

SECTION A

SERVICE AREA	EHCDP	MANAGER NAME	Linda Stobo	DATE
PROGRAM TEAM	Chronic Disease Prevention and Tobacco Control	DIRECTOR NAME	Wally Adams	January 7, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

- OPHS:** Foundational Standard; Chronic Disease Prevention
- Relevant Legislation:**
 - Health Protection and Promotion Act
 - Smoke-Free Ontario Act and Ontario Regulation 48/06
 - City of London Smoking Near Recreation Amenities and Entrances Bylaw
 - Bill 30, the Skin Cancer Prevention Act received Royal Assent in October 2013 with an anticipated proclamation date in 2014
- OPHS Protocols**
 - Nutritious Food Basket Protocol, 2008
 - Tobacco Compliance Protocol, 2008
- Relevant Funding Agreements and Directives**
 - Ministry of Health and Long-Term Care **Smoke Free Ontario** Program Guidelines
 - Smoke-Free Ontario Act* Enforcement Directives (Youth Access, Tobacco Retail & Manufacturing, and Enclosed Public Places/Workplaces) or as current

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SECTION D

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

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

- promote sun protective behaviours
- support the development of policies within workplaces, schools and childcare facilities that protect people from exposure to UVR
- advocate for and 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

COMPONENT(S) OF TEAM PROGRAM #2: EARLY DETECTION AND PREVENTION OF CANCER

Goal: Decrease the morbidity and mortality from breast, cervical and colorectal cancer and increase participation in provincial cancer screening programs

- promote the cancer screening guidelines and the benefits of screening for early detection of cervical, breast and colorectal
- increase recruitment and mobilization of under and never screened women and marginalized groups (immigrants, newcomers, low literacy, low income) to breast, cervical and colorectal cancer screening
- increase the cultural sensitivity of health care professionals to help reduce the barriers to participating in cancer screening programs
- increase capacity within the healthcare community and address barriers to facilitate increased use of the FOBT for colorectal cancer screening

COMPONENT(S) OF TEAM PROGRAM #3: FOOD SECURITY, FOOD SKILLS/LITERACY AND PROMOTION OF HEALTHY EATING

Goal: Decrease the morbidity and mortality from preventable chronic diseases through the adoption of healthy eating behaviours

- the provision of food skills workshops to high risk youth and other priority populations (low literacy, low income, transient, young mothers)
- annual collection of the Nutritious Food Basket Survey data; advocacy efforts around food insecurity and impact of income on health
- support the development of policies within workplaces and municipalities, and advocacy for provincial legislation/regulations to achieve healthy food environments
- promote healthy eating and increased access to fruits and vegetables (e.g. Harvest Bucks Voucher Program, Sodium Campaign, Energy Drink campaign)
- support implementation of the objectives of the London Food Charter through the establishment of a London Food Policy Council

COMPONENT(S) OF TEAM PROGRAM #4: 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 tobacco use by changing social norms through creative health promotion initiatives and community events
- policy development within school boards and municipalities to promote tobacco-free cultures (e.g. tobacco-free schools, outdoor bylaws)
- advocate for provincial legislation/regulations (e.g. flavour ban, smoke-free movies, restrictions on promotion)
- denormalization of tobacco product use and the tobacco industry
- monitor and respond to emerging issues in tobacco control

COMPONENT(S) OF TEAM PROGRAM #5: TOBACCO CESSATION

Goal: Decrease the morbidity and mortality from tobacco use through the provision of targeted, sustained and integrated smoking cessation services.

- 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, mental illness, etc)

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COMPONENT(S) OF TEAM PROGRAM #6: PROTECTION AND TOBACCO ENFORCEMENT (*SMOKE-FREE ONTARIO ACT AND MUNICIPAL BYLAWS*)

- Goal:** Decrease the morbidity and mortality from tobacco use 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)
 - increase provincial/municipal prohibitions on tobacco use (e.g. outdoor smoking bylaws, smoke-free private market and social housing)
 - decreased exposure to tobacco products and tobacco industry product marketing/promotion
 - promote compliance with the *Smoke-Free Ontario Act* through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
Advocate for enactment of provincial artificial tanning legislation	80% of public in support of legislation(2011 data)	Provincial legislation received Royal Assent	Enactment
Component of Team #2 EARLY DETECTION/PREVENTION OF CANCER			
% of MLHU eligible residents participating in mammogram screening	61.1% (2010-2011)	Data not yet available	Increase
% of MLHU eligible residents participating in cervical cancer screening	65.2% (2009-2011)	Data not yet available	Increase
% of MLHU eligible residents participating in colorectal cancer screening	33.7% (2010-2011)	Data not yet available	Increase
Component of Team #3 FOOD SECURITY, FOOD SKILLS, PROMOTING HEALTHY EATING			
% of Middlesex-London residents aged 12 years and older reporting eating the recommended daily amount of vegetables and fruit	37% (2009 data)	37% (2011/2012)	Increase
Component of Team #4 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
# of Youth Engaged/Reached in Programming through partnerships/projects	4000	4500	Increase
# of Attendees at annual Smoke-free Movie Night in the Park	1300	1800	Increase
% of youth who have never smoked a whole cigarette (Accountability Agreement Indicator)	87.5%	≥ target of 85.3%	Increase
Component of Team #5 TOBACCO USE CESSATION			
% of adults aged 19 years and over in Middlesex-London that are current smokers	22% (2009/2010)	19% (2011/2012)	Decrease
Component of Team #6 PROTECTION AND ENFORCEMENT			
% of Middlesex-London exposed to SHS in vehicles and in public places	Unavailable	15.4% (2011/2012)	Decrease
% of tobacco vendors in compliance with youth access legislation at last inspection (Accountability Agreement Indicator)	98.9%	99.4%	Same
# of inspections of public places and workplaces	2001	1600	Same

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SECTION F		
STAFFING COSTS:	2013 TOTAL FTES	2014 ESTIMATED FTES
	11.8	13.2
Program Manager	1.0	1.0
Public Health Dietitians	2.0	2.0
Public Health Nurses	3.0	3.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.1	3.1
Administrative Assistants	1.5	1.5
Youth Leaders (6-8 students, approx.. 7-10 hours/week)	0.0	0.9
Test Shoppers (6 students, approx. 4 to 8 hours per month)	0.2	0.2

SECTION G						
EXPENDITURES:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 1,074,092	\$ 1,058,783	\$ 889,171	\$ 957,203	\$ 68,032	7.7%
Other Program Costs	179,709	186,704	243,222	323,222	80,000	32.9%
Total Expenditure	\$ 1,253,801	\$ 1,245,487	\$ 1,132,393	\$ 1,280,425	\$ 148,032	13.1%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	\$ 674,195	\$ 655,501	\$ 493,155	\$ 638,187	\$ 145,032	29.4%
MOHLTC – 100%	572,685	557,819	632,317	632,317		
MCYS – 100%						
User Fess						
Other Offset Revenue	6,921	32,167	6,921	9,921	3,000	43.4%
Total Revenue	\$ 1,253,801	\$ 1,245,487	\$ 1,132,393	\$ 1,280,425	\$ 148,032	13.1%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Completion of the Public Health Agency of Canada funded “Mobilizing Newcomers and Immigrants to Cancer Prevention and Screening Project”, in collaboration with the Southwest Region Cancer Program, the Canadian Cancer Society and the London Intercommunity Health Centre and the establishment of a sustainability plan to inform ongoing work to increase cancer screening rates in under and never screened populations in Middlesex-London.
- A London Local Foods Community Forum will be hosted to solicit community partner commitment to establish a London Food Policy Council.
- Promotion of the *Skin Cancer Prevention Act* which is anticipated to be proclaimed and enacted by June 2014
- Expansion/enhancement of smoking cessation services delivered by the Health Unit to reach priority populations

SECTION J

PRESSURES AND CHALLENGES

- The enactment of the *Skin Cancer Prevention Act* will require additional work on the part of the Chronic Disease Prevention Team which will be a challenge if additional resources are not provided by the Province
- Smoke-Free Ontario funding has been static since 2010; inflation is putting significant challenges on our comprehensive tobacco control program. The inflationary pressures will be mitigated using managed gapping in 2014.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

- Enhancement to Smoking Cessation Services - \$88,032 (.50 FTE) - This proposal will provide additional Public Health Nurse resources to support the uptake of nicotine replacement therapies with priority populations within our community.
- Chronic Disease and Tobacco Prevention Youth Engagement Strategy - \$22,000 - This proposal will significantly improve the youth engagement efforts related to chronic disease prevention and tobacco control.
- Promotion of Artificial Tanning Legislation under the Skin Cancer Prevention Act - \$35,000 (One-time Funding) – This one-time funding request will support a local campaign to (a) increase awareness about the dangers of artificial tanning and ultraviolet radiation exposure, (b) promote the legislation and the new protection; and (c) support the implementation of a tanning services provider education strategy/campaign to increase operator compliance with the legislation.

2014 Planning & Budget Template

<u>SECTION A</u>				
Service Area	EHCDP	Manager Name	Sarah Maaten	Date
Program Team	Director/Epidemiology/Program Evaluator	Director Name	Wally Adams	January 7, 2014

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

<u>SECTION C</u>
Ontario Public Health Standard(s), Relevant Legislation or Regulation
<ul style="list-style-type: none"> Ontario Public Health Standards Principles of Need, Impact and the Foundational Standard components of Population Health Assessment, Surveillance, Research and Knowledge Exchange and Program Evaluation are supported by the Epidemiologist/Program Evaluator team.

<u>SECTION D</u>
Component(s) Of Team Program #1 Capacity Building for Program Planning, Evaluation and Evidence-Informed Decision Making
The objective of this component is to increase capacity among public health practitioners for effective program planning, evaluation and evidence informed decision making. Targeting public health staff and managers, activities of this component include planning and delivering training sessions to enhance use of research evidence and conduct program evaluations. It also involves the development of a larger plan, with associated processes, for capacity building in MLHU staff.
Component(s) Of Team Program #2 Program Planning Support
The objective of this component comes directly from the OPHS Foundational Standard. We aim to increase awareness among public health practitioners, policy-makers, community partners, health care providers, and the public of the best available research regarding the factors that determine the health of the population and support effective public health practice. The Epi/PE team will conduct activities that support public

health practitioners and other key stakeholders in accessing and interpreting various forms of evidence to establish need for their programs and identify effective public health strategies.

Component(s) Of Team Program #3 Population Health Assessment & Surveillance

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

Component(s) Of Team Program #4 Program Evaluation Support

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

Component(s) Of Team Program #5 Community Collaboration for Health Research and Knowledge Exchange

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

SECTION E

Performance/Service Level Measures

	2012	2013 (anticipated)	2014 (estimate) (same/increase/decrease)
Component of Team #1 Capacity Building for Program Planning, Evaluation and Evidence-Informed Decision Making			
Average monthly % of EHCDP staff responsible for program planning and evaluation who attend Evidence Club meetings	NA	13%	increase
% of EHCDP staff responsible for program planning and evaluation who can develop a logic model	NA	50%	increase
% of EHCDP staff who agree that MLHU organization believes that research evidence is useful to determine program or policy strategies and interventions.	NA	71%	increase
Component of Team #2 Program Planning Support			
% of EHCDP staff responsible for program planning and evaluation who integrate various forms of evidence including research, professional experience, political climate and community context to	NA	56%	increase

inform decision making.			
Component of Team #3 Population Health Assessment & Surveillance			
% of EHCDP staff responsible for program planning and evaluation who review surveillance data to understand the extent of issue or problem.	NA	50%	increase
Component of Team #4 Program Evaluation Support			
% of EHCDP staff responsible for program planning and evaluation who review evaluation reports to assess who is accessing and benefiting from our programs and services.	NA	36%	increase
Component of Team #5 Community Collaboration for Health Research and Knowledge Exchange			
% of projects involving partnerships with community researchers, academic partners and other organizations. (Indicator to be developed)	NA	NA	increase

SECTION F		
Staffing Costs:	2013 Total FTEs	2014 Estimated FTEs
	4.0	4.75
Director	1.0	1.0
Administrative Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.0	1.75

SECTION G						
Expenditures:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 395,777	\$ 403,922	\$ 408,907	\$ 470,032	\$ 61,125	15.0%
Other Program Costs	15,942	21,059	15,942	16,917	975	6.1%
Total Expenditure	\$ 411,719	\$ 424,981	\$ 424,849	\$ 486,939	\$ 62,090	14.6%

SECTION H

Funding Sources:

Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	\$ 411,719	\$ 424,981	\$ 424,849	\$ 486,939	\$ 62,090	14.6%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue						
Total Revenue	\$ 411,719	\$ 424,981	\$ 424,849	\$ 486,939	\$ 62,090	14.6%

SECTION I

Key Highlights/Initiatives Planned For 2014

- Update of the sections of the Community Health Status Resource relevant to EHCDP with most recent data available
- Develop the context and culture to support evidence-informed public health through a CIHR funded research study with McMaster University
- Begin development of the “Program Profile” detailing key elements of planning and evaluation for programs in EHCDP

SECTION J

Pressures and Challenges

- Increasing number of Accountability Agreement indicators
- Further engagement in Program Budgeting and Marginal Analysis requiring in depth review of the need, impact, capacity and partnerships/collaboration, legislative requirement and organizational risk components of programs and services.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

The recommended enhancement is the addition of 0.75 FTE Program Evaluator to the EHCDP Epi/PE team. This proposal will increase program evaluation resources that will improve MLHU’s understanding of population health need and its services’ impact on health outcomes.

2014 Planning & Budget Template

SECTION A				
Service Area	EHCDP	Manager Name	David Pavletic	Date
Program Team	Food Safety	Director Name	Wally Adams	January 7, 2014

SECTION B
Summary of Team Program
<ul style="list-style-type: none"> The Food Safety team aims to prevent and reduce the burden of food-borne illness through education, monitoring and enforcement activities, including restaurant inspections.

SECTION C
Ontario Public Health Standard(s), Relevant Legislation or Regulation
<ul style="list-style-type: none"> Environmental Health Program Standards (Food Safety) and Food Safety Protocol, 2013 Health Protection and Promotion Act (HPPA) Reg. 562 Food Premises Food Premises Inspection and Mandatory Food Handler Training Bylaw (City of London and Middlesex County)

SECTION D
Component(s) Of Team Program #1 Surveillance and Inspection
<ul style="list-style-type: none"> 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. Monitor all O. Reg. 562 exempted facilities (farmers markets, residential homes, churches / service clubs / fraternal organizations for special events). Enforce bylaws (City of London, Middlesex County) – posting inspection summaries / mandatory food handler training certification.

Component(s) Of Team Program #2 Management and Response			
<ul style="list-style-type: none"> Investigate and respond to all complaints related to food premises in a timely manner (within 24 hours). Investigate all suspected food-borne illnesses and lab confirmed food-borne illnesses related to a food premise in a timely manner (within 24 hours). Participate in food recall verification checks. Collaborate with Infectious Disease Control team (MLHU), other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture and Food) as directed by the MOHLTC or locally under MOH direction. 			
Component(s) Of Team Program #3 Awareness, Education and Training			
<ul style="list-style-type: none"> Education / training conducted informally by PHIs during inspections and consultations with food premises operators and staff. Provide food handler training courses and administration of exams in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol) to the general public, not-for-profits, students and food premises operators. In addition, food handler training is offered through a corporate course option for larger groups (>15 participants) via on-site training. Provide food safety seminars, community presentations and health fairs to promote safe food handling practices. Make available food safety information for the general public / food premises operators via on-line (www.healthunit.com) and paper resources (Food Talk, Getting Started Packages and Display Signs etc.). 			
Component(s) Of Team Program #4 Disclosure			
<ul style="list-style-type: none"> Monitor DineSafe website for public inquiries (complaints / service requests) and website glitches or data input errors resulting in potential inaccuracies. Maintain DineSafe website by including legal actions taken and updated material. Ensure that all DineSafe facilities receive a DineSafe Middlesex-London Inspection Summary (sign) posted at entrance of facility. Respond to all media inquiries related to inspection results. 			

SECTION E			
Performance/Service Level Measures			
	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Surveillance and Inspection			
<i>High risk food premises inspected once every 4 months (Accountability Agreement Indicator)</i>	99% (1,408)	99.6% (1,441)	Increase
<i>Moderate risk food premises inspected once every 6 months</i>	99% (1,684)	97.8% (1,626)	Increase

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Component of Team #2 Management and Response			
Food Complaints / Service Requests (CSR) followed up within 24 hours (Formal monitoring of response time to be developed for 2014)	Estimated 100% (1,140)	Estimated 100% (1,139)	Same
Suspect / Lab Confirmed food-borne illness calls followed up within 24 hours (Formal monitoring of response time to be developed for 2014)	Estimated 100% (174)	Estimated 100% (150)	Same
Component of Team #3 Awareness, Education and Training			
Food handler training certificates issued	3,705	3,600	Same
Component of Team #4 Disclosure			
Total number of food premises inspection reports disclosed on DineSafe website and posted (not including seasonal / special events)	96% (3,772)	96%	Increase

SECTION F		
Staffing Costs:	2013 Total FTEs	2014 Estimated FTEs
	14.0	14.0
Program Manager	1.0	1.0
Public Health Inspectors	12.0	12.0
Administrative Assistant	1.0	1.0

SECTION G						
Expenditures:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 1,170,470	\$ 1,147,303	\$ 1,215,449	\$ 1,215,449		
Other Program Costs	73,907	63,959	75,813	55,813	\$ (20,000)	(26.4)%
Total Expenditures	\$ 1,244,377	\$ 1,211,262	\$ 1,291,262	\$ 1,271,262	\$ (20,000)	(1.6)%

2014 Planning & Budget Template

SECTION H

Funding Sources:

Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	\$ 1,225,377	\$ 1,158,811	\$ 1,265,762	\$ 1,245,762	\$ (20,000)	(1.6)%
MOHLTC – 100%						
MCYS – 100%						
User Fess	19,000	52,451	25,500	25,500		
Other Offset Revenue					0	
Total Revenues	\$ 1,244,377	\$ 1,211,262	\$ 1,291,262	\$ 1,271,262	\$ (20,000)	(1.6)%

SECTION I

Key Highlights/Initiatives Planned For 2014

- Explore opportunities for greater collaborations with community partners and agencies for service delivery (London Training Center, School Boards and City of London).
- Include mobile food premises into food disclosure program (DineSafe).
- Unify and improve upon the DineSafe program by incorporating the posted coloured signs onto the website.
- Improve enforcement strategies for London business owners who are chronically non-compliant with acquiring a valid business license

SECTION J

Pressures and Challenges

- The meat processing plants (low risk) will soon be downloaded to Public Health Units from the Ontario Ministry of Agriculture and Food, but in addition, the meat processing being conducted within food service establishments will now need to be inspected by PHIs from PHUs. These inspection responsibilities were previously conducted by OMAF and so additional training and inspection time will be required to maintain this level of service with no added resources anticipated.
- Seasonal markets are becoming more popular and greater in number and many are not exempted from ON Reg. 562 thereby requiring more diligent monitoring, assessing and inspecting.
- Secondary schools operating more hospitality programs that involve the sale of foods to the student body (not currently being inspected).

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- Reduction in Food Safety Materials - \$20,000 - This proposal would (a) discontinue “Food Talk” – a quarterly newsletter mailed to all moderate- and high-risk food premises (1,600 mailed quarterly), and (b) discontinue printing and mailing food safety materials, and make them available online.

2014 Planning & Budget Template

SECTION A				
Service Area	EHCDP	Manager Name	Mary Lou Albanese	Date
Program Team	Healthy Communities and Injury Prevention (HCIP)	Director Name	Wally Adams	January 7, 2014

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

SECTION C
Ontario Public Health Standard(s), Relevant Legislation or Regulation
<ul style="list-style-type: none"> Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse

SECTION D
Component(s) Of Team Program #1 Workplace Wellness
<ul style="list-style-type: none"> Work primarily with mid to small workplaces/employers with limited resources to provide employee wellness programs through consultation and linking the workplaces with other MLHU programs and services. Collaborate with Elgin – St. Thomas Health Unit and Oxford Public Health to address psychologically safe and healthy workplaces
Component(s) Of Team Program #2 Physical Activity
<ul style="list-style-type: none"> Promote physical activity to the entire community with a focus on those in the 18 to 80 age group Play a lead role in the Middlesex-London inMotion Partnership and the implementation of the inMotion Community Challenge Community and partner consultation and supports e.g. Thames Valley Trails Association Saturday morning walks, Active and Safe Routes to School Committee, Workplace physical activity promotion. Partner with Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs in the City of London (eg. Acti-pass – passes to grade 5 students to access recreational activities)

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<p>Component(s) Of Team Program #3 Seniors and Falls/Healthy Aging</p> <ul style="list-style-type: none"> • Play a lead role in the Stepping Out Safely Falls Prevention Coalition(partnership of 40 partners) • Member of the SW LHIN Integrated Falls Committee who are developing an implementation plan for the Integrated Falls Strategy
<p>Component(s) Of Team Program #4 Road Safety (including vulnerable road users)</p> <ul style="list-style-type: none"> • Chair the London-Middlesex Road Safety Coalition who do educational campaigns e.g. winter driving, share the road etc; • Collaborate with City of London and other London partners to develop 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; • Development of Share the Road Campaign for cyclists
<p>Component(s) Of Team Program #5 Child Safety</p> <ul style="list-style-type: none"> • Provide child safety information, including videos, to caregivers (parents, grandparents, day care workers, etc.) for children less than 18, especially vulnerable children • Distribute bicycle helmets for vulnerable school age children (Helmets on Kids) • Collaborate with local and provincial partners • Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign
<p>Component(s) Of Team Program #6 Alcohol and Substance Misuse</p> <ul style="list-style-type: none"> • Marketing of the video <i>Understanding Canada's Low Risk Drinking Guidelines</i> • Marketing the next phase of the <i>ReThinking Your Drinking</i> campaign and website • Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation • Work with municipalities to update their Municipal Alcohol Policies • Train primary health care workers, including physicians, on Low Risk Drinking Guidelines.
<p>Component(s) Of Team Program #7 Healthy Communities Partnership</p> <ul style="list-style-type: none"> • Develop submissions to the municipal Official Plan consultations for London, Middlesex County, and county municipalities to enhance healthy community policy i.e. active transportation, road safety; food security and healthy eating promotion; mental wellbeing and social cohesion • Advocate for the endorsement of the international Toronto Charter for Physical Activity in our local municipalities • Partner with the City of London to support Share the Road signage and develop campaign for drivers and cyclists • Organize and present the partnership forums and workshops such as the Middlesex County Healthy Communities Forum; food canning workshop • Organize a Food Charter Forum to work with London community to develop a London Food Council

SECTION E			
Performance/Service Level Measures			
	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Workplace Wellness			
% of workplaces with increased knowledge of MLHU Healthy Workplace Program	69%	Estimated 70%	Increase
Consultations provided to workplaces	100	200	Increase
Component of Team #2 Physical Activity			
inMotion Community Challenge – Minutes of Physical Activity achieved	Media campaign	2,000,000 minutes of physical activity reached by City of London residents	Expand Challenge into County/#minutes Increase #minutes in London
Elementary Schools Implementing School Travel Plans (STP)	N/A	10 STP	Increase
Component of Team #3 Seniors and Falls/Healthy Aging			
Reduce fall-related emergency visits in older adults aged 65 + (Accountability Agreement Indicator – long term targets to be reported in future years)	N/A	N/A	N/A
Bus transportation provided for vulnerable seniors	200	150	Same
Component of Team #4 Road Safety including vulnerable road users			
Winter Driving Campaign	229 Radio PSAs(239,646 Reach)	229 Radio PSAs(239,646 Reach)	Same
Number of drivers and cyclists aware of Share The Road signage	N/A	Development	Increase
Component of Team #5 Child Safety			
Distribution of ‘ Give Your Child a Safe Start ‘ Video child safety video to parents	N/A	Development	8000 to be distributed to parents and caregivers
Distribution of helmets(Helmet on Kids Coalition) to vulnerable	1702	1850	Increase
Component of Team #6 Alcohol and Substance Misuse			
% of population (19+) that exceeds the Low-Risk Drinking Guidelines (Accountability Agreement Indicator – long term targets to be reported in future years)	N/A	N/A	N/A
Municipal Alcohol Policy Implementation	7 Municipalities	7 Municipalities	Increase
Component of Team #7 Healthy Communities Partnership			

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City of London and all Middlesex County municipalities endorse the international Toronto Charter for Physical Activity	1 Municipality	5 Municipalities	Increase
Submit recommendations to Municipal Official Plan reviews	N/A	3 Municipalities	Increase
Vulnerable population (new immigrants) access to fruits and vegetables	N/A	Development	Increase

SECTION F		
Staffing Costs:	2013 Total FTEs	2014 Estimated FTEs
	12.6	11.6
Program Manager	1.0	1.0
Health Promoter	0.6	0.6
Public Health Nurses	10.0	9.0
Administrative Assistant	1.0	1.0

SECTION G						
Expenditures:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 915,970	\$ 893,033	\$ 1,144,350	\$ 1,048,257	\$ (96,093)	(8.4)%
Other Program Costs	56,165	101,943	61,165	170,865	109,700	179.35%
Total Expenditures	\$ 972,135	\$ 994,976	\$ 1,205,515	\$ 1,219,122	\$ 13,607	1.1%

2014 Planning & Budget Template

SECTION H

Funding Sources:

Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	\$ 958,970	\$ 940,636	\$ 1,192,350	\$ 1,205,957	\$ 13,607	1.2%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue	13,165	54,340	13,165	13,165	0	
Total Revenue	\$ 972,135	\$ 994,976	\$ 1,205,515	\$ 1,219,122	\$ 13,607	1.1%

SECTION I

Key Highlights/Initiatives Planned For 2014

- ALRDG and Alcohol brief screening intervention for primary care providers
- In Motion Community Challenge to include Middlesex County
- Share the Road Campaign with installation of Share the Road signs in City of London
- Child Car Booster Seat Campaign
- Implementation of the Southwest integrated falls prevention campaign

SECTION J

Pressures and Challenges

- Limited available program funding for public education and promotion
- Expectations by partners to contribute program dollars toward partnership projects

2014 Planning & Budget Template

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- Childhood Injury Prevention - Car Seat Safety - \$50,000 (One-time Funding) - This would fund a literature review and programming to address a critical issue: only 25% of children 4-8 in Ontario are properly restrained in a booster seat. This work would be done in partnership with the Middlesex Child Safety Committee and Buckle Up Baby program.
- In Motion community challenge in Middlesex County - \$50,000 (One-time Funding) - This would see an in motion Community Challenge initiated across Middlesex County. This is important as citizens of Middlesex County have a higher inactivity rate than citizens within the City of London.
- London Road Safety Strategy - \$10,000 (One-time Funding) - This would see three annual \$10K contributions to the London Road Safety Strategy campaigns which will focus on distracted driving in 2014, and cycling/pedestrian campaigns in 2015 and 2016.
- Website and Health Inequities Program Reassignment – \$96,393 and 1.0 FTE - This position assisted with the development of and transition to the new website and staff will now integrate website work into their individual assignments. The EHCDP Management Team will develop a strategy to address Health Inequities in the service area program delivery.

2014 Planning & Budget Template

SECTION A				
Service Area	EHCDP	Manager Name	Iqbal Kalsi	Date
Program Team	Health Hazard Prevention and Management / Vector Borne Disease	Director Name	Wally Adams	January 7, 2014

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

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

2014 Planning & Budget Template

SECTION D

Component(s) Of Team Program #1 Special Projects Health Hazard Program

- Marijuana Grow-up Operations (review/comment on referrals from the City of London)
- Demolition Permits Compliance Inspections
- Cooling Towers Surveillance, Maintenance and Compliance
- Climate Change Vulnerability and Adaptation; Ambient Air Quality; Extreme Temperatures (Issue Heat and Cold Alerts)
- Radon Education & Awareness
- Special Risk Residents (Squalor, Hoarding)
- General Toxicology/Risk Assessment & Special Projects

Component(s) Of Team Program #2 General EH Program Work / Investigations

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

Component(s) Of Team Program #3 Built Environment / Land Use Planning Program

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

Component(s) Of Team Program #4 Compliance & Inspection Services for External Approval Program

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

Component(s) Of Team Program #5 Emergency Response Support

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

Component(s) Of Team Program #6 Larval Mosquito Surveillance

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

2014 Planning & Budget Template

Component(s) Of Team Program #7 Mosquito Control			
<ul style="list-style-type: none"> • Monitor approximately 250 standing water sites weekly and perform larvicide treatments when vector mosquito larvae are identified • Train six seasonal field staff to obtain licence from MOE through in-class and field pesticide training (proper use, handling and storage activities) • Hire service provider to conduct approximately 30,000 treatments to catch basins in Middlesex-London three times during mosquito season • Conduct random efficacy checks to ensure success of larvicides in catch basins 			
Component(s) Of Team Program #8 Adult Mosquito Surveillance			
<ul style="list-style-type: none"> • Conduct adult mosquito surveillance/trapping on a weekly basis • Conduct hotspot mosquito trapping when WNV positive activity is confirmed in birds, mosquitoes or humans • Monitor areas where large adult mosquito populations are identified and assess the need for additional trapping and larviciding • Hire a laboratory to conduct adult mosquito identification and WNV and EEE viral testing 			
Component(s) Of Team Program #9 Dead Bird Surveillance			
<ul style="list-style-type: none"> • Promote public reporting of dead crows and blue jays to the MLHU • Perform in-house testing to identify WNV 			
Component(s) Of Team Program #10 Complaints & Inquiries			
<ul style="list-style-type: none"> • 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 			
Component(s) Of Team Program #11 Tick Surveillance			
<ul style="list-style-type: none"> • Conduct tick surveillance based on annual local risk assessments • Provide information and educate the public to protect against tick bites when visiting endemic areas in Ontario. • Receive tick submissions and forward on to relevant government laboratories for identification 			
Component(s) Of Team Program #12 VBD Public Education			
<ul style="list-style-type: none"> • Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE • Distribute educational /promotional materials • Issue media releases when positive VBD activity is identified. 			

SECTION E			
Performance/Service Level Measures			
	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Special Projects Health Hazards Program			
Marijuana Grow-up Operations remediation – review/comment on	100% (17)	100% (20)	Same

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referrals			
Demolition Permit Compliance Inspections – respond to referrals and follow-up where there are public health implications	n/a	100% (90)	Same
Cooling Towers Assessed for Compliance with Best Practices Guidelines	n/a	100% (130)	Same
Component of Team #2 General EH Program Work/Investigations			
Respond to all Complaints, Service Requests, and Referrals (general sanitation; housing conditions; indoor air quality; etc.) within 24 hours (Formal monitoring of response time to be developed for 2014)	Estimated 100% (872)	Estimated 100% (975)	Same
Component of Team #3 Built Environment / Land Use Planning Program			
Land Use Planning Applications – review/comment on referrals	100% (156)	100% (175)	Same
Component of Team #4 Compliance & Inspection Services for External Approval Program			
Inspections of regulated and unregulated facilities	100 % (154)	100% (270)	Same
Migrant Farms Compliance Inspections	100% (28)	100% (30)	Same
Component of Team #5 Emergency Response Support			
Emergency Responses	Data unavailable	3	Same
Component of Team #6 Larval Mosquito Surveillance			
Identify and monitor significant standing water sites on public property	100% (255)	100% (267)	same
Mosquito larvae identified in MLHU laboratory	21,201	16,702	same
Component of Team #7 Mosquito Control			
Larvicide treatment in standing water locations where required based on larval identification	100% (1047)	100% (837)	same
3 Larvicide treatments of all catch basins on public property	100% (88,665)	100% (89,042)	same
Component of Team #8 Adult Mosquito Surveillance			
Adult mosquitoes collected	18,464	65,409	same
Viral tests completed	496 (WNV), 334 (EEE)	735 (WNV), 237 (EEE)	same
Component of Team #9 Dead Bird Surveillance			
Respond to all dead bird reports received	100% (205)	100% (128)	same
Test all birds that are suitable for testing for WNV	100% (41)	100% (20)	same
Component of Team #10 Complaints, Comments, Concerns & Inquiries			
Respond to all complaints, comments, concerns & inquiries received	100% (364)	100% (305)	same
On-site visits/investigations of VBD concerns/inquiries where indicated	100% (73)	100% (64)	same

2014 Planning & Budget Template

Component of Team #11 Tick Surveillance			
Passive tick surveillance – receive and identify all tick submissions	100% (87)	100% (118)	same
Conduct active tick surveillance at sites where indicated from passive surveillance results	100% (2)	100% (4)	same
Component of Team #12 Public Education			
Presentation to community events, internal and external partners and clients	8	10	same

<u>SECTION F</u>		
Staffing Costs:	2013 Total FTEs	2014 Estimated FTEs
	13.5	13.5
Program Manager	1.0	1.0
Public Health Inspectors	5.0	5.0
Program Assistant	0.5	0.5
Program Coordinator – Vector-Borne Diseases (VBD)	1.0	1.0
Field Technician (VBD)	1.0	1.0
Lab Technician (VBD)	1.0	1.0
Students (VBD)	4.0	4.0

<u>SECTION G</u>						
Expenditures:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 903,172	\$ 851,031	\$ 911,891	\$ 911,891		
Other Program Costs	299,145	262,790	312,340	302,340	\$ (10,000)	(3.2)%
Total Expenditures	\$ 1,202,317	\$ 1,113,821	\$ 1,224,231	\$ 1,214,231	\$ (10,000)	(0.8)%

2014 Planning & Budget Template

SECTION H

Funding Sources:

Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	\$ 1,202,317	\$ 1,110,806	\$ 1,224,231	\$ 1,214,231	\$ (10,000)	(0.8)%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue		3,015			0	
Total Revenues	\$ 1,202,317	\$ 1,113,821	\$ 1,224,231	\$ 1,214,231	\$ (10,000)	(0.8)%

SECTION I

Key Highlights/Initiatives Planned For 2014

- Climate Change and Health Vulnerability Assessment workshop is planned with Health Canada Climate Change Office on March 27, 2014 with community partners and stakeholders
- Urban Heat Island Impact Effect (UHIE) Assessment for the City of London research project will be undertaken with the funding assistance from Health Canada and Research assistance from Western University in 2014
- Increase local tick surveillance to determine the prevalence of LD-carrying ticks in Middlesex-London.
- Increase public education and encourage residents to submit ticks

SECTION J

Pressures and Challenges

- Increased public concern and calls regarding Lyme disease transmission, submission and protection is leading to increased demand to provide information and resources to the public regarding all aspects of LD
- Increased amount of LD misinformation by advocacy groups and media outlets
- Pressure from environmental advocacy groups on an annual basis regarding use of biological pesticides and the potential to harm local environment and populations
- Increased pressure to reduce non-vector nuisance mosquitoes despite regulations and guidelines to only target disease-carrying mosquito populations.

2014 Planning & Budget Template

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- Reduction in Consulting Services - \$10,000 - External consultants are necessary on occasion when health hazards arise in the community. However, the need for consultants is infrequent and unpredictable and better addressed on an ad hoc basis.

2014 Planning & Budget Template

SECTION A				
Service Area	EHCDP	Manager Name	Fatih Sekercioglu	Date
Program Team	Safe Water and Rabies Team	Director Name	Wally Adams	January 7, 2014

SECTION B
Summary of Team Program
<ul style="list-style-type: none"> The Safe Water and Rabies Team focus on preventing/reducing the burden of water-borne illness related to drinking water and preventing/reducing the burden of water-borne illness and injury related to recreational water use. The Team also aims at preventing the occurrence of rabies in humans.

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

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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 public beaches in Middlesex-London
- Conducting environmental assessment prior to commencement of regular testing
- 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

2014 Planning & Budget Template

SECTION E			
Performance/Service Level Measures			
	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Drinking Water Program			
Respond to reports of Adverse Water Quality Incidents in municipal systems	100% (94)	100% (100)	Same
Complete annual water haulage vehicle inspections	100% (4)	100% (4)	Same
Component of Team #2 Recreational Water Program			
% of Class A pools inspected while in operation (Accountability Agreement Indicator)	100% (102)	100% (102)	Same
% of remaining required public pool/spa/wading pool/splash pad inspections	100% (638)	100% (638)	Same
The number of participants to education session for pool and spa operators	92	131	Increase
Component of Team #3 Beach Management Program			
The number of beaches monitored and sampled between May and September (sampling reductions to occur in 2014)	6	6	Decrease
Component of Team #4 Small Drinking Water Systems Program			
Respond to reports of Adverse Water Quality Incidents in SDWS	100% (19)	100% (20)	Same
% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment (Accountability Agreement Indicator)	100% (3)	100% (1)	Same
Component of Team #5 Rabies Prevention and Control			
Respond to reports of human exposures to animals suspected of having rabies	100% (777)	100% (800)	Same
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	100% (120)	100% (120)	Same

2014 Planning & Budget Template

SECTION F		
Staffing Costs:	2013 Total FTEs	2014 Estimated FTEs
	7.5	7.5
Program Manager	1.0	1.0
Public Health Inspectors	6.0	6.0
Program Assistant	0.5	0.5
Note: 2.0 Student Public Health Inspectors (Seasonal – May to August)		

SECTION G						
Expenditures:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 699,877	\$ 702,692	\$ 696,121	\$ 696,121	\$ 0	0.0%
Other Program Costs	26,601	31,563	27,287	27,287		
Total Expenditures	\$ 726,478	\$ 734,255	\$ 723,408	\$ 723,408	\$ 0	0.0%

SECTION H						
Funding Sources:						
Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	\$ 726,478	\$ 726,255	\$ 723,408	\$ 723,408	\$ 0	0.0%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue		8,000				
Total Revenues	\$ 726,478	\$ 734,255	\$ 723,408	\$ 723,408	\$ 0	0.0%

SECTION I

Key Highlights/Initiatives Planned For 2014

- Increasing awareness in water sampling among private well owners and delivering information materials
- Rabies awareness campaign in schools and promoting rabies vaccination clinics
- Web disclosure of public pool and spa inspections

SECTION J

Pressures and Challenges

- The majority of staff time is dedicated to field work which is mainly inspecting facilities as per OPHS. Allocating sufficient staff time to develop and roll-out health promotion activities such as awareness campaigns is challenging.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- Reduction in Beach Sampling Program - \$15,000 (.15 FTE) - there are six beaches within the geographic health unit, and beach management is mandated by the Ontario Public Health Standards. This proposal would discontinue beach surveillance at five of the six beaches and instead provide permanent postings at these beaches stating that they are not monitored.
- Enhancement of Well water Program - \$15,000 (.15 FTE) - This proposal aims to initiate an awareness campaign to reach private well owners and encourage them to safely manage their wells and test their well water regularly.

2014 Planning & Budget Template

SECTION A				
Service Area	EHCDP	Manager Name	Donna Kosmack	Date
Program Team	Southwest Tobacco Control Area Network (SW TCAN)	Director Name	Wally Adams	January 7, 2014

SECTION B
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, and act as project managers to carry out the regional plan and report to the MOHLTC on progress. TCAN staff are members of provincial SFO task forces and ensure communication from the TCAN to the MOHLTC and provincial partners.

SECTION C
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 Relevant Acts: Health Protection and Promotion Act, Smoke-Free Ontario Act, Tobacco Control Act, Municipal by-laws in local PHU areas.

SECTION D
Component(s) Of Team Program #1 Tobacco Control
<ul style="list-style-type: none"> 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 work with hospitals in their respective areas to further enhance existing tobacco cessation policies. Increase cessation messages and specific opportunities for cessation support for Young Adults
Component(s) Of Team Program #2 Tobacco Prevention and Youth Engagement
<ul style="list-style-type: none"> Increase the number of youth and young adults exposed to provincial tobacco prevention campaigns Increase the number of youth engaged in tobacco prevention activities and initiatives in their communities Increase ability of parents to protect their children/youth from the influence of tobacco advertising (i.e. smoking in the movies) Findings from the Social Identities research project conducted in 2013 will be used to inform the development of a youth tobacco prevention

2014 Planning & Budget Template

strategy in 2014

Component(s) Of Team Program #3 Protection and Enforcement

- Increase capacity of PHUs to implement tobacco control initiatives aimed at youth access to tobacco products
- Support advocacy efforts of PHUs to implement 9 or more new tobacco control policies/bylaws in the SW TCAN Region by December 31, 2015
- By the end of 2014 the SW TCAN will have addressed all SFOA workplace complaints in a consistent way and evaluated the current resources for enhancement in 2015.

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

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

SECTION E

Performance/Service Level Measures

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Tobacco Cessation			
The number of Health Care Providers who are members of local Communities of Practice related to cessation	N/A	100	Increase
The number of earned/paid media impressions in the SW TCAN in support of provincial campaigns (Driven to Quit, Wouldrather, Quit the Denial etc.)	N/A	750,000	Increase
Component of Team #2 Tobacco Prevention and YE			
The number of social media hits received for provincial campaign promotion	N/A	350	Increase
The number of smoke-free movie nights held in the SW TCAN		9	Same
The number of attendees at smoke-free movie nights held in SW TCAN	N/A	6,848	Increase
Component of Team #3 Protection and Enforcement			
The number of regional meetings with Tobacco Enforcement Officers	12	12	Decrease
The number of workplace packages distributed in follow-up to complaints	N/A	450	Decrease
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	11	12	Decrease
# of training opportunities organized by the SW TCAN	12	8	Same

2014 Planning & Budget Template

SECTION F		
Staffing Costs:	2013 Total FTEs	2014 Estimate FTEs
	2.5	2.5
Program Manager	1.0	1.0
Health Promoter (Youth Development Specialist)	1.0	1.0
Administrative Assistant	0.5	0.5

SECTION G						
Expenditures:						
Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	\$ 178,414	\$ 179,176	\$ 187,299	\$ 219,447	\$ 32,218	17.2%
Other Program Costs	142,967	134,494	98,501	66,353	(32,218)	(32.7%)
Total Expenditure	\$ 321,381	\$ 313,670	\$ 285,800	\$ 285,800	\$ 0	0.0%

SECTION H						
Funding Sources:						
Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	\$ increase (\$ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared						
MOHLTC – 100%	\$ 285,800	\$ 277,903	\$ 285,800	\$ 285,800	\$ 0	0.0%
MCYS – 100%						
User Fess						
Other Offset Revenue	35,581	35,767				
Total Revenue	\$ 321,381	\$ 313,670	\$ 285,800	\$ 285,800	\$ 0	0.0%

SECTION I

Key Highlights/Initiatives Planned For 2014

- SW TCAN will use results of regional social identities research conducted in 2013 to create a prevention strategy targeted at the identified population of youth in the SW TCAN
- Through participation in the provincial Bad Ways to be Nice Campaign and by enhancing sfoa-training.com the SW TCAN will work toward reducing youth access
- It is hoped that the SW TCAN will assist the MOHLTC with the implementation of bill 131 if it is successfully passed in early 2014.

SECTION J

Pressures and Challenges

- The SW TCAN has not seen a budget increase since the creation of the TCAN in 2005, thus inflation has put a strain on the program budget for the TCAN. Other Program Costs have been reduced from 43% of the total budget in 2012 (\$134,494) to 30% in 2014 (\$66,353) in order to fund Personnel Cost increases over that period.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- N/A