

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, January 26, 2017 10:30 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – December 1, 2016

4. NEW BUSINESS

4.1 2016 Board of Health Remuneration (Report No. 002-17FFC)

4.2 2017 Budget – FFC Review (Report No. 001-17FFC)

5. OTHER BUSINESS

5.1 2017 Proposed Finance and Facilities Committee Meeting Dates

5.2 Next meeting Thursday, February 2, 2017 at 9:00 a.m. Room 3A

6. ADJOURNMENT



**PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH
50 King Street, London
Middlesex-London Health Unit – Room 3A
2016 December 1, 9:00 a.m.**

COMMITTEE

MEMBERS PRESENT:

Mr. Marcel Meyer
Mr. Ian Peer
Mr. Jesse Helmer (Vice Chair, Finance and Facilities Committee)
Ms. Joanne Vanderheyden
Ms. Trish Fulton (Committee Chair)

Regrets:

OTHERS PRESENT:

Dr. Christopher Mackie, Medical Officer of Health & CEO
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Laura Di Cesare, Director, Corporate Services
Ms. Alison Locker, Manager, Foundational Standard
Ms. Mary Catherine Masciangelo, Director, Corporate Services, Haliburton Kawartha Pine Ridge District Health Unit
Mr. John Millson, Associate Director, Finance
Ms. Leslie Orpana, Director, Chronic Disease and Injury Prevention, Haliburton Kawartha Pine Ridge District Health Unit

At 9:05 a.m., Vice-Chair, Mr. Jesse Helmer called the meeting to order.

DISCLOSURES OF CONFLICTS OF INTEREST

Chair Helmer inquired if there were any disclosures of conflicts of interest, none were declared.

Chair Helmer welcomed guests from the Haliburton Kawartha Pine Ridge District Health Unit, Ms Leslie Orpana and Ms. Mary Catherine Masciangelo.

APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the [AGENDA](#) for the December 1, 2016 Finance and Facilities Committee meeting be approved.*

CarriedCarried

APPROVAL OF MINUTES

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the [MINUTES](#) from the November 3, 2016 Finance and Facilities Committee meeting be approved, as amended.*

Carried

NEW BUSINESS

4.1 By-Law and Policy Review ([Report No. 045-16FFC](#))

The Committee reviewed and discussed all applicable finance policies and by-laws forwarded by the Governance Committee. A fulsome discussion ensued about the following items:

- Clarification of the definition of banks versus credit unions in By-law No. 2.
- The definition and delegation of signing authorities.
- Clarification of the procurement process, pre-determined bidder list, the process for posting bids, how vendors apply to be listed and the process for the public advertisement of bid opportunities.
- Listing the Health Unit's status as a Living Wage employer, its definition and role in both the Procurement and Contractual Services policies.
- Clarification that verbal quotes are to be confirmed in writing.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance & Facilities Committee*

- 1) *Receive Report No. 045-16FFC for information; and*
- 2) *Review and provide the Governance Committee with any amendments to the proposed by-laws and policies that fall within the FFC Mandate (Appendix C)*

Carried

4.2 2017 Budget – PBMA Proposals ([Report No. 046-16FFC](#))

Dr. Mackie introduced and provided context to this report. Flagging the addition of the 2017 PBMA 'Other' proposals, which were brought forward for due diligence purposes and ensure that the Board understands the reasons why those proposals were declined for incremental funding, and that several will be going forward within existing resources. Dr. Mackie gave a brief overview of the annual PBMA process.

Discussion ensued about the following items:

- Scoring of recommended proposals and clarification of disinvestments to complement approved investments.
- The Sugar Sweetened Beverage policy process and clarification of 'Other' proposals within this category. Dr. Mackie reviewed and clarified each proposal listed under Appendix C.
- Additional community partners may be able to assist in supporting the HIV Prevention and Control investment item.
- The investment of a Public Health Nurse for Healthy Babies, Healthy Children, which would support the Smart Start for Babies program. Staff will be requesting 100% funding for this program.

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee:*

- 1) *Approve [Appendix A](#), PBMA Recommended Disinvestments totaling \$474,112;*
- 2) *Approve [Appendix B](#), PBMA Recommended Investments totaling \$479,655; and*
- 3) *Receive [Appendix C](#), Other Proposals.*

Carried

4.3 Renewal of FoodNet Canada Memorandum of Agreement ([Report No. 047-16FFC](#))

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive and make a recommendation to the Board of Health to approve the Board Chair to sign the FoodNet Canada Memorandum of Agreement (2017-2020), as appended to Report No. 047-16FFC.*

Carried

CONFIDENTIAL

At 10:32 a.m. Chair Helmer invited a motion to move in camera to discuss items regarding a proposed or pending acquisition of land and the security of the property held by the Middlesex-London Board of Health.

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee move in camera to discuss items regarding a proposed or pending acquisition of land and the security of the property held by the Middlesex-London Board of Health.*

Carried

All Health Unit staff and guests except Committee members, Ms. Elizabeth Milne, Dr. Christopher Mackie, Mr. Jordan Banninga, Ms. Laura Di Cesare and Mr. John Millson left the meeting at this time.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities Committee return to return to public session.*

At 11:21 a.m. the Finance and Facilities Committee returned to public session.

ADJOURNMENT

It was moved by Ms. Vanderheyden, seconded by Mr. Peer, *that the Finance and Facilities Committee adjourn the meeting.*

Carried

At 11:27 a.m. Chair Helmer *adjourned the meeting.*

JESSE HELMER
Board of Health Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 January 26

2017 PROPOSED BUDGET – FFC REVIEW

Recommendations

It is recommended:

- 1) *That the Finance and Facilities Committee review the 2017 Planning and Budget Templates attached as [Appendix B](#); and*
- 2) *That the 2017 Planning and Budgeting Templates be forwarded to the Board of Health when the Finance & Facilities Committee has completed its review.*

Key Points

- The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit's impact on public health in London and Middlesex.
- These PBMA proposals are integrated into the 2017 budget documents.
- The Finance and Facility Committee will review the 2017 Planning and Budget Templates in order in which they appear in [Appendix B](#).
- The Board of Health will consider the budget as a whole when the Committee has completed its review.

Background

The 2017 Proposed Budget has been developed is using an integrated approach where program planning and budgeting activities are aligned to mitigate against risk of unplanned expenditures and to support optimal allocation of resources to key initiatives. This approach uses a combination of Program Budgeting and Marginal Analysis "PBMA" and Planning & Budgeting Templates "PBT's" to bring together both planning and program information.

Program Budget Marginal Analysis

This is a process that transparently applies pre-defined criteria (See [Report No. 23-16FFC](#) for 2017 criteria) to prioritize where proposed decreases or increases could be made, to facilitate "reallocation of resources based on maximizing the value of services across the four principles of the Ontario Public Health Standards [OPHS] (Need, Impact, Capacity, and Partnerships/Collaboration)." Attached as [Appendix A](#), are the recommended PBMA proposals for dis-investment and re-investment. The proposals were reviewed by the Finance & Facilities Committee at its December 1, 2016 meeting ([Report No. 46-16FFC](#)).

Planning & Budgeting Templates

The PBMA proposals are being integrated into the 2017 Planning & Budget Templates (PBTs). The table below provides a draft review schedule, but may be adjusted based on the progress of the Committee's review.

Table 1 – Draft FFC Review Schedule

Date	Division
January 26	Corporate Services , Foundational Standard, Healthy Living, Office of the Medical Officer of Health, Environmental Health & Infectious Disease, Healthy Start, Office of the Chief Nursing Officer, and General Expenses and Revenues
February 2	FFC final review and recommendations

The 2017 Proposed Budget Summary and Planning & Budget Templates are attached as [Appendix B](#). The Planning and Budget Templates include enhanced budget information as well as substantial program-related information in order to allow the Finance and Facilities Committee and the Board of Health to make informed decisions about the 2017 budget.

The 2017 proposed budget was developed using the revised budget parameters as recommended by the Finance & Facilities Committee at its October 1, 2016 meeting where it considered [Report No. 39-16FFC](#) re 2017 Revised Budget Parameters. The Committee recommended that staff prepare a draft 2017 budget with a 0% municipal increase and a 1.5% increase in provincial funding for Mandatory Programs. A 1.5% provincial increase would provide \$241,968 in additional resources.

The Board of Health will consider the budget as a whole when the Committee has completed its review.

This report was prepared by Mr. John Millson, Associate Director of Finance.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

2017 PBMA Recommended Disinvestments

Dept.	No.	Proposal	Value	FTE	Score
CS	#1-0020	Accounting & Administrative Assistant	-\$ 25,000.00	0.50	-68
EHID	#1-0009	Student Public Health Inspector Position	-\$ 16,000.00	0.00	-12
EHID	#1-0010	Health Hazard Investigation	-\$ 25,525.00	0.30	-131
EHID	#1-0011	Reduce Public Health Nurse in Sexual Health Clinic	-\$ 82,419.00	0.80	-35
EHID	#1-0026	Vector-Borne Disease Lab Technician	-\$ 80,000.00	1.00	-5
EHID	#1-0038	Disinvestment of Operational Resources	-\$ 5,000.00	0.00	-21
FS	#1-0004	Partial Disinvestment of Rapid Risk Factor Surveillance System	-\$ 14,999.00	0.00	-49
General Rev. / Exp.	#1-0030	Insurance Premiums	-\$ 10,000.00	0.00	0
General Rev. / Exp.	#1-0042	Cell Phone Hardware	-\$ 20,000.00	0.00	0
HL	#1-0023	Program Assistant	-\$ 62,784.00	1.00	-9
HL	#1-0024	Community Drug Strategy Realignment	-\$ 38,257.00	0.50	-16
HS	#1-0013	"Let's Grow" Advertising Budget	-\$ 10,000.00	0.00	-15
HS	#1-0014	Prenatal Education Casual Public Health Nurse Support	-\$ 10,000.00	0.00	-39
HS	#1-0021	Realign Family Health Clinic	-\$ 64,128.00	0.50	-50
OMOH	#1-0002	Communications Advertising Account	-\$ 10,000.00	0.00	-145
		Total	-\$ 474,112.00	-4.60	-595

Recommended Disinvestment Descriptions

1-0020 – Accounting and Administrative Assistant

The Finance team requires less data entry from source documents due to process improvements including on-line mileage reimbursements and automated payroll timesheets and vacation / absence records. This proposal would reduce a 0.5FTE but leave approximately \$8,600 for short term help to cover the circumstances mentioned above (approximately 8 weeks).

1-0009 – Student Public Health Inspector Position

This proposal will eliminate one Student Public Health Inspector (PHI) position. The Middlesex-London Health Unit (MLHU) capacity to hire 2-3 students between May and September will be reduced to 1-2 students.

1-0010 – Health Hazard Investigations

For Marijuana Grow-op assessments, PHIs will no longer review reports and consult with contractors as it relates to compliance with the MLHU established guideline. Rather, PHIs will provide the guideline to the consultants so that they are aware of best practices. Significant demolition projects should still be reviewed given the wide scale public health implications, however the majority of smaller permits will not be reviewed. Also of relevance is the reduction in work that was performed for the cooler tower registration project.

1-0011 – Reduce Public Health Nurse in Sexual Health

A program review of Sexual Health Clinic Services was completed in 2015 with recommendations identified. One of the recommendations is to change the scope of the clinic to align more completely with our public health mandate. The Clinic and Sexual Health Promotion Team is now the Sexual Health team, PHN's are now cross-trained and as a result, there is less need for PHN support in the Sexual Health

1-0026 – Vector-Borne Disease Lab Technician

With the current role, the VBD Laboratory Technician identifies the larvae and ticks, and trains the seasonal staff to identify larvae. The Middlesex-London Health Unit (MLHU) contracts out the larval mosquito surveillance, control, and mosquito identification and viral testing services. The contracted companies offer larval identification free of charge and are able to train seasonal staff at a reasonable cost, if the need arises.

1-0038 – Disinvestment of Operational Resources

Discontinue the immunization inserts (ads) in two parent resource guides and an additional decrease in the travel and program supply and medical budgets.

1-0004 – Partial Disinvestment of Rapid Risk Factor Surveillance System

This proposal would downsize the survey package which MLHU is used to purchasing each year. Decreasing the average interview length from 16 minutes down to 10 minutes

1-0030 – Insurance Premiums

With the renewal of the insurance policy with Cowan insurance the MLHU can realize an additional \$10,000. This is based on the 2016 contract cost.

1-0042 – Cell Phone Hardware

As a result of favourable pricing through negotiations of the new Rogers contract for cell phones, \$20,000 can be reduced.

1-0023 – Program Assistant for Child and Youth Team

Over the past years the responsibilities of the Program Assistant for both teams has changed and we anticipate future programming changes that will also reduce the workload of the Program Assistants. Much of this change is due to increased use of electronic resources

1-0024 – Community Drug Strategy Realignment

A decision has been made to assign the coordination of the Community Drug Strategy to one of the two Social Determinants of Health Public Health Nurse positions at MLHU. These are 100% provincially funded positions. This proposal would eliminate the 0.5 FTE Health Promoter role but maintain the work that MLHU performs regarding the strategy.

1-0013 –“Let’s Grow” Advertising Budget

Let's Grow advertising would be comprehensively integrated into the existing and ongoing multi-strategy approaches implemented by the Early Years Team, ensuring links to the Let's Grow section of the MLHU website This integration of advertising would thereby eliminate the need for a specific Let's Grow advertising budget

1-0014 – Prenatal Education Casual Public Health Nurse Support

In 2016, a planning process resulted in changes being made to the delivery of the Reproductive Health Teams prenatal education program, resulting in less casual/contract Public Health Nurse requirements to run the program. In addition, it is anticipated that there will be reduced PHN orientation requirements in 2017.

1-0021 – Realign Family Health Clinic

A review of the FHC program in August 2016 raised questions about the need for continuing to provide services at the clinic within its current structure. At present, this proposal maintains FHC services for targeted clients, and also recognizes that there are primary care providers in our community who can provide ongoing services. Based on the review of the FHC, this proposal supports a disinvestment of the NP position for the FHC from 1.0 FTE to 0.5 FTE

1-0002 – Communications Advertising Budget

This proposal is to reduce the "We're Here for You" awareness campaign by 30% for 2017. By using a modified advertising strategy, which relies more heavily on increased use of social media advertising over traditional display advertising (billboards, transit, etc.), the number of impressions should remain high.

2017 PBMA Recommended Investments

Dept.	No.	Proposal	Value	FTE	Score
EHID	#1-0018	Public Health Nurse for Tuberculosis	\$ 31,158.00	0.30	241
EHID	#1-0025	HIV Prevention and Control	\$ 275,000.00	3.00	293
EHID	#1-0029	Vulnerable Occupancy Inspection Work	\$ 25,425.00	0.30	224
FS	#1-0006	Increase Program Evaluation Capacity	\$ 14,467.00	0.25	265
HL	#1-0027	Public Health Dietitian	\$ 82,093.00	1.00	231
HS	#1-0035	Healthy Babies Healthy Children Public Health Nurse	\$ 51,512.00	0.50	287
OMOH	#1-0003	Increase Marketing Coordinator Capacity	\$ -	0.50	136
		Total	\$ 479,655.00	5.85	1677

Recommended Investment Descriptions**1-0018 – Public Health Nurse for Tuberculosis**

Due to the tuberculosis program and clinic planning and evaluation process, the volume and number of clients screened and seen in clinics will decrease dramatically; however, MLHU is committed to seeing existing clients until the end of their latent tuberculosis infection treatment. Therefore, current clinic volumes will not subside for at least 9-12 months. This proposal seeks to maintain 2016 Public Health Nurse Capacity.

1-0025 – HIV Prevention and Control

Hospital-based HIV care has not been effective in retaining hard-to-reach persons who inject drugs (PWID) in care. Instead, comprehensive outreach models have been proven to be more effective in reaching the most vulnerable populations such as PWID. Outreach team consisting of a Community HIV Program Lead, and two other positions. These will be filled by two of the following: a nurse, an outreach worker, or a social worker. The outreach team will focus on connecting with the care options that are currently available in the community (Regional HIV/AIDS Connection, London InterCommunity Health Centre, etc.). This means they are meeting clients wherever they are: in their homes; in parks; in streets and alleys; hotels; clinics; and community centres. Ongoing funding is needed to continue to maintain the HIV strategy.

1-0029 – Vulnerable Occupancy Inspection Work

This initiative will provide time (0.3 FTE) for a Public Health Inspectors to work more closely with group home operators and other vulnerable occupancies that would not fall under the new bylaw, to assess risks, provide meaningful intervention and consult with operators in an effort to address unsafe / unhealthy living environments. Staff will also inquire with the City of London to see if there is additional funding available to meet the new by-law.

1-0006 – Increase Program Evaluation Capacity

Current Program Evaluator complement of 4.75 FTE is not sufficient to support program planning and evaluation needs. By expanding the existing Program Evaluator complement to 5.0 FTE, support needs within MLHU will be better met, enhancing organizational capacity to address strategic objectives and priorities, as well as legislated requirements detailed in the Foundational Standard.

1-0027 – Public Health Dietician

The proposed change is the addition of a 1.0 FTE dietician to the Healthy Living division, to support Healthy Living and Healthy Start. Both divisions agree there is a need for additional dietician resources to support the increased demand for programs and services relating to healthy eating. Overall this investment will enhance MLHU's work relating to food literacy, food skills and the food environment, and to support the creation of a healthy and sustainable food system in Middlesex-London.

1-0035 – Healthy Babies Healthy Children Public Health Nurse

Increased numbers of referrals for families screened with risk were received by the MLHU HBHC home visiting program. This PBMA proposal supports the addition of a 0.5 FTE PHN to support the increase in the number of vulnerable families, including Syrian newcomer families, who are accessing the HBHC home visiting program.

1-0003 – Increase Marketing Coordinator Capacity

Increasing the role of the Marketing Coordinator, and by extension reducing the need for the services of external design firms, would also increase the capacity of the Communications Team and would ensure consistency of design, resulting in a strengthened MLHU brand. In addition, a much needed review of the MLHU Graphic Standards, in place since 2004, is a project that could be undertaken in-house if this investment proposal is approved, eliminating the need to hire an external contractor to do the work. Funds will be reallocated from existing print and design budgets throughout the Health Unit to cover approximately \$39,000, reflecting the reported \$0 value.

Middlesex-London Health Unit

2017 Program & Budget Templates

January 2017

MIDDLESEX-LONDON HEALTH UNIT
LIST OF ACRONYMS FOUND IN 2017 PROPOSED BUDGET TEMPLATES

Acronym	Long Form
AA	Accountability Agreement
AODA	Accessibility for Ontarians with Disabilities Act
AOPHBA	Association of Public Health Business Administrators
BBT	Best Beginnings Team
BCI	Brief Contact Intervention
BCP	Business Continuity Plan
BFI	Baby-Friendly Initiative
BLV	Blind Low Vision
BOH	Board of Health
CDTC	Chronic Disease and Tobacco Control
CERV	Community Emergency Response Volunteers
CHNS	Community Health Nursing Specialist
CHT	Child Health Team
CINOT	Children In Need Of Treatment
CNO	Chief Nursing Officer
CQI	Continuous Quality Improvement
CS	Corporate Services
CSRs	Complaints and Service Requests
CUPE	Canadian Union of Public Employees
CW/SW	Central West/South West
CYN	Child & Youth Network
D2Q	Driven to Quit (contest that was run by smokers helpline)
DO	Designated Officer
DT	Dental Treatment
ECA	Electronic Cigarette Act
EEE	Eastern Equine Encephalitis
EFAP	Employee and Family Assistance Program
EH&ID	Environmental Health and Infectious Disease
EHID	Environmental Health and Infectious Disease
EHT	Employer Health Tax
EIDM	Evidence-informed decision making
EM	Emergency Management
EMDC	Elgin-Middlesex Detention Centre
EMOP	Elgin Middlesex Oxford Purchasing Cooperative
EP	Emergency Preparation
EPI/PE	Epidemiology/Program Evaluation
ER	Emergency Room
ERMS	Emergency Response Management Services
ERP	Emergency Response Plan
ESA	Environmentally Sensitive Areas
EFT	Electronic Fund Transfer

Acronym	Long Form
EYT	Early Years Team
FASD ONE	Fetal Alcohol Spectrum Disorder Ontario Network of Expertise
FC	Family Centres
FFC	Finance and Facilities Committee
FHC	Family Health Clinic
FHT	Food Handler Training
FHV	Family Home Visitor
FIN	Finance
FS	Foundational Standard
FS&HE	Food Safety and Healthy Environments
FT	Full-time
FTE	Full Time Equivalent
FWCC	First Week Challenge Contest
H&S	Health and Safety
HARS	MLHU Heat Alert Response System
HBHC	Healthy Babies, Healthy Children
HCIP	Healthy Communities and Injury Prevention Team
HCP	Health Care Provider
HCV	Hepatitis C Virus
HEIA	Health Equity Impact Assessment
HIV	Human Immunodeficiency Virus
HKCC	Healthy Kids Community Challenge
HL	Healthy Living
HPPA	Health Protection and Promotion Act
HPV	Human Papillomavirus
HR	Human Resources
HS	High school
HSO	Healthy Smiles Ontario
HST	Harmonized Sales Tax
HWIS	Heat Warning Information System
IDA	In-depth Assessment
IDC	Infectious Disease Control
IFHP	Interim Federal Health Program
iGAS	Invasive Group A Streptococcal
IH	Infant Hearing
IMS	Incident Management System
iPHIS	Integrated Public Health Information System
ISPA	Immunization of School Pupils Act
IT	Information Technology
IUD/IUS	Intrauterine Device/Intrauterine System
JK/SK	Junior Kindergarten/Senior Kindergarten
JOHSC	Joint Occupational Health & Safety Committee
LCC	Licensed Child Care Centre
LD	Lyme Disease
LDCSB	London District Catholic School Board
LGBTQ	Lesbian, Gay, Bisexual, Trans and Queer

Acronym	Long Form
LHSC	London Health Sciences Centre
LIHN	Local Health Integration Network
LMS	Learning Management System
LOA	Leave of Absence
LTBI	Latent TB Infection
LTC	London Training Centre
MAP	Municipal Alcohol Policies
MAPP	Mutual Aid Parenting Program
MCYS	Ministry of Children and Youth Services
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act
MGO	Marijuana Grow Operations
MLHU	Middlesex-London Health Unit
MOECC	Ministry of the Environment and Climate Change
MOH/CEO	Medical Officer of Health/Chief Executive Office
MOHLTC	Ministry of Health and Long Term Care
MOL	Ministry of Labour
MOU	Memorandum of Understanding
MS	Middlesex
N/A	Not Applicable OR Not Available
NAOSH	North American Occupational Safety and Health
NFP	Nurse Family Partnership
NGO	Non-governmental Organization (not-for-profit)
NP	Nurse Practitioner
NPC	Nursing Practice Council
NRT	Nicotine Replacement Therapy
NutriSTEP	Nutrition Screening for Toddlers and Preschoolers
OEYC	Ontario Early Years Centre
OHIP	Ontario Health Insurance Program
OHSA	Occupational Health & Safety Act
OICC	Outbreak Investigation Coordination Committee
OMERS	Ontario Municipal Employees Retirement System
OMOH	Office of the Medical Officer of Health
ON	Ontario
ONA	Ontario Nurses Association
OOICC	Ontario Outbreak Investigation Coordination Committee
OPHA	Ontario Public Health Association
OPHOS	Ontario Public Health Organizational Standards
OPHS	Ontario Public Health Standards
OSL	Organizational Structure & Location
OTRU	Ontario Tobacco Research Unit
PBMA	Program Budgeting and Marginal Analysis
PCHL	Permanent Childhood Hearing Loss
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector
PHIPA	Personal Health Information Protection Act
PHN	Public Health Nurse

Acronym	Long Form
PHO	Public Health Ontario
PHU	Public Health Unit
PIA	Privacy Impact Assessment
PICO	PICO model for clinical questions - Patient, Population, or Problem, Intervention, Comparison, Outcome
PIP	Prenatal Immigrant Program
PPE	Program Planning and Evaluation
PSAB	Public Sector Accounting Board
PSW	Personal Support Worker
PWID	People Who Inject Drugs
Q&A	Question and Answer
QA	Quality Assurance
QI	Quality Improvement
RFP	Request for Purchase
RHAC	Regional HIV / AIDS Connection
RHT	Reproductive Health Team
ROE	Records of Employment
ROI	Return on Investment
RRFSS	Rapid Risk Factor Surveillance System
SAI	Screening, Assessment and Intervention
SDOH	Social Determinants of Health
SDWS	Small Drinking Water Systems
SFOA	Smoke-Free Ontario Act
SFOS	Smoke-Free Ontario Strategy
SHL	Smokers Help Line
SLSP	Shared Library Services Partnership
SLT	Senior Leadership Team
SOAHAC	Southwest Ontario Aboriginal Health Access Centre
SOHRG	South Western Ontario Human Resource Group
SP	Strategic Projects
SSFB	Smart Start for Babies Program
STIs	Sexually Transmitted Infections
STP	School Travel Plans
SW	South West
SW LHIN	South West Local Health Integration Network
SW TCAN	Southwest Tobacco Control Area Network
SW, R&VBD	Safe Water, Rabies & Vector Borne Disease
TasP	Treatment as Prevention
TB	Tuberculosis
TBD	To be determined
TCAN	Tobacco Control Area Network
TEACH	An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder
TEO	Tobacco Enforcement Officer
TVDSB	Thames Valley District School Board
tykeTALK	Preschool Speech and Language
UNHS	Universal Newborn Hearing Screening

Acronym	Long Form
UVR	Ultraviolet Radiation
UWO	University of Western Ontario
VBD	Vector Borne Disease
VOP	Vulnerable Occupancy Protocol
VPD	Vaccine Preventable Disease
WHMIS	Workplace Hazardous Materials Information System
WNV	West Nile Virus
WSIB	Workplace Safety and Insurance Board
YAT	Young Adult Team
YDS	Youth Development Specialist

**MIDDLESEX-LONDON HEALTH UNIT
2017 BOARD OF HEALTH DRAFT BUDGET SUMMARY**

Appendix B

REF #		2016 Revised Budget as at Dec 14th	2017 Draft Budget	\$ increase/ (\$ decrease) over 2016	% increase/ (% decrease) over 2016
<i>Corporate Services Division</i>					
<u>A-1</u>	Office of the Director	\$ 413,050	\$ 365,792	\$ (47,258)	-11.4%
<u>A-7</u>	Finance	542,263	522,401	(19,862)	-3.7%
<u>A-14</u>	Human Resources	473,321	485,243	11,922	2.5%
<u>A-21</u>	Information Technology	1,006,146	1,001,200	(4,946)	-0.5%
<u>A-28</u>	Privacy & Occupational Health & Safety	161,164	160,727	(437)	-0.3%
<u>A-34</u>	Procurement & Operations	266,377	268,991	2,614	1.0%
<u>A-40</u>	Strategic Projects	128,604	134,565	5,961	4.6%
<i>Total Corporate Services Division</i>		\$ 2,990,925	\$ 2,938,919	\$ (52,006)	-1.7%
<i>Foundational Standard Division</i>					
<u>B-1</u>	Office of the Director	\$ 356,004	\$ 354,708	\$ (1,296)	-0.4%
<u>B-7</u>	Epidemiology, Library & Resource Lending, Program Planning & Evaluation	1,351,436	1,352,555	1,119	0.1%
<i>Total Foundational Standard Division</i>		\$ 1,707,440	\$ 1,707,263	\$ (177)	0.0%
<i>Healthy Living Division</i>					
<u>C-1</u>	Office of the Director	\$ 235,076	\$ 243,153	\$ 8,077	3.4%
<u>C-7</u>	Child Health Team	1,725,158	1,722,715	(2,443)	-0.1%
<u>C-13</u>	Chronic Disease & Tobacco Control	1,408,797	1,412,286	3,489	0.2%
<u>C-22</u>	Healthy Communities and Injury Prevention	1,213,799	1,188,331	(25,468)	-2.1%
<u>C-29</u>	Oral Health	1,502,181	1,460,638	(41,543)	-2.8%
<u>C-36</u>	South West Tobacco Control Area Network	436,500	501,900	65,400	15.0%
<u>C-43</u>	Young Adult Team	1,131,045	1,124,982	(6,063)	-0.5%
<i>Total Healthy Living Division</i>		\$ 7,652,556	\$ 7,654,005	\$ 1,449	0.0%

**MIDDLESEX-LONDON HEALTH UNIT
2017 BOARD OF HEALTH DRAFT BUDGET SUMMARY**

Appendix B

REF #		2016 Revised Budget as at Dec 14th	2017 Draft Budget	\$ increase/ (\$ decrease) over 2016	% increase/ (% decrease) over 2016
<i>Office of the Medical Officer of Health</i>					
<u>D-1</u>	Office of the Medical Officer of Health	\$ 470,104	\$ 472,335	\$ 2,231	0.5%
<u>D-6</u>	Communications	498,961	532,501	33,540	6.7%
<i>Total Office of the Medical Officer of Health</i>		\$ 969,065	\$ 1,004,836	\$ 35,771	3.7%
<i>Environmental Health & Infectious Disease Division</i>					
<u>E-1</u>	Office of the Director	\$ 296,956	\$ 288,509	\$ (8,447)	-2.8%
<u>E-7</u>	Emergency Management	184,302	185,758	1,456	0.8%
<u>E-13</u>	Food Safety & Healthy Environments	1,804,227	1,822,036	17,809	1.0%
<u>E-21</u>	Infectious Disease Control Team	1,766,675	1,754,579	(12,096)	-0.7%
<u>E-28</u>	Safe Water, Rabies & Vector-Borne Disease Team	1,451,435	1,364,603	(86,832)	-6.0%
<u>E-36</u>	Sexual Health Team	2,581,297	3,018,191	436,894	16.9%
<u>E-43</u>	Vaccine Preventable Disease Team	1,890,303	1,776,696	(113,607)	-6.0%
<i>Total Environmental Health & Infectious Disease Division</i>		\$ 9,975,195	\$ 10,210,372	\$ 235,177	2.4%
<i>Healthy Start Division</i>					
<u>F-1</u>	Office of the Director	\$ 242,759	\$ 250,908	\$ 8,149	3.4%
<u>F-6</u>	Best Beginnings Team	3,293,485	3,286,471	(7,014)	-0.2%
<u>F-13</u>	Early Years Team	1,550,490	1,573,633	23,143	1.5%
<u>F-21</u>	Reproductive Health Team	1,593,141	1,619,955	26,814	1.7%
<u>F-28</u>	Screening Assessment & Intervention	2,855,096	2,855,096	-	0.0%
<i>Total Healthy Start Division</i>		\$ 9,534,971	\$ 9,586,063	\$ 51,092	0.5%
<u>G-1</u>	<i>Office of the Chief Nursing Office</i>	\$ 406,976	\$ 415,190	\$ 8,214	2.0%
<u>H-1</u>	<i>General Expenses & Revenues</i>	\$ 1,820,822	\$ 1,888,978	\$ 68,156	3.7%
TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES		\$ 35,057,950	\$ 35,405,626	\$ 347,676	1.0%

**MIDDLESEX-LONDON HEALTH UNIT
2017 BOARD OF HEALTH DRAFT BUDGET SUMMARY**

Appendix B

REF #	2016 Revised Budget as at Dec 14th	2017 Draft Budget	\$ increase/ (\$ decrease) over 2016	% increase/ (% decrease) over 2016
<i>Funding Sources</i>				
Ministry of Health & Long-Term Care (Cost-Shared)	\$ 16,630,229	\$ 16,872,197	\$ 241,968	1.5%
The City of London	6,095,059	6,095,059	-	
The County of Middlesex	1,160,961	1,160,961	-	
Ministry of Health and Long Term Care (100%)	4,050,037	4,105,937	55,900	1.4%
Ministry of Children and Youth Services (100%)	5,296,275	5,296,275	-	0.0%
Public Health Agency of Canada	312,860	312,860	-	0.0%
Public Health Ontario	106,526	106,526	-	
User Fees	960,877	1,020,685	59,808	6.2%
Other Offset Revenue	445,126	435,126	(10,000)	-2.2%
TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	\$ 35,057,950	\$ 35,405,626	\$ 347,676	1.0%

CORPORATE SERVICES DIVISION
OFFICE OF THE DIRECTOR

SECTION A				
DIVISION	Corporate Services	MANAGER NAME	Laura Di Cesare	DATE
PROGRAM TEAM	Office of the Director	DIRECTOR NAME	Laura Di Cesare	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Office of the Director of Corporate Services plays a forward thinking leadership role both for the Division and for MLHU. The Director is required to work closely with the executive team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives and manage the deliverables for the various committees of the Board (FFC and Governance).</p> <p>The Director oversees all of the corporate administrative teams, including Strategic Projects, Operations, Finance, IT, Human Resources & Labour Relations, Privacy, and Occupational Health & Safety.</p> <p>The Corporate Services Division is responsible for:</p> <ul style="list-style-type: none"> managing all sites, staff and operations; ensuring organization adherence to fiscal, legislated, and Board mandated requirements; and the delivery of various organizational-wide projects as required (i.e. organizational restructuring, shared workspaces; location project, PBMA; Employee Well-Being, etc.)

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> Ontario Public Health Organizational Standards; Ontario Public Health Standards; Health Protection & Promotion Act; Municipal Freedom of Information and Protection of Privacy Act; Personal Health Information Protection Act; Income Tax Act; Ontario Pensions Act; PSAB standards; 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 Fire Prevention and Protection Act and the Fire Code

Program: Office of the Director – Corporate Services

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – STRATEGIC PRIORITIES

Director is required to work closely with the executive team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives, and manage the deliverables for various committees of the Board (Finance and Facilities, and Governance).

COMPONENT(S) OF TEAM PROGRAM #2 – BUDGET AND COMPLIANCE

Responsible for managing the Office of the Director budget, which includes allocation for major organizational-wide Staff Development and Mandatory Training as well as the Be Well Initiative.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2015 (actual)	2016 (estimate)	2017 (target)
COMPONENT OF TEAM #1			
Completion of Corporate Services Strategic Priority Projects as identified in the Strategic Plan	N/A	75%	Increase
COMPONENT OF TEAM #2			
End of year budget variance <5%	N/A	3%	Maintain
Be Well Initiative ROI	N/A	N/A%	Increase
# Significant External Orders or Compliance Issues	N/A	0	Maintain

2017 Planning & Budget Template

Program: Office of the Director – Corporate Services

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	2.0	2.0
Director	1.0	1.0
HR Generalist	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget¹	2015 Actual¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages			\$ 197,272	\$ 199,461	\$ 2,189	1.1%
Benefits			47,343	47,896	553	1.2%
Travel			2,250	2,250		
Program Supplies			1,250	1,250		
Staff Development			100,000	60,000	(40,000)	(40.0)%
Professional Services			63,000	53,000	(10,000)	(15.9)%
Furniture & Equipment			-	-		
Other Program Costs			1,935	1,935		
Total Expenditures			\$ 413,050	\$ 365,792	\$ (47,258)	(11.4)%

1) 2015 Expenditures were part of the Human Resources & Labour Relations PBT

Program: Office of the Director – Corporate Services

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget ²	2015 Actual ²	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared			\$ 413,050	\$ 365,792	\$ (47,258)	(11.4)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues			\$ 413,050	\$ 365,792	\$ (47,258)	(11.4)%

2) 2015 Revenues were part of the Human Resources & Labour Relations PBT

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Labour Negotiations – Coordinating and participating in Joint Bargaining Training in January with the CUPE, ONA, and management negotiation committees; Lead, coordinate, research, develop proposals, prepare for contingencies, and keep records for negotiations.
- Location Project – Providing leadership and direction to the OSL Committee as the Executive sponsor, and involved in key decision making and formulation of recommendations to SLT, MOH/ CEO, and FFC regarding location analysis and relocation planning.
- Policy Review – Leading the review, revision and development of key Corporate Services policies; Providing leadership and oversight in the review of all MLHU Administration and Governance policies.
- “Be Well” initiative – Continue focus on the comprehensive well-being strategy, which includes implementing Health Risk Assessments, Biometric screening, Alternative Work Arrangements, continuation of communications (i.e. monthly Be Well highlights, updates to the website), promoting challenges to ensure continued active user involvement in the Sprout engagement platform, and monthly social activities for employees.
- 2017 Strategic Planning

Program: Office of the Director – Corporate Services

SECTION J

PRESSURES AND CHALLENGES

- Director, Corporate Services will be in the Acting CEO and Secretary Treasurer to the Board of Health from February - May
- Negotiation of both Collective Agreements (CUPE, ONA)
- Significant changing legislation requiring changes to practices and policies as well as implementation of training at all levels of the organization (Privacy, Occupational H&S, Employment Standards)
- Changes to the CS Management team (e.g. retirement of the Procurement and Operations Manager)
- HR Generalist also supports the HR team providing HR functions and has competing demands with dual role

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$40,000) **2016 PBMA One-time Investment 1-0012: Managing in a Unionized Environment.** This one-time training of management and union leadership was well received, and has demonstrated value already in 2016.
- (\$10,000) **2016 PBMA Investment 1-0005: MLHU Wellbeing.** This is a planned reduction to this multi-year initiative, taking into account “start-up” activities in year 1 that will not be continued in future years.

CORPORATE SERVICES DIVISION
FINANCE

SECTION A				
DIVISION	Corporate Services	ASSOCIATE DIRECTOR NAME	John Millson	DATE
PROGRAM TEAM	Finance	DIRECTOR NAME	Laura Di Cesare	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> 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/benefits administration, and capital assets. 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. The team also provides customer support, and acts as a resource for managers and employees throughout the organization, providing reports, answering queries, and educating as necessary.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
The following legislation/regulations are relevant to the work performed in Finance: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation.

Program: Finance

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – 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. 70%) 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 proportion 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. Two annual audits are supported, including consolidated financial statements for 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.
- Prepare the various annual settlements for ministry-funded programs and services.
- Prepare monthly and quarterly reports for internal stakeholders to ensure financial control and proper resource allocation.

COMPONENT(S) OF TEAM PROGRAM #2 – TREASURY SERVICES

- Accounts payable processing requiring accurate data entry and verifying payments, reviewing invoices, issuing cheques / electronic funds transfers (EFTs) ensuring proper authorizations. This also includes verifying and processing corporate card purchases, employee mileage statements and expense reports.
- Accounts receivable processing includes creating, 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, and monthly allocations.
- Issuance of employee and other security badges.

COMPONENT(S) OF TEAM PROGRAM #3 – PAYROLL & BENEFIT ADMINISTRATION

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information.
- 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.
- Administer all group benefit plans which includes reconciling monthly bills, maintenance of employee enrolments, terminations changes, and analyzing annual renewals.

2017 Planning & Budget Template

Program: Finance

- Set up and maintain time and attendance system, including annual employee entitlements, maintenance of employee changes, system development changes, and testing.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, and 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.
- Administer employee-paid Canada Savings Bond program.
- Prepare analysis and cost estimates during negotiations.

COMPONENT(S) OF TEAM PROGRAM #4 – 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.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2015	2016 (anticipated)	2017 (estimate)
Financial Services			
Number of manual journal entries per FTE	2,649	2,500	2,000
Number of vendor invoices paid/processed per FTE	9,326	8,500	7,000
Number of MLHU invoices prepared/processed per FTE	348	400	400
Number of direct deposits processed (payroll)	9,127	9,000	9,000
Number of manual cheques (payroll) issued	18	12	12

2017 Planning & Budget Template

Program: Finance

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING:		
	6.0	5.5
Accounting & Administrative Assistants	2.5	2.0
Accounting & Budget Analyst	1.0	1.0
Payroll & Benefits Administrator	1.0	1.0
Associate Director	1.0	1.0
Program Assistant	0.5	0.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget¹	2015 Actual¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salaries & Wages	\$ 588,264	\$ 565,939	\$ 421,935	\$ 408,812	\$ (13,123)	(3.1)%
Benefits	150,120	151,564	111,528	104,789	(6,739)	(6.0)%
Travel	2,900	1,448	2,200	2,200		
Program Supplies	3,620	499	3,320	3,320		
Staff Development	1,500	1,464	1,000	1,000		
Professional Services						
Furniture & Equipment						
Other Program Costs	3,480	4,138	2,280	2,280		
Total Expenditures	\$ 749,884	\$ 725,052	\$ 542,263	\$ 522,401	\$ (19,862)	(3.7)%

2017 Planning & Budget Template

Program: Finance

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 717,527	\$ 692,635	\$ 542,263	\$ 522,401	\$ (19,862)	(3.7)%
MOHLTC – 100%	32,357	32,357				
MCYS – 100%						
User Fees						
Other Offset Revenue		60				
Total Revenues	\$ 749,884	\$ 725,052	\$ 542,263	\$ 522,401	\$ (19,862)	(3.7)%

1) In 2015, Procurement & Operations was included in this Planning & Budget Template

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Working with the Organizational Structure & Location (OSL) Committee, on the financial components of relocation planning.
- Implement a procurement module to enhance management of commitments and purchase requisitions.
- Implement a new financial reporting system. The current system (FRx) is at its “End of Life” and is not supported any longer by Microsoft.
- Continue implementation of process efficiencies/improvements through development of SharePoint processes.
- Implement and roll out new financial guidelines to accompany financial policies.
- Collaborate with Human Resources to develop Finance 101 training for staff.
- Update both the internal and external website to provide high-level financial information.

SECTION J

PRESSURES AND CHALLENGES

- Low to no growth in 100% provincial programs continues to place pressure on these and other programs.
- Lower growth in Mandatory Programs funding. In 2016, 2% growth was planned and the ministry approved approximately 1.5%

2017 Planning & Budget Template

Program: Finance

- The Location decision will be requiring financing. The goal will be to secure appropriate funding while maintaining service levels.
- Many programs have different budget formats and timelines which provide challenges in budget preparation and planning.
- Ministry quarterly reporting formats differ between ministries and programs adding to the complexity of generating the reports.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$ 25,000) 0.5 FTE Reduction – Accounting & Administrative Assistant
Fewer resources required for data entry from source documents due to process improvements and uploading of payments to Dentists (CINOT /HSO clients) to the Ministry.

CORPORATE SERVICES DIVISION

HUMAN RESOURCES

SECTION A				
DIVISION	Corporate Services	MANAGER NAME	Lisa Clayton	DATE
PROGRAM TEAM	Human Resources	DIRECTOR NAME	Laura Di Cesare	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> • The Human Resources team is responsible for organization-wide HR functions, including: recruiting and onboarding, performance management support, learning & development, employee/labour relations, policy and process development. • Our goal is to develop strong relationships, deliver outstanding results, and mitigate risk by identifying and responding to organizational needs, sharing sound counsel, and creating effective and valuable programs and solutions internally with our divisional and with union partners. • The Human Resources team strives to balance the roles of specialist partner and compliance with legislated requirements to support an engaged and respectful workplace. • Externally, we engage with our professional colleagues to share best practices (e.g. AOPHBA, SOHRG) and represent MLHU with vendors/service providers, on committees and within the community.

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>LEARNING & DEVELOPMENT (Corporate Training):</p> <ul style="list-style-type: none"> • Supports the delivery of mandatory legislated and/or professional training.

Program: Human Resources

SECTION D

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

Human Resources has a significant responsibility to support leaders and managers with the tools and knowledge to confidently and effectively manage employees through all stages of their employment relationship with MLHU:

- *Attraction:* recruitment, onboarding, HR metrics & reporting.
- *Development:* learning, policy & process development/interpretation, job design/evaluation; compensation & benefits; legal compliance.
- *Retention & Culture:* performance management; succession planning, engagement & well-being, organizational structure & design.
- *Separation:* management of all voluntary and involuntary departures (resignations/terminations/retirements).

Human Resources plays a key role in contributing to the organizational culture by working toward a positive union/employer relationship. This can be achieved by fair dealing, interest-based dialogue, collegial opportunities for joint learning, and constructive Collective Agreements negotiation and grievance processes.

COMPONENT(S) OF TEAM PROGRAM #2 – TRAINING

Within the Human Resources team, as a specialist function, Learning and Development coordinates, develops and/or delivers various types of technical training (software), legislated and/or professionally-mandated education, leadership development and organization-wide learning to support strategic programs and initiatives.

Program: Human Resources

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (estimate)	2017 (estimate)
Component of Team – Human Resources			
Employee Engagement Score	65%	N/A	same
Internal Client Satisfaction Survey	85%	N/A	same
Component of Team – Corporate Training (% complete at Dec 12/16)			
Mandatory Training Initiatives	9	9	same
A. External Legislated Training (3):	86%	98%	same
<ul style="list-style-type: none"> ▪ AODA ▪ OHSA ▪ WHIMIS 		98% 96% (staff); 100% (Supervisors) 97%	
B. Internal Health Unit Training (6)			same
<ul style="list-style-type: none"> ▪ Agency-Wide Documentation Standards ▪ Baby Friendly Refresher ▪ Crucial Conversations (rollout underway) ▪ Financial Policies ▪ IT Policies ▪ Positive Spaces 		96% 93% 38% 97% 97% 93%	
Management Development Training Initiatives		3	same
<ul style="list-style-type: none"> ▪ Indigenous Cultural Safety Training ▪ Making Great Leaders ▪ Managing In A Unionized Environment 		93% 94% 97%	same

2017 Planning & Budget Template

Program: Human Resources

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	4.8	4.8
HR Coordinator	1.0	1.0
HR Partner	1.0	1.0
Corporate Trainer	1.0	1.0
HR Manager	1.0	1.0
Program Assistant	0.3	0.3
Student Coordinator	0.5	0.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 651,260	\$ 649,557	\$ 358,150	\$ 363,794	\$ 5,644	1.6%
Benefits	148,674	161,802	89,141	95,419	6,278	7.0%
Travel	5,270	4,214	3,020	3,020		
Program Supplies	22,651	24,480	2,151	2,151		
Staff Development	91,457	93,056	6,457	6,457		
Professional Services	36,300	31,008	11,300	11,300		
Furniture & Equipment	500		500	500		
Other Program Costs	4,537	5,297	2,602	2,602		
Total Expenditures	\$ 960,649	\$ 969,414	\$ 473,321	\$ 485,243	\$ 11,922	2.5%

Program: Human Resources

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 960,649	\$ 696,414	\$ 473,321	\$ 484,161	\$ 11,922	2.5%
PHO – 100%						
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 960,649	\$ 696,414	\$ 473,321	\$ 485,243	\$ 11,922	2.5%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- ONA & CUPE Collective Agreements negotiations
- Emphasis on internally-led learning & development - *Meyers-Briggs Type Indicator, Crucial Conversations*, use of LMS to deliver modular learning and education on policy revisions/changes.
- Continued focus on supporting the “Be Well” initiative as a comprehensive well-being strategy.
- Partner with SDOH team on a Diversity & Inclusion initiative.
- Implementing the psychological standard for mental health, including management training.
- One year review of new EFAP Provider – annual utilization review.
- Pilot Alternative Work Arrangements and Shared Workspaces Initiatives.
- Policy review and agency-wide coordination of HR policies and processes to ensure adherence with legislated requirements and alignment with Health Unit governance mandates and objectives.
- Development of an Onboarding Program for new hires and long-absence employees to replace the current new hire orientation.
- Renegotiating the Western Affiliation Agreement for Students – collaboration with UWO.
- Preceptor Development and Training.

SECTION J

Program: Human Resources

PRESSURES AND CHALLENGES

- Structure and role changes within the Human Resources team and the re-branding of HR staff as business partners.
- Negotiating new Collective Agreements with ONA and CUPE.
- Continuing to build partnerships with unions.
- Potential increased employee and labour relations activity.
- Significant and continued requests for the development of divisional and organization-wide online training modules.
- Several mandatory training initiatives will compete for time from all employees, which is limited by their regular work assignments.
- Supporting management and employees in dealing with various organizational changes, e.g. new organizational structure, location project, Shared Workspaces pilot.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

None

CORPORATE SERVICES DIVISION
INFORMATION TECHNOLOGY

SECTION A				
DIVISION	Corporate Services	MANAGER NAME	Mark Przyslupski	DATE
PROGRAM TEAM	Information Technology	DIRECTOR NAME	Laura Di Cesare	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
Information Technology (IT) Services is a centralized service providing for the information technology needs of the programs and staff of MLHU.

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"> ○ 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)

Program: Information Technology

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS

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

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

Program: Information Technology

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (estimate)	2017 (estimate)
Component of Team #1 Applications			
Desktop Software/hardware upgrades and implementations	5	5	same
Desktop Software/hardware upgrades and implementations (Organization)	4	6	same
Component of Team #2 Infrastructure			
Application/Database backend system upgrades migrations and implementations (Division/Program/Team)	9	4	increase
Core backend infrastructure system hardware/software upgrades/migrations and implementations	13	13	decrease
% of systems with 'up to date' security patch level			
Client workstations	100%	100%	same
Servers	99%	99%	increase
% of systems with latest antivirus signatures			
Client workstations	100%	100%	same
Servers	100%	100%	same
% of backend systems actively monitored			
Server and networking infrastructure	100%	100%	same
% of services covered in continuity plan			
Server and networking infrastructure	90%	90%	increase
Telephony	100%	100%	same
Success rate of system backups			
System backups and offsite replication	N/A	92%	increase
Helpdesk request resolution rate			
Requests addressed by 1 st Level Helpdesk	82%	84%	Same
Resolution/closure within 2-5 days	72%	75%	Same
Resolution/closure within 5-10 days	84%	86%	Same
Resolution/closure within 10-20 days	92%	93%	Same
Total number of requests submitted	2809	3060	Same

Program: Information Technology

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	6.5	6.5
Software Development Analyst (formerly a Business Analyst)	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Program Assistant	0.5	0.5
Supervisor	1.0	1.0
Program Manager	1.0	1.0
Helpdesk Analyst	1.0	1.0
Network & Telecom Analyst	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 521,668	\$ 512,399	\$ 455,188	\$ 452,026	\$ (3,162)	(0.7)%
Benefits	130,116	132,980	117,750	115,966	(1,784)	(1.5)%
Travel	2,500	451	1,850	1,850		
Program Supplies	6,250	4,444	10,300	10,300		
Staff Development	8,750	1,620	7,250	7,250		
Professional Services	45,300	43,518	45,300	45,300		
Furniture & Equipment	394,000	474,276	366,200	366,200		
Other Program Costs	2,788	5,585	2,308	2,308		
Total Expenditures	\$ 1,111,372	\$ 1,175,273	\$ 1,006,146	\$ 1,001,200	\$ (4,946)	(0.5)%

Program: Information Technology

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,111,372	\$ 1,162,584	\$ 1,006,146	\$ 1,001,200	\$ (4,946)	(0.5)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		12,689				
Total Revenues	\$ 1,111,372	\$ 1,175,273	\$ 1,006,146	\$ 1,001,200	\$ (4,946)	(0.5)%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<p>5 year capital hardware and software replacement items:</p> <ul style="list-style-type: none"> • Email server upgrade • Strathroy server migration • 50 King St. and 201 Queens Ave. storage area network replacement • Laptop and tablet replacement as per capital plan replacement schedule • Virtual server farm software upgrade • MS Configuration Manager upgrade <p>Strategic and operational improvements:</p> <ul style="list-style-type: none"> • Network security audit recommendation implementation • Telephone intake line re-design • Externally accessible sharing solution implementation • Financial reporting system replacement • Public Health Inspection software upgrade

Program: Information Technology

SECTION J

PRESSURES AND CHALLENGES

- Activities related to the shared work space project
- Activities related to the telephone intake line re-design
- Adhoc ministry application upgrades
- Staffing challenges

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- Business Analyst role has been replaced with a Software Development Analyst role. Introducing an in-house software development resource will allow MLHU IT to address the organization's technology needs in a more dynamic and agile manner.

CORPORATE SERVICES DIVISION
PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

SECTION A				
DIVISION	Corporate Services	MANAGER NAME	Vanessa Bell	DATE
PROGRAM TEAM	Privacy and Occupational Health and Safety	DIRECTOR NAME	Laura Di Cesare	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> - Item 6.2 re.: Risk Management; - Item 6.14 re.: Human Resources Strategy

Program: Privacy & Occupational Health & Safety

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

	2015	2016	2017 (estimate)
COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY			
# of privacy breach investigations	4	5	Decrease
# of privacy breaches	0	4	Decrease
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA)	20 (70%)	27 (88)%	25 (90)%
# of staff requests for privacy consultations	19	16	Increase
COMPONENT OF TEAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY			
# of employee-reported injuries/incidents	35	38	Increase
# of hazards identified during worksite inspections, and % resolved	27 (92%)	83 (80)%	Maintain or Improve

2017 Planning & Budget Template

Program: Privacy & Occupational Health & Safety

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	1.0	1.0
Program Manager	1.0	1.0
Program Assistant	0.5	0.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 131,240	\$ 130,041	\$ 119,912	\$ 119,287	\$ (625)	(0.5)%
Benefits	30,889	31,673	30,384	30,572	188	0.8%
Travel	3,000	1,818	3,000	3,000		
Program Supplies	3,208	1,353	2,708	2,708		
Staff Development	4,500	4,684	4,500	4,500		
Professional Services	8,000	8,000				
Furniture & Equipment						
Other Program Costs	660	775	660	660		
Total Expenditures	\$ 181,497	\$ 178,344	\$ 161,164	\$ 160,727	\$ (437)	(0.3)%

Program: Privacy & Occupational Health & Safety

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 181,497	\$ 178,344	\$ 161,164	\$ 160,727	\$ (437)	(0.3)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 181,497	\$ 178,344	\$ 161,164	\$ 160,727	\$ (437)	(0.3)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Privacy**
- Release and promote a Privacy Breach Investigation and Response policy
 - Provide continued input into the adoption and use of the MLHU Program and Evaluation Framework, particularly as it relates to the completion of Privacy Impact Assessments (PIAs) for all new collections, uses or disclosures of Personal Information or Personal Health Information (i.e. new programs or significant changes to existing programs).
- Occupational Health and Safety**
- Workplace Violence Training Program Sustainability:
 - identification and training of internal “Level 1” instructor for new employees and/or two-year refresh(majority of staff);
 - Identification of certified Level 2 (external instructor) for new employees and two-year refresh (high-risk job categories).
 - Lead, in collaboration with Emergency Planning and Operations, the development of a proposal for revisions to MLHU’s Code White Protocol.
 - Explore the possible development of an internal emergency management response team.
 - Provide Safety Planning training for Managers as it relates to responding to employee domestic violence disclosures.
 - Provide training for Managers and staff with respect to the Ergonomics Policy and revised ergonomics assessment request process.

Program: Privacy & Occupational Health & Safety

- Lead, in collaboration with the JOHSC, the 20th Anniversary North American Occupational Safety and Health (NAOSH) Week Events.
- Develop process maps for key parties involved in the reporting, response and management of employee-reported injuries/incidents.
- Orient managers to the (new) WHMIS 2015 requirements.

SECTION J

PRESSURES AND CHALLENGES

- Amendments to the *Personal Health Information Protection Act (PHIPA)* under Bill 119 requires mandatory reporting of privacy breaches to the Information and Privacy Commissioners Office and any applicable regulatory college. This requirement is not yet in force because the Regulations to clarify the types of breaches that require this reporting have not yet been drafted. Should these Regulations be released in 2017, it could have an impact on the volume of work within this portfolio.
- Staff requests for privacy consultations can involve significant learning (i.e. understanding a new technology and the threats to privacy that it poses) and/or require data sharing agreements or the development of specific contracted terms.
- Emphasis on particular training initiatives typically results in increased reporting. As a result, in 2017, it is anticipated that there will be an increase in reporting in two areas:
 - employee requests for ergonomic assessments, given the commitment to clarify the policy and assessment request process; and
 - Employee injury/incident reports, given the ongoing work to raise awareness about this process and develop process maps.
- Volume of work within these portfolios remains challenging within existing resources.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

None

CORPORATE SERVICES DIVISION
PROCUREMENT & OPERATIONS

SECTION A				
DIVISION	Corporate Services	MANAGER NAME	Melody Couvillon	DATE
PROGRAM TEAM	Procurement & Operations	DIRECTOR NAME	Laura Di Cesare	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> • This service provides for the procurement of goods and services required of the organization ensuring the Health Unit obtains the best value in compliance with the Procurement Policy. • 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. • Provides for Reception services at 50 King Street which includes greeting and redirecting clients, switchboard and mail services. Receptionists provide for coverage for vaccine distribution. Manages Strathroy office location.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>The following legislation/regulations are relevant to the work performed in Procurement and Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Occupational Health & Safety Regulations, Workers Safety Insurance Board, AODA, Fair Wage and other relevant contractual legislations.</p>

Program: Procurement & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – PROCUREMENT

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.
- Upon award, provides contract management to ensure Health Unit is not a risk (Insurance & WSIB certificates, WHMIS documents, licenses, etc.). Prepares necessary purchase orders, contracts and agreements.
- 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.
- Manages the Operations staff at King Street and manages the Strathroy Office.

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 at 50 King Street. At Queens Avenue location provides access control cards for employees, and liaises with landlord for issues.
- 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.
- Receives goods at King Street location, and manages and maintains both on-site and off-site storage facilities, keeping inventory of supplies and equipment for corporate use.
- Responsible for the issue of parking cards and maintenance of data base. Enforcement of parking violations.
- Performs general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs, van repairs and maintenance. Responds to Operations Help Desk for maintenance, supplies, deliveries, etc. Liaises with general contractors for various projects (electrical, plumbing, drywall, painting, etc.).

2017 Planning & Budget Template

Program: Procurement & Operations

- Identification of assets into data base. Removal and disposal of obsolete/broken equipment through various disposal methods.
- Responsible for routine maintenance and service requests for photocopiers, folding machines, cutters, laminators
- Provides for Reception services at 50 King Street which includes greeting and redirecting clients, switchboard for 50 King Street and Strathroy Offices and mail services. Receptionists provide for coverage for vaccine distribution.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2015	2016	2017 (estimate)
Component of Team #1 Procurement			
Number of competitive bid processes (tender, quotation, or proposal)	21	24	Same
Number of competitive bid processes where (3) bids were received	38% (8)	66% (16)	Same
Number of competitive bid processes where less than (3) bids were received	47% (10)	4% (1)	Same
Number of competitive bids where option year was accepted	0	12% (3)	2
Number of non-competitive bid process (sole source)	14% (3)	16% (4)	Decrease
Component of Team #2 Operations			
Number of Operations requests	N/A	(Avg. 9 req./day)	Base Line
Number of Operations requests completed within 48 hours	N/A	N/A	Base Line
Number of calls received at Reception	(Avg. 84 calls/day)	(Avg. 92 calls/day)	Increase

SECTION F

	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	3.18	3.18
Program Assistants	1.18	1.18
Program Manager	1.00	1.00
Receiving & Operations Coordinator	1.00	1.00

2017 Planning & Budget Template

Program: Procurement & Operations

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salaries & Wages			\$ 208,003	\$ 210,283	\$ 2,280	1.1%
Benefits			56,074	56,408	334	0.6%
Travel			300	300		
Program Supplies			300	300		
Staff Development			500	500		
Professional Services						
Furniture & Equipment						
Other Program Costs			1,200	1,200		
Total Expenditures			\$ 266,377	\$ 268,991	\$ 2,614	1.0%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared			\$ 266,377	\$ 268,991	\$ 2,614	1.0%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues			\$ 266,377	\$ 268,991	\$ 2,614	1.0%

1) In 2015, Procurement & Operations was incorporated in the Finance & Operations Planning & Budgeting Template

Program: Procurement & Operations

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Working with the Organizational Structure & Location (OSL) Committee to determine future location of the Health Unit. Assisting with competitive bid processes, leasehold and/or building requirements involving architects, construction firms, and legal services. Relocation planning and implementation.
- Preparing competitive bids for furniture and capital expenditures required for Location project.
- Shared workspace pilot project
- Ensure that all relevant competitive bids include Living Wage clauses.
- Participating and/or implementation of the Intake-line Project.
- Implementation of procurement module into financial system to allow for on-line requisitions and purchase order commitments.
- Furniture replacement program (Chairs – 10 year cycle)

SECTION J

PRESSURES AND CHALLENGES

- If decision to relocate Health Unit in 2017 occurs, this will impact the Procurement work plan for 2017. Time will need to be dedicated for this project.
- Competitive bid processes may increase or decrease depending on outcome of relocation decision.
- Staff vacancy (Manager of Procurement & Operations retirement), including learning curve for position.
- Intake Line Project outcomes may have impacts on Reception duties/positions.
- Increased calls to Reception from Strathroy office.
- Operations requests may increase/decrease as a result of relocation.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- Reinstate Security Guard Services at 50 King Street location.

CORPORATE SERVICES DIVISION
STRATEGIC PROJECTS

SECTION A				
DIVISION	Corporate Services	MANAGER NAME	Jordan Banninga	DATE
PROGRAM TEAM	Strategic Projects	DIRECTOR NAME	Laura Di Cesare	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> • Strategic Projects (SP) provides support across all MLHU programs and services. The program consists of several areas of responsibility including: <ul style="list-style-type: none"> ○ Strategic Planning and Monitoring; ○ Program Budgeting and Marginal Analysis; ○ Board of Health Governance Support; ○ Governance and Administrative Policy Manual (by-law and policy review and development); ○ Ontario Public Health Organizational Standards and Public Health Funding and Accountability Agreement Compliance; ○ Records Management; and ○ Other Projects / Duties.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • Health Protection and Promotion Act (HPPA) • Ontario Public Health Organizational Standards (OPHOS) • Personal Health Information Protection Act (PHIPA) • Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Program: Strategic Projects

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 – STRATEGIC PLANNING AND MONITORING
This component aims 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 and balanced scorecard. Additional roles include participating and supporting workgroups associated with the strategic priorities and reporting on the progress/performance to the Senior Leadership Team and the Board of Health.
COMPONENT(S) OF TEAM PROGRAM #2 – PROGRAM BUDGETING AND MARGINAL ANALYSIS
This component supports the PBMA process which facilitates reallocation of resources based on maximizing program and service impact on population health outcomes. The long-term vision is to continue to identify the opportunities for disinvestment and investment which could then be reallocated for more impactful programs and services. The PBMA process allows for the Health Unit to have a budget that is adaptable to community needs and emerging public health issues.
COMPONENT(S) OF TEAM PROGRAM #3 – BOARD OF HEALTH SUPPORT
This component provides the support for the Board of Health and associated committees to facilitate generative governance and an effective Board of Health. This consists of review and recommendations for Board of Health correspondence, coordination of Board of Health orientation and development, coordination of the Board of Health self-assessment, facilitating the Board of Health nomination and appointment processes and other tasks as assigned.
COMPONENT(S) OF TEAM PROGRAM #4 – GOVERNANCE & ADMINISTRATIVE MANUAL REVIEW AND DEVELOPMENT
Policy development and review takes an in depth look at existing Governance and Administrative policies to: to ensure that appropriate education, monitoring and ongoing review of policies is occurring. This program is consistent with MLHU’s commitment to providing a consistent approach to effective, open and supportive systems of governance and management.
COMPONENT(S) OF TEAM PROGRAM #5 – ONTARIO PUBLIC HEALTH ORGANIZATIONAL STANDARDS AND PUBLIC HEALTH ACCOUNTABILITY AGREEMENT INDICATOR COMPLIANCE
Activities in this component are intended to enhance service delivery and reduce organizational risk by monitoring and reporting on the Public Health Funding and Accountability Agreement indicators, Ontario Public Health Organizational Standards and other relevant requirements. Areas of focus regarding the Ontario Public Health Organizational Standards include: Risk Management and Continuous Quality Improvement.

Program: Strategic Projects

COMPONENT(S) OF TEAM PROGRAM #6 – RECORDS MANAGEMENT

Records management activities are intended to meet the Organizational Standard 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 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 #7 – OTHER PROJECTS / DUTIES

Scoping and implementation of strategic projects and initiatives as determined by the Director, Corporate Services; the MOH/CEO, and the Senior Leadership Team. Current projects / duties include, but are not limited to:

- Non-Union Leadership Team Administration and Development
- Organizational Structure and Location Project – Site Selection, Site Development and Move Planning
- Organizational Structure and Location Project – Shared Workspace Pilot
- Employee Engagement Survey Administration, Report Preparation and Action Plan Facilitation
- Mass Notification Policy and System
- City Hall Next Week

Program: Strategic Projects

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (estimate)	2017 (estimate)
COMPONENT OF TEAM #1 STRATEGIC PLANNING AND MONITORING			
% of Teams with Balanced Scorecards in place	N/A	N/A	100%
MLHU Strategic Initiatives Progress (Complete / On-track) Reported to the Board of Health	Y	Y	Y
COMPONENT OF TEAM #2 PROGRAM BUDGETING MARGINAL ANALYSIS			
PBMA Proposal Recommendations Reported to the Board of Health	Y	Y	Y
PBMA Proposal Progress (Complete / On-track) Reported to the Board of Health	Y	Y	Y
COMPONENT OF TEAM #3 BOARD OF HEALTH SUPPORT			
Board of Health Self-Assessment Completed	Y	Y	Y
Board of Health Development Session Completed	Y	Y	Y
COMPONENT OF TEAM #4 GOVERNANCE AND ADMINISTRATIVE MANUAL REVIEW AND DEVELOPMENT			
% of Policies that are Up to Date (have been reviewed in the past two years)	18%	54%	75%
COMPONENT OF TEAM #5 ONTARIO PUBLIC HEALTH ORGANIZATIONAL STANDARDS AND PUBLIC HEALTH ACCOUNTABILITY AGREEMENT INDICATOR COMPLIANCE			
% of Accountability Agreement reporting deadlines achieved	100%	100%	100%
Performance Report to the Board of Health	Y	Y	Y
COMPONENT OF TEAM #6 RECORDS MANAGEMENT			
% change in the number of files stored off-site	3% (881)	16% (1,026)	Decrease
COMPONENT OF TEAM #7 OTHER PROJECTS / DUTIES			
% of Assigned Projects Complete / On-Track	-	75%	Increase

2017 Planning & Budget Template

Program: Strategic Projects

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	1.2	1.2
Program Manager	1.0	1.0
Program Assistant	0.2	0.2

SECTION G						
EXPENDITURES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 99,101	\$ 88,133	\$ 95,043	\$ 98,852	\$ 3,809	4.0%
Benefits	24,150	20,357	21,525	22,233	708	3.3%
Travel	1,515	187	1,515	1,000	(515)	(34.0)%
Program Supplies	1,600	1,402	1,600	1,600		
Staff Development	441		441	1,000	559	126.8%
Professional Services	6,100	6,171	6,100	7,500	1,400	23.0%
Furniture & Equipment						
Other Program Costs	2,380	1,364	2,380	2,380		
Total Expenditures	\$ 135,287	\$ 117,614	\$128,604	\$ 134,565	\$ 5,961	4.6%

Program: Strategic Projects

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 135,287	\$ 117,614	\$ 128,604	\$ 134,565	\$ 5,961	4.6%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 135,287	\$ 117,614	\$128,604	\$ 134,565	\$ 5,961	4.6%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- 2015-2020 Strategic Plan Balanced Scorecards to all MLHU teams.
- Governance By-law and Policy Program Review and Development
- Coordination of MLHU Administrative Policy Review and Development
- Shared Workspaces Pilot
- Location Project Procurement Process
- Development of MLHU Risk Management Strategy

SECTION J

PRESSURES AND CHALLENGES

- Strategic Projects serves in an organization-wide role with 1.2 FTEs available to move forward initiatives. Prioritization of projects is necessary as there are many potential organization initiatives that could be done, but capacity must be allocated to the ones with the greatest organizational need.
- Many of the projects tasked to Strategic Projects require cross-MLHU collaboration and change management to be employed. These challenges need to be managed effectively to ensure successful task completion.

Program: Strategic Projects

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- \$1,400 Increase in record retention / cost of access fees for off-site storage of health unit files.

FOUNDATIONAL STANDARD DIVISION
OFFICE OF THE DIRECTOR

2017 Planning & Budget Template

SECTION A				
DIVISION	Foundational Standard	MANAGER NAME	Gayane Hovhannisyan	DATE
PROGRAM TEAM	Office of the Director	DIRECTOR NAME	Gayane Hovhannisyan	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ol style="list-style-type: none"> 1. Associate Medical Officer of Health-supports (case and outbreak management, medical directives, etc.) Environmental Health and Infectious Disease Division; provides overall lead and oversight of medical student and resident placement and teaching; has faculty appointment at the Interfaculty Program of Public Health, UWO and teaches at Healthy Communities course; provides on-call coverage and covers for the MOH as needed. 2. Acting Medical Director of Sexual Health (SH) Clinic-provides support (case consultations, medical directives, clinic policies and procedures, forms, etc.) to SH manager and staff, ensures consistent and evidence based practices, physician leadership, ensures alignment of clinic scope to the PH mandate. 3. Clinic physician, SH clinics-direct clinical services to the clients of Family Planning clinics. 4. Director, Foundational Standard-overall leadership for FS division, responsible for the budget.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Legislation: Health Protection and Promotion Act</p> <p>Primary Accountability:</p> <ul style="list-style-type: none"> • Foundational Standard • Population Health Assessment and Surveillance Protocol <p>Provide support for:</p> <ul style="list-style-type: none"> • Chronic Diseases and Injuries program standards • Family Health program standards • Infectious Diseases program standards • Environmental Health program standards • Emergency Preparedness program standard

Program: Office of the Director – Foundational Standard

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Associate Medical Officer of Health (0.6FTE)

- Supports Environmental Health and Infectious Disease Division, e.g. consultations on case and outbreak management, development of new and updating existing medical directives.
- Provides overall lead and oversight of medical student and resident placement and teaching
- Has faculty appointment at the Interfaculty Program of Public Health, UWO and teaches at Healthy Communities course;
- Provides on-call coverage
- Covers for the MOH as needed

COMPONENT(S) OF TEAM PROGRAM #2: Acting Medical Director of Sexual Health Clinic and Clinic Physician (0.2FTE)

- Provides support (case consultations, medical directives, clinic policies and procedures, forms, etc.) to SH manager and staff
- Ensures consistent and evidence-based practices in SH clinics
- Physician leadership
- Ensures alignment of clinic scope and billing practices to the PH mandate
- Direct clinical services to the clients of Sexual Health clinics

COMPONENT(S) OF TEAM PROGRAM #3: Director, Foundational Standard (0.2FTE)

- Overall leadership for FS division
- Budget oversight
- Direct supervisor of the Manager, Planning and Evaluation, Epidemiologists, and Administrative Assistant

2017 Planning & Budget Template

Program: Office of the Director – Foundational Standard

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
COMPONENT OF TEAM #1: AMOH			
Medical Directives, review and update		80% up-to-date	Maintain or improve
Consults, case and outbreak management		90% within the same day	Maintain or improve
# of medical students, residents and field epidemiologists supervised		6	Maintain or improve
COMPONENT OF TEAM #2: MEDICAL DIRECTOR OF SH CLINICS			
Alignment of clinic scope to Public Health mandate		In-progress	Complete
Review of clinic flow and roles and responsibilities		Not started	Complete
COMPONENT OF TEAM #3: DIRECTOR, FS			
Adaptation and implementation of planning and evaluation framework		Adaptation complete, implementation in progress	Implementation-in progress
Supporting priority projects identified by the SLT		100%	100% (including 70% of PBMA projects)
Budget, end-of year variance		2.1%%	<5%

SECTION F		
STAFFING COSTS:	2016 Total FTEs	2017 Estimated FTEs
	2.0	2.0
Administrative Assistant to the Director	1.0	1.0
Associate Medical Officer of Health	1.0	1.0

2017 Planning & Budget Template

Program: Office of the Director – Foundational Standard

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages			\$ 289,890	\$ 290,508	\$ 618	0.2%
Benefits			63,614	61,700	(1,914)	(3.0)%
Travel						
Program Supplies						
Staff Development			2,000	2,000		
Professional Services						
Furniture & Equipment						
Other Program Costs			500	500		
Total Expenditure			\$ 356,004	\$ 354,708	\$ (1,296)	(0.4)%

1) Foundational Standard is a new Division in 2016, therefore there is no comparative data for 2015

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared			\$ 305,089	\$ 313,793	\$ 8,704	2.6%
MOHLTC – 100%			30,915	30,915		
MCYS – 100%						
User Fees						
Other Offset Revenue			20,000	10,000	(10,000)	(50.0)%
Total Revenue			\$ 356,004	\$ 354,708	\$ (1,296)	(0.4)%

1) Foundational Standard is a new Division in 2016, therefore there is no comparative data for 2015

Program: Office of the Director – Foundational Standard

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Continue working with local and provincial stakeholders on HIV strategy development and implementation
- Enhance the MLHU HIV testing capacity for targeting high-risk populations by developing and implementing HIV testing medical directives
- Review of SH clinic flow, roles, and responsibilities to find efficiencies and enhance client experience
- Complete implementation and evaluation of Planning and Evaluation Framework
- Enhance evidence-based decision-making by incorporating literature review and synthesis in planning and evaluation and developing training plan in collaboration with the internal and external stakeholders
- Alignment of planning and evaluation cycle with PBMA cycle to enhance proposals

SECTION J

PRESSURES AND CHALLENGES

Between Feb and May, 2017, due to taking on the Acting MOH role, it is expected that there will be delays in responding to consultations, review and development of new medical directives and other initiatives supported by the AMOH/Director FS.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

A temporary medical director will be hired (0.1FTE) for the Sexual Health clinics to reduce pressures during Feb-May period. In addition, there may be a need to reduce direct clinical services, which may be offset by increasing clinic time of other clinic physicians.

FOUNDATIONAL STANDARD DIVISION

**EPIDEMIOLOGY
LIBRARY & RESOURCE LENDING
PROGRAM PLANNING & EVALUATION**

2017 Planning & Budget Template

SECTION A				
DIVISION	Foundational Standard	MANAGER NAME	Alison Locker (Acting)	DATE
PROGRAM TEAM	1) Epidemiology 2) Library and Resource Lending 3) Program Planning & Evaluation	DIRECTOR NAME	Gayane Hovhannisyan	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>Newly formed in 2016, the Foundational Standard (FS) division is a multi-disciplinary team comprised of data analysts, epidemiologists, librarians, a program assistant, and program evaluators. Epidemiologists are supervised by the Director, Foundational Standard, while the remaining role groups are supervised by the Manager, Program Planning and Evaluation.</p> <p>The FS division provides support for evidence-informed practice in strategic initiatives and prioritized projects from across MLHU. The support provided aligns to the components of the Ontario Public Health Foundational Standard: program planning and evaluation, population health assessment and surveillance, and research and knowledge exchange. In providing this support, the FS division also helps teams meet their accountabilities outlined in their respective Ontario Public Health Standards, i.e., Chronic Disease and Injury, Family Health, Infectious Diseases, Environmental Health, and Emergency Preparedness.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Primary Legislation: Health Protection and Promotion Act</p> <p>Primary Accountability:</p> <ul style="list-style-type: none"> • Foundational Standard • Population Health Assessment and Surveillance Protocol

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

Provide support for:

- Chronic Diseases and Injuries program standards
- Family Health program standards
- Infectious Diseases program standards
- Environmental Health program standards
- Emergency Preparedness program standard

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: PROGRAM PLANNING AND EVALUATION

In general, program planning and evaluation activities within the FS division aim to provide information to assist with program decision making, e.g., planning a new program or a new component of a program; assessing the impact, effectiveness or efficiency of existing programs to identify if changes are needed. Support provided in this component is varied, and often includes consideration of program rationale and need, inputs, activities, outputs and outcomes. Specific activities include:

- Identify, adapt and implement an organizational Planning and Evaluation Framework, including the development of a visual, guides, and tools
- Provide team- and project-specific planning and evaluation support, including skills building
- Consult on and provide planning and evaluation deliverables for strategic initiatives and projects prioritized by the Senior Leadership Team, including several program reviews
- Consult on emerging planning and evaluation projects

COMPONENT(S) OF TEAM PROGRAM #2: POPULATION HEALTH ASSESSMENT AND SURVEILLANCE

In general, population health assessment and surveillance activities within the FS division aim to monitor, assess, and report on the status of the health of residents of Middlesex-London, such as demographic information, the prevalence of health behaviours, the occurrence of diseases and other health events, and factors that contribute to health and wellness. This information is used to better understand the local health priorities, to inform program planning that addresses the identified needs. Specific activities include:

- Consult on and provide population health assessment and surveillance data and analysis for programs according to Population Health Assessment and Surveillance Protocol, 2016
- Provide team-specific surveillance data and analysis on an ongoing and/or as-needed basis, including data required for Accountability Agreement indicator reporting to the Ministry of Health and Long-Term Care

2017 Planning & Budget Template

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

- Provide analytical support for outbreaks and other emerging investigations
- Consult on emerging planning and evaluation projects

COMPONENT(S) OF TEAM PROGRAM #3: RESEARCH AND KNOWLEDGE EXCHANGE

In general, research and knowledge exchange activities within the FS division aim to provide services and resources to explore an emerging issue, or to support knowledge exchange with community partners. Specific activities include:

- Perform literature searches and provide library resources, to explore emerging issues. This service is provided to both MLHU and to client health units participating in the Shared Library Services Partnership (SLSP).
- Curate the Resource Lending System (RLS) collection and coordinate the provision of MLHU teaching resources, to support knowledge exchange with community partners and community members
- Participate in knowledge exchange initiatives involving community collaborators and researchers
- Consult on emerging planning and evaluation projects

2017 Planning & Budget Template

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (estimate to Nov 26, 2016)	2017 (estimate)
COMPONENT OF TEAM #1: PROGRAM PLANNING & EVALUATION			
Adapt and implement an organizational Planning and Evaluation Framework	N/A	Adapt: Complete Implement: In progress	Complete Implementation
# of planning and evaluation (P&E) projects prioritized by SLT and supported by FS staff (% completed)	N/A	27 (100%)	Maintain or Increase
# of P&E consultations delivered for emerging projects	N/A	34	Maintain
COMPONENT OF TEAM #2: POPULATION HEALTH ASSESSMENT & SURVEILLANCE			
# (%) of OPHS Population Health Assessment and Surveillance (PHA&S) Protocol (2016) requirements supported	N/A	15/19 (79%)	Maintain or Increase
# (%) of accountability agreement reporting indicators supported	N/A	28/28 (100%)	Maintain or Increase
# of P&E projects and consultations in which population health assessment & surveillance data were provided	N/A	39	Maintain
# of databases developed and/or supported by FS staff	N/A	24	Maintain
COMPONENT OF TEAM #3: RESEARCH & KNOWLEDGE EXCHANGE			
# (%) of library literature searches delivered within 2-4 weeks of receipt of request	~ 94%	1033/1064 (97%)	Maintain
# (%) of library knowledge resources (e.g., articles, books) delivered within 5 business days	~ 99%	3806/3845 (99%)	Maintain
# of Resource Lending System (RLS) resource requests filled	2,509	2,112	Maintain
# of projects involving partnership/collaboration with community researchers	N/A	9	Maintain

2017 Planning & Budget Template

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

SECTION F	2016 Total FTEs	2017 Estimated FTEs
STAFFING COSTS:		
	13.25	13.50
Data Analysts	2.00	2.00
Epidemiologists	3.00	3.00
Librarians	2.00	2.00
Program Assistant	0.50	0.50
Program Evaluators	4.75	5.00
Program Manager	1.00	1.00

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages			\$ 977,690	\$ 995,633	\$ 17,943	1.8%
Benefits			249,006	249,851	845	0.3%
Travel			7,350	7,350		
Program Supplies			51,667	48,957	(2,670)	(5.2)%
Staff Development			6,350	6,350		
Professional Services			56,343	41,344	(14,999)	(26.6)%
Furniture & Equipment						
Other Program Costs			3,030	3,030		
Total Expenditure			\$ 1,351,436	\$ 1,352,555	\$ 1,119	0.1%

1) Foundational Standard is a new Division in 2016, therefore there is no comparative data for 2015

2017 Planning & Budget Template

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared			\$ 1,128,072	\$ 1,129,191	\$ 1,119	0.1%
MOHLTC – 100%			116,838	116,838		
MCYS – 100%						
Public Health Ontario			106,526	106,526		
User Fees						
Other Offset Revenue						
Total Revenue			\$ 1,351,436	\$ 1,352,555	\$ 1,119	0.1%

1) Foundational Standard is a new Division in 2016, therefore there is no comparative data for 2015

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Provide support for emerging strategic initiatives and priorities • Provide support for planning and evaluation projects prioritized by the Senior Leadership team • Continue to support strategic initiatives involving external stakeholders initiated in 2016, including the HIV Strategy and the Community Drug and Alcohol Strategy • Develop and deliver a variety of training to support the continued implementation of the Planning and Evaluation Framework, including training workshops for Managers and Directors, topic-specific workshops, and online learning modules • Support efforts to increase organizational capacity for literature review and synthesis in planning and evaluation, in collaboration with internal and external collaborators • Migrate the MLHU/SLSP library catalogue to a union catalogue with the other three Ontario SLSP libraries

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

SECTION J

PRESSURES AND CHALLENGES

Between February and May 2017, the FS Director will also be the Acting Medical Officer of Health. This may impact the work of the manager, epidemiologists, librarians and planning and evaluation team, depending on whether there are emerging issues requiring Director-level consultation.

A new epidemiologist will be joining the team, due to a retirement at the end of January 2017. As with any new hire, the individual will require time to orient to MLHU, the program area(s) in which s/he will be working, and possibly to public health practice in general. This may result in delays in providing support for initiatives, priorities, and projects.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- \$14,467 **PBMA Investment 1-0006: Increase Program Evaluation Capacity 0.25 FTE Program Evaluator** – The existing Program Evaluator complement of 4.75 FTE was not sufficient to support program planning and evaluation needs. By expanding the Program Evaluator complement to 5.0 FTE, evaluation needs within MLHU will be better met, enhancing organizational capacity to address strategic objectives and priorities, as well as legislated requirements detailed in the Foundational Standard.
- (\$14,999) **PBMA Disinvestment 1-0004: Partial reduction in Rapid Risk Factor Surveillance System** – The Rapid Risk Factor Surveillance System is a monthly survey to which MLHU subscribes, to provide local information about health-related knowledge, attitudes and behaviours. The subscribed content will be reduced such that the average survey length will be decreased from 16 minutes down to 10 minutes.
- (\$2,710) **Shared Library Services Partnership (SLSP)** – The reduction in Program Supplies is reflective of constraints of the SLSP budget, a 100% funded program where funding has not increased since the inception of the program several years ago. While the total budget has remained constant, salary and benefits have increased. A reduction in Program Supplies (e.g., subscribe to fewer journals) is required to operate within the allocated budget.

2017 Planning & Budget Template

Program: Foundational Standard (Epidemiology, Library & Resource Lending, Program Planning & Evaluation)

- **Enhancement:** The SLSP librarian will begin providing support to an additional client health unit, bringing the total number of client health units supported to six.

HEALTHY LIVING DIVISION OFFICE OF THE DIRECTOR

SECTION A			
DIVISION	Healthy Living	MANAGER NAME	Suzanne Vandervoort
PROGRAM TEAM	Office of the Director	DIRECTOR NAME	Suzanne Vandervoort
			DATE
			January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Healthy Living Division includes Child Health Team, Chronic Disease Prevention & Tobacco Control Team, Healthy Communities & Injury Prevention Team, Oral Health Team, Southwest Tobacco Control Area Network Team and Young Adult Team. The division aims to improve, promote and protect the health of our communities and region across the lifespan. Staff in this division partner with community agencies, coalitions, schools and school boards, southwest health units as well as provide direct clinic services for oral health and tobacco. The Healthy Living Division works to influence policy and enforce relevant legislation at the municipal, provincial and federal level to positively shape the health of our communities.</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 • Chronic Disease and Injury Prevention Program • Infectious Diseases Program • Foundational Standard • Reproductive Health Program • Sexual Health <p>• Relevant Legislation:</p> <ul style="list-style-type: none"> • Health Protection and Promotion Act • <i>Smoke-Free Ontario Act (SFOA) and Ontario Regulation 48/06</i> • The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws • <i>The Skin Cancer Prevention Act</i> • <i>Electronic Cigarettes Act and Ontario Regulation 337/15</i>

Program: Office of the Director – Healthy Living

- OPHS Protocols
 - Nutritious Food Basket Protocol, 2014
 - Tobacco Compliance Protocol, 2016
 - Tanning Beds Compliance Protocol, 2014
 - Electronic Cigarettes Compliance Protocol, 2016
 - Healthy Smiles Ontario (HSO) Program Protocol, 2016
 - Oral Health Assessment and Surveillance Protocol, 2016
 - Protocol for the Monitoring of Community Water Fluoride Levels, 2014
- Child & Family Services Act, 1990
 - Duty to Report Legislation
- Thames Valley School Board Partnership Agreement

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 BUDGET

- Responsible for the divisional variance process
- Divisional PBMA process

COMPONENT(S) OF TEAM PROGRAM #2 STRATEGIC PRIORITIES

- Creation and implementation of a divisional balanced scorecard

2017 Planning & Budget Template

Program: Office of the Director – Healthy Living

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
COMPONENT OF TEAM #1 BUDGET			
Divisional Variance	N/A	Complete	<5%
Approved PBMA proposals prioritized and implemented	N/A	Complete	Complete
COMPONENT OF TEAM #2 STRATEGIC PRIORITIES			
Completion of Balanced Scorecard activities, tasks and measures.	N/A	Complete	Complete

SECTION F		
	2016 Total FTEs	2017 Estimated FTEs
STAFFING COSTS:		
	2.0	2.0
Director	1.0	1.0
Administrative Assistant to the Director	1.0	1.0

2017 Planning & Budget Template

Program: Office of the Director – Healthy Living

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages			\$ 171,401	\$ 178,176	\$ 6,775	4.0%
Benefits			42,699	44,001	1,302	3.1%
Travel			4,000	4,000		
Program Supplies			10,450	10,450		
Staff Development			3,125	3,125		
Professional Services						
Furniture & Equipment			1,301	1,301		
Other Program Costs			2,100	2,100		
Total Expenditure			\$ 235,076	\$ 243,153	\$ 8,077	3.4%

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget ¹	2015 Actual ¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared			\$ 235,076	\$ 243,153	\$ 8,077	3.4%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenue			\$ 235,076	\$ 243,153	\$ 8,077	3.4%

1) This program was created in 2016 as a result of OSL recommendations; therefore there is no comparison for 2015.

Program: Office of the Director – Healthy Living

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

The HL Division leadership team will be coming together to develop a vision and begin to program plan together.

SECTION J

PRESSURES AND CHALLENGES

The Healthy Living Division has staff at both 201 Queens Avenue and 50 King Street. This makes collaboration and communication challenging at times. There will also be more efficiencies realized when staff are in the same building.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

None

HEALTHY LIVING DIVISION

CHILD HEALTH TEAM

SECTION A				
DIVISION	Healthy Living	MANAGER NAME	Mary Lou Albanese	DATE
PROGRAM TEAM	Child Health Team	DIRECTOR NAME	Suzanne Vandervoort	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Child Health Team works with elementary schools 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 prioritized based on need, readiness and capacity to engage resulting in vulnerable schools receiving more focused PHN time.</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 • Chronic Disease and Injury Prevention Program • Infectious Diseases Program • Foundational Standard • Reproductive Health Program <p>Child & Family Services Act, 1990</p> <ul style="list-style-type: none"> • Duty to Report Legislation <p>Thames Valley School Board Partnership Agreement</p>

Program: Child Health Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY SCHOOL

The Ministry of Education's Foundation for Healthy School identifies that Healthy Eating, Physical Activity, Mental Health and Growth & Development are key health topics that contribute to Healthy Schools. In 2016 a review of the evidence continued to identify evidence-based strategies to these key health topics. For each topic a specific goal that aligns with the OPHS was identified. Achieving the goal identified for each topic area involves developing and implementing evidence-based activities that are comprehensive (e.g., conduct activities that target multiple levels of influence). For example, to reduce sedentary behaviours among school aged children, members of the Child Health Team support the implementation of Active and Safe Routes to School program, are developing a sedentary behaviour toolkit connected to the curriculum to support school staff in and outside of the classroom, and promote school wide policies that impact sedentary behavior environments. For healthy eating, members of the Child Health Team have developed of a toolkit of activities to increase the consumption of vegetables and fruit connected to the curriculum including resources such as Murray and Bird and a Sugar Sweetened Beverage Kit. The team also advocates for school wide policies that impact healthy eating. Achievement of this program component is done in partnership with elementary school board staff, parents, students and community organizations.

COMPONENT(S) OF TEAM PROGRAM #2 PARENTING

Positive parenting is fundamental for optimal child development. Currently, parenting is provided by the Healthy Start and Healthy Living Divisions. 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:

- Providing 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 used across the span of Child and Youth development,
- Development of a 'Parenting in Canada' and other parenting presentation for the Syrian newcomers, and
- Implementing iParent social and mass media information campaign which communicates positive parenting messages and directs parents to resources.

2017 Planning & Budget Template

Program: Child Health Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015 (actual)	2016 (actual)	2017 (target)
COMPONENT OF TEAM #1: HEALTHY SCHOOLS			
# of resources created to support healthy schools	N/A	1	2 – school connectedness and sedentary behaviour
# of schools with a comprehensive action plan (Level 2 and 3 schools only-total 78 schools)	N/A	78	Increase
# of Healthy Living Champion Award	53	41 (low number due to labour dispute)	Increase
# of Healthy School (or other)Committees	56	49	58
# of Facilitators trained for Let’s Get Cookin’	49	84 (represents 26 schools)	Same or increase
COMPONENT OF TEAM #2 PARENTING			
Distribution of School Enterers Magazine	N/A	6000 Packages	6000 Magazines
# of Community Partners trained in Triple P	N/A	2 (From CCLC)	Increase
Positive Parenting iParent Campaign –	To promote talking to young teens about sexuality	To promote parents communicating with their teens	Topic TBD
# of Newcomer presentations	N/A	27	Increase
Implementation of Intermediate Phase of NutriSTEP Accountability Agreement as per the Ministry Implementation status reporting	Preliminary Phase (New accountability requirement)	Intermediate Phase achieved	Advanced Phase

2017 Planning & Budget Template

Program: Child Health Team

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	16.5	16.0
Program Manager	1.0	1.0
Public Health Nurses	13.5	13.5
Program Assistant	1.0	0.5
Public Health Dietitian	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,257,928	\$ 1,210,007	\$ 1,287,861	\$ 1,290,110	\$ 2,249	0.2%
Benefits	293,712	301,017	318,308	318,616	308	0.1%
Travel	22,200	14,314	22,200	22,200		
Program Supplies	34,900	22,973	58,454	53,454	(5,000)	(8.6)%
Staff Development	8,550	4,111	18,725	18,725		
Professional Services	1,000		2,000	2,000		
Furniture & Equipment						
Other Program Costs	16,460	14,263	17,610	17,610		
Total Expenditures	\$ 1,634,750	\$ 1,566,685	\$ 1,725,158	\$ 1,722,715	\$ (2,443)	(0.1)%

Program: Child Health Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,622,190	\$ 1,556,151	\$ 1,712,598	\$ 1,710,155	\$ (2,443)	(0.1)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	12,560	10,534	12,560	12,560		
Total Revenues	\$ 1,634,750	\$ 1,566,685	\$ 1,725,158	\$ 1,722,715	\$ (2,443)	(0.1)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Continue the development of the evidence informed toolkits to support school staff in and out of the classroom.
- Continue the promotion of public health in the schools to support health enhancing school policy.
- Preliminary planning of a new parenting strategy to reach more parents, especially through social media.

SECTION J

PRESSURES AND CHALLENGES

- Labour action at the school boards in the 2015/2016 school year limited the Child Health Team's ability to implement Comprehensive School Health.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$31,392) **PBMA Disinvestment Proposal 1-0023: 0.5 FTE Program Assistant** – efficiencies due to using electronic resources.
- (\$5,000) Reduction in program materials to transfer to communications for enhancing in-house design work.

HEALTHY LIVING DIVISION
CHRONIC DISEASE AND TOBACCO CONTROL

SECTION A				
DIVISION	Healthy Living	MANAGER NAME	Linda Stobo	DATE
PROGRAM TEAM	Chronic Disease Prevention and Tobacco Control	DIRECTOR NAME	Suzanne Vandervoort	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> 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 literacy, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the <i>Skin Cancer Prevention Act</i>; tobacco use prevention, cessation and enforcement; promotion and enforcement of the <i>Electronic Cigarettes Act</i>.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> OPHS: Foundational Standard; Chronic Disease Prevention Relevant Legislation: <ul style="list-style-type: none"> Health Protection and Promotion Act <i>Smoke-Free Ontario Act (SFOA)</i> and <i>Ontario Regulation 48/06</i> The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws The <i>Skin Cancer Prevention Act</i> <i>Electronic Cigarette Act</i> and Ontario Regulation 337/15 OPHS Protocols <ul style="list-style-type: none"> Nutritious Food Basket Protocol, 2014 Tobacco Compliance Protocol, 2016 Tanning Beds Compliance Protocol, 2014 Electronic Cigarettes Compliance Protocol, 2016 Relevant Funding Agreements and Directives <ul style="list-style-type: none"> Ministry of Health and Long-Term Care <i>Smoke Free Ontario</i> Program Guidelines and Enforcement Directives Ministry of Health and Long-Term Care <i>Electronic Cigarette Act</i> Program Guidelines and Enforcement Directives

Program: Chronic Disease & Tobacco Control

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 an inspection of new 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 literacy 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 for food insecurity and impact of income on health
- promote/support the development of policies within workplaces and municipalities, and advocacy/enactment of municipal, provincial and federal legislation to support the creation of healthy food environments
- promote healthy eating and increased access to fruits and vegetables (e.g. Harvest Bucks Voucher Program)
- support the creation of a sustainable, healthy and accessible local food system (e.g. Middlesex London Food Policy Council)
- increase awareness of the health risks associated with sugar-sweetened beverages

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, community events and advocacy efforts to support legislation (e.g. plain and standardized packaging)
- policy development within school boards and municipalities to promote tobacco-free cultures (e.g. tobacco-free schools and post-secondary campuses, municipal bylaws that exceed protection provided by provincial legislation)
- 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

Program: Chronic Disease & Tobacco Control

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, LGBTQ, 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 recent 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 and smoke-free hospital grounds
- increase municipal prohibitions on tobacco use (e.g. smoke-free private market and social housing, 100% smoke-free property)
- 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

COMPONENT(S) OF TEAM PROGRAM #6: PROTECTION AND E-CIGARETTE ENFORCEMENT (*E-CIGARETTES ACT*)

Goal: Decrease youth access to electronic cigarettes in Middlesex-London and reduced exposure to vapour and e-cigarette use to normalize a smoke-free and vape-free culture.

- conduct one round of youth access inspections and at least one display, promotion and handling inspection at all e-cigarette retailers
- conduct at least one inspection at all secondary schools, and inspect public places and workplaces (e.g. education to proprietors/employers, inspections, responding to complaints/inquiries)
- decreased exposure to the marketing and promotion of electronic cigarettes

2017 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
% of <i>new</i> tanning bed operators inspected to inform operator of obligations under the <i>Skin Cancer Prevention Act</i>	100%	100%	100%
% of Middlesex-London adults who reported getting a sunburn in the last 12 months	39.2% (2013 data)	36.5 (2014 data)	Decrease
Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING			
% of Middlesex-London residents 12 years and older reporting eating recommended daily amount of vegetables and fruit	36.8 (2011/12 data)	38.5 (2013/14 data)	Increase
Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
# of Youth Engaged/Reached in Programming through partnerships/projects	5000	5250	5550
# of Attendees at annual Smoke-free Movie Night in the Park	<2000 (inclement weather)	3400	3600
% of youth who have never smoked a whole cigarette	92.2 (2013/14 data)*	92 (2014 data)*	Increase*
Component of Team #4 TOBACCO USE CESSATION			
% of adults aged 19 years and over in Middlesex-London that are current smokers (daily or occasional)	18.8 (2013/14 data)*	18.8 (2013/14 data)*	Decrease*
Component of Team #5 PROTECTION AND ENFORCEMENT			
% of adults aged 12 years and over in Middlesex-London exposed to second-hand smoke in vehicles and public places	16.3 (2013 data)	14.3 (2014 data)	Decrease
% of adults aged 18 years and over in Middlesex-London support banning smoking in multi-unit dwellings	66.3% (2011/12 data)	66.3% (2011/12 data)	Increase
% of tobacco vendors in compliance with youth access legislation at last inspection (AA Indicator)	99	99	≥ 90%
# of inspections of public places and workplaces	1575	1095	1200
Component of Team #6 E-CIGARETTE ACT (ECA) PROMOTION AND ENFORCEMENT			
% of e-cigarette retailers inspected at least once—provision of obligations under ECA		100%	100%
% of e-cigarette retailers test-shopped at least once—monitor sales to minors' provisions		100%	100%

*Due to sample size and methodology, trends based on year-to-year comparisons need to be interpreted with caution.

2017 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	13.4	13.9
Program Manager	1.0	1.0
Public Health Dietitians	2.5	3.0
Public Health Nurses	2.5	2.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.3	3.3
Program Assistants	2.0	2.0
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	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 851,203	\$ 792,713	\$ 935,851	\$ 925,804	\$ (10,047)	(1.1)%
Benefits	193,353	187,038	233,714	229,817	(3,897)	(1.7)%
Travel	29,900	32,146	31,853	26,500	(5,353)	(16.8)%
Program Supplies	93,407	171,509	142,799	168,168	25,369	17.8%
Staff Development	2,050	2,254	2,400	2,400		
Professional Services	11,345	20,819	19,900	17,907	(1,993)	(10.0)%
Furniture & Equipment						
Other Program Costs	44,738	45,084	42,280	41,535	(745)	(1.8)%
Total Expenditure	\$ 1,225,996	\$ 1,251,563	\$ 1,408,797	\$ 1,412,286	\$ 3,489	0.3%

2017 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION H

FUNDING SOURCES:

Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 620,872	\$ 615,775	\$ 756,997	\$ 769,986	\$ 12,989	1.7%
MOHLTC – 100%	602,305	585,024	651,800	642,300	(9,500)	(1.5)%
MCYS – 100%						
User Fees						
Other Offset Revenue	2,819	50,764				
Total Revenue	\$ 1,225,996	\$ 1,251,563	\$ 1,408,797	\$ 1,412,286	\$ 3,489	0.3%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Support hospital and post-secondary institutions' administration in requesting an amendment to the City of London smoking bylaw to prescribe hospital and post-secondary campus property as smoke-free, and to designate security staff as enforcement officers.
- The enactment and promotion of the *Electronic Cigarettes Act*, prohibiting use in places where smoking is already banned under the *Smoke-Free Ontario Act (once proclaimed)*.
- The continued enhancement/evaluation of tobacco cessation services delivered by the Health Unit to reach priority populations.
- The establishment of a local food policy council, including the governance structure and an action plan, to create a healthy, sustainable and accessible food system in London and Middlesex County.
- Support/Promote the implementation of changes to the food environment within municipally-run facilities (e.g. beverage vending, concession booths, snack vending).
- Increase public awareness regarding the health risks associated with the consumption of sugar-sweetened beverages and support/promote the implementation of policy changes that would help to improve food environments in Middlesex-London.
- Support the implementation of provincial/federal tobacco and e-cigarette regulations, including plain and standardized tobacco packaging and stricter regulations regarding the packaging, promotion, advertising, and use of e-cigarettes.

SECTION J

PRESSURES AND CHALLENGES

- Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our comprehensive tobacco control program. Challenges are being mitigated by decreasing essential program supply dollars and through a \$5400 PBMA investment to offset the shortage in provincial funding. The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy (\$30,000) is exceeded by community demand for cessation assistance and there have been delays with the release of details regarding MOHLTC's cessation strategy. Therefore, a significant investment is being made to smoking cessation within the cost-shared budget to meet cessation needs of priority populations. Recruitment and retention of skilled and qualified Tobacco Enforcement Officers (TEOs) is challenging because funding levels limit the number of full-time positions; therefore, part-time TEOs seek full-time employment elsewhere.
- The number of mandated inspections of tobacco retailers, e-cigarette retailers and schools place increased demand on Tobacco Enforcement Officers' capacity, decreasing the number of inspections of workplaces and public places being completed annually.
- The delay in the implementation of the ban on use of e-cigarettes in places where smoking is already prohibited (Section 10 of the *Electronic Cigarettes Act*) continues to be a challenge. Program priorities and staff will need to be flexible to accommodate timelines imposed in 2017 beyond the control of the local program.
- Sugar-sweetened beverages are an emerging priority that requires dedicated staff and program dollars to support a comprehensive, health promotion strategy. The challenge is being mitigated through a PBMA investment to increase the CDPTC's Registered Dietitian capacity by 0.5 FTE, and program dollars are being sought from community partnerships (City of London - Healthy Kids Community Challenge).

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- \$30,000 **Nicotine Replacement Therapy (NRT) – 100% MOHLTC** - To maintain the Health Unit's cessation capacity to meet priority populations' needs, the ongoing investment of \$86,000 (cost-shared) will be maintained to support the agency-wide purchase and distribution of NRT. It is anticipated that a \$30,000 one-time grant from MOHLTC will be available through the 2017 granting process; the request for funding will be submitted as it is required to meet client load.
- \$41,196 **PBMA Investment Proposal 1-0027: 0.5 FTE Public Health Dietitian** – An ongoing investment of \$41,047 that increases the Registered Dietitian capacity by 0.5 FTE so that MLHU is better positioned to address the emerging issue of sugar-sweetened beverages and to support/promote the implementation of policy changes that would help to improve food environments in Middlesex-London.
- (\$45,000) **2016 PBMA One-time investment 1-0021.** This recognizes that the one-time (temporary) investment that increased capacity by 0.5 FTE is being discontinued in favour of a permanent increase in this role.
- (\$1,910) Reduction in program materials to transfer to communications for enhancing in-house design work.

HEALTHY LIVING DIVISION

HEALTHY COMMUNITIES AND INJURY PREVENTION

SECTION A				
DIVISION	Healthy Living	MANAGER NAME	Rhonda Brittan	DATE
PROGRAM TEAM	Healthy Communities and Injury Prevention (HCIP)	DIRECTOR NAME	Suzanne Vandervoort	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> The HCIP team promotes active living and workplace wellness, and works to prevent injuries across the lifespan. Injury prevention focus areas include child safety; helmet use and bicycle safety; poisoning and burns, drowning prevention; safe infant sleep, falls across the lifespan; road safety including vulnerable road users; and substance misuse prevention (alcohol, marijuana, and other illicit drugs) including the community drug and alcohol strategy. The team advocates for healthy community design and healthy public policy and works extensively with other MLHU teams and community partners in accomplishing our work.

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; Child Health (as it relates to safe and supportive environments for children)

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY WORKPLACE
<ul style="list-style-type: none"> Work primarily with mid to small workplaces/employers with limited resources to provide employee wellness programs through consultation and linking these workplaces with other MLHU programs and services. Broadly disseminate healthy workplace information and resources to Middlesex –London workplaces via regular e-newsletter. Consult and advocate for the implementation of healthy policies and guidelines that create healthier environments in workplaces Collaborate with other SW Public Health Units i.e. Elgin – St. Thomas, Oxford, Perth Lambton, Chatham – Kent, Windsor – Essex as well as other local organizations to create resources, provide educational opportunities and plan initiatives that help employers create physically and psychologically safe and healthy workplaces

Program: Healthy Communities & Injury Prevention

COMPONENT(S) OF TEAM PROGRAM #2 ACTIVE LIVING/PHYSICAL ACTIVITY

- Promote active living including Canadian Physical Activity guidelines to the entire community with main focus on those over the age of 18; some programming directed toward child care providers.
- Play a lead role in the Middlesex-London *in Motion* Partnership and the implementation of the *in Motion* Community Challenge
- Community and partner consultation and supports e.g., Active and Safe Routes to School Committee, Workplace physical activity promotion.
- Training of day care providers about physical literacy to increase the use and promotion of physical literacy with children in day cares; collaboration with SW Physical Activity Promoters Network and the MLHU Early Years Team.
- Partner with Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs in the City of London (Partner with HKCC in Middlesex County and City of London)

COMPONENT(S) OF TEAM PROGRAM #3 SENIORS AND FALLS/HEALTHY AGING

- Play a lead role in the Stepping Out Safely Falls Prevention Coalition(partnership of 17 partners in 2016)
- Member of the SW LHIN Integrated Falls Committee
- Chair the Middlesex-London Falls Prevention Collaborative
- Providing Step Ahead Exercise Program certification/training to PSW students at 3 colleges in London.
- Completing a program reviews for falls prevention in older adult best practices in 2016.

COMPONENT(S) OF TEAM PROGRAM #4 ROAD SAFETY (INCLUDING VULNERABLE ROAD USERS)

- Member London-Middlesex Road Safety Committee who do educational campaigns e.g. share the road, distracted driving , winter driving etc.;
- Collaborate with City of London and other road safety partners to implement action items from the London Road Safety Strategy
- Provide input into the City of London and Middlesex County Official Plan reviews re infrastructure to promote walking and cycling and safe road use;
- Member of the City of London, Transportation Advisory Committee
- Completing a program review for road safety best practices in 2016.

COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY

- Chair, Middlesex-London Child Safety Committee
- Provide child safety information, including videos, newsletters & other resources to caregivers (parents, grandparents, day care workers, community partners etc.)
- Distribute and education to parents and children re bicycle helmets for vulnerable school age children (Member of the Helmets on Kids Coalition)
- Increase the availability of resources in other languages for ethno-cultural populations in London and MS County
- Distribution of booster seat use education to caregivers and parents.

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Program: Healthy Communities & Injury Prevention

- Collaborate with local and provincial partners e.g. Ontario Concussion Work Group Community Safety and Crime Prevention Advisory committee, Risk Watch, Ontario Childhood Injury Prevention committee, YMCA safety village
 - Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign
- Provide professional development for community partners and internal staff

COMPONENT(S) OF TEAM PROGRAM #6 ALCOHOL AND SUBSTANCE MISUSE

- Marketing the next phase of the ReThink Your Drinking campaign and website including the Low Risk Alcohol Drinking Guidelines
- Support implementation of the provincial expansion of the ReThink Your Drinking website.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation
- Work with municipalities to update their Municipal Alcohol Policies
- Community Drug and Alcohol Strategy

COMPONENT(S) OF TEAM PROGRAM #7 HEALTHY COMMUNITIES- HEALTHY COMMUNITY DESIGN

- Review & provide recommendations to various land development applications / initiatives regarding healthy community design – Official Plans, Area Plans, Secondary Plans, Subdivision / Site Plans, Master Plans, Environmental Assessments as appropriate.
- Advocate for the continued support for infrastructure that supports physical activity and active transportation in the City of London Middlesex County and its municipalities.
- Participate in the City of London Cycling Master Plan and MS County Cycling study.
- Chair, Active and Safe Routes to School, to promote active school travel.
- Promotion of Active Transportation with continuation of Give Active Transportation a Go! Campaign
- Advocate for increased awareness, support and implementation of healthy community design to public, planners /developers.

2017 Planning & Budget Template

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
COMPONENT OF TEAM #1 HEALTHY WORKPLACE			
Annual workshop for southwest workplaces	165 Attended	130 Attended	MLHU workshop planned
Seed grants healthy workplace programming	7 grants	3 grants	3 grants
COMPONENT OF TEAM #2 ACTIVE LIVING/ PHYSICAL ACTIVITY			
inMotion Community Challenge – Minutes of Physical Activity achieved. 2017 improved outcome measures.	*19,773 participants 8,372,809 minutes	**10,215 participants 5,218,076 minutes	Increase
Elementary Schools with School Travel Plans (STPs)	13 STPs	5 new STP= 18 total	5 new STP = 23 total
COMPONENT OF TEAM #3 SENIORS AND FALLS/HEALTHY AGING			
Step Ahead Exercise Program training for PSW students	90 students trained	48 students trained	Minimum 50 PSW trained
COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS			
Distracted Driving Campaign – Buckle Up/Phone Down 2015 – “Josh’s Story” 2016 - Distracted Driving Lego brick ® video	4655 trailers 49478 YouTube views	36000 YouTube views	Continuation of distracted driving Campaign
COMPONENT OF TEAM #5 CHILD SAFETY			
Distribution of Booster Seats	204 distributed	196 distributed	Ended -continue education
Distribution of helmets(Helmet on Kids Coalition) to children	1000	800	800
COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE			
Review and consultation/input support for municipalities updating their Municipal Alcohol Policies (MAP)	2 MAPs	None	Contact 9 municipalities Consultation upon request
Develop long term comprehensive Community Drug and Alcohol Strategy (Began in 2015 as part of Sexual Health team. Moved to HCIP team in 2016).	November launch meeting -over 80 attendees	Steering group and 4 pillar workgroups: over 40 partners	Begin to implement short term action plan Develop 3 year plan
COMPONENT OF TEAM #7 HEALTHY COMMUNITIES – HEALTHY COMMUNITY DESIGN			
Submit recommendations to Municipal Official Plan reviews	3 Municipalities	1 municipality (The London Plan)	2 municipalities in Middlesex County
Review & provide recommendations to various land development applications / initiatives regarding healthy community design	Recommendations for 2 London land development proposals	Recommendations for 5 London land development proposals	Monitor & provide recommendations to relevant proposals

* Confidence in 2015 number of participants limited: 2014 registrants, who may not have participated in 2015, were also counted. ** New mobile app in 2016.

2017 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION F	2016 Total FTEs	2017 Estimated FTEs
STAFFING COSTS:		
	11.7	11.2
Program Manager	1.0	1.0
Health Promoter	1.1	0.6
Public Health Nurses	9.0	9.0
Program Assistant	0.6	0.6

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 883,451	\$ 828,374	\$ 915,535	\$ 897,187	\$ (18,348)	(2.0)%
Benefits	215,920	210,152	230,694	226,074	(4,620)	(2.0)%
Travel	11,110	10,689	11,610	11,610		
Program Supplies	73,002	61,324	43,002	40,502	(2,500)	(5.8)%
Staff Development	5,000	4,643	5,300	5,300		
Professional Services						
Furniture & Equipment	600	290	600	600		
Other Program Costs	8,058	69,446	7,058	7,058		
Total Expenditures	\$ 1,197,141	\$ 1,184,918	\$ 1,213,799	\$ 1,188,331	\$ (25,468)	(2.1)%

2017 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,197,141	\$ 1,121,669	\$ 1,213,799	\$ 1,188,331	\$ (25,468)	(2.1)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		63,249				
Total Revenue	\$ 1,197,141	\$ 1,184,918	\$ 1,213,799	\$ 1,188,331	\$ (25,468)	(2.1)%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Booster seat distribution has ended, will continue as education campaign, exploring other avenues to build supportive environment e.g. partnerships with police • Continuation of the in Motion partnership and campaign. Evaluation of in motion Community Challenge in partnership with City of London. Evolution of in motion as social marketing brand outside of month long challenge for broader reach and impact. • Continued development of Middlesex-London Community Drug and Alcohol Strategy • Substance misuse and road safety work is anticipated to increase related to expected federal legalization of cannabis in 2017 • Develop 2-3 year program plan for falls prevention and road safety based on findings of program reviews.

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> • Competing priorities between multiple programs • LOAs combined with addition of community drug and alcohol strategy to HCIP team in 2016 necessitated shift in resources which affected work and capacity in Child Injury and Alcohol and Substance Misuse programs • Time intensity of program reviews decreased program work in road safety and falls prevention programs

Program: Healthy Communities & Injury Prevention

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$38,257) **PBMA Disinvestment Proposal 1-0024: 0.5 FTE Health Promoter** – The coordination of the Community Drug Strategy is being assigned to an existing Social Determinants of Health Public Health Nurse
- (\$2,500) Reduction in program materials to transfer to communications for enhancing in-house design work.

HEALTHY LIVING DIVISION

ORAL HEALTH

SECTION A				
DIVISION	Healthy Living	MANAGER NAME	Chimere Okoronkwo	DATE
PROGRAM TEAM	Oral Health	DIRECTOR NAME	Suzanne Vandervoort	January 2017

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. <ul style="list-style-type: none"> • Healthy Smiles Ontario (HSO) Program Protocol, 2016 • Oral Health Assessment and Surveillance Protocol, 2016 • Protocol for the Monitoring of Community Water Fluoride Levels, 2014

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 determine whether they have urgent dental needs, such as cavities. Follow-up with those identified with dental needs is completed to ensure dental care (treatment and prevention) is provided. For those who cannot afford dental care or already enrolled in the Healthy Smiles Ontario (HSO) program, publicly-funded treatment is offered at the 50 King Street Dental Office or at a community dental office through HSO.

2017 Planning & Budget Template

Program: Oral Health

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 screening intensities, which determines if additional grades should receive screening, and the adjustment of programs and services in response to observed trends. Evidence-informed interventions are provided 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 the dental clinic, and community-based settings, as well as via the website, email and telephone.
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 and preventive services are provided to children enrolled in publicly-funded dental programs, such as HSO, Interim Federal Health Program (IFHP). Preventive services are also provided to children who cannot afford this type of care from a community dentist through HSO. Adults can also receive cleanings at the Dental Clinic for a small fee if they are on Ontario Works or have children in the HSO 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 the delivery of fluoride varnish programs in selected high risk schools, and childcare settings.

2017 Planning & Budget Template

Program: Oral Health

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
Component of Team #1 School Screening			
# of eligible students screened / % of eligible school children screened	15,797 / 84%	16,235 / 81%	Increase
Percent of publicly-funded schools screened (Accountability Indicator)	100%	100%	Same
% of children screened that are identified as requiring urgent care / preventive services (cleaning, sealants, fluoride varnishes)	3.98% / 9.9%	4.7% / 12.5%	Decrease/Increase
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.	11.2% / 9.6%	11.7% / 14.1%	Decrease/ Decrease
% of children absent during the school-based dental screening program / % of children excluded from school based screening	6.1% / 10.7%	5.9% / 13.1%	Decrease
Component of Team #3 Oral Health Promotion			
# of oral health presentations	65	25	Decrease
Component of Team #4 Clinical Services			
# of HSO clients / # of clients on other publicly-funded programs	220 / 450	1058 / 280	Increase
# of eligible clients who received preventive services (cleaning, sealants, fluoride varnish)	550	300	Increase
Component of Team #5 Fluoride Varnish			
# of fluoride varnish applications	106	1447	Increase

2017 Planning & Budget Template

Program: Oral Health

SECTION F		
STAFFING COSTS:	2016 TOTAL FTEs	2017 ESTIMATED FTEs
	14.55	14.25
Dental Consultant (0.70 shared among five health units)	0.25	0.25
Program Manager	1.0	1.0
Dentist	1.0	0.7
Dental Hygienists	4.8	4.8
Dental Assistants	7.0	7.0
Program Assistant	0.5	0.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,114,359	\$ 1,090,094	\$ 1,061,360	\$ 1,021,527	\$ (39,833)	(3.8)%
Benefits	261,984	254,871	256,477	255,767	(710)	(0.3)%
Travel	21,900	17,476	21,900	21,900		
Program Supplies	84,356	44,901	84,356	84,356		
Staff Development	5,800	4,936	5,800	5,800		
Professional Services	1001,588	998,933	520	520		
Furniture & Equipment	18,600	13,002	14,400	14,400		
Other Program Costs	26,680	23,916	57,368	56,368	(1,000)	(1.7)%
Total Expenditures	\$ 2,535,267	\$ 2,448,129	\$ 1,502,181	\$ 1,460,638	\$ (41,543)	(2.8)%

2017 Planning & Budget Template

Program: Oral Health

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,216,814	\$ 983,523	\$ 409,424	\$ 409,323	\$ (101)	(0.1)%
MOHLTC – 100%	941,600	1,079,750	692,700	692,700		
MCYS – 100%						
User Fees	247,145	250,511	289,312	247,870	(41,364)	(14.3)%
Other Offset Revenue	129,708	134,345	110,745	110,745		
Total Revenues	\$ 2,535,267	\$ 2,448,129	\$ 1,502,181	\$ 1,460,638	\$ (41,543)	(2.8)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Continued expansion of the school-based fluoride varnish program for Pre-Kindergarten, Junior Kindergarten, Senior Kindergarten, and Grades 1 & 2 children in selected schools.
- Implementation of dental screening and the provision of fluoride varnish to children 0 – 4 years of age in daycare settings, pre-school programs and other childcare settings.
- Implementation of a number of strategies to address the shortfall in the Dental clinic.
- Implementation of the recommendations from the Oral Health Program Review.

SECTION J

PRESSURES AND CHALLENGES

- Deficit in the Dental Clinic due to continued shortfall in revenue receipts in contrast to increasing costs.
- Continued challenges with implementing the new HSO protocol especially with regards to clients navigation

Program: Oral Health

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$ 4,416) Reduction related to the full-year savings of 2016 PBMA proposal for reduced Dental Consultant resources as a result of the ministry consolidating dental claims administration.
- (\$47,886) Reduced 0.3 FTE Dentist in the Dental Treatment Clinic after realigning the work to have the Dentist and Hygienist practice to their full scope.
- (\$ 1,000) Reduction in other program costs to transfer to communications for enhancing in-house design work.

HEALTHY LIVING DIVISION

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

<u>SECTION A</u>			
DIVISION	Healthy Living	MANAGER NAME	Donna Kosmack
PROGRAM TEAM	Southwest Tobacco Control Area Network (SW TCAN)	DIRECTOR NAME	Suzanne Vandervoort
			DATE January 2017

<u>SECTION B</u>
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> 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, 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, ensure communication from the TCAN to the MOHLTC and provincial partners, and help guide the progress of the Smoke-Free Ontario Strategy provincially.

<u>SECTION C</u>
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> OPHS Standards: Foundational; Chronic Disease Prevention Protocols under the OPHS: Tobacco Compliance Protocol, 2008 Relevant Acts: <i>Health Protection and Promotion Act, Smoke-Free Ontario Act, Tobacco Control Act</i>, Municipal by-laws in local PHU areas. NEW: The <i>Electronic Cigarettes Act</i> is set to come into effect Jan 1st, 2016 and additionally there will be further amendments to SFOA as per the <i>Making Healthier Choices Act</i>

Program: Southwest Tobacco Control Area Network (SW TCAN)

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 run 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

- Findings from the Social Identities research project conducted in 2013 will continued to be used to implement a tobacco prevention strategy targeting alternative youth. The goal is to:
To increase by 5-10% the number of alternative youth age 13-18 yrs surveyed in SW/CW ON exposed to Uprise who intend to remain smoke-free by 2020. In 2015 42% of alternative youth never tried n=67 of 158.
- Continue to implement the “Hey Parents” smoke-free movies campaign across the SW TCAN in conjunction with the rest of the province, to increase public awareness of the influence that smoking in movies has on youth smoking rates. Will also work with the ON Coalition for Smoke-Free Movies to educate MPPs and advocate for a rating change by way of a regulatory change of the *Film Classification Act*.

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
- Increase level of protection of against second-hand smoke exposure (in or outdoors) by supporting new provincial legislation *Electronic Cigarettes Act* by the end of December 2017. *Note this is if the ECA is proclaimed in 2017- proclamation date unknown.
- By the end of 2017 the SW TCAN will have lead the province in the development of eca-training.com for the use by vendors to help ensure compliance with sales to minors aspect of the ECA.

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

- SW TCAN Manager chairs the SW TCAN Steering Committee which brings together all 9 SW PHUs for knowledge exchange and transfer
- SW TCAN YDS chairs the Youth Prevention Subcommittee 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.

2017 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015 Actual	2016 Anticipated	2017 Estimate
COMPONENT OF TEAM #1 TOBACCO CESSATION			
# total of Health Care Providers who are members of the cessation community of practice in each of the 9 TCAN health units	202	385	Maintain
# of earned/paid media impressions in the SW TCAN promoting provincial campaigns (Wouldrather and the Smokers' Helpline First Week Challenge Contest)	WuR = 246,584 D2Q= 999,650	WuR=376, 991 FWCC=283,667	Maintain
COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE			
# of engagements with Uprise	Facebook likes:824 Materials Distributed at events:1697 Facebook ad impressions: 961,980	Facebook likes:1,416 Materials Distributed at events: 2,155 Facebook ad impressions: 1,520,298	Maintain
# of impressions in SWTCAN for the smoke-free movies "Hey Parents" campaign	N/A	424,165	Maintain
# of attendees at smoke-free movie nights in SW TCAN	6,320	8,581	Maintain
COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT			
# of regional meetings with Tobacco Enforcement Officers	6	6	6
% of workplace complaints in the SW TCAN were followed up on and provided a SW TCAN package.	100%	100%	100%
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	11	11	11
# of subcommittee meetings (4 committees)	36	32	32

2017 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION F	2016 TOTAL FTEs	2017 ESTIMATE FTEs
STAFFING COSTS:		
	2.4	2.4
Program Manager	1.0	1.0
Health Promoter (Youth Development Specialist)	1.0	1.0
Program Assistant	0.4	0.4

SECTION G						
Expenditures:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 180,891	\$ 181,139	\$ 178,397	\$180,901	\$ 2,504	1.4%
Benefits	43,111	43,965	43,727	44,142	415	1.0%
Travel	32,000	19,096	32,303	8,000	(24,303)	(75.2)%
Program Supplies	89,127	88,045	90,702	107,886	17,184	19.0%
Staff Development	1,500	413	1,500	1,500		
Professional Services	45,000	15,759	45,000	115,400	70,400	156.4%
Furniture & Equipment						
Other Program Costs	44,871	88,083	44,871	44,071	(800)	(1.8)%
Total Expenditure	\$ 436,500	\$ 436,500	\$ 436,500	\$ 501,900	\$ 65,400	15.0%

2017 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared						
MOHLTC – 100%	\$ 436,500	\$ 436,320	\$ 436,500	\$ 501,900	\$ 65,400	15.0%
MCYS – 100%						
User Fees						
Other Offset Revenue		180				
Total Revenue	\$ 436,500	\$ 436,500	\$ 436,500	\$ 501,900	\$ 65,400	15.0%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • SW TCAN will continue to implement Uprise, a tobacco prevention strategy targeted at the alternative peer crowd and is excited to see the project expand from CW/SW to be province wide in 2017. • The SW TCAN will assist PHUs to educate and consistently enforce the <i>Electronic Cigarettes Act</i>, should it be proclaimed. • The TCAN will continue to support PHUs locally and play a key role provincially in the smoke-free movies and multi-unit dwelling initiatives.

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> • The SW TCAN has not seen a budget increase since the creation of the TCAN in 2005, thus wage and benefit increases have put a strain on the program budget for the TCAN. A one-time ECA grant was provided for 2017 which will significantly help with staffing costs. The TCAN will advocate for this to become part of the base budget.

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- \$30,000 **MOHLTC *Electronic Cigarettes Act* One-time Funding** - TCAN manager advocated to MOHLTC for funding increases, particularly as additional work is now being expected related to the *Electronic Cigarettes Act* and received a one-time grant. TCAN Manager will continue to advocate for this grant funding to become part of the base budget. Discussions are ongoing with MOHLTC.
- \$35,400 **MOHLTC *Electronic Cigarettes Act* One-time Funding** – Cost associated with developing a ECA website

Note: TCAN meetings will be reduced where possible to save costs.

HEALTHY LIVING DIVISION
YOUNG ADULT TEAM

2017 Planning & Budget Template

SECTION A				
SERVICE AREA	Healthy Living	MANAGER NAME	Anita Cramp	DATE
PROGRAM TEAM	Young Adult Team	DIRECTOR NAME	Suzanne Vandervoort	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The overall goal of the Young Adult Team is to improve the health of youth and contribute to a positive and healthy school climate. The team works in 26 secondary schools and in several community settings. Specifically, the team supports the planning and implementation of activities relating to key health topics identified by the Ministry of Education's Foundations of a Healthy School document (e.g., health eating, physical activity, growth and development, mental health, substance use and addiction, and personal safety and injury prevention). The team strives to address these health topics using a comprehensive approach that recognizes that health is impacted by multiple levels of influence and thus programs and services need to target the individual, home, school, and social and physical environments. The team works in partnership with four local school boards, school administrators, teachers, youth groups, neighbouring health units, community agencies, and various teams from within MLHU. Schools are assessed yearly in order to determine the level of service they will receive and identify the key health topic for promotion efforts.</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 Standard • Chronic Disease and Injury Prevention Standard • Infectious Diseases Standard • Sexual Health Standard • Reproductive Health Standard • Foundational Standard <p>Child & Family Services Act, 1990</p> <ul style="list-style-type: none"> • Duty to Report Legislation

Program: Young Adult Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: SITUATIONAL SUPPORTS

The purpose of situational supports is to provide youth with one-on-one confidential health services relating to personal matters. Key issues addressed include mental health and sexual health including administering pregnancy tests, early contraception, birth control, safe sex practices and healthy relationships. Most situational supports are conducted in schools. The PHN role is to assess the health concern, link the student with necessary community supports, and follow up with the student to further support them to make healthy and sustainable lifestyle changes. This component of the team supports individual health and wellbeing.

COMPONENT(S) OF TEAM PROGRAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS

The Young Adult Team engaged in a review of the evidence to determine the need and effective evidence-based strategies to address 4 of 6 health topics outlined in the Ministry of Education's Foundation for Healthy School: Healthy Eating, Physical Activity, Mental Health and Growth & Development. For each topic a specific goal that aligns with the OPHS was identified. *For example, for Mental Health scholarly literature indicates a need to increase connectedness among youth. Thus, in 2017, to address Mental Health, the team will work with youth, parents, teachers and principals to increase school connectedness.* Achieving the goal identified for each topic area will involve developing and implementing evidence-based activities that are comprehensive (e.g., conduct activities that target multiple levels of influence). The team will work with students, parents, teachers, principals and community partners to plan and implement evidence-based activities.

COMPONENT(S) OF TEAM PROGRAM #3: SUBSTANCE USE: TOBACCO CESSATION

Smoking tobacco is a public health epidemic with over 80% of regular adult smokers starting to smoke before the age of 18 (Gabble, et al., 2015). Middle (15-17 years) and late (18-19 years) adolescence is considered a critical time for the experimentation and development of regular smoking behaviour (US surgeon General Report, 2012). Six out of ten smokers age 15-19 are seriously considering quitting in the next 6 months. However, the majority of quit attempts are unsuccessful with only 4 % of adolescent smokers, aged 12-19, successfully quitting every year (Gabble, et al., 2015; Reid et al., 2015). While cognitive-behavioural or motivational interviewing strategies have been shown to be somewhat effective at reducing smoking (Gabble et al., 2015), providing nicotine replacement therapy (NRT) combined with cognitive-behavioural maybe more effective (Molyneux, 2005). In 2017, the team will provide youth with the opportunity to receive behavioural counselling combined with Nicotine Replacement Therapy (NRT) to help reduce and/or quit smoking tobacco. This program will be piloted in 4 schools. A rigorous evaluation of the program will be conducted as the program is implemented.

2017 Planning & Budget Template

Program: Young Adult Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015 (actual)	2016 (actual)	2017 (target)
COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS			
# of student receiving one-on-one support from school nurse	2473 supports	2533 supports	2500
Most significant change: Stories of impact.	N/A	12	12
COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS			
% of schools that have a healthy schools	65% (17/26)	73% (19/26)	80%
# of evidence-based resources created to support healthy schools	N/A	1 (Healthy Eating)	2 (School Connectedness, Sedentary Behaviour)
% of schools that deliver activities addressing one specific health topic using a comprehensive approach	N/A	52% (10/19)	65%
% of current parenting resources that are reviewed and updated to align with the best available evidence that address the specific health topic.	N/A	50%	75%
Increase health communication by adopting new social media strategies.	N/A	Jan to Nov: 859 tweets Avg 78 tweets/mon 94 new followers 16,787 profile visits	Continue to improve twitter profile and followers Create Instagram
% of staff who engage in evidence-informed decision making	N/A	100%	100%
COMPONENT OF TEAM #3 SUBSTANCE USE: TOBACCO CESSATION			
# of youth who started vs completed the program	N/A	N/A	15 start, 9 will complete
# of youth who quit and reduced cigarette smoking by the end of the program	N/A	N/A	2 quit, 7 reduce

2017 Planning & Budget Template

Program: Young Adult Team

SECTION F STAFFING COSTS:	2016 TOTAL FTEs	2017 ESTIMATED FTEs
	11.0	11.0
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Program Assistant	1.0	0.5
Public Health Dietitian	0.5	1.0
Health Promoter	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 853,128	\$ 781,252	\$ 857,053	\$ 849,438	\$ (7,615)	(0.9%)
Benefits	219,991	191,513	214,897	218,949	4,052	1.9%
Travel	16,500	10,284	16,500	16,500		
Program Supplies	30,895	12,080	30,895	28,395	(2,500)	(8.1)%
Staff Development	4,100	3,618	3,650	3,650		
Professional Services	4,000	597	4,000	4,000		
Furniture & Equipment						
Other Program Costs	4,000	3,054	4,050	4,050		
Total Expenditures	\$ 1,132,614	\$ 1,002,398	\$ 1,131,045	\$ 1,124,982	\$ (6,063)	(0.5%)

Program: Young Adult Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,132,614	\$ 1,002,398	\$ 1,131,045	\$ 1,124,982	\$ (6,063)	(0.5%)
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 1,132,614	\$ 1,002,398	\$ 1,131,045	\$ 1,124,982	\$ (6,063)	(0.5%)

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Continue to build staff's capacity for evidence-informed decision making (EIDM) and to use MLHU's program planning and evaluation framework.
- Implementation of birth control pill starts by school PHNs.
- Increased engagement in social media targeted at youth.
- Finalize, distribute and support the evidence-based resources created to support healthy schools:
 - Reducing Sedentary Behaviours: Secondary School Resource
 - Promoting School Connectedness: Secondary School Resource
- Begin to dispense 3 month birth control starts in schools to reduce transportation and confidentiality barriers youth face when accessing birth control.
- Begin to develop an online database to document Situation Supports.

SECTION J

PRESSURES AND CHALLENGES

- The Tobacco Cessation Program did not commence this year due to both internal and external implementation challenges.
- Limited ability to be involved with school board strategic planning.

Program: Young Adult Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$31,392) **PBMA Disinvestment Proposal 1-0023: 0.5 FTE Program Assistant** – reduced workload related to the utilization of electronic resources.
- \$ 40,897 **PBMA Investment Proposal 1-0027: 0.5 FTE Public Health Dietitian** – additional resources to support increased demand for program & services relating to healthy eating.
- (\$36,953) **2016 PBMA One-time Investment: Mental Health and Wellbeing Promotion Strategy** - Program Evaluator resources to conduct a literature review on evidence-based strategies to promote connectedness throughout the lifespan.
- (\$2,500) Reduction in program materials to transfer to communications for enhancing in-house design work.

OFFICE OF THE MEDICAL OFFICER OF HEALTH
OMOH

Program: Office of the Medical Officer of Health (OMOH)

SECTION A				
DIVISION	Office of the Medical Officer of Health (OMOH)	MANAGER NAME	Dr. Chris Mackie	DATE
PROGRAM TEAM	Office of the Medical Officer of Health (OMOH)	DIRECTOR NAME	Dr. Chris Mackie	January, 2017

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, and OMOH administrative staff.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
Health Promotion and Protection Act <ul style="list-style-type: none"> • Overall compliance • Requirement to have a full time medical officer of health. Ontario Public Health Standards: <ul style="list-style-type: none"> • Foundational Standard • Organizational Standard

Program: Office of the Medical Officer of Health (OMOH)

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 Corporate Services 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 support for decision making during meetings of the Board and Committees
- Providing Secretary/Treasurer functions
- Ensuring implementation of decisions of the Board of Health

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2015	2016 (anticipated)	2017 (estimate)
COMPONENT OF TEAM #1 - OVERALL LEADERSHIP			
Strategic Plan Progress	100% On Track or Completed	95% On Track or Completed	100% On Track or Completed
COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT			
Budget Change – Municipal Funding	0%	0%	0%
Year-End Variance	<1%	<1%	<1%
COMPONENT OF TEAM #3- BOARD OF HEALTH SUPPORT			
Board of Health Members Satisfied or Very Satisfied with Meeting Processes (support during meetings and timeliness and quality of materials)	91%	100%	Maintain

2017 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	2.3	2.3
Medical Officer of Health & Chief Executive Officer	1.0	1.0
Executive Assistants	1.3	1.3

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 388,891	\$ 401,065	\$ 372,386	\$ 374,698	\$ 2,312	0.6%
Benefits	81,448	84,665	79,298	79,217	(81)	(0.1)%
Travel	6,000	5,358	6,000	6,000		
Program Supplies	5,148	1,063	5,148	2,148	(3,000)	(58%)
Staff Development	5,000	4,826	5,000	5,000		
Professional Services	5,000	7,223		1,700	1,700	100%
Furniture & Equipment						
Other Program Costs	10,272	11,256	2,272	3,572	1,300	57%
Total Expenditures	\$ 501,759	\$ 515,456	\$ 470,104	\$ 472,335	\$ 2,231	0.5%

Program: Office of the Medical Officer of Health (OMOH)

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016n
Cost-Shared	\$ 447,738	\$ 449,547	\$ 416,083	\$ 418,314	\$ 2,231	0.5%
MOHLTC – 100%	54,021	65,909	54,021	54,021		
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 501,759	\$ 515,456	\$ 470,104	\$ 472,335	\$ 2,231	0.5%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Implementing the MLHU Strategic Plan
- Leading through process of identifying and analyzing options for future London location
- Supporting implementation of planning and evaluation framework
- Negotiation of contracts with unions
- Continuing to advance MLHU's policy work with municipal partners

SECTION J

PRESSURES AND CHALLENGES

- Balance of internal and external demands and priorities

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

Minor changes in program supplies, professional services and other expenses to match expected expenditures for 2017.

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

2017 Planning & Budget Template

SECTION A				
DIVISION	Office of the Medical Officer of Health	MANAGER NAME	Dan Flaherty	DATE
PROGRAM TEAM	Communications	DIRECTOR NAME	Dr. Chris Mackie	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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: strategic and risk communications initiatives, media relations support and training, the development and coordination of targeted advertising, marketing and promotional campaign materials; the development and maintenance of the Health Unit's website, and online content and social media channels. In 2017, Communications will also undertake a review of the MLHU's graphic standards, which have been in place since 2004. This will include consultations with staff and potentially with partners, to update the standards as necessary and fill any gaps in the graphic standards program.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards.</p>

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 also issues periodic media releases, which aim to highlight program initiatives, services, announcements and achievements. Communications also responds to media requests, then works with staff and prepares spokespeople for interviews. Communications also assists in developing key messages, Q&As, media lines, backgrounders and other resources with staff members, as necessary.

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 Health Unit teams, with a focus on target audience, demographics, program goals, budget and success indicators. 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 (food premises inspection disclosure), www.healthunit.com/inspections (public pools and spas; Personal Service Settings and tattoo shops inspections disclosure website and www.iparent.net (Triple P, parenting workshops, resources, etc.). Additional opportunities for staff interaction with MLHU clients and community members are provided through the MLHU's social media channels (Twitter, Facebook, YouTube). Communications also supports the @MLTeens Twitter account, which is program-managed by PHNs and staff who support students, families and secondary schools in London and Middlesex County. It is expected there may be other new MLHU social media channels in 2017, which would be more targeted to specific audiences or demographic segments. These would be used for both interaction with audiences and for advertising. 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.

Program: Communications – OMOH

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

Through the support of many MLHU teams, the role of Marketing Coordinator will be expanded from 0.5 to 1.0 FTE in 2017. This will enable teams increased access to the services of the Marketing Coordinator, including graphic services procurement from the Health Unit's contracted design firms as well as in-house graphic design support. Since the creation of the Marketing Coordinator role, teams have benefitted from the Health Unit having an experienced marketing and design professional on staff. In a part-time role, the Marketing Coordinator has been able to support some teams by doing design work in house at no charge. It is expected that the demand for marketing and design support will remain as strong in 2017 as this role transitions to full-time. The current non-exclusive design contracts in place with Keyframe Communications, Si Design and Kreative! Advertising expire in October, 2017. As such a decision will need to be made in early 2017 whether to continue with the system of non-exclusive service agreements high has been in place for several years or if other arrangements would be preferred.

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

Communications drafts the Health Unit's Annual Report. As was the case for the 2014 and 2015 annual reports, the MLHU's 2016 Annual Report will be produced in an online format only. The 2016 annual report will be delivered by the mend of the first quarter of 2017. A significant amount of content has already been gathered as part of preparations for Staff Day 2016. Program Managers will be contacted for additional information in late-January of 2017. The design and layout will be done in-house and no hard copies will be produced in order to reduce costs. Hard copy versions of any of the MLHU's previous annual reports may be printed directly from the online pdf versions as needed.

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.

COMPONENT(S) OF TEAM PROGRAM #7 HEALTHCARE PROVIDER OUTREACH

Since becoming part of Communications, this program is proving its value in solidifying the MLHU's role and brand among London and Middlesex County healthcare providers. The new resource binders have proven popular among practitioners. The bi-monthly healthcare provider newsletters are reaching in excess of 800 email addresses and data has shown these are being opened by more than 40 percent of recipients within a few days of receipt. Contact lists are managed through the Health Unit's Upaknee account. The MLHU's Healthcare Provider Outreach Lead, Healthcare Provider Outreach Nurse (part of the Early Years team) and 0.5 FTE Program Assistant ensure consistency of message, dissemination of program and service information, providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives and advising of potential communications challenges or opportunities with this important audience group. In-person visits with healthcare providers are conducted in the fall.

2017 Planning & Budget Template

Program: Communications – OMOH

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016	2017 (est.)
COMPONENT OF TEAM #1: MEDIA RELATIONS			
Media stories	868	613*	550 (est.)
COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION			
Advertising Campaigns (Billboards, bus advertising, transit shelters, print, radio, online, etc.)	Campaigns included: <i>We're HERE for YOU</i> , Sun Safety, iParent, inMotion, Booster Seats, Lyme Disease, West Nile Virus	Campaigns included: <i>We're HERE for YOU</i> , Winter Driving, Vector-Borne Disease, Sun Safety, Smoke-Free Movies, Rethink Your Drinking, inMotion, Drowning Prevention, Pedestrian Safety, Distracted Driving.	Final phase of <i>We're HERE for YOU</i> . Other campaigns to be developed in consultations with Service Area teams.
Social Media metrics	Facebook: 5.0m impressions AdTube: 86,897 views; 1,028,918 impressions Twitter: 4,213 tweets; 1,750 new followers	Facebook: 5.11 million impressions Ad Tube: 55,224 views; 281,834 impressions Twitter: 3,394 tweets; 1,277 new followers	Facebook: 5.0 million impressions AdTube: 60,000 views; 500,000 impressions Twitter: 3,500 tweets; 1,000 new followers
COMPONENT OF TEAM #3: ONLINE ACTIVITIES			
Enhancements to online presence	<ul style="list-style-type: none"> - New disclosure websites for PSSs, Pools & Spas + revised DineSafe website - Investigating new social media platforms; creation of MLTeens Twitter account. - More Team-level capacity - More than 50 new videos added to the MLHU YouTube channel. 	<ul style="list-style-type: none"> - “Hair & Esthetics” now part of online inspection reports. - Redesign of Healthcare Provider section of website - New bi-monthly HCP e-newsletter & contact database - Staff participation in six online Twitter chats. -Coordination of Living Wage London website. 	<ul style="list-style-type: none"> - Creation of new MLHU Instagram account. - Refresh online prenatal registration and other new online registration projects. - On-going QA work on the MLHU website and social media presence.

2017 Planning & Budget Template

Program: Communications – OMOH

*This number is likely higher, but as most news stories airing on CJBK radio are now based on interviews done by CTV, and not CJBK, reporters, it is challenging to estimate the number of MLHU news stories, produced by CTV, that reach the CJBK audience.

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	4.7	5.2
Program Manager	1.0	1.0
Online Communications Coordinator	1.0	1.0
Executive Assistant	0.7	0.7
Program Assistant	0.5	0.5
Marketing Coordinator	0.5	1.0
Public Health Nurse	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 241,161	\$ 238,394	\$ 345,040	\$ 383,747	\$ 38,707	11.2%
Benefits	60,916	58,293	88,831	96,664	7,833	8.8%
Travel	1,485	150	3,485	3,485		
Program Supplies	42,660	45,448	41,860	28,860	(13,000)	(31.1)%
Staff Development	1,165	70	2,265	2,265		
Professional Services						
Furniture & Equipment	650	538	650	650		
Other Program Costs	15,360	12,193	16,830	16,830		
Total Expenditures	\$ 363,397	\$ 355,086	\$ 498,961	\$ 532,501	\$ 33,540	6.7%

Program: Communications – OMOH

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 363,397	\$ 355,086	\$ 498,961	\$ 532,501	\$ 33,540	6.7%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 363,397	\$ 355,086	\$ 498,961	\$ 532,501	\$ 33,540	6.7%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Phase four of the “We’re HERE for YOU” Agency Awareness Campaign (spring and fall); • Increased effort to seek out and promote stories about the MLHU’s programs, services and activities; • Continued enhancement of the MLHU’s Social Media presence; • Increase of the Marketing Coordinators role from 0.5 to 1.0 FTE; • Improve customer service by increasing efforts to enhance knowledge of Communications’ role and communicate processes effectively to staff members; • Review of Corporate Graphic Standards; • Continued development of the Healthcare Provider Outreach program.

Program: Communications – OMOH

SECTION J

PRESSURES AND CHALLENGES

- Continued changes to London’s media landscape, particularly changes to the operation of the CJBK newsroom (integrated into CTV newsroom), a change in direction for the CJBK morning show and expected staff reductions at the London Free Press in 2017, will continue to present challenges in obtaining coverage of MLHU stories and announcements.
- Increased demand for in-house design and marketing support expected to result from an increase in communications capacity.
- Ensuring consistent processes are followed as part of enhanced customer service effort, including updating service request forms and effectively communicating how teams and divisions can work together

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- \$38,828 **PBMA Investment 1-0003 Increase Marketing Coordinator Capacity** - enhance the role of the Marketing Coordinator from 0.5 to 1.0 FTE. This enhancement will increase in-house design capacity and make it possible to conduct a review of the MLHU’s graphic standards without requiring the services of an outside provider. This is financed through pooling existing marketing budgets in several programs across MLHU, including the Communications program’s advertising and annual report printing budget lines.
- (\$10,000) **PBMA Disinvestment 1-0002 Communications Advertising** – this proposal reduces the “We’re Here for You” awareness campaign by 30% for 2017. Using a modified advertising strategy, which relies more heavily on the use of social media, the number of impressions should remain high.
- (\$3,000) Reduction in Program Supplies to support enhancing in-house design work.

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION
OFFICE OF THE DIRECTOR

2017 Planning & Budget Template

SECTION A				
DIVISION	EHID	MANAGER NAME	Stephen Turner	DATE
PROGRAM TEAM	Office of the Director	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> Oversight of the activities and staff of the EHID 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 Environmental Health and Infectious Disease Division programs include: Vaccine Preventable Disease; Infectious Disease Control; Sexual Health; Emergency Management; Safe Water, Rabies and Vector-Borne Disease; Food Safety and Healthy Environments.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> Ontario Public Health Standards <ul style="list-style-type: none"> Infectious Diseases Prevention and Control Rabies Prevention and Control Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) Tuberculosis Prevention and Control Vaccine Preventable Disease Food Safety Safe Water Health Hazard Prevention and Management Public Health Emergency Preparedness Relevant Legislation <ul style="list-style-type: none"> Health Protection and Promotion Act Personal Health Information Protection Act Protocols <ul style="list-style-type: none"> Drinking Water Protocol

Program: Office of the Director - EHID

- Exposure of Emergency Service Workers to Infectious Disease Protocol
- Food Safety Protocol
- Identification, Investigation and Management of health Hazards Protocol,
- Immunization Management Protocol
- Infection Prevention and Control in Child Care Centres
- Infection Prevention and Control in Personal Services Settings Protocol
- Infection Prevention and Control Practices Complaint Protocol
- Infectious Diseases Protocol
- Institutional / Facility Outbreak Prevention and Control Protocol
- Public Health Emergency Preparedness Protocol
- Rabies Prevention and Control Protocol
- Recreational Water Protocol
- Risk Assessment and Inspection of Facilities Protocol
- Sexual Health and Sexually Transmitted Infections, Prevention and Control Protocol
- Tuberculosis Prevention and Control Protocol
- Vaccine Storage and Handling Protocol

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: BUDGET

- Responsible for coordination, review and presentation of Division PBMA submissions
- Responsible for ongoing budgetary monitoring through quarterly variance reviews.

COMPONENT(S) OF TEAM PROGRAM #2: STRATEGIC PRIORITIES

- Update EHID Division Balanced Scorecard
- Develop Team-level Balanced Scorecards reflecting objectives in Division
- Identify opportunities for improved collaboration

COMPONENT(S) OF TEAM PROGRAM #3: TRAVEL IMMUNIZATION CLINIC SERVICE CONTRACT

- Monitors and oversees the Travel Immunization Clinic service contract

2017 Planning & Budget Template

Program: Office of the Director - EHID

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
COMPONENT OF TEAM #1: BUDGET			
Year-End Division Variance		2% (under)	<2%
Division PBMA's Submitted (approved)		9 (8)	4
COMPONENT OF TEAM #2: STRATEGIC PRIORITIES			
Completion of Division Balanced Scorecard		Complete	Updated
Progress on Balanced Scorecard Implementation		>95% Complete	Maintain or Increase

SECTION F		
	2016 Total FTEs	2017 Estimated FTEs
STAFFING COSTS:		
	2.6	2.6
Director	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Program Assistant (Travel Clinic)	0.6	0.6

2017 Planning & Budget Template

Program: Office of the Director - EHID

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 430,532	\$ 374,088	\$ 214,833	\$ 210,043	\$ (4,790)	(2.2)%
Benefits	106,822	94,140	53,941	53,284	(657)	(1.2)%
Travel	5,858	1,164	2,258	2,258		
Program Supplies	7,480	3,374	6,400	4,060	(2,340)	(36.6)%
Staff Development	2,800	1,874	1,300	1,300		
Professional Services	70,400	75,775	14,400	14,400		
Furniture & Equipment						
Other Program Costs	4,064	1,504	3,824	3,164	(660)	(17.3)%
Total Expenditure	\$ 627,956	\$ 551,919	\$ 296,956	\$ 288,509	\$ (8,447)	(2.8)%

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 622,956	\$ 547,023	\$ 291,956	\$ 283,509	\$ (8,447)	(2.9)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	5,000	4,896	5,000	5,000		
Total Revenue	\$ 627,956	\$ 551,919	\$ 296,956	\$ 288,509	\$ (8,447)	(2.8)%

Program: Office of the Director - EHID

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Update EHID Division Balanced Scorecard
- Develop Team-level Balanced Scorecards reflecting objectives in Division
- Identify opportunities for improved collaboration between teams within the Division

SECTION J

PRESSURES AND CHALLENGES

- Ongoing evaluation of effects of realignment and creation of EHID division
- Ensuring all teams are meeting mandates within current resources

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$3,000) Reduction in Travel Clinic Program Supplies to transfer to communications for enhancing in-house design work.

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION
EMERGENCY MANAGEMENT

Program: Emergency Management

SECTION A				
DIVISION	EHID	MANAGER NAME	Patricia Simone	DATE
PROGRAM TEAM	Emergency Management	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • Emergency Management & Civil Protection Act, R.S.O. 1990, c. E. 9. • Ontario Public Health Standards – Public Health Emergency Preparedness Protocol (2015), 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 Fire Code • Dangerous Goods Transportation Act, R.S.O. 1990 • Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC) • Health Protection and Promotion Act, R.S.O. 1990, c. H. 7 • Incident Management System (IMS) for Ontario Doctrine, 2008 • MLHU Policy # 8-051, “Respirator Protection – Fit-testing”.

Program: Emergency Management

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 ASSESS HAZARDS AND RISKS
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> a) Ensure radio systems in working order by bi-monthly testing of equipment. Maintain strong liaisons with local ARES chapters. 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
<ul style="list-style-type: none"> 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.
COMPONENT(S) OF TEAM PROGRAM #5 DETERMINANTS OF HEALTH IN EMERGENCY SITUATIONS
<ul style="list-style-type: none"> 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.
COMPONENT(S) OF TEAM PROGRAM #6 RESPIRATOR FIT TESTING
<ul style="list-style-type: none"> a) Oversees 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”

Program: Emergency Management

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016	2017 (estimate)
COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS			
a) External Emergency Planning meetings with community stakeholder groups	75	70	80
b) Printed material production, distribution and/or presentations to community partners.	34	35	35
COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN/BUSINESS CONTINUITY			
a) Update of Emergency Response Plan	Ongoing	Ongoing	Ongoing
b) Compile framework of Business Continuity Plan /BCP		Framework Completed	Ongoing
c) Mass Gathering Plan		Draft completed	Approvals/implementation
d) Mass Immunization Plan		Approved/completed	Approvals/ implementation
e) Fire Safety Plans – each location			Training and Drills
COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION			
Testing of and Use of Notification systems	Systems tested	ERMS on hold EMCT rolled out	ERMS and EMCT training required
COMPONENT OF TEAM #4 EDUCATION AND TRAINING			
Community Emergency Response Volunteers (CERV)	165	185	response from 100
COMPONENT OF TEAM #5 DETERMINANTS OF HEALTH IN EMERGENCY SITUATIONS			
Consult with and support NGOs and victim support services to reach high risk clients		Ongoing	Ongoing
COMPONENT OF TEAM #6 RESPIRATOR FIT TESTING			
Number of clients fit-tested in public clinics		572	650

2017 Planning & Budget Template

Program: Emergency Management

SECTION F STAFFING COSTS:	2016 TOTAL FTEs	2017 ESTIMATED FTEs
TOTAL	1.7	1.7
Program Manager	1.0	1.0
Program Assistant	0.7	0.7

SECTION G EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 122,444	\$ 131,715	\$ 124,726	\$ 126,044	\$ 1,318	1.1%
Benefits	28,640	31,171	29,488	29,626	138	0.5%
Travel	4,688	4,040	3,000	3,000		
Program Supplies	11,613	11,613	13,648	13,648		
Staff Development	1,250	4,218	1,250	1,250		
Professional Services						
Furniture & Equipment		10				
Other Program Costs	8,300	5,666	12,190	12,190		
Total Expenditures	\$ 176,935	\$ 188,433	\$ 184,302	\$ 185,758	\$ 1,456	0.8%

SECTION H FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 35,225	\$ 53,599	\$ 42,592	\$ 44,048	\$ 1,456	3.4%
MOHLTC – 100%	126,710	126,710	126,710	126,710		
MCYS – 100%						
User Fees						
Other Offset Revenue	15,000	8,124	15,000	15,000		
Total Revenues	\$ 176,935	\$ 188,433	\$ 184,302	\$ 185,758	\$ 1,456	0.8%

Program: Emergency Management

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Updating of EP/CERV/fit-testing/DO web pages
- Reassessment of municipal evacuation centers through public health lens
- Recruit key personnel for input into emergency exercise in June, (mass vaccination scenario)
- MLHU Fire Safety Plan, conduct training and drills
- Write Transportation of Dangerous Goods Policy and training test
- Recruit and begin to train new CERV team, for September 2017
- Complete online training courses: Colour Code Nomenclature Course, Emergency Management and Fire Safety

SECTION J

PRESSURES AND CHALLENGES

- Recruitment of new Manager of Emergency Management

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- None

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

FOOD SAFETY & HEALTHY ENVIRONMENTS

SECTION A				
DIVISION	EHID	MANAGER NAME	David Pavletic	DATE
PROGRAM TEAM	Food Safety & Healthy Environments	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> • The Food Safety & Healthy Environments (FS&HE) team aims to prevent and reduce the burden of foodborne illness through education, monitoring and enforcement activities. • The Food Safety & Healthy Environments team aims to prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors found in the environment.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • Environmental Health Program Standards (Food Safety, Health Hazard Prevention and Management) • Food Safety Protocol, 2016 • Identification, Investigation and Management of Health Hazard Protocol, 2008 • Risk Assessment and Inspection of Facilities Protocol, 2016 • Guidance Document for the Provincial Food Handler Training Plan, 2013 • Guidance Document for the Risk Categorization of Food Premises, 2015 • Guidance Document for the Environmental Investigation of Legionella in Health Care Institutional Settings, 2016 • Health Protection and Promotion Act, R.S.O. 1990, c. H.7 • Homes for Special Care Act, R.S.O. 1990, c. H.12 • Reg. 562 Food Premises • Reg. 568 Recreational Camps • Healthy Menu Choices Act, 2015, S.O. 2015, c.7- January 2017 • Food Premises Inspection and Mandatory Food Handler Training Bylaws (City of London and Middlesex County) • Informal Residential Care Facility Licensing By-Law, CP-21

Program: Food Safety & Healthy Environments

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, 2016 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 Food Premises bylaws (City of London, Middlesex County) for the posting of inspection summaries and mandatory food handler training certification.
- Approve homes for habitation, which were previously used as Marijuana Grow Operations (MGO), based on air quality reports.
- Maintain inventory of Demolition Permits, Land Use Plans, MGOs and Cooling Towers within the city of London and Middlesex County.
- Collaborate with community partners on Climate Change adaptation strategies.
- Inspect and help provide supports to Special Risk Residents (Squalor, Hoarding) and Vulnerable Occupancies.
- Maintain inventory and inspect facilities including Seasonal Farm Worker Homes, Recreational Camps and Group Homes / lodging homes.

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

- Investigate, assess the risks and respond to all food safety CSRs (Complaints and Service Requests) in a timely manner (within 24 hours).
- Investigate, assess the risks and respond to all Food Safety CSRs, including all suspected foodborne illnesses and lab confirmed foodborne illnesses, related to a food premises in a timely manner (within 24 hours).
- Investigate, assess the risks and respond to all Health Hazard CSRs in a timely manner (within 24 hours).
- Respond to notifications through the Vulnerable Occupancy Protocol (VOP) related to unhealthy and unsafe living conditions in homes considered to be vulnerable occupancies.
- Participate in food recall verification checks when directed by MOHLTC or locally under MOH direction.
- Collaborate with the Infectious Disease Control (IDC) team, other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture, Food and Rural Affairs, Health Canada) during Ontario Outbreak Investigation Coordination Committee (OOICC) meetings or national Outbreak Investigation Coordination Committee (OICC) meetings for managing outbreaks.

2017 Planning & Budget Template

Program: Food Safety & Healthy Environments

- Respond to emergencies and collaborate with Manager of Emergency Preparedness.

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

- Educate / Train food handlers during inspections and consult with food premises operators and staff.
- Provide food handler training courses to specified community groups and administer exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2016).
- Collaborate with the London Training Centre (LTC), a partner agency to MLHU, through a Memorandum of Understanding (MOU). The MOU requires the LTC to provide food handler training to residents in Middlesex County and London, in accordance with the Guidance Document for the Provincial Food Handler Training Plan, 2013.
- Provide food safety seminars, community presentations and attend health fairs to promote safe food handling practices.
- Provide Radon education & awareness.
- Communicate risks to public with respect to environmental hazards through liaison with partner agencies (City of London, MOL and MOECC).
- Make available food safety and healthy environments information for the general public and facility operators on-line www.healthunit.com.
- Respond to all media inquiries related to inspection results or any topics related to Food Safety and Healthy Environments and deliver media releases when appropriate.
- Issue Heat Warnings under the Heat Warning Information System (HWIS), and Cold Weather Alerts.

COMPONENT(S) OF TEAM PROGRAM #4 REPORTING AND DISCLOSURE

- 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 the DineSafe website, on-site posting or through a request for information.
- 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.

2017 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016*(Jan. 1 – Nov. 30)	2017 (estimate)
Component of Team #1 Surveillance and Inspection			
<i>High risk food premises inspected once every 4 months (Accountability Agreement Indicator)</i>	100%	99.0%	100.0%
<i>Moderate risk food premises inspected once every 6 months (Accountability Agreement Indicator)</i>	99.4%	100%	100.0%
<i>Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)</i>	91.9%	90.6%	100.0%
<i>Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (Posting Requirement)</i>	99.7%	99.6%	100.0%
<i>Food Premises Legal Actions (Part 1 Tickets / Part 3 Summons / Closure Orders)</i>	28 / 0 / 10	43 / 1 / 7	43 / 1 / 7
<i>Notices Reviewed (Marijuana Grow Operations, Demolition Permits, Cooling Tower Registrations, Land Use Plans)</i>	109	181	181
COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE			
Responses to Suspect foodborne illnesses / Lab Confirmed foodborne illnesses	138	113 / 3	120 / 3
Responses to Health Hazard CSRs	1241	1130	1130
COMPONENT OF TEAM #3 AWARENESS, EDUCATION AND TRAINING			
Number of Heat Warnings / Number of Cold Weather Alerts	1 / 8	7 / 3	7 / 3
RRFSS			
<i>Percentage of Adults (18+) who feel the food in restaurants is safe to eat in their community</i>	89% - no significant change from 2012 – 13 data	No Data Available for 2016 This question is asked every 2 years.	Increase

2017 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION F	2016 Total FTEs	2017 Estimated FTEs
STAFFING COSTS:		
	18.4	18.4
Program Manager	1.0	1.0
Public Health Inspectors	16.4	16.4
Program Assistant	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,063,052	\$ 1,075,246	\$ 1,398,670	\$ 1,411,581	\$ 12,911	0.9%
Benefits	247,460	254,297	344,748	346,396	1,648	0.5%
Travel	25,763	24,161	33,774	33,774		
Program Supplies	7,246	7,074	10,912	14,162	3,250	29.8%
Staff Development	8,591	8,175	7,845	7,845		
Professional Services						
Furniture & Equipment						
Other Program Costs	5,991	4,644	8,278	8,278		
Total Expenditures	\$ 1,358,103	\$ 1,373,579	\$ 1,804,227	\$ 1,822,036	\$ 17,809	1.0%

2017 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,265,353	\$ 1,261,514	\$ 1,711,477	\$ 1,722,036	\$ 10,559	0.6%
MOHLTC – 100%	80,000	80,000	80,000	80,000		
MCYS – 100%						
User Fees	12,750	32,065	12,750	20,000	7,250	
Other Offset Revenue						
Total Revenues	\$ 1,358,103	\$ 1,373,579	\$ 1,804,227	\$ 1,822,036	\$ 17,809	1.0%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Collaborate more closely with the other teams within the EHID division, such as with the Sexual Health Team to address unhealthy living conditions. Addressing health hazards related to IV drug use in these settings will help control the spread of blood borne infections. Additional collaboration with the Emergency Management team work will also be a focus. • Conduct EHID divisional program reviews associated with work processes that aim to maximize impact in our community. Identify work processes with strong impact potential that require improvement. • Implement evidence-informed compliance strategies identified through the ‘Enhanced Compliance Initiative’ project work. These findings will be implemented into FS&HE inspection work, aimed at chronic non-compliant food premises operators. The team will look to conduct a piloting of the findings which could later undergo an evaluation. • Implement a workload strategy which clearly distinguishes program work between the FS&HE team and the Safe Water, Rabies & Vector Borne Disease team. • Develop and report on new performance indicators with a focus on quality and client service. • Begin piloting ‘shared space’ office model. • Transition into a new database program / inspection modules. • Strengthen the MLHU Heat Alert Response System (HARS) with greater community coordination. • Review Food Handler Training program to improve on efficiencies and client service.

Program: Food Safety & Healthy Environments

SECTION J

PRESSURES AND CHALLENGES

- In January 2017, PHIs will begin enforcement of the *Healthy Menu Choices Act, 2015, S.O. 2015, c.7*. This will add work to the inspection duties. It is expected that much of the work will be in the early stages as operators begin to become familiar with the requirements.
- The MOHLTC modernizing of the Food Premises Regulation is anticipated to be completed in 2017 although the timeline is not certain. The new regulation will require changes to our inspection database, DineSafe website, MLHU website content, as well as program materials and could require additional resources in time.
- An upgrade to the existing database is anticipated for 2017, which will require training under the new platform.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- \$25,425 **PBMA Investment 1-0029: Vulnerable Occupancy Inspections** – increase in 0.3 FTE PHI to work closely with group home operators and other vulnerable occupancies to address unsafe / unhealthy living environments.
- (\$25,525) **PBMA Disinvestment 1-0010: Health Hazard Investigations** – reduction of 0.3 FTE PHI in Demolition Plan Review, Marijuana Grow Operations and the Cooling Tower Project.
- (\$4,000) Reduction in program materials to transfer to communications for enhancing in-house design work.

ENVIRONMENTAL HEALTH & INFECTIOUS DISEASE DIVISION

INFECTIOUS DISEASE TEAM

SECTION A				
DIVISION	EHID	MANAGER NAME	Tristan Squire-Smith	DATE:
PROGRAM TEAM	Infectious Disease Control Team	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control</p> <ul style="list-style-type: none"> • Food Safety Protocol (2013) • Infection Prevention and Control in Personal Services Settings Protocol (2016) • Infection Prevention and Control in Licenced Day Nurseries Protocol (2008; or, as current) • Infection Prevention and Control Practices Complaint Protocol (2015) • Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008; or, as current) • Infectious Diseases Protocol (2016) • Institutional/Facility Outbreak Prevention and Control Protocol (2016) • Risk Assessment and Inspection of Facilities Protocol (2008) • Tuberculosis Prevention and Control Protocol (2008; or, as current) • Public Health Emergency Preparedness Protocol (2015)

Program: Infectious Disease Team

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 A, 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.

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 regular business 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. The IDC team is working towards offering a TB-specific workshop for front-line physicians and other healthcare providers for the first time in 2017.

COMPONENT(S) OF TEAM PROGRAM #5: FoodNet

As the sentinel site in Ontario for the FoodNet program, the IDC Team receives funding from PHAC to pay for a lead position (1.0 FTE), a retail sampler (0.2 FTE PHI), some epidemiologist time and all ancillary costs related to the program. At its heart, FoodNet allows MLHU to provide more robust surveillance for enteric illnesses in our jurisdiction; retail sampling takes a snapshot at the pathogens present in our food and enhanced questionnaires and subsequent data analysis enable more precise source attribution for cases of enteric illness.

2017 Planning & Budget Template

Program: Infectious Disease Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up <i>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</i>	969	1,200	Same
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks (OBs) managed <i>Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centers and other community settings</i>	187	180	Same
IDC Team Component #3: Inspections			
# of personal services settings inspected / % inspection completion rate	617 / 100%	620 / 100%	Same
# low risk food premises inspected / # medium risk food premises inspected / # high risk food premises inspected <i>(High risk inspected x3/yr; medium risk inspected x2/yr; low risk inspected x1/yr)</i>	10 / 10 / 133	10 / 10 / 130	Same
Total # inspections / % inspection completion rate	429 / 100%	420 / 100%	
Component of Team #4: Food Handler Training			
# of Food Handler Training (FHT) sessions / # of participants / # of participants that passed exam	26 / 328 / 321	0 (FHT model changes)	Will not report on this indicator
Component of Team #5: Health Promotion & Education			
# of telephone consultations / # of email consultation / # of walk-in consultations	250 / 140 / 16	189 / 86 / 12	Same
# of presentations on infectious disease related topics (inclusive of presentations, meetings & displays).	34	27	Same

2017 Planning & Budget Template

Program: Infectious Disease Team

SECTION F		
STAFFING COSTS:	2016 TOTAL FTEs	2017 ESTIMATED FTEs
	16.5	16.0
Program Manager	1.0	1.0
Program Assistant	1.0	1.0
Health Promoter	0.5	0.5
Public Health Nurses	7.5*	7.0
Public Health Inspectors	6.5	6.5

*in 2016, IDC had an additional 1-year temporary 0.5 FTE PHN in TB (further details in Section K)

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,218,303	\$ 1,205,503	\$ 1,312,721	\$ 1,302,510	\$ (10,211)	(0.8)%
Benefits	281,518	280,058	309,336	307,451	(1,885)	(0.6)%
Travel	20,753	16,408	20,753	20,753		
Program Supplies	17,105	10,113	17,105	17,105		
Staff Development	3,600	10,602	3,600	3,600		
Professional Services	12,500	20,132	12,500	12,500		
Furniture & Equipment		571				
Other Program Costs	91,185	96,417	90,660	90,660		
Total Expenditures	\$ 1,644,964	\$ 1,639,801	\$ 1,766,675	\$ 1,754,579	\$ (12,096)	(0.7)%

2017 Planning & Budget Template

Program: Infectious Disease Team

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 646,106	\$ 643,901	\$ 763,925	\$ 751,829	\$ (12,096)	(1.5)%
PHAC – 100%	156,538	145,525	160,430	160,430		
MOHLTC – 100%	842,320	842,320	842,320	842,320		
MCYS – 100%						
User Fees						
Other Offset Revenue		8,055				
Total Revenues	\$ 1,644,964	\$ 1,639,801	\$ 1,766,675	\$ 1,754,579	\$ (12,096)	(0.7)%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Health promotion specific to TB to local physicians (looking to host a TB workshop that will provide credits for attendance) • Exploration of intake/triage model within the new division and across the organization, which may have implications for the IDC team • Collaboration with the program evaluator to examine the TB program • Potential to streamline the liaison with the City to include at-home tattoo operator licensing inspections

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> • Increasing complexity of TB cases (active & latent) and contact follow-up investigations

Program: Infectious Disease Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$50,000) **2016 One-time PBMA investment proposal 1-0024:** 0.5 FTE Public Health Nurse for Tuberculosis follow-up; this 1-year initiative has concluded.
- \$0 **PBMA investment proposal 1-0018:** Permanent 0.3 FTE Public Health Nurse for Tuberculosis. Despite the shift in Hepatitis B & C follow-up (representing 0.3 FTE PHN workload time) migrating to the Sexual Health Team, the IDC team will retain the 0.3 FTE PHN capacity in order to support activities of the TB program. This results in no net change to budget or FTE in this program but is a de facto investment which recognizes that this program area has been under pressure for some time.

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION
SAFE WATER, RABIES & VECTOR BORNE DISEASE TEAM

SECTION A				
DIVISION	EHID	MANAGER NAME	Fatih Sekercioglu	DATE
PROGRAM TEAM	Safe Water, Rabies & VBD Team	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Safe Water and Rabies Team focuses on</p> <ul style="list-style-type: none"> • 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; • Preventing the occurrence of rabies in humans; • Monitoring and controlling West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), and Lyme disease (LD)

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • OPHS Standards: Foundational; Safe Water; Rabies Prevention and Control; Infectious Diseases Prevention and Control • Protocols under the OPHS: Drinking Water Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol; Infectious Diseases - West Nile Virus and Lyme Disease sections • 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); O. Reg 199/03 Control of West Nile Virus • Other: West Nile Virus: Preparedness and Prevention Plan for Ontario

Program: Safe Water, Rabies & Vector Borne Disease

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

COMPONENT(S) OF TEAM PROGRAM #7 VECTOR BORNE DISEASE SURVEILLANCE, CONTROL AND PUBLIC AWARENESS

- Assess standing water sites in Middlesex-London on public property and develop local vector-borne disease control strategies based on this data.
- Detailed surveillance of Environmentally Sensitive Areas (ESAs), as per Ministry of Natural Resources and Forestry, and Ministry of the Environment and Climate Change permit requirements.

2017 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

- Surveillance of ticks, mosquitos, dead corvids
- 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

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 As of November	2017 (estimate)
COMPONENT OF TEAM #1 DRINKING WATER PROGRAM			
Respond to reports of Adverse Water Quality Incidents in municipal systems	56	46	50
Complete annual water haulage vehicle inspections	2	3	3
COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM			
% of Class A pools inspected while in operation (Accountability Agreement Indicator)	100% (102)	100% (91)	100%
% of spas inspected while in operation (Accountability Agreement Indicator)	100% (185)	100% (150)	100%
% of remaining required public pool/wading pool/splash pad inspections	100% (489)	100% (499)	100%
The number of participants to education session for pool and spa operators	64	121	120
COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM			
The number of beaches monitored and sampled between May and September (sampling reductions to occur in 2014)	1	1	1
COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM			
Respond to reports of Adverse Water Quality Incidents in SDWS	18 (100%)	18 (100%)	100%
The number of low and medium SDWS assessed/re-assessed	97	28	30

2017 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment (Accountability Agreement Indicator)	None were due	No high risk SDWS in Middlesex-London	No high risk SDWS in Middlesex-London
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)	98.6% (953/967)	99.1% (956/965)	100% (900-1,000)
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	138 (100%)	88 (100%)	100% (>100)
COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE			
Identify and monitor significant standing water sites on public property / Mosquito larvae identified in MLHU laboratory	243 sites / 26,454 larvae	261 sites / 18,126 larvae	261 sites
Larvicide treatment in standing water locations where required based on larval identification / 3 larvicide treatments of all catch basins on public property	16.1 ha / 100% (103,495)	11.8 ha / 100% (105,134)	13 ha / 100% (106,000)
Adult Mosquitoes collected / Viral tests completed	112,385 (1,071)	23,231 (908)	60,000 (1000)
Respond to all dead birds reports received for surveillance	100% (184)	100% (99)	100% (100)
Receive and identify all tick submissions	174	139	175
Conduct active tick surveillance	24 occasions at 11 different locations	44 occasions at 28 different locations	60 occasions at 32 different locations
COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION			
Respond to all concerns/ inquires	100% (519)	100% (443)	100% (475)
Presentation to community events, partners and clients	19	23	25

2017 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	15.0	14.0
Program Manager	1.0	1.0
Field Technician (VBD)	1.0	1.0
Lab Technician (VBD)	1.0	0.0
Program Assistant	1.0	1.0
Program Coordinator (VBD)	1.0	1.0
Public Health Inspectors	6.0	6.0
VBD Seasonal Staff	4.0	4.0
<u>Note:</u> 2.0 Student Public Health Inspectors (Seasonal – May to August)		

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 907,239	\$ 907,975	\$ 920,948	\$ 860,757	\$ (60,191)	(6.5)%
Benefits	198,672	203,610	212,824	195,549	(17,275)	(8.1)%
Travel	37,611	37,800	46,531	54,931	8,400	18.1%
Program Supplies	47,516	43,440	27,830	39,657	11,827	42.5%
Staff Development	5,098	6,276	6,415	10,150	3,735	58.2%
Professional Services	201,290	201,922	199,283	165,955	(33,328)	(16.7)%
Equipment & Furniture	1,785	115	785	785		
Other Program Costs	30,341	29,168	36,819	36,819		
Total Expenditures	\$ 1,429,552	\$ 1,430,306	\$ 1,451,435	\$ 1,364,603	\$ (86,832)	(6.0)%

2017 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,373,852	\$ 1,381,146	\$ 1,405,735	\$ 1,318,903	\$ (86,832)	(6.2)%
MOHLTC – 100%	55,700	45,700	45,700	45,700		
MCYS – 100%						
User Fees						
Other Offset Revenue		3,460				
Total Revenues	\$ 1,429,552	\$ 1,430,306	\$ 1,451,435	\$ 1,364,603	\$ (86,832)	(6.0)%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Partnership with the FoodNet program for enhanced surveillance on private wells in Middlesex-London • Enhanced pool and spa operator training program • Dissemination of the new educational materials for private well owners developed by the MLHU • Rolling out the evidence-informed standing water sites surveillance and treatment program to monitor and control WNV activity • Special project on improving health and safety practices in recreational water facilities • Special project on climate change adaptation in Middlesex County • Change in the VBD service contract to monitor and treat all of the surface water sites in Middlesex London which resulted in significant savings

Program: Safe Water, Rabies & Vector Borne Disease

SECTION J

PRESSURES AND CHALLENGES

- Change in VBD program staff allocation (Elimination of VBD Lab Technician position). Seasonal staff will be hired to maintain the level of service in the previous years.
- Presence of Zika virus vector species in the region (Windsor area) prompted the VBD team to increase surveillance efforts to monitor the vector mosquitos.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$80,000) PMBA disinvestment proposal (1-0026) 1.0 FTE - Vector Borne Disease Lab Technician
- (\$16,000) PMBA disinvestment proposal (1-0009) – 0.16 FTE Student Public Health Inspector
- (\$4,000) PMBA investment proposal (1-0003) to increase in-house design capacity via Marketing Coordinator

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

SEXUAL HEALTH

SECTION A				
DIVISION	EHID	MANAGER NAME	Shaya Dhinsa	DATE
PROGRAM TEAM	The Clinic & Sexual Health Promotion	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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 healthy sexuality. The team provides clinical sexual health services and clean needle distribution services. Services are confidential, non-judgmental, client-focused, and easily accessible in both London and Strathroy. The team conducts follow-up on reportable sexually transmitted infections. They raise awareness, provide education, and/or engage in advocacy on topics such as contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies.</p> <p>The HIV Community Program Lead participates in the strategic planning and coordination of care for individuals with HIV and will contribute to the development of program guidelines, standards and procedures. The Supervisor will assist with the development of, and provide leadership to, an interdisciplinary and multi-agency care team.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</p> <ul style="list-style-type: none"> Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol (2013)

Program: The Clinic & Sexual Health Promotion

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 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, HIV/AIDS, and Hepatitis B and C) 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 Awareness and Education

The team develops presentations, communication campaigns, resources and health fairs on various sexual health topics, as well as one-on-one telephone consultation to clients. Other sexual 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 HIV Leadership Strategy

A comprehensive HIV strategy with a focus on People who inject drugs (PWID) is being developed. The priority of the Leadership team is to stop or decrease the transmission of HIV among PWID. The model being developed will aim to increase the quality of life of people living with HIV and reduce HIV rates by preventing secondary transmission of HIV infections. It will use a proactive public health approach to finding people living with HIV, promoting Treatment as Prevention (TasP), linking people to HIV care and treatment programs, and supporting them to adhere to treatment. The team will be made up of interdisciplinary "pods" consisting of a nurse and an outreach worker, who together will connect people into care.

2017 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (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)	29,340	26,000	Same
Total visits to the Sexually Transmitted Infection (STI) Clinic	8,363	10,277	Increase
Total visits to the Family Planning Clinic	London: 6,474 Strathroy: 225	London: 4,557 Strathroy: 250	Decr. In London/ Incr. in Strathroy
Component of Team #2 Harm Reduction			
Total visits to the Needle Exchange Program at Health Unit	600	2,085	Increase
Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit	91,259 / 18,947	266,793/ 102,184	Increase
Number of naloxone kits provided/successful resuscitations	80/6	84/7	Increase
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up	1,403/101/ 18/34	1,700/132/18/56	Increase
Component of Team #4 Awareness and Education			
# of presentations, health fairs and clinic tours	59 (short-staffed)	141	Same
# of phone calls to Public Health Nurse for sexual health info	4525	21,176	Increase
Component of Team #5 HIV Leadership Strategy			
# of PWID connections made # of times harm reduction education was provided to PWID # of HIV and/ HCV tests conducted # of clients who are retained in care # of clients who are adherent to treatment # of positive HIV and/or HCV tests # of target interventions delivered	N/A	N/A. .	New program – Will be monitoring impact on multiple indicators

2017 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION F		
STAFFING COSTS:	2016 TOTAL FTEs	2017 ESTIMATED FTEs
	17.5	20.0
Program Manager	1.0	1.0
Public Health Nurses	10.6	11.1
Health Promoter	1.0	1.0
Clinical Team Assistants	3.9	3.9
Program Assistant	1.0	1.0
Outreach Worker	0.0	1.0
HIV Community Program Lead	0.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,255,686	\$ 1,213,494	\$ 1,286,114	\$ 1,466,292	\$ 180,178	14.0%
Benefits	298,416	299,091	319,727	367,688	47,961	15.0%
Travel	9,850	6,172	9,850	12,730	2,880	29.2%
Program Supplies	345,552	344,276	345,552	343,752	(1,800)	(0.5)%
Staff Development	4,500	3,239	4,500	7,500	3,000	66.7%
Professional Services	513,034	554,725	588,034	783,784	195,750	33.3%
Furniture & Equipment	2,504	956	2,504	7,049	4,545	181.5%
Other Program Costs	17,935	19,449	25,016	29,396	4,380	17.5%
Total Expenditure	\$ 2,447,477	\$ 2,441,402	\$ 2,581,297	\$ 3,018,191	\$ 436,894	16.9%

2017 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,721,159	\$ 1,699,081	\$ 1,802,060	\$ 2,034,954	\$ 232,894	12.9%
MOHLTC – 100%	441,318	441,318	454,237	454,237		
MCYS – 100%						
User Fees	285,000	300,907	325,000	529,000	204,000	62.8%
Other Revenue		96				
Total Revenues	\$ 2,447,477	\$ 2,441,402	\$ 2,581,297	\$ 3,018,191	\$ 436,894	16.9%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Continued implementation of recommendations of team Program Review.
- “Top 10 Reasons to Get Tested” campaign with STI Guinness campaign part 3 to post-secondary schools with formal registration with “Guinness World Record”
- A multi-agency coordinated response to HIV crisis while leveraging existing resources. Hiring a team which will be made up of interdisciplinary “pods” consisting of a nurse and an outreach worker supervised by HIV Community Program Lead.
- As part of the multi-prong approach to decreasing HIV and Hepatitis C rates, begin the development of a Needle Recovery co-ordinated plan.
- Continue collaborating with Young Adult Team to enhance sexual health services to client’s in secondary schools.

SECTION J

PRESSURES AND CHALLENGES

- The volume of potential HIV clients will likely overwhelm even these enhanced resources. Additional sources of funding and leveraging of support from other agencies will be required.

Program: The Clinic & Sexual Health Promotion

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$82,419) **PBMA Disinvestment Proposal 1-0011: 0.8 FTE Public Health Nurse in the Sexual Health Clinic** – With program review implementation of recommendations, there have been efficiencies gained in sexual health. This is a net decrease of only **0.5 FTE** due to the transfer from the IDC team of 0.3 FTE and 0.3 FTE worth of work on Hepatitis B and C follow up, as well as the relevant budget.
- \$275,000 **PBMA Investment Proposal 1-0025: 3.0 FTE HIV Prevention and Control** – outreach model similar to British Columbia STOP Program utilizing the existing resources in the community. The model will be composed of outreach workers, outreach nurses, and an HIV coordinator working in the community and linking people who are disconnected from care into care.
- (\$6,800) Reduction in printing in Sexual Health to transfer to communications for enhancing in-house design work.

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

VACCINE PREVENTABLE DISEASES

2017 Planning & Budget Template

SECTION A				
DIVISION	EHID	MANAGER NAME	Marlene Price	DATE
PROGRAM TEAM	Vaccine Preventable Diseases	DIRECTOR NAME	Stephen Turner	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard</p> <ul style="list-style-type: none"> • Immunization Management Protocol (2013) • Infectious Diseases Protocol (2013) • Vaccine Storage and Handling Protocol (2016) • Immunization of School Pupils Act, 2014 • Child Care and Early Years Act, 2014

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).
- **Other clinics:** Clinics to update the vaccinations of refugees, and clinics to respond to community outbreaks or other arising issues are offered when needed.

COMPONENT(S) OF TEAM PROGRAM #2 School-Based Immunization Clinics

Immunizations are provided in school settings (three times in each school) throughout the school year for the following:

- **Grade 7:** Meningococcal, Hepatitis B and Human Papillomavirus (HPV) vaccines are provided to all Grade 7 students for whom consent is received.
- **Grade 8:** Human papillomavirus (HPV) vaccine is provided to all Grade 8 female students for whom consent is received in the 2016-2017 school year as the program transitions to Grade 7 for future years.

COMPONENT(S) OF TEAM PROGRAM #3 Screening and Enforcement

The immunization records of students in elementary and secondary schools are reviewed and parents/guardians are contacted if information is missing; students may be suspended from school if the information or an exemption affidavit is not obtained. Assessment and suspension requirements under the Immunization of School Pupils Act (ISPA) will continue to be prioritized for the 7 and 17 year olds in the 2016-2017 school year due to logistical challenges associated with Panorama implementation and recent additions to the vaccination requirements in ISPA.

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.

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 (HCP) 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: 1) HCP's submit temperature logs to show they are maintaining their vaccine storage refrigerators between 2° and 8°C; and 2) ordering patterns are assessed to ensure that HCP's are storing no more than a two-month supply of vaccines.

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 the vaccines are being handled appropriately, remain potent, and are not wasted. Locations include new/existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations 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, pertussis, etc.) are followed-up to determine the source of disease acquisition and identify anyone who was potentially exposed to the infected person. This is done for the following purposes:

- *Prevent transmission:* Follow-up for the person with the infection and their contacts may include education and counselling; recommendations for chemoprophylaxis, immunization, isolation, and/or advice to seek medical attention.
- *Report to the Ministry:* 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

2017 Planning & Budget Template

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
Component of Team #1 Immunization clinics (regular, high risk populations, outbreak)			
# of client visits/ vaccines given at the Immunization Clinic	12, 722 / 16, 964	17,000/ 22,000	same
Component of Team #2 School-based Immunization clinics			
% of Grade 7 students who have received meningococcal vaccine in that school year (Accountability indicator)	78%	78%	same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year (Accountability indicator)	68%	68%	same
% of grade 8 female students who completed the three-dose series of HPV vaccine in that school year (accountability indicator)	51%	51%	Offered in Grade 7.
% of grade 7 male and female students who completed the series of HPV vaccine in that school year (Accountability indicator)	Offered to Grade 8 female students	55%	same
Component of Team #3 Screening and Enforcement			
% of 7 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. (Accountability indicator)	Information not available due to Panorama implementation	96%	same
% of 17 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. (Accountability indicator)	Information not available due to Panorama implementation	70%	increase
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	12,600 / 4,488	15,800 / 7800	same
Component of Team #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines			
# of orders received/processed for health care providers' offices	3,793	3,500	same
Component of Team #6 Cold chain inspections and Incident Follow Up			

2017 Planning & Budget Template

# of fridges storing publicly funded vaccine that received an annual inspection / % completion (Accountability Indicator)	401 / 99.8%	400/100%	same
# of cold chain incidents / cost of vaccine wastage	35 / \$63,985	30/50,000	uncertain
Component of Team #7 Investigation and follow up of vaccine-preventable reportable diseases			
# of reportable diseases reported and investigated / # confirmed (<i>measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox</i>)	141 / 56	120/40	uncertain

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	18.1	18.1
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Casual Nurses	2.3	2.3
Program Assistants	7.3	7.3

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,415,363	\$ 1,380,930	\$ 1,289,039	\$ 1,271,230	\$ (17,809)	(1.4)%
Benefits	326,430	331,296	298,316	301,018	2,702	0.9%
Travel	12,200	7,029	12,200	12,200		
Program Supplies	302,268	243,843	277,268	181,458	(95,810)	(34.6)%
Staff Development	1,900		1,900	1,900		
Professional Services	1,800	589	1,800	1,800		
Equipment & Furniture	3,500	27,118	3,500	3,500		
Other Program Costs	6,280	5,918	6,280	3,590	(2,690)	(42.8)%
Total Expenditures	\$ 2,069,741	\$ 1,996,723	\$ 1,890,303	\$ 1,776,696	\$ (113,607)	(6.0)%
SECTION H						

2017 Planning & Budget Template

FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease)	% increase (% decrease)
Cost-Shared	\$ 1,338,820	\$ 1,288,818	\$ 1,279,582	\$ 1,275,975	\$ (2,918)	(0.2)%
MOHLTC – 100%	290,496	290,496	216,296	216,296		
MCYS – 100%						
User Fees	367,925	345,952	321,925	211,925	(110,000)	(34.2)%
Other Offset Revenue	72,500	71,457	72,500	72,500		
Total Revenues	\$ 2,069,741	\$ 1,996,723	\$ 1,890,303	\$ 1,776,696	\$ (113,607)	(6.0)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Screening and suspension of students under the Immunization of School Pupils Act
- Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act
- Implementation of recommendations from VPD Program Review
- Double cohort (Grade 7 and 8 students) for HPV vaccinations

SECTION J

PRESSURES AND CHALLENGES

- The VPD Team is not able to meet the screening and suspension requirements legislated under the Immunization of School Pupils Act (ISPA). The ISPA mandates screening, assessment and suspension activities that are to be initiated for students under the age of 18 years who are enrolled in elementary and secondary schools. The screening and suspension requirements have had to be prioritized for the 7 and 17 year age groups due to increased workload issues caused by the process changes with a new database and expansion of the ISPA to include three new vaccines and additional doses for four other vaccines. Some screening activities are carried out for other age groups but the team has not been able to proceed with suspension for the additional age groups.
- The VPD Team is not able to meet the legislative requirements under the Child Care and Early Act due to the prioritization of ISPA activities. Immunization records for children enrolled in licenced child care settings are received and entered in the electronic database as time and workload permits but no other mandated activities are currently occurring.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$5,000) **PBMA Disinvestment Proposal 1-0038:** Disinvestment of Operational Resources
Reduction in program supplies.
- Substantial decrease in program supplies and corresponding decrease in user fees is related to expected reduction in demand for (and purchasing of) Zostavax.

**HEALTHY START DIVISION
OFFICE OF THE DIRECTOR**

2017 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	MANAGER NAME	Heather Lokko	DATE
PROGRAM TEAM	Office of the Director	DIRECTOR NAME	Heather Lokko	January, 2017

SECTION B				
SUMMARY OF TEAM PROGRAM				
<p>The Office of the Director, Healthy Start Division is comprised of the Director of Healthy Start and the Program Assistant to the Director. The Director provides strategic leadership and oversight of the division, and the Program Assistant supports the Director in this work. Provision of consultative program support and/or direction to managers and other staff throughout the division is an important part of this role. Involvement in community initiatives, related to Healthy Start populations and priorities, is also undertaken.</p>				

SECTION C				
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION				
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> • Reproductive Health • Child Health • Chronic Disease & Injury Prevention • Sexual Health • Injury Prevention and Substance Abuse Prevention • Foundational Standard <p>Healthy Babies Healthy Children OPHS Protocol, 2012</p> <p>Ontario Public Health Organizational Standards</p> <p>Child & Family Services Act, 1990</p> <ul style="list-style-type: none"> • Duty to Report Legislation 				

Program: Office of the Director

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - ADVANCING STRATEGIC PRIORITIES

The Director leads the development and oversees the implementation of the divisional balanced scorecard to advance the strategic priorities of the organization. Strategic oversight of all programs in the division is provided, as well as ongoing consultative support as needed.

COMPONENT(S) OF TEAM PROGRAM #2 - MANAGING DIVISIONAL BUDGET

The Director oversees the budget for the division, and ensures completion of the quarterly divisional variance process. Additionally, the Director facilitates the process of identifying, examining, and prioritizing PBMA disinvestments and enhancements.

COMPONENT(S) OF TEAM PROGRAM #3 - OVERSIGHT OF DIVISIONAL PROGRAMS & SERVICES

The Director facilitates and provides oversight of the implementation of the Ontario Public Health Program Standards that are most relevant to the Healthy Start Division (Child Health; Reproductive Health).

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2015 (actual)	2016 (actual)	2017 (target)
COMPONENT #1 ADVANCING STRATEGIC PRIORITIES			
% completion of division-level Balanced Scorecard tasks as outlined each year / % of division-level indicators reported	N/A	90% / 90%	90% / 90%
COMPONENT #2 MANAGING DIVISIONAL BUDGET			
% of divisional quarterly variance processes completed in a timely and accurate manner / end-of-year variance <5%	100% / 4.0%	100% / 3.5% (estimate)	100% / 4.0%
PBMA disinvestment and enhancement proposals identified, rated and prioritized, with manager and staff input throughout the process	Completed	Completed	Completed
COMPONENT #3 OVERSIGHT OF DIVISIONAL PROGRAMS & SERVICES			
% of Accountability Agreement Indicators met	100%	100%	100%
% of OPHS Child Health requirements being addressed / % of OPHS Reproductive Health requirements being addressed	N/A	100% / 100%	100% / 100%

2017 Planning & Budget Template

Program: Office of the Director

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	2.0	2.0
Director	1.0	1.0
Administrative Assistant to the Director	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget¹	2015 Actual¹	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages			\$ 176,235	\$ 183,064	\$ 6,829	3.9%
Benefits			43,529	44,849	1,320	3.0%
Travel			4,000	4,000		
Program Supplies			12,750	12,750		
Staff Development			3,125	3,125		
Professional Services						
Furniture & Equipment			1,300	1,300		
Other Program Costs			1,820	1,820		
Total Expenditures			\$ 242,759	\$ 250,908	\$ 8,149	3.4%

1) This is a new template for 2016 as a result of Organizational Structure recommendations.

Program: Office of the Director

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget²	2015 Actual²	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared			\$ 242,759	\$ 250,908	\$ 8,149	3.4%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues			\$ 242,759	\$ 250,908	\$ 8,149	3.4%

2) This is a new template for 2016 as a result of Organizational Structure recommendations.

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> Continue with the Healthy Start planning initiative (division-level planning within priority topic areas) to support evidence-informed decision-making, staff capacity-building, and a more cohesive and systemic approach to planning, intervention and evaluation.

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> The Healthy Start planning initiative is an essential and valuable initiative which will require substantial resources. It is possible that the planning process may result in recommendations for substantive program changes.

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017
None

HEALTHY START DIVISION

BEST BEGINNINGS TEAM

2016 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	MANAGER NAMES	Kathy Dowsett Jenn Proulx Isabel Resendes	DATE
PROGRAM TEAM	Best Beginnings Team	DIRECTOR NAME	Heather Lokko	January 2017

SECTION B
SUMMARY OF TEAM PROGRAM
The Best Beginnings Team provides evidence-informed programs and services that support healthy child development and enhance effective parenting within vulnerable families with infants and young children. Key program areas include: 1) screening, assessment, home visiting, and service coordination within the Healthy Babies Healthy Children program; 2) outreach to vulnerable families through the Family Health Clinic (primary health care from a Nurse Practitioner) and service provision at eight family shelters in London and Middlesex; and 3) the Nurse Family Partnership (NFP) program, an intensive home visiting program for young, low-income first-time mothers, delivered by Public Health Nurses who begin to visit women in their home early in pregnancy and continue until the child's second birthday.

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
Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Program: Best Beginnings Team

SECTION D

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

- The HBHC program provides evidence-informed programs and services to women and families in the prenatal period and to families with children from birth until transition to school. The program includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports.
- All families are screened, and those with identified risk factors are referred into the program. 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.
- Service coordination ensures families identified with risk can access community 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. Eligible families are offered Nicotine Replacement Therapy (NRT) and/or counselling from TEACH trained PHNs.
- The Best Beginnings team offers a home visiting component within the Smart Start for Babies (SSFB) program (a Canada Prenatal Nutrition Program) in order to provide SSFB program supports to families who face significant barriers to accessing group sessions in the community. This is coordinated/delivered by the Reproductive Health Team.

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

- PHNs provide service to 8 women’s and children’s family shelters in London and Middlesex. Services include screening, assessment, intervention, advocacy, and linking families to community services. 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 and are operated out of four existing community locations, such as Child and Family Centres, each week. A County clinic is offered monthly. These clinics offer services on a drop-in basis or by appointment for families with children under the age of six who do not have a health care provider or who do not have health care coverage (OHIP), and for high school students.

COMPONENT(S) OF TEAM PROGRAM #3 – NURSE FAMILY PARTNERSHIP

- MLHU is the lead organization for the Canadian Nurse Family Partnership Education Project which aims to develop, pilot, and evaluate a Canadian model of education for Public Health Nurses and Supervisors implementing the program. Beginning in 2017, Public Health Nurses on the NFP Team will receive training and will begin recruiting prenatal women into the program.
- The Nurse Family Partnership (NFP) is implemented with fidelity to the program’s core model elements. Through the development of a therapeutic relationship, nurses work with clients to promote the health and well-being of mother and child. Visits are focused on six domains: personal health, environmental health, life course development, family & friends, and health & human services. An average of 64 home visits are provided over the course of the intervention. Visits generally occur every two weeks, but are more frequent during crucial periods such as the first weeks after the birth of the child, and less frequent as clients transition out of NFP.

2017 Planning & Budget Template

Program: Best Beginnings Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015 (actual)	2016 (actual)	2017 (targets)
Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION			
			MCYS Targets:
% of prenatal screens completed out of number of live births	60.1%	61.2%	25%
% of postpartum screens completed out of live births	76.5%	96.6%	100%
% of Early Childhood screens completed of all children aged 6 weeks to 3 years	<1%	<1%	25%
% of families receiving postpartum In-Depth Assessment (IDA) contact by 48hr / total # IDA contacts	57.5% / 1,251	69.9% / ~1,851	100%
% of families screened with risk receiving an In-Depth Assessment (IDA) to confirm risk / total # IDA's	85.3% / 882	67.4% / ~834	100%
% of families confirmed with risk receiving Blended Home Visiting Services	63.6%	100%	100%
% of families confirmed with risk consenting to and receiving home visits with a Family Service Plan	100%	100%	100%
Smart Start For Babies in-home sessions completed / number pregnant women accessing in-home sessions	30 / 5	25 / 6	30 / 6
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at homeless/family shelters	230	245	225
Number of client visits to Nurse Practitioner (NP) at Family Health Clinics (FHCs)	1500	1500	675
Number of unique clients accessing FHC services	UKN	500	225
Percentage of clients who meet FHC criteria	UKN	45%	80%
Percentage of FHC clients who are referred and accepted by an ongoing Primary Care Provider	UKN	UKN	75%
Component of Team #3 – NFP			
% of education requirements completed by PHNs	N/A	N/A	100%
Number of clients enrolled in NFP program	N/A	N/A	60
% of core model elements met during program implementation	N/A	N/A	90%

2017 Planning & Budget Template

Program: Best Beginnings Team

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	32.95	33.45
Program Manager	3.0	3.0
Public Health Nurse	16.55	17.05
Family Home Visitor	9.0	9.0
Nurse Practitioner	1.0	0.5
Program Assistant	3.4	3.4

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 2,338,099	\$ 2,259,895	\$ 2,336,138	\$ 2,338,227	\$ 2,089	0.1%
Benefits	580,789	569,797	605,104	596,501	(8,603)	(1.4)%
Travel	70,589	62,836	71,671	71,671		
Program Supplies	35,072	81,315	122,851	122,351	(500)	(0.4)%
Staff Development	8,625	7,268	6,755	6,755		
Professional Services	27,426	23,324	111,043	111,043		
Furniture & Equipment	25,200	25,395	30,200	30,200		
Other Program Costs	9,840	10,350	9,723	9,723		
Total Expenditures	\$ 3,095,640	\$ 3,040,180	\$ 3,293,485	\$ 3,286,471	\$ (7,014)	(0.2)%

Program: Best Beginnings Team

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 612,327	\$ 479,420	\$ 661,072	\$ 654,058	\$ (7,014)	(1.1)%
MOHLTC – 100%						
MCYS – 100%	2,483,313	2,558,961	2,483,313	2,483,313		
Public Health Agency						
User Fees						
Other Offset Revenue		1,799	149,100	149,100		
Total Revenues	\$ 3,095,640	\$ 3,040,180	\$ 3,293,485	\$ 3,286,471	\$ (7,014)	(0.2)%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • The Nurse Family Partnership initiative began planning in 2016 to move forward with implementation in 2017. It is expected that PHNs will receive program education and training in January and February, with recruitment of families anticipated to begin in March 2017. • HBHC will enter the third year of Continuous Quality Improvement (CQI) and additional strategies will be developed for ensuring accurate screening, standardized service implementation, and training and education of PHNs and FHVs. • A review of the HBHC program was implemented by MCYS in 2016 and implications for the program will be communicated by the ministry early in 2017.

Program: Best Beginnings Team

SECTION J

PRESSURES AND CHALLENGES

- The MCYS has not increased funding for HBHC to match increasing costs of the program
- The MCYS implemented CQI in 2015 and this will continue into 2017 and beyond. Aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as laid out by the MCYS are part of the CQI plan.
- Best Beginnings in partnership with the Infant Hearing Program began a new model of screening which incorporates the completion of the postpartum HBHC screen with infant screening at the London Health Sciences Centre. This has significantly increased the numbers of postpartum HBHC screens completed, bringing numbers in line with MCYS targets. This has also significantly increased the workload for staff on the Best Beginnings Team to cope with the increase in referrals.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$64,128) **PBMA Disinvestment 1-0021: Realign Family Health Clinic** - a review of the FHC program in August 2016 raised questions about the need for continuing to provide services at the clinic within its current structure. At present, this proposal maintains FHC services for targeted clients, and also recognizes that there are primary care providers in our community who can provide ongoing services. Based on the review of the FHC, this proposal supports a disinvestment of the NP position for the FHC from 1.0 FTE to 0.5 FTE
- \$51,512 **PBMA Investment 1-0035: Healthy Babies Healthy Children Public Health Nurse** - increased numbers of referrals for families screened with risk were received by the MLHU HBHC home visiting program. This PBMA proposal supports the addition of a 0.5 FTE PHN to support the increase in the number of vulnerable families, including Syrian newcomer families, who are accessing the HBHC home visiting program
- \$ 500 Reduction in program materials to transfer to communications for enhancing in-house design work.

HEALTHY START DIVISION

EARLY YEARS TEAM

SECTION A				
DIVISION	Healthy Start	MANAGER NAME	Ruby Brewer	DATE
PROGRAM TEAM	Early Years	DIRECTOR NAME	Heather Lokko	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>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, emotional, and social growth and development of children from birth to school entry. Multi-strategy approaches are implemented that include providing direct 1:1 education and support; raising awareness; creating supportive physical and social environments; strengthening community action and partnership; linking and facilitating access to community services; and building personal skills and self-efficacy with families and care givers in London and Middlesex County. Topic areas include breastfeeding; infant and child nutrition; safe and healthy infant care; infant mental health and early childhood development; child safety; oral health; immunization; parenting; growth and development; and the early identification of developmental concerns.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • Ontario Public Health Standards: Child Health, Chronic Disease and Injury Prevention, Reproductive Health Program, Foundational Standard • Child & Family Services Act, 1990: Duty to Report Legislation • Health Protection and Promotion Act, R.S.O. 1990, c. H.7 • Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). Personal Health Information Protection Act, R,S,O, 2004 (PHIPA).

Program: Early Years Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 BREASTFEEDING

PHNs provide:

- Direct 1:1 education and support through Infant Growth/Development & Breastfeeding Drop-ins, Breastfeeding Appointments, Health Connection and 48 hour calls. Target birth to 6 months with focus on early intervention
- Multi-strategy awareness raising and social marketing initiatives targeting primary care providers, families, and the community
- The use of social media including Facebook ads and tweets, a breastfeeding video library and maintaining information on the website
- Partnership with LHSC to identify mothers at risk of early breastfeeding discontinuation to ease transition from hospital to community
- Enhanced partnership with La Leche League and CYN Family Centres to identify opportunities to reach priority populations
- Peer support program
- Visits to physician offices and other health care providers (e.g. First Nations, Nurse Practitioners) to offer education and resources

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

Services provided to promote healthy growth and development and to identify potential developmental challenges early in life include:

- Direct 1:1 skill-building sessions with parents at Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and community agencies (OEYC, libraries)
- Developing and implementing multi-phased awareness-raising/social marketing campaigns focused on healthy growth and development (e.g., Building Healthy Brains to Build a Healthy Future, Let's Grow)
- The use of social media including Facebook ads and tweets and MLHU website information
- Providing visits/presentations to physicians and other health care providers offices (e.g. First Nations, Nurse Practitioners)
- Providing education and consultation to licensed child care centres (LCC) and participation in city and county wide LCC coordinating committees and Professional Learning Committee
- Providing educational group sessions to parents
- Collaboration with the CYN; Community Early Years Partnership Committee, Community Early Years Health Care Provider Champions Committee and Community Early Years Specialized Services Committee to develop & implement Universal and Targeted approaches for early childhood development – focus on infant mental health, targeting health /service providers, and families/caregivers

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

Services to support parenting include:

- Direct 1:1 education and support for Post Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment through Health Connection and Infant Growth/Development and Breastfeeding Drop-ins, with referrals to community resources and supports as needed
- Facilitating group skill building sessions (e.g. Triple P, Multiple Birth Support) at OEYCs, Parent Family Literacy Centres, Childreach
- The use of social media including Facebook ads and tweets and MLHU website information
- Enhanced collaboration with community agencies offering parent education & support (e.g. CYN, Community Early Years Partnership)

Program: Early Years Team

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

Initiatives 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)
- Outreach campaigns and events in collaboration with community partner
- NutriSTEP promotion and screening
- Education and support with Licensed Child Care Centres
- Participation in planning and implementation of activities with the Child and Youth Network priority groups

Component(s) Of Team Program #5 Child and Youth Network Coordination

The agency-wide Child and Youth Network (CYN) Coordinator position situated in the Early Years Team. The role ensures an organized and efficient approach to engaging staff in the CYN priority areas of Ending Poverty, Health Eating and Physical Activity, Making Literacy a Way of Life, and Creating a Family Centered Service System by:

- Representing MLHU in CYN committees and subcommittees
- Establishing and following through with ongoing communication strategies to ensure a current and inclusive account of MLHU's involvement with CYN initiatives and informing MLHU staff about relevant resources and promoting opportunities for collaboration

2017 Planning & Budget Template

Program: Early Years Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (actual)	2017 (target)
Total # clients receiving direct 1:1 service	5,928 clients	5,311 clients	Maintain
Component of Team #1 BREASTFEEDING			
Direct 1:1 support: Total # clients / # clients at Drop-ins / # clients at Health Connection / # clients at appointments	2,495 / 1,568 / 656 / 271	2,176 / 1182 / 651 / 343	Maintain
Peer Support: # groups / # sessions / # participants	N/A	2 / 43 / 28	3 / 36 participants
Social Marketing and social media/website initiatives – World Breastfeeding Week and in Let's Grow	Facebook Ads - 20	WBW-18 FB ads & posts & tweets	Increase social media; update web videos
Partnerships with LHSC: # infants seen prior to 2 weeks of age / # of staff inservices provided at LHSC	N/A	745 / 6	780 / 6
Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT			
Direct 1:1 support: Total # clients / # clients at Drop-ins / # clients at Health Connection / # clients getting 48 hr call	3,958 / 2,225 / 710 / 1,023; 139 screens	2,572 / 752 / 420 / 798	Maintain
# of presentations / # of workshops / # HCP visits	284 presentations	49 / 1 / 160	Maintain or increase
Resiliency campaign: # page views URL / Facebook reach / # Facebook link clicks Let's Grow campaign: # page views URL / Facebook reach / # Facebook link clicks	18 new web pages, post ads, 4 contests	2,372 / 69,281 / 1,443 10,486 / 180,168 / 9,319	Implement Phase 3 - Infant Mental Health Campaign
Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT			
Direct 1:1 support : Total # clients / # clients at Drop-ins / # clients at Health Connection	Total 278	235 / 81 / 154	260
Group sessions: Total # sessions (car seat & Triple P)	133	65	70
Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY			
Direct 1:1 support: Total # clients / # clients at Drop-ins / # at Health Connection / # of NutriSTEP screens	499 / 369 / 124 / 6	328 / ? / ? / 154	Maintain
Component of Team #5 Child and Youth Network Coordination			
Communication initiatives (MLHU / CYN)	N/A	1 lunch & learn, 32 CYN e-Blasts, 1 workshop, HUB	Maintain or increase
MLHU services at Family Centres (FCs)		Completed inventory of services at FCs	Increase services offered at FCs

2017 Planning & Budget Template

Program: Early Years Team

SECTION F STAFFING COSTS:	2016 TOTAL FTEs	2017 ESTIMATED FTEs
	15.4	15.4
Program Manager	1.0	1.0
Public Health Nurse	12.5	12.5
Program Assistants	1.5	1.5
Casual PHN (Early Years Team)	0.4	0.4

SECTION G EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,209,234	\$ 1,189,352	\$ 1,170,083	\$ 1,195,678	\$ 25,595	2.2%
Benefits	280,029	274,085	291,679	301,727	10,048	3.4%
Travel	20,500	19,541	20,500	20,500		
Program Supplies	59,121	59,945	60,278	47,778	(12,500)	(20.7)%
Staff Development	8,700	8,238	4,500	4,500		
Professional Services	1,000		300	300		
Furniture & Equipment						
Other Program Costs	4,157	4,165	3,150	3,150		
Total Expenditures	\$ 1,582,741	\$ 1,555,326	\$ 1,550,490	\$ 1,573,633	\$ 23,143	1.5%

Program: Early Years Team

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,582,741	\$ 1,555,326	\$ 1,550,490	\$ 1,573,633	\$ 23,143	1.5%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 1,582,741	\$ 1,555,326	\$ 1,550,490	\$ 1,573,633	\$ 23,143	1.5%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Licensed Child Care Centres – professional learning support, Healthy Kids Community Challenge • Building Healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network – Infant Mental Health targeting HCPs, service providers and families • Enhanced collaboration with LHSC to improve postpartum discharge transition to community support particularly early breastfeeding appointments (LHSC recently provided one direct line for clients to call Health Connection) • Enhanced breastfeeding supports (appointments, peer support programs, support for 3-10 day old infants) to prevent unnecessary formula supplementation and early discontinuation of breastfeeding • Enhanced social media/website as strategy for early childhood development & parenting

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> • Adequate allocation of staff time to provide early intervention breastfeeding appointments • Increasing attendance at Infant Growth/Development and Breastfeeding Drop-ins – increase in infants less than 10 days old • Allocation of staff time for health promotion campaigns utilizing social media/website

Program: Early Years Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$10,000) **PBMA Disinvestment 1-0013 –“Let’s Grow” Advertising Budget:** Let's Grow advertising would be comprehensively integrated into the existing and ongoing multi-strategy approaches implemented by the Early Years Team, ensuring links to the Let's Grow section of the MLHU website This integration of advertising would thereby eliminate the need for a specific Let's Grow advertising budget
- (\$2,500) Reduction in program materials to transfer to communications for enhancing in-house design work.

HEALTHY START DIVISION
REPRODUCTIVE HEALTH TEAM

2017 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	MANAGER NAME	Tracey Gordon	DATE
PROGRAM TEAM	Reproductive Health Team	DIRECTOR NAME	Heather Lokko	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
The Reproductive Health Team (RHT) enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.

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 <p>Health Protection and Promotion Act, R.S.O. 1990, c. H.7</p>

Program: Reproductive Health Team

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 one to two years prior to and leading up to 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).
- 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.
- Provide food skills sessions to increase subsidized access to fruits and vegetables by collaborating with community partners; complete HEIA assessment of food skills programming

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.

- Provide a combined e-learning and skill building prenatal program along with regular prenatal programming and other in-class and online prenatal education (6-week series, weekend series, e-learning, combined e-learning and skill building)
- Implement prenatal education programs for at risk pregnant women in collaboration with community partners (SSFB, SOHAOC, PiP)

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 relationships 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.

COMPONENT(S) OF TEAM PROGRAM #4: BREASTFEEDING

Breastfeeding is a significant contributor to healthy growth and development.

- The Baby-Friendly Initiative (BFI) is an evidence-based strategy that promotes, protects and supports breastfeeding, and is an effective tool to increase breastfeeding initiation, duration, and exclusivity.
- Offer training and educational opportunities to staff re BF
- Offer breastfeeding classes as part of regular prenatal programming and as a stand alone

COMPONENT(S) OF TEAM PROGRAM #5: ADVOCACY INITIATIVES

Our team is involved in strategies to affect change on a broader level. These include:

- Policy development around alcohol and pregnancy
- Involvement in OPHA Labour and Birth position statement

Program: Reproductive Health Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015 (actual)	2016 (actual)	2017 (target)
COMPONENT OF TEAM #1: PRECONCEPTION HEALTH			
Got A Plan Day: # high school students	353	381	Maintain
Presentations: # offered at Elgin Middlesex Detention Centre (EMDC) / total # of presentations offered	10 / 15	15 / 22	Maintain
COMPONENT OF TEAM #2: PRENATAL HEALTH			
Combined e-learning & in-class: # of classes / # of women / # of support persons	5 / 52 / 52 (pilot)	49 / 475 / 470	Maintain
# of e-learning only registrants	477	857	Maintain
Smart Start For Babies: # of sessions / # of clients	297 / 158	282 / 162	Maintain
Prenatal Immigrant Program: # of sites / # of weeks offered per year / # of clients	N/A	1 / 20 / 18 (pilot)	2 / 45 / 50
COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD			
# of sessions / # of women / # of support persons	11 / 86 / 80	12 / 133 / 124	Maintain
COMPONENT OF TEAM #4: BREASTFEEDING			
BFI designation process	Pre-assessment complete	Designation achieved	Maintain BFI status
20 hour breastfeeding course for Health Care Providers (HCPs): # of courses offered / # of HCP's attending	N/A	1 / 10 (internal pilot)	1 / 20 (internal & external)
Breastfeeding classes: # of classes provided / # of women / # of support persons	10 / 100 / 89	9 / 92 / 88 supports	10 / 100 / 90
COMPONENT OF TEAM #5: ADVOCACY INITIATIVES			
OPHA Labour and Birth statement work (chair of provincial workgroup)	Labour & birth practices reviewed	Position statement written and accepted	Dissemination of recommendations
FASD ONE (Vice chair & Prevention Action Group co-lead)	N/A	Develop resources & recommendations	Point of care tool disseminated to HCPs

2017 Planning & Budget Template

Program: Reproductive Health Team

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	15.96	15.96
Program Manager	1.0	1.0
Public Health Nurses	10.0	10.0
Public Health Nurses (Casual)	0.6	0.6
Public Health Dietitian	1.0	1.0
Program Assistants	2.5	2.5
Contract Staff: (Smart Start for Babies)		
Site Coordinators (0.1 FTE X 7 sites)	0.7	0.7
Registered Dietitian	0.1	0.1
Casual Public Health Nurse	0.06	0.06

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 1,208,486	\$ 1,181,302	\$ 1,156,254	\$ 1,176,421	\$ 20,167	1.8%
Benefits	285,223	277,325	269,194	277,341	8,147	3.0%
Travel	8,946	10,493	10,246	10,246		
Program Supplies	136,687	131,569	126,587	125,087	(1,500)	(1.2)%
Staff Development	4,250	3,188	4,850	4,850		
Professional Services	13,555	19,538	22,655	22,655		
Furniture & Equipment	1,000	798	200	200		
Other Program Costs	3,175	6,413	3,155	3,155		
Total Expenditures	\$ 1,661,322	\$ 1,630,626	\$ 1,593,141	\$ 1,619,955	\$ 26,814	1.7%

Program: Reproductive Health Team

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,500,752	\$ 1,463,647	\$ 1,432,571	\$ 1,459,385	\$ 26,814	1.9%
MOHLTC – 100%						
MCYS – 100%						
Public Health Agency	152,430	152,697	152,430	152,430		
User Fees	8,140	4,595	8,140	8,140		
Other Offset Revenue		9,687				
Total Revenues	\$ 1,661,322	\$ 1,630,626	\$ 1,593,141	\$ 1,619,955	\$ 26,814	1.7%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Implementation of changes recommended from the Health Equity Impact Assessment of the food skills program completed in 2016 • Explore the expansion of current Prenatal Immigrant Program to an additional site • Explore the creation of and implement an online early pregnancy resource, similar to the Preconception Planner, targeted to pregnant women and their partners in the first trimester. • Explore preconception strategies and making changes to delivery of the program • Program review of Smart Start For Babies • Increasing reach and dissemination of key evidence by coordinating conferences around areas of focus (Labour and birth) • Continuing and strengthening of LHSC/MLHU collaboration of best practice and consistent messaging

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> • Transition and orientation to SSFB program that was moved over in restructuring 2016 • Influx of refugees resulting in prenatal program challenges <p>Shifting resources within the team to accommodate for delivery of high risk programming and funding challenges due to lack of increase in SSFB budget in over 10 years.</p>

Program: Reproductive Health Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- (\$10,000) **PBMA Disinvestment 1-0014 – Prenatal Education Casual Public Health Nurse Support** - In 2016, a planning process resulted in changes being made to the delivery of the Reproductive Health Teams prenatal education program, resulting in less casual/contract Public Health Nurse requirements to run the program. In addition, it is anticipated that there will be reduced PHN orientation requirements in 2017.
- (\$ 1,500) Reduction in program materials to transfer to communications for enhancing in-house design work.

HEALTHY START DIVISION
SCREENING, ASSESSMENT AND INTERVENTION

2017 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	MANAGER NAME	Debbie Shugar	DATE
PROGRAM TEAM	Screening, Assessment and Intervention	DIRECTOR NAME	Heather Lokko	January 2017

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 framework from the Ministry of Children and Youth Services (MCYS).</p>				

SECTION C				
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION				
<p>These programs are not reflected in the OPHS or in other public health related legislation/regulation, however, they align with and strengthen 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 & Intervention Team

SECTION D

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

tykeTALK is a prevention and early intervention program designed to maximize positive outcomes for children's communication, play, social and literacy development. The program provides early identification of and intervention for children with communication disorders from birth to school-entry. Of all the children that tykeTALK serves, 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. The program provides assessment and/or intervention to approximately 11.5% of the child population from birth to eligibility to attend school in the Thames Valley Region.

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 goals of the program are to identify all babies who are deaf or hard of hearing; identify and monitor babies born with risk factors for developing hearing loss; provide evidence based amplification and communication interventions to facilitate language development; support parents and community professionals in maximizing positive child outcomes; promote a smooth transition to school; and provide family-centred care that respects and involves parents. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton. 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 school.

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 goals of the program are to provide education and support for families and community professionals in healthy child development and preparation for early learning and other community environments; 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. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton. The program provides services to approximately 110 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 attend school.

Program: Screening, Assessment & Intervention Team

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015/16 (actual)	2016/17 (anticipated)	2017/18 (target)
Component of Team #1 tykeTALK (Thames Valley)			
Total number of children receiving service	3020	3250	3250
			MCYS Targets:
% of assessments provided to referred children by 30 months of age	54%	55%	45%
% of all children aged 0-30 months receiving intervention whose families receive parent training as defined by the MCYS Preschool Speech and Language (PSL) Program Guidelines	80%	75%	75%
Wait-time from referral to tykeTALK to initial assessment	4 weeks	6 weeks	12 weeks or less
Wait-time from referral to tykeTALK to beginning of the first intervention	15 weeks	15 weeks	32 weeks or less
Component of Team #2 Infant Hearing Program – SW Region			
% of all newborn babies residing in the region who receive a hearing screening before 1 month corrected age (approximately 10,650 babies born per year in region based on 2011 census data)	92%	90%	90%
% of babies screened who are referred for audiologic assessment	1.2%	1%	2% or less of all babies screened
% of all babies with a refer result from Universal Newborn Hearing Screening (UNHS) who have their audiology assessment by 4 months corrected age	57%	70%	75%
% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS who begin use of amplification by 9 months corrected age	49%	40%	40%
% of babies identified with PCHL as a result of UNHS who begin communication development by 9 months corrected age	48%	40%	40%
Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)			
Average age of children at referral	18 months	23 months	less than 24 months
Wait time from referral to first intervention	4 weeks	4 weeks	less than 12 weeks

2017 Planning & Budget Template

Program: Screening, Assessment & Intervention Team

SECTION F	2015/2016 TOTAL FTEs	2016/2017 ESTIMATED FTEs
STAFFING COSTS:		
	29.83	29.83
MLHU Staff:		
Program Manager	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
Contract Staff :		
Family Support Workers	0.58	0.58
Early Childhood Vision Consultants	2.3	2.3
Speech & Language Pathologists	13.23	13.23
Administrative Support	3.41	3.41
Communication Disorder Assistant	4.2	4.2
Audiology Consultant (Infant Hearing Program)	0.5	0.5
Audiologists	2.04	2.04
Hearing Screeners	3.85	3.85

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 2,246,053	\$ 2,212,118	\$ 2,217,358	\$ 2,217,358		
Benefit	474,436	459,913	484,966	484,966		
Travel	32,799	25,925	26,654	26,654		
Program Supplies	41,754	57,445	41,721	41,721		
Staff Development	1,750	774	1,250	1,250		
Occupancy Costs	63,328	69,846	75,243	75,243		
Professional Fees	8,611	6,778	5,548	5,548		
Furniture & Equipment	1,681	2,267	1,720	1,720		
Other Program Costs	636	594	636	636		
Total Expenditures	\$ 2,871,048	\$ 2,835,660	\$ 2,855,096	\$ 2,855,096		

Program: Screening, Assessment & Intervention Team

SECTION H						
FUNDING SOURCES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 10,000	\$ 0	\$ 10,000	\$ 10,000		
MOHLTC – 100%						
MCYS – 100%	2,812,962	2,812,962	2,812,962	2,812,962		
User Fees						
Other Offset Revenue	48,086	22,698	32,134	32,134		
Total Revenues	\$ 2,871,048	\$ 2,835,660	\$ 2,855,096	\$ 2,855,096		

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017
<ul style="list-style-type: none"> • Implementation of the regional plans for the provincial Special Needs Strategy for Coordinated Services and Integrated Rehabilitation • Continued reduction of number of different hearing screeners in hospitals in order to meet provincial standards for refer rates (i.e. more screenings per screener in order to ensure adequate volume to maintain skills). • Implementation of an online appointment scheduling system for IHP so families can schedule appointments for follow-up hearing screenings if babies were missed in the hospital or received a refer result • Expanding partnerships with Ontario Early Years Child and Family Centres in our region to be used as service delivery sites as well as building capacity of staff for delivering awareness messages related to speech, language, hearing and vision

SECTION J
PRESSURES AND CHALLENGES
<ul style="list-style-type: none"> • Reducing the number of different people screening hearing in the hospitals is challenging in smaller hospitals and rural areas where there are fewer babies born and staff who work rotating shifts • System changes as a result of the Special Needs Strategy will require significant change management • If budgets continue to receive no increase, this will put pressure on our ability to maintain staff at current levels and meet program targets

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017
<ul style="list-style-type: none"> • There are no 2017 PBMA proposals for the Screening, Assessment and Intervention Team

OFFICE OF THE CHIEF NURSING OFFICER

SECTION A				
DIVISION	Office of the Chief Nursing Officer	MANAGER NAME	Heather Lokko (Chief Nursing Officer)	DATE
PROGRAM TEAM	Community Health Nursing Specialist Health Equity Core Team	DIRECTOR NAME	Heather Lokko (Chief Nursing Officer)	January, 2017

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Office of the Chief Nursing Officer was established with restructuring in January 2016. It provides agency-wide support, with two main areas of focus: nursing practice and health equity. Both are significantly linked to the agency's strategic plan.</p> <p>Effective January 2013, boards of health were required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) together work with nurses across the agency to reach this goal, in order to ensure quality outcomes for the community.</p> <p>In 2011, the Ministry provided funding to hire public health nurses (PHNs) with specific expertise in addressing social determinants of health and reducing health inequities in identified priority populations. This initiative enhances public health nursing care and services too hard to reach, vulnerable populations most negatively impacted by various social determinants of health (SDoH). In addition to working on collaborative system-level external initiatives addressing various SDoH for vulnerable populations, the Health Equity Core Team focuses on building internal capacity to enhance efforts to address health equity across the work of the whole organization.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public Health Organizational Standards</p> <p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> • Foundational Standard • Chronic Diseases and Injuries Program Standards • Family Health Program Standards • Infectious Diseases Program Standards <p>Health Protection and Promotion Act, R.S.O. 1990, c. H.7</p>

Program: Office of the Chief Nursing Officer

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – CHIEF NURSING OFFICER / COMMUNITY HEALTH NURSING SPECIALIST

Establishing strong nursing leadership has implications for the quality of nursing practice, service delivery, organizational effectiveness and, ultimately, population health outcomes. This occurs through: 1) Promoting use of research, evidence based practice and innovation in public health and nursing practice; 2) Supporting/advocating for professional development opportunities, which is linked to nurse retention, job satisfaction and positive client health outcomes; 3) Developing a positive work environment, which supports nurse empowerment, work performance and effectiveness, and occupational mental health; 4) Providing accessible and visible leadership that staff can connect with; and 5) Contributing to future development of organization (e.g. strategic planning, visioning, performance). The Chief Nursing Officer and Community Health Nursing Specialist work together to support these goals in a manner that respects excellence in all disciplines and recognizes the integration of nurses within the organization, through activities such as the following:

- Provide staff consultations and support to address nursing practice issues
- Contribute to policy/procedure and medical directive development for public health and public health nursing practice
- Provide leadership to the Nursing Practice Council and take leadership role in developing & implementing NPC work plans
- Oversee the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice
- Lead and plan professional development programs for all agency PHNs
- Promote and support national/international certifications (i.e., Community Health Nursing, International Certified Lactation Consultants, Certification in Infection Control)
- Contribute to and support academic partnerships
- Consider and address needs related to continuous quality improvement of nursing practice
- Promote and support competency-based performance evaluation

COMPONENT(S) OF TEAM PROGRAM #2 – HEALTH EQUITY CORE TEAM

The Health Equity Core Team engages in both internally and externally-facing work. Internal work focuses on implementing the organization's strategic plan objectives and initiatives related to health equity and the social determinants of health. In the strategic plan, under the Program Excellence's objective to address the social determinants of health, the primary initiatives include the following: 1) Continue knowledge exchange and skill building activities for social determinants of health (SDOH) and health equity; 2) Expand health equity impact assessment implementation and monitoring; and 3) Establish a policy development and advocacy framework. This team is working collaboratively with the Foundational Standard Team to embed a health equity lens throughout the organization's new Planning and Evaluation Framework. They are also supporting Human Resources with an organizational assessment looking at diversity and inclusiveness. The SDOH Public Health Nurses also engage in system-level work within the community. One PHN is significantly involved in the Community Drug and Alcohol Strategy led by the Healthy Communities and Injury Prevention Team, as the co-chair of the Strategy. The other PHN has recently taken on the role of Newcomer Lead for the agency, and will be involved in system-level work in the community related to refugees and immigrants. The Health Equity Core Team works closely with and provides leadership to the Health Equity Advisory Taskforce, which has agency-wide representation.

2017 Planning & Budget Template

Program: Office of the Chief Nursing Officer

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015 (actual)	2016 (actual)	2017 (target)
COMPONENT OF TEAM #1			
% of Nursing Practice Council workplan initiatives with significant progress and/or completed (workplan to be aligned with agency strategic plan and CNO accountabilities)	N/A	Workplan developed and approved	100%
# of consultations regarding nursing practice issues / # of nursing practice issues resolved / # of policies, directives, protocols developed &/or revised	94 / 94 / 24	105 / 98 / 18	Maintain
# of CQI initiatives identified / # of CQI issues addressed and/or underway	N/A	N/A	Develop framework & initiate implementation
COMPONENT OF TEAM #2			
Compliance with of "Health Equity Indicators for Ontario Local Public Health Agencies": % of indicators agency is working towards and/or have been met / degree of progress towards achievement of indicator (minimal, moderate, significant)	N/A	N/A	Compliance assessed, with agency working towards 50% of indicators / moderate progress
Degree of progress towards completion of health equity/SDOH initiatives on the strategic plan (minimal, moderate, significant)	N/A	Moderate	Significant
External SDOH/health equity work: % of identified annual goals/objectives met	N/A	N/A	100%

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
	4.0	4.0
Community Health Nursing Specialist	1.0	1.0
Health Promoter	0.5	0.5
Program Assistant	0.5	0.5
Public Health Nurses	2.0	2.0

2017 Planning & Budget Template

Program: Office of the Chief Nursing Officer

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Salary & Wages	\$ 236,226	\$ 241,046	\$ 301,239	\$ 307,435	\$ 6,196	2.1%
Benefits	65,774	60,954	72,245	75,425	3,180	4.4%
Travel			8,800	8,800		
Program Supplies			5,592	4,430	(1,162)	(20.8)%
Staff Development			6,050	6,050		
Professional Services						
Furniture & Equipment						
Other Program Costs			13,050	13,050		
Total Expenditures	\$ 302,000	\$ 302,000	\$ 406,976	\$ 415,190	\$ 8,214	2.0%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 0	\$ 0	\$ 102,889	\$ 111,103	\$ 8,214	8.0%
MOHLTC – 100%	302,000	302,000	302,000	302,000		
MCYS – 100%						
User Fees						
Other Offset Revenue			2,087	2,087		
Total Revenues	\$ 302,000	\$ 302,000	\$ 406,976	\$ 415,190	\$ 8,214	2.0%

Program: Office of the Chief Nursing Officer

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Staffing changes and gaps in 2016 affected progress, however, staffing is expected to be more stable in 2017
- Complete and begin implementation of education/skill-building plan
- Develop and disseminate advocacy framework/guide
- Embed health equity lens throughout Planning and Evaluation Framework
- Clarify and launch newcomer lead role
- Identify nursing CQI needs, develop framework/plan, and begin implementation of planned strategies to enhance nursing practice

SECTION J

PRESSURES AND CHALLENGES

- Health equity indicators require engagement of many others across the organization
- The small size of the Core Team can make it challenging to complete all objectives – prioritization is needed

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- There are no PBMA proposals associated with the Office of the Chief Nursing Officer

GENERAL EXPENSES & REVENUES

SECTION A				
SERVICE AREA	General Expenses & Revenues	MANAGER NAME	John Millson	DATE
PROGRAM TEAM	General Expenses & Revenues	DIRECTOR NAME	John Millson	January 2017

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/occupancy costs, risk management & audit, post-employment benefits, employee assistance program (EAP), expected agency gapping / 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 				

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 expected 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 as interest revenue, property searches and miscellaneous revenue.

2017 Planning & Budget Template

Program: General Expenses & Revenues

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2015	2016 (anticipated)	2017 (estimate)
Component of Team #1 – #5			
N/A			

SECTION F	2016 TOTAL FTEs	2017 ESTIMATED FTEs
STAFFING COSTS:		
No FTEs		

SECTION G						
EXPENDITURES:						
Object of Expenditure	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Benefits (Retiree & Other)	\$ 362,953	\$ 566,316	\$ 228,953	\$ 263,013	\$ 34,060	14.9%
Expected Vacancies	(815,163)		(780,851)	(749,155)	31,696	4.1%
Program Supplies	103,000	97,207	103,000	103,000		
Board Expenses	55,500	36,652	55,500	55,000		
Staff Development		20,866	1,800	1,800		
Occupancy Costs	1,473,723	1,541,024	1,499,108	1,556,508	57,400	3.8%
Professional Services	242,400	221,509	223,400	223,400		
Furniture & Equipment	192,025	190,439	140,025	105,025	(35,000)	(25.0)%
Other Agency Costs	66,887	80,007	99,887	79,887	(20,000)	(20.0)%
Contributions to Reserves / Reserve Funds	250,000	250,000	250,000	250,000		
Total Expenditures	\$ 1,930,875	\$ 3,004,020	\$ 1,820,822	\$ 1,888,978	\$ 68,156	3.7%

2017 Planning & Budget Template

Program: General Expenses & Revenues

SECTION H

FUNDING SOURCES:

Object of Revenue	2015 Budget	2015 Actual	2016 Budget	2017 Draft Budget	\$ increase (\$ decrease) over 2016	% increase (% decrease) over 2016
Cost-Shared	\$ 1,901,125	\$ 2,958,173	\$ 1,791,072	\$ 1,859,228	\$ 68,156	3.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	3,942	3,750	3,750		
Other Offset Revenue	26,000	15,975	26,000	26,000		
Contribution from Reserves		25,930				
Total Revenues	\$ 1,930,875	\$ 3,004,020	\$ 1,820,822	\$ 1,888,978	\$ 68,156	3.7%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2017

- Increased security measures at 50 Ming Street office.
- This budget supports the work found under the “Operations” portfolio specifically related to the work by the Organizational Structure and Location Committee.

SECTION J

PRESSURES AND CHALLENGES

- Funding pressures remain uncertain due to the desire for the Province to balance its budget by 2017/2018 and potential recommendations regarding the Location Project.

Program: General Expenses & Revenues

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

The following enhancements/reductions have been included in the base program budget:

- \$ 34,060 Potential results of internal processes
- \$ 20,900 Additional security costs
- \$ 36,500 Occupancy costs such as hydro, water, gas, and general maintenance
- \$ 31,696 Reduction in the expected agency vacancy budget
- (\$35,000) Organizational structure office space reconfigurations – One-time requirement in 2016
- (\$20,000) Cell Phone hardware costs not required in 2017



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2017 January 26

2016 BOARD OF HEALTH REMUNERATION

Recommendation

It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to receive Report No. 002-17FFC, “2016 Board of Health Remuneration” for information.

Key Points

- Section 49 of the Health Protection and Promotion Act outlines the reimbursement of Board of Health members.
- Under Section 284 (1) of the Municipal Act, the City of London and Middlesex County Administration are required to report on the remuneration paid to Council members, including remuneration paid to members of Council by Boards and Commissions.

Background

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

Remuneration

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

Expenses

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

Rate of remuneration

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

Member of municipal council

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

In relation to Section 49(6), the Board of Health’s meeting rate for 2016 was \$149.25.

2016 Remuneration and Expenses

Under [Section 284 \(1\) of the Municipal Act](#), the City of London and Middlesex County Administration are required to report on the remuneration paid to Council members, including remuneration paid to members of Council by Boards and Commissions. The remuneration report, attached as [Appendix A](#), includes stipends paid for meetings, reimbursements for travel and related expenses that the Health Unit provided to each Board of Health member in 2016.

In addition to the regular Board of Health meetings, in 2016 the Board of Health operated two committees the Finance & Facilities Committee which met 12 times, and the Governance Committee which met 5 times in 2016.

The following is the membership of the 2016 Committees:

Finance & Facility Committee:

Ms. Trish Fulton (Chair)
Mr. Jesse Helmer
Mr. Marcel Meyer

Mr. Ian Peer
Ms. Joanne Vanderheyden

Governance Committee:

Mr. Trevor Hunter (Chair)
Mr. Ian Peer

Mr. Jesse Helmer
Mr. Kurtis Smith

Until April 2016:

Mr. Stephen Turner
Ms. Joanne Vanderheyden

Mr. Mark Studenny

Consistent with Section 49(11) of the Health Protection and Promotion Act, City Councilors Ms. Maureen Cassidy, Mr. Stephen Turner did not receive remuneration for any Board of Health or Committee meetings. However, Mr. Jesse Helmer did receive remuneration as he was the Chair of the Board of Health in 2016.

This report was prepared by Mr. John Millson, Associate Director of Finance.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

**MIDDLESEX-LONDON BOARD OF HEALTH
2016 REMUNERATION REPORT**

Board Member	Board/Committee Meetings	Board Mtg. Travel	Other Mtgs./ Conferences	Other Travel & Accomm.	Total
Ms. Maureen Cassidy ¹	\$ -	\$ -	\$ -	\$ -	\$ -
Ms. Trish Fulton	3,134.25	5.68	-	-	3,139.93
Mr. Jesse Helmer (Chair) ^{1,2}	3,805.85	-	298.50	-	4,104.35
Mr. Trevor Hunter	2,686.50	-	-	-	2,686.50
Ms. Tino Kasi	149.25	-	-	-	149.25
Mr. Marcel Meyer	3,439.38	429.84	3,594.01	981.29	8,444.52
Mr. Ian Peer	3,917.26	-	149.25	-	4,066.51
Ms. Viola Poletes Montgomery	294.08	17.44	-	-	311.52
Ms. Nancy Poole	1,044.75	129.27	-	-	1,174.02
Mr. Kurtis Smith	2,388.00	570.33	149.25	-	3,107.58
Mr. Mark Studenny	735.20	77.13	-	-	812.33
Mr. Stephen Turner ^{1,3}	-	-	-	-	-
Ms. Joanne Vanderheyden	3,134.25	385.72	149.25	-	3,669.22
TOTAL	\$ 24,728.77	\$ 1,615.41	\$ 4,340.26	\$ 981.29	\$ 31,665.73

Notes:

- 1) Remuneration for meetings for City Councillors is included in their annual salary which is paid by the City of London
- 2) Mr. Jesse Helmer received a stipend as the Chair of the Board of Health as per the Health Protection & Promotion Act Section 49(11)
- 3) Mr. Stephen Turner resigned from the Board of Health on May 27, 2016

Proposed 2017 Board of Health, Governance Committee and Finance & Facilities Committee Meeting Dates

2017 Board of Health Meeting Dates	
Thurs. Jan. 19	*Governance Committee
Thurs. Feb. 16	
Thurs. Mar. 16	*Governance Committee
Thurs. April 20	*Governance Committee
Thurs. May 18	
Thurs. June 15	*Governance Committee
Thurs. July 20	*Governance Committee
Thurs. Aug. 17	
Thurs. Sept. 21	*Governance Committee
Thurs. Oct. 19	*Governance Committee
Thurs. Nov. 16	
Thurs. Dec. 14	*Governance Committee

2017 Finance and Facilities Committee Meeting Dates	
Thursday, Jan 26	*10:30 a.m.
Thursday, Feb 2	
Thursday, Mar 2	
Thursday, Apr 6	
Thursday, May 4	
Thursday June 1	
Thursday, July 6	
Thursday, Aug 3	
Thursday, Sept 7	
Thursday, Oct 5	
Thursday, Nov 2	
Thursday, Dec 7	