINES VIDEO

Recommendation

It is recommended that Report No. 050-13 re "Canada's Low-Risk Alcohol Drinking Guidelines Video" be received for information.

Key Points

- Alcohol is related to numerous chronic and acute health conditions and also has negative social implications.
- High-risk alcohol consumption in Middlesex-London remains unacceptably high.
- Canada's new Low-Risk Alcohol Drinking Guidelines (LRDG) aim to increase knowledge in order moderate alcohol consumption.
- The Health Unit has created a video to deliver the LRDG message to our community.

Background

The harmful use of alcohol is a leading risk factor for premature death and disabilities and is considered a serious public health issue. Alcohol is associated with numerous chronic (e.g. cardiovascular disease and cancer) and acute (e.g. injury and alcohol poisoning) health problems. In a recent study, a high level of alcohol consumption was shown to decrease life expectancy by about two years compared to the Ontario average, whereas avoiding the unhealthy use of alcohol has been shown to increase life expectancy by up to three years. High levels of alcohol consumption also contribute to significant social harms, which along with the health consequences result in considerable economic impacts.

The proportion of adults consuming alcohol in Ontario is high and has increased significantly between 2010 and 2011 from 78% to 81.2%. Middlesex County and City of London alcohol consumption rates are fairly similar to those in Ontario as identified in the Health Unit's Community Health Status Resource:

- The proportion of adults aged 19 and older in Middlesex-London who exceeded the Low-Risk Alcohol Drinking Guidelines (LRDG) (see below) in 2009/2010 was 33.4%. Although not statistically significant, this rate was higher in Middlesex-London compared to Ontario and peer health units. It should be noted that the proportion of the population 19 years of age and older who report consuming alcohol at levels that exceed Canada's Low-Risk Alcohol Drinking Guidelines (LRDG) is an indicator that is monitored under the Accountability Agreement between health units and the province.
- 18% of the Middlesex-London population reported monthly binge drinking (5 or more drinks) in 2009/2010.

Canada's Low-Risk Alcohol Drinking Guidelines

Canada's first LRDG were released at the end of 2011, with the endorsement of many public and private agencies. The guidelines are intended for Canadians of legal drinking age who choose to drink alcohol.

Their purpose is to provide consistent information across the country to help Canadians moderate their alcohol consumption and reduce the immediate and long-term alcohol-related harms. They provide information on what is considered a standard drink, how to drink to reduce health risks (always recognizing that less is best), and when not drinking at all is recommended.

As per the Ontario Public Health Standards, Health Unit staff members strive to increase awareness about the harmful effects of alcohol and influence the behaviour of people who consume or may consume alcohol. By increasing the community's knowledge of the risks associated with alcohol and the ways to help reduce those risks, the Health Unit aims to increase the public's capacity to prevent alcohol misuse and its associated harms. The LRDG are an important tool to assist in increasing knowledge and reducing risk. Both provincial and local research has confirmed that a significant proportion of the public is unaware of the LRDG message, has limited knowledge of the connection between alcohol and chronic health problems, and is drinking beyond the LRDG.

Video Development/Dissemination

Pamphlets, posters, and a background research paper were created by the National Low-Risk Drinking Guidelines working group with the release of the new guidelines. Given the complexity of the LRDG message, Health Unit staff sought an alternative approach to provide the low-risk alcohol health message to our community. Research has found that videos can be effective teaching tools to increase awareness and knowledge. By incorporating visual and auditory information into a teaching tool, individuals are able to understand and retain the knowledge. In addition, local data from the Rapid Risk Factor Surveillance System (RRFSS) survey indicates that the Middlesex-London community would prefer to receive LRDG information via the internet versus other methods.

As a result, at the end of 2012, the "Understanding Canada's Low-Risk Drinking Guidelines" video was created in collaboration with the London-based company, CIVA Communications. Extensive distribution of the video has resulted in significant attention from community partners, peer health units and influential organizations like the Canadian Centre on Substance Abuse. The video has also been shared with many of the community's workplaces and healthcare providers.

Next Steps

To advance the Low-Risk Alcohol Drinking Guidelines message in the community, the Health Unit is collaborating with the other eight health units in Southwest Ontario to develop a regional campaign called "Rethink Your Drinking". The campaign plans to phase in five alcohol topics over a 12-month period including standard drink size, low-risk drinking guideline limits, gender differences, injury association, and chronic disease connection to alcohol. It will have eye catching posters and giveaways that will drive the public and media to a new Southwest Ontario alcohol website www.rethinkyourdrinking.ca which will contain alcohol-specific information, links, and the "Understanding Canada's Low-Risk Drinking Guidelines" video. The scheduled launch date for the Southwest regional campaign is May 2013.

This report was prepared by Ms. Mary Lou Albanese, Manager, Healthy Communities and Injury Prevention Team and Ms. Melissa Knowler, Public Health Nurse.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirements of the Ontario Public Health Program Standards: Prevention of Injury and Substance Misuse and Chronic Diseases and Injuries

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 051-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2103 April 18

SODIUM REDUCTION STRATEGY RESOURCES AND ACTIVITIES

Recommendation

It is recommended that Report No. 051-13 re "Sodium Reduction Strategy Resources and Activities" be received for information.

Key Points

- Canadians consume more than double the amount of their body's sodium requirements. This leads to an increased risk of high blood pressure and other chronic illness.
- Middlesex-London data was used to plan a local Sodium Reduction Strategy, which includes:
  - Enhanced content on the Health Unit's website regarding sodium;
  - Creative videos to draw consumers to the Health Unit's website;
  - The development of a resource to promote best practices with regard to food skills for providers of these program;
  - Outreach to local primary care providers to support their resource and educational needs related to sodium reduction.

Background

All types of salt are composed of two minerals: sodium and chloride**.** The human body needs a small amount of sodium for absorption of nutrients, muscle and nerve activity, fluid balance and blood pressure regulation. However, too much sodium can be harmful. A high sodium intake increases the risk of high blood pressure, cardiovascular disease, stroke, kidney disease, osteoporosis, stomach cancer and asthma.

The average Canadian eats about 3400 mg of sodium per day, more than double the recommended amount. Healthy adults need only 1500 mg, and healthy children need only 1000-1500 mg of sodium per day. Approximately 77% of the sodium comes from processed foods and an estimated 11% is added during cooking or at the table.

Rapid Risk Factor Surveillance System (RRFSS) data collected in Middlesex-London from January to April 2012, confirmed that there is a gap in knowledge in the community about effective sodium reduction strategies for individuals and families (See Board of Health Report No. 125-12 from October 2012). While over three quarters of respondents claimed to watch their sodium intake, only 35% reported the need to avoid or minimize consumption of processed foods such as prepared and canned foods. Health Unit Registered Dietitians have used the results of the RRFSS modules to inform the planning of a community- wide sodium reduction campaign. Based on the RRFSS data, residents aged 20 to 44 years old, particularly those with children, were chosen as the target audience for this campaign.

Health Unit Website

As part of the local Sodium Reduction Strategy, the Health Unit's website materials were enhanced. The sodium awareness and reduction web content is engaging, concise and evidence-based. The information presents Facts and Myths, and highlights how to make lower sodium choices at the grocery store, at home and

when eating out. The website features information, interactive materials, recipes, shopping and cooking tips, Health Unit sodium videos and videos from other credible sources. An advocacy component will be incorporated into the website, with letters that individuals and organizations could adapt and send to politicians or influential stakeholders. Website visitors will also be asked questions about their sodium knowledge, skills and behaviours.

Sodium Videos

In 2012, Health Unit staff worked with Mr. Dan Flaherty, Manager, Communications, and the London-based communications company, Keyframe, to develop four 30-second videos. A non-traditional approach to capture audience attention was chosen. The videos feature a couple, named 'Marg and Harry' who engage in humorous conversation in reaction to television programming about sodium. The intent of the videos is to provide simple facts about sodium and to entice the viewer to visit the Health Unit's website to find out more about sodium reduction. These videos will be disseminated through a variety of mediums, including the Health Unit's YouTube channel. In September 2013, Health Unit Dietitians will feature 'sodium' on weekly Rogers Daytime show segments, focusing on cooking tips and recipe ideas for sodium reduction. At the same time, the four sodium awareness videos will be aired on local television in order to drive more traffic to the sodium information on the Health Unit's website.

Food Skills Best Practices

A comprehensive and evidence-based food skills resource is being developed for providers who offer food skills programs. This useable resource will integrate strengths from existing resources about menu planning, healthy eating on a budget, label reading, grocery shopping and meal preparation. It will incorporate the major healthy eating themes in public health nutrition: Canada's Food Guide principles; the importance of family meals; the promotion of vegetables and fruit; the reduction of trans and saturated fats; and sodium reduction. This resource will shape the way Health Unit staff deliver all food skills programming and will be shared or adapted for community partners who offer food skill programs.

Health Professional Consultation

Local physicians and other primary care providers will be consulted to assess how they educate clients and families about sodium and to determine their educational and resource needs. The goal is to support primary care provider practice by developing and disseminating resources and providing education as requested.

Next Steps

Health Unit staff will continue to implement the Sodium Reduction Strategy as outlined above, with the goal of increasing knowledge about the food sources of sodium and ways to reduce sodium. The Rapid Risk Factor Surveillance System data will again be collected from January to April 2014 to assess if there has been a change in knowledge about sodium reduction strategies.

This report was prepared by Ms. Ginette Blake, Ms. Kim Leacy and Ms. Christine Callaghan, Registered Dietitians, and Ms. Heather Lokko, Manager, Reproductive Health Team.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Foundational Standard - 4, 8; Chronic Disease Prevention - 1, 7, 8, and 11.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 052-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

APRIL 2013 BOARD OF HEALTH SELF-ASSESSMENT SURVEY

Recommendation

It is recommended that the Board complete the Board Self-Assessment as outlined in Report No. 052-13 re April 2013 Board of Health Self-Assessment Survey.

Key Points

- The Board Self-Assessment must be completed according to the Ontario Public Health Organizational Standards. The Board has agreed to complete this survey twice a year.
- It is recommended that the Board complete the survey in April 2013 and receive an anonymized public summary report of the findings in June 2013.

The Board Self-Assessment Survey process was approved by the Board of Health in March 2012 (see Report No. 040-12) to fulfill a requirement of the Ontario Public Health Organizational Standards that states a self-evaluation process of governance practices and outcomes is implemented at least every other year.

The survey is attached as Appendix A and is also available online. The link to the survey will be emailed to Board Members following the April 18th meeting. Board members are asked to complete the online survey or submit a completed paper copy of the survey by April 30, 2013. Completed hard copies can be left in a sealed envelope with the Executive Assistant to the Board of Health, Ms. Sherri Sanders, at the April 18th Board of Health meeting or mailed directly to Ms. Sanders at 50 King St., London, ON, N6A 5L7 by April 30, 2013.

Responses to the survey will be summarized and presented at the June 2013 meeting.

Please Note:

1. The scale for the survey ranges from Strongly Disagree on the left to Strongly Agree on the right.
2. Pages 7 & 8 of the survey, Performance of Individual Board Members, are for personal use only and are not to be submitted.

This report was prepared by Ms. Sarah Maaten, Epidemiologist, Environmental Health and Chronic Disease Prevention Services.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Organizational Standard 4.3:

The board of health shall have a self-evaluation process of its governance practices and outcomes that is implemented at least every other year and results in recommendations for improvements in board effectiveness and engagement. This may be supplemented by evaluation by key partners and/or stakeholders. The self-evaluation process shall include consideration of whether:

1. Decision-making is based on access to appropriate information with sufficient time for deliberations;
2. Compliance with all federal and provincial regulatory requirements is achieved;
3. Any material notice of wrongdoing or irregularities is responded to in a timely manner;
4. Reporting systems provide the board with information that is timely and complete;
5. Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
6. The board as a governing body is achieving its strategic outcomes.

MIDDLESEX-LONDON HEALTH UNIT

MLHU
Self-Assessment of Board Functioning

April 2013

The survey is expected to take approximately 10-15 mins

Please complete by April 30, 2013.

As part of the Board's commitment to good governance and continuous quality improvement, all Board members are invited to complete the Board of Health Performance Assessment Tool. The tool is intended to

1. focus on the Board as a whole,
2. identify areas of strength, and
3. areas that could be enhanced.

Your participation is voluntary and you may choose not to participate or not to respond to all questions.

You can complete the survey online or on paper. A link to the online survey will be emailed to you. If you complete the paper version please return this questionnaire in a sealed envelope to Sherri Sanders, Executive Assistant to the Board of Health.

The self-assessment tool *"Performance of Individual Board Members"* should not be submitted. It is provided to support self-reflection on your role as a Board member.

The results will be summarized and shared with the Board. All responses will be handled in confidence and individual responses will not be identifiable from the summary. The questionnaires will be kept confidential in our records for 7 years to comply with our Middlesex-London Health Unit Classification System / Retention Schedule.

If you have any questions about the survey, please contact Sherri Sanders, 519-663-5317, Ext. 3011 or at sherri.sanders@mlhu.on.ca

Thank you

A. Knowledge and Information Needs

Self-evaluation process shall include consideration of whether members remain abreast of major developments in governance and public health best practices, including emerging practices among peers (Organizational Standard 4.3).

Please indicate the extent to which you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. The Board has a common understanding of the Board's mandate, scope, and authority.	❒	❒	❒	❒	❒
2. The Board keeps abreast of relevant trends, events and emerging issues in public health.	❒	❒	❒	❒	❒
3. New Board members receive an effective orientation to their responsibilities as a Board member.	❒	❒	❒	❒	❒
4. The board is satisfied with the ongoing education it receives in order to fulfill its responsibilities.	❒	❒	❒	❒	❒

B. Meeting and Decision-Making Processes

Self-evaluation process shall include consideration of whether decision-making is based on access to appropriate information with sufficient time for deliberations (Organizational Standard 4.3).

	Strongly Disagree	Disagree	Agree	Strong Agree	Don't Know
5. Board members come prepared to participate in the discussion and decision-making so that all necessary board business is addressed.	❒	❒	❒	❒	❒
6. The Board uses its meeting time effectively and efficiently (i.e. discussion is focused, clear, concise and on topic, start/end on time).	❒	❒	❒	❒	❒
7. All Board members participate in important board discussions.	❒	❒	❒	❒	❒
8. Board members do a good job of encouraging and dealing with different points of view.	❒	❒	❒	❒	❒
9. Decisions by Board members are supported once made.	❒	❒	❒	❒	❒
10. Board members respect the rules of confidentiality.	❒	❒	❒	❒	❒
11. The Board ensures that decisions are based on accurate, timely and the best available information.	❒	❒	❒	❒	❒

C. Response to Important Issues

Self-evaluation process shall include consideration of whether any material notice of wrong-doing or irregularities is responded to in a timely manner (Organizational Standard 4.3).

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
12. The Board ensures processes are in place to identify, assess and manage any risks to the Health Unit.	❒	❒	❒	❒	❒
13. The Board follows the process for handling urgent matters between meetings.	❒	❒	❒	❒	❒

D. Reporting Systems to the Board

Self-evaluation process shall include consideration of whether reporting systems provide the board with information that is timely and complete (Organizational Standard 4.3).

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
14. The Board has adequate information to monitor organizational performance (e.g. knowledge of programs and services offered; delivery of Ontario Public Health Standards and protocols; work force issues, MOH/CEO performance assessment, etc.).	❒	❒	❒	❒	❒
15. The Board is able to interpret and assess financial information to oversee financial performance effectively.	❒	❒	❒	❒	❒

E. Compliance with Regulatory Requirements

Self-evaluation process shall include consideration of whether compliance with all federal and provincial regulatory requirements is achieved (Organizational Standard 4.3).

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
16. The Board ensures that the Board bylaws are followed.	❒	❒	❒	❒	❒
17. The Board is in compliance with all regulatory requirements related to the BOH, the MOH, and all applicable regulatory requirements related to the Health Unit.	❒	❒	❒	❒	❒

F. Strategic Outcomes

Self-evaluation process shall include consideration of whether the board as a governing body is achieving its strategic outcomes. (Organizational Standard 4.3)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
18. The Board focuses on strategic long-term results and substantial policy issues rather then operational detail.	❒	❒	❒	❒	❒
19. The Board ensures that the Health Unit is achieving its strategic plan.	❒	❒	❒	❒	❒
20. The Board ensures the Health Unit is responsive to needs of local communities	❒	❒	❒	❒	❒

G. Open-Ended Questions

21. Our greatest STRENGTHS as a Board are (list up to three):

22. Our greatest CHALLENGES as a Board are (list up to three):

23. What is the most important thing that you could recommend for DISCUSSION or ACTION in order to improve the Board's performance?

24. Please indicate EDUCATION and TRAINING opportunities needed to fulfill your responsibilities as a board member.

25. Do you have additional comments that will help the Board improve its performance?

Thank you!

MIDDLESEX-LONDON HEALTH UNIT

Performance of Individual Board Members

(Not to be Submitted)

Are you satisfied with your performance as a Board member in the following areas?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. I am aware of what is expected of me as a Board member.	❐	❐	❐	❐	❐
2. I have a good record of meeting attendance.	❐	❐	❐	❐	❐
3. I read the minutes, reports and other materials in advance of the board meetings.	❐	❐	❐	❐	❐
4. I frequently encourage other Board members to express their opinions at board meetings.	❐	❐	❐	❐	❐
5. I am encouraged to express my opinions at board meetings.	❐	❐	❐	❐	❐
6. I feel comfortable to ask questions if I do not understand something.	❐	❐	❐	❐	❐
7. I am a good listener at board meetings.	❐	❐	❐	❐	❐
8. I follow through on things I have said I would do.	❐	❐	❐	❐	❐
9. I maintain the confidentiality of all board decisions.	❐	❐	❐	❐	❐
10. When I have a different opinion than the majority, I raise it.	❐	❐	❐	❐	❐
11. I support board decisions once they are made even if I do not agree with them.	❐	❐	❐	❐	❐

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
12. I stay informed about issues relevant to the Health Unit mission and bring information to the attention of the board.	❒	❒	❒	❒	❒
13. I understand my legal responsibilities.	❒	❒	❒	❒	❒

14. Additional observations, comments or suggestions about my own performance as a Board member.

THIS QUESTIONNAIRE IS FOR INDIVIDUAL USE ONLY AND IS NOT TO BE SUBMITTED.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 053-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

ARTIFICIAL TANNING LEGISLATION UPDATE: GOVERNMENT BILL 30 INTRODUCED TO BAN YOUTH UNDER 18 FROM ACCESS TO TANNING BEDS

Recommendations

It is recommended:

1. ***That the Board of Health endorse Report No. 053-13 re: "Artificial Tanning Legislation Update: Government Bill 30 Introduced to Ban Youth Under 18 from Access to Tanning Beds"; and further***
2. ***That the Board of Health send a letter, attached as Appendix A, to the Right Honourable Premier Kathleen Wynne; the Honourable Deb Matthews, Minister of Health and Long Term Care; and local Members of Provincial Parliament (MPPs) to commend the Ontario Government for introducing Bill 30, An Act to Regulate the Selling and Marketing of Tanning Services and Ultraviolet Light Treatments; and further***
3. ***That the Board of Health request that the Health Unit demonstrate support for Bill 30 by participating in any public hearings held on Bill 30; and further***
4. ***That the Board of Health forward Report No. 053-13 and copies of the letter in Appendix A to all Boards of Health, the Ontario Public Health Association and the Association of Local Public Health Agencies.***

Key Points

- There have been three Private Member's Bills introduced to the provincial government since 2009 to regulate the tanning industry and to protect youth; none of them have been successful.
- Melanoma skin cancer, the most deadly form of skin cancer, is the second most common cancer in young Ontarians aged 15-34 years, and is largely preventable. The risk of skin cancer, particularly melanoma, increases by 75% when tanning beds are used prior to the age of 35.
- The World Health Organization has classified overexposure to UV radiation from the sun and artificial sources as a significant public health concern. Tanning beds are particularly concerning because of the size of the artificial tanning industry, as indicated by the number of commercial sunbeds and the number of people using them, as well as the significant lack of regulation.
- Eighty-three percent (83%) of Ontarians support a ban on indoor tanning by youth under 18 years.

Background

On March 7, 2013, the Ontario Government introduced Bill 30 (Appendix B) "*An Act to Regulate the Selling and Marketing of Tanning Services and Ultraviolet Light Treatments".* The Bill prohibits persons who sell artificial tanning services or treatments from providing ultraviolet light treatments to persons under the age of 18. Under this legislation, it would also be illegal to advertise or market artificial tanning or ultraviolet light treatments to persons under the age of 18. Businesses or individuals who sell such services or treatments to adults would be

required to notify their local Medical Officer of Health that they intend to do so, and to post signs in their businesses about the health effects of the services or treatments.

Skin cancer accounts for approximately one-third of cancers diagnosed in Ontario, and it is estimated to result in an economic burden of more than $344 million in 2011. With most people receiving much of their lifetime exposure of ultraviolet radiation (UVR) during childhood and adolescence, it is imperative that they avoid the additional burden of artificial UVR from tanning equipment. UVR from tanning equipment is an established human carcinogen. The World Health Organization, International Agency for Research on Cancer, Ontario Medical Association, Canadian Medical Association, Canadian Pediatric Society, and Canadian Dermatology Association all support legislation that would prohibit the use of artificial tanning equipment by people younger than 18 years of age.

Tanning Bed Use in Ontario

Young women and youth continue to use indoor tanning equipment despite the risks of UVR exposure from this equipment. Canadian Cancer Society (CCS) surveys reported that between 2006 and 2012, the prevalence of tanning equipment use more than doubled, from 7% to 16 % among Ontario students in grades 11 and 12. In 2012, CCS conducted another survey that showed 1% of grade 7 students, 9% of grade 10 students and 21% of grade 12 students reported ever having used a tanning bed. The main reasons students gave for using this tanning equipment were: feeling like they looked better with a tan (females=66%, males=53%); to build a base tan (females=57%, males=44%); to be tanned before going on vacation (females=51%, males=44%); and to be tanned for a special occasion (females=45%, males=27%). As well, 39% of female students and 33% of male students reported that they used tanning equipment because their friends used them. The tanning industry has failed to demonstrate the ability or willingness to self-regulate, despite the existence of Health Canada's Guidelines for Tanning Owners, Operators and Users.

Public Support for Provincial Legislation

There is significant public support for Ontario legislation with regard to tanning beds. An Ipsos Reid poll commissioned by the CCS in June 2011 showed that:

- 83% of Ontarians support a ban on indoor tanning by youth under 18 years;
- 77% said youth should be prevented from using tanning beds;
- 73% of Ontarians polled said the tanning industry cannot be trusted to regulate itself and government legislation is needed; and,
- 80% of Ontarians support legislation to regulate the tanning industry.

Conclusion/Next Steps

Overexposure to ultraviolet radiation (UVR) from the sun and artificial sources is a significant public health concern. With most people receiving much of their lifetime exposure of UVR during childhood and adolescence, it is imperative that children and youth be protected from the additional burden of artificial UVR from tanning equipment. Just as the Ontario government has taken legislative action to protect youth from the promotion of and access to alcohol and tobacco products, it is very important to support Bill 30 (Appendix B) in order to protect children and youth from melanoma skin cancer and other health risks from the use of artificial tanning equipment.

This report was prepared by Ms. Kaylene McKinnon, Public Health Nurse and Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control Team.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Foundations: Principles-1, 2, 4; Foundational Standard: 3, 8, 9, 10, 11, 12, 13; Chronic Disease Prevention – Ultraviolet Radiation Exposure: 1, 6, 7, 11

April 22, 2013

Right Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

RE: Support for Bill 30 – An Act to Regulate the Selling and Marketing of Tanning Services and Ultraviolet Light Treatments

Dear Right Honourable Premier Wynne;

The Middlesex-London Board of Health wishes to commend you on your announcement March 7, 2013 introducing Bill 30, *An Act to Regulate the Selling and Marketing of Tanning Services and Ultraviolet Light Treatments.* This comprehensive legislation will help protect youth from skin cancer by primarily banning access and use of tanning beds by those under the age of 18 years.

In July 2009, the World Health Organization's International Agency for Research on Cancer (IARC) classified ultraviolet radiation (UVR) from tanning beds as a Group 1 Carcinogen - "carcinogenic in humans". Skin cancer accounts for approximately one-third of all cancers diagnosed in Ontario, and this cancer was estimated to result in an economic burden of more than $344 million in 2011. Melanoma skin cancer, the most deadly form of skin cancer, is one of the most common cancers in young Ontarians aged 15-29 years and is largely preventable.

There is significant public support for Ontario legislation with regard to tanning beds. An Ipsos Reid poll commissioned by the Canadian Cancer Society in June 2011 showed that:

- 83% of Ontarians support a ban on indoor tanning by youth under 18 years;
- 77% said youth should be prevented from using tanning beds;
- 73% of Ontarians polled said the tanning industry cannot be trusted to regulate itself and government legislation is needed; and
- 80% of Ontarians support legislation to regulate the tanning industry.

Studies show that using artificial tanning equipment before the age of 35 raises the risk of melanoma by 75%. Since most people receive 80% of their lifetime exposure to ultraviolet radiation by the age of 18, it is crucial that the use of indoor tanning equipment by youth be reduced and eliminated if possible.

..2

The Middlesex-London Board of Health supports this important legislation, commends you for introducing it, and encourages you to enact Bill 30 without delay. Ontario will then join leaders in Canada like Nova Scotia, British Columbia and Quebec in protecting youth from the harmful effects of ultraviolet radiation, including skin cancer.

Sincerely,

Bryna Warshawsky, MDCM, CCFP, FRCPC
Secretary-Treasurer, Middlesex-London Board of Health

cc:
Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services
The Honourable Deb Matthews, Ontario Minister of Health and Long-Term Care
Ms. Siu Mee Cheng, Executive Director, Ontario Public Health Association
Mr. Gordon Fleming, Manager, Public Health Issues, Association of Local Public Health Agencies
Ms. Teresa J. Armstrong, MPP London-Fanshawe
Mr. Chris Bentley, MPP London West
Mr. Monte McNaughton, MPP Lambton-Kent-Middlesex
Mr. Jeff Yurek, MPP Elgin-Middlesex-London

2ND SESSION, 40TH LEGISLATURE, ONTARIO
62 ELIZABETH II, 2013

Bill 30

An Act to regulate the selling and marketing of tanning services and ultraviolet light treatments

The Hon. D. Matthews
Minister of Health and Long-Term Care

Government Bill

1st Reading	March 7, 2013
2nd Reading	
3rd Reading	
Royal Assent	

Printed by the Legislative Assembly of Ontario

2e SESSION, 40e LÉGISLATURE, ONTARIO
62 ELIZABETH II, 2013

Projet de loi 30

Loi visant à réglementer la vente et la commercialisation de services de bronzage et de traitements par rayonnement ultraviolet

L'honorable D. Matthews
Ministre de la Santé et des Soins de longue durée

Projet de loi du gouvernement

1re lecture	7 mars 2013
2e lecture	
3e lecture	
Sanction royale	

Imprimé par l'Assemblée législative de l'Ontario

EXPLANATORY NOTE

The Bill prohibits selling, offering for sale, or providing for consideration tanning services or ultraviolet light treatments to persons under 18. Directing the advertising or marketing of such services or treatments to persons under 18 is also prohibited.

Persons who sell such services or treatments are required to notify their local medical officer of health that they intend to do so and to post signs in their businesses about the health effects of the services or treatments.

Inspection powers, offences, and regulation-making powers are provided for.

NOTE EXPLICATIVE

Le projet de loi interdit la vente, la mise en vente ou la fourniture, moyennant contrepartie, de services de bronzage ou de traitements par rayonnement ultraviolet aux personnes de moins de 18 ans. Il est également interdit d'orienter les annonces ou les activités de commercialisation concernant de tels services ou traitements vers les personnes de moins de 18 ans.

Quiconque vend de tels services ou traitements est tenu d'aviser le médecin-hygiéniste local de son intention de le faire et de poser des affiches dans ses commerces relativement aux effets de ces services ou traitements sur la santé.

Le projet de loi prévoit des pouvoirs d'inspection et de réglementation, ainsi que des infractions.

Bill 30 **2013**

An Act to regulate the selling and marketing of tanning services and ultraviolet light treatments

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Definitions

1. In this Act,

"health unit" has the same meaning as in the *Health Protection and Promotion Act*; ("circonscription sanitaire")

"medical officer of health" has the same meaning as in the *Health Protection and Promotion Act*; ("médecin-hygiéniste")

"Minister" means the Minister of Health and Long-Term Care or, if another member of the Executive Council is responsible for the administration of this Act, that Minister; ("ministre")

"prescribed" means prescribed in the regulations; ("prescrit")

"provide" means to provide for consideration, regardless of who furnishes the consideration; ("fournir")

"record" means any collection of information however recorded, whether in printed form, on film, by electronic means or otherwise, and includes any data that is recorded or stored on any medium in or by a computer system or similar device, as well as drawings, specifications or floor plans for an enclosed workplace; ("document")

"regulations" means regulations made under this Act; ("règlements")

"ultraviolet light treatments" means treatments involving the application of ultraviolet light to humans. ("traitements par rayonnement ultraviolet")

Services and treatments to young people prohibited

2. (1) No person shall sell, offer for sale or provide tanning services or ultraviolet light treatments to an individual who is less than 18 years old.

Apparent age

(2) No person shall sell, offer for sale or provide tanning services or ultraviolet light treatments to an individual who appears to be less than 25 years old unless he or

Projet de loi 30 **2013**

Loi visant à réglementer la vente et la commercialisation de services de bronzage et de traitements par rayonnement ultraviolet

Sa Majesté, sur l'avis et avec le consentement de l'Assemblée législative de la province de l'Ontario, édicte :

Définitions

1. Les définitions qui suivent s'appliquent à la présente loi.

«circonscription sanitaire» S'entend au sens de la *Loi sur la protection et la promotion de la santé*. («health unit»)

«document» Tout ensemble de renseignements sans égard à leur mode d'enregistrement, que ce soit sous forme imprimée, sur film, au moyen de dispositifs électroniques ou autrement. S'entend en outre de toute donnée qui est enregistrée ou mise en mémoire sur quelque support que ce soit dans un système informatique ou autre dispositif semblable, ainsi que des croquis, plans et devis d'un lieu de travail clos. («record»)

«fournir» Fournir moyennant contrepartie, quelle que soit la personne qui fournit la contrepartie. («provide»)

«médecin-hygiéniste» S'entend au sens de la *Loi sur la protection et la promotion de la santé*. («medical officer of health»)

«ministre» Le ministre de la Santé et des Soins de longue durée ou l'autre membre du Conseil exécutif chargé de l'application de la présente loi, ce ministre. («Minister»)

«prescrit» Prescrit dans les règlements. («prescribed»)

«règlements» Les règlements pris en vertu de la présente loi. («regulations»)

«traitements par rayonnement ultraviolet» Traitements par exposition au rayonnement ultraviolet administrés à des êtres humains. («ultraviolet light treatments»)

Interdiction : vente de services et de traitements aux adolescents

2. (1) Nul ne doit vendre, mettre en vente ou fournir des services de bronzage ou des traitements par rayonnement ultraviolet aux particuliers de moins de 18 ans.

Âge apparent

(2) Nul ne doit vendre, mettre en vente ou fournir des services de bronzage ou des traitements par rayonnement ultraviolet à un particulier qui semble avoir moins de 25

she has required the individual to produce identification and is satisfied that the individual is at least 18 years old.

Defence

(3) It is a defence to a charge under subsection (1) or (2) that the defendant believed the individual to be at least 18 years old because the individual produced a prescribed form of identification showing his or her age and there was no apparent reason to doubt the authenticity of the document or that it was issued to the individual producing it.

Owner's responsibility

(4) The owner of a business where tanning services or ultraviolet light treatments are sold to an individual who is less than 18 years old shall be deemed to be liable for any contravention of subsection (1) or (2) at the place where the contravention took place, unless the owner exercised due diligence to prevent such a contravention.

Exception

(5) Subsections (1) and (2) do not apply to a person who belongs to a prescribed class, as long as the person is complying with all applicable requirements provided for in the regulations.

Advertising and marketing

3. (1) No person who advertises or markets tanning services or ultraviolet light treatments shall direct the advertising or marketing to persons who are less than 18 years old.

Exception

(2) Subsection (1) does not apply to a person who complies with all applicable provisions concerning advertising or marketing provided for in the regulations.

Signs

4. Subject to the regulations, no person shall, in any place, sell tanning services or ultraviolet light treatments unless signs are prominently posted at the place in accordance with the regulations,

(a) referring to the prohibitions imposed by section 2;

(b) respecting the health effects of the services or treatment; and

(c) including anything provided for in the regulations.

Notice of operation

5. Every person who intends to sell tanning services or ultraviolet light treatments shall provide notice to the medical officer of health of the health unit in which the services or treatments will be sold of the name, business address and business telephone number of the establishment where the service or treatments will be sold,

(a) before commencing the selling; or

ans, à moins de lui avoir demandé de produire une pièce d'identité et d'être convaincu qu'il est âgé d'au moins 18 ans.

Moyen de défense

(3) Constitue un moyen de défense contre une accusation portée en application du paragraphe (1) ou (2) le fait que le défendeur a cru que le particulier était âgé d'au moins 18 ans parce que ce dernier a produit une forme d'identification prescrite indiquant son âge et qu'il n'existait pas de motif apparent de douter de l'authenticité du document ou de sa délivrance au particulier qui l'a produit.

Responsabilité du propriétaire

(4) Le propriétaire d'un commerce vendant des services de bronzage ou des traitements par rayonnement ultraviolet à un particulier de moins de 18 ans est réputé responsable de toute contravention au paragraphe (1) ou (2) à l'endroit où elle s'est produite, à moins qu'il n'ait fait preuve de diligence raisonnable pour l'empêcher.

Exception

(5) Les paragraphes (1) et (2) ne s'appliquent pas à la personne qui appartient à une catégorie prescrite tant qu'elle se conforme à toutes les exigences applicables que prévoient les règlements.

Annonces et commercialisation

3. (1) La personne qui annonce ou qui commercialise des services de bronzage ou des traitements par rayonnement ultraviolet ne doit pas orienter ses annonces ou activités de commercialisation vers les personnes de moins de 18 ans.

Exception

(2) Le paragraphe (1) ne s'applique pas à la personne qui se conforme à toutes les dispositions applicables concernant les annonces ou les activités de commercialisation que prévoient les règlements.

Affiches

4. Sous réserve des règlements, nul ne doit, dans quelque endroit que ce soit, vendre des services de bronzage ou des traitements par rayonnement ultraviolet, à moins que ne soient posées bien en évidence à l'endroit, conformément aux règlements, des affiches :

a) mentionnant les interdictions prévues à l'article 2;

b) concernant les effets de ces services ou traitements sur la santé;

c) traitant de toute chose que prévoient les règlements.

Avis d'intention

5. Quiconque se propose de vendre des services de bronzage ou des traitements par rayonnement ultraviolet communique au médecin-hygiéniste de la circonscription sanitaire où seront vendus les services ou traitements les nom, adresse d'affaires et numéro de téléphone d'affaires de l'établissement où ils seront vendus :

a) soit avant le début de la vente de ces services ou traitements;

(b) within 60 days of the coming into force of this section, in the case of a person who was selling such services or treatments before this section came into force.

Inspectors

6. (1) The Minister may appoint inspectors for the purposes of this Act.

Inspection

(2) For the purpose of determining whether this Act is being complied with, an inspector may, without a warrant, enter and inspect places where tanning services or ultraviolet light treatments are sold, offered for sale or provided.

Time of entry

(3) The power to enter and inspect a place without a warrant may be exercised only during the place's regular business hours or, if it does not have regular business hours, during daylight hours.

Dwellings

(4) The power to enter and inspect a place without a warrant shall not be exercised to enter and inspect a place or a part of a place that is used as a dwelling.

Use of force

(5) An inspector is not entitled to use force to enter and inspect a place.

Identification

(6) An inspector conducting an inspection shall produce, on request, evidence of his or her appointment.

Powers of inspector

(7) An inspector conducting an inspection may,

(a) examine a record or other thing that is relevant to the inspection;

(b) demand the production for inspection of a record or other thing that is relevant to the inspection;

(c) remove for review and copying a record or other thing that is relevant to the inspection;

(d) in order to produce a record in readable form, use data storage, information processing or retrieval devices or systems that are normally used in carrying on business in the place; and

(e) question a person on matters relevant to the inspection.

Written demand

(8) A demand that a record or other thing be produced for inspection must be in writing and must include a statement of the nature of the record or thing required.

b) soit dans les 60 jours de l'entrée en vigueur du présent article, dans le cas d'une personne qui vendait de tels services ou traitements avant l'entrée en vigueur du présent article.

Inspecteurs

6. (1) Le ministre peut nommer des inspecteurs pour l'application de la présente loi.

Inspection

(2) Pour déterminer si la présente loi est observée, un inspecteur peut, sans mandat, pénétrer dans les endroits où sont vendus, mis en vente ou fournis des services de bronzage ou des traitements par rayonnement ultraviolet et en faire l'inspection.

Heure d'entrée

(3) Le pouvoir de pénétrer dans un endroit pour y faire une inspection sans mandat ne peut être exercé que pendant les heures d'ouverture normales de l'endroit ou, en l'absence de celles-ci, pendant les heures diurnes.

Logements

(4) Le pouvoir de pénétrer dans un endroit pour y faire une inspection sans mandat ne doit pas être exercé dans un endroit ou une partie d'un endroit qui sert de logement.

Usage de la force

(5) L'inspecteur n'a pas le droit d'utiliser la force pour pénétrer dans un endroit en vue d'y faire une inspection.

Identification

(6) L'inspecteur qui fait une inspection produit, sur demande, une attestation de sa nomination.

Pouvoirs de l'inspecteur

(7) L'inspecteur qui fait une inspection peut accomplir les actes suivants :

a) examiner les documents ou d'autres choses qui se rapportent à l'inspection;

b) demander formellement la production, aux fins d'examen ou d'inspection, des documents ou autres choses qui se rapportent à celle-ci;

c) enlever, aux fins d'examen, des documents ou d'autres choses qui se rapportent à l'inspection et en faire des copies;

d) afin de produire quelque document que ce soit sous une forme lisible, recourir aux dispositifs ou systèmes de stockage, de traitement ou de récupération des données qui sont utilisés habituellement pour les activités de l'endroit;

e) interroger des personnes sur toute question qui se rapporte à l'inspection.

Demande formelle par écrit

(8) La demande formelle en vue de la production, aux fins d'examen ou d'inspection, des documents ou d'autres choses doit être présentée par écrit et doit comprendre une déclaration quant à la nature des documents ou des choses dont la production est exigée.

Obligation to produce and assist

(9) If an inspector demands that a record or other thing be produced for inspection, the person who has custody of the record or thing shall produce it and, in the case of a record, shall on request provide any assistance that is reasonably necessary to interpret the record or to produce it in a readable form.

Records and things removed from place

(10) A record or other thing that has been removed for review and copying,

(a) shall be made available to the person from whom it was removed, for review and copying, on request and at a time and place that are convenient for the person and for the inspector; and

(b) shall be returned to the person within a reasonable time.

Copy admissible in evidence

(11) A copy of a record that purports to be certified by an inspector as being a true copy of the original is admissible in evidence to the same extent as the original and has the same evidentiary value.

Obstruction

(12) No person shall hinder, obstruct or interfere with an inspector conducting an inspection, refuse to answer questions on matters relevant to the inspection or provide the inspector with information on matters relevant to the inspection that the person knows to be false or misleading.

Offences

7. (1) Every person who contravenes any provision of this Act or the regulations is guilty of an offence and is liable, for each day or part of a day on which the offence occurs or continues, to a fine of not more than,

(a) $5,000, in the case of an individual; or

(b) $25,000, in the case of a corporation.

Duty of directors and officers

(2) A director or officer of a corporation that engages in the sale, offering for sale or provision of tanning services or ultraviolet light treatments has a duty to take all reasonable care to prevent the corporation from contravening this Act.

Offence

(3) A person who has the duty imposed by subsection (2) and fails to carry it out is guilty of an offence and on conviction is liable to the penalty provided for in subsection (1).

Same

(4) A person may be prosecuted and convicted under subsection (3) even if the corporation has not been prosecuted or convicted.

Production de documents et aide obligatoires

(9) Si un inspecteur fait une demande formelle pour que soient produits, aux fins d'examen ou d'inspection, des documents ou d'autres choses, la personne qui a la garde des documents ou des choses les produit et, dans le cas de documents, elle fournit, sur demande, l'aide qui est raisonnablement nécessaire pour interpréter les documents ou les produire sous une forme lisible.

Enlèvement des documents et des choses

(10) Les documents ou les autres choses qui ont été enlevés aux fins d'examen et de copie sont :

a) d'une part, mis à la disposition de la personne à qui ils ont été enlevés aux fins d'examen et de copie, à la demande de celle-ci et aux date, heure et lieu qui conviennent à cette personne et à l'inspecteur;

b) d'autre part, retournés à la personne dans un délai raisonnable.

Copie admissible en preuve

(11) Les copies de documents qui se présentent comme étant certifiées conformes aux originaux par l'inspecteur sont admissibles en preuve au même titre que les originaux et ont la même valeur probante que ceux-ci.

Entrave

(12) Nul ne doit gêner ni entraver le travail d'un inspecteur qui effectue une inspection, refuser de répondre à des questions concernant des sujets qui se rapportent à celle-ci ou fournir à l'inspecteur des renseignements portant sur des sujets ayant trait à l'inspection et qu'il sait faux ou trompeurs.

Infractions

7. (1) Quiconque contrevient à une disposition de la présente loi ou des règlements est coupable d'une infraction et passible, pour chaque journée ou partie de journée au cours de laquelle l'infraction est commise ou continue d'être commise, d'une amende d'au plus :

a) 5 000 $, dans le cas d'un particulier;

b) 25 000 $, dans le cas d'une personne morale.

Devoir des administrateurs et des dirigeants

(2) Les administrateurs ou les dirigeants d'une personne morale qui se livre à la vente, à la mise en vente ou à la fourniture de services de bronzage ou de traitements par rayonnement ultraviolet ont le devoir d'exercer toute la prudence raisonnable pour empêcher la personne morale de contrevenir à la présente loi.

Infraction

(3) Quiconque a le devoir imposé au paragraphe (2) et ne s'en acquitte pas est coupable d'une infraction et passible, sur déclaration de culpabilité, de la pénalité prévue au paragraphe (1).

Idem

(4) Quiconque peut être poursuivi et reconnu coupable d'une infraction aux termes du paragraphe (3) même si la personne morale n'a pas été poursuivie ni reconnue coupable.

Regulations

8. The Lieutenant Governor in Council may make regulations,

(a) prescribing, specifying or providing for anything that this Act describes as being prescribed or provided for in the regulations;

(b) exempting persons or classes of persons from the requirements of section 4, and making such exemptions subject to compliance with any requirements provided for in the regulations;

(c) respecting and governing signs for the purposes of section 4;

(d) defining, for the purposes of this Act and its regulations, any word or expression used in this Act that has not already been expressly defined in this Act;

(e) for carrying out the purposes, provisions and intent of this Act.

Commencement

9. This Act comes into force on a day to be named by proclamation of the Lieutenant Governor.

Short title

10. The short title of this Act is the *Skin Cancer Prevention Act (Tanning Beds), 2013*.

Règlements

8. Le lieutenant-gouverneur en conseil peut, par règlement :

a) prescrire, préciser ou prévoir tout ce que la présente loi décrit comme étant prescrit, ou prévu dans les règlements;

b) dispenser des personnes ou des catégories de personnes des exigences de l'article 4 et assortir de telles dispenses d'une condition de conformité aux exigences que prévoient les règlements;

c) traiter des affiches pour l'application de l'article 4 et les régir;

d) définir, pour l'application de la présente loi et de ses règlements, des termes qui sont utilisés dans la présente loi, mais qui n'y sont pas expressément définis;

e) traiter de la réalisation de l'objet de la présente loi et de l'application de ses dispositions.

Entrée en vigueur

9. La présente loi entre en vigueur le jour que le lieutenant-gouverneur fixe par proclamation.

Titre abrégé

10. Le titre abrégé de la présente loi est *Loi de 2013 sur la prévention du cancer de la peau (lits de bronzage)*.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 054-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

2013 BOARD MEMBER COMPENSATION

Recommendation

It is recommended that the Board of Health member compensation rate for a half day meeting be set at $142.03 retroactive to January 1, 2013.

Key Points

- Since April 1, 2012, the current half day meeting rate for Board members who are eligible to receive remuneration has been $139.93.
- On March 26th, 2013, County Council passed a new rate for its members' of $142.03, which represents a 1.5% increase. Accordingly, it is recommended that the half day per diem meeting rate for eligible Board of Health members be increased to the same amount.

Background

Section 49 of the Health Protection & Promotion Act (HPPA) speaks to the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), & (11) relate specifically to remuneration and expenses. They are:

Remuneration

(4) A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4).

Expenses

(5) A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 (5).

Rate of remuneration

(6) The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).

Member of municipal council

(11) Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11).

In relation to Section 49(6), the Board of Health's current meeting rate is $139.93 and has been in place since April 1, 2012.

2013 Compensation Rate

At its meeting on March 26, 2013, Middlesex County Council passed its 2013 operating budget which included a per diem half day meeting rate of $142.03 effective January 1, 2013. Historically compensation rates passed by Middlesex County Council have been applied for remunerating Board of Health members who are eligible to receive compensation. The new County Council rate represents an increase of $2.10 or 1.5%. If 2012 meeting costs were used, this would translate into a marginal increase of approximately $585 for 2013. This increase was not incorporated into the 2013 operating budget, however given its minimal impact, the Health Unit will monitor these costs and incorporate the increase in the 2014 estimates.

In accordance to Section 49(11) of the Health Protection and Promotion Act, Board members who are City Councilors do not receive an additional stipend for meetings, as it is deemed to be included in their annual remuneration from the City.

Conclusion

In accordance with Section 49 of the Health Protection and Promotion Act and following past practice, it is recommended that the half day per diem meeting rate for eligible Board of Health members be increased to $142.03 retroactive to January 1, 2013.

This report was prepared by Mr. John Millson, Director of Finance & Operations Services.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 055-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

BIRTHING CENTRE ONLINE MODULES

Recommendation

It is recommended that Report No. 055-13 re "Birthing Centre Online Modules" be received for information.

Key Points

- Today, many clients turn to the internet to access information, due to factors such as convenience, privacy, and comfort.
- The Health Unit and London Health Sciences Centre have continued their collaborative efforts regarding prenatal education and are developing up-to-date on-line modules to provide:
  - A virtual orientation to the Birthing Centre at the London Health Sciences Centre;
  - Anticipatory guidance regarding experiences clients may have during their labor and birth;
  - Information to engage clients in informed decision-making regarding labour and birth;
  - Information about Public Health services that families might access to support their postpartum experience.

Background

From 1998 – 2007, St. Joseph's Healthcare and London Health Sciences Centre (LHSC) provided a hospital-based class and tour as a regular part of the Health Unit's prenatal education program. This collaborative effort between the hospitals and the Health Unit involved a hospital Labour and Birth nursing staff teaching one evening of the 5-week class series at the hospital. The class included medical intervention information and a hospital tour for pregnant women and their support person. It was well received by clients.

A number of factors impacted the delivery of this part of our prenatal program. The SARS outbreak resulted in temporary discontinuation of the program, as hospitals were limiting building access to reduce risk of disease transmission. After the threat of SARS had passed and the classes were resumed, hospitals experienced capacity challenges. These challenges were two-fold:

- They were finding it difficult to staff the class; and
- Due to the high client volume filling available birthing rooms, they were often not able to show clients any empty rooms during the tour portion of the class.

As a result of these challenges, Health Unit staff proposed the idea of developing DVDs providing a virtual tour and medical information for prenatal class clients instead of having the clients attend the class in the hospital. When the hospitals were approached about this idea, they expressed support. Health Unit staff worked collaboratively with both hospitals, and two DVDs were produced - one for St. Joseph's Health Care and one for LHSC. The DVDs were completed in 2008 and used consistently by the Health Unit and the hospitals between 2008 and 2011.

During planning for the amalgamation of Women's Health hospital services, it was clear that a new DVD would need to be developed once the hospital renovations and amalgamation were complete.

Development of Online Modules

An opportunity for collaboration between the Health Unit, LHSC and Western University Health Sciences presented itself, with Western offering to provide some significant student support for the process of revising the DVD and developing its accompanying written resource. Early in this process, Health Unit staff proposed the option of developing online web-based modules, rather than a DVD, and this was the direction that was agreed upon. Funding for this project was provided by the Health Unit, as the online modules provide information that contributes to Health Unit prenatal education program goals and objectives, and supports the requirement of the Public Health Reproductive Health program standard.

A film producer was contracted, a working group consisting of Health Unit and LHSC staff was established, and work on the project was initiated. Through hours of collaborative effort, a mutually acceptable script was completed. Filming was done with participation from LHSC and Health Unit staff and clients.

The online modules provide a virtual orientation to the Birthing Centre at LHSC. This virtual orientation helps clients to feel more prepared for the birth of their infant, and reduces their anxiety regarding what to expect in the hospital. The modules also provide anticipatory guidance regarding experiences clients may have during their labor and birth, and information to help them engage in informed decision-making. The modules include the following: 1) Introduction & Directions; 2) Pre-admission & Women's Ambulatory Clinics; 3) When to Go to the Hospital, and What to Bring; 4) Obstetrical Triage Unit; 5) Antenatal Unit; 6) Obstetrical Care Unit; 7) Comfort Measures and Support in Labour; 8) Pain Medication Options for Labour (Nitronox Gas, Narcotics Administration, Patient-Controlled Analgesia, and Epidural Analgesia); 9) Fetal Monitoring During Labour; 10) Vaginal Birth; 11) Induction & Augmentation of Labour; 12) Caesarean Birth; 13) Recovery in Labour Birth Room or OB Recovery Room; 14) Mother Baby Care Unit; 15) Neonatal Intensive Care Unit; and 16) Leaving the Hospital. Information regarding how to access Public Health and other services and supports are outlined in Modules 14 and 16.

Conclusion/Next Steps

Final versions of the online modules are currently in the approval stage. Once the modules are approved, they will be embedded on London Health Science Centre's website, and www.healthunit.com will provide a link to them. Prenatal teachers will inform all clients in the Health Unit's prenatal education program of the videos and encourage them to access this informative and helpful resource.

This report was prepared by Ms. Heather Lokko, Manager, Reproductive Health Team; Ms. Deanna Stirling and Ms. Melissa Lonnee, Public Health Nurses, and Ms. Diane Bewick, Director, Family Health Services.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Reproductive Health – Requirements 4, 5, and 6.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 056-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

OVERVIEW OF 'MAKE NO LITTLE PLANS – ONTARIO'S PUBLIC HEALTH SECTOR STRATEGIC PLAN'

Recommendation

It is recommended that Report No. 056-13 re "Overview of 'Make No Little Plans – Ontario's Public Health Sector Strategic Plan' " be received for information.

Key Points

- The Strategic Plan for the Ontario Public Health Sector was released on April 4, 2013.
- The plan outlines the 15 to 20 year vision, mission, values and strategic goals for the public health sector, as well as collective areas of focus for the next three to five years.
- The plan is consistent with the Health Unit's Strategic Plan and/or ongoing programs and services.

Background

On April 4, 2013, the Strategic Plan for the Ontario Public Health Sector was released. The Board of Health previously received an introduction to this plan as part of Board of Health Report No. 024-13 "Overview of Five Provincial Initiatives".

Purpose

The Public Health Sector is defined as the Provincial Government, Chief Medical Officer of Health, Public Health Ontario and local public health units. The collaboratively developed strategic plan outlines the 15 to 20 year vision, mission, values and strategic goals for the public health sector, as well as collective areas of focus for the next three to five years.

Overview

The Plan centers around five strategic goals, with eight collective areas of focus, for the next three to five years. The five strategic goals are outlined in the Ministry of Health and Long Term Care media release as follows:

1. ***Optimize healthy human development*** *by identifying and implementing evidence-based strategies that support child development and wellness, and building on current government initiatives that promote healthy starts for children.*

2. ***Improve the prevention and control of infectious diseases*** *through redoubling efforts to boost immunization -- one of the most cost-effective methods of disease prevention. The next steps will be guided by the results of an expert review on immunization currently underway.*

3. ***Improve health by reducing preventable diseases and injuries***. *Public health will continue to provide leadership in efforts to reduce overweight and obesity, tobacco and alcohol use. To achieve the goals set out in Ontario's Action Plan for Health Care and the report of the Healthy Kids Panel, the public health sector will have to build strategic working relationships with others in the health sector and partners in the non-health sector, including health care providers, schools, retailers, media, government and the food industry.*

4. ***Promote healthy environments -- both natural and built*** *-- by encouraging the growth and viability of active transportation options in communities. Because of their relationship to municipalities, local public health units are particularly well-positioned to reinforce the connection between community planning and health outcomes in municipal planning and policy. At the provincial level, public health authorities are contributing to growth-planning and cycling strategies.*

5. ***Strengthen the public health sector's capacity, infrastructure and emergency preparedness***. *Effective mobilization around infectious disease outbreaks depends on quick and efficient information-sharing, mechanisms that promote co-operation between and within sectors, and a skilled workforce equipped to respond. The public health sector has made significant progress in sector-wide co-ordination, and the next steps will involve investing in information technology and developing capacity for collaboration.*

Consistency with Health Unit Work

The Strategic Plan for the Public Health Sector is very consistent with the work being done at the Middlesex-London Health Unit. One major area of work in the Health Unit's Strategic Plan is related to Healthy Eating and Physical Activity, consistent with Goal 3 above. As well, considerable work has been done locally on alcohol and tobacco policy (Goals 3). Initiatives in child growth and development (Goal 1), immunization (Goal 2), built environment (Goal 4), and emergency preparedness, outbreak response, information systems and partnerships (Goal 5) have also been areas of considerable effort and strength within the Health Unit.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 057-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

OPEN ONTARIO COMPLIANCE INITIATIVE – LONDON PILOT PROJECT

Recommendations

It is recommended that Report No. 057-13 re "Open Ontario Compliance Initiative – London Pilot Project" be received for information.

Key Points

- The Middlesex-London Health Unit is involved in the "Open Ontario Compliance Initiative – London Pilot", which is being led by the Ministry of Community Safety and Correction Services.
- The project, which will run from December 2012 to December 2013, is funded under the Ontario Government's "Open for Business" initiative.
- The initiative's goals are to help implement Ontario's Modern Compliance Framework and Modern Regulator initiatives by creating greater coordination and collaboration between regulators and supporting effective risk-based compliance activities and a less burdensome inspection process for businesses.
- Results of the pilot will be shared with the Board of Health in early 2014.

Background

In December 2012, the Health Unit received an invitation from the Ministry of Community Safety and Correction Services to participate in the "Open Ontario Compliance Initiative – London Pilot". This pilot project will run from December 2012 to December 2013.

This project is being funded under the Ontario Government's "Open for Business" initiative, which intends to create faster, smarter and streamlined government-to-business services and to establish a modern government. Twenty ministries with regulatory responsibilities are currently working to implement the "Framework for Modernizing Ontario's Regulatory Compliance System." A key element of this framework is the Regulator's Code of Practice, which aims to improve compliance work by focused efforts on education, support and guidance, and by promoting a transparent, fair, consistent and streamlined regulatory environment for businesses.

The objectives of the "Open Ontario Compliance Initiative – London Pilot" project are to help implement Ontario's Modern Compliance Framework and Modern Regulator initiatives by:

- Creating greater coordination and collaboration between regulators;
- Achieving compliance through public education and supportive business practices; and,
- Supporting effective risk-based compliance activities and less burdensome inspection processes for business.

The London Pilot Project

The Ministry of Community Safety and Correctional Services is engaging local jurisdictions that have compliance/enforcement responsibilities regarding provincial statute/regulations, focusing on:

- Restaurants and bars;
- Lottery and gaming kiosks, and break-open tickets; and,
- Tobacco retailers.

The City of London was specifically selected for this pilot project given the mature compliance and enforcement regime that is already instituted within the city, the strong collaborative relationships that already exist between the local and provincial regulatory and enforcement agencies, and the number of premises identified for the pilot within city limits.

Provincial and Local Enforcement/Regulatory Agencies Involved

Provincial Ministries/Provincial	Local Enforcement/Regulatory Agency
Ministry of Community Safety and Correction Services *Private Security and Investigative Services Act*	**Middlesex-London Health Unit** *Smoke-Free Ontario Act & Health Protection and Promotion Act Food Premises Regulation*
Ministry of Finance *Tobacco Tax Act*	**London Fire Department** *Fire Protection and Prevention Act*
Ministry of Labour *Employment Standards Act & Occupational Health and Safety Act/Regulations*	**London Police Services** *The Criminal Code*
Office of the Fire Marshall	**City of London** *Building Code, Zoning, Licensing Services/Bylaw*
	Alcohol and Gaming Commission and OPP *Liquor License Act and Regulations*

Project Phases and Next Steps

Phase 1 – December 2012 to March 31, 2013
During the assessment/planning phase, agencies assessed their current inspection activities to identify opportunities for information-sharing and for cross-learning about their respective jurisdictional priorities. In addition, the agencies planned collaborative compliance activities based on assessments of both the risk and the educational opportunities for the candidate establishments.

Phase 2 – April to September 30, 2013
This is the action phase where contributing agencies are undertaking collaborative multi-agency compliance activity, focused on the identified higher risk establishments.

Phase 3 – October to December 31, 2013
The initiative will conclude with a three-month evaluation phase that will identify longer term continuous improvement strategies and explore opportunities for continued collaboration and cooperation.

At the conclusion of the project, the results of the project will be brought to the Board of Health for information. This report was prepared by Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

Bryna Warshawsky, MD, FRCPC
Acting Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 5, 7, 11, and 13; Sections 1(a) (b) (h) & (i) and 2(b) & (d) of the *Food Safety Protocol* under the *Food Safety Standard, Environmental Health Program Standards*

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 058-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – MARCH 18 TO APRIL 10, 2013

Recommendation

It is recommended that Report No. 058 -13 re "Acting Medical Officer of Health Activity Report - March 18 to April 10, 2013" be received for information.

The following report highlights activities of the Acting Medical Officer of Health from March 18 to April 10, 2013, inclusive. It is divided into activities related to the role of Acting Medical Officer of Health and Chief Executive Officer, and activities related to the role of the Associate Medical Officer of Health / Director, Oral Health, Communicable Disease and Sexual Health Services.

Acting Medical Officer of Health and Chief Executive Officer

In the past month, work continues on the review of administrative functions (including the possibility of shared services) being conducted by PricewaterhouseCoopers. Work is on schedule to provide an interim report to the Board of Health on May 9, 2013.

On March 20, the second part of the orientation was provided by the Directors for new Board members Ms. Trish Fulton and Ms. Sandy White. Mr. Stephen Orser was unable to attend this session.

Other activities related to this role have included attending the following community and Health Unit events / meetings:

- **Organizational Health and Vitality Strategic Achievement Group –** Attended two sessions with the Directors to discuss organizational culture (March 20 and April 10);
- **Charlene E. Beynon Award –** Attended the presentation of the Charlene E. Beynon Award (March 25); This award is presented annually by Ms. Charlene Beynon, Former Director Research, Evaluation, Education and Development (REED) Services and long-time Health Unit employee who retired in May 2011. The award is presented to a staff member who is pursing studies to advance their expertise and enhance the delivery of public health services, or who has provided exceptional learning experiences for undergraduate or graduate students to advance their understanding and practice of public health. This year's recipient was Ms. Brenda Marchuk, Community Health Nursing Specialist. Brenda is currently enrolled in the Master of Nursing Program at Athabasca University.
- **London Abused Women's Centre Fun Run/Walk –** Attended on March 29;
- **Launch of the Health Unit's Redeveloped Website –** Provided opening remarks at the media conference to launch the Health Unit's redeveloped website (April 3) (see Report No. 045-13)
- **Reception for Mr. Rick Shantz –** Mr. Rick Shantz, Director, Information Technology Services, is leaving the Health Unit after 2.5 years. Attended his reception on April 5.

Associate Medical Officer of Health / Director, Oral Health, Communicable Disease and Sexual Health

The development of a new strain of influenza A (H7N9) in China has been closely monitored because of the severity of the illness. A Ministry of Health and Long-Term Care teleconference was attended on April 8 and two updates were written for health care providers (April 4 and 8) which are distributed via email and fax and posted on the Health Unit's website.

Other activities of the Associate Medical Officer of Health included:

- **Infection Control Meeting** – Attended the Middlesex Hospital Alliance Infection Control Meeting (March 19)
- **Oral Health, Communicable Disease and Sexual Health Service meeting –** Chaired a meeting of the service area. The highlight of the meeting was a presentation by Ms. Michelle McIntyre of Children's Aids Society about reporting requirements to the Children's Aid Society (March 28)
- **Regional HIV/AIDS Connection (RHAC) Board:**
    - Attended monthly meeting (March 20);
    - Attended annual agenda planning day (March 23);
    - Attended special meeting (April 4).
- **Medical Student / Resident Teaching:**
    - Supervised the second week of a two-week placement for a third year Medical Students (March 18 to 22);
    - Provided lecture to first-year medical students on Population Health (April 8);
    - Supervised the first of a four-week placement for a second year Family Medicine Resident (April 9 to 12);
    - Provided mock examination questions to a fifth year Community Medicine Resident (April 9);
    - Presentation to third year medical students on the role of the Medical Officer of Health (April 10).
- **Immunization Advisory Work:**
    - **Advisory Committee for Ontario's Immunization System Review** – Attended a meeting in Toronto (March 22);
    - **National Advisory Committee on Immunization –** As the Chair of this Committee, attended several teleconferences or phone meetings (March 18 and 25, and April 3 and 8).

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 059-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

STUDENT EDUCATION PROGRAM

Recommendation

It is recommended that Report No. 059-13 re "Student Education Program" be received for information.

Key Points

- The Health Unit continues to provide a variety of educational experiences for a large number of post-secondary students enrolled in programs that could lead to careers in public health.
- These activities enable staff to develop leadership and mentorship skills as well as contribute to their profession. At the same time, the Health Unit fulfills its obligations under the Organizational Standards 5.2 and 6.15 related to training and recruitment of future public health workers.

Background

For over thirty years, the Health Unit has participated in the education of post-secondary students. The student education program involves responding to requests from post-secondary educational institutions, coordinating placements and requests for presentations, providing orientation to students, and liaising with staff, faculty and students throughout their placements. The Student Education program promotes both the practice and science of public health.

Student Education Activities 2012

In 2012, staff members provided 46 lectures and classes at Fanshawe College and Western University, reaching 1,558 students. As well, Health Unit staff provided 449 student placements from a variety of disciplines including nursing, medicine, nutrition, emergency preparedness, environmental health, and Masters programs. Of the 449, 122 were year 3 nursing students from the Arthur Labatt Family School of Nursing, who participated in the Health Unit's influenza vaccination clinics. Several medical residents and students also benefited from individual placements with Dr. Bryna Warshawsky and Dr. David Colby, and with physicians working in The Sexual Health Clinic. In addition, third-year Medical Students in their Family Medicine rotation are given an overview of public health and the services that the Health Unit provides to the community at one of 16 Community Medicine Seminars.

Student Education Activities for 2012

Student Activity	Number of students
Number of student placements	449
Number of lectures and classes	46
Number of students who attended classes and lectures	1558

A detailed description of the student placements can be found in Appendix A.

A large number of requests are received each year from students seeking a variety of experiences. Not all requests can be met due to limited resources or because requests are received on short notice.

Following the resignation of the part-time Student Coordinator, Ms. Karen Jenkins, in August of 2012, staff members in Human Resources have undertaken a review of the student program while continuing to administer the program. Ms. Jenkins has also continued to support the program as a casual Public Health Nurse at the Health Unit.

Conclusion

The student education program meets the Ontario Public Health Organizational Standard to foster an interest in public health practice for future health professionals by supporting student placements (Organizational Standard 6.15 - Staff Development). It is also a professional obligation to support learners in order to recruit the next generation of workers and to invest in the future of public health.

> *Comments from a student . . .*
>
> *"I thought the placement was great! I really enjoyed working at the health unit and can see myself one day working in this kind of setting. I thought it was great to see how the different disciplines and teams collaborate together on so many different projects. I do not have any recommendations – just keep up the great work!"*

This report was prepared by Ms. Louise Tyler, Director, Human Resources and Labour Relations Services and Ms. Cynthia Bos, Human Resources /Acting Student Placement Coordinator.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

This report addresses

Administration Policy # 5-160 - Placements/Field Experiences For Post-Secondary Students
Ontario Public Health Standards – Foundational Standard re knowledge exchange and relationships with academic partners
Organizational Standard 5.2 re establishing relationships with schools of public health and/or other related academic programs to promote the development of qualified workers for public health; and Organizational Standard 6.15 Staff Development re student placements

Appendix A

Middlesex-London Health Unit (MLHU) Student Education Activities for 2012 Compared to 2011

Student Program	Number of Students in 2011	Number of Students in 2012	Comments
Nursing	516	378	The number of year 3 nursing students who participated in the MLHU influenza vaccination clinics declined from 224 in 2011 to 122 in 2012.
Medicine	37	30	MOH retired in September 2012
Nutrition/Dietetic Interns	18	20	
Nurse practitioners	6	0	The MLHU Nurse Practitioner took on 20 residents and 16 nursing students in 2012, instead of Nurse Practitioner students
Public Health Inspection	2	2	
Graduate students (Public Health, Health Promotion, and Nursing)	6	3	
Other	4 2-Health Promotion, 1-Dental Assistant, 1-Information Technology	16 1-Health Science, 1-Teaching, 6-Human Resources, 8-Emergency Planning	These student experiences vary from year to year, and differ in nature and duration.
Total Number of Student Placements	**589**	**449**	
Number of Lectures	85	46	Changes in management staff may have impacted the number of lectures.
Number of students who attended classes and lectures	2120	1558	

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 060-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 April 18

2013 BUDGET UPDATE – APRIL

Recommendation

It is recommended that Report No. 060-13 re "2013 Budget Update - April" be received for information.

Key Points

- Since the Board approved the 2013 cost-shared programs budget, a number of events have occurred. Both municipal councils have confirmed their estimated costs and additional 100% ministry grant requests were submitted.
- Other 100% program grant requests that are outstanding will be provided to the Board at a future meeting.

Cost-Shared Programs

At the November 15, 2012 Board of Health meeting, the Board reviewed and approved Report No. 132-12 "2013 Cost-Shared Budget". The cost-shared budget incorporated a 2% increase in the provincial grant for Mandatory Programs, and no increase to either the City of London or Middlesex County. As required under Section 75(2) of the Health Protection and Promotion Act, notices were sent to both the City of London and Middlesex County which provided an estimated cost for 2013. In addition, the 2013 Board of Health's cost-shared budget was provided in the City of London's format and was attached to Report No. 132-12.

Since the Board of Health's approval, the City of London has confirmed its appropriation of $6,095,059 (Council approved February 28th, 2013) and as of March 26th, 2013, County Council also has confirmed its appropriation of $1,160,961.

A grant request to the Ministry of Health and Long-Term Care (MOHLTC) is the final step required to complete the process. The grant request made to the ministry is attached as Appendix A. The grant request includes a one-time expenditure of $135,000, which represents the estimated cost of the Shared Services Review. If the ministry approves this request, it will contribute $101,250 or 75% towards the cost of the review, leaving the remaining $33,750 or 25% to the obligated municipalities. Report No. 002-13 "Shared Services Proposal" provides information in regards to this Board-approved project.

100% Ministry of Health and Long-Term Care Funded Programs

As part of the MOHLTC grant request, the Health Unit has again requested funding for a number of programs that are funded 100% by the MOHLTC. These programs fall under either the Public Health Division or the Health Promotion Division within the MOHLTC structure.

The Public Health Division 100% programs and grant requests are listed on page 2 of Appendix A under the heading "100% Funded Related Programs". The Health Promotion Division 100% programs and grant request are attached as Appendix B "Smoke-Free Ontario", and Appendix C "Workplace-based Cessation Demonstration Project".

These are existing programs which enhance the Health Unit's ability to fulfill its obligations under the Health Protection and Promotion Act, the Ontario Public Health Standards, and the Public Health Accountability Agreement.

Other 100% Funded Programs

Other programs such as the Healthy Babies Healthy Children, tykeTALK, Infant Hearing, and Blind-Low Vision programs have not yet completed their unique budget processes. Once these have been completed, the grant request information will be forwarded to the Board.

This report was prepared by Mr. John Millson, Director, Finance & Operations.

Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

Ontario

HEALTH UNIT PROFILE AND APPROVAL

FORM 1

H.U. Identifier	Health Unit Name
104197	**Middlesex-London Health Unit**

Health Unit Information

Mailing Address:			General Inquiry Tel Number:
50 King Street			(519) 663-5317
			General Inquiry FAX Number:
City:	Prov:	Postal Code:	General Inquiry E-mail Address:
London	ON	N6A 5L7	health@mlhu.on.ca
Website Address:			
www.healthunit.com			

BUDGET CONTACT

Salutation:	First Name:	Initials:	Last Name:	Job Title:
Mr	John	W.	Millson	Director, Finance & Operations

Tel Number:	Ext:	FAX Number:	Ext:	E-mail Address:
(519) 663-5317	2336	(519) 432-9430		john.millson@mlhu.on.ca

MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER

Salutation:	First Name:	Initials:	Last Name:	Job Title:
Ms.	Bryna	F	Warshawsky	Acting MOH/CEO

Tel Number:	Ext:	FAX Number:	Ext:	E-mail Address:
(519) 663-5317	2427	(519) 432-9430		bryna.warshawsky@mlhu.on.ca

BOARD OF HEALTH CHAIRPERSON

Salutation:	First Name:	Initials:	Last Name:	Job Title:
Mr.	Marcel		Meyer	Chair, Board of Health

Tel Number:	Ext:	FAX Number:	Ext:	E-mail Address:
(519) 663-5317	2444	(519) 432-9430		mmeyer@thamescentre.on.ca

Board of Health Chairperson

Marcel Meyer
(Name)

(Signature) April 9/13 *(Date)*

Medical Officer of Health / Chief Executive Officer

Bryna Warshawsky
(Name)

(Signature) April 9 2013 *(Date)*

I certify that the information provided in this application is accurate and complete and that the signed/scanned and Excel versions submitted are identical and consistent with the Board of Health approval.

Chief Financial Officer/Business Administrator

JOHN MILLSON
(Name)

(Signature) April 5, 2013 *(Date)*

Ontario

Summary by Program FORM 2

104197 - Middlesex-London Health Unit

PROGRAM CODE	MANDATORY PROGRAMS	PBG BUDGET 2012 [1]	BUDGET REQUEST 2013 [2]
111	Foundational Standard	$ 2,219,208	$ 2,314,846
121	Chronic Disease Prevention	$ 2,465,931	$ 2,450,223
122	Prevention of Injury and Substance Misuse	$ 1,414,999	$ 1,511,187
131	Reproductive Health	$ 1,597,354	$ 1,599,668
132	Child Health	$ 5,285,047	$ 5,229,537
141	Infectious Diseases Prevention and Control	$ 1,108,339	$ 1,047,367
142	Rabies Prevention and Control	$ 318,027	$ 307,544
143	Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)	$ 2,426,678	$ 2,423,921
144	Tuberculosis Prevention and Control	$ 248,059	$ 244,540
145	Vaccine Preventable Diseases	$ 1,949,024	$ 2,006,239
151	Food Safety	$ 1,928,144	$ 1,921,682
152	Safe Water	$ 610,542	$ 643,553
153	Health Hazard Prevention and Management	$ 688,859	$ 675,722
161	Public Health Emergency Preparedness	$ 37,832	$ 38,660
	NET SHAREABLE MANDATORY PROGRAMS COSTS	$ 22,298,043	$ 22,414,689
	PROVINCIAL GRANT- MANDATORY PROGRAMS [3] 2012 @ 75% & 2013 @ 75%	$ 16,723,532	$ 16,811,017
	Additional Municipal Contribution [4]	$ -	$ -
	Interest Revenue [4]	$ 5,000	$ 20,000

PROGRAM CODE	COST-SHARED RELATED PROGRAMS	PBG BUDGET 2012	BUDGET REQUEST 2013
053	Vector-Borne Diseases	$ 615,956	$ 615,956
061	Small Drinking Water Systems	$ 70,267	$ 42,316
079	CINOT Expansion	$ 100,000	$ 90,000
054	One-Time	$ 100,000	$ 135,000
	TOTAL RELATED PROGRAMS SHAREABLE COSTS	$ 886,223	$ 883,272
	PROVINCIAL GRANT[5]	$ 664,667	$ 662,454

PROGRAM CODE	100% FUNDED RELATED PROGRAMS	PBG BUDGET 2012	BUDGET REQUEST 2013
041	AIDS Hotline	$ -	$ -
043	Unorganized Territories	$ -	$ -
045	Infectious Diseases Control	$ 1,200,700	$ 1,206,965
046	One-Time @ 100%	$ 528,300	$ 12,100
047	Infection Prevention and Control Nurses	$ 90,318	$ 94,410
070	Healthy Smiles Ontario	$ 871,028	$ 871,028
071	Enhanced Food Safety - Haines	$ 80,000	$ 80,000
072	Enhanced Safe Water	$ 35,627	$ 35,627
073	Needle Exchange Program Initiative	$ 235,000	$ 234,991
074	Infection Prevention and Control Week	$ 8,000	$ 8,000
075	Sexually Transmitted Infections Week	$ 7,000	$ 7,000
076	World Tuberculosis Day	$ 2,000	$ 2,000
077	Chief Nursing Officer	$ 116,700	$ 116,700
078	Public Health Nurses	$ 182,638	$ 188,820
080	Healthy Communities Fund – Partnership Stream	$ -	$ 70,500
	NET COSTS FOR PROVINCIAL FUNDING @100%	$ 3,357,311	$ 2,928,141

TOTAL PROVINCIAL GRANT	$ 20,745,511	$ 20,401,612

1. Where the spring 2012 budget submission was confirmed or the 2012 Board Approved Revised Budget information was submitted by December 14, 2012, the PBG Budget 2012 column will be pre-populated. Those health units that did not confirm their 2012 budgets or submit a revised budget by December 14, 2012 will need to complete this column.

2. No input is required for the Budget Request 2013 column (except for Additional Municipal Contribution and Interest Revenue), as it will automatically be updated.

3. Please note that the 2012 PBG Budget may not be consistent with the 2012 Total Provincial Grant.

4. Additional Municipal Contribution and Interest Revenue will not be included as part of the cost-sharing formula.

5. Provincial grant calculated at 75% in 2012 and 2013

Ontario

SUMMARY BY OBJECT OF EXPENSE - FORM 2(a)

104197 - Middlesex-London Health Unit

MANDATORY PROGRAMS	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Employee Salaries and Wages (Form 3)	$ 14,112,390	$ 14,331,137	1.6%
Employee Benefits (Form 4)	$ 3,623,879	$ 3,732,815	**3.0%**
Staff Training	$ 164,540	$ 102,658	-37.6%
Board/Volunteer Training and Recognition	$ 51,969	$ 51,969	0.0%
Travel	$ 284,541	$ 284,541	0.0%
Building Occupancy	$ 1,378,095	$ 1,401,095	1.7%
Office Expenses, Printing, Postage	$ 414,319	$ 414,319	0.0%
Materials, Supplies	$ 565,232	$ 548,717	-2.9%
Office Equipment	$ 218,772	$ 218,772	0.0%
Professional and Purchased Services (Form 5)	$ 1,344,148	$ 1,176,648	-12.5%
Municipal Charges (Form 6)	$ -	$ -	0.0%
Communication Costs	$ 153,292	$ 153,292	0.0%
Other Operating	$ 356,823	$ 356,823	0.0%
Expenditure Recoveries & Offset Revenues (Form 7)	$ (621,539)	$ (609,679)	-1.9%
Information and Information Technology Equipment	$ 251,582	$ 251,582	0.0%
Total	**$ 22,298,043**	**$ 22,414,689**	**0.5%**

COST-SHARED RELATED PROGRAMS	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Employee Salaries and Wages (Form 3)	$ 349,673	$ 315,878	-9.7%
Employee Benefits (Form 4)	$ 70,644	$ 66,000	-6.6%
Staff Training	$ 3,900	$ 2,000	-48.7%
Board/Volunteer Training and Recognition	$ -	$ -	0.0%
Travel	$ 21,604	$ 22,500	4.1%
Building Occupancy	$ -	$ -	0.0%
Office Expenses, Printing, Postage	$ -	$ 4,500	0.0%
Materials, Supplies	$ 4,750	$ 800	-83.2%
Office Equipment	$ 9,000	$ 3,000	-66.7%
Professional and Purchased Services (Form 5)	$ 323,652	$ 330,890	2.2%
Municipal Charges (Form 6)	$ -	$ -	0.0%
Communication Costs	$ 3,000	$ 2,704	-9.9%
Other Operating	$ -	$ -	0.0%
Expenditure Recoveries & Offset Revenues (Form 7)	$ -	$ -	0.0%
Information and Information Technology Equipment	$ -	$ -	0.0%
Total	**$ 786,223**	**$ 748,272**	**-4.8%**

100% FUNDED RELATED PROGRAMS	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Employee Salaries and Wages (Form 3)	$ 1,433,643	$ 1,480,430	**3.3%**
Employee Benefits (Form 4)	$ 329,489	$ 338,241	2.7%
Staff Training	$ 17,500	$ 24,100	**37.7%**
Board/Volunteer Training and Recognition	$ -	$ -	0.0%
Travel	$ 19,300	$ 20,100	4.1%
Building Occupancy	$ 16,600	$ 16,600	0.0%
Office Expenses, Printing, Postage	$ 16,523	$ 8,718	-47.2%
Materials, Supplies	$ 242,388	$ 250,447	**3.3%**
Office Equipment	$ -	$ -	0.0%
Professional and Purchased Services (Form 5)	$ 717,568	$ 740,528	**3.2%**
Municipal Charges (Form 6)	$ -	$ -	0.0%
Communication Costs	$ 4,400	$ 3,020	-31.4%
Other Operating	$ 31,600	$ 33,857	7.1%
OTHER (Ministry Use only)	$ -	$ -	0.0%
Expenditure Recoveries & Offset Revenues (Form 7)	$ -	$ -	0.0%
Information and Information Technology Equipment	$ -	$ -	0.0%
Total	**$ 2,829,011**	**$ 2,916,041**	**3.1%**

ALL PROGRAMS	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Employee Salaries and Wages (Form 3)	$ 15,895,706	$ 16,127,445	1.5%
Employee Benefits (Form 4)	$ 4,024,012	$ 4,137,056	2.8%
Staff Training	$ 185,940	$ 128,758	-30.8%
Board/Volunteer Training and Recognition	$ 51,969	$ 51,969	0.0%
Travel	$ 325,445	$ 327,141	0.5%
Building Occupancy	$ 1,394,695	$ 1,417,695	1.6%
Office Expenses, Printing, Postage	$ 430,842	$ 427,537	-0.8%
Materials, Supplies	$ 812,370	$ 799,964	-1.5%
Office Equipment	$ 227,772	$ 221,772	-2.6%
Professional and Purchased Services (Form 5)	$ 2,385,368	$ 2,248,066	-5.8%
Municipal Charges (Form 6)	$ -	$ -	0.0%
Communication Costs	$ 160,692	$ 159,016	-1.0%
Other Operating	$ 388,423	$ 390,680	0.6%
OTHER (Ministry Use only)	$ -	$ -	0.0%
Expenditure Recoveries & Offset Revenues (Form 7)	$ (621,539)	$ (609,679)	-1.9%
Information and Information Technology Equipment	$ 251,582	$ 251,582	0.0%
Total	**$ 25,913,277**	**$ 26,079,002**	**0.6%**

Note: No input required for the Budget Request 2013 column as it will automatically be updated from other worksheets. If 2012 revised budget information was submitted by December 14, 2012, the 2012 column will be pre-populated. If 2012 revised budget information was not submitted by December 14, 2012, then the health unit will be responsible for populating the 2012 column.

104197 - Middlesex-London Health Unit

Object of Expense	Explanation *	Risk(s) (if request not funded)
Employee Salaries and Wages (Form 3) (01.6%)	There is a negative budget in the Nutrition position item which represents an amount included in the 2013 budget for managed gapping, Historically some positions are vacant and gapped due to staff turnover. We are not sure where these will occur but will be managed to meet this target each year.	
Employee Benefits (Form 4) (03.0%)	Increase attributed to increase in OMERS rates across all programs. This should be the final year for the rate increase.	
Staff Training (-37.6%)		
Board/Volunteer Training and Recognition (00.0%)		
Travel (00.0%)		
Building Occupancy (01.7%)		
Office Expenses, Printing, Postage (00.0%)		
Materials, Supplies (-02.9%)		
Office Equipment (00.0%)		
Professional and Purchased Services (Form 5) (-12.5%)		
Municipal Charges (Form 6) (00.0%)		
Communication Costs (00.0%)		
Other Operating (00.0%)		
Information and Information Technology Equipment (00.0%)		

* Please provide explanations for increases/decreases in expenditures that are greater than 3% and $10,000

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Mandatory Programs
One-Time Requests - FORM 2(c)

104197 - Middlesex-London Health Unit

Summary of One-Time Funding requests to be Cost-Shared (program code - 054) [1]	$10,000 Or Over [2]	Under $10,000 [3]
PriceWaterhouse Administrative Review being undertaken	$ 135,000	
Total One-Time requests	**$ 135,000**	**$ -**

Summary of One-Time Funding requests @ 100% (program code - 046)	$10,000 or Over [2]	Under $10,000 [3]
A meeting to advance CQI in Public Health in Ontario - Ross Graham		$ 2,100
SFO Tablet request	$ 10,000	
Total One-Time requests	**$ 10,000**	**$ 2,100**

Note:

1) All costs on Form 2(c) are to be listed at 100%; this data rolls-up to Form 2 and automatically calculates proper cost-share.

2) Please attach a One-Time Business Case Template for each request of $10,000 or over.

3) For requests under $10,000, please provide a brief description, rationale and risks if request is not funded.

Ontario

Mandatory and Related Programs
EMPLOYEE BENEFITS - FORM 4

104197 - Middlesex-London Health Unit

BENEFIT	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Employer Health Tax	$ 306,335	$ 311,236	1.60%
W.S.I.B. Premiums (formerly W.C.B.)	$ 161,015	$ 161,015	0.00%
Employment Ins. Premiums	$ 273,445	$ 278,445	1.83%
Canada Pension Plan	$ 524,979	$ 549,979	4.76%
SUB-TOTAL STATUTORY	**$ 1,265,774**	**$ 1,300,675**	2.76%
Major Medical Plan/ Drug Plan	$ 697,366	$ 675,366	-3.15%
Dental Plan	$ 354,950	$ 346,950	-2.25%
Pension Plan	$ 1,395,547	$ 1,503,690	7.75%
Long-Term Disability	$ -		
Short-Term Disability	$ -		
Group Life Insurance	$ 138,202	$ 138,202	0.00%
Semi Private Hospital	$ -		
Employee Assistance	$ 30,000	$ 30,000	0.00%
Other (specify) [1]	$ 142,173	$ 142,173	0.00%
SUB-TOTAL NON-STATUTORY	**$ 2,758,238**	**$ 2,836,381**	2.83%
TOTAL	**$ 4,024,012**	**$ 4,137,056**	2.81%

1. Please list what the Other employee benefits are for both 2012 and 2013

Ontario

Mandatory and Related Programs
Professional and Purchased Services - Form 5

104197 - Middlesex-London Health Unit

Professional Fees	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Physician	$ 5,000	$ 5,000	0.00%
Nursing	$ 22,948	$ 22,948	0.00%
Dentist	$ -		
CINOT	$ 521,180	$ 511,180	-1.92%
Healthy Smiles Ontario - Fee-for-Service	$ -		
Audit	$ 7,000	$ 7,000	0.00%
Legal	$ 100,000	$ 100,000	0.00%
Other (Specify) [1]	$ 656,833	$ 454,001	-30.88%
Dentisits - HSO program	$ 448,500	$ 446,853	-0.37%
Healthy Communities Fund		$ 44,400	
Total Professional Fees:	**$ 1,761,461**	**$ 1,591,382**	-9.66%
Purchased Services			
Vector-Borne Diseases Contracts	$ 160,130	$ 220,407	37.64%
Sexually Transmitted Diseases Contracts	$ -		
Healthy Smiles Ontario - Other	$ 25,000	$ 20,000	-20.00%
Bank Service Charges	$ 5,400	$ 5,400	0.00%
Laboratory Services	$ 2,800	$ 2,800	0.00%
Laundry and Linen	$ 7,100	$ 7,100	0.00%
Translation Services	$ 18,850	$ 18,850	0.00%
Other (Specify) [1]	$ 339,627	$ 317,127	-6.62%
Needle Disposal Costs	$ 65,000	$ 65,000	0.00%
Total Purchased Services Fees:	**$ 623,907**	**$ 656,684**	5.25%
Total Professional and Purchased Services:	**$ 2,385,368**	**$ 2,248,066**	-5.76%

1. Please list what the Other professional fees and purchased services are for both 2012 and 2013.

Ontario

Mandatory and Related Programs
MUNICIPAL CHARGES - FORM 6

104197 - Middlesex-London Health Unit				
	Method of Allocation [1]	**PBG BUDGET 2012**	**BUDGET REQUEST 2013**	**% Change**
Public Relations		$ -		
Planning and Development		$ -		
Risk Management		$ -		
Quality Assurance		$ -		
French/Other Language Services		$ -		
Audit Fees		$ -		
Legal Fees		$ -		
Advertising		$ -		
Building Occupancy		$ -		
Insurance		$ -		
Interest Expense and Bank Charges		$ -		
Media		$ -		
Materials Management		$ -		
Finance		$ -		
Human Resources		$ -		
Information Technology and Information Systems Support		$ -		
Other (Specify) [2]				
	TOTAL COST	**$ -**	**$ -**	

1. For example: a service level agreement, actual unit cost basis, assigned percentage, etc

Ontario

Mandatory and Related Programs
Expenditure Recoveries and Offset Revenues
(All Revenue) - FORM 7

104197 - Middlesex-London Health Unit

GENERAL REVENUE ITEMS	PBG BUDGET 2012	BUDGET REQUEST 2013	% Change
Donations	$ -		
Sales of Disposable Assets	$ -		
UIIP Admin Revenue	$ -		
Meningococcal Admin Revenue	$ 40,000	$ 40,000	0.00%
Sexually Transmitted Diseases Revenue - Sales of contraceptives	$ 285,000	$ 285,000	0.00%
Human Papilloma Virus Revenue	$ 32,500	$ 32,500	0.00%
Parking Revenues	$ -		
User Fees	$ 129,925	$ 103,065	-20.67%
Healthy Smiles Ontario Revenue - CINOT	$ -		
Healthy Smiles Ontario Revenue - Ontario Works Dental Care	$ -		
Healthy Smiles Ontario Revenue - Ontario Disablitiy Support Program Dental Care	$ -		
Healthy Smiles Ontario Revenue - Other (Specify)	$ -		
Other (Specify) [1]	$ 134,114	$ 149,114	11.18%
TOTAL REVENUE	**$ 621,539**	**$ 609,679**	-1.91%

1. Please list what the Other revenue items are for both 2012 and 2013.

Ontario

104197 - Middlesex-London Health Unit

2013 ALLOCATION OF EXPENDITURES - FORM 8

	EXPENDITURES/REVENUES	Total Budget Request	Validation Column Total Budget Request minus allocated	Foundational Standard	Chronic Disease Prevention	Prevention of Injury and Substance Misuse	Reproductive Health	Child Health	Infectious Diseases Prevention and Control	Rabies Prevention and Control	Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
				111	121	122	131	132	141	142	143
1	Employee Salaries and Wages (Form 3)	$ 16,127,445		$ 1,473,895	$ 1,576,605	$ 1,021,397	$ 1,029,307	$ 3,127,786	$ 641,910	$ 207,419	$ 1,595,539
2	Employee Benefits (Form 4)	$ 4,137,056	$ -	$ 387,318	$ 410,059	$ 274,976	$ 270,355	$ 821,969	$ 173,810	$ 54,195	$ 412,748
3	Staff Training	$ 128,758	$ -	$ 12,154	$ 12,483	$ 5,648	$ 11,711	$ 24,731	$ 3,310	$ 1,385	$ 8,878
4	Board/Volunteer Training and Recognition	$ 51,969	$ -	$ 5,017	$ 6,333	$ 3,017	$ 3,620	$ 11,430	$ 2,001	$ 621	$ 5,622
5	Travel	$ 327,141	$ -	$ 23,957	$ 31,216	$ 13,769	$ 26,904	$ 80,331	$ 9,004	$ 5,120	$ 18,946
6	Building Occupancy	$ 1,417,695	$ -	$ 131,836	$ 170,556	$ 79,207	$ 94,941	$ 321,061	$ 52,624	$ 16,277	$ 147,567
7	Office Expenses, Printing, Postage	$ 427,537	$ -	$ 32,154	$ 33,632	$ 14,871	$ 31,751	$ 125,938	$ 17,197	$ 4,219	$ 48,650
8	Materials, Supplies	$ 799,964	$ -	$ 22,262	$ 23,962	$ 9,435	$ 45,824	$ 60,158	$ 3,729	$ 1,499	$ 317,796
9	Office Equipment	$ 221,772	$ -	$ 19,932	$ 24,670	$ 11,545	$ 16,663	$ 57,892	$ 7,335	$ 2,269	$ 23,130
10	Professional and Purchased Services (Form 5)	$ 2,248,066	$ -	$ 62,642	$ 90,476	$ 44,035	$ 57,124	$ 500,531	$ 158,005	$ 6,943	$ 72,522
11	Municipal Charges (Form 6)	$ -	$ -								
12	Communication Costs	$ 159,016	$ -	$ 12,691	$ 16,103	$ 7,516	$ 10,509	$ 39,136	$ 6,166	$ 2,391	$ 13,256
13	Other Operating	$ 390,680	$ -	$ 109,704	$ 58,526	$ 13,002	$ 16,477	$ 57,270	$ 17,262	$ 2,354	$ 20,631
14	Allocated admin. costs/revenue (FTE per Program based)			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15	Expenditure Recoveries & Offset Revenues (Form 7)	$ (609,679)	$ -	$ (1,416)	$ (33,152)	$ (851)	$ (31,660)	$ (65,234)	$ (54,066)	$ (174)	$ (286,586)
16	Information and Information Technology Equipment	$ 251,582	$ -	$ 22,700	$ 28,754	$ 13,620	$ 16,142	$ 66,538	$ 9,080	$ 3,026	$ 25,222
	Total Expenditures	**$ 26,079,002**		$ 2,314,846	$ 2,450,223	$ 1,511,187	$ 1,599,668	$ 5,229,537	$ 1,047,367	$ 307,544	$ 2,423,921

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104197 - Middlesex-London Health Unit

2013 ALLOCATION OF EXPENDITURES - FORM 8

	EXPENDITURES/REVENUES	Tuberculosis Prevention and Control	Vaccine Preventable Diseases	Food Safety	Safe Water	Health Hazard Prevention and Management	Public Health Emergency Preparedness	Total allocated to Mandatory Programs	Admin. Cost/Revenue to be Allocated	AIDS Hotline	Unorganized Territories	Infectious Diseases Control
		144	145	151	152	153	161			041	043	045
1	Employee Salaries and Wages (Form 3)	$ 176,777	$ 1,268,189	$ 1,293,206	$ 443,223	$ 452,271	$ 23,613	$ 14,331,137	$ -	$ -	$ -	$ 800,703
2	Employee Benefits (Form 4)	$ 41,350	$ 314,057	$ 340,744	$ 112,844	$ 113,275	$ 5,115	$ 3,732,815	$ -	$ -	$ -	$ 179,792
3	Staff Training	$ 567	$ 6,917	$ 9,012	$ 2,692	$ 3,101	$ 69	$ 102,658				$ 5,000
4	Board/Volunteer Training and Recognition	$ 366	$ 7,179	$ 4,084	$ 1,179	$ 1,396	$ 104	$ 51,969				
5	Travel	$ 1,302	$ 18,060	$ 34,510	$ 9,980	$ 11,417	$ 25	$ 284,541				$ 12,300
6	Building Occupancy	$ 9,766	$ 199,854	$ 107,419	$ 30,924	$ 36,892	$ 2,171	$ 1,401,095				
7	Office Expenses, Printing, Postage	$ 2,915	$ 51,621	$ 27,702	$ 8,186	$ 9,344	$ 6,139	$ 414,319				$ 8,718
8	Materials, Supplies	$ 611	$ 47,960	$ 9,426	$ 2,761	$ 3,198	$ 96	$ 548,717				$ 3,500
9	Office Equipment	$ 1,361	$ 29,245	$ 14,972	$ 4,310	$ 5,142	$ 306	$ 218,772				
10	Professional and Purchased Services (Form 5)	$ 4,340	$ 104,256	$ 46,170	$ 13,122	$ 15,835	$ 647	$ 1,176,648				$ 164,275
11	Municipal Charges (Form 6)							$ -				
12	Communication Costs	$ 1,046	$ 18,357	$ 16,002	$ 4,607	$ 5,364	$ 148	$ 153,292				$ 3,020
13	Other Operating	$ 2,731	$ 25,359	$ 16,424	$ 4,508	$ 12,325	$ 250	$ 356,823				$ 29,657
14	Allocated admin. costs/revenue (FTE per Program based)	$ -	$ -	$ -	$ -	$ -	$ -	$ -				
15	Expenditure Recoveries & Offset Revenues (Form 7)	$ (106)	$ (109,029)	$ (26,654)	$ (332)	$ (396)	$ (23)	$ (609,679)				
16	Information and Information Technology Equipment	$ 1,514	$ 24,214	$ 28,665	$ 5,549	$ 6,558	$ -	$ 251,582				
	Total Expenditures	$ 244,540	$ 2,006,239	$ 1,921,682	$ 643,553	$ 675,722	$ 38,660	$ 22,414,689	$ -	$ -	$ -	$ 1,206,965

Ontario

104197 - Middlesex-London Health Unit

2013 ALLOCATION OF EXPENDITURES - FORM 8

	EXPENDITURES/REVENUES	Infection Prevention and Control Nurses	Vector-Borne Diseases	Small Drinking Water Systems	Healthy Smiles Ontario	Enhanced Food Safety - Haines	Enhanced Safe Water	Needle Exchange Program Initiative	Infection Prevention and Control Week	Sexually Transmitted Infections Week	World Tuberculosis Day	Chief Nursing Officer
		047	053	061	070	071	072	073	074	075	076	077
1	Employee Salaries and Wages (Form 3)	$ 75,628	$ 279,902	$ 35,976	$ 274,265	$ 66,850	$ 16,290					$ 95,438
2	Employee Benefits (Form 4)	$ 18,782	$ 59,660	$ 6,340	$ 65,354	$ 13,150	$ 2,337					$ 21,262
3	Staff Training		$ 2,000		$ 3,000		$ 15,000					
4	Board/Volunteer Training and Recognition											
5	Travel		$ 22,500		$ 5,000							
6	Building Occupancy				$ 16,600							
7	Office Expenses, Printing, Postage		$ 4,500									
8	Materials, Supplies		$ 800		$ 39,956		$ 2,000	$ 169,991	$ 8,000	$ 7,000	$ 2,000	
9	Office Equipment		$ 3,000									
10	Professional and Purchased Services (Form 5)		$ 240,890		$ 466,853			$ 65,000				
11	Municipal Charges (Form 6)											
12	Communication Costs		$ 2,704									
13	Other Operating											
14	Allocated admin. costs/revenue (FTE per Program based)											
15	Expenditure Recoveries & Offset Revenues (Form 7)											
16	Information and Information Technology Equipment											
	Total Expenditures	$ 94,410	$ 615,956	$ 42,316	$ 871,028	$ 80,000	$ 35,627	$ 234,991	$ 8,000	$ 7,000	$ 2,000	$ 116,700

Ontario

104197 - Middlesex-London Health Unit

	EXPENDITURES/REVENUES	Public Health Nurses	CINOT Expansion	Healthy Communities Fund – Partnership Stream	Total allocated to Related Programs
		078	079	080	
1	Employee Salaries and Wages (Form 3)	$ 151,256	$ -		$ 1,796,308
2	Employee Benefits (Form 4)	$ 37,564	$ -		$ 404,241
3	Staff Training			$ 1,100	$ 26,100
4	Board/Volunteer Training and Recognition				$ -
5	Travel			$ 2,800	$ 42,600
6	Building Occupancy				$ 16,600
7	Office Expenses, Printing, Postage				$ 13,218
8	Materials, Supplies			$ 18,000	$ 251,247
9	Office Equipment				$ 3,000
10	Professional and Purchased Services (Form 5)		$ 90,000	$ 44,400	$ 1,071,418
11	Municipal Charges (Form 6)				$ -
12	Communication Costs				$ 5,724
13	Other Operating			$ 4,200	$ 33,857
14	Allocated admin. costs/revenue (FTE per Program based)				$ -
15	Expenditure Recoveries & Offset Revenues (Form 7)				$ -
16	Information and Information Technology Equipment				$ -
	Total Expenditures	$ 188,820	$ 90,000	$ 70,500	$ 3,664,313

Smoke-Free Ontario Public Health Unit Budget Request Template

Form 1: Organization Profile

Public Health Unit Name:	Middlesex-London Health Unit
Mailing Address:	50 King Street
City:	London
Province:	Ontario
Postal Code:	N6A 5L7
General Inquiry:	
Telephone Number	519-663-5317
Fax Number	519-432-9430
Email Address	john.millson@mlhu.on.ca
Website:	www.healthunit.com

	Salutation	First Name	Last Name	Job Title	Telephone	Email Address
Medical Officer of Health and/or Chief Executive Officer	Dr.	Bryna	Warshawsky	Acting MOH/CEO	519-663-5317 (2427)	bryna.warshawsky@mlhu.on.ca
Authorized Financial Officer	Mr.	John	Millson	Director, Finance & Operations	519-663-5317 (2336)	john.millson@mlhu.on.ca
Budget Request Contact						

Form 2: Summary of Budget Request

	2013 Budget Request ($)
All Public Health Units:	
101 - Tobacco Control Coordination	$100,000
102 - Youth Tobacco Use Prevention	$80,000
103 - Protection and Enforcement	$367,500
104 - Prosecution	$25,300
TCAN Public Health Units:	
105 - Tobacco Control Area Network - Coordination	$285,800
106 - Tobacco Control Area Network - Prevention	$150,700
Total Request:	$1,009,300

Public Health Unit Approval:

Bryna Warshawsky

Acting MOH/CEO Name

Acting MOH/CEO Signature — Date: April 5, 2013

John Millson

CFO Name

CFO Signature — Date: April 5, 2013

Form 3: Staffing Schedule

	Position Title	101 - Tobacco Control Coordination		102 - Youth Tobacco Use Prevention		103 - Protection and Enforcement		104 - Prosecution		105 - TCAN - Coordination		106 - TCAN - Prevention	
		Request ($)	FTE (#)	Request ($)	FTE (#)	Request ($)	FTE (#)	Request ($)	FTE (#)	Request ($)	FTE (#)	Request ($)	FTE (#)
1	Program Manager	46,654	0.50										
2	Program Support Staff					21,391	0.50			21,378	0.50		
3	Health Promoter			53,957	1.00								
4	Student/Peer Leader					8,000							
5	Tobacco Enforcement Officer					179,762	3.10						
6	Coordinator									84,470	1.00		
7	Youth Specialist									43,441	1.00		
8	Other	34,896	0.50										
9													
10													
	Total Staff:	81,550	1.00	53,957	1.00	209,153	3.60	0	0.00	149,289	2.50	0	0.00

Form 4: Employee Benefits

	Statutory Benefit Description	Budget Request ($)
1	Employer Health Tax (EHT)	9,484
2	Workers Safety and Insurance Board (WSIB)	5,254
3	Employment Insurance (EI)	10,484
4	Canada Pension Plan (CPP)	18,687
	Total Statutory Benefits:	43,909
5	Major Medical Plan / Drug Plans	16,778
6	Dental Plan	8,902
7	Pension Plan	36,746
8	Long-Term Disability	
9	Short-Term Disability	
10	Group Life Insurance	2,687
11	Semi Private Hospital	
12	Other Employee Benefits	9,494
13	Employee Assistance / Termination Benefits	
	Total Non-Statutory Benefits:	74,607
	TOTAL Benefits:	118,516
	Salary and Wages (Form 3):	493,949
	Benefits as % of Salary and Wages:	24.00%

	Benefit Payments by Program	Budget Request ($)
101	Tobacco Control Coordination	18,450
102	Youth Tobacco Use Prevention	14,850
103	Protection and Enforcement	47,206
104	Prosecution	0
105	TCAN - Coordination	38,010
106	TCAN - Prevention	
	TOTAL Benefits:	118,516

Form 5: Purchased Services

	Service Description	Budget Request ($)
1	Professional Services	
2	Consulting Services	
3	Prosecution Services	1,500
4	*Other purchased services (specify)*	77,227
	Total Services:	78,727

	Distribution of Services by Program	Budget Request ($)
101	Tobacco Control Coordination	
102	Youth Tobacco Use Prevention	6,943
103	Protection and Enforcement	40,500
104	Prosecution	
105	TCAN - Coordination	31,284
106	TCAN - Prevention	
	Total Services:	78,727

Form 6: Allocated Administration Costs

	Service Description	Budget Request ($)
1	Information Systems Support	5,000
2	Administrative Services	
3	Finance	5,000
4	Bank Service Charges	
5	Insurance	
6	Legal	
7	Consulting	
8	Audit	1,500
9	Advertising	
10	Memberships/Accreditations	
11	Materials Management	
12	Human Resources	5,000
13	Other Allocated Costs	
14	Support Staff Salaries	
15	Support Staff Benefits	
16	Board of Health/Directors	
17	Building Occupancy	48,767
	Total Services:	65,267

	Distribution of Services by Program	Budget Request ($)
101	Tobacco Control Coordination	
102	Youth Tobacco Use Prevention	
103	Protection and Enforcement	36,750
104	Prosecution	
105	TCAN - Coordination	28,517
106	TCAN - Prevention	
	Total Services:	65,267

Form 7: Revenue

	Revenue Source	Budget Request ($)
1	Interest or Investment Income	
2	Co-Funding / Other Governments	
3	Co-Funding / Other Sources	
	Total Revenue:	0

	Revenue by Program	Budget Request ($)
101	Tobacco Control Coordination	
102	Youth Tobacco Use Prevention	
103	Protection and Enforcement	
104	Prosecution	
105	TCAN - Coordination	
106	TCAN - Prevention	
	Total Revenue:	0

Form 8: Allocation of Expenditure

		Summary - All Programs	101 - Tobacco Control Coordination	102 - Youth Tobacco Use Prevention	103 - Protection and Enforcement	104 - Prosecution	105 - TCAN - Coordination	106 - TCAN - Prevention
	Expenditure Category	Request ($)	Request ($)	Request ($)	Request ($)	Request ($)	Request ($)	Request ($)
1	Salaries and Wages (Form 3)	493,949	81,550	53,957	209,153	0	149,289	0
2	Employee Benefits (Form 4)	118,516	18,450	14,850	47,206	0	38,010	0
3	Staff/Community Training and Recognition	2,950		250	1,200		1,500	
4	Travel	39,491		2,500	25,491		11,500	
5	Office Expenses (Supplies/Printing/Postage)	6,500		500	3,700		2,300	
6	Purchased Services (Form 5)	78,727	0	6,943	40,500	0	31,284	0
7	Program Materials/Supplies	152,300		200	1,000		400	150,700
8	Equipment (Non-Capital Items)	0						
9	Allocated Administration Cost (Form 6)	65,267	0	0	36,750	0	28,517	0
10	Communication Costs	9,100		300	800		8,000	
11	Other Operating Costs *(attach details)*	42,500		500	1,700	25,300	15,000	
	Total:	**1,009,300**	**100,000**	**80,000**	**367,500**	**25,300**	**285,800**	**150,700**

Smoke-Free Ontario Public Health Unit Budget Request Template

Please complete all eight forms of the SFO Public Health Unit Budget Request Template as per Section 3 and Appendix C of the Smoke-Free Ontario Strategy Public Health Unit Tobacco Control Program Guidelines (February 2013). Please submit the completed template in Excel format electronically. In addition, please also sign and date Form 2 of the template and submit in PDF format.

All electronic files are to be submitted to the following email address: **PHUSFOReports@ontario.ca**

Deadline for submission of SFO Public Health Unit Budget Request - April 2, 2013

MINISTRY OF HEALTH AND LONG-TERM CARE
HEALTH PROMOTION IMPLEMENTATION BRANCH

BUDGET PROPOSAL

Legal Name of Organization:	**Total Project Budget:**
Middlesex-London Health Unit	**$84,503**
Name of Program/Project:	**Contact Telephone Number:**
Workplace-based Cessation Demonstration Project	519-663-5317 ext.2302
Budget Period:	**Contact Person, Title:**
April 1, 2013 -- March 31, 2014	Donna Kosmack

	DIRECT SERVICES/ PROGRAM ADMIN. COSTS	CENTRAL ADMIN. COSTS*	TOTAL
Salaries and wages (List Total # of FTEs & Amount)	**$46,069**		**$46,069**
0.8	$46,069		$46,069
Contract employees (List Total # of FTEs & Amount)			
Employee benefits (List Total # of FTEs & Amount)			
Fee for services* (List items)**			
Transportation & communication (List Items)**	**$17,867**		**$17,867**
Travel for PHU staff	$10,428		$10,428
Travel for Project Coordinator	$3,375		$3,375
Travel for Worksite staff to participate in steering committee	$1,200		$1,200
Teleconference	$2,864		$2,864
Services (List Items)**	**$9,500**		**$9,500**
Evaluation	$9,500		$9,500
Supplies (List Items)**	**$1,767**		**$1,767**
Meeting Supplies	$1,767		$1,767

	DIRECT SERVICES/ PROGRAM ADMIN. COSTS	CENTRAL ADMIN. COSTS*	TOTAL
Program materials (List Items)**	**$9,300**		**$9,300**
Promotional material	$9,300		$9,300
Acquisition (List Items) **			
Others (please specify items under direct costs or central administration costs column)			
Note: Providing a percentage cost for administration fees is not acceptable			
TOTAL:	**$84,503**		
% OF BUDGET	**100%**		
OVERALL PROGRAM/PROJECT TOTAL:			**$84,503**

Please refer to the Tab 1-Guide to complete this template.

* Central administration costs **must not exceed 18%** of the total budget; the allowable % is subject to change.

** Budget items must include HST, net of your rebate entitlement, where applicable.

Overall program/project total to be rounded to the nearest $100

To the best of my knowledge, the enclosed budget reflects realistic projections of the program/project and their associated costs. Copy of letters patent, articles of incorporation or other incorporation documents are attached to confirm the **organization's legal name**, listed above.

Authorized Signature: _____

Print Name: Dr. Bryna Warshawsky Acting Medical Officer of Health & CEO **Date:** April 10, 2013