



TO: Chair and Members of the Finance and Facilities Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 August 10

CITY OF LONDON BUDGET: ASSESSMENT GROWTH PROPOSALS

Recommendation

It is recommended that the Finance and Facilities Committee recommend to the Board of Health to receive Report No. 11-23FFC re: “City of London Budget: Assessment Growth Proposals” for information.

Key Points

- On July 20th, 2023 the Board of Health approved the submission of the 2024 MLHU budgetary requirements to the City of London which accounted for the discontinuation of provincial mitigation funding and inflationary increases.
- There is an additional opportunity to request funding from the ‘Assessment Growth’ fund through the submission of business cases, related to population growth and associated municipal expansion that has direct impacts to programs and services offered by City-funded Agencies, Boards and Commissions.
- The Middlesex London Health Unit have a number of programs and services that have been drastically impacted by increased demand associated with population growth in London over the last five years.
- Health Unit staff have prepared several proposals for submission to the Assessment Growth business case review process.

Background

[Report 46-23](#) to the Board of Health outlined the early projections of financial pressures facing the Middlesex London Health Unit (MLHU) in 2024. A portion of the budget for the MLHU is split between the Province of Ontario and the City of London and the County of Middlesex. The City of London Multi-Year Budget process is underway, and includes several mechanisms to submit budget requirements, two of which were approved by the Board of Health on July 20, 2023 (Mitigation funding and an inflationary increase). The other opportunity to submit funding requests is via the ‘Assessment Growth’ business case process, which is related to population growth and associated industry expansion that has had direct impacts to programs and services offered by City-funded Agencies, Boards and Commissions. The MLHU has not historically requested to access this funding, however, review of the 2016-2021 Census data provided important context for the increased demand for services from the Health Unit.

Between 2016 and 2021, the population of the Middlesex-London region increased by 9.9%, compared to 5.8% in Ontario during the same period. More specifically for London, population growth was 10.0%, well above the increase across the province as a whole. As of 2021, the Census population was 500,434 for the Middlesex-London region, with 422,324 people in the City of London.

During the same five-year period, the population across broad age groups in the Middlesex-London region all increased by a greater magnitude than Ontario as a whole. The local population of school-aged children 4-17 years of age grew by 13.0%, compared to an increase of 2.9% in Ontario for the same age group. By 2021, there were approximately 10,000 more school-aged children in the Middlesex-London region. For the

City of London, there were notable increases in this age group at 14.3%, far exceeding the provincial increase (2.9%). Similarly, there was an increase in the number of births in London, with 354 more, reflecting a 7.6% increase between 2016 and 2022.

Between 2016 and 2021, the number of recent immigrants to Middlesex-London increased by nearly 70%, from 11,595 in the 2016 to 19,685 in 2021. As a proportion of the population, recent immigrants accounted for 3.1% of the City of London population in 2016, and increased to 4.7% in 2021.

Finally, in keeping with the overall population growth and associated municipal expansion within the City of London, there was a 2033% increase in the number of licensed cannabis retail stores between 2019 to 2022, and a 15% increase in the number of tobacco and vapour product stores from 2017 to 2022.

Programs Impacted by Population Growth in London

School Health Team: The 14.3% increase in school-aged children (10,000 more by 2021) has increased demand for Public Health Nurses (PHN) on the Secondary School Health Team. The current model of service, with 7.0 PHNs carrying a case load of three schools each, means four schools are unable to have a nurse weekly and receive universal programming. The associated Assessment Growth proposal for the Secondary School Health Team is for 1.0 Full Time Equivalent (FTE) PHN to enable all Secondary Schools in London to have PHN support; this equates to \$93,089.

Vaccine Preventable Disease Team - A high proportion of individuals newly arrived in Canada may be susceptible to vaccine preventable diseases because of a lack of effective immunization programs in their country of origin. Immunization of persons new to Canada is often challenging because: immunization records may not exist; records may be difficult to interpret because of language barriers; and immunization schedules and vaccines may differ from those used in Canada (Public Health Agency of Canada, 2023 as [Appendix A](#)). The 70% increase in recent immigrants to London has had a notable impact on demand for Immunization Clinic appointments at MLHU, as many newcomers do not have access to primary care. The 14.3% increase in school-aged children compounds this issue, as the Health Unit is accountable for ensuring that all children are compliant with the Immunization for School Pupils Act (ISPA). The associated Assessment Growth proposal for the VPD team is for 1.0 FTE Program Assistant, 1.0 FTE Public Health Nurse, and 0.30 FTE Casual Nurse; this equates to \$176,965.

Infectious Disease Control Team [Tuberculosis (TB)] - As part of the immigration process, newcomers are required to complete an Immigration Medical Examination (IME). If there are any abnormalities associated with the IME chest x-ray, public health will review the examination and conduct a medical history interview and symptom assessment. The 70% increase in recent immigrants to London has also had an impact on the volumes of suspected and active TB cases, requiring follow up by the MLHU, with the number of active TB cases more than tripling since 2016, up from 8 per year to 23 by 2021. Each TB case requires very intensive investigation, requiring 50 hours of staff time. The number of new referrals to the MLHU has increased by 28% over the same five years, from 76 in 2016 to 273 in 2021. The associated Assessment Growth Proposal for the IDC team is for 1.0 FTE PHN; this equates to \$93,089.

Substance Use Program Team (Smoke-Free Ontario Program and Cannabis Program) – On October 17, 2018, the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)* came into effect to regulate the use and retail sale of tobacco and vapour products, and to regulate the smoking and vaping of cannabis products in Ontario. Tobacco Enforcement Officers (TEOs) are designated by the Minister of Health to enforce the *SFOA, 2017*. The increase in enforcement mandate in 2018 did not come with increased, sustained funding. This pressure has been further compounded by the growth in the number of Cannabis, Tobacco and Vapour product retailers that require inspection. The associated Assessment Growth Proposal for the Substance Use Program Team is 2.0 FTE TEO; this equates to \$148,402.

Healthy Families Home Visiting Team – Historically, approximately 60% of Healthy Baby Healthy Children risk assessment screening completed at London Health Sciences Centre by nurses from the MLHU, are found “with risk” and qualify for follow-up with Home Visiting Nursing support. The 7.5% increase in births represents an additional 212 families that require PHN home visiting. This is in addition to the increase of approximately 318 additional families that require low-risk breastfeeding home visiting. The associated Assessment Growth Proposal for the Healthy Families Home Visiting Team is 1.0 FTE PHN; this equates to \$93,089.

The total submission to the City of London Assessment Growth fund is \$604,634.

Next Steps

The deadline for submission to the Multi-Year Budget Process for the City of London is August 15 and staff will be working to finalize the above noted proposals for submission.

This report was prepared by the Chief Executive Officer.



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