

MIDDLESEX-LONDON HEALTH UNIT

2015 PROPOSED BUDGET SUMMARY

REF #		2013 Budget	2013 Actual	2014 Budget	2015 Budget	\$ increase/ (\$ decrease) over 2014	% increase/ (% decrease) over 2014
ORAL HEALTH, COMMUNICABLE DISEASE & SEXUAL HEALTH SERVICES (OHCDH)							
<u>A-1</u>	Office of the Associate Medical Officer of Health	\$ 729,370	\$ 776,016	\$ 723,103	\$ 892,058	\$ 168,955	23.4%
<u>A-7</u>	Vaccine Preventable Diseases	1,518,956	1,768,822	1,821,807	1,888,640	66,833	3.7%
<u>A-15</u>	Infectious Disease Control	1,365,930	1,379,721	1,399,852	1,399,229	(623)	0.0%
<u>A-22</u>	The Clinic & Sexual Health Promotion	2,302,487	2,100,228	2,348,018	2,549,305	201,287	8.6%
<u>A-29</u>	Oral Health	2,309,128	2,226,425	2,327,919	2,331,722	3,803	0.2%
Total Oral Health, Comm. Disease & Sexual Health Services		\$ 8,225,871	\$ 8,251,212	\$ 8,620,699	\$ 9,060,954	\$ 440,255	5.1%
ENVIRONMENTAL HEALTH & CHRONIC DISEASE PREVENTION SERVICES (EHCDP)							
<u>B-1</u>	Office of the Director	\$ 424,849	\$ 423,742	\$ 549,449	\$ 572,561	\$ 23,112	4.2%
<u>B-7</u>	Chronic Disease Prevention and Tobacco Control	1,140,392	1,150,417	1,270,585	1,254,379	(16,206)	-1.3%
<u>B-16</u>	Food Safety	1,345,137	1,323,974	1,377,777	1,337,703	(40,074)	-1.6%
<u>B-23</u>	Healthy Communities and Injury Prevention	1,205,515	1,212,518	1,216,373	1,197,141	(19,232)	-1.6%
<u>B-31</u>	Health Hazard Prevention and Management/Vector Borne Disease	1,227,980	1,208,357	1,238,138	1,276,891	38,753	3.1%
<u>B-38</u>	Safe Water and Rabies Team	759,410	765,212	790,920	814,212	23,292	2.9%
<u>B-44</u>	Southwest Tobacco Control Area Network	436,500	442,335	436,500	436,500	---	0.0%
Total Environmental Health & Chronic Disease Prevention Services		\$ 6,539,783	\$ 6,526,555	\$ 6,879,742	\$ 6,889,387	\$ 9,645	0.1%
FAMILY HEALTH SERVICES (FHS)							
<u>C-1</u>	Office of the Director	\$ 938,197	\$ 781,081	\$ 778,139	\$ 755,480	\$ (22,659)	-2.9%
<u>C-8</u>	Reproductive Health Team	1,368,882	1,337,051	1,387,192	1,511,286	124,094	8.9%
<u>C-15</u>	Early Years Team	1,526,570	1,560,200	1,601,224	1,582,731	(18,493)	-1.2%
<u>C-23</u>	Screening, Assessment and Intervention Team	2,569,911	2,563,465	2,699,685	2,858,402	158,717	5.9%
<u>C-30</u>	Best Beginnings Team	3,303,974	3,214,522	3,306,790	3,340,223	33,433	1.0%
<u>C-39</u>	Child Health Team	1,500,023	1,472,947	1,477,254	1,572,338	95,084	6.4%
<u>C-47</u>	Young Adult Team	1,126,077	1,113,735	1,143,579	1,179,305	35,726	3.1%
Total Family Health Services		\$ 12,333,634	\$ 12,043,001	\$ 12,393,863	\$ 12,799,765	\$ 405,902	3.3%

REF #		2013 Budget	2013 Actual	2014 Budget	2015 Budget	\$ increase/ (\$ decrease) over 2014	% increase/ (% decrease) over 2014
OFFICE OF THE MEDICAL OFFICER OF HEALTH (OMOH)							
D-1	Office of the Medical Officer of Health & Travel Clinic	\$ 530,110	\$ 484,189	\$ 554,718	\$ 567,154	\$ 12,436	2.2%
D-6	Communications	329,965	325,136	381,122	363,397	(17,725)	-4.7%
D-13	Emergency Preparedness	163,465	206,196	172,172	181,922	9,750	5.7%
	Total Office of the Medical Officer of Health	\$ 1,023,540	\$ 1,015,521	\$ 1,108,012	\$ 1,112,473	\$ 4,461	0.4%
HUMAN RESOURCES & CORPORATE STRATEGY (HRCS)							
E-1	Human Resources & Labour Relations	\$ 966,530	\$ 951,192	\$ 953,122	\$ 997,430	\$ 44,308	4.6%
E-8	Privacy/Occupational Health & Safety	174,350	200,378	201,189	181,497	(19,692)	-9.8%
E-13	Strategic Projects	124,149	121,580	133,987	135,287	1,300	1.0%
	Total Human Resources & Labour Relations	\$ 1,265,029	\$ 1,273,150	\$ 1,288,298	\$ 1,314,214	\$ 25,916	2.0%
F-1	FINANCE & OPERATIONS (FOS)	\$ 758,349	\$ 749,356	\$ 834,832	\$ 749,884	\$ (84,948)	-10.2%
G-1	INFORMATION TECHNOLOGY SERVICES (IT)	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.8%
H-1	GENERAL EXPENSES & REVENUES (GER)	\$ 2,121,339	\$ 2,258,332	\$ 1,921,891	\$ 1,601,269	\$ (320,622)	-16.7%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	\$ 33,357,958	\$ 33,029,833	\$ 34,158,377	\$ 34,670,537	\$ 512,160	1.5%
FUNDING SOURCES							
	Ministry of Health & Long-Term Care (Cost-Shared)	\$ 15,891,741	\$ 16,119,146	\$ 16,308,273	\$ 16,465,366	\$ 157,093	1.0%
	The City of London	6,095,059	5,218,546	6,095,059	6,095,059	-	0.0%
	The County of Middlesex	1,160,961	994,009	1,160,961	1,160,961	-	0.0%
	Ministry of Health and Long Term Care (100%)	3,963,139	4,039,956	3,962,228	4,091,301	129,073	3.3%
	Ministry of Children and Youth Services (100%)	5,048,155	5,023,484	5,137,557	5,296,274	158,717	3.1%
	Public Health Agency of Canada	152,430	135,157	152,430	176,030	23,600	15.5%
	Public Health Ontario	168,497	147,418	110,000	110,000		
	User Fees	605,667	901,732	949,649	925,235	(24,414)	-2.6%
	Other Offset Revenue	272,309	450,385	282,220	350,311	68,091	24.1%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	\$ 33,357,958	\$ 33,029,833	\$ 34,158,377	\$ 34,670,537	\$ 512,160	1.5%

**MIDDLESEX-LONDON HEALTH UNIT
2015 PROPOSED BUDGET SUMMARY
By Object of Expenditure**

	2013 Budget	2013 Actual	2014 Budget	2015 Budget	\$ increase/ (\$ decrease) over 2014	% increase/ (% decrease) over 2014
<i>Expenditure</i>						
Salary & Wages	\$ 21,395,429	\$ 21,030,975	\$ 21,964,637	\$ 22,807,499	\$ 842,862	3.84%
Benefits	5,183,313	5,080,834	5,446,899	5,492,030	45,131	0.83%
Managed Gapping	(280,000)	-	(815,163)	(815,163)	-	0.00%
Travel	444,496	417,636	442,410	422,825	(19,585)	-4.43%
Program Supplies	1,751,822	1,849,474	1,927,547	1,729,526	(198,021)	-10.27%
Board Expenses	60,500	40,649	55,500	55,500	-	0.00%
Staff Development	119,639	98,119	146,950	201,248	54,298	36.95%
Professional Services	2,161,992	1,990,242	2,067,254	2,038,072	(29,182)	-1.41%
Occupancy Costs	1,440,411	1,475,335	1,467,273	1,467,273	-	0.00%
Furniture & Equipment	589,188	525,104	524,613	542,389	17,776	3.39%
Other Expenses	491,168	521,465	480,457	479,338	(1,119)	-0.23%
Contributions to Reserve Funds	-	-	450,000	250,000	(200,000)	-44.44%
TOTAL MIDDLESEX-LONDON HEALTH UNIT	\$ 33,357,958	\$ 33,029,833	\$ 34,158,377	\$ 34,670,537	\$ 512,160	1.5%

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

**OFFICE OF THE ASSOCIATE DIRECTOR AND ASSOCIATE MEDICAL
OFFICER OF HEALTH**

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OHCD SH	MANAGER NAME	Heather Lokko	DATE
PROGRAM TEAM	Office of the Associate Medical Officer of Health (OAMOH)	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

In 2014, leadership of the Oral Health, Communicable Disease and Sexual Health (OHCD SH) Service Area underwent a transition, which related to the Office of the Associate Medical Officer of Health team. Until March 2014, the Associate Medical Officer of Health was also the Service Area Director. The two positions have been separated such that the Associate Medical Officer of Health provides medical leadership to both the OHCD SH Service Area and the Health Unit as a whole, while the Associate Director provides administrative leadership for the OHCD SH Service Area, in collaboration with the Associate Medical Officer of Health. In addition, the team includes the Program Assistant to the Associate Director, and an Epidemiologist. In 2015, a Program Evaluator will also join this team.

The OAMOH team supports the activities of the entire OHCD SH Service Area. Oversight of the activities and staff of the OHCD SH service area, including program and service delivery, performance, human resources, and finance are provided by the Associate Director and the Associate Medical Officer of Health, and supported by the Program Assistant. The Epidemiologist provides consultation to OHCD SH and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards and associated protocols:

- Foundational Standards;
- Infectious Diseases Prevention and Control;
- Sexual Health, Sexually Transmitted Infections and Blood-borne Infections;
- Tuberculosis Prevention and Control;
- Vaccine Preventable Diseases;
- Child Health - Oral Health components;
- Food Safety - Food-borne illness components.

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Program Evaluation

A full-time, permanent Program Evaluator position will be added to the OAMOH team in 2015. To date, there has not been a Program Evaluator dedicated to the OHCD SH Service Area, so activities will include selecting the successful candidate, assessing the needs for program evaluation with the OHCD SH Service Area, and undertaking initial program evaluation activities. These activities will assist the staff and management of the OHCD SH Service Area to inform program planning, enhance evidence-informed decision-making, and support delivery of effective public health programs.

COMPONENT(S) OF TEAM PROGRAM #2: Program Planning Support

Epidemiological information and support is provided to the staff and management of the OHCD SH Service in order to establish the need for and impact of programs, as well as to inform planning and support the delivery of effective public health programs. Activities include accessing, analysing, and interpreting a variety of information, including:

- Data required to be reported to the Health Unit by community partners (e.g., reportable disease information, immunization information)
- Local, provincial and national surveillance and survey data
- Other data relevant to the work of public health

COMPONENT(S) OF TEAM PROGRAM #3: Surveillance and Population Health Assessment; Outbreak/Investigation Support

Some activities in this program area include:

- Supporting OHCD SH teams to monitor existing and new Accountability Agreement Indicators.
- Producing health status reports on topics related to the work of OHCD SH teams, e.g., The Impact of Prescription and Non-Prescription Drug Use in Middlesex-London
- Generating community surveillance reports, e.g., the Community Influenza Surveillance Report, which is issued weekly throughout the influenza surveillance season
- Providing epidemiological support for local, provincial and international disease outbreaks and investigations, e.g., investigation and follow up of local measles cases, local E. coli O157:H7 outbreak related to a larger provincial outbreak; Ebola virus outbreak in West Africa.

Indicators related to this component are reflected in the respective team program budget templates.

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

COMPONENT(S) OF TEAM PROGRAM #4: Research and Knowledge Exchange

This function includes education and consultation for staff members, community health providers and health professional students. Activities include teaching in Health Unit Community Medicine Seminars, supervising students, email update to health care providers, and guest lecturing at post-secondary institutions and conferences.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Program Evaluation			
# of Program Evaluation consultations provided	N/A	5	Increase
Component of Team #2 Program Planning Support			
# of ad hoc requests for epidemiological assistance to support evidence-informed program planning	N/A	25	Increase
Component of Team #3 Surveillance and Population Health Assessment; Outbreak/Investigation Support			
# of outbreak/investigations supported	N/A	10	Same
Component of Team #4 Research and Knowledge Exchange			
# of lectures and presentations	30	29	Same

SECTION F

	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	3.8	4.8
Associate Medical Officer of Health	0.8	0.8
Associate Director	1.0	1.0
Program Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	0.0	1.0

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 491,491	\$ 546,539	\$ 511,208	\$ 663,231	\$ 152,023	29.74%
Benefits	103,226	107,753	108,712	125,644	16,932	15.58%
Travel	18,894	17,677	4,500	4,500		
Program Supplies	3,148	908	2,994	2,994		
Staff Development	3,612	2,557	2,000	2,000		
Professional Services	1,100	1,100	0	0		
Equipment & Furniture	42,432	36,021	8,750	8,750		
Other Program Costs	65,467	63,461	84,939	84,939		
Total Expenditures	\$ 729,370	\$ 776,016	\$ 723,103	\$ 892,058	\$ 168,955	23.37%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 326,368	\$ 309,121	\$ 333,278	\$ 435,633	\$ 102,355	30.71%
PHAC – 100%				6,600	6,600	N/A
MOHLTC – 100%	403,002	466,895	389,825	389,825		
MCYS – 100%						
User Fees						
Other Offset Revenue				60,000	60,000	N/A
Total Revenues	\$ 729,370	\$ 776,016	\$ 723,103	\$ 892,058	\$ 168,955	23.37%

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCDSH

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Engage teams in program evaluation, develop systematic approach to build capacity regarding planning and evaluation, and implement evaluation plans
- Enhanced reporting in 2015 (e.g. TB report, daily surveillance report)

SECTION J

PRESSURES AND CHALLENGES

- Increased demands for epidemiologist time as a result of having both an AMOH and an Associate Director
- Having a dedicated program evaluator will increase the focus on program evaluation, which may require adjustment for the teams

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Allocation of Epidemiologist Salary to FoodNet Canada – (\$6,600)

The OHCDSH Epidemiologist currently provides support for FoodNet Canada-related activities at MLHU. This proposal would allocate 0.06 FTE (~2 hours per week) of the Epidemiologist salary to FoodNet Canada, as part of the funds MLHU invoices to the Public Health Agency of Canada for Site Coordinator salary and benefits, resulting in a net savings to the cost-shared budget.

Program Evaluator - \$86,500

OHCDHS is the only service area in the organization without a program evaluator, and a great deal of ongoing work needs to be done. This proposal would allow a program evaluator to engage and support teams with intentional and systematic planning efforts, evaluate various processes and outcomes, and build knowledge and skills among staff in the service area regarding planning and program evaluation.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

VACCINE PREVENTABLE DISEASES

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OHCDSh	MANAGER NAME	Marlene Price	DATE
PROGRAM TEAM	Vaccine Preventable Diseases	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Vaccine Preventable Diseases (VPD) Team focuses on reducing or eliminating the incidence of vaccine preventable diseases. This is achieved by providing immunization clinics in school, community and clinic settings; reviewing and updating students' immunization records as required by legislation; and providing education and consultation to health care providers and the general public about vaccines and immunization administration. The VPD Team also manages the distribution of publicly-funded vaccines to health care providers and inspects the refrigerators used to store publicly-funded vaccines to ensure that vaccines are being handled in a manner that maintains their effectiveness and reduces or prevents vaccine wastage. The Team is also responsible for the investigation and follow-up of vaccine-related reportable diseases.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard

- Immunization Management Protocol (2013)
- Infectious Diseases Protocol (2013)
- Vaccine Storage and Handling Protocol (2014)
- Immunization of School Pupils Act
- Day Nurseries Act

2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSh

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak)

- **Regular clinics:** Immunization clinics are held three days a week at the 50 King Street office and once a month at the Strathroy office for the general public; no Health Cards or appointments are required (although appointments are available at the 50 King Street office).
- **Influenza clinics:** Annual influenza vaccination clinics are held in the community although their numbers have decreased over time due to the availability of other community influenza vaccination clinics (e.g. pharmacies, health care providers, workplaces etc.).
- **Other clinics:** Clinics to update the vaccinations of refugees; clinics at targeted secondary schools with high proportions of at-risk populations; clinics to respond to community outbreaks or other arising issues.

COMPONENT(S) OF TEAM PROGRAM #2 Immunization Clinics (elementary schools)

Immunizations are provided in elementary school settings periodically throughout the school year for the following:

- **Grade 7:** Meningococcal and hepatitis B vaccines are provided to all Grade 7 students for whom consent is received.
- **Grade 8:** Human papillomavirus (HPV) vaccine is given to all Grade 8 female students for whom consent is received.

COMPONENT(S) OF TEAM PROGRAM #3 Implementation of Panorama Software System: Immunization and Inventory Tracking Modules

Panorama is a Pan-Canadian health surveillance software application intended to improve the tracking of immunizations and vaccines, for the purpose of enhancing optimal vaccine coverage. The immunization component was implemented at MLHU in July 2014 and continues into 2015; the vaccine inventory component is to be implemented mid-2015. The implementation of Panorama has required changing and integrating the business processes and policies related to both components.

COMPONENT(S) OF TEAM PROGRAM #4 Education and Consultation

Immunization information and advice is provided to health care providers and the public via email, the MLHU web site, and telephone. “Triage” is a telephone consultation service where Program Assistants provide a response to incoming inquiries when appropriate, or direct callers to a Public Health Nurse or Public Health Inspector for further information and/or consultation.

Clinical placements are provided to medical students and residents, and nursing students.

2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSh

COMPONENT(S) OF TEAM PROGRAM #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines

The Health Unit orders publicly-funded vaccines from the Ontario Government Pharmacy and health care providers order and pick-up these vaccines from the Health Unit. During the ordering process, the following steps are undertaken to ensure that vaccines are handled appropriately:

- Review of temperature logs: Health care providers submit temperature logs to show that they are maintaining their vaccine storage refrigerators between 2° and 8°C (the required temperatures for safe storage of vaccines).
- Review of ordering patterns: Ordering patterns are assessed to ensure that health care providers are storing no more than a two-month supply of vaccines in their vaccine refrigerators.

COMPONENT(S) OF TEAM PROGRAM #6 Cold Chain Inspection and Incident Follow-up

Annual inspections are conducted for all health care providers' offices who order and store publicly-funded vaccines to ensure that the vaccines are being handled appropriately remain potent and are not being wasted. Locations include new and existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations are inspected by the Infectious Disease Control Team).

If there is a power failure or problem with the refrigerator storing publicly-funded vaccines such that temperatures have gone outside the required 2° and 8°C, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.

COMPONENT(S) OF TEAM PROGRAM #7 Investigation and Follow-up of Vaccine-preventable Reportable Diseases

Reports of vaccine-preventable reportable diseases (e.g. measles, mumps, rubella, whooping cough, Streptococcus pneumonia, chicken pox) are followed-up to determine the source of the disease acquisition (if possible) and identify anyone who was potentially exposed to the person who has the infection. This is done for the following purposes:

- Prevention of transmissions: To prevent transmission, follow-up for the person with the infection and their contacts may include education and counselling; recommendations to take antibiotics (chemoprophylaxis); recommendations for immunization; recommendations for isolation or quarantine; and/or advice to seek medical attention.
- Reporting to the Ministry of Health and Long-Term Care: The Ministry of Health and Long-Term Care is notified of the investigation through iPHIS, an electronic infectious disease database. This system allows for the analysis of information on these reportable diseases.

2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSh

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Immunization clinics (regular, high risk populations, outbreak)			
# of client visits/ vaccines given at the Immunization Clinic	12, 207 / 16, 779	12,720/ 16,932	Increase
# of community influenza clinics / clients seen	10/ 3,739	5/ 1,155	Decrease
Component of Team #2 Immunization clinics (elementary and secondary schools)			
% of Grade 7 students who have received meningococcal vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	87%/ 2,959	93%/ 2,727	Same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	89%/ 2,506	90%/ 3,508	Same
% of grade 8 female students who completed the three-dose series of HPV vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	58%, 1,310	55%/ 1,213	Same
Component of Team #3 Panorama software system implementation			
# of duplicate files resolved in immunization module	0 (Panorama not yet implemented)	9,000	Increase
# of files entered into immunization module (from backlog)	0 (Panorama not yet implemented)	0	Increase
# of staff training sessions and meetings (inventory control module)		4	Increase
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	12,913 / 3,282	12,900/ 4,700	Same
Component of Team #5 Vaccine inventory and distribution of publicly- funded vaccines			
# of orders received from and processed for health care providers' offices	3,931	3,850	Same
Component of Team #6 Cold chain inspections and Incident Follow Up			
# of cold chain inspections / % completion (Accountability Indicator)	276 / 98%	299 / 99.7%	Same
# of cold chain incidents / cost of vaccine wastage	35 / \$63,985.	26/ \$71,000.	Uncertain

2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSh

Component of Team #7 Investigation and follow up of vaccine-preventable reportable diseases			
# of reportable diseases reported and investigated / # confirmed (measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox)	126 / 36	120/ 34	Uncertain

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	18.1	17.94
Program Manager	1.0	1.0
Public Health Nurses	7.1	7.5
Casual Nurses	2.6	2.14
Program Assistants	7.4	7.3

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,128,482	\$ 1,136,442	\$ 1,214,944	\$ 1,260,031	\$ 45,087	3.71%
Benefits	250,882	259,724	278,615	300,661	22,046	7.91%
Travel	13,830	9,166	12,500	12,200	(300)	(2.4)%
Program Supplies	96,900	346,288	296,200	296,200		
Staff Development	1,150	584	1,900	1,900		
Professional Services	19,143	2,295	4,200	4,200		
Equipment & Furniture	3,500	7,011	3,500	3,500		
Other Program Costs	5,068	7,312	9,948	9,948		
Total Expenditures	\$ 1,518,956	\$ 1,768,822	\$ 1,821,807	\$ 1,888,640	\$ 66,833	3.67%

2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSh

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease)	% increase (% decrease)
Cost-Shared	\$ 1,227,269	\$ 1,211,529	\$ 1,224,120	\$ 1,290,953	\$ 66,833	5.46%
MOHLTC – 100%	157,262	156,600	157,262	157,262		
MCYS – 100%						
User Fees	61,925	320,365	367,925	367,925		
Other Offset Revenue	72,500	80,328	72,500	72,500		
Total Revenues	\$ 1,518,956	\$ 1,768,822	\$ 1,821,807	\$ 1,888,640	\$ 66,833	3.67%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015
<ul style="list-style-type: none"> Continued implementation of immunization module of Panorama Implementation of Panorama (vaccine inventory module) Planned program review to identify opportunities to enhance efficiency and effectiveness of immunization services.

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> Resolution of duplicate files within Panorama (immunization module) Entry of files into immunization module from back log Completion of and integration of business processes and policies into current practice Implementation of vaccine inventory module within Panorama Implementation of revised Immunization of School Pupils Act

2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSh

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Reduction of Secondary Schools Immunizations (\$6,300)

Only 25% to 30% of eligible students choose to receive immunizations at secondary school clinics. This proposal would reduce the number of school clinics and focus on providing clinics at high priority schools that are identified as having vulnerable student populations. This would result in a 0.06 FTE reduction in Casual Nurse hours.

Decrease in Program Assistant at Triage (\$6,600)

The Triage Program Assistants (PA) answer calls from people calling into the Health Unit with Communicable Disease /Immunization questions. This disinvestment proposes to decrease the Program Assistant time at Triage. This change would likely result in limited/no access to a live person through this line over the lunch hour most days of the week. These calls would be redirected to voicemail.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES
INFECTIOUS DISEASE CONTROL

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OHCDSh	MANAGER NAME	Tristan Squire-Smith	DATE:
PROGRAM TEAM	Infectious Disease Control	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The goal of the Infectious Disease Control (IDC) Team is to prevent, reduce and control infectious diseases of public health importance in the community. The IDC Team provides the following programs and services: reportable disease follow-up and case management; outbreak investigation and management; inspections of institutional settings for food handling and/or infection control practices; and education and consultative support to institutions and the general public. As well, the IDC Team assists in influenza (and community outbreak) immunization clinics and verifies that vaccines are handled properly through cold chain inspections at institutional settings.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control

- Food Safety Protocol (2013)
- Infection Prevention and Control in Personal Services Settings Protocol (2008)
- Infection Prevention and Control in Licenced Day Nurseries Protocol (2008)
- Infection Prevention and Control Practices Complaint Protocol (2008)
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008)
- Infectious Diseases Protocol (2013)
- Institutional/Facility Outbreak Prevention and Control Protocol (2008)
- Risk Assessment and Inspection of Facilities Protocol (2008)
- Tuberculosis Prevention and Control Protocol (2008)
- Public Health Emergency Preparedness Protocol (2008)

Program: Infectious Disease Control – OHCDSh

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Reportable Disease Follow-up and Case Management

The IDC team is responsible for following up certain reportable diseases (e.g. meningitis, hepatitis, tuberculosis, enteric diseases) to prevent or reduce spread to others and determine if an outbreak is occurring. Responses include counselling for the individual with the infection; counseling or specific medical interventions for their contacts, and coordination of specimen collection when necessary.

COMPONENT(S) OF TEAM PROGRAM #2 : Outbreak Management

The IDC Team is responsible for responding to institutional (i.e. hospital, long-term care facility, retirement homes) outbreaks as well as outbreaks in child care centres and in the community. Typical responses include coordinating with the affected institution to ensure best-practices are followed with respect to infection prevention and control measures, specimen collection and communications. As appropriate, specific preventive medications and/or vaccines are recommended and/or provided. The IDC Team also coordinates the local response to outbreaks that extend beyond the Middlesex-London jurisdiction.

COMPONENT(S) OF TEAM PROGRAM #3: Inspections

The IDC Team inspects institutional settings (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. The team inspects funeral homes and personal services settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) to ensure appropriate infection control practices are being implemented, and provides consultative support regarding infection control practices as needed. In addition, the IDC Team conducts inspections of vaccine handling practices (cold chain inspections) in hospitals, long-term care facilities and retirement home settings where publicly-funded vaccines are stored. 2014 will be the second year that the team has achieved a 100% inspection completion rate.

COMPONENT(S) OF TEAM PROGRAM #4: Health Promotion / Education

The IDC Team engages in educational activities and provides consultative services to institutions and the public. The team answers questions from the public and Health Care Providers about infectious diseases on the telephone information line which operates during working hours. Further, a Public Health Nurse/Inspector provides on-call services on weekends and holidays. Educational workshops are provided for those who work in hospital and long term care/retirement home and child care settings. Updates on infectious diseases and infection control issues are sent via email distribution list on a regular basis.

2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014 (anticipated)	2015 (estimate)
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up Totals consist of active tuberculosis, campylobacter, salmonella, E. Coli O157:H7, invasive Group A Streptococcus, hepatitis C, hepatitis A, influenza, listeriosis, West Nile Virus, legionella, Lyme disease	731	1000	Same
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks (OBs) managed Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centers and other community settings	175	170	Same
IDC Team Component #3: Inspections			
# of personal services settings (PSS) inspected / % inspection completion rate	612 / 100%	617 / 100%	Same
# low risk food premises inspected / # medium risk food premises inspected / # high risk food premises inspected / Total # inspections / % inspection completion rate High risk inspected once in each third of the year Medium risk inspected once in each half of the year Low risk inspected once per year	7 / 9 / 135 / 430 / 100%	10 / 10 / 133 / 429 / 100%	Same
Component of Team #4: Food Handler Training			
# of Food Handler Training (FHT) sessions / # of participants / # of participants that passed exam	23 / 378 / 366	26 / 328 / 321	0 (FHT model changes)

2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

Component of Team #5: Health Promotion & Education			
# of telephone consultations / # of email consultation / # of walk-in consultations	178 / 122 / 21	250 / 140 / 16	Same
# of presentations on infectious disease related topics (inclusive of presentations, meetings & displays).	29	75	Same

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	13.5	13.5
Program Manager	1.0	1.0
Program Assistant	1.0	1.0
Public Health Nurses	6.0	6.0
Public Health Inspectors	5.5	5.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,075,304	\$ 1,069,111	\$ 1,105,339	\$ 1,108,275	\$ 2,936	0.27%
Benefits	231,840	253,925	257,322	253,763	(3,559)	(1.38)%
Travel	12,354	14,788	13,253	13,253		
Program Supplies	16,941	6,185	6,813	6,813		
Staff Development	3,500	4,418	1,100	1,100		
Professional Services	6,450	9,131	9,500	9,500		
Furniture & Equipment		2,962				
Other Program Costs	19,541	19,201	6,525	6,525		
Total Expenditures	\$ 1,365,930	\$ 1,379,721	\$ 1,399,852	\$ 1,399,229	\$ (623)	(0.04)%

2015 Planning & Budget Template

Program: Infectious Disease Control – OHCD SH

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 610,169	\$ 623,960	\$ 631,827	\$ 617,973	\$ (13,854)	(2.19)%
PHAC – 100%				17,000	17,000	N/A
MOHLTC – 100%	755,761	755,761	768,025	761,256	(6,769)	(0.88)%
MCYS – 100%						
User Fees						
Other Offset Revenue				3,000	3,000	
Total Revenues	\$ 1,365,930	\$ 1,379,721	\$ 1,399,852	\$ 1,399,229	\$ (623)	(0.04)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- IDC inspection disclosure website will go live for public viewing
- Complete review of all of IDC policies and procedures (inclusive of medical directives) will be completed
- IDC will continue to partner with Public Health Agency of Canada to be Ontario's Sentinel Site for the FoodNet Canada Enhanced Enteric Surveillance Program
- MLHU's IDC Team will partner again with Elgin St Thomas Public Health to co-host the yearly Infection Prevention and Control Workshop

SECTION J

PRESSURES AND CHALLENGES

- The funding for the 100% funded positions (7.5 FTEs) has not increased despite yearly incremental raises in wages & benefits.

2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Food Handler Training - \$23,000

This proposal would eliminate food handler training for the Infectious Disease Control team by shifting responsibility to the Environmental Health team and the delivery of select food handler training courses by the London Training Centre. Note: This proposal had included a reduction of 0.1 FTE administrative support, which on further analysis will not be feasible. An additional change to casual staffing will be able to realize the planned savings.

Revenue Generation from Infectious Disease Control Yearly Workshop - \$3,000

This proposal takes into consideration the revenue generated by the annual Infection Prevention and Control Workshop. Revenues are generated from attendee registration fees.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES
THE CLINIC & SEXUAL HEALTH PROMOTION

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OHCD SH	MANAGER NAME	Shaya Dhinsa	DATE
PROGRAM TEAM	The Clinic & Sexual Health Promotion	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The goals of the Sexual Health Team are to 1) prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and 2) promote health sexuality.

The Clinic Team provides clinical services for the provision of birth control and the diagnosis and treatment of sexually transmitted infections. Needle Exchange Program services are also offered on a drop-in basis. All services are confidential, non-judgmental, client-focused and easily accessible. The Clinic staff also follows-up reportable sexually transmitted infections to prevent transmission to others. Sexual Health Clinics are offered at both 50 King St. in London and 51 Front St. in Strathroy. Needle Exchange Program services are offered at 50 King St in London and 51 Front St. in Strathroy, and also through partnership with Counterpoint and London Intercommunity Health Centre.

The Sexual Health Promotion Team conducts educational sessions, designs sexual health campaigns and resources, and plans advocacy initiatives regarding topics including contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies. The Social Determinants of Health Public Health Nurse within the Team develops initiatives to address the determinants that impact health such as substance abuse, poverty, and literacy.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)

- Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol (2013)

2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCD SH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services

The Clinic offers both Family Planning and Sexually Transmitted Infections (STI) Clinics for clients who need low cost birth control, morning after pill, cervical cancer screening, pregnancy testing, STI testing and treatment, and sexual health education. The Clinic sells low cost birth control and provides free treatment for sexually transmitted infections. IUD/IUS insertions are also now available.

COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction

The Needle Exchange Program provides clean needles/syringes and other injection equipment such as safer inhalation and naloxone kits, and accepts used needles/syringes and other equipment. This program maintains anonymity of those accessing service. The needle exchange site at the Health Unit is a satellite site of the Counterpoint Needle Exchange program which is co-sponsored by the Regional HIV / AIDS Connection (RHAC), who administers the program, and the Health Unit, who provides the funds.

COMPONENT(S) OF TEAM PROGRAM #3 Sexually Transmitted Infection Follow-up

To prevent the spread of sexually transmitted infections, people with laboratory-confirmed sexually transmitted infections (chlamydia, gonorrhea, syphilis and HIV/AIDS) are reported to the Health Unit. A Public Health Nurse begins the follow-up process by contacting the client (if they were diagnosed at an MLHU Clinic), or by contacting the ordering health care provider (if the client was tested elsewhere). The nurse will ensure the client has been counselled and treated, and ask for contact information for the clients' sexual contacts and/or encourage the client to notify their own contacts. Case contacts are encouraged to be tested and treated either at an MLHU STI clinic or at another health care provider. Information on the client and their contacts are entered into the MOHLTC's electronic Integrated Public Health Information System (iPHIS) database.

COMPONENT(S) OF TEAM PROGRAM #4 Sexual Health Promotion (including Education)

The Sexual Health Promotion Team develops presentations, communication campaigns, resources and health fairs on various sexual health topics. Both the Sexual Health Promotion and Clinic Teams provide one-on-one telephone consultation to clients. Other sexual health promotion activities include:

- Providing presentations, health fairs, clinic tours and answering sexual health questions from the community;
- Building successful sexual health campaigns using social media

COMPONENT(S) OF TEAM PROGRAM #5 Social Determinants of Health

The Social Determinants of Health Public Health Nurse works with internal and external partners to address the social factors that impact health and decrease barriers to accessing public health programs and services. The Social Determinants of Health Public Health Nurse will focus on injection drug use and harm reduction strategies.

2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCD SH

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Clinic Services			
% of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators)	100%	100%	100%
# of birth control pills dispensed (including emergency contraception)	31,917	29,340	Same (possible increase due to campaign)
Total visits to the Sexually Transmitted Infection (STI) Clinic	8,052	8,363	Same (possible increase due to campaign)
Total visits to the Family Planning Clinic	<ul style="list-style-type: none"> London: 6,683 Strathroy: 372 	<ul style="list-style-type: none"> London: 6,474 Strathroy: 225 	<ul style="list-style-type: none"> London & Strathroy: Same (possible increase due to campaign)
Total visits for IUD/IUS insertions	N/A	220	Increase
# of new clients/ total visits for IUD/IUS insertions	Number of IUD/IUS not tracked as just began insertions	209/ 220	Increase (offering insertions more frequently and in a more integrated manner)
Component of Team #2 Harm Reduction			
Total visits to the Needle Exchange Program at Health Unit	992	600	Increase
Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit	48,884 / 21,913	91,259 / 18,947	Increase
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up	1,309 / 81 / 21 / 20	1,403 / 101 / 18 / 34 Numbers not final yet	Same

2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCD SH

Component of Team #4 Sexual Health Promotion (including Education)			
Sexual Health Campaigns	Are You Doin' It; Add Your Colour; Clinic Promotion	STI Guinness Record Testing Campaign; Clinic Promotion materials; Add Your Colour Campaign	Expand STI Guinness Testing Campaign; Launch Clinic promotion materials and develop video
# of presentations, health fairs and clinic tours	121	59	Same
# of phone calls to Public Health Nurse for sexual health info	760	4525 (external)	Same
Component of Team #5 Social Determinants of Health			
Initiatives that were the focus of the Social Determinants of Health Public Health Nurse	Methadone Maintenance Best Practice Workgroup; Community Opioid Overdose Prevention initiative	In addition to 2014 initiatives; Municipal drug strategy; Staff education about Social Determinants of Health; Internal Health Equity Impact Assessment.	In addition to 2014 initiatives; Review role description of SDOH PHN; Partner with Community Drug Strategy Lead.

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	18.3	18.6
Program Manager	1.0	1.0
Public Health Nurses	11.9	11.8
Health Promoter	1.0	1.5
Clinical Team Assistants	4.0	3.9
Program Assistant	0.4	0.4

2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCD SH

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,246,366	\$ 1,126,894	\$ 1,275,572	\$ 1,333,676	\$ 58,104	4.56%
Benefits	282,151	275,767	300,683	315,173	14,490	4.82%
Travel	9,500	6,079	9,850	9,850		
Program Supplies	338,457	322,833	338,452	338,452		
Staff Development	4,500	2,672	4,500	4,500		
Professional Services	389,921	305,177	386,937	515,630	128,693	33.26%
Furniture & Equipment	2,504	4,360	2,504	2,504		
Other Program Costs	29,088	56,446	29,520	29,520		
Total Expenditure	\$ 2,302,487	\$ 2,100,228	\$ 2,348,018	\$ 2,549,305	\$ 201,287	8.57%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,584,048	\$ 1,366,197	\$ 1,647,266	\$ 1,719,860	\$ 72,594	4.40%
MOHLTC – 100%	433,439	431,602	415,752	544,445	128,693	33.75%
MCYS – 100%						
User Fees	285,000	284,676	285,000	285,000		
Other Revenue		17,753				
Total Revenues	\$ 2,302,487	\$ 2,100,228	\$ 2,348,018	\$ 2,549,305	\$ 201,287	8.57%

2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCD SH

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Expand the STI Guinness Campaign to a large campaign for Southwest Ontario with other Health Units.
- Continue to enhance and promote The Clinic Services. Launch of “Top 10 Reasons to Get Tested” and develop Clinic Video.
- Complete Program Review for Sexual Health and implement changes to increase efficiencies and effectiveness.

SECTION J

PRESSURES AND CHALLENGES

- Changes resulting from the program review may vary in ease of implementation.
- Significant increase in demand for Needle Exchange services and in disposal costs, as well as expansion of services offered (now distributing naloxone and safer inhalation kits; services being offered at two additional community organizations to increase client access).

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

• Decrease Sexual Health Clinic Casual Public Health Nurses - \$9,300

The Wednesday morning Family Planning Clinic has lower volumes compared to others and can be offered efficiently with just one physician and one Public Health Nurse (rather than 2 of each). This proposal looks at reducing one casual Public Health Nurse. This change is not expected to have any significant impact on client service or client experience.

• Decrease Casual Clinic Assistant Hours - \$3,000

This proposal would decrease casual Clinical Team Assistant (CTA) staffing by 0.1 FTE, by reducing the number of CTA's providing office support on Wednesday afternoons.

• Community Drug Strategy Lead - \$37,800

This proposal recommends investing in a Community Drug Strategy Lead to facilitate the development and implementation of a strategy based on Vancouver's Four Pillars Drug Strategy (harm reduction, prevention, treatment, enforcement).

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

ORAL HEALTH PROGRAM

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OHCD SH	MANAGER NAME	Chimere Okoronkwo	DATE
PROGRAM TEAM	Oral Health	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The overall goal of the Oral Health Team is to enable an increased proportion of children to have optimal oral health. The Team achieves this through identifying those at risk of poor oral health outcomes and ensuring they have appropriate information, education and access to oral health care (both treatment and essential clinical preventive health services).

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards (OPHS) addressed include: Child Health, Foundational Standard.

- Children in Need of Treatment (CINOT) Protocol (2008)
- Oral Health Assessment and Surveillance Protocol (2008)
- Preventive Oral Health Services Protocol (2008)
- Protocol for the Monitoring of Community Water Fluoride Levels (2008)

2015 Planning & Budget Template

Program: Oral Health – OHCDSh

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 School Screening

School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). A Dental Hygienist, with the support of a Dental Assistant, checks children's teeth to identify if they have urgent dental needs, such as cavities.

Those identified as having dental needs are followed-up to ensure that dental care (treatment and prevention) is provided. For those who cannot afford dental care, publicly-funded treatment is offered at the 50 King Street Dental Office or at a community dental office under the Children in Need of Treatment Program (CINOT) or Healthy Smiles Ontario (HSO), depending on eligibility criteria. Children on Ontario Works also receive publicly-funded dental care.

COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, Reporting and Quality Improvement

Oral health trends and the associated risk factors within the community are monitored and reported in the Annual Oral Health Report. The intended outcomes include the classification of schools according to different risk ratings, which determine if additional grades should receive screening, and the adjustment of programs and services in response to observed trends. Evidence-informed interventions are pilot tested when programs and services are adjusted.

COMPONENT(S) OF TEAM PROGRAM #3 Oral Health Promotion

Information and education on oral health topics, such as brushing, flossing, healthy eating, and first dental visits are delivered in school and community-based settings, as well as via the website, email and telephone. Additional oral health promotion strategies will be explored for 2015.

COMPONENT(S) OF TEAM PROGRAM #4 Clinical Services

The 50 King Street Dental Office offers a full dental clinic that provides a range of treatment (e.g., fillings and extractions) and preventive services (e.g., cleaning, sealants and fluoride). Treatment is provided to children on publicly-funded dental programs (e.g. Children in Need of Treatment, Healthy Smile Ontario and Ontario Works). Preventive services (under the Prev-OH program) are provided to these children, as well as children who cannot afford this type of care from a community dentist. Under the SmileClean Program, adults can also receive cleanings at the Dental Office for a small fee if they are on Ontario Works or have children in the Healthy Smiles Ontario Program.

COMPONENT(S) OF TEAM PROGRAM #5 Fluoride Varnish

Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the dental consultant at the Health Unit, for monitoring purposes. Regular application of fluoride varnish is an evidence-based preventive strategy that can positively impact oral health outcomes, particularly in high risk settings. The team will continue to pilot the delivery of fluoride varnish programs in selected high risk schools in 2015; we will determine how to most effectively scale up the pilot, and proceed with further implementation. Fluoride varnish programming will also be expanded to childcare settings and other appropriate venues (see PBMA proposal for more information).

2015 Planning & Budget Template

Program: Oral Health – OHCDH

COMPONENT(S) OF TEAM PROGRAM #6 Processing of Dental Claims

The Health Unit processes claims for Healthy Smiles Ontario (HSO), Children in Need of Treatment (CINOT) and Middlesex County Ontario Works that are generated by local dentists for services provided to children under these programs. It is intended that claims are paid within an acceptable time frame (i.e. within 25 business days of the date of receipt of the claim). Based on Ministry communications, it is expected that processing of dental claims by health units will be discontinued as of August 2015.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 School Screening			
# of eligible students screened / % of eligible school children screened	15,751 / 81%	15,797 / 84%	Increase
Percent of publicly-funded schools screened (accountability indicator for 2014)	100%	100%	Same
% of children screened that are identified as requiring urgent care / preventive services (cleaning, sealants, fluoride varnishes)	3.96% / 7.6%	3.98% % / 9.9%	Same
Component of Team #2 Monitoring, Reporting and Quality Improvement			
% of schools classified as “High Risk”, % of schools classified as “Medium Risk” based on dental screening in Grade 2 students.	10.3% / 8.7%	11.2% / 9.6%	Same
% of children absent during the school-based dental screening program / % of children excluded from school based screening	8.26% / 15.05%	6.1% / 10.7%	Decrease
Component of Team #3 Oral Health Promotion			
# of oral health presentations	70	65	Decrease (due to disinvestment in universal classroom education)

2015 Planning & Budget Template

Program: Oral Health – OHCDH

Component of Team #4 Clinical Services			
# of CINOT clients / # of clients on other publicly-funded programs	200 / 285	220 / 450	Decrease (due to anticipated Ministry changes)
# of eligible clients who received preventive services (cleaning, sealants, fluoride varnish)	600	550	Decrease (due to anticipated Ministry changes)
Component of Team #5 Fluoride Varnish			
# of children who receive fluoride varnish through pilot program	Not applicable	106	Increase
Component of Team #6 Processing the dental claims			
# of HSO / CINOT claims processed	2,791 / 1,181	3,500 / 1,500	Decrease (due to anticipated Ministry changes)
% of HSO / CINOT claims processed within the relevant time frame.	85% / 24%	80% / 30%	Increase

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	15.6	15.7
Dental Consultant (1.0 shared among five health units)	0.4	0.4
Program Manager	1.0	1.0
Dentist	1.0	1.0
Dental Hygienists	4.0	4.8
Dental Assistants	5.7	5.0
Dental Claims Analyst	1.0	1.0
Dental Claims Assistants	2.0	2.0
Health Promoter ¹	0.5	0.5

- 1) In 2015 a reduction of 0.5 FTE Health Promoter in the Healthy Smiles Ontario program to support direct client care (increase in participation).

2015 Planning & Budget Template

Program: Oral Health – OHCDSH

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,039,485	\$ 1,032,907	\$ 1,060,034	\$ 1,084,478	\$ 24,444	2.31%
Benefits	235,768	245,994	237,705	253,894	16,189	6.81%
Travel	22,500	21,863	24,900	21,900	(3,000)	(12.05)%
Program Supplies	88,096	61,708	74,776	82,556	7,780	10.40%
Staff Development	6,000	3,672	5,800	5,800		
Professional Services	878,979	834,680	876,499	834,889	(41,610)	(4.75)%
Furniture & Equipment	12,000	19,265	18,900	18,900		
Other Program Costs	26,300	6,336	29,305	29,305		
Total Expenditures	\$ 2,309,128	\$ 2,226,425	\$ 2,327,919	\$ 2,331,722	\$ 3,803	0.16%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,225,879	\$ 1,107,512	\$ 1,213,025	\$ 1,202,777	(\$ 10,248)	(0.85)%
MOHLTC – 100%	751,567	751,567	751,567	751,567		
MCYS – 100%						
User Fees	221,352	223,143	242,084	247,670	5,586	2.31%
Other Offset Revenue	110,330	144,203	121,243	129,708	8,465	6.98%
Total Revenues	\$ 2,309,128	\$ 2,226,425	\$ 2,327,919	\$ 2,331,722	\$ 3,803	0.16%

2015 Planning & Budget Template

Program: Oral Health – OHCDSh

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Pilot the provision of fluoride varnish to children aged 0 – 4 years in different pre-school settings such as daycare settings, pre-school programs, and other childcare settings.
- Implement targeted classroom-based dental health education lessons to Grades 2 and 4 in selected high-risk schools.
- Expand the school-based fluoride varnish program in selected high risk schools in 2015

SECTION J

PRESSURES AND CHALLENGES

- Current lack of approval from the Thames Valley District School Board (TVDSB) to implement the fluoride varnish program during regular school hours. This would adversely affect the level of participation in this public health intervention.
- The provincial plans to integrate all the publicly-funded Oral Health programs and centralize the claims management process in August 2015 will have staffing and programmatic implications.
- Uncertainty about the funding envelope for the oral health program for two 100% funded provincial programs (Healthy Smiles Ontario and Children in Need of Treatment)
- The deficit in the Dental Clinic, while greatly reduced, will continue due to the fact that revenue from billings for oral health services remains insufficient to keep up with increasing expenses.

2015 Planning & Budget Template

Program: Oral Health – OHCDSh

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Universal Classroom-based Dental Health Education Lessons - \$64,000

The proposal would discontinue the universal classroom-based dental health education lessons at schools and instead opt for targeted delivery of the lessons within high-risk schools also receiving fluoride varnish treatments. This approach is expected to have a more significant impact on caries prevention.

Panorex Services - \$4,000

The Panorex X-ray machine was installed at the 50 King Dental Clinic in 2011 and is used to produce digital dental panoramic radiograph. This proposal would offer digital dental panoramic radiograph services to clients of community dental offices for a fee.

Children in Need of Treatment Savings (CINOT) - \$82,000

This proposal reflects incurred savings from the CINOT program due to decreased participation of eligible children and youth in the program. These dental services are being accessed through the Healthy Smiles Ontario (HSO) program funding instead of CINOT due to the expansion of HSO eligibility.

Pre-School Caries Prevention Program - \$60,000

This proposal would allow fluoride varnish treatment to be offered in daycare settings, preschool programs, and other childcare settings in neighbourhoods with children at high risk of early childhood caries.

Dental Health Promoter - \$37,500

The Oral Health team requires a health promoter to engage in program development, promotion, and evaluation, to support implementation of initiatives aimed at reducing preschool caries. This individual will also provide health promotion support to other teams within OHCDSh.

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION
DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR

SECTION A				
SERVICE AREA	EHCDP	MANAGER NAME	Sarah Maaten	DATE
PROGRAM TEAM	Director / Epidemiology / Program Evaluator	DIRECTOR NAME	Wally Adams	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> Oversight of the activities and staff of the EHCDP service area in all areas including program and service delivery, performance, human resources, and finance, is provided by the Director and supported by the Executive Assistant. The Epidemiologist and Program Evaluators provide consultation to EHCDP and the overall health unit in program planning, population needs assessments, health assessment and surveillance, and program evaluation to help ensure that programs are evidence-informed.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> Ontario Public Health Standards Principles of Need, Impact and the Foundational Standard components of Population Health Assessment, Surveillance, Research and Knowledge Exchange and Program Evaluation are supported by the Epidemiologist/Program Evaluator team. The Ontario Public Health Organizational Standards of Leadership, Community Engagement and Responsiveness, and Management Operations within EHCDP and across the organization are supported by the Director in collaboration with the SLT.

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING
<p>The objective of this component is to increase capacity among public health practitioners for effective program planning, evaluation and evidence informed decision making. Targeting public health staff and managers, activities of this component include planning and delivering training sessions to enhance use of research evidence and conducting program evaluations. It also involves the development of a larger plan, with associated processes, for capacity building in MLHU staff.</p>

2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

COMPONENT(S) OF TEAM PROGRAM #2 PROGRAM PLANNING SUPPORT

The objective of this component comes directly from the OPHS Foundational Standard. We aim to increase awareness among public health practitioners, policy-makers, community partners, health care providers, and the public of the best available research regarding the factors that determine the health of the population and support effective public health practice. The Epi/PE team will conduct activities that support public health practitioners and other key stakeholders in accessing and interpreting various forms of evidence to establish need for their programs and identify effective public health intervention strategies.

COMPONENT(S) OF TEAM PROGRAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE

The objective of this component comes directly from the OPHS Foundational Standard. To increase awareness among the public, community partners and health care providers of relevant and current population health information. The target audiences include public health practitioners, the public, community partners and health care providers. Activities for this component include disaggregating local health data by social determinants of health and ensuring that Rapid Risk Factor Surveillance System (RRFSS) data is analyzed and interpreted so that all sources of local health assessment information can be distributed to the target audiences. Additionally, identification of new sources of local data and diverse methods will be investigated.

COMPONENT(S) OF TEAM PROGRAM #4 PROGRAM EVALUATION SUPPORT

The objective of this component comes directly from the OPHS Foundational Standard. To Increase awareness among public health practitioners of the effectiveness of existing programs and services, as well as of factors contributing to their outcomes. Activities for this component include collaborating with public health practitioners to conduct process and outcome evaluations of their programs.

COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE

The objective of this component comes directly from the OPHS Foundational Standard. To establish and maintain effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. Working with community researchers and academic partners, activities for this component include developing partnerships and participating in research opportunities.

2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014 (anticipated)	2015 (estimate)
COMPONENT OF TEAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING			
Average monthly % of EHCDP staff responsible for program planning and evaluation who attend Evidence Club meetings	13%	15%	Increase
% of EHCDP staff responsible for program planning and evaluation who can develop a logic model	50%*	75%^	Increase
% of EHCDP staff who agree that MLHU organization believes that research evidence is useful to determine program or policy strategies and interventions.	71%*	88%^	Increase
COMPONENT OF TEAM #2 PROGRAM PLANNING SUPPORT			
% of EHCDP staff responsible for program planning and evaluation who integrate various forms of evidence including research, professional experience, political climate and community context to inform decision making.	56%*	69%^	Increase
COMPONENT OF TEAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE			
% of EHCDP staff responsible for program planning and evaluation who review surveillance data to understand the extent of issue or problem.	50%*	66%^	Increase
COMPONENT OF TEAM #4 PROGRAM EVALUATION SUPPORT			
% of EHCDP staff responsible for program planning and evaluation who review evaluation reports to assess who is accessing and benefiting from our programs and services.	36%*	53%^	Increase
COMPONENT OF TEAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE			
% of projects involving partnerships with community researchers, academic partners and other organizations. (Indicator to be developed)	NA	24% (11/46)	Increase

*Based on 68% response rate

^Based on 51% response rate

2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

SECTION F		
STAFFING COSTS:	2014 Total FTEs	2015 Estimated FTEs
	4.75	4.75
Director	1.0	1.0
Administrative Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.75	1.75

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 329,080	\$ 329,582	\$ 385,691	\$ 402,000	\$ 16,309	4.23%
Benefits	79,827	80,965	91,816	98,619	6,803	7.41%
Travel	4,400	3,101	5,858	5,858		
Program Supplies	6,260	5,183	4,180	4,180		
Staff Development	3,758	1,318	2,500	2,500		
Professional Services		2,035	56,000	56,000		
Furniture & Equipment						
Other Program Costs	1,524	1,558	3,404	3,404		
Total Expenditure	\$ 424,849	\$ 423,742	\$ 549,449	\$ 572,561	\$ 23,112	4.21%

2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 424,849	\$ 423,742	\$ 549,449	\$ 572,561	\$ 23,112	4.21%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenue	\$ 424,849	\$ 423,742	\$ 549,449	\$ 572,561	\$ 23,112	4.21%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Continue to build capacity and culture to support program planning and evaluation. Activities include supporting a knowledge broker training program and developing a Locally Driven Collaborative Project to assess and improve capacity for evaluation
- Enhance surveillance tools and build robust quality improvement processes for Environmental Health teams.

SECTION J

PRESSURES AND CHALLENGES

- Increasing number of Accountability Agreement indicators
- Further engagement in Program Budgeting and Marginal Analysis requiring in depth review of the need, impact, capacity and partnerships/collaboration components of programs and services.
- Increased public expectation of accountability

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

N/A

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION
CHRONIC DISEASE PREVENTION AND TOBACCO CONTROL

SECTION A

SERVICE AREA	EHCDP	MANAGER NAME	Linda Stobo	DATE
PROGRAM TEAM	Chronic Disease Prevention and Tobacco Control	DIRECTOR NAME	Wally Adams	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

- The Chronic Disease Prevention and Tobacco Control Team aims to improve, promote and protect the health of our community through the prevention of chronic disease. Program areas include: food security, food skills development, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the Skin Cancer Prevention Act; tobacco use prevention, cessation and enforcement.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- OPHS:** Foundational Standard; Chronic Disease Prevention
- Relevant Legislation:**
 - Health Protection and Promotion Act
 - Smoke-Free Ontario Act (SFOA) and Ontario Regulation 48/06
 - City of London Smoking Near Recreation Amenities and Entrances Bylaw
 - The Skin Cancer Prevention Act
 - Bill 45 – The Making Healthier Choices Act (The Electronic Cigarette Act, Menu Labelling and further amendments to SFOA)
- OPHS Protocols**
 - Nutritious Food Basket Protocol, 2014
 - Tobacco Compliance Protocol, 2008
 - Tanning Beds Compliance Protocol, 2014
- Relevant Funding Agreements and Directives**
 - Ministry of Health and Long-Term Care **Smoke Free Ontario** Program Guidelines
 - Smoke-Free Ontario Act Enforcement Directives (Youth Access, Tobacco Retail & Manufacturing, and Enclosed Public Places/Workplaces) or as current

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: SUN SAFETY AND ULTRAVIOLET RADIATION (UVR) EXPOSURE

Goal: Decrease the rates of melanoma and other types of skin cancer

- promote sun protective behaviours and support the development of policies within workplaces, schools and childcare facilities that protect people from exposure to UVR
- promote the Skin Cancer Prevention Act to reduce youth access to artificial tanning services and to promote the dangers of artificial tanning
- promote skin checks and increase capacity within the healthcare community to facilitate the early detection of melanoma and skin cancer cells
- conduct annual inspections of all tanning bed operators and respond to complaints and inquiries
- decreased youth exposure to tanning bed and artificial tanning advertisements and promotions
- promote compliance with the Skin Cancer Prevention Act through vendor education and inter-agency enforcement activities

COMPONENT(S) OF TEAM PROGRAM #2: FOOD SECURITY, FOOD SKILLS/LITERACY, FOOD SYSTEMS AND PROMOTION OF HEALTHY EATING

Goal: Decrease the morbidity and mortality from preventable chronic diseases through the adoption of healthy eating behaviours and increased access to nutritious, culturally appropriate foods

- the provision of food skills workshops to high risk youth and other priority populations (low literacy, low income, transient, young mothers)
- annual collection of the Nutritious Food Basket Survey data; advocacy efforts around food insecurity and impact of income on health (e.g. Provincial Poverty Project)
- support the development of policies within workplaces and municipalities, and advocacy/enactment of Bill 45 – the Making Healthier Choices Act (menu labelling) to achieve healthy food environments
- promote healthy eating and increased access to fruits and vegetables (e.g. Harvest Bucks Voucher Program)
- support implementation of the objectives of the London Food Charter through the establishment of a London Food Policy Council
- address the environmental, economic, social and nutritional factors that impact food-related issues in the community

COMPONENT(S) OF TEAM PROGRAM #3: TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT

Goal: Decrease the morbidity and mortality from tobacco use by preventing the initiation of tobacco use in youth and young adults

- **One Life One You** - increase the actionable knowledge among youth about tobacco health risks and correlated risk factors, and to decrease the social acceptability of the tobacco industry and tobacco use by changing social norms through creative health promotion initiatives and community events
- policy development within school boards and municipalities to promote tobacco-free cultures (e.g. tobacco-free schools, outdoor bylaws)

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

- advocacy and promotion of Bill 45 – the Making Healthier Choices Act (The Electronic Cigarette Act and amendments to the Smoke-free Ontario Act)
- education on the impact of tobacco impressions in youth-rated movies and advocate for the implementation of the Ontario Coalition for Smoke-Free Movies' policy recommendations

COMPONENT(S) OF TEAM PROGRAM #4: TOBACCO CESSATION

Goal: Decrease tobacco-related disease and death in Middlesex-London through the provision of cessation services targeted to priority populations

- encourage tobacco users to quit through collaborative communication campaigns
- support the development of policies within workplaces, healthcare facilities and municipalities to promote cessation
- increase the number of healthcare providers who engage clients/patients in a cessation intervention (BCI, Intensive Interventions, provision of NRT)
- provision of cessation counselling services and increased access to nicotine replacement therapy/aids to priority populations (e.g. low income, living with mental illness, etc)

COMPONENT(S) OF TEAM PROGRAM #5: PROTECTION AND TOBACCO ENFORCEMENT (SMOKE-FREE ONTARIO ACT AND MUNICIPAL BYLAWS)

Goal: Decrease tobacco-related disease and death in Middlesex-London through reduced exposure to second-hand smoke and reduced access to tobacco products/promotion

- conduct three rounds of youth access inspections and at least one display, promotion and handling inspection at all tobacco retailers
- conduct mandated inspections at secondary schools, public places and workplaces (e.g. proactive inspections, responding to complaints/inquiries)
- promote and ensure compliance with the 2015 Regulatory Amendments to the Smoke-Free Ontario Act, increasing prohibitions on tobacco use on bar and restaurant patios, within 20 meters of playground equipment, sports fields and spectators areas
- increase municipal prohibitions on tobacco use (e.g. smoke-free private market and social housing)
- decreased exposure to tobacco products and tobacco industry product marketing/promotion
- promote compliance with the Smoke-Free Ontario Act through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement
- advocacy and enactment of Bill 45 – the Making Healthier Choices Act (The Electronic Cigarette Act and amendments to the Smoke-free Ontario Act)

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
% of tanning bed operators inspected twice annually for compliance with the Skin Cancer Prevention Act	N/A	100%	100%
% of Middlesex-London adults who reported getting a sunburn in the last 12 months	N/A	39.2% (2013 data)	Not reported again until 2016
Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING			
% of Middlesex-London residents aged 12 years and older reporting eating the recommended daily amount of vegetables and fruit	37% (2011/2012)	TBD	Increase
Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
# of Youth Engaged/Reached in Programming through partnerships/projects	4500	4750	5000
# of Attendees at annual Smoke-free Movie Night in the Park	1800	>2000	2500
% of youth who have never smoked a whole cigarette (Accountability Agreement Indicator)	≥ target of 85.3%	92.2%	Same
Component of Team #4 TOBACCO USE CESSATION			
% of adults aged 19 years and over in Middlesex-London that are current smokers	19% (2011/2012)	TBD	Decrease
Component of Team #5 PROTECTION AND ENFORCEMENT			
% of Middlesex-London exposed to SHS in vehicles and in public places	15.4% (2011/2012)	TBD	Decrease
% of tobacco vendors in compliance with youth access legislation at last inspection (Accountability Agreement Indicator)	99.4%	99.1%	≥ 90%
# of inspections of public places and workplaces	1600	1891	1800

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	13.2	12.7
Program Manager	1.0	1.0
Public Health Dietitians	2.0	2.5
Public Health Nurses	3.5	2.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.1	3.1
Administrative Assistants	1.5	1.5
Youth Leaders (6-8 students, approx.. 7-10 hours/week)	0.9	0.9
Test Shoppers (6 students, approx. 4 to 8 hours per month)	0.2	0.2

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 786,053	\$ 765,760	\$ 810,634	\$ 885,984	\$ 75,350	9.30%
Benefits	179,934	184,763	196,624	206,374	9,750	4.96%
Travel	33,691	31,592	31,597	29,300	(2,297)	(7.27)%
Program Supplies	65,455	99,943	169,919	77,407	(92,512)	(54.44)%
Staff Development	3,850	2,461	3,378	2,050	(1,328)	(86.69)%
Professional Services	9,500	10,082	11,345	11,345		
Furniture & Equipment	9,000	7,673	106		(106)	(100)%
Other Program Costs	52,909	48,143	46,982	41,919	(5,063)	(10.78)%
Total Expenditure	\$ 1,140,392	\$ 1,150,417	\$ 1,270,585	\$ 1,254,379	\$ (16,206)	(1.28)%

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 493,155	\$ 499,030	\$ 637,078	\$ 620,872	\$ (16,206)	(2.54)%
MOHLTC – 100%	640,316	640,316	633,507	633,507		
MCYS – 100%						
User Fees						
Other Offset Revenue	6,921	11,071				
Total Revenue	\$ 1,132,393	\$ 1,150,417	\$ 1,270,585	\$ 1,254,379	\$ (16,206)	(1.28)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- The enactment and promotion of Regulatory amendments under the Smoke-Free Ontario Act prohibiting smoking on bar and restaurant patios, within 20 metres of playgrounds and within 20 metres of sports fields and spectator areas.
- The continued expansion/enhancement of tobacco cessation services delivered by the Health Unit to reach priority populations.
- Increased involvement in the development of a local food policy council and increased Health Unit capacity to engage stakeholders from across the food chain, from production to consumption and waste management, to create a healthy community food system in London and Middlesex County.
- Advocacy and enactment of Bill 45 – the Making Healthier Choices Act through 2015 to 2017.

SECTION J

PRESSURES AND CHALLENGES

- The promotion and enforcement of the Skin Cancer Prevention Act requires additional work and program dollars – it will be a challenge if additional resources are not provided by the Province.
- Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

comprehensive tobacco control program. Challenges are being mitigated by decreasing essential program supply dollars.

- The challenges for tobacco control coordination are being mitigated by increasing the cost-shared budget portion of the Program Manager's salaries and benefits from 50% to 60%. This adjustment is also reflective of the Program Manager's portfolio.
- The challenges for youth prevention are being mitigated by decreasing program materials.
- Promotion and enforcement of the new smoking prohibitions under Regulation 48/06 of the Smoke-Free Ontario Act requires additional enforcement and program dollars (promotional) that will be a challenge if additional resources are not provided by the Province. FTE reductions to Tobacco Enforcement Officers may be required.
- Bill 45 – the Making Healthier Choices Act, if enacted will mandate menu labelling, further amendments to the Smoke-Free Ontario Act and the enactment of the Ontario E-Cigarette Act. Public Health Units will be designated to support the implementation and enforce the new legislation. These mandated activities exceed current capacity.
- Responding to inquiries from the public and healthcare providers about the integrated cancer screening programs and changes to screening program guidelines (breast, cervical, and colorectal cancer) will be a challenge due to the decision to disinvest in the early detection and prevention of cancer programming.

2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Disinvestment in the early detection and prevention of cancer program – (1.0 FTE PHN at \$97,262)** – reduce duplication of work of Cancer Care Ontario and allow for health unit resources to be re-allocated to primary cancer prevention strategies including healthy eating, substance misuse (alcohol and other drugs), physical activity and poverty.
- **Investment in food systems work - 0.5 FTE Registered Dietitian at \$44,000** – to increase Health Unit capacity to take an ecological approach (environmental, economic, social and nutritional factors) to address food-related issues in our communities, including food insecurity, consumption of nutrient-poor foods, and rates of overweight/obesity and chronic diseases. This investment will support the continued exploration of the development of a local Food Policy Council.
- **Chronic Disease Prevention Manager Realignment - \$12,469** – to increase the FTE allocation of the Program Manager to 0.6 Chronic Disease Prevention from 0.5 to more closely reflect time spent within the program area and to mitigate Smoke-Free Ontario funding challenges.
- **One-time investment in food systems work – 0.5 FTE Registered Dietitian (temporary) at \$44,000** – to complement the permanent ongoing investment in food systems (healthy convenience store initiative, pilot food waste initiatives, etc).
- **Program Supply budget line changes:**
 - End of 2014 one-time funding of \$35,000 to support the development and implementation of a campaign to increase awareness about the dangers of artificial tanning and ultraviolet radiation exposure. The campaign materials are available for use in 2015 if dollars become available.
 - Pressures within the Smoke-Free Ontario Strategy funding envelope are being mitigated through substantial decreases to the program supply budget. This will affect capacity for social marketing and communications

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

FOOD SAFETY

2015 Planning & Budget Template

SECTION A

SERVICE AREA	EHCDP	MANAGER NAME	David Pavletic	DATE
PROGRAM TEAM	Food Safety	DIRECTOR NAME	Wally Adams	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

- The Food Safety team aims to prevent and reduce the burden of food-borne illness through education, monitoring and enforcement activities, including restaurant inspections.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Environmental Health Program Standards (Food Safety) and Food Safety Protocol, 2013
- Health Protection and Promotion Act (HPPA)
- Reg. 562 Food Premises
- Food Premises Inspection and Mandatory Food Handler Training Bylaw (City of London and Middlesex County)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 SURVEILLANCE AND INSPECTION

- Maintain inventory of all food premises.
- Conduct annual risk assessments of all food premises.
- Inspect all food premises including year-round, seasonal, temporary and pre-operational (City of London licensing) and conduct re-inspections, legal action(s) as required in accordance with the Food Safety Protocol, 2013 requirements and Environmental Health Program Standards.
- Monitor all O. Reg. 562 exempted facilities (farmers markets, residential homes, churches / service clubs / fraternal organizations for special events).
- Enforce bylaws (City of London, Middlesex County) – posting inspection summaries / mandatory food handler training certification.

2015 Planning & Budget Template

Program: Food Safety – EHCDP

COMPONENT(S) OF TEAM PROGRAM #2 MANAGEMENT AND RESPONSE

- Investigate and respond to all complaints related to food premises in a timely manner (within 24 hours).
- Investigate all suspected food-borne illnesses and lab confirmed food-borne illnesses related to a food premise in a timely manner (within 24 hours).
- Participate in food recall verification checks.
- Collaborate with Infectious Disease Control team (MLHU), other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture and Food) as directed by the MOHLTC or locally under MOH direction.

COMPONENT(S) OF TEAM PROGRAM #3 AWARENESS, EDUCATION AND TRAINING

- Education / training conducted informally by PHIs during inspections and consultations with food premises operators and staff.
- Provide food handler training courses to specified community groups and administration of exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2013).
- Provide food safety seminars, community presentations and health fairs to promote safe food handling practices.
- Make available food safety information for the general public / food premises operators via on-line (www.healthunit.com) and paper resources (Food Talk, Getting Started Packages and Display Signs etc.).

COMPONENT(S) OF TEAM PROGRAM #4 REPORTING

- Provide reports to the MOHLTC pertaining to the types of food premises, routine inspections, re-inspections, complaints, closures, legal actions, food handler training sessions (by BOH or agent of BOH), food handlers trained and pass / fail rate and certified food handlers present during inspection.
- Provide public disclosure of inspection results through DineSafe website and on-site posting. Monitor DineSafe website for public inquiries (complaints / service requests), website glitches and data input errors resulting in potential inaccuracies. Maintain DineSafe website by including legal actions taken and updated materials. Ensure that all DineSafe facilities receive a DineSafe Middlesex-London Inspection Summary (sign) posted at entrance of facility.
- Respond to all media inquiries related to inspection results.

2015 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
Component of Team #1 Surveillance and Inspection			
High risk food premises inspected once every 4 months (Accountability Agreement Indicator)	99.6% (1,441)	100.0 % (1,410)	100.0%
Moderate risk food premises inspected once every 6 months (Accountability Agreement Indicator)	97.8% (1,626)	99.5% (1,696)	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)	85.9%	89.9%	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (Posting Requirement)	99.3%	99.4%	100.0%
COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE			
*Suspect / Lab Confirmed food-borne illness calls responded to within 24 hours	Estimated 100% (150)	Estimated 100% (164)	100.0%
RRFSS			
**Percentage of Adults (18+) who feel the food in restaurants is safe to eat in their community – 2013	90%	Not available	Increase

*this performance measure is estimated as the Food Safety team is looking into improving the procedure for monitoring and documenting response times so that it is reportable through the database.

**this question is asked every few years and so data for 2014 will not be available.

2015 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION F		
STAFFING COSTS:	2014 Total FTEs	2015 Estimated FTEs
	14.7	13.7
Program Manager	1.0	1.0
Public Health Inspectors	12.7*	11.7
Administrative Assistant	1.0	1.0

*An additional 0.7 FTE have been added here to properly reflect the practice of using Enhanced Food Safety funding to support personnel costs.

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,034,376	\$ 1,009,401	\$ 1,060,704	\$ 1,047,132	\$ (13,572)	(1.28)%
Benefits	237,876	237,750	247,882	241,380	(6,502)	(2.62)%
Travel	25,763	26,854	25,763	25,763		
Program Supplies	30,690	36,511	27,246	7,246	(20,000)	(73.41)%
Staff Development	8,591	4,688	8,591	8,591		
Professional Services						
Furniture & Equipment		1,123				
Other Program Costs	7,841	7,647	7,591	7,591		
Total Expenditures	\$ 1,345,137	\$ 1,323,974	\$ 1,377,777	\$ 1,337,703	\$ (40,074)	(2.91)%

2015 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,261,637	\$ 1,201,043	\$ 1,277,027	\$ 1,266,953	\$ (10,074)	(0.79)%
MOHLTC – 100%	58,000	58,000	58,000	58,000		
MCYS – 100%						
User Fees	25,500	64,931	42,750	12,750	(30,000)	(70.18)%
Other Offset Revenue						
Total Revenues	\$ 1,345,137	\$ 1,323,974	\$ 1,377,777	\$ 1,337,703	\$ (40,074)	(2.91)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Enhanced Compliance Initiative – development of evidence informed strategy for improving food safety in food premises with a documented history of recurring infractions and non-compliance.
- Revisit MOU with London Training Centre to incorporate provincial FHT requirements and work to ensure continuity of services as MLHU transitions through the implementation of this disinvestment.
- Provide additional staff training to meet legislative and program demands (enforcement training, new challenges with high risk foods, meat processing etc.)
- Explore social media initiatives to promote more awareness and education regarding food safety.
- Food Safety assessments and inspections in group homes through the Open Ontario Compliance Initiative – Vulnerable Occupancies Pilot Project.

2015 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION J

PRESSURES AND CHALLENGES

- Implementation of new provincial standardized Risk Categorization tool. This could result in an increase in the number of required inspections for the year and subsequent years.
- FHT disinvestment may result in more administrative work for MLHU in processing certificate and provision of exams.
- A portion of an FTE (PHI) salary is paid using Enhanced Food Safety funding. This funding remains fixed even though personnel costs rise putting pressure on our ability to maintain FTE levels.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- Reduction **(\$22,920)** in ultra-low risk food premises inspections (0.25 FTE)
- Reduction **(\$58,758)** in Food Handler Training classes (0.75 FTE), to be transferred to London Training Centre
- Investment **\$41,765** in enhanced compliance initiative (0.5 FTE in one-time funding) to increase compliance at food premises with repeated food handling infractions

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION HEALTHY COMMUNITIES AND INJURY PREVENTION (HCIP)

SECTION A				
SERVICE AREA	EHCDP	MANAGER NAME	Mary Lou Albanese	DATE
PROGRAM TEAM	Healthy Communities and Injury Prevention (HCIP)	DIRECTOR NAME	Wally Adams	January 2015

SECTION B	
SUMMARY OF TEAM PROGRAM	
<ul style="list-style-type: none"> The HCIP team promotes physical activity and workplace wellness, and works to prevent injuries in a number of areas including child safety, helmet and bike safety, car safety, poisoning and burns, falls across the lifespan, road safety, and vulnerable road users. The team also advocates for healthy community design that supports increased physical activity. The team also provides programs addressing substance misuse (alcohol, marijuana, and other illicit drugs). 	

SECTION C	
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION	
<ul style="list-style-type: none"> Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse 	

SECTION D	
COMPONENT(S) OF TEAM PROGRAM #1 WORKPLACE WELLNESS	
<ul style="list-style-type: none"> Provide consultations to small/medium size workplaces/employers with limited resources to educate them on the importance of workplace wellness programs and to link workplaces with other MLHU programs and services. Collaborate with Southwest Public Health Units to increase knowledge of employers about the positive impact of workplace wellness programs on their employees- May 27th Workshop "Workplace Wellness: Moving Forward" Educate workplaces about the new guideline "Psychological Health and Safety Standard." Participating in a pilot project with United Way to develop an implementation guide for the guideline, and further develop a workplace wellness program for MLHU employees 	

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY
<ul style="list-style-type: none"> Promote physical activity to the entire community with a focus on those in the 18 to 80 age group Chair of the Middlesex-London in Motion Partnership and the implementation of the in Motion Community Challenge Community/partner consultation and supports e.g. Thames Valley Trails Association Saturday morning walks Co-Chair , Active and Safe Routes to School Committee and support school travel planning Promote physical activity in the workplace - March 4th Workshop for Employers – “Active at Work...It Matters More than You Think” Partner with Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs in the City of London (eg. Acti-pass – passes to grade 5 students to access recreational activities) Physical literacy training for Early Years staff across London and Middlesex e.g. daycare facilities
COMPONENT(S) OF TEAM PROGRAM #3 SENIORS AND FALLS/HEALTHY AGING
<ul style="list-style-type: none"> Partner in the Stepping Out Safely Falls Prevention Coalition(partnership of 40 partners) Member of the SW LHIN Integrated Falls Committee who are developing an implementation plan for the Integrated Falls Strategy Integration of falls prevention and home exercise program training/education to PSW students at local colleges and trade schools
COMPONENT(S) OF TEAM PROGRAM #4 ROAD SAFETY (INCLUDING VULNERABLE ROAD USERS)
<ul style="list-style-type: none"> Co-Chair the London-Middlesex Road Safety Coalition to educate people in Middlesex–London about prevention of unsafe road practices. Implementation of countermeasures as identified in the London Road Safety Strategy i.e. distracted driving and pedestrian safety Continue partnership with Middlesex County to educate cyclists and road users about “Share the Road”
COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY
<ul style="list-style-type: none"> Distribute bicycle helmets for vulnerable school age children (Helmets on Kids) Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign Implemented booster seat campaign to increase the number of children properly restrained and to educate parents regarding the child restraint legislation. Plan to complete a Health Equity Impact Assessment review of the Booster Seat Campaign. Poison Prevention Workshop for child care providers/agencies
COMPONENT(S) OF TEAM PROGRAM #6 ALCOHOL AND SUBSTANCE MISUSE
<ul style="list-style-type: none"> Marketing of the video Understanding Canada's Low Risk Drinking Guidelines Continuing to build on the ReThinking Your Drinking campaign and website Advocate provincially for careful and responsible controls around alcohol pricing, availability, and advertising Implement alcohol brief screening intervention in the MLHU Sexual Health Clinic

2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

- Complete a literature review on effective interventions for prescription drug substance misuse prevention.
- Investigate the implementation of the Fentanyl Patch program in Middlesex-London

COMPONENT(S) OF TEAM PROGRAM #7 HEALTHY COMMUNITIES PARTNERSHIP

- Advocate for the endorsement of the international Toronto Charter for Physical Activity (TCPS) in our local municipalities
- Development of a Toolkit to support the implementation of the TCPA principles by municipalities
- Literature review on active transportation, to increase the community's knowledge and use of active transportation methods
- Development of an active transportation campaign to increase residents' knowledge about active transportation and to increase use of active transportation modes of travel.
- Participation in the City of London 'SHIFT' initiative.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Workplace Wellness			
Consultations provided to workplaces	200	134	Increase
Component of Team #2 Physical Activity			
In Motion Community Challenge – Minutes of Physical Activity achieved	2,000,000 minutes of physical activity -City of London residents	4.7 Million minutes of physical activity (11,600 participants)	Increase minutes and number of participants
Elementary Schools Implementing School Travel Plans (STP)	10 STP	8	10
Component of Team #3 Seniors and Falls/Healthy Aging			
Reduce fall-related emergency visits in older adults aged 65 + (Accountability Agreement Indicator – long term targets to be reported in future years)	5969 per 100,000 (Most current available)	N/A	N/A

2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

Component of Team #4 Road Safety including vulnerable road users			
Awareness/Education Campaigns	Winter Driving Be Safe Be Seen	Share the Road Distracted Driving – Buckle Up Phone Down	Continuation of 2014 Campaigns Develop Pedestrian Campaign
Component of Team #5 Child Safety			
% of population (children) who wear a helmet (parents with child aged 5 to 17 years, self-reported)	72.6% reported always wearing a helmet 1850 helmets	N/A 1600 helmets	N/A 1600-1800
Distribution of helmets(Helmet on Kids Coalition) to vulnerable			
Component of Team #6 Alcohol and Substance Misuse			
% of population (19+) that exceeds the Low-Risk Drinking Guidelines (Accountability Agreement Indicator – long term targets to be reported in future years)	27.9% (95%CI 23.2-32.7%) Most recent available	N/A	N/A
Municipal Alcohol Policy Implementation	7 Municipalities	7 Municipalities	Update and review all MAPs
Component of Team #7 Healthy Communities Partnership			
City of London and all Middlesex County municipalities endorse the international Toronto Charter for Physical Activity	5 Municipalities	7 Municipalities	1 remaining
Submit recommendations to Municipal Official Plan reviews	3 Municipalities	London Plan	Contact municipalities to determine which will be reviewing their OP

2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

SECTION F		
STAFFING COSTS:	2014 Total FTEs	2015 Estimated FTEs
	11.6	11.6
Program Manager	1.0	1.0
Health Promoter	0.6	0.6
Public Health Nurses	9.0	9.0
Administrative Assistant	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 915,193	\$ 882,607	\$ 853,039	\$ 883,451	\$ 30,412	3.57%
Benefits	229,157	220,806	205,564	215,920	10,356	5.04%
Travel	6,800	10,691	10,710	11,110	400	3.73%
Program Supplies	29,612	20,230	133,002	73,002	(60,000)	(45.11)
Staff Development	4,000	4,239	5,000	5,000		
Professional Services						
Furniture & Equipment	1,000	2,604	1,000	600	(400)	(40.00)%
Other Program Costs	19,753	71,341	8,058	8,058		
Total Expenditures	\$ 1,205,515	\$ 1,212,518	\$ 1,216,373	\$ 1,197,141	\$ (19,232)	(1.58)%

2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,192,350	\$ 1,147,608	\$ 1,216,373	\$ 1,197,141	\$ (19,232)	(1.58)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	13,165	64,910				
Total Revenue	\$ 1,205,515	\$ 1,212,518	\$ 1,216,373	\$ 1,197,141	\$ (19,232)	(1.58)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Falls Prevention and home exercise program training to all PSW students enrolled at Trios, Medix and Westervelt- to decrease the incidence of falls in older adults
- Booster seat education campaign and distribution of booster seats to public to decrease the incidence of injury and death of children
- Helmet on Kids campaign – education and distribution of helmets to children to decrease the incidence of head injuries
- In Motion Community Challenge – to increase awareness of physical activity benefits and to provide supportive environment for residents to participate in physical activity challenge.
- With addition of a New Nurse Grad, we are able to complete a literature review to determine evidence to educate community regarding prescription drug use and to prevent prescription drug use. The report will inform future evidence informed prescription drug use prevention interventions.

2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

SECTION J

PRESSURES AND CHALLENGES

- Indications from MOHLTC are that there may no longer be available Healthy Community Partnership Fund dollars which provided funding for many healthy community initiatives.
- Insufficient program dollars for optimal public education and promotion campaigns described in evidence-based recommendations for effecting healthy behaviour change.
- Increased expectations by partners to contribute program dollars toward community projects and campaigns.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- \$20,000 Enhancement for the Booster Seat Campaign. This is a reduction from the one-time \$50,000 campaign in 2014.
- \$10,000 Enhancement for the in Motion Community Challenge. This annualized funding is scaled down from the one-time \$50,000 campaign in 2014 to launch in Motion in Middlesex.
- \$10,000 Enhancement for the London Road Safety Strategy

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION/
HEALTH HAZARD PREVENTION AND MANAGEMENT /
VECTOR BORNE DISEASE**

2015 Planning & Budget Template

SECTION A				
SERVICE AREA	EHCDP	MANAGER NAME	Iqbal Kalsi	DATE
PROGRAM TEAM	Health Hazard Prevention and Management / Vector Borne Disease	DIRECTOR NAME	Wally Adams	January 2015

SECTION B	
SUMMARY OF TEAM PROGRAM	
<ul style="list-style-type: none"> To prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors in the environment. The Vector Borne Disease (VBD) program is a comprehensive program to closely monitor and control West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), which are spread by mosquitoes, and Lyme disease (LD), which is spread by ticks. This comprehensive surveillance and control program consists of larval mosquito surveillance and identification, larviciding, adult mosquito trapping, dead bird collection, human surveillance, source reduction, public education, responding to public inquiries, and tick surveillance. 	

SECTION C	
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION	
<ul style="list-style-type: none"> OPHS Standards: Foundational; Health Hazard Prevention and Management; Infectious Diseases Prevention and Control Protocols under the OPHS: Identification, Investigation and Management of Health Hazards; Population Health Assessment and Surveillance; Public Health Emergency Preparedness; Risk Assessment and Inspection of Facilities; Infectious Diseases – West Nile Virus and Lyme Disease Chapters Relevant Acts: Health Protection and Promotion Act; Environmental Protection Act; Occupational Health and Safety Act; Homes For Special Care Act Relevant Regulations: O. Reg 568 Recreational Camps; O. Reg 636 Homes For Special Care; O. Reg 199 West Nile Virus Control Relevant Bylaws: Property Standards; Idling Control; Vital Services; Clearing of Land. Other: West Nile Virus: Preparedness and Prevention Plan for Ontario 	

2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 SPECIAL PROJECTS HEALTH HAZARD PROGRAM

- Marijuana Grow-up Operations (review/comment on referrals from the City of London)
- Demolition Permits Compliance Inspections
- Cooling Towers Surveillance, Maintenance and Compliance
- Climate Change Vulnerability and Adaptation; Ambient Air Quality; Extreme Temperatures (Issue Heat and Cold Alerts)
- Radon Education & Awareness
- Special Risk Residents (Squalor, Hoarding)
- General Toxicology/Risk Assessment & Special Projects: UHI (Urban Heat Island) & HARS (Heat Alert Response Systems); Lead Exposure Shooting Range; Contaminated sites decommissioning/remediation.

COMPONENT(S) OF TEAM PROGRAM #2 GENERAL EH PROGRAM WORK / INVESTIGATIONS

- Responding to Complaints, Service requests, and Referrals (sewage, garbage, nuisance, flooding, insects/pests, rats/vermin, bats, sanitation, landlord non-compliance issues, no heat, no water, poor indoor air quality, mould, etc.)

COMPONENT(S) OF TEAM PROGRAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM

- Review Environmentally Sensitive Land Use Planning applications
- Review applications to remediate and reclaim contaminated sites

COMPONENT(S) OF TEAM PROGRAM #4 COMPLIANCE & INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM

- Inspect facilities that are under the authority of the HPPA and/or its regulations (Boarding and Lodging Homes and Recreational Camps) at least once per year and additionally as necessary.
- Inspect facilities that are not under the authority of the HPPA (Residential Homes, Homes for Special Care) upon request/referral from relevant licensing bodies (City of London, Ministry of Health and Long Term Care, Ministry of Community and Social Services) and additionally as necessary
- Inspect Seasonal Farm Worker Housing at least once per year and additionally as necessary

COMPONENT(S) OF TEAM PROGRAM #5 EMERGENCY RESPONSE SUPPORT

- Work with Manager of Emergency Preparedness in the OMOH to respond to emergencies
- Provide technical guidance as needed in response to emergencies

COMPONENT(S) OF TEAM PROGRAM #6 VECTOR BORNE DISEASE SURVEILLANCE

- Assess all areas of Middlesex-London where standing water sites are found on public property and develop local vector-borne management strategies based on this data.
- Source reduction and standing water remediation when possible
- Detailed surveillance of Environmentally Sensitive Areas (ESAs), as per Ministry of Natural Resources and Ministry of Environment permit requirements.

2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

- Surveillance of ticks, mosquitos, dead birds
- Perform mosquito larvae identification in MLHU laboratory as per PHO Guidelines and analyze results and trends

COMPONENT(S) OF TEAM PROGRAM #7 VBD COMPLAINTS & INQUIRIES & PUBLIC EDUCATION

- Respond to complaints and inquiries from residents regarding WNV, EEE and LD
- Assess private properties when standing water concerns are reported and oversee remedial actions
- Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE
- Distribute educational /promotional materials
- Issue media releases when positive VBD activity is identified.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
COMPONENT OF TEAM #1 SPECIAL PROJECTS HEALTH HAZARDS PROGRAM			
Marijuana Grow-up Operations remediation/ Demolition Permits compliance Inspections/ Cooling Towers Assessed for compliance	100% (240)	100% (216)	Same
COMPONENT OF TEAM #2 GENERAL EH PROGRAM WORK/INVESTIGATIONS			
*Respond to all Complaints, Service Requests, and Referrals (general sanitation; housing conditions; indoor air quality; etc.) within 24 hours	100% (975)	100% (1212)	Same
COMPONENT OF TEAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM			
Land Use Planning Applications – review/comment on referrals	100% (175)	100% (123)	Decrease
COMPONENT OF TEAM #4 COMPLIANCE & INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM			
Inspections of regulated and unregulated facilities/ Migrant Farms Compliance Inspections	100% (300)	100% (276)	Same
COMPONENT OF TEAM #5 EMERGENCY RESPONSE SUPPORT			
Emergency Responses	3	4	Same

2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE			
Identify and monitor significant standing water sites on public property/Mosquito larvae identified in MLHU laboratory	100% (16,969)	100% (12,229)	Same
Larvicide treatment in standing water location where required based on larval identification/ 3 larvicide treatments of all catch basins on public property	100% (89,879) In 16 hectares	100% (98,322) In 24.1 hectares	Same
Adult Mosquitos collected/ Viral tests completed	100% (66,381)	100% (47,032)	Same
Respond to all dead birds reports received/ Test all birds that are suitable for testing for WNV	100% (137)	100% (83)	Same
Passive tick surveillance- receive and identify all tick submissions/ conduct active tick surveillance at sites where indicated from passive surveillance results	100% (149)	100% (101)	Same
COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION			
Respond to all complaints, comments, concerns & inquiries received/On-site visits/ investigations of VBD concerns/ inquires where indicated	100% (369)	100% (341)	Same
Presentation to community events, internal and external partners and clients	10	15	Same

*this performance measure is estimated as the Health Hazard team is looking into improving the procedure for monitoring and documenting response times so that it is reportable through the database.

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	13.5	13.2
Program Manager	1.0	1.0
Public Health Inspectors	5.0	4.7
Program Assistant	0.5	0.5
Program Coordinator – Vector-Borne Diseases (VBD)	1.0	1.0
Field Technician (VBD)	1.0	1.0
Lab Technician (VBD)	1.0	1.0
Students (VBD)	4.0	4.0

2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

SECTION G

Expenditures:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 743,716	\$ 733,645	\$ 768,907	\$ 792,748	\$ 23,841	3.10%
Benefits	172,710	172,681	172,101	176,074	3,973	2.31%
Travel	36,631	33,537	34,111	35,111	1,000	2.93%
Program Supplies	28,073	30,000	27,505	35,505	8,000	29.09%
Staff Development	5,371	3,836	4,636	9,636	5,000	107.85%
Professional Services	212,233	201,428	202,407	200,890	(1,517)	(0.75)%
Furniture & Equipment	3,000	7,648	2,753	1,785	(968)	(35.16)%
Other Program Costs	26,246	25,582	25,718	25,142	(576)	(2.24)%
Total Expenditures	\$ 1,227,980	\$ 1,208,357	\$ 1,238,138	\$ 1,276,891	\$ 38,753	3.13%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,227,980	\$ 1,208,357	\$ 1,238,138	\$ 1,276,891	\$ 38,753	3.13%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 1,227,980	\$ 1,208,357	\$ 1,238,138	\$ 1,276,891	\$ 38,753	3.13%

2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Plan and Implement Climate Change (CC) & Health Vulnerability Assessment report's recommendations
- Continue to develop Health Hazard database and GIS capabilities for better forecasting and modelling for Climate Change related issues and for improving efficiency in Environmental Health Program delivery
- Co-publish two additional CC related reports (Urban Heat Island Effect Study – Western University; and Regional Heat Stress Related Morbidity – Institute for Clinical Evaluation Studies) for the community

SECTION J

PRESSURES AND CHALLENGES

- Reduction in resources to conduct land use application assessments may present challenges if there are a significant number of sensitive assessments requiring review.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **(\$30,500)** **Reduction** – (0.3 FTE) PHI resources in reviewing planning applications. Rather than reviewing all applications, these will be prioritized and only those with a reasonable likelihood of presenting a health hazard will be considered.
- **\$56,765** **Enhancement** – One-time resources (includes 0.5 FTE PHI) to deliver climate change adaptation campaign.

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

SAFE WATER AND RABIES TEAM

SECTION A

SERVICE AREA	EHCDP	MANAGER NAME	Fatih Sekercioglu	DATE
PROGRAM TEAM	Safe Water and Rabies Team	DIRECTOR NAME	Wally Adams	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

- The Safe Water and Rabies Team focuses on preventing/reducing the burden of water-borne illness related to drinking water and preventing/reducing the burden of water-borne illness and injury related to recreational water use. The Team also prevents the occurrence of rabies in humans.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- OPHS Standards:** Foundational; Safe Water; Rabies Prevention and Control
- Protocols under the OPHS:** Drinking Water Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol
- Relevant Acts:** Health Protection and Promotion Act, Safe Drinking Water Act
- Relevant regulations:** O. Reg. 319/08 (Small Drinking Water Systems); O. Reg. 170/03 (Drinking Water Systems); O. Reg. 169/03 (Ontario Drinking Water Quality Standards); O. Reg. 243/07 (Schools, Private Schools and Day Nurseries); O. Reg. 565/90 (Public Pools); O. Reg. 428/05 (Public Spas); O. Reg. 557/90 (Communicable Diseases); O. Reg. 567/90 (Rabies Immunization)

2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 DRINKING WATER PROGRAM

- Responding to Adverse Water Quality Incidents in municipal systems
- Issuing Drinking/Boil Water Advisories as needed
- Conducting water haulage vehicle inspections
- Providing resources (test kits and information) to private well owners

COMPONENT(S) OF TEAM PROGRAM #2 RECREATIONAL WATER PROGRAM

- Inspection of public pools (Class A and Class B)
- Inspection of public spas
- Inspection of non-regulated recreational water facilities (wading pools and splash pads)
- Offering education sessions for public pool and spa operators
- Investigating complaints related to recreational water facilities

COMPONENT(S) OF TEAM PROGRAM #3 BEACH MANAGEMENT PROGRAM

- Testing beaches in recreational camps in Middlesex-London
- Conducting annual environmental assessment of all public beaches in Middlesex –London
- Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards

COMPONENT(S) OF TEAM PROGRAM #3 SMALL DRINKING WATER SYSTEMS PROGRAM

- Risk assessment of Small Drinking Water Systems (SDWS)
- Monitoring the test results of SDWS regularly
- Responding to Adverse Water Quality Incidents in SDWS

COMPONENT(S) OF TEAM PROGRAM #6 RABIES PREVENTION AND CONTROL

- Investigating human exposures to animals suspected of having rabies
- Confirming the rabies vaccination status of the animals (suspected of having rabies)
- Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis
- Liaising with Canada Food Inspection Agency for the testing of animals for rabies
- Rabies prevention awareness programs

2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 DRINKING WATER PROGRAM			
Respond to reports of Adverse Water Quality Incidents in municipal systems	100 (100%)	56 (100%)	Same
Complete annual water haulage vehicle inspections	4	2	Increase
COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM			
% of Class A pools inspected while in operation (Accountability Agreement Indicator)	100% (102)	100% (102)	Same
% of spas inspected while in operation (Accountability Agreement Indicator)	100% (193)	100% (185)	Same
% of remaining required public pool/wading pool/splash pad inspections	100% (458)	100% (489)	Same
The number of participants to education session for pool and spa operators	131	64	Increase
COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM			
The number of beaches monitored and sampled between May and September (sampling reductions to occur in 2014)	6	1	Same
COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM			
Respond to reports of Adverse Water Quality Incidents in SDWS	20 (100%)	18 (100%)	Same
The number of low and medium SDWS assessed/re-assessed	13	97	6
% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment (Accountability Agreement Indicator)	1 (100%)	None were due	1
COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL			
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification (New Accountability Agreement Indicator)	# of investigations:822	98.6% (953/967)	100%
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	120 (100%)	138 (100%)	Same

2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	7.5	7.5
Program Manager	1.0	1.0
Public Health Inspectors	6.0	6.0
Program Assistant	0.5	0.5
<u>Note:</u> 2.0 Student Public Health Inspectors (Seasonal – May to August)		

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 597,987	\$ 594,300	\$ 620,079	\$ 614,815	\$ (5,264)	(0.85)%
Benefits	130,422	134,863	137,868	140,797	2,929	2.12%
Travel	18,631	20,976	18,631	18,631		
Program Supplies	2,773	5,995	4,745	24,745	20,000	421.50%
Staff Development	3,833	3,466	3,833	3,833		
Professional Services	2,400	2,341	2,400	2,400		
Equipment & Furniture						
Other Program Costs	3,364	3,271	3,364	8,991	5,627	167.27%
Total Expenditures	\$ 759,410	\$ 765,212	\$ 790,920	\$ 814,212	\$ 23,292	2.94%

2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 723,783	\$ 727,666	\$ 747,293	\$ 758,585	\$ 11,292	1.51%
MOHLTC – 100%	35,627	35,981	43,627	55,627	12,000	27.51%
MCYS – 100%						
User Fees						
Other Offset Revenue		1,565				
Total Revenues	\$ 759,410	\$ 765,212	\$ 790,920	\$ 814,212	\$ 23,292	2.94%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Starting partnership with the FoodNet Canada group regarding private well water program enhancements
- Enhancing the pool and spa operator training program (2014 Dr. Neil Lowry Grant)
- Exploring knowledge levels and gaps of SDWS owners/operators (Potential partnership with the Western MPH Program)
- Launching web disclosure of public pool and spa inspections

SECTION J

PRESSURES AND CHALLENGES

- A portion of an FTE (PHI) salary is paid using SDWS funding. This funding remains fixed even though personnel costs rise putting pressure on our ability to maintain FTE levels.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

N/A

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

**SOUTHWEST TOBACCO CONTROL AREA NETWORK
(SW TCAN)**

SECTION A

SERVICE AREA	EHCDP	MANAGER NAME	Donna Kosmack	DATE
PROGRAM TEAM	Southwest Tobacco Control Area Network (SW TCAN)	DIRECTOR NAME	Wally Adams	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

- The SW TCAN coordinates the implementation of the Smoke-Free Ontario Strategy (SFOS) in the Southwestern region of Ontario. Through regular meetings of the SW TCAN Steering Committee and subcommittees the SW TCAN staff engage all partners (9 Public Health Units, and SFOS resource centers and NGOs) in the development of a regional action plan based on local need. The TCAN staff manage the budget, and act as project managers to carry out the regional plan and report to the MOHLTC on progress. TCAN staff are members of provincial SFO task forces and ensure communication from the TCAN to the MOHLTC and provincial partners and to help guide the progress of the Smoke-Free Ontario Strategy provincially.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- **OPHS Standards:** Foundational; Chronic Disease Prevention
- **Protocols under the OPHS:** Tobacco Compliance
- **Relevant Acts:** Health Protection and Promotion Act, Smoke-Free Ontario Act, Tobacco Control Act, Municipal by-laws in local PHU areas.

2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 TOBACCO CESSATION

- Increase capacity of PHUs to work with health care providers to speak to their patients/clients about tobacco use.
- Increase the capacity for PHUs to develop, implement, promote and evaluate local cessation clinics
- Increase cessation messages and specific opportunities for cessation support for Young Adults

COMPONENT(S) OF TEAM PROGRAM #2 TOBACCO PREVENTION AND YOUTH ENGAGEMENT

- Increase the number of youth and young adults exposed to provincial tobacco prevention campaigns
- Increase the number of youth engaged in tobacco prevention activities and initiatives in their communities
- Increase ability of parents to protect their children/youth from the influence of tobacco advertising (i.e. smoking in the movies)
- Findings from the Social Identities research project conducted in 2013 will be used to implement a tobacco prevention strategy targeting youth and young adults who identify with the Alternative Peer Crowd in 2015

COMPONENT(S) OF TEAM PROGRAM #3 PROTECTION AND ENFORCEMENT

- Increase capacity of PHUs to implement tobacco control initiatives aimed at youth access to tobacco products
- Support advocacy efforts of PHUs to contribute to the passing of Bill 45
- By the end of 2015 the SW TCAN will have addressed all SFOA workplace and Multi Unit Dwelling complaints in a consistent way and evaluated the current resources for enhancement in 2016.

COMPONENT(S) OF TEAM PROGRAM #4 KNOWLEDGE EXCHANGE AND TRANSFER

- SW TCAN Manager chairs the Steering Committee which brings together all 9 SW PHUs for knowledge exchange and transfer
- SW TCAN YDS chairs the Youth Engagement Subcommittee and Regional Youth Coalition for knowledge exchange and transfer
- Both the SW TCAN Manager and YDS sit on and chair provincial committees and are involved in the provincial Smoke-Free Ontario Strategy governance structure.

2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 TOBACCO CESSATION			
The number of Health Care Providers who are members of local Communities of Practice related to cessation	100	202	maintain or increase
The number of earned/paid media impressions in the SW TCAN in support of provincial campaigns (Driven to Quit, Would rather Quit the Denial etc.)	750,000	WuR =176, 084 D2Q= 575, 173 Total: 751,257	maintain or increase
COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE			
The number of social media hits received for provincial campaign promotion	350	2,215 (Q1+Q2) Q3+Q4- results not yet received from PHUs	maintain or increase
The number of smoke-free movie nights held in the SW TCAN	9	12	maintain or increase
The number of attendees at smoke-free movie nights held in SW TCAN	6,848	7,100	maintain or increase
COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT			
The number of regional meetings with Tobacco Enforcement Officers	12	6	5
The number of workplace packages distributed in follow-up to complaints	450	343 (Q1+Q2) Q3+Q4- results not yet received from PHUs	maintain or increase
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	12	11	11
# of training opportunities organized by the SW TCAN	8	8	47

*Would like to say we will strive for an increase in all performance measures, however, with budget pressures realistically this is not necessarily possible.

2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATE FTEs
	2.5	2.5
Program Manager	1.0	1.0
Health Promoter (Youth Development Specialist)	1.0	1.0
Administrative Assistant	0.5	0.5

SECTION G						
Expenditures:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 149,289	\$ 150,071	\$ 175,103	\$ 180,891	\$ 5,788	3.31%
Benefits	38,010	36,568	42,054	43,111	1,057	2.51%
Travel	28,915	28,051	32,924	32,000	(924)	(2.81)%
Program Supplies	118,269	126,887	92,848	89,127	(3,721)	(4.01)%
Staff Development	1,500	1,943	1,500	1,500		
Professional Services	49,000	49,000	46,000	45,000	(1,000)	(2.17)%
Furniture & Equipment						
Other Program Costs	51,517	49,815	46,071	44,871	(1,200)	(2.60)%
Total Expenditure	\$ 436,500	\$ 442,335	\$ 436,500	\$ 436,500	\$ 0	0.00%

2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared						
MOHLTC – 100%	\$ 436,500	\$ 436,157	\$ 436,500	\$ 436,500	\$ 0	0.00%
MCYS – 100%						
User Fees						
Other Offset Revenue		6,178				
Total Revenue	\$ 436,500	\$ 442,335	\$ 436,500	\$ 436,500	\$ 0	0.00%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- The SW TCAN will focus efforts to support Bill 45 and if this is passed, will then work to prepare for implementation date of Jan 2016.
- The SW TCAN will participate in provincial smoke-free movies activities planned in February 2015 to garner local media and public education.

SECTION J

PRESSURES AND CHALLENGES

- The SW TCAN has had a static budget since the inception of the Smoke-Free Ontario Strategy in 2005. With increasing wages and benefits over the last 10 years the TCAN budget has become very tight. After expenses this year the base TCAN budget has a program budget of only \$6,378 to be split among the 9 member public health units.
- The TCAN will be further reducing regional meetings in 2015, to save on meeting expenses, however it has reached a point where further meeting reductions in future years will not be possible in order to continue to operate.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

N/A

FAMILY HEALTH SERVICES
OFFICE OF THE DIRECTOR

2015 Planning & Budget Template

SECTION A

SERVICE AREA	FHS	MANAGER NAME	Diane Bewick	DATE
PROGRAM TEAM	Office of the Director	DIRECTOR NAME	Diane Bewick	January, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Office of the Director of Family Health Services area is comprised of the Director of Family Health Services and Chief Nursing Officer (CNO), the Program Assistant to the Director/CNO, an Epidemiologist, Program Evaluator and Community Health Nursing Specialist. The team supports the activities of the entire Family Health Services area.

In addition, the mandate of the Chief Nursing Officer is the responsibility of the Director of Family Health Services. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) work with nurses across the agency to promote excellence in public health nursing practice in order to ensure quality outcomes for the community. The Epidemiologist and Program Evaluator contribute to FHS program planning, population assessment, health assessment and surveillance, and program evaluation.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- Reproductive Health Program
- Child Health Program
- Chronic Disease & Injury Prevention Program
- Sexual Health Program
- Injury Prevention and Substance Abuse Prevention
- Foundational Standards
- Organizational Standards

Child & Family Services Act, 1990

- Duty to Report Legislation

Nursing Act, 1991 College of Nurses of Ontario

2015 Planning & Budget Template

Program: Office of the Director – FHS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - OVERALL FHS LEADERSHIP (DIRECTOR)

- Developing, reviewing and approving all aspects of program initiatives based on best available evidence
- Actively participate in Senior Leadership Team and agency wide policy decisions including effective implementation of these decisions within FHS and MLHU
- Community and Provincial involvement related to the broader public health system eg. selection and development of accountability requirements, province wide training initiatives, consistent Family Health provincial messaging
- Overall responsible for performance assessment, management and development.

COMPONENT(S) OF TEAM PROGRAM #2 - EPIDEMIOLOGY & PROGRAM EVALUATION

- The Epidemiologist and Program Evaluator develops or obtains, and makes available population health assessment, surveillance and program planning and evaluation resources for use in program planning and evaluation activities in FHS. Build capacity for program teams to undertake program planning and evaluation through consultation, working as part of a team on planning and evaluation activities and conducting or arranging for structured educational/training opportunities, eg. workshops, for staff.
- Participates in the development and implementation of agency-wide systems to build capacity for the organization to develop and implement evidence-informed programming, eg. RRFSS, RAC, CHSR.

COMPONENT(S) OF TEAM PROGRAM #3 CNO & CHNS – NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP

- Over half of the front-line service provider at MLHU (across all program Service Areas) are public health nurses whose scope of practice varies significantly with frequent clinic changes. In order to ensure quality of practice and ongoing skill development this role:
 - Provide staff consultations and support to address nursing practice issues.
 - contributes to policy and procedure development for public health and public health nursing practice,
 - provides leadership to the Nursing Practice Council and take leadership role in developing implementing annual practice plans,
 - oversees the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice,
 - leads and plan professional development programs for all agency PHNs (150 nurses),
 - Promotes and support national certifications such as (e.g. Community Health Nursing, International Certified Lactation Consultants, US Infectious Control),
 - leads journal clubs and other knowledge exchange activities with staff to build critical appraisal skills of staff and to identify best practice evidence
 - contributes to human resource recruitment through post-secondary partnerships.

2015 Planning & Budget Template

Program: Office of the Director – FHS

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013 (actual)	2014 (actual)	2015 (target)
COMPONENT OF TEAM #1 OVERALL FHS LEADERSHIP (DIRECTOR)			
Completion, implementation, outcome evaluation of operational plans including budgeting in all program areas.	8 operational plans 100% combined several	12 reviewed quarterly with manager	10
COMPONENT OF TEAM #2 EPIDEMIOLOGY & PROGRAM EVALUATION			
# of projects involving partnership with community researchers, academic partners and other organization.	7	4	6
Complete Middlesex-London Infant Feeding Surveillance System Development, Implementation, Monitoring and Evaluation	n/a	n/a	Completed and piloted
Wiki for FHS – # of staff who have accessed wiki and number of managers who have had key documents uploaded	n/a	n/a	80% of FHS staff; All managers
# of evaluation projects undertaken	n/a	n/a	6
# of consultations with managers and staff re: program evaluation.	11	27	30
COMPONENT OF TEAM #3 CNO & CHNS - NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP			
# of professional development events which promote/ensure public health nursing competencies <ul style="list-style-type: none"> # of all nurse workshops 	2 80% participation	2 80% participation	2 80% participation
<ul style="list-style-type: none"> All agency training (BFI, Smoking Cessation, Substance Misuse, Obesity Prevention) 	BFI Training (100% nurses participated)	100% of nurses trained on BFI	Workshops offered: <ul style="list-style-type: none"> RNAO Addictions (25) Smoking Cessation Mental Health Documentation Standards

2015 Planning & Budget Template

Program: Office of the Director – FHS

• # of practice consultations	58	68	65
• Mentoring/orienting new nursing graduates and nursing students through one-on-one, small group and classroom teaching	2 NNG	7 NNG pilot formalized public health orientation curriculum	5 NNG explore introducing orientation to all new nurses and/or professional staff

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	6.25	6.25
Director and Chief Nursing Officer	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Community Health Nursing Specialist	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.0	1.0
Program Assistant to Epi/PE/CHNS	0.50	0.50
Public Health Nurse (Casual)	0.75	0.75

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 582,280	\$ 513,478	\$ 498,971	\$ 507,040	\$ 8,069	1.62%
Benefits	122,743	117,699	110,940	118,586	7,646	6.89%
Travel	11,800	7,800	14,400	14,400		
Program Supplies	109,350	60,145	82,804	70,804	(12,000)	(14.49)%
Staff Development	15,874	7,632	35,874	9,500	(26,374)	(73.52)
Professional Services	71,000	64,213	11,000	1,000	(10,000)	(90.91)%
Furniture & Equipment	6,000	4,226	6,000	16,000	10,000	166.67%
Other Program Costs	19,150	5,888	18,150	18,150		
Total Expenditures	\$ 938,197	\$ 781,081	\$ 778,139	\$ 755,480	\$ (22,659)	(2.91)%

2015 Planning & Budget Template

Program: Office of the Director – FHS

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 934,823	\$ 771,081	\$ 774,765	\$ 755,480	\$ (19,285)	(2.49)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	3,374	10,000	3,374		(3,374)	(100)%
Total Revenues	\$ 938,197	\$ 781,081	\$ 778,139	\$ 755,480	\$ (22,659)	(2.91)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

Director:

- Development of new agency strategic plan
- Positive staff engagement and culture development
- Implementation/completion 4 new program areas (NutriSTEP, BFI, Post Birth Clinics, Developmental Assets)

CNO/CHNS:

- Strengthen liaison with nursing academia and enhance nursing student placements.
- RNAO Addiction Best Practice Champion Workshop and follow-up
- Review and revision of agency documentation policies and PHN Evaluation Tools

SECTION J

PRESSURES AND CHALLENGES

- Fast paced environment with simultaneous program and staffing changes
- CHNS has significant oversight and consulting responsibilities related to quality nursing practice but does not have positional role to influence improvement or change.
- CHNS works across all Service Areas (including HR, IT, Communications) and the complexity of improving practice is significant

Program: Office of the Director – FHS

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base program budget:

- (\$50,000) Reduced resources available for service area initiatives in the areas training, materials & supplies, purchased services, consulting, and equipment.

The following one-time PBMA proposal has been included in this program budget:

- \$15,000 Enhancement to implement new public survey technology, initially for BFI surveillance, but with significant potential for further community data.

**FAMILY HEALTH SERVICES
REPRODUCTIVE HEALTH TEAM**

2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

SECTION A				
SERVICE AREA	FHS	MANAGER NAME	Tracey Gordon	DATE
PROGRAM TEAM	Reproductive Health Team	DIRECTOR NAME	Diane Bewick	January, 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Reproductive Health Team enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood. Specific topic areas of focus include alcohol and tobacco, healthy eating, physical activity, and mental wellness. This team is also leading the agency-wide Health Care Provider Outreach and Baby Friendly Initiative certification. It also provides significant program resources in moving forward the agency Health Equity priority.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> • Child Health Program • Reproductive Health Program • Foundational Standard • Chronic Disease and Injury Prevention Program • Sexual Health Program <p>Child & Family Services Act, 1990</p> <ul style="list-style-type: none"> • Duty to Report Legislation

Program: Reproductive Health Team – FHS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: PRECONCEPTION HEALTH

Preconception health initiatives are intended to increase the proportion of individuals who are physically, emotionally, and socially prepared for conception and to improve pregnancy outcomes. Strategies include:

- Provide preconception health teaching to priority population groups including, Elgin-Middlesex Detention Center (EMDC), Mutual Aid Parenting Program (MAPP) etc.
- Provide up-to-date preconception information on MLHU website, and implement social media strategies related to preconception health
- Promote the Prepregnancy Planning tool that can be utilized both by clients and Health Care Providers (HCPs)
- Partner with the MLHU Sexual Health Team the Child & Youth Team, London Health Sciences Center (LHSC) and local high schools (HS) to provide learning opportunity for students and support teachers in the classroom.

COMPONENT(S) OF TEAM PROGRAM #2: PRENATAL HEALTH

Prenatal health initiatives are intended to increase awareness of the importance of creating safe and supportive environments that promote healthy pregnancies and healthy birth outcomes.

- Pilot a combined e-learning and skill building prenatal program
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning)
- Provide food skills sessions to increase subsidized access to fruits and vegetables by collaborating with London and Strathroy grocery stores
- Partner with LHSC to pilot an early pre-admit group session to pregnant women in their second trimester (18 – 22weeks)
- Provide prenatal services to at risk pregnant women in collaboration with Southwest Ontario Aboriginal Health Access Center (SOAHAC)

COMPONENT(S) OF TEAM PROGRAM #3: PREPARATION FOR PARENTHOOD

- Our preparation for parenthood initiatives focus on the social, emotional, and mental aspects of parenthood, and how to effectively manage the transition to parenthood, including information about how parenting impacts future health.
- Provide up-to-date preparation for parenthood information on MLHU website
- Offer 'Preparing for Parenthood' class to pregnant women and their support persons
- Develop and implement a preparation for parenthood campaign, targeting pregnant families

COMPONENT(S) OF TEAM PROGRAM #4: BABY-FRIENDLY INITIATIVE

The Baby-Friendly Initiative (BFI) is a evidence-based strategy that promotes, protects and supports breastfeeding, and is an effective tool to increase breastfeeding initiation, duration, and exclusivity. Breastfeeding is a significant contributor to healthy growth and development. MLHU's goal is to become Baby-Friendly designated by the end of 2014 or early in 2015. BFI designation is a Ministry of Health Accountability Agreement indicator.

2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

COMPONENT(S) OF TEAM PROGRAM #5: HEALTH CARE PROVIDER OUTREACH (INCLUDES PRECONCEPTION, PRENATAL, AND EARLY YEARS HEALTH)

The Health Care Provider Outreach Initiative is a strategy to enhance both preconception, prenatal, and early years health within our community through physicians, midwives, nurse practitioners and nurses and other health care providers.

- Strategies focus on providing information to and connecting with health care providers through office visits, mail-outs, website content, paper/electronic resource binders, workshops, presentations regarding all public health information and resources.
- Develop and implement a strategy to strengthen the Health Unit wide HCP Outreach program

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013 (actual)	2014 (actual)	2015 (target)
COMPONENT OF TEAM #1: PRECONCEPTION HEALTH			
Interactive Pre-Pregnancy online self-assessment tool.	<ul style="list-style-type: none"> • “Pre-Pregnancy Planner” tool 	<ul style="list-style-type: none"> • Prepregnancy Planner launched 	<ul style="list-style-type: none"> • 150 hits/month Prepregnancy planner
<u>Preconception Presentations (2014)</u> # of presentations offered # Elgin Middlesex Detention Centre (EMDC) presentations	N/A	<ul style="list-style-type: none"> • 21 sessions • 8 EMDC sessions 	<ul style="list-style-type: none"> • Provide 25 sessions • EMDC twice monthly
COMPONENT OF TEAM #2: PRENATAL HEALTH			
<u>6 - Week Series, Weekend Series, and e-Learning</u> # of 6 week prenatal series: # of women/support persons	<ul style="list-style-type: none"> • 62: 591 women 	<ul style="list-style-type: none"> • 54: 496 women 	<ul style="list-style-type: none"> • 55: 500 women
# of series Weekend Series: # of women/support persons	<ul style="list-style-type: none"> • 4 series:39/36 	<ul style="list-style-type: none"> • 16 series:152/148 	<ul style="list-style-type: none"> • 15 series: 150/150
# of e-learning registrants	<ul style="list-style-type: none"> • 503 registrants 	<ul style="list-style-type: none"> • 468 registrants 	<ul style="list-style-type: none"> • 500 registrants
# of women/support persons attending combined e-learning pilot	N/A	N/A	<ul style="list-style-type: none"> • 5 series
<u>Breastfeeding</u> # of classes provided # of women/support persons attending breastfeeding session	N/A	<ul style="list-style-type: none"> • 10 classes: 63 women/46 supports 	<ul style="list-style-type: none"> • 11 classes

2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

Food Skills Program (2014) # of sessions offered # of women/support persons attending the program		• 28 sessions: 240 women/supports	• 25 sessions: 250 women/supports
COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD			
# of sessions offered # of women/support persons attending sessions	• 12 • 92 women & 88 support persons	• 14 • 87 women and 81 support persons	• 12 sessions offered • 100 women and 90 support
COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE			
BFI policy developed, BOH-approved and orientation provided to all staff, with sustainable processes established to ensure policy orientation of new staff and volunteers	• Annual policy revision completed	• BFI pre-assessment complete	• BFI Certification complete 2015
COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH			
In person office contact/visits to review resource binder and practice changes to health care providers	105 HCP office sessions	418 office sessions	435 HCP office sessions

SECTION F STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	15.0	16.0
Program Manager	1.0	1.0
Public Health Nurse	10.0	10.5
Healthy Promoter	0.0	0.5
Public Health Dietitian	1.0	1.0
Program Assistant	3.0	3.0

2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,001,422	\$ 992,492	\$ 1,033,086	\$ 1,141,169	\$ 108,083	10.463%
Benefits	247,066	242,377	263,212	279,223	16,011	6.08%
Travel	7,700	7,165	7,770	7,770		
Program Supplies	87,800	66,316	56,855	56,855		
Staff Development	3,600	4,534	3,950	3,950		
Professional Services	16,900	21,614	17,250	17,250		
Furniture & Equipment						
Other Program Costs	4,394	2,553	5,069	5,069		
Total Expenditures	\$ 1,368,882	\$ 1,337,051	\$ 1,387,192	\$ 1,511,286	\$ 124,094	8.95%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,359,348	\$ 1,326,256	\$ 1,377,658	\$ 1,501,752	\$ 124,094	9.00%
MOHLTC – 100%						
MCYS – 100%						
User Fees	8,140	5,270	8,140	8,140		
Other Offset Revenue	1,394	5,525	1,394	1,394		
Total Revenues	\$ 1,368,882	\$ 1,337,051	\$ 1,387,192	\$ 1,511,286	\$ 124,094	8.95%

Program: Reproductive Health Team – FHS

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- LHSC - MLHU Partnership: focus is on early prenatal intervention and education session integrated with an enhanced 18 to 22 week gestation pre-admit visit.
- Pilot a new combined e-learning - skill building Prenatal program and evaluate this with existing programs.
- Undertake a Health Equity Implementation Assessment (HEIA) on Food Skills Program
- Partner with Southwest Ontario Aboriginal Health Access Center (SOAHAC) to provide support to vulnerable women of childbearing age.

SECTION J

PRESSURES AND CHALLENGES

- Staff capacity for new initiatives will be pressured by competing demands and timelines
- Cross service initiatives involving all agency programs across three sites involves significant agency commitment and collaboration

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **\$ 50,000 Enhanced 0.5 FTE PHN resources** - This proposal would better address the needs of vulnerable women in providing prenatal support.
- **\$ 37,800 Enhanced 0.5 FTE Health Promoter resources** – to support the work of and coordinate health equity initiatives across the health unit.
- **(\$ 14,966) End of One-time funding** – these resources were required in 2014 to enhance program evaluation.

FAMILY HEALTH SERVICES

EARLY YEARS TEAM

2015 Planning & Budget Template

SECTION A

SERVICE AREA	FHS	MANAGER NAME	Ruby Brewer	DATE
PROGRAM TEAM	Early Years	DIRECTOR NAME	Diane Bewick	January, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The goal of the Early Years Team is to improve the health and developmental outcomes for children by providing a range of services designed to address the physical, psychological, and social growth and development of children ages 0-4. Multi-strategy approaches are used and include facilitating access to and providing direct services, raising awareness and providing education, creating supportive physical and social environments, strengthening community action and partnership, and building personal skills with families and care givers in London and Middlesex County. Topic areas include breastfeeding, safe and healthy infant care, mental health and early childhood development, nutrition, healthy eating/healthy weights, child safety, oral health, immunization, parenting, healthy growth and development and the early identification of developmental concerns.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- Child Health Program
- Chronic Disease and Injury Prevention
- Foundational Standard

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Early Years Team – FHS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 BREASTFEEDING COUNSELING AND SUPPORT

PHNs provide breastfeeding support and teaching through:

- One-on-one support at Well Baby/Child & Breastfeeding clinics located throughout the city and county
- Multi-strategy awareness raising and social marketing initiatives that target physicians and other primary care providers, families, and the community at large
- The use of social media including a breastfeeding video library and maintaining information on the website
- Phone counseling available through the Health Connection phone line during business hours, and the 48 hour postpartum phone call to lower risk families with a new infant.
- Working collaboratively with LHSC to identify mothers at risk of early breastfeeding discontinuation and offering a one-on-one appointment with a PHN/Lactation Consultant between 3-7 days post discharge
- Working with La Leche League to identify opportunities for collaborative peer support
- Providing visits to physician offices and other health care providers (e.g. First Nations, Nurse Practitioners) to offer education and resources related to breastfeeding

COMPONENT(S) OF TEAM PROGRAM #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT

Public Health services provided to promote healthy growth and development and to identify potential developmental challenges early in life includes:

- One-on-one skill-building sessions with parents at Well Baby/Child & Breastfeeding Clinics and through the Health Connection;
- Monthly developmental screening clinics in collaboration with a developmental paediatrician and residents;
- Developing and implementing awareness raising and social marketing campaigns focused on healthy growth and development;
- Providing education and consultation to licensed child care centres
- Participate in the Quality Child Care Coordinating Committee and Professional Learning Committee representing Middlesex London
- Providing educational and parenting support sessions to parents
- Collaborative partnership with Community Early Years Health Care Provider Champions and the Community Early Years Partnership to develop and implement both Universal and Targeted approaches related to attachment – Building Healthy Brains to Build a Healthy Future 3 year campaign
- Providing visits to physician and other health care providers offices (e.g. First Nations, Nurse Practitioners) to offer education and resources related to developmental screening in collaboration with the Health Care Provider Outreach program

2015 Planning & Budget Template

Program: Early Years Team – FHS

COMPONENT(S) OF TEAM PROGRAM #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT

The quality of parenting a child receives is considered the strongest potentially modifiable risk factor that contributes to developmental and behavioural problems in children. Positive parenting promotes healthy, secure infant attachment and is vital to ensuring optimal neurological development and stress response patterns in a child's brain. Services to support parenting include:

- Provide telephone counseling, one-on-one education and support at Well Baby/Child & Breastfeeding Clinics, and referrals to community resources and supports
- Provide direct education, counseling and support for Post-Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment
- Facilitate group skill building sessions e.g. Triple P, Parent Family Literacy Centres

COMPONENT(S) OF TEAM PROGRAM #4 HEALTHY EATING/HEALTHY WEIGHTS AND PHYSICAL ACTIVITY

Good nutrition and physical activity are fundamental to the promotion of healthy early childhood development and are critical components in preventing childhood obesity. In addition to breastfeeding other actions include:

- Tummy Time (designed to help parents understand the importance of infants being placed in a variety of positions throughout the day)
- Trust Me Trust My Tummy (designed to help parents understand feeding cues)
- Canada's Food Guide and Canada's Physical Activity Guidelines
- Outreach campaigns and events in collaboration with community partner e.g. CYN Family Centres, OEYCs
- NutriSTEP promotion and screening
- Education and support with Licensed Child Care Centres

COMPONENT(S) OF TEAM PROGRAM #5 PARTNERSHIP AND COLLABORATION

Two key **Community Early Years Partnerships** are leveraged in accomplishing the goals of this team. The Middlesex-London Community Early Years Partnership consists of approximately 35 organizations. The Community Early Years Health Care Provider Champion Partnership consists of physicians, Nurse Practitioners and specialized service provider agencies. Together they:

- Identifying strategies to reach physicians and other primary care providers such as hosting an annual Main Pro C workshop, presenting at Clinical Rounds, attending the Annual Clinical Day in Family Medicine
- Developing resources (e.g. referral pathways, pamphlets, Red Flags)
- Promoting awareness about the importance of early developmental screening
- Identifying developmental screening opportunities (Nipissing, Ages and Stages)
- Organizing community events/fairs such as the Community Toddler Fairs, Healthy Growth and Development and Screening days, Kids First day), Oneida health fair
- Social media and social marketing initiatives such as radio ads, newspaper & magazine articles and campaigns

2015 Planning & Budget Template

Program: Early Years Team – FHS

The Child and Youth Network Family Centres facilitate the delivery of team programs within an Interprofessional Community of Practice Framework

- Early Years Team PHNs provide a lead role at each Family Centre: Carling Thames, Argyle, White Oaks, Westmount by participating in the planning and delivery of services through the Strategic Collaboration Committee meetings
- All of Middlesex London Health Unit service areas are represented and integrated into the Family Centres

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (actual)	2015 (target)
Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT			
# visits receiving 1:1 counseling @ Well Baby/ Child & Breastfeeding Clinics (WBCs) and phone counseling for breastfeeding	• 3,762 visits received 1 : 1 counseling @ WBCs, Health connection 616; Infantline 550	• 4,349 visits received 1:1 counseling @ WBCs; Health Connection 730; Infantline 335	4,500 visits receive 1:1 counseling @ WBCs; Health Connection 800; Infantline discontinued
Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT			
# of direct developmental screens at Well Baby/Child and Breastfeeding Clinics and in collaboration with community partners. # of growth & development Health Connection counseling calls	• 2978 developmental screens; Health Connection 1,200 families	• 3445 developmental screens; Health Connection 943 families	• 4000 developmental screens; Health Connection 1,000 families
Partnership collaboration including Licensed Child Care Centres (LCCs) and Health Care Providers (HCP)	N/A	• 2 workshops ,2 HCP conferences, 12 presentations, 418 office visits	• 2 workshops, 2 HCP conferences, 20 presentations, 430 office visits
Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT			
Positive parenting education and awareness. e.g. Clinic Talks, Weekly Childreach sessions, Teen Group, Southdale Women's Group, Arabic Women's Group, All About Breastfeeding, Baby Fun Drop In, Heart Space, Wee Ones. Parent Family Literacy Centres, Islamic Woman's Group; Triple P, Let's Grow newsletter	• 11 programs and presentations facilitated	• 60 weekly Childreach sessions, 30 parenting presentations, 14,548 newsletters	• 40 weekly Childreach sessions, 40 parenting presentations, Let's Grow 14,600 newsletters

2015 Planning & Budget Template

Program: Early Years Team – FHS

Direct parent counseling and support @ WBCs, Health Connection, Infantline, Promotional campaigns		<ul style="list-style-type: none"> 4,173 clients @ WBCs, 1,168 Infantline, 1,032 Health Connection, summer safety campaign 	<ul style="list-style-type: none"> WBCs 4,200, Infantline discontinued, 1,200 Health Connection, 3 campaigns
Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY			
Increase access and support to the NutriSTEP screening tools (new provincial indicator)	<ul style="list-style-type: none"> Obtained licensing and plans for implementation 	<ul style="list-style-type: none"> Resource development 	<ul style="list-style-type: none"> 3 NutriSTEP promotion campaigns 100 NutriSTEP screens 3 screening events

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	15.8	15.3
Program Manager	1.0	1.0
Public Health Nurse	12.5	12.5*
Program Assistants	2.4	2.4
Casual PHN (Infantline)	0.5	0.0
Casual PHN (Early Years Team)	0.4	0.4

* Note that 0.5 FTE of new investment in PHN time is under consideration given the recent guidance on provincial funding.

2015 Planning & Budget Template

Program: Early Years Team – FHS

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,150,963	\$ 1,193,204	\$ 1,215,548	\$ 1,209,224	\$ (6,324)	(0.52)%
Benefits	268,001	269,085	283,070	280,029	(3,041)	(1.07)%
Travel	20,000	21,361	21,250	21,250		
Program Supplies	66,656	57,817	61,799	59,371	(2,428)	(3.93)%
Staff Development	3,400	3,311	4,750	4,750		
Professional Services	9,000	3,789	5,693	1,400	(4,293)	(75.41)%
Furniture & Equipment						
Other Program Costs	8,550	11,633	9,114	6,707	(2,407)	(26.42)%
Total Expenditures	\$ 1,526,570	\$ 1,560,200	\$ 1,601,224	\$ 1,582,731	\$ (18,493)	(1.15)%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,526,570	\$ 1,555,731	\$ 1,601,224	\$ 1,582,731	\$ (18,493)	(1.15)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		4,469				
Total Revenues	\$ 1,526,570	\$ 1,560,200	\$ 1,601,224	\$ 1,582,731	\$ (18,493)	(1.15)%

Program: Early Years Team – FHS

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Collaboration with LHSC to offer follow-up breastfeeding appointments at discharge for mothers assessed to be at risk of early discontinuation of breastfeeding.
- 3 PHNs assigned as leads for Licenced Child Care Centres will visit each centre to focus on increasing ECE staff awareness and knowledge regarding the importance of early developmental screening and available community resources. A Developmental Screening Resource Binder will be delivered to each site (approximately 130), a needs assessment will be conducted, and presentations and professional development opportunities will be delivered.
- Building Healthy Brains to Build a Healthy Future campaign and educational strategy in collaboration with the Community Early Years Partnership including Universal and Targeted approaches.
- Child and Youth Network coordination role for all of MLHU

SECTION J

PRESSURES AND CHALLENGES

- Adequate time for planning and resource development due to team responsibility with Well Baby/Child & Breastfeeding Clinics, Health Connection and 48 hour calls
- Establishing a partnership agreement with LHSC to provide post birth breastfeeding appointments to clients upon discharge to mothers at risk of early breastfeeding discontinuation
- Reaching parents of children 1-3 years particularly parents of children in Licensed Childcare Centres

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base budget:

- **(\$100,000) Reduction of (1.0 FTE) PHN resources** – fewer number of Well Baby/Child & Breastfeeding Clinics. Clinics will run for longer hours. This will decrease travel and set up time and will allow PHNs to offer more comprehensive programming e.g. drop-in, by appointment for breastfeeding, developmental screening, Triple P, parenting presentations, collaboration with community partners providing services at the same locations.
- **(\$58,888) Discontinue Infantline Service (0.5 FTE PHN)** – In 2014 the MOHLTC implemented a similar 24/7 telephone support line.
- **\$50,000 Early Breastfeeding Intervention & Support 0.5 FTE PHN** – resource to support early intervention for breastfeeding challenges.
- **\$49,000 Child & Youth Network Coordinator 0.5 FTE** – coordination and streamlining of the City wide Child and Youth Network and the Middlesex County Children's Services Network contributions MLHU. Note that this position is under consideration given the recent guidance on provincial funding.

FAMILY HEALTH SERVICES

SCREENING, ASSESSMENT AND INTERVENTION

2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

SECTION A				
SERVICE AREA	FHS	MANAGER NAME	Debbie Shugar	DATE
PROGRAM TEAM	Screening, Assessment and Intervention	DIRECTOR NAME	Diane Bewick	January 2015

SECTION B	
SUMMARY OF TEAM PROGRAM	
<p>The Screening, Assessment and Intervention Team administers the provincial preschool speech and language program (tykeTALK), the Infant Hearing Program – Southwest Region (IHP-SW) and the Blind Low Vision Early Intervention Program (BLV). MLHU is the lead agency/administration for these programs. Direct services are contracted out to multiple individuals and community agencies. tykeTALK provides services for the Thames Valley region (Middlesex-London, Elgin, Oxford counties). IH and BLV programs cover the regions of Thames Valley, Huron, Perth, Grey-Bruce, and Lambton. Funding and program planning for these programs occurs within a fiscal time frame from the Ministry of Children and Youth Services (MCYS).</p>	

SECTION C	
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION	
<p>This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :</p> <ul style="list-style-type: none"> • Foundational Standard • Child Health Program <p>A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.</p>	

Program: Screening, Assessment and Intervention Team – FHS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 PRESCHOOL SPEECH AND LANGUAGE (TYKETALK)

tykeTALK is a prevention and early intervention program designed to give children the best start in life through optimal verbal communication strategies. The program services children and their families from birth to school-entry. Of all the children that tykeTALK provides service to approximately 60% come from London, 7% from Middlesex county, 16% from Elgin county and 16% from Oxford county. The program consists of the following program components/strategies: Referral/Intake, Intervention and Community Awareness, Support and Education. The goals of the program are to develop and maintain an integrated system of pre-school speech and language services; maintain seamless and efficient access to service; ensure early identification and intervention for all children with communication disorders; provide a range of evidence based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family - centred care that respects and involves parents.

COMPONENT(S) OF TEAM PROGRAM #2 INFANT HEARING PROGRAM

The Infant Hearing Program-SW Region is a prevention and early intervention hearing program. The program consists of the following program components/strategies: universal newborn hearing screening, hearing loss confirmation and audiologic assessment and follow up support and services for children identified with permanent hearing loss. The IHP-SW screens the hearing of 10,000 newborns/year either in the hospital or the community and provides follow-up supports and services to approximately 120 children per year who have permanent hearing loss. The program provides service to children and families from birth to eligibility to attend Grade 1.

COMPONENT(S) OF TEAM PROGRAM #3 BLIND LOW VISION EARLY INTERVENTION PROGRAM

The Blind Low Vision Early Intervention Program consists of the following components/strategies: intervention and education and family support and counseling. The program provides services to approximately 120 children per year who have been diagnosed as being blind or having low vision. The program provides services to children and families from birth to eligibility to school entry.

2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013/14 (actual)	2014/2015 (anticipated)	2015 (estimate)
Component of Team #1 tykeTALK (Thames Valley)			
Average age of referral stays below 30 months	30 months	29 months	29 months
Average wait from referral to first intervention reduced to 16 weeks	14 weeks	16 weeks	14 weeks
Number of children seen for assessment and/or intervention	3243	3250	3250
Component of Team #2 Infant Hearing Program – SW Region			
90% of all newborn babies residing in the region receive a hearing screening (approximately 10,650 babies born per year in region based on 2011 census data)	94%	96%	96%
90% of babies with a “refer” result from UNHS (Universal Newborn Hearing Screening) will have an audiology assessment	97%	98%	98%
40% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS will begin use of amplification by 9 months corrected age	37%	45%	50%
40% of babies identified with PCHL as a result of UNHS will begin communication development by 9 months corrected age	71%	70%	70%
Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)			
Average age of children at referral will remain at less than 24 months	20 months	20 months	20 months
Wait time from referral to first intervention will remain at less than 12 weeks	11 weeks	11 weeks	11 weeks

2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

SECTION F STAFFING COSTS:	2014-2015 TOTAL FTEs	2015-16 ESTIMATED FTEs
	29.83	29.83¹
MLHU Staff:		
System Facilitator (Program Manager)	1.0	1.0
Program Assistants	2.0	2.0
Intake – Coordinator	1.02	1.02
Contract Staff :		
Family Support Workers	0.58	0.58
Early Childhood Vision Consultants	2.3	2.3
Speech & Language Pathologists	12.67	12.67
Administrative Support	3.47	3.47
Communication Disorder Assistant	3.27	3.27
System Coordinator (Hearing Screening)	0.5	0.5
Audiologists	1.74	1.74
Hearing Screeners	1.28	1.43

¹ For 15-16 MCYS has added an additional \$158,717 to the SAI base budget for a total of \$336,059 increase over the 2013 budget. Meetings with service providers are occurring in January/February 2015 to determine appropriate allocation of the additional money. A final budget will be presented to the Finance Committee of the BOH beginning April 1, 2015 for approval in March 2015.

2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,945,781	\$ 1,962,117	\$ 2,134,590	\$ 2,272,795	\$ 138,205	6.47%
Benefit	423,800	408,089	423,853	453,670	29,817	7.03%
Travel	33,465	30,450	33,247	32,095	(1,152)	(3.46)%
Program Supplies	100,220	104,988	99,482	91,329	(8,153)	(8.20)%
Staff Development	3,375	45	2,250	2,250		
Professional Fees	3,392	3,386	3,842	3,842		
Furniture & Equipment	58,289	53,385	1,000	1,000		
Other Program Costs	1,589	1,005	1,421	1,421		
Total Expenditures	\$ 2,569,911	\$ 2,563,465	\$ 2,699,685	\$ 2,858,402	\$ 158,717	5.88%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 0	\$ 0	\$ 10,000	\$ 10,000	\$ 0	
MOHLTC – 100%						
MCYS – 100%	2,534,835	2,528,065	2,654,245	2,812,962	158,717	5.98%
User Fees						
Other Offset Revenue	35,076	35,400	35,440	35,440		
Total Revenues	\$ 2,569,911	\$ 2,563,465	\$ 2,699,685	\$ 2,858,402	\$ 158,717	5.88%

2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Development and implementation of a community wide Special Needs Strategy (SNS) which is a new Ministry initiative which will see the integration of all services to children
- Implement new provincial Quality Assurance (QA) standard for screening in the Infant Hearing Program
- Develop and implement a plan to reduce wait-times for preschool speech and language services using the increase to the base budget for 2015- 2016
- Evaluate role of Intake Coordinator and the intake process as part of the SNS planning

SECTION J

PRESSURES AND CHALLENGES

- More stringent demands from MCYS re data collection and quality assurance.
- Potential system changes as a result of the Special Needs Strategy will require significant change management.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- In November 2014, the MCYS increased the base budget for Preschool Speech and Language by \$177,342. It was allocated in order to reduce assessment and treatment waitlists for speech and language services. For 2015-2016, an additional increase to the base budget of \$158,717 has been added to continue to address waitlist pressures.
- Staffing increases for Speech and Language Pathologists, Communication Disorder Assistants, Hearing Screening and Administrative support are being planned for, beginning in April 2015.

FAMILY HEALTH SERVICES

BEST BEGINNINGS TEAM

2015 Planning & Budget Template

SECTION A

SERVICE AREA	FHS	MANAGER NAME	Stacy Manzerolle Nancy Greaves Kathy Dowsett	DATE
PROGRAM TEAM	Best Beginnings Team	DIRECTOR NAME	Diane Bewick	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Best Beginnings Team provides evidence informed programs and services that support healthy child development and effective parenting to vulnerable families with infants and young children. Key program areas include:

- The Healthy Babies Healthy Children (HBHC) program focuses on high risk families during pregnancy and with children from birth to school entry with the intent of providing children with a healthy start in life. Families are referred into the program following a universal screening risk assessment, with the majority of referrals originating in the postpartum period through the HBHC screen. A blended team model consisting of Public Health Nurses (PHN) and Family Home Visitors (FHV) provides home visits and other services aimed at promoting healthy child growth and development and positive parenting. This program is 100% funded by the MCYS.
- Social Determinants of Health work focuses on families who are new to the country (refugees and newcomers); those living in poverty; and those who are marginalized. This work takes a collaborative approach through partnerships with community agencies to address system wide issues. This program is 100% funded by the MOHLTC.
- The Family Health Clinic provides primary health care through a Nurse Practitioner at 7 community sites each week. These clinics are for families who cannot access family physician services or do not have health coverage (OHIP). The clinics are operated out of existing community locations such as Child and Family Centres and Libraries. These programs are cost-shared between our municipality and the MOHLTC. In addition eight homeless/family shelters receive public health nursing services on a regular basis including direct care, counselling, consultations, community referrals, HBHC referrals, and group support.
- Smart Start for Babies (SSFB) is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant women who are at risk for poor birth outcomes, related lifestyle habits, abuse, poverty, newcomers to Canada, and teen pregnancies. SSFB provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, referrals to community supports and other resources. Limited post partum support sessions are also available. This program is 100% funded by the Public Health Agency of Canada.

Program: Best Beginnings Team – FHS

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- Foundational Standard,
- Reproductive Program
- Chronic Disease & Injury Prevention
- Sexual Health Program
- Injury and Substance Misuse Program
- Child Health Program

Child & Family Services Act, 1990

- Duty to Report Legislation

Ministry of Children and Youth Services (MCYS) Healthy Babies, Healthy Children Protocol 2012

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION

- The HBHC program provides evidence based programs and services to women and their families in the prenatal period and to families with children from birth until they transition to school. The program includes screening, assessment, home visiting, service coordination and referrals to community resources and supports.
- Home visiting services provide early intervention for families who are confirmed as being with risk for compromised child development. The blended home visiting model focuses on seventeen family goals as identified in the Family Friendly Service Plan.
- Service coordination ensures families identified with risk can access services and supports in a coordinated fashion.
- Reducing smoking during pregnancy and in the presence of young children has a significant impact on the health outcomes for families. Pregnant families and those with young children are offered nicotine replacement therapy and counselling from a specialized PHN.

COMPONENT(S) OF TEAM PROGRAM #2 – OUTREACH TO VULNERABLE FAMILIES

- PHNs provide service to 8 shelters for women, children and families in London and Middlesex. Services include screening, assessment, intervention, advocacy, and linking families to community services. Shelter PHNs refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.
- Nurse Practitioner (NP) led Family Health Clinics are located in neighbourhoods where vulnerable families live. These clinics offer services on a drop-in basis or by appointment for families with children under the age of six and for high school students who do not have a primary care physician.

Program: Best Beginnings Team – FHS

COMPONENT(S) OF TEAM PROGRAM #3 – PRENATAL SUPPORT & EDUCATION

- Smart Start for Babies participants attend weekly prenatal sessions, with an emphasis on nutrition, at six sites in London and Strathroy. Prenatal education addresses information and behaviours which contribute to healthy birth outcomes, and includes mental health promotion and injury prevention, including healthy relationships, abuse, and smoking cessation. Nutrition education addresses food preparation and safety, and developing life skills. Healthy snacks or meals, food vouchers, bus tickets, kitchen items and prenatal vitamins are offered at each session.
- Postpartum sessions in Strathroy provide information to promote breastfeeding, to address issues of infant safety and injury prevention, and to promote linkages to programs and resources in the community which support families after the birth of their baby. High risk mothers attend with their babies up until 6 months.
- An Advisory Group comprised of members from community agencies provides advice and support for SSFB. Site coordinators (hired by partnering agencies and paid through the SSFB budget) assist with recruiting of participants and with linking them to other appropriate programs and neighbourhood supports in the community. In-kind support is provided by the Middlesex & London Children's Aid Society (CAS), Health Zone Nurse Practitioner Led Clinics (NPLC), and the London Health Sciences Centre (LHSC).

2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013 (actual)	2014 (actual)	2015 (targets)
Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION			
		(estimated)	(MCYS targets)
Percentage of prenatal screens completed	45.5%	49.8%	25%
Percentage of postpartum screens completed	67.5%	65%	100%
Percentage of Early Childhood screens completed	<1%	<1%	25%
Percentage of families receiving postpartum IDA contact by 48hr	72%	64%	100%
Percentage of families receiving an In-depth Assessment (IDA)	72%	60.3%	100%
Families confirmed with risk receiving Blended Home Visiting Services	N/A	N/A	100%
Families receiving home visits with a Family Service Plan	100%	100%	100%
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at homeless/family shelters	100% of those referred (146)	227	250
Number of client visits to Nurse Practitioner (NP) at Family Health Clinics	1573	1566	1500
Percentage of clients with OHIP coverage referred to a permanent Primary Care Provider by NP	N/A	N/A	75%
Number of referrals made to other community agencies by NP	872	552	500
Component of Team #3 – PRENATAL SUPPORT & EDUCATION (SSB)			
Sessions offered per year	158 at 6 locations	297 at 7 locations	310 at 8 locations
Number of unique pregnant participants	196	240	250
Number of unique support persons attending sessions	159	156	200
Percent of women who initiate breastfeeding	90%	85%	90%
Percent of women who provide smoke-free environments for their babies	73%	79%	80%
Number of partner agencies offering SSFB sessions	2 (CAS and Health Zone)	3 (CAS, Health Zone)	4 (CAS, Health Zone, LICHHC)

2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

SECTION F:		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	36.80	35.55
HBHC Staff		
Ministry of Children & Youth Services 100%:		
Program Manager	2.5	2.5
Public Health Nurse	13.75	13.5 ¹
Family Home Visitor	9.0	9.0
Social Worker	1.0	0.0
Program Assistant	<u>2.5</u>	<u>2.5</u>
	28.75	27.5
Ministry of Health & Long-Term Care & Middlesex London (cost share):		
Program Manager	0.5	0.5
Public Health Nurse	3.25	3.25
Nurse Practitioner	1.0	1.0
Program Assistant	<u>1.0</u>	<u>1.0</u>
	5.75	5.75
Ministry of Health & Long Term Care 100%:		
SDOH Public Health Nurse	1.0	1.0
SSFB Contract Staff:		
Public Health Agency Canada		
Site Coordinators (0.1 FTE x 7 site coordinators)	0.7	0.7
Program Assistant	0.5	0.5
Registered Dietitian	0.1	0.1
Casual Public Health Nurse	<u>N/A</u>	<u>0.06</u>
	1.3	1.36

1) Reduction of 0.25 FTE PHN resources was required in 2014 to meet the MOHLTC funding allocation (same level of funding as 2013).

2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 2,441,612	\$ 2,388,878	\$ 2,435,247	\$ 2,475,631	\$ 40,384	1.66%
Benefits	603,159	595,956	605,364	606,798	1,434	0.24%
Travel	67,902	70,928	74,376	63,064	(11,312)	(15.21)%
Program Supplies	113,182	87,196	112,382	115,309	2,927	2.6%
Staff Development	11,275	5,405	7,425	7,425		
Professional Services	20,426	27,777	30,426	30,426		
Furniture & Equipment	28,200	26,886	26,200	26,200		
Other Program Costs	18,218	11,496	15,370	15,370		
Total Expenditures	\$ 3,303,974	\$ 3,214,522	\$ 3,306,790	\$ 3,340,223	\$ 33,433	1.01%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 547,839	\$ 490,050	\$ 578,894	\$ 612,327	\$ 33,433	5.78%
MOHLTC – 100%	88,455	88,455	90,224	90,224		
MCYS – 100%	2,513,320	2,495,419	2,483,312	2,483,312		
Public Health Agency	152,430	135,157	152,430	152,430		
User Fees						
Other Offset Revenue	1,930	5,441	1,930	1,930		
Total Revenues	\$ 3,303,974	\$ 3,214,522	\$ 3,306,790	\$ 3,340,223	\$ 33,433	1.01%

Program: Best Beginnings Team – FHS

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implement Continuous Quality Improvement (CQI) strategies for HBHC according to MCYS priorities for accurate screening and screening practices; standardized service implementation; and training and education.
- Implementation of the Reflective Practice Model in HBHC.
- Implement hospital liaison changes to increase HBHC Screen completion rate. It is anticipated that the Screening Liaison PHN (SLP) will do a significant number of screens based on a hybrid model of screen completion (screens completed by both the SLP and by hospital nurses).
- Promotional materials have been developed for an HBHC Screen promotion campaign for use with hospital partners and health care providers in the community. This campaign will promote the use of the HBHC Screen to identify families with risk prenatally, postpartum, and in early childhood, and will promote accurate completion of the HBHC Screen.

SECTION J

PRESSURES AND CHALLENGES

- Work previously supported by the Social Worker position will be absorbed into the work of Public Health Nurses in HBHC which adds to the workload of PHNs.
- 3.0 FTE Family Home Visitors are currently on Long Term Disability leaves of absence, resulting in a waitlist for HBHC blended home visiting services.
- The MCYS has not increased funding for HBHC to match increasing costs of the program, however the MCYS has set aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as part of Continuous Quality Improvement (CQI).

Program: Best Beginnings Team – FHS

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Social Worker Position (1.0 FTE) (\$87,166)**
The vacant HBHC Social Work position will not be filled, and funds will be reallocated within the HBHC budget to offset zero funding increases from the MCYS.
- **Smart Start for Babies Program (\$4,573)**
The client travel portion of the 2015-17 budget will be reduced to better reflect actual costs for client travel. This budget amount will be reinvested into the program to provide increased casual PHN staffing. This increase in staffing will provide resources to address smoking cessation with vulnerable pregnant women and teens attending SSFB, and will provide resources for addressing the role of fathers with this prenatal population.
- **Prenatal Care Program for Vulnerable Clients 0.5 FTE PHN (see also Reproductive & Young Adult Program)**
This joint proposal in partnership with the Young Adult Team, the Reproductive Health Team, and Smart Start for Babies, would offer prenatal information and education targeted at vulnerable women in our community (aboriginal, teens, newcomers). It would also include skill building in areas of healthy eating, physical activity, and infant and child care to reduce health inequities amongst pregnant aboriginal women, pregnant adolescents, and vulnerable newcomer women.

FAMILY HEALTH SERVICES

CHILD HEALTH TEAM

2015 Planning & Budget Template

SECTION A

SERVICE AREA	FHS	MANAGER NAME	Suzanne Vandervoort	DATE
PROGRAM TEAM	Child Health Team	DIRECTOR NAME	Diane Bewick	January, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Child Health Team works with elementary schools (140 schools/45,000 children), in partnership with school boards (4), administrators, teachers, parents, neighbouring health units and communities to address health issues impacting children and youth. This work is approached using the foundations for a healthy school model which includes 5 components; Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; Home, School and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting. Schools are assessed based on need, readiness and capacity resulting in some schools receiving more focused PHN time.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- Child Health Program
- Chronic Disease and Injury Prevention Program
- Infectious Diseases Program
- Foundational Standard
- Reproductive Health Program

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

Program: Child Health Team – FHS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY EATING

Strategies for addressing healthy eating for school age children are done in partnership with elementary school board staff, parents and students and include:

- Activities to increase the consumption of fruits and vegetables through use of Nutrition Tools for Schools, Let's Get Cookin, Fresh from the Farm and ongoing work with Healthy School Committees
- Implementation of NutriSTEP Accountability Agreement
- Development of Fruits and Vegetables initiative to increase the consumption of fruits and vegetables to be used with Nutrition Tools for Schools
- Expansion of milk programs, hot lunch programs and breakfast programs
- Support, education and resources provided to teachers, parents and students through multiple venues
- Teaching and learning activities with groups of students – classroom, assembly, special health events

COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION

Strategies to address the promotion of physical activity include:

- Implementation of Active and Safe Routes to school program
- Assisting schools to commit to the Outdoors Ultimate Playground and Bike Rodeo initiatives
- Integrating sunsense and injury prevention initiatives into physical activity programs
- Support, educate and ensure resources are provided to teachers and school staff through consultation, staff meeting and joint planning
- Teaching and learning activities with groups of students - classroom assemblies and special health events
- Work with Healthy School committees to implement Daily Physical Activity (DPA) regulations and Physical Literacy

COMPONENT(S) OF TEAM PROGRAM #3 HEALTHY GROWTH AND DEVELOPMENT

Provide support, education and resources to teachers and other school personnel which promote healthy growth and development such as:

- Implement OPHEA's Smoke Free Ontario Pilot program with 3 schools to prevent tobacco use
- Leading the Board wide Promote Healthy Living Champion Award process
- Provide workshops in collaboration with school board to increase teacher capacity
- Provide resources which develop general health literacy
- Develop resources and ensure their use in areas such as healthy sexuality and healthy relationships
- Promote health literacy to JK/SK aged students through the use of "Murray and Bird" story book
- Provide support, education and appropriate follow up to staff, students and families with medical conditions i.e diabetes, allergies, asthma
- Provide education and support regarding infectious diseases and vaccine preventable diseases.

2015 Planning & Budget Template

Program: Child Health Team – FHS

COMPONENT(S) OF TEAM PROGRAM #4 MENTAL HEALTH PROMOTION

- Implementation of Developmental Assets. Search Institute's® positive youth development framework 40 Developmental Assets® identifies protective factors within young people, families, communities, schools and other settings that research in the United States has found to be important to promoting young people's development and well-being.
- CHT participates in activities in partnership with school partners i.e. mental health awareness week, mental health family nights.
- Coordination of services/ activities with the Mental Health Leads at each of the respective Boards.

COMPONENT(S) OF TEAM PROGRAM #5 PARENTING

All teams in FHS provide parenting support. It is coordinated through the Child Health Team. As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component of our work and includes:

- Provide Triple P seminars, discussion groups and Tip Sheets to parents of school aged children. This evidence based program has specific skills and tools which can be used across the span of Child and Youth development
- Implementing IParent social media information campaign which communicates positive parenting messages and directs parents to resources

2015 Planning & Budget Template

Program: Child Health Team – FHS

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013 (actual)	2014 (actual)	2015 (target)
Component of Team #1: HEALTHY EATING			
# of Healthy School Committees	45* (32%)	56	60
Implementation of Intermediate Phase of NutriSTEP Accountability Agreement as per the Ministry Implementation status reporting	N/A	Preliminary Phase (new MOHLTC accountability requirement)	Implementation Phase achieved
# of Facilitators trained for Let's Get Cookin"	N/A	49 (new initiative in 2014)	34 (target facilitators for sustainability)
COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION			
Physical literacy workshop for school staff	Plan workshop	Workshop for PHNs and community implemented	Community Event for parents
# of schools with Active and Safe Routes to school plans	7	8	8
Component of Team #3: GROWTH AND DEVELOPMENT			
Health literacy tool for JK/SK (Murray and Bird storybook)	Tool developed and produced	Murray and Bird Developed and evaluated	Implement evaluation and promote to parents
# of Healthy Living Champion Award (Online in 2014)	49* Schools	53 Schools	55 Schools
COMPONENT OF TEAM #4 MENTAL HEALTH PROMOTION			
Tri-County education sessions for phns/health promotor, on asset development and one community event organized	N/A	1 PHN trained on Developmental Assets	30 staff trained on Developmental Assets and one community event organized
COMPONENT OF TEAM #5: PARENTING (FHS WIDE OUTCOME INDICATOR)			
# of Triple P – seminars and discussion groups	54 sessions, 627 parents	119 classes (reaching 3,500 contacts in the first half of the year.	Anticipate 7,000 for 2015.
Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting	4 – 1 toddler, 2 child, 1 adolescent	1 Campaign – for parents to promote talking to young teens about sexuality	1 campaign planned

*Decrease as result of Labour relations at school board

** Decrease as a result of school prioritization and PHNs having dedicated time in schools focusing on need, readiness and capacity

*** Decrease as a result of 2013 PBMA disinvestment of anaphylaxis training. In addition, workshops were held to build teacher capacity to teach Healthy Sexuality and provide classroom presentations on the MLHU website.

2015 Planning & Budget Template

Program: Child Health Team – FHS

SECTION F STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	15.5	16.0
Program Manager	1.0	1.0
Public Health Nurses	13.5	13.5
Program Assistant	1.0	1.0
Dietitian	0.0	0.5

SECTION G EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,153,583	\$ 1,138,013	\$ 1,138,482	\$ 1,218,552	\$ 80,070	7.03%
Benefits	278,866	266,893	278,698	293,712	15,014	5.39%
Travel	26,000	20,617	22,000	22,000		
Program Supplies	33,035	33,630	29,435	29,435		
Staff Development	3,000	2,056	4,000	4,000		
Professional Services	1,000					
Furniture & Equipment						
Other Program Costs	4,539	11,738	4,639	4,639		
Total Expenditures	\$ 1,500,023	\$ 1,472,947	\$ 1,477,254	\$ 1,572,338	\$ 95,084	6.44%

2015 Planning & Budget Template

Program: Child Health Team – FHS

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,499,684	\$ 1,464,687	\$ 1,476,915	\$ 1,571,999	\$ 95,084	6.44%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	339	8,260	339	339		
Total Revenues	\$ 1,500,023	\$ 1,472,947	\$ 1,477,254	\$ 1,572,338	\$ 95,084	6.44%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implementation of Fruit and Vegetable initiative to be used in collaboration with NTS
- Development of a video aimed at parents and teachers to promote their role in Healthy Schools
- Implement a physical literacy event for the school community
- Implementation of Active and Safe Routes to School in the County

SECTION J

PRESSURES AND CHALLENGES

- In Middlesex-London there are 140 elementary schools and 11 PHNs to provide service to students, teachers and parents. We have limited resources to meet health demands in particular to ensure best practice and proper evaluation of all services provided. Some schools would benefit from additional PHN time. Another internal challenge for the Child Health Team is the academic year does not follow the calendar year for planning and budgeting.
- The Developmental Assets model will require broader community/agency support as it involves cross-agency support to be effective. The first year will focus on building internal and external understanding and enthusiasm for the underlying principles and potential of this model.

Program: Child Health Team – FHS

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- \$ 40,000 Enhancement for 0.5 FTE Dietitian to assist with the implementation of the NutriSTEP accountability indicator for the Ministry.

FAMILY HEALTH SERVICES YOUNG ADULT TEAM

2015 Planning & Budget Template

SECTION A

SERVICE AREA	FHS	MANAGER NAME	Suzanne Vandervoort	DATE
PROGRAM TEAM	Young Adult Team	DIRECTOR NAME	Diane Bewick	January, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Young Adult Team focuses on the healthy growth and development of adolescents and young adults. The team works primarily in 24 secondary high schools and several community settings. The program addresses the complex health and social issues that impact youth by utilizing the foundations for a healthy school which includes Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments and Home, School and Community Partnerships. The team works in partnership with local school boards (4), school administrators, youth groups, neighbouring health units, community agencies and various teams from within MLHU to ensure a comprehensive health promotion approach. Schools are assessed yearly based on need, readiness and capacity in order to determine the level of service they will receive. Programs and services with the school environment are planned on the basis of a school year calendars.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Ontario Public Health Standards:

- Child & Youth Health Standard
- Chronic Disease and Injury Prevention Standard
- Infectious Diseases Standard
- Sexual Health Standard
- Reproductive Health Standard
- Foundational Standard

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Young Adult Team – FHS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: YOUTH HEALTH AND MENTAL WELL BEING

The Young Adult Team implements a series of linked activities in partnership with school partners which support positive youth development such as facilitation of small groups, one-to-one support, student youth engagement, health communication campaigns, physical literacy plan and regular school and home health newsletters. When possible, staff initiate and work with Healthy School committees in each school where health related issues are identified and students take leadership addressing them.

COMPONENT(S) OF TEAM PROGRAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES

The parent engagement initiative provides parents with education and skill building opportunities to increase their knowledge about the importance of positive parenting. A five year plan has been developed to engage parents in their school communities. Strategies include the launching of “Parenting Your Teen” videos, parenting support programs, establishment of parent involvement committees and reaching out to parents through newsletters and parent council packages.

COMPONENT(S) OF TEAM PROGRAM #3: BE BRIGHTER WITH BREAKFAST

Be Brighter with Breakfast aims at increasing knowledge about the importance of eating a healthy breakfast, regular breakfast eating and consumption of fruits and vegetables among secondary school youth. An evaluation of a series of comprehensive activities show a nutrition improvement with youth. Informal polls in schools indicate students have increased breakfast consumption and the number of vegetables and fruit consumed (Please see section E chart)

COMPONENT(S) OF TEAM PROGRAM #4: YOUTH OPPORTUNITIES UNLIMITED AT THE YOUTH OPPORTUNITIES UNLIMITED (YOU)

A PHN facilitates a young Mom's group which include enhancing cooking skills, developing parenting skills and understanding attachment with very vulnerable women some of whom have no permanent home. This is done in collaboration with YOU. staff.

2015 Planning & Budget Template

Program: Young Adult Team – FHS

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013 (actual)	2014 (actual)	2015 (target)
COMPONENT OF TEAM #1: YOUTH HEALTH AND MENTAL WELL BEING			
# of schools with active healthy school committees	*12	15	15
# of student receiving one-on-one support from school nurse	1,931 (896 referrals to community agencies)	2,063 (974 referrals to community agencies)	2000
COMPONENT OF TEAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES			
# of educational/skill building activities offered to parents of teens in Middlesex-London	95	27*	30
# of activities offered in partnerships with parent councils	45	8*	10
Parent engagement in activities aimed at positive teen parenting.	• 4,750 parents	2089*	2000
- Parent meetings/community events			
- Parenting your teen videos	• 25 videos viewed 25,000 times	• 31 videos now available	• Promote existing videos for 2015
- Parenting your Teen newsletters	• 1,300 parents receive newsletter	• 1,203 Parents received newsletter	• 1,300
- Parenting of teens counselled	• 800 parents counselled	• 381 parents counselled	• 350 Parents
COMPONENT OF TEAM #3: BE BRIGHTER WITH BREAKFAST/FRUITS & VEGETABLES			
Increase in morning meal intake	63.9%	67.4%	Increase 3%
Increase in percentage of students that ate 3 of 4 food groups at breakfast	42.2%	55.8%	Increase 3%
Increase in consumption of fruits and vegetables among youth at secondary schools to between 5 and 7 servings per day	15.9%	23.9%	Increase 3%
COMPONENT OF TEAM #4 YOUTH OPPORTUNITIES UNLIMITED AT THE YOUTH OPPORTUNITIES UNLIMITED (YOU)			
# of sessions facilitated with vulnerable women	**N/A	10	10
# of vulnerable women reached	**N/A	5	10

* decrease due to the way parenting stats are captured e.g. Triple P new electronic data collection, Stopped attending Parent Council meetings, Did not host a large parenting event.

**data not collected

2015 Planning & Budget Template

Program: Young Adult Team – FHS

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	12.0	12.0
Program Manager	1.0	1.0
Public Health Nurses	8.0	8.0
Program Assistant	1.0	1.0
Health Promoter	1.0	1.0
Dietitian	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 846,078	\$ 835,449	\$ 863,428	\$ 892,504	\$ 29,076	3.37%
Benefits	209,689	209,866	213,341	219,991	6,650	3.12%
Travel	16,500	14,784	16,500	16,500		
Program Supplies	40,760	43,649	35,660	35,660		
Staff Development	3,650	2,695	5,250	5,250		
Professional Services	4,000	3,600	4,000	4,000		
Furniture & Equipment						
Other Program Costs	5,400	3,692	5,400	5,400		
Total Expenditures	\$ 1,126,077	\$ 1,113,735	\$ 1,143,579	\$ 1,179,305	\$ 35,276	3.12%

2015 Planning & Budget Template

Program: Young Adult Team – FHS

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,126,077	\$ 1,113,235	\$ 1,143,579	\$ 1,179,305	\$ 35,276	3.12%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		500				
Total Revenues	\$ 1,126,077	\$ 1,113,735	\$ 1,143,579	\$ 1,179,305	\$ 35,276	3.12%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implementation of Developmental Assets. The Search Institute's® positive youth development framework entitled 40 Developmental Assets® identifies protective factors within young people, families, communities, schools and other settings that research confirms are to be important to promoting young people's development and well-being.
- Implementation of a tri county secondary school recognition award in conjunction with the two school boards (TVDSB, LDCSB)
- Implementation of recommendations from Healthy Eating in Secondary Schools Grant 2014
- Implementation of a physical literacy event in the school community

SECTION J

PRESSURES AND CHALLENGES

- Pressure for Public Health Nurses to do more in secondary school settings as the health needs of students and teachers are becoming more prevalent and complex among our youth and their families.
- The internal challenge for the Young Adult Team is the academic year does not follow the calendar year for planning and budgeting.

Program: Young Adult Team – FHS

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- N/A

**OFFICE OF THE MEDICAL OFFICER OF HEALTH
OMOH & TRAVEL CLINIC**

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OMOH	MANAGER NAME	Dr. Chris Mackie	DATE
PROGRAM TEAM	Office of the Medical Officer of Health (OMOH)	DIRECTOR NAME	Dr. Chris Mackie	January, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

Provides support to the Board of Health and Board Committees as well as overall leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, OMOH administrative staff, and the travel clinic.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Health Promotion and Protection Act

- Overall Compliance
- Requirement to have a full time medical officer of health

Ontario Public Health Standards:

- Foundational Standard
- Organizational Standard

2015 Planning & Budget Template

Program: Office of the Medical Officer of Health

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - Overall Leadership and Strategy

- Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team
- Ensuring decisions are guided by relevant research ("evidence-informed")

COMPONENT(S) OF TEAM PROGRAM #2 - Financial Management

- Developing and implementing annual budget in partnership with the Director of Finance and the Senior Leadership Team

COMPONENT(S) OF TEAM PROGRAM #3 - Board of Health Support

- Preparing materials for meetings of the Board of Health and Board Committees
- Providing Secretary/Treasurer functions
- Ensuring implementation of decisions of the Board of Health

COMPONENT(S) OF TEAM PROGRAM #4 – Travel Immunization Clinic Service Contract

- Monitors and oversees the Travel Immunization Clinic service contract

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
COMPONENT OF TEAM #1 - OVERALL LEADERSHIP			
Strategic Plan Progress	61% On Track 31% In Progress 8% Delayed	77% Completed 15% In Progress 8% Delayed	100% On Track or Completed
COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT			
Budget Change – Municipal Funding	0%	0%	0%
Year-End Variance	2.8%	<1%	<1%
COMPONENT OF TEAM #3 - BOARD OF HEALTH SUPPORT			
Board of Health Members Satisfied or Very Satisfied with Meeting Process (timeliness and quality of materials and support during meetings)	NA	90%	Maintain or Improve

2015 Planning & Budget Template

Program: Office of the Medical Officer of Health

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	3.1	3.1
Medical Officer of Health & Chief Executive Officer	1.0	1.0
Executive Assistant ¹	1.5	1.5
Program Assistant (Travel Clinic)	0.6	0.6

1) 0.25FTE Executive Assistant is supporting the Associate Medical Officer of Health (new in 2015)

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 375,061	\$ 369,232	\$ 413,128	\$ 417,423	\$ 4,295	1.04%
Benefits	97,469	81,078	87,510	89,651	2,141	2.45%
Travel	7,000	4,993	7,000	6,000	(1,000)	(14.29)%
Program Supplies	10,448	2,009	10,448	8,448	(2,000)	(19.14)%
Staff Development	3,300	5,259	3,300	5,300	2,000	60.61%
Professional Services	19,400	16,232	19,400	16,400	(3,000)	(15.46)%
Furniture & Equipment				10,000	10,000	N/A
Other Program Costs	17,432	5,386	13,932	13,932		
Total Expenditures	\$ 530,110	\$ 484,189	\$ 554,718	\$ 567,154	\$ 12,436	2.24%

2015 Planning & Budget Template

Program: Office of the Medical Officer of Health

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 489,410	\$ 441,430	\$ 490,846	\$ 508,133	\$ 17,287	3.52%
MOHLTC – 100%	40,700	40,719	58,872	54,021	(4,851)	(8.24%)
MCYS – 100%						
User Fees						
Other Offset Revenue		2,040	5,000	5,000		
Total Revenues	\$ 530,110	\$ 484,189	\$ 554,718	\$ 567,154	\$ 12,436	2.24%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Renewal of Health Unit Strategic Plan
- Implementation of cross-agency strategy to enhance ability to integrate evidence into decision-making

SECTION J

PRESSURES AND CHALLENGES

- Uncertainty in provincial funding

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- 0.25 FTE administrative support being reallocated from MOH to Associate Medical Officer of Health
- \$10,000 – One-time investment to implement e-agenda to simplify access to Board of Health & Committee materials
- Adjustments made based on previous actuals

**OFFICE OF THE MEDICAL OFFICER OF HEALTH
COMMUNICATIONS**

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OMOH	MANAGER NAME	Dan Flaherty	DATE
PROGRAM TEAM	Communications	DIRECTOR NAME	Dr. Chris Mackie	January, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

Communications acts as an internal Media Relations, Advertising, Marketing, Graphic Design and Communications agency for the Health Unit. Its role is to promote and enhance the MLHU brand and profile as a leader in public health in London and Middlesex County and across Ontario. This is done through a communications support program that includes: the development and coordination of targeted advertising, marketing and promotional campaign materials; media relations support and training; the development and maintenance of the Health Unit's website, online content and social media channels; and strategic and risk communications initiatives.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

OPHS Organizational Standard (Communications strategy); Communications and Health Promotion aspects of several other standards.

2015 Planning & Budget Template

Program: Communications – OMOH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1- MEDIA RELATIONS

Through the Media Relations Program, awareness of the Health Unit's programs and services and their value to the residents of London and Middlesex County is enhanced. Communications issues both reactive and proactive media releases to address emerging health issues and promote programs and services. Communications also responds to media requests and prepares spokespeople for interviews. Communications also assists in developing key messages, Q&A's, and other resources, as necessary with staff.

COMPONENT(S) OF TEAM PROGRAM #2 ADVERTISING AND PROMOTION

The Advertising and Promotion Program supports agency initiatives and services through the development of campaign materials and marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertisements in print, broadcast, online and/or display media. The development of campaign materials is coordinated by the Marketing Coordinator, with support as needed from other Communications Department staff. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Campaign proposals are developed in consultation with program teams, with a focus on target audience, program goals and budget. Communications coordinates the booking of advertising and liaises with contracted graphic design firms as necessary.

COMPONENT(S) OF TEAM PROGRAM #3 ONLINE ACTIVITIES

Communications maintains, updates and coordinates all MLHU online activities. The goal of these online activities is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources, such as www.dinesafemiddlesexlondon.ca and www.iparent.net. These resources will be enhanced in 2015 with the development of additional inspection disclosure. Additional opportunities for staff interaction with MLHU clients and community members are provided through the MLHU's social media channels (Twitter, Facebook, YouTube). Web-based activities also include online contests, response to user submitted comments and feedback posted on Social Media, as well as the sharing, and responses to, feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

COMPONENT(S) OF TEAM PROGRAM #4 GRAPHIC SERVICES PROCUREMENT

Since 2008, the MLHU has entered into non-exclusive service agreements with four graphic design firms, selected after a competitive process every three years. A re-assessment of these relationships is planned for the end of April 2015. It is not expected that a decision in the Spring of 2015 will have cost implications for the overall Communications budget, only on the timelines for project completion.

COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT

Communications drafts the Health Unit's Annual Report. An electronic version of the Annual Report is made available on the MLHU's website (www.healthunit.com), as well as a downloadable pdf version of the report. Hard copies are available as requested. A request for program and Service Area highlights will be sent to the SLT in early 2015 and Service Areas will be asked to submit their content to Communications by the beginning of May. The goal is to deliver the report at the Board of Health's meeting in September.

2015 Planning & Budget Template

Program: Communications – OMOH

COMPONENT(S) OF TEAM PROGRAM #6 STAFF RECOGNITION

Communications coordinates the planning of the MLHU's Annual Staff Day event. The Staff Day Planning Committee is chaired by the Communications Manager and includes representation from all Service Areas. Staff Day celebrates MLHU's achievements from the current year, acknowledges staff contributions and presents awards to staff for their years of service. Each year, Board of Health members are invited to attend Staff Day.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
COMPONENT OF TEAM #1: MEDIA RELATIONS			
Media stories	1,300 (est.)	Approximately 950	1,000 (est.)
COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION			
Campaigns	N/A	<ul style="list-style-type: none"> - Bus & transit shelter ads - Billboards - Radio ads - Print ads - YouTube ads - Facebook ads & contests Promoting multiple MLHU programs and services.	Agency Campaign, iParent, & other campaign development. Advertising to be developed and placed based on requests from teams.
Social Media metrics	N/A	FB: 2.6m impressions AdTube: 23,838 views; 209,311 impressions Twitter: 2,280 tweets; 1,823 new followers	N/A
COMPONENT OF TEAM #3: ONLINE ACTIVITIES			
Enhancements to online presence	Redeveloped website launched, MLHU Facebook launched.	On-going development & improvement to websites and social media; creation of new online resources and content; increasing capacity among staff.	On-going work on websites; launch of new DineSafe site; disclosure website development (PSS, pools/spas, etc.).

2015 Planning & Budget Template

Program: Communications – OMOH

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	3.3	3.3
Program Manager	1.0	1.0
Online Communications Coordinator	1.0	1.0
Program Assistant	0.8	0.8
Marketing Coordinator	0.5	0.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 206,634	\$ 207,507	\$ 231,740	\$ 241,161	\$ 9,421	4.07%
Benefits	52,661	53,577	56,712	60,916	4,204	7.41%
Travel	200		1,485	1,485		
Program Supplies	41,307	42,282	68,960	38,360	(30,600)	(44.37)%
Staff Development	1,000		1,165	1,165		
Professional Services	7,200	5,067	4,300	4,300		
Furniture & Equipment	263		1,400	650	(750)	(53.57)%
Other Program Costs	20,700	16,703	15,360	15,360		
Total Expenditures	\$ 329,965	\$ 325,136	\$ 381,122	\$ 363,397	\$ (17,725)	(4.65)%

2015 Planning & Budget Template

Program: Communications – OMOH

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 329,965	\$ 325,136	\$ 381,122	\$ 363,397	\$ (17,725)	(4.65)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 329,965	\$ 325,136	\$ 381,122	\$ 363,397	\$ (17,725)	(4.65)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Phase two of the “We’re HERE for YOU” Agency Awareness Campaign (spring, summer and fall);
- Increased effort to seek out and promote stories and activities related to Family Health Services’ programs and services;
- Launch of new Inspection Disclosure Websites;
- Continued enhancement of the MLHU’s Social Media presence;
- Clarify Communications’ role and communicate processes effectively to staff members.

SECTION J

PRESSURES AND CHALLENGES

- Bell Media’s purchase of the former Astral radio stations in London has led to the consolidation of the radio and TV newsrooms. Continued reductions in news staff in London and Middlesex County (Bell purchase of Astral noted above and the closing of the Metro London newspaper in July, 2014) have created greater challenges to obtaining “earned media” coverage of MLHU stories and announcements.

Program: Communications – OMOH

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- (\$15,600) Reduction in overall advertising costs by ceasing sponsorship of the New Parent Resource Guide and School Aged Resource Guide as well as the standing weekly advertising contract with The Coffee News
- (\$30,000) Reduction due to end of one-time agency-wide campaign
- \$15,000 Annualization of agency-wide campaign

**OFFICE OF THE MEDICAL OFFICER OF HEALTH
EMERGENCY PREPAREDNESS**

2015 Planning & Budget Template

SECTION A

SERVICE AREA	OMOH	MANAGER NAME	Patricia Simone	DATE
PROGRAM TEAM	Emergency Preparedness	DIRECTOR NAME	Dr. Christopher Mackie	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

This program ensures that the Health Unit can effectively respond to public health emergencies and emergencies with public health impacts, and monitors, assesses and responds to urgent public health matters. The program also works with neighbouring stakeholders to achieve strong sustainable emergency planning while strengthening the capacity to monitor and respond to urgent public health threats, and also develops proactive and preventive strategies for urgent threats and emergencies.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Emergency Management & Civil Protection Act R.S.O. 1990, c.E.9, s.1.
- Ontario Public Health Standards – Public Health Emergency Preparedness Protocol, Requirements #1 to #8.
- Canadian Standards Association – Z94.4-11 “Selection, use and care of respirators”
- Occupational Health and Safety Act and Regulations (R.S.O. 1990)

2015 Planning & Budget Template

Program: Emergency Preparedness – OMOH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 ASSESS HAZARDS AND RISKS

- a) Contribute to City, County and Municipal “Hazard, Infrastructure and Risk Assessments (HIRA)”, ensuring that Public Health components are specific and recognized.
- b) Create brochures, fact sheets, website information and distribute to target groups providing information on possible regional hazards.

COMPONENT(S) OF TEAM PROGRAM #2 EMERGENCY RESPONSE PLAN/BUSINESS CONTINUITY PLAN

- a) “Evergreen document” requires periodic updating to reflect organizational, legislative and procedural changes.
- b) Requires constant liaison and co-ordination with external partners.
- c) Provide targeted training and summary versions of roles responsibilities and expectations.
- d) Ensure compliance with AODA and WHMIS

COMPONENT(S) OF TEAM PROGRAM #3 EMERGENCY NOTIFICATION

- a) Ensure radio systems are in working order by bi-monthly testing of equipment. Ensure liaisons with local ARES chapters remain strong.
- b) Ensure tests of overhead speaker systems are conducted twice annually.
- c) Deliver periodic campaigns and training on Emergency Colour Code nomenclature.
- d) Work as part of the team to ensure automated systems (ERMS) are installed, tested and used.

COMPONENT(S) OF TEAM PROGRAM #4 EDUCATION AND TRAINING

- a) Recruit, maintain databases, train, educate citizens to register for Community Emergency Response Volunteers (CERV) who in emergency situations will be mobilized to support the work efforts of MLHU staff. CERV are valuable resources in annual flu clinics and are trained to assist in shelter situations.
- b) Attendance at an average of six fairs annually leverages opportunities for risk populations to gain literature and education on emergency planning practices.
- c) Oversees the Fit-testing Program for MLHU staff, volunteers and fee for service model to public ensuring compliance with MLHU Policy # 8-051 “Respirator Protection – Fit-testing”, CSA Z94.4-11 “Care and Use of Respirators” and best practices of Ministry of Labour orders.

COMPONENT(S) OF TEAM PROGRAM #5 DETERMINING HEALTH IN EMERGENCY SITUATIONS

- a) Consult with and support visiting home nurse teams, infection control networks, and infant and early years staff on emergency planning practices and products for home use.
- b) Consult with and support NGO’s and victim support teams to reach high risk clients.
- c) Ensure public health representation on city and municipal and stakeholder planning groups ensuring evacuation preparedness.
- d) Implement Health Equity Impact Assessment.

2015 Planning & Budget Template

Program: Emergency Preparedness – OMOH

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS			
a) External Emergency Planning meetings with community stakeholder groups	73	75	70-75
b) Printed material production, distribution and/or presentations to community partners.	43 agencies	34	35-45
COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN/BUSINESS CONTINUITY			
Update of Emergency Response Plan (ERP)	Incident Management System endorsed	Ongoing	Ongoing
COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION			
Testing of and Use of Notification systems	Systems tested on schedule	Systems tested on schedule	Working on committee to install ERMS
COMPONENT OF TEAM #4 EDUCATION AND TRAINING			
Community Emergency Response Volunteers (CERV) available	150	165	185
Number of clients fit-tested in public clinics	N/A	623	800
COMPONENT OF TEAM #5 PROMOTING EMERGENCY PLANNING OUTREACH			
Provision of 'kit' items to health unit clients, and presentations to external agencies.	37	24	20-30

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	1.7	1.7
Program Manager	1.0	1.0
Program Assistant	0.7	0.7

2015 Planning & Budget Template

Program: Emergency Preparedness – OMOH

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 112,290	\$ 123,892	\$ 118,461	\$ 122,444	\$ 3,983	3.36%
Benefits	23,437	29,133	27,873	28,640	767	2.75%
Travel	5,000	2,880	3,750	3,750		
Program Supplies	12,648	15,759	13,648	13,648		
Staff Development	2,500	2,482	1,250	1,250		
Professional Services						
Furniture & Equipment						
Other Program Costs	7,590	32,050	7,190	12,190	5,000	69.54%
Total Expenditures	\$ 163,465	\$ 206,196	\$ 172,172	\$ 181,922	\$ 9,750	5.66%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 34,612	\$ 44,277	\$ 30,462	\$ 40,212	\$ 9,750	32.00%
MOHLTC – 100%	128,853	144,246	126,710	126,710		
MCYS – 100%						
User Fees						
Other Offset Revenue		17,673	15,000	15,000		
Total Revenues	\$ 163,465	\$ 206,196	\$ 172,172	\$ 181,922	\$ 9,750	5.66%

Program: Emergency Preparedness – OMOH

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Respirator fit-test of all staff and volunteers and public (individuals and healthcare based businesses) on request.
- Train new CERV team, September 2015

SECTION J

PRESSURES AND CHALLENGES

- Uncertainty in demand for fee for service model of fit-testing.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- Budget for non-staff items revised to reflect actuals from past 3 years

HUMAN RESOURCES & CORPORATE STRATEGY

HUMAN RESOURCES & LABOUR RELATIONS

2015 Planning & Budget Template

SECTION A				
SERVICE AREA	HRCS	MANAGER NAME	Laura Di Cesare	DATE
PROGRAM TEAM	Human Resources & Labour Relations	DIRECTOR NAME	Laura Di Cesare	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> • The HRLRS Team is comprised of the Human Resources, Library Services and Reception functions. • Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization. • The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle. • Library Services supports MLHU employees and is also one of 4 hub libraries in the province. • Reception Services

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>HUMAN RESOURCES:</p> <ul style="list-style-type: none"> • Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013 <p>LIBRARY:</p> <ul style="list-style-type: none"> • Foundational Standard – supports evidenced based program delivery and knowledge exchange

2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HUMAN RESOURCES

Human Resources responsibilities include all components related to an employee's "life-cycle" while at MLHU. These responsibilities include

- a) Workforce Planning (e.g. recruitment; succession planning; HR Metrics and reporting to support strategic and operational initiatives);
- b) Workforce Engagement (e.g. orientation; employee training and development initiatives; rollout of new agency-wide initiatives);
- c) Workforce Maintenance (e.g. Collective Agreement negotiations and grievance management; job design and evaluation; benefits and pension administration; performance management; policy development/administration); and
- d) Workforce Separation (e.g. management and administration of resignations, retirements and terminations).

COMPONENT(S) OF TEAM PROGRAM #2 - LIBRARY SERVICES

MLHU public health librarians develop and maintain print and electronic resources to serve the information needs of public health practitioners.

They offer training and help with accessing and using the products and services of the library in addition to providing reference services, interlibrary loans, and bibliographic database searching. As part of the Shared Library Services Partnership (SLSP) launched by Public Health Ontario, the MLHU Library provides the same library services to 5 additional health units including Chatham-Kent Health Unit, Elgin-St. Thomas Public Health, Haldimand Norfolk Health Unit, Niagara Region Public Health, and Windsor-Essex County Health Unit.

COMPONENT(S) OF TEAM PROGRAM #3 – RECEPTION

Reception services provided includes, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street receptionists also provide coverage for the vaccine clerk.

2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014	2015 (estimate)
Component of Team #1 – Human Resources			
Employee Engagement Score	N/A	64% engaged/highly engaged 22% neutral	68%
Internal Client Satisfaction Survey	N/A	In progress	
Component of Team # - Library Services			
Internal Client Satisfaction Survey	N/A	In progress	
Combined MLHU and Shared Libraries Statistics			
% of reference questions acknowledged within 1 day and completed within a timeline agreed upon with the requestor for both MLHU and Shared Libraries	100%	99.34%	increase
% of Comprehensive Literature Searches completed within the 4 week Service Delivery Target	100%	95.10%	increase
% of Article Retrieval/document delivery completed within the 5 day Service Delivery Target	100%	97.44%	increase
% of Book delivery completed within the 10 business day Service Delivery Target	New Metric in 2014	98.04%	increase
Component of Team #3 - Reception			
Internal Client Satisfaction Survey	N/A	In progress	
% of calls completed within an average of 3 minutes	(Avg 80 calls/day) 100%	(Avg 85.5 calls/day) 100%	No change

2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	9.4	8.68
Director	1.0	1.0
HR Officer	2.0	2.0
HR Coordinator	1.0	2.0
Administrative Assistant to the Director	0.5	0.0
Student Education Program Coordinator	0.5	0.5
Librarian	2.0	2.0
Program Assistant	2.4	1.18

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 685,893	\$ 677,391	\$ 699,095	\$ 656,360	(\$ 42,735)	(6.11)%
Benefits	147,275	160,886	166,362	147,219	(19,143)	(11.51)%
Travel	6,420	6,229	5,120	5,120	0	0.00%
Program Supplies	82,873	65,090	57,966	54,152	(3,814)	(6.58)%
Staff Development	5,500	9,888	6,557	91,557	85,000	1296%
Professional Services	20,000	20,265	11,800	36,800	25,000	212%
Furniture & Equipment	6,000	5,811	500	500	0	0.00%
Other Program Costs	12,569	5,632	5,722	5,722	0	0.00%
Total Expenditures	\$ 966,530	\$ 951,192	\$ 953,122	\$ 997,430	\$ 44,308	4.65%

2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 798,033	\$ 803,774	\$ 843,122	\$ 887,430	\$ 44,308	5.26%
PHO – 100%	168,497	147,418	110,000	110,000	0	0.00%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 966,530	\$ 951,192	\$ 953,122	\$ 997,430	\$ 44,308	4.65%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Wellness Initiative – Design of a wellness platform that would assist in managing health costs and enhance the overall wellness and productivity of staff – Participation in the United Way Meeting the Standard Pilot Program for Mental Health In the Workplace
- Policy review and agency-wide coordination of a variety of policies and processes related to HR such as Workplace Violence & Harassment, attendance, flex time, etc.
- Employee Engagement Survey and Results follow-up
- Staff compensation education and release of 2014 Total Rewards Statements
- Collective Agreement education and Managing in a Unionized Environment Management Training
- AODA Phase II – Mandatory training and policy enhancement
- Launch of new Learning Management System (LMS) agency-wide
- Development of Additional Library HUB/Internet pages as well as an increase in services training

Program: Human Resources & Labour Relations - HRCS

SECTION J

PRESSURES AND CHALLENGES

- Earning the trust and respect of employees and helping to build a positive culture and climate in which employees are energized and engaged after a tumultuous year
- A number of regulatory/mandatory training initiatives will compete for time from all employees which is limited by their day-to-day work assignments
- Ensuring change management, particularly communication, principles are utilized as we continue to modernize and implement a number of technological and operational changes this year (Time & Attendance, LMS, automated forms, etc.)
- Growing requests for evidence-informed program planning research

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base program budget:

- (\$80,384) Reduction in Strathroy Office reception services
- \$ 60,000 Enhancement for corporate staff training and development
- \$ 42,622 Enhance and realign HR Coordination positions

The following One-time PBMA proposal have been included in this program budget:

- \$ 25,000 Enhancement for employee wellness initiatives
- \$ 25,000 Leadership and Management Development Program

Other changes over 2014 include:

- (\$43,800) Reduction with respect to the 2014 One-time proposal for 0.5FTE resources to implement strategic HR initiatives.

HUMAN RESOURCES & CORPORATE STRATEGY
PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

2015 Planning & Budget Template

SECTION A

SERVICE AREA	HRCS	MANAGER NAME	Vanessa Bell	DATE
PROGRAM TEAM	Privacy and Occupational Health and Safety	DIRECTOR NAME	Laura Di Cesare	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Health Unit's privacy and occupational health and safety programs facilitate compliance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA) and the Occupational Health and Safety Act. This is achieved by supporting the Board of Health and the Senior Leadership Team in the continued development and maturation of each program through the identification, monitoring and/or resolution of prioritized organizational risks. The program also supports service areas across the organization when specific issues respecting these areas arise.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Municipal Freedom of Information and Protection of Privacy Act
- Personal Health Information Protection Act
- Occupational Health and Safety Act
- Fire Prevention and Protection Act and the Fire Code
- Ontario Public Health Organizational Standards (OPHOS)
 - Item 6.2 re.: Risk Management;
 - Item 6.14 re.: Human Resources Strategy

2015 Planning & Budget Template

Program: Privacy and Occupational Health & Safety – HRCS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY

Facilitate activities to enhance the Health Unit's compliance with the applicable privacy laws and reduce the occurrence of privacy risks and incidents.

COMPONENT(S) OF TEAM PROGRAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY

Facilitate activities to enhance the Health Unit's compliance with applicable health and safety legislation and reduce the occurrence of health and safety risks and incidents.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY			
# of privacy breach investigations	1	4	1
# of privacy breaches	1	0	0
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA)	45 (66%)	20 (70%)	75%
COMPONENT OF TEAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY			
# of hazards identified, and % resolved	70 (90 %)	27 (92%)	90%
% of staff who received the annual influenza vaccination	88% (as of February 4, 2014)	73% (December 30, 2014)	80%
% of staff provided with Workplace Violence Prevention Training	n/a	14%	76%
% of staff receiving mandatory OHS Basic Awareness training	n/a	24%	100%

2015 Planning & Budget Template

Program: Privacy and Occupational Health & Safety – HRCS

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	1.66	1.66
Program Manager	1.00	1.00
Program Assistant	0.50	0.50
Public Health Nurse	0.16	0.16

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 124,830	\$ 148,305	\$ 126,631	\$ 131,240	\$ 4,609	3.64%
Benefits	29,712	36,979	30,190	30,889	699	2.32%
Travel	1,000	1,161	3,000	3,000	0	0.00%
Program Supplies	3,648	2,059	3,208	3,208	0	0.00%
Staff Development	2,000	5,617	14,500	4,500	(10,000)	(68.97)%
Professional Services	12,500	5,597	23,000	8,000	(15,000)	(65.22)%
Furniture & Equipment	0	0	0	0	0	0.00%
Other Program Costs	660	660	660	660	0	0.00%
Total Expenditures	\$ 174,350	\$ 200,378	\$ 201,189	\$ 181,497	(\$ 19,692)	(9.79)%

2015 Planning & Budget Template

Program: Privacy and Occupational Health & Safety – HRCS

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 174,350	\$ 200,378	\$ 201,189	\$ 181,497	(\$ 19,692)	(9.79)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 174,350	\$ 200,378	\$ 201,189	\$ 181,497	(\$ 19,692)	(9.79)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Workplace Violence Prevention Training – continued
- 2014 Privacy Audit Recommendation Implementation
- Phase 2 of the Development of the Online Employee Incident Reporting Tool (e.g. SharePoint/workflows)
- Mandatory Basic Awareness OHS Training for Workers and Supervisors

SECTION J

PRESSURES AND CHALLENGES

- Volume of work in these portfolios remains challenging within existing resources.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following adjustment were made to the 2014 budget:

- (\$25,000) Reduction in One-time funding for Workplace Violence training. Offset by increase in central training budget.

HUMAN RESOURCES & CORPORATE STRATEGY

STRATEGIC PROJECTS

2015 Planning & Budget Template

SECTION A				
SERVICE AREA	HRCS	MANAGER NAME	Jordan Banninga	DATE
PROGRAM TEAM	Strategic Projects	DIRECTOR NAME	Laura Di Cesare	January 2015

SECTION B				
SUMMARY OF TEAM PROGRAM				
<ul style="list-style-type: none"> Strategic Projects (SP) provides support across MLHU programs and services. The portfolio consists of five areas of responsibility: (1) Operational planning support & CQI; (2) Records management; (3) Administrative policy review; (4) Supporting the achievement of the strategic directions, and; (5) Strategic projects. 				

SECTION C				
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION				
<ul style="list-style-type: none"> HPPA Compliance (manage Public Health Funding & Accountability Agreement compliance process) OPHS (Organizational Standards) PHIPA (Records Management) 				

SECTION D				
COMPONENT(S) OF TEAM PROGRAM #1 - ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI				
Activities in this component are intended to enhance service delivery and reduce organizational risk by (a) monitoring and reporting on the Accountability Agreement indicators; (b) monitoring compliance with the OPHS/Organizational Standards and other requirements; (c) supporting the activities of and participation on the Foundational Standard Community of Practice; and (d) applying QI approaches that will improve processes and reduce waste.				
COMPONENT(S) OF TEAM PROGRAM #2 - RECORDS MANAGEMENT				
Records management activities are intended to meet the OS requirements (6.12), as well as enhance service delivery and reduce organizational risk by (a) clarifying what records should kept and discarded (i.e., classification & retention schedule); (b) supporting staff to responsibly store and dispose of personal information and business records; (c) store records in a manner that protects				

2015 Planning & Budget Template

Program: Strategic Projects – HRCS

privacy, and supports MLHU's ability to be transparent and prepared for legal action; (d) reducing the administrative burden associated with record keeping; and (e) reducing waste.

COMPONENT(S) OF TEAM PROGRAM #3 - ADMINISTRATIVE POLICY REVIEW

Administrative policy review activities support risk management and organizational effectiveness. These activities are intended to ensure policies are up-to-date and accessible (both in language and format), as well as developed in a manner that engages staff and capitalizes on available knowledge, whilst not increasing the administrative burden.

COMPONENT(S) OF TEAM PROGRAM #4 – STRATEGIC PLANNING

Activities in this component aim to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan as well as participating and supporting Strategic Achievement Workgroups to report their progress/performance to the Senior Team and the Board.

COMPONENT(S) OF TEAM PROGRAM #5 - STRATEGIC PROJECTS

Strategic projects are determined by the Director of Human Resources & Corporate Strategy, the MOH/CEO, and the Senior Leadership Team. Current projects include, but are not limited to: coordinating the Health Unit's Program Budgeting and Marginal Analysis; Employee Engagement; Board of Health Orientation; ERMS Messenger Service; and a Management and Leadership Development Program.

2015 Planning & Budget Template

Program: Strategic Projects – HRCS

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI			
% of Accountability Agreement reporting deadlines achieved	100%	100%	100%
COMPONENT OF TEAM #2 RECORDS MANAGEMENT			
% of records kept for proper retention period (self-report, sample)	N/A	100%	100%
COMPONENT OF TEAM #3 ADMINISTRATIVE POLICY REVIEW			
% of policies that are up to date (have been reviewed in the past two years)	N/A	17.5%	30%
COMPONENT OF TEAM #4 STRATEGIC PLANNING			
Annual reporting to BOH on Strategic Planning progress	Y	Y	Y
COMPONENT OF TEAM #5 STRATEGIC PROJECTS			
Implementation and Progress Reporting for Major Projects:			Corporate Strategic Plan; PBMA; Management and Leadership Development Program; ERMS Messenger System; Employee Engagement

SECTION F

	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	1.2	1.2
Program Manager	1.0	1.0
Program Assistant	0.2	0.2

2015 Planning & Budget Template

Program: Strategic Projects – HRCS

SECTION G

EXPENDITURES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 87,151	\$ 90,639	\$ 99,101	\$ 99,101	\$ 0	
Benefits	20,937	21,310	24,150	24,150	0	
Travel	3,200	784	1,515	1,515	0	
Program Supplies	1,600	338	1,600	1,600	0	
Staff Development	0	292	441	441	0	
Professional Services	4,800	6,149	4,800	6,100	1,300	27.08%
Furniture & Equipment	0	0	0	0	0	
Other Program Costs	6,461	2,068	2,380	2,380	0	
Total Expenditures	\$ 124,149	\$ 121,580	\$ 133,987	\$135,287	\$ 1,300	0.97%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 122,849	\$ 120,280	\$ 133,987	\$ 135,287	\$ 1,300	19.63%
MOHLTC – 100%	1,300	1,300				
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 124,149	\$ 121,580	\$ 133,987	\$ 135,287	\$ 1,300	0.97%

Program: Strategic Projects – HRCS

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Strategic plan launch and implementation - including launch of Mission, Vision, Values
- Review of MLHU's policy management program and recommendations
- Roll out a Leadership and Management Development Program
- Coordinate the Program Budgeting and Marginal Analysis process
- Utilization of the Emergency Response Management System "ERMS"

SECTION J

PRESSURES AND CHALLENGES

- Significant projects with organization wide implication require a great deal of change management to be exercised and understood.
- Capacity for strategic projects and organizational initiatives considering only 1.2 FTE and ongoing needs (i.e. records management, policy management, etc.)
Many projects require cross-MLHU collaboration to meet deliverables. Challenges need to be managed in order to ensure optimum deliverables.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- \$1,300 increase in budgeted expenditures to reflect higher costs of off-site records retention

FINANCE AND OPERATIONS

FINANCE AND OPERATIONS

2015 Planning & Budget Template

SECTION A

SERVICE AREA	FOS	MANAGER NAME	John Millson	DATE
PROGRAM TEAM	Finance & Operations	DIRECTOR NAME	John Millson	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

- This service provides the financial management required by the Board of Health to ensure compliance with applicable legislation and regulations. This is accomplished through providing effective management and leadership for financial planning, financial reporting, treasury services, payroll administration, procurement, capital assets, and contract management. This service provides value through protecting the Health Unit's financial assets, containing costs through reporting and enforcement of policy, systems and process improvements, developing and implementing policies and procedures, and providing relevant financial reporting and support to the Board.
- This service also provides oversight for the health unit "Operations" which include facility management type services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management, and the management of all building leases and property matters.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

The following legislation/regulations are relevant to the work performed in Finance & Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation.

Program: Finance & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – FINANCIAL SERVICES

Financial Planning:

- Develop long term funding strategies for senior management and Board of Health and provide ongoing monitoring.
- Develop, monitor and report annual operating budgets. Health Unit programs are funded through a complex mix of funding. The majority (approx.. 72%) of the services are funded through cost-sharing where by the Board of Health approves the operating budget, the ministry provides a grant, and the remaining amount is requested from the City of London and Middlesex County on a proportionate of population basis. The remaining programs and services are funded 100% by the province, whereby the Board of Health approves an operating budget based on a predetermined grant from the province. Many programs have different budget formats and timelines which provide challenges in budget preparation and planning.
- Manage two annual audits including preparation of consolidated financial statements for both programs with a December 31st year end and those with a March 31st year end.
- Prepare quarterly financial statements for external stakeholders including the City of London, and various ministry departments. In terms of ministry quarterly reporting the formats differ between ministries and programs adding to the complexity of generating the reports.
- Prepare the various annual settlements for the ministry funded programs and services.
- Prepare monthly and quarterly reports for internal stakeholders to ensure financial control and proper resource allocations.

Treasury Services:

- Accounts payable processing includes verifying payments, issuing cheques, reviewing invoices, ensuring proper authorizations exist for payment. This also includes verifying and processing corporate card purchases, employee mileage statements and expense reports.
- Accounts receivable processing includes reviewing and posting invoices, monitoring and collections activities.
- Cash management function includes processing cash payments and point of sale transactions, and preparing bank deposits. This also includes minor investment transactions to best utilize cash balances.
- General accounting includes bank reconciliations, quarterly HST remittances, general journal entries, monthly allocations.

Insurance & Risk Management:

- Purchase appropriate and adequate insurance and draft contractual conditions for third party contracts to protect the human, physical and financial assets of the health unit.
- Request insurance certificates required for various funding agreements and contracts.

Program: Finance & Operations

Payroll Administration:

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information including employee set-up and maintenance.
- Process mandatory and voluntary employee deductions, calculating and processing special payments and retroactive adjustments. Set up and maintain the payroll system in compliance with collective agreements and legislative requirements for all pay, benefits, deductions and accruals.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, OMERS annual 119 Report.
- Prepare and remit payments due to third parties resulting from payroll deductions and employer contributions within strict deadlines to avoid penalties and interest. Payments are reconciled to deductions or third party invoices.
- Administers employee paid Canada Savings Bond program, where staff can purchase bonds through payroll deductions.

Procurement:

- Provide accurate and timely procurement advice to internal programs and services (customers).
- Procurement of goods and services in a fair, transparent, and open manner through Request for Tenders, Quotes, and Proposals, and at all times ensuring value for money.
- Participates in the Elgin Middlesex Oxford Purchasing Cooperative (EMOP) to enhance or leverage procurement opportunities to lower costs.
- Utilize and participate in provincial contracts such as courier, photocopier, and cell phone providers to lower costs to the programs and services.
- Performs general purchasing and receiving activities for program areas.

Capital Asset Management:

- Tangible Capital Assets – ongoing processes for accounting of capital assets and ensuring compliance with PSAB 3150.
- Ensures the proper inventory and tracking of corporate assets for insurance and valuation purposes.

Contracts & Agreements:

- Contract management including various agreements to ensure the Health Unit is meeting its obligations and commitments. Contracts and agreements are reviewed for program effectiveness and Board of Health liability.

2015 Planning & Budget Template

Program: Finance & Operations

COMPONENT(S) OF TEAM PROGRAM #2 – OPERATIONS

- Space planning – liaisons with program areas to ensure facilities meet program requirements. This may involve leasehold improvements, furniture and equipment purchasing, and relocation of employees.
- Coordinates management response to monthly Joint Occupational Health & Safety Committee (JOHSC) inspection reports.
- Manages the three main property leases including renegotiations and dispute resolution (50 King Street, 201 Queens Ave in London, and 51 Front Street in Strathroy)
- Security – manages and maintains the controlled access and panic alarm systems, and the after-hours security contract.
- Custodial Services – manages and maintains the contract for janitorial services for two locations. This includes day-time and evening cleaning for the 50 King Street office.
- Manages and maintains both on-site and off-site storage facilities, keeping track of supplies, equipment and corporate records.
- Performs general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Financial Services			
Number of manual journal entries per FTE	1,450	2,750	2,500
Number of vendor invoices paid/processed per FTE	8,500	9,970	8,500
Number of MLHU invoices prepared/processed per FTE	325	499	500
Number of direct deposits processed (payroll)	9,200	9,075	9,000
Number of manual cheques (payroll) issued	35	8	8
Number of competitive bid processes	30	27	25
Component of Team #2 Operations			
Number of meeting room set-up/take-downs	212	180	160
Average time to set-up/take-down meeting room	1.9 hours	1.8 hours	1.8 hours

2015 Planning & Budget Template

Program: Finance & Operations

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	8.5	8.5
Director	1.0	1.0
Administrative Assistant to the Director	0.5	0.5
Accounting & Budget Analyst	1.0	1.0
Accounting & Payroll Analyst	1.0	1.0
Accounting & Administrative Assistants	3.0	3.0
Procurement and Operations Manager	1.0	1.0
Receiving & Operations Coordinator	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salaries & Wages	\$ 592,826	\$ 581,210	\$ 571,335	\$ 588,264	\$ 16,929	2.96%
Benefits	154,023	155,096	147,242	150,120	2,878	1.95%
Travel	2,900	3,139	2,900	2,900		
Program Supplies	3,620	2,191	3,620	3,620		
Staff Development	1,500	4,984	1,500	1,500		
Professional Services	0	0	104,755	0	(104,755)	(100)%
Furniture & Equipment	0	0	0	0		
Other Program Costs	3,480	2,736	3,480	3,480		
Total Expenditures	\$ 758,349	\$ 749,356	\$ 834,832	\$ 749,884	(\$ 84,948)	(10.18)%

2015 Planning & Budget Template

Program: Finance & Operations

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 725,992	\$ 716,899	\$ 802,475	\$ 717,527	(\$ 84,948)	(10.59)%
MOHLTC – 100%	32,357	32,357	32,357	32,357		
MCYS – 100%						
User Fees						
Other Offset Revenue		100				
Total Revenues	\$ 758,349	\$ 749,356	\$ 834,832	\$ 749,884	(\$ 84,948)	(10.18)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implement the new “My Time” system to submit time and attendance through a web-based system.
- Perform a major upgrade to the financial and human resource software program (GP Dynamics). This is required to continue using the system for Payroll
- Complete the Space Needs Assessment and develop a facilities plan for the use of Health Unit programs and services
- Continue implementation of process efficiencies/improvements (on-line submission for program expenses)
- Replace the FRx reporting system (internal management reports) which is at its “End of Life” and is not supported any longer by Microsoft
- Investigate procurement and implementation of a procurement module (PwC recommendation)
- Continue to refine the budget planning process and work with Health Unit staff to produce accurate financial analysis and forecasts.

SECTION J

PRESSURES AND CHALLENGES

- Lower growth in provincial grants will continue to place pressure on programs and services. The Health Unit will need to continue to seek efficiencies and demonstrate the value of its programs and services.
- The province will be integrating its dental programs as of August 2015 which will require lots of analysis and planning.

Program: Finance & Operations

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- (\$104,755) End of One-time funding for the Space Needs Assessment. 2015 costs will be completed with existing resources.

INFORMATION TECHNOLOGY SERVICES

INFORMATION TECHNOLOGY

2015 Planning & Budget Template

SECTION A

SERVICE AREA	IT	MANAGER NAME	Mark Przyslupski	DATE
PROGRAM TEAM	Information Technology	DIRECTOR NAME	John Millson	January 8, 2015

SECTION B

SUMMARY OF TEAM PROGRAM

Information Technology Services (I.T.) is a centralized service providing for the information technology needs of programs and staff at MLHU.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Ontario Public Health Organizational Standards:
 - 3.2 Strategic Plan
 - 6.1 Operational Planning improvements
 - 6.2 Risk Management
 - 6.12 Information Management
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- Personal Health Information Protection Act (PHIPA)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS

- Business analysis, project management, computer software selection/implementation.
- Improving business processes to improve program delivery, improve efficiency or increase capacity.
- Data analysis support for program evaluation.
- “Standard” applications including e-mail, common desktop applications, web/intranet services, database services, telephone/voice applications etc.

2015 Planning & Budget Template

Program: Information Technology

COMPONENT(S) OF TEAM PROGRAM #2 INFRASTRUCTURE

- Personal computers (desktop and laptop) and mobile devices.
- Server computers, data storage, backup and backup power.
- Wired and wireless network devices and physical cabling.
- Inter-site network/data transmission and communication.
- Internet and eHealth application access.
- Telephony devices—telephone handsets, voicemail servers, phone switches, etc

COMPONENT(S) OF TEAM PROGRAM #3 SECURITY

- Standards & policy development and documentation.
- Data security technologies and approaches including encryption.
- E-mail security/filtering.
- Password policies and procedures.
- Investigation and audit of various systems to ensure security of data.
- Firewalls and remote access.

COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS

- | | |
|---|---|
| <ul style="list-style-type: none"> • Helpdesk—client support. • Client Training. • Network logon account management. • Monitoring and responding to system problems. • Personal computer loading and configuration management. • Computer and software upgrades and deployment. | <ul style="list-style-type: none"> • Security updates installation. • E-mail support and troubleshooting. • Technology asset tracking/management. • Preventative maintenance. • Data backup/restore. • Trending, budgeting & planning of future technology needs. |
|---|---|

2015 Planning & Budget Template

Program: Information Technology

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Applications			
Desktop Software/hardware upgrades and implementations (Service Area/Program/Team)	3	6	same
Desktop Software/hardware upgrades and implementations (Organization Wide)	1	4	same
Major Training Initiatives	7	8	same
Component of Team #2 Infrastructure			
Application/Database backend system upgrades migrations and implementations (Service Area/Program/Team)	20	8	increase
Core backend infrastructure system hardware/software upgrades/migrations and implementations	4	11	decrease
Component of Team #4 Support & Operations			
Requests addressed by 1 st Level Helpdesk	67%	57%	increase
Resolution/closure within 2-5 days	63%	57%	increase
Resolution/closure within 5-10 days	77%	71%	increase
Resolution/closure within 10-20 days	85%	80%	increase

2015 Planning & Budget Template

Program: Information Technology

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	8.5	9.06
Program Manager	1.0	1.0
Administrative Assistant	0.5	0.5
Business Analyst	1.0	1.0
Data Analyst	1.0	1.56
Network & Telecom Analyst	1.0	1.0
Server Infrastructure Analyst	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Helpdesk Analyst	1.0	1.0
Corporate IT Trainer	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 552,203	\$ 431,909	\$ 544,540	\$ 577,879	\$ 33,339	6.12%
Benefits	140,872	116,273	139,162	145,374	6,212	4.46%
Travel	3,500	970	3,500	2,500	(1,000)	(28.57)%
Program Supplies	8,000	6,989	8,000	6,500	(1,500)	(18.75)%
Staff Development	10,000	8,065	10,000	10,000	0	0.00%
Professional Services	28,300	38,417	48,300	45,300	(3,000)	(6.21)%
Furniture & Equipment	342,000	305,557	352,000	352,000	0	0.00%
Other Program Costs	5,538	4,526	5,538	3,038	(2,500)	(45.14)%
Total Expenditures	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.84%

2015 Planning & Budget Template

Program: Information Technology

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.84%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.84%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implement enhancements to the MLHU IT infrastructure business continuity plan in an effort to significantly improve recover time objective.
- Phone system upgrade aimed at eliminating analog and digital system components. This will ensure continued system supportability and increased portability in light of a potential move.
- Replacement of remainder of desktop and a small portion of laptop hardware.
- Implement new Learning Management System which has provisions for training scheduling and tracking.
- Continue on the discovery path to Agency wide Electronic Client Record solution.
- Update 3-5 year capital plan.
- Major upgrade projects including: 1) the implementation of My Time, the web-based program to capture time and attendance tracking, 2) Implement SharePoint applications to support submission of program expenses, 3) GP Dynamics (Finance / HR system)

Program: Information Technology

SECTION J

PRESSURES AND CHALLENGES

- HedgeHog health inspection software will require an upgrade in early 2015 as it currently runs on a platform which will be out of support by May of 2015. We have, historically, had poor support from this vendor. As a result, we will be required to demonstrate extra vigilance and attention during the upgrade process.
- FRX Financial Reporting software will be facing similar supportability challenges and its subsequent upgrade will be time sensitive as well.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Efficiencies (\$12,000)** – Various reductions in operating accounts based on experience.
- **Enhancement - \$41,904** – Data Analyst resources (0.56 FTE) to assist in effective decision making regarding population need, particularly with respect to the identification of priority populations and establishing and monitoring key performance indicators throughout the organization.

GENERAL EXPENSES & REVENUES

2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION A				
SERVICE AREA	GER	MANAGER NAME	Senior Leadership Team	DATE
PROGRAM TEAM	General Expenses & Revenues	DIRECTOR NAME	Senior Leadership Team	January 2015

SECTION B				
SUMMARY OF TEAM PROGRAM				
General Expenses & Revenues is a centralized budget managed by the Senior Leadership Team related to Board of Health meetings, general Health Unit property costs, risk management & audit, post-employment benefits, employee assistance program (EAP), managed position vacancies, and general offset revenues.				

SECTION C				
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION				
<ul style="list-style-type: none"> Ontario Public Health Organizational Standards: <ul style="list-style-type: none"> 2.1 Remuneration of board of health members 6.2 Risk Management 6.9 Capital Funding Plan Section 49, Health Protection & Promotion Act – as it relates to the payment of Board of Health members 				

2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - BOARD OF HEALTH & COMMITTEES

This program budget supports the remuneration of board of health members as described in Section 49 of the Health Protection and Promotion Act. Remuneration includes meeting stipend, travel costs and payments for professional development opportunities

COMPONENT(S) OF TEAM PROGRAM #2 - FACILITIES / OCCUPANCY COSTS

This component supports the resource allocation for health unit offices which includes the following expenditure categories:

- Leasing costs
- Utilities – Hydro, telephone & other communications costs, and water,
- Janitorial contracts
- Security contracts.
- General office & equipment maintenance and repairs.
- Management of the multi-purpose photocopiers.
- General office supplies (copy paper, batteries, forms etc.) & postage and courier costs.

COMPONENT(S) OF TEAM PROGRAM #3 – INSURANCE, AUDIT, LEGAL FEES AND RESERVE FUND CONTRIBUTIONS

This component supports the insurance needs of the organization, annual audit fees, legal and other professional services and provides the budget for reserve fund contributions.

COMPONENT(S) OF TEAM PROGRAM #4 – POST-EMPLOYMENT & OTHER BENEFITS AND VACANCY MANAGEMENT

This component supports the allocation of resources for general employee benefits (listed below) and is the area where the health unit budgets for managed position vacancies.

General employee benefits include:

- Employee Assistance Program (EAP)
- Post-employment benefits (retirees)
- Supplemental Employment Insurance benefits
- Sick Leave payments which are funded by the Sick Leave Reserve Fund

COMPONENT(S) OF TEAM PROGRAM #5 – GENERAL OFFSET REVENUES

General revenues accounted for in this section are non-program specific in nature such interest revenue, property searches and miscellaneous revenue.

2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 - #5			
N/A			

SECTION F

STAFFING COSTS:

	2014 TOTAL FTEs	2015 ESTIMATED FTEs
No FTEs		

SECTION G

EXPENDITURES:

Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Benefits (Retiree & Other)	\$ 191,800	\$ 104,978	\$ 312,274	\$ 191,652	\$ (120,622)	(38.63)%
Managed Gapping	(280,000)		(815,163)	(815,163)		
Program Supplies	147,000	127,305	103,000	103,000		
Board Expenses	60,500	40,649	55,500	55,500		
Occupancy Costs	1,440,411	1,475,335	1,467,723	1,467,273		
Professional Services	375,348	356,867	183,400	183,400		
Furniture & Equipment	140,000	109,612	100,000	100,000		
Other Agency Costs	46,280	43,586	65,607	65,607		
Contributions to Reserves / Reserve Funds			450,000	250,000	(200,000)	(44.44)%
Total Expenditures	\$ 2,121,339	\$ 2,258,332	\$ 1,921,891	\$ 1,601,269	\$ (320,622)	(16.68)%

2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 2,090,309	\$ 2,220,016	\$ 1,892,141	\$ 1,571,519	\$ (320,622)	(16.94)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	3,347	3,750	3,750		
Other Offset Revenue	27,280	34,969	26,000	26,000		
Total Revenues	\$ 2,121,339	\$ 2,258,332	\$ 1,921,891	\$ 1,601,269	\$ (320,622)	(16.68)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- The initiatives and highlights affecting this budget are related to those described under the “Operations” portfolio. That is to develop a facilities plan for the office space and improve space utilization.

SECTION J

PRESSURES AND CHALLENGES

- Funding pressure is expected as the Province attempts to balance its budget by 2017 / 2018.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- \$32,700 Enhancement**– to support agency-wide participation in the Nursing Graduate Guarantee Initiative
- (\$158,024) Reduction** – Amount reallocated to program budgets in 2015 related to 2014 salary and benefit changes.
- (\$200,000) Reduction** – no planned contribution in 2015 to the Employment Costs Reserve Fund.