AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Wednesday, January 29, 2014 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES

January 9, 2014 Public Session
January 9, 2014 In Camera Session

4. BUSINESS ARISING FROM MINUTES

5. NEW BUSINESS

5.1. Healthy Communities Partnership Grant ($49,000) (Report 03-14FFC)
5.2. 2014 Budget Process – Planning and Budget Templates for Office of the Medical Officer of Health (OMOH) and Oral Health, Communicable Disease Prevention & Sexual Health Services (OHCDSHS) (Report 04-14FFC)
5.3.
5.4.

6. CONFIDENTIAL

The FFC will move in camera to discuss a matter subject to solicitor-client privilege.

7. OTHER BUSINESS

Next meeting Wednesday, February 12, 2014 at 10:00 a.m.

8. ADJOURNMENT

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2014 January 9 9:00 a.m.

COMMITTEE MEMBERS PRESENT:	Mr. David Bolton Ms. Trish Fulton (Chair) Mr. Marcel Meyer Mr. Ian Peer
ABSENT	Ms. Denise Brown
OTHERS PRESENT:	Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Ms. Laura DiCesare, Director, Human Resources and Corporate Strategy Dr. Christopher Mackie, Medical Officer of Health & CEO (Secretary-Treasurer for Board of Health) Mr. John Millson, Director, Finance and Operations Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder) Dr. Bryna Warshawsky, Associate Medical Officer of Health and Director, Oral Health, Communicable Disease and Sexual Health Services
MEDIA OUTLETS:	none

At 9:00 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the Finance and Facilities Committee (FFC) meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Fulton inquired if there were any disclosures of conflict of interest to be declared. None were declared.

2. APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Agenda for the January 9, 2014 Finance and Facilities Committee be approved.*

Carried

3. APPROVAL OF MINUTES November 28, 2013

It was moved Mr. Meyer, seconded by Mr. Peer *that the Public Minutes from the November 28, 2013 Finance and Facilities Meeting be approved.*

Carried

4. BUSINESS ARISING FROM THE MINUTES

Dr. Mackie provided a verbal update on the Generator project for the 50 King Street premise. To accommodate the municipal budgeting timeline, it was decided that the Generator Ad Hoc Committee will meet on January 29, 2014, at 8:30 a.m., prior to the scheduled FFC meeting.

5. CONFIDENTIAL

At 9:05 a.m., it was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance and Facilities Committee move in camera to discuss a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 9:15 a.m., it was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance and Facilities Committee return to public forum and report that information was discussed in a matter concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

6. NEW BUSINESS

6.1. 2014 Budget Process (**Report No 02-14FFC**)

Dr. Mackie summarized the process staff will use to present budget templates to the FFC over the next three meetings.

Discussion ensued about the template in general. Committee members expressed that they like the format for communicating budget information; however, more global measures should be used in the templates as the current Performance/Service Level Measures provide more detail than required by the Board of Health. Committee members also discussed their role in the review of the templates. It was agreed that the members should critique the information and ask questions for justification and clarification. Discussion also ensued about the challenge in the evaluation of programs and services, i.e., absolute numbers versus level of compliance or impact on behavioural change/improved health outcomes. Dr. Mackie explained that the FFC will be asked to recommend Board of Health approval of the budget at the February meeting after the Committee has reviewed the Planning and Budget Templates from the all six service areas.

Service Area #1 Environmental Health and Chronic Disease Prevention

Mr. Wally Adams reviewed the Environmental Health and Chronic Disease Prevention 2014 Planning and Budget Templates that are **Appendix B** to Report No. 02-14C. Mr. Adams answered questions about the templates and about the EHCDP service area.

After discussion, it was moved by Mr. Meyer, seconded by Mr. Peer *that the FFC Committee receive Appendix B of Report 02-14FFC (Environmental Health and Chronic Disease Prevention Planning and Budget Template) for information.*

Carried

The Committee took a break at 11:00 a.m. and resumed at 11:15 a.m.

Service Area #2 Finance and Operations 2014 Planning and Budget Template

Mr. John Millson reviewed the Finance and Operations 2014 Planning and Budget Template that is contained in **Appendix A** to Report No. 02-14FFC and answered questions.

Service Area #3 Information Technology 2014 Planning and Budget Template

Mr. Millson also reviewed the Information Technology 2014 Planning and Budget Template found in **Appendix A** to Report No. 02-14FFC and clarified terminology used in the report.

After discussion, it was moved by Mr. Peer, seconded by Mr. Bolton *that the FFC Committee receive Appendix A of Report 02-14FFC (Finance and Operations 2014 & Information Technology 2014 Planning and Budget Templates) for information.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Peer *that the FFC Committee recommend to the Board of Health that approval for the Planning and Budget templates be deferred until the Templates from all six Service Area have been received.*

Carried

7. OTHER BUSINESS

The next scheduled Finance and Facilities Committee Meeting is Wednesday, January 29 at 9:00 a.m. Room 3A, 50 King Street, London

8. ADJOURNMENT

At 11:45 a.m., it was moved by Mr. Bolton, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

_____ _____

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 03-14FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 January 29

REVISED GRANT – HEALTHY COMMUNITIES FUND

Recommendation

It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to endorse the Board Chair to sign the Amending Agreement No. 7 to the Public Health Accountability Agreement as it relates to the additional 100% funding for the Healthy Communities Fund – Partnership Stream Program as appended to Report No. 03-14FFC.

Key Points

- The Ministry of Health and Long Term Care (MOHLTC) provides funds to healthy community partnerships through its Healthy Communities Fund – Partnership Stream to coordinate planning and action around policies that make it easier for Ontarians to lead healthy and active lives.
- Physical inactivity and poor eating practices can lead to obesity and are risk factors for the development of chronic diseases.
- The promotion of local physical activity and healthy eating policy encourages residents to increase their physical activity and improve their healthy eating thus reducing their risks for obesity and chronic diseases.

Background

The Healthy Communities Fund – Partnership Stream is a community program with a goal of improving health outcomes through the development of local healthy eating and physical activity policies. The program brings community partners together to implement a shared vision and key priorities, develop partnerships and networks, and mobilize communities to create and adopt healthy public policy.

Boards of Health were encouraged to make 100% funding requests as part of the 2013 Program Based Grant request to the Ministry of Health and Long-Term Care (MOHLTC). In September 2013, the Board of Health received notification of receiving a $69,770 100% grant for this purpose. Report No. 106-13 "Healthy Communities Partnership Update" describes the program further and provides background information on the grant and key initiatives and strategies being applied in both the City of London and Middlesex County.

Additional Funding Request

As part of the mid-year review of the program by the MOHLTC, funding recipients were requested to provide updates on their initiatives and were given the opportunity to apply for increased funding for the program until March 31, 2014. Attached as Appendix A, is the additional funding request of $49,000 made by Health Unit staff on behalf of the Healthy Communities Partnership Middlesex-London. Also, due to late funding approvals, the mid-year review identified that many of the initiatives or projects were behind schedule and most partnerships requested funding to be extended until March 31, 2014. Attached as Appendix B, is the Amending Agreement No. 7 to the Public Health Accountability Agreement which accomplishes two things- it allows the Ministry to flow an additional $49,000 to the Healthy Communities Partnership Middlesex-London and, it extends to March 31st, 2014, the period of time in which the total funding can be utilized.

This report was prepared by Mr. John Millson, Director of Finance & Operations, and Ms. Mary Lou Albanese, Manager – Healthy Communities and Injury Prevention Team.

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

Health Unit Name: Middlesex-London Health Unit Date: October 8, 2013

Amount Requested: $49,000.00 New funding for 2014

Contact Person: Mary Lou Albanese, Manager, Healthy Communities and Injury Prevention
Telephone Number: 519-663-5317 Ext. 2288

Policy Development Plan for the Healthy Communities Fund Partnership Stream- Funding Request

Policy	Policy Mobilization Activities (select all that apply)	Target Outcome of Activity	Cost of Activity ($) (April 1-December 31, 2013)	Activities (January 1, 2014 – March 31, 2014)	Cost of Activity (January 1, 2014 – March 31, 2014
Land Use Decisions Physical Activity/Active Transportation	☑ ☐Research and report production to support the identified policy outcome(s)			**Analysis of 2013 Active Community Toolkit pilot testing including multi-centre piloting of the ACT with another Health Unit**	**$10,000 (new funding) Converting the ACT to electronic format Report of pilot testing including multi-centre piloting**

Policy	Policy Mobilization Activities (select all that apply)	Target Outcome of Activity	Cost of Activity ($) (April 1-December 31, 2013)	Activities (January 1, 2014 – March 31, 2014	Cost of Activity (January 1, 2014 – March 31, 2014
Active and Safe Routes to School	☑ Partnership development activities to support the identified policy outcome(s)	Meeting with school / neighbourhood stakeholders to build capacity re STP	**N/A**	**Meeting with school trustees re. School Travel Planning/preliminary stage of policy development**	**$1000 (new funding) Resources, travel and refreshments for meetings**
	☐ Other (**please specify**)				

Policy	Policy Mobilization Activities (select all that apply)	Target Outcome of Activity	Cost of Activity ($) (April 1-December 31, 2013)	Activities (January 1, 2014 – March 31, 2014	Cost of Activity (January 1, 2014 – March 31, 2014
Infrastructure Activity Initiatives	☑ Research and report production to support the identified policy outcome(s)	Literature review of North American / Canadian & possibly local level land use development trends (current & projected) among developers.		**Using the information from the literature review report will create evidence-based packages(Fact Sheets and supportive materials to be determined from literature review) for key stakeholders, i.e. developers, politicians re health & economic benefits**	**$15,000 (To hold meetings with the key stakeholders and to hire a consultant to develop and create the resources)**
	☑ Communication or educational campaigns on the identified policy outcome(s)	**Share the Road Campaign- to educate cyclist and motorists on road safety as it pertains to Sharing the Road.**		**Continuation of Share the Road Campaign(pamplets, posters, facebook, website, post cards etc.) to educate cyclist and motorists as to meaning of Sharing the Road** **Bike to Health Communication Campaign(Billboard, bus shelters, pamphlets, display,**	**$13,000(for campaign materials)** **$10,000 (To hire graphic company to develop the campaign**

Policy	Policy Mobilization Activities (select all that apply)	Target Outcome of Activity	Cost of Activity ($) (April 1-December 31, 2013)	Activities (January 1, 2014 – March 31, 2014	Cost of Activity (January 1, 2014 – March 31, 2014
				posters, facebook etc) – to raise awareness of the health benefits of cycling to increase the community demand for cycling infrastructure/policy	**and purchase the materials.**
	☐ Other (**please specify**)				

Amending Agreement No. 7

Between:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care

(the "**Province**")

- and -

Middlesex-London Board of Health

(the "**Board of Health**")

WHEREAS the Province and the Board of Health entered into a Public Health Accountability Agreement effective as of the first day of January 2011 (the **"Accountability Agreement"**); and

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 7, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This Amending Agreement ("Amending Agreement No. 7") shall be effective as of the date it is signed by the Province.

2. Except for the amendments provided for in this Amending Agreement No. 7, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 7 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   [a] Deleting Schedule A-6 (Program-Based Grants) and substituting Schedule A-7 (Program-Based Grants), attached to this Amending Agreement No. 7.

   [b] Deleting Schedule B-6 (Related Program Policies and Guidelines) and substituting Schedule B-7 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 7.

The Parties have executed the Amending Agreement No. 7 as of the date last written below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of **Health and Long-Term Care**

_____ _____
Name: Kate Manson-Smith Date
Title: Assistant Deputy Minister
Health Promotion Division

Middlesex-London Board of Health

I/We have authority to bind the Board of Health.

_____ _____
Name: Date
Position:

_____ _____
Name: Date
Position:

SCHEDULE A-7

PROGRAM-BASED GRANTS

Middlesex-London Board of Health

Base Funding (1)			2013 Approved Allocation
Mandatory Programs (75%)			$15,401,182
Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	$119,033
Children In Need Of Treatment (CINOT) Expansion Program (75%)			$55,847
Enhanced Food Safety – Haines Initiative (100%)			$80,000
Enhanced Safe Water Initiative (100%)			$35,627
Healthy Smiles Ontario Program (100%)			$783,924
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	$88,300
Infectious Diseases Control Initiative (100%)	# of FTEs	10.50	$1,166,722
Needle Exchange Program Initiative (100%)			$234,991
Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)			$8,000
Public Health Awareness Initiatives: Sexually Transmitted Infections Week (100%)			$7,000
Public Health Awareness Initiatives: World Tuberculosis Day (100%)			$2,000
Public Health Nurses Initiative (100%)	# of FTEs	2.00	$176,910
Small Drinking Water Systems Program (75%)			$23,900
Smoke-Free Ontario Strategy: Protection & Enforcement (100%)			$367,500
Smoke-Free Ontario Strategy: Prosecution (100%)			$25,300
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)			$100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)			$80,000
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)			$285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)			$150,700
Vector-Borne Diseases Program (75%)			$461,967
Sub-Total			**$19,654,703**

One-Time Funding (1)			2013 Approved Allocation
Administrative Review (75%)			$101,250
Meeting to Advance CQI in Public Health (100%)			$1,300
Healthy Communities Fund - Partnership Stream Program (100%) **(2)**			$118,770
Panorama (100%) **(2)**			$230,332
Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)	# of Tablets	4.00	$8,000
Smoke-Free Ontario Strategy: Workplace-Based Smoking Cessation Demonstration Projects (100%) **(2)**			$83,900
Sub-Total			**$543,552**

Total	$20,198,255

(1) Base and one-time funding is approved for the 12 month period of January 1, 2013 to December 31, 2013, unless otherwise noted.

(2) One-time funding is approved for the 12 month period of April 1, 2013 to March 31, 2014.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. Chief Nursing Officer Initiative (Public Health Division (PHD))

Under the Organizational Standards, boards of health must have designated a Chief Nursing Officer by January 2013. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The presence of a Chief Nursing Officer in each Board of Health will enhance the health outcomes of the community at individual, group and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public heath, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation (this will be reviewed in 2014);
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Funding for this initiative must be used to create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Boards of health must confirm to the MOHLTC that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In addition, boards of health may be required to submit an annual activity report related to the initiative to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE, and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon prior written notice.

B2. CINOT Expansion Program (Health Promotion Division (HPD))

The CINOT Expansion Program provides coverage for basic dental care for children 14 through 17 years of age in addition to general anaesthetic coverage for children 5 through 13 years of age. Boards of health must be in compliance with the Ontario Public Health Standards (OPHS) and the CINOT Protocol.

Boards of health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

Boards of health will not be permitted to transfer any projected CINOT Expansion Program surplus to their CINOT 0-13 year old budget.

B3. Enhanced Food Safety – Haines Initiative (PHD)

The Enhanced Food Safety – Haines Initiative was established to augment a Board of Health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the OPHS. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B4. Enhanced Safe Water Initiative (PHD)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B5. Healthy Smiles Ontario Program (PHD)

The Healthy Smiles Ontario (HSO) Program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of HSO is to improve the oral health of children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the HSO Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO Program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
  - Dental care providers – clinical
  - Administration
  - Oral health staff – non-clinical

- Fee-for-service delivery

- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.

- Health Promotion (including Communication Costs for Marketing / Promotional Activities)
  - Funding used to promote oral health (communication costs, include marketing / promotional activities; travel; promotional materials; and, training).
  - Funding used for marketing / promotional activities must not compromise front-line service for current and future HSO clients.
  - Boards of health are responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the HSO Program.
  - Boards of health are reminded that HSO promotional / marketing materials approved by the MOHLTC and developed provincially are available for use by boards of health in promoting the HSO Program.
  - The overarching HSO brand and provincial marketing materials were developed by the MOHLTC to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, boards of health are requested to align local promotional products with the provincial HSO brand. When boards of health use the HSO brand, please liaise with the MOHLTC's Communications and Information Branch (CIB) to ensure use of the brand aligns with provincial standards.

Operational expenses <u>not</u> covered within this program include: staff recruitment incentives / billing incentives; and, client transportation.

Other expenses not included within this program include oral health activities required under the OPHS.

Other requirements of the HSO Program include:

- All revenues collected under the HSO Program (including revenues collected for the provision of services to non-HSO clients) must be reported as income (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-HSO programs). Revenues must be used to offset expenditures.

- Boards of health must use OHISS to administer the HSO Program.

- Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO Program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds.

- Any significant changes to the MOHLTC-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the Board of Health's MOHLTC-approved business case and supporting documents must be approved by the MOHLTC before being implemented.

- Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

- Boards of health are responsible for ensuring value-for-money and accountability for public funds.

- Boards of health must ensure that funds are used to meet the objectives of the HSO Program, with a priority to deliver dental services (both prevention and basic treatment) to HSO clients.

- Boards of health are reminded that they are required to bill back the relevant programs for services provided to non-HSO clients.

B6. Infection Prevention and Control Nurses Initiative (PHD)

The Infection Prevention and Control Nurses Initiative was established to support one (1) additional FTE Infection Prevention and Control Nurse for every Board of Health in the province.

Base funding for the initiative must be used for the creation of additional hours of nursing service (1.0 FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. Qualifications required for these positions are: (1) a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and (2) Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurse's time must be spent on infection prevention and control activities. Boards of health are required to maintain this position as part of baseline nursing staffing levels.

Boards of health may be required to submit an annual activity report related to the initiative to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE, and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.

B7. Infectious Diseases Control Initiative (180 FTEs) (PHD)

Boards of health are required to remain within both the funding levels and the number of FTE positions approved by the MOHLTC.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance a Board of Health's ability to handle and coordinate increased activities related to outbreak management.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment when requested by the MOHLTC, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

Boards of health may be required to submit an activity report related to the initiative to the MOHLTC confirming the maintenance of the funded positions, and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon prior written notice.

B8. Needle Exchange Program Initiative (PHD)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.

Boards of health are required to submit Needle Exchange Program activity reports to the MOHLTC. Information regarding this requirement will be communicated to boards of health at a later date.

B9. Public Health Awareness Initiatives (PHD)

Infection Prevention and Control Week

Infection Prevention and Control Week occurs annually in October. Base funding for this initiative must be used for development, purchasing, and distribution of materials, and/or educational sessions to promote educational awareness during Infection Prevention and Control Week.

Expected outcomes include: increased public awareness of infection prevention and control principles; increased knowledge of infection prevention and control practices for service providers; and improved health of Ontarians. Appropriate use of funds include, but are not limited to: conducting public education sessions; honorarium for a speaker; creation and development of teaching aids and promotional items (e.g., fact sheets, pamphlets, etc.); distributing educational resources; media releases/articles, and poster displays to raise awareness in different settings.

Funds are not to be used for staff salaries and benefits, staff education (e.g., attendance at a conference) and for payment of staff professional fees/dues.

Boards of health are required to provide a written evaluation and provide a report back to the MOHLTC indicating the following: population targeted; tools/resources created; activities/events implemented; and, successes/challenges experienced. Information regarding this requirement will be communicated to boards of health at a later date.

This will be the final year of funding for this initiative.

Sexually Transmitted Infections Week

Sexually Transmitted Infections (STI) Week occurs annually in February. Base funding for this initiative must be used for promotion and educational purposes related to sexual health issues as well as promotion of local sexual health clinics and services. Funding must be used to develop, reproduce and distribute communication, promotion and educational materials that should be distributed widely to the public (e.g., electronic materials for a website, fact sheets, printed flyers and advertising in local media).

Funding cannot be used for staff education or to purchase clinic supplies with the exception of purchasing condoms to promote local sexual health clinics. The MOHLTC will not reimburse for items such as prizes/snacks to improve utilization of clinical services.

This will be the final year of funding for this initiative.

World Tuberculosis Day

World Tuberculosis (TB) Day occurs annually in March. The purpose of World TB Day is to build public awareness around the fact that TB remains an epidemic in much of the world today.

Base funding for this initiative must be used for the purchase of materials that will increase awareness and knowledge on the prevention and treatment of TB. Funding must be used for the development, reproduction and distribution of any new communication or educational materials and activities, specifically designed for World TB Day (e.g., electronic material for posting on websites; fact sheets; posters for health care practitioners, health care settings or other appropriate venues with the specific goal of TB education/awareness; printed flyers/brochures; educational/training events and materials, etc.).

The MOHLTC will not reimburse for items such as prizes and meals/snacks.

This will be the final year of funding for this initiative.

B10. Public Health Nurses Initiative (PHD)

The Public Health Nurses Initiative was established to support salaries and benefits for two (2) new FTE public health nursing positions for each Board of Health.

Public health nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of priority populations impacted most negatively by the social determinants of health in the Board of Health area.

Boards of health are required to adhere to the following:

- Base funding for this initiative must be used for the creation of additional hours of nursing service (2.0 FTEs);
- Boards of health must commit to maintaining baseline nurse staffing levels and creating two (2) new public health nursing FTEs above this baseline;
- Base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs; and,
- Boards of health must commit to maintenance of the two (2) FTEs.

Required qualifications for these positions are: (1) to be a registered nurse, and (2) to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the Health Protection and Promotion Act (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

To receive base funding for these positions, boards of health must provide proof of employment including starting salary level and benefits for each FTE.

Boards of health that are approved for funding for these public health nursing positions may be required to submit an annual project activity report. Reporting templates provided to boards of health may include, but are not limited to, the following information: Number of Public Health Nursing FTEs, key achievements and activities related to the Public Health Nurses, and the impact of these Public Health Nurses on priority populations through the provision of programs and services. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.

B11. Small Drinking Water Systems Program (PHD)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, to ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

B12. Smoke-Free Ontario Strategy (HPD)

Ontario's Action Plan for Health Care, released in January 2012 as part of the government's Healthy Change Strategy, outlines the plan for Ontario to become the healthiest place in North America to grow up and grow old. The patient-centred Action Plan encourages Ontarians to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. The Action Plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy and articulates Ontario's goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by:

- Preventing experimentation and escalation of tobacco use among children, youth and young adults.
- Increasing and supporting cessation by motivating and assisting people to quit tobacco use.
- Protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke.

These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Ministry funds Ontario's 36 boards of health to implement tobacco control activities that are based in best practices contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation and protection and enforcement at the local and regional levels. Boards of health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines.

Communications

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to CIB;
(d) Prior to issuing any news release or other planned communications, notify CIB as follows:
    i. News Releases – identify 5 business days prior to release;
    ii. Web Designs – 10 business days prior to launch;
    iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
    iv. Public Relations Plan for Project – 15 business days prior to launch;
    v. Digital Marketing Strategy – 10 business days prior to launch;
    vi. Final advertising creative – 10 business days to final production; and,
    vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Information Branch
9th Floor, Hepburn Block, Toronto, ON M7A 1R3
Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

B13. Vector-Borne Diseases Program (PHD)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

ONE-TIME FUNDING:

B14. Mandatory Programs

One-time funding may be provided to boards of health for projects related to the delivery of mandatory programs. The following projects have been approved for one-time funding:

Administrative Review (PHD and HPD)

One-time funding must be used for the costs associated with the review of administrative programs (Human Resources, Information Technology, Finance, Operations, and Office of the Medical Officer of Health). This review will identify efficiencies and potential opportunities for shared services (outsourcing).

Meeting to Advance CQI in Public Health (PHD and HPD)

One-time funding must be used for costs associated with a one (1) day meeting to advance CQI in public health in Ontario. Costs for food are limited to $800; costs for travel and accommodation are limited to $300; and costs for speaker gifts are limited to $200. Meeting topics/activities will focus on understanding the current state of CQI in public health in Ontario, learning about QI/CQI excellence and available resources, and discussing opportunities for system support/coordination.

B15. Healthy Communities Fund – Partnership Stream Program (HPD)

The Healthy Communities Fund – Partnership Stream is a community program with a goal of improving health outcomes through the development of local healthy eating and physical activity policies.

The Board of Health will bring community partners together to implement a shared vision and key priorities, develop partnerships and networks, and mobilize their communities to create and adopt healthy public policy.

Provincial Objectives of the Partnership Stream are to:

1. Increase the number of networks, community leaders, and decision-makers involved in healthy eating and physical activity policy development.

2. Mobilize communities to foster and develop policies that make it easier for Ontarians to be healthy.
3. Enhance local capacity of networks, community leaders, and decision makers to build healthy public policies.
4. Increase the quantity and impact of sustainable local and regional policies that effectively support physical activity and healthy eating.

One-time funding for this program must only be used for program costs that further the objectives of the program and must be focused on achieving the policy development outcomes.

The following items are <u>not</u> eligible for Healthy Communities funding:

- Staff salaries and benefits;
- Rent for office space;
- Capital expenditures, including assets such as computers;
- Infrastructure development (e.g., tennis courts, renovation and/or maintenance of facilities, such as gymnasiums, etc.);
- Administrative fees, such as those to cover the work to manage project funds or staff; and,
- Partnership development activities not related to specific policy goal(s).

<u>Communications</u>

1. The Board of Health shall:

   (a) Act as the media focus for the Project;
   (b) Respond to public inquiries, complaints and concerns with respect to the Project;
   (c) Report any potential or foreseeable issues to CIB;
   (d) Prior to issuing any news release or other planned communications, notify CIB as follows:
      i. News Releases – identify 5 business days prior to release;
      ii. Web Designs – 10 business days prior to launch;
      iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
      iv. Public Relations Plan for Project – 15 business days prior to launch;
      v. Digital Marketing Strategy – 10 business days prior to launch;
      vi. Final advertising creative – 10 business days to final production; and,
      vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
   (e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
   (f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
   (g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB

with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Information Branch
   9th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

B16. Panorama (Health Services I&IT Cluster and PHD)

One-time funding for this initiative must be used for costs incurred for the planning, preparation and deployment activities for Panorama.

Within the timelines specific by each board of health, as communicated to the Ministry in their individual plans, boards of health must use the funding toward Panorama Phase 1 (Immunization and Inventory modules) deployment activities and for Panorama Phase 2 (Investigations and Outbreak modules) planning/deployment activities as noted below.

Specifically, one-time funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory modules implementation) to:

- Complete business process transformation;
- Implement required changes to business processes and workflows and modify accordingly, as per specific health unit requirements;
- Implement known workarounds to support Panorama usage;
- Implement required technical infrastructure;
- Validate and confirm roles, access levels and required reports;
- Complete and execute training plans;
- Complete internal public health unit support model for Panorama;
- Assign required roles, responsibilities and accounts to staff members and complete all necessary registration processes;
- Prepare IRIS data for migration, validate migration results and implement data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC;
- Contribute to continuous quality improvement through deployment group participation, in preparation for further waves of rollout;
- Evaluate use-case scenarios of Panorama, using sandbox environment;
- Confirm implementation plan and readiness;
- Sign all required agreements;
- Implement and support acceptable use policies;
- Confirm appropriate privacy, security, and information management related analyses and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA), other applicable law, and local business practices and processes;
- Continue post implementation participation in quality improvement through the

provision of human resources to provide support within the following categories:
    - Business Practices and Change Management,
    - Deployment and Adoption,
    - Data Standards and Reporting, and
    - User Experience;
- In Panorama, continue adherence with data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC; and,
- Create and execute a communication/information plan for both internal staff and external stakeholders.

One-time funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Development of subject matter experts at the local level;
- Prepare detailed gap/fit analysis and perform business process transformation planning;
- Initiate transformation of business processes based on analysis;
- Continuation of data cleansing activities in iPHIS in adherence with data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC;
- Prepare detail-level analysis of data and technology readiness;
- Fulfillment of all technology requirements;
- Determine roles, access levels and required reports;
- Assessment of required reports and other supporting systems at a local level;
- Evaluate use-case scenarios using sandbox environment;
- Complete training needs assessment and planning;
- Establish support and training processes;
- Ensure appropriate privacy, security, and information management related analyses and training are planned in accordance with the Board of Health's obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA), other applicable law, and local business practices and processes; and,
- Provide human resources and support for the planning/development. The categories of support are:
    - Business Practices and Change Management,
    - Deployment and Adoption,
    - Data Standards and Reporting, and
    - User Experience.

Those boards of health that have agreed to be *Builder and Early Adopter* partners must also use the funding toward the following activities for phases 1 (Immunization and Inventory modules) and 2 (Investigations and Outbreak modules) as noted below.

Builder and Early Adopter funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory Management modules) specifically to:

- Continue with the improvements to business processes based on analysis;
- Identify and define data and messaging standards and disciplines required to support these standards including auditing;

- Build upon and confirm configuration values, roles, access levels and reports (including operational and business intelligence);
- Expand upon use-case scenarios for new features;
- Perform Prototyping and User Acceptance Testing with selected samples or releases of Panorama as required;
- Build upon lessons learned/best practices for the field; and,
- Continue to perform alignment/integration/transformation assessment with local systems.

Builder and Early Adopter funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Detail gap/fit analysis and business process transformation planning;
- Identify and define data and messaging standards and disciplines required to support these standards including auditing;
- Determine and confirm configuration values, roles, access levels and reports;
- Develop and evaluate use-case scenarios using sandbox environment;
- Perform parallel test runs with selected samples and releases of Panorama as required;
- Establish lessons learned/best practices for the field; and,
- Perform alignment/integration/transformation assessment with local systems.

Those boards of health who have agreed to be *Early Adopter* partners must also use the one-time funding toward the following activities:

- Participate as a Pilot Board of Health for the Panorama project for a) alignment activities for integration with other key systems and/or b) rollout of the Panorama Phases 1 (Immunization and Inventory modules) and 2 (Investigations and Outbreak Management module) as identified by the project.

Boards of health are also required to produce a report outlining the results of the activities noted above. Information regarding the report requirements will be communicated to boards of health at a later date.

B17. Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (HPD)

One-time funding must be used for the purchase of tablets to support the Tobacco Inspection System (TIS) software for mobile units. The new tablets must meet the following specifications:

Tablet Specifications	
CPU	Intel i5 or i7 - 1.7 GHz, minimum 2nd generation
HDD	128 GB or up
RAM	4 GB or up
DISPLAY	10" or up
OS	Win 7* - 32 or 64 bit

INTERFACE	USB (2/3), Ethernet , RS232
BATTERY	6 or 9 Cell
WIRELESS	802.11a/b/g
KEYBOARD	VIRTUAL and STYLUS
OPTIONAL	
GPS	Integrated
WWAN	4G or LTE

B18. Smoke-Free Ontario Strategy: Workplace-Based Smoking Cessation Demonstration Projects (HPD)

In support of the MOHLTC Action Plan for Health Care key priority of "Keeping Ontario Healthy" and achieving the lowest smoking rates in Canada, the workplace-based cessation demonstration projects will contribute to the cessation system by providing multiple access points, including the workplace, for people of Ontario who smoke to access cessation support.

Through one-time funding to eleven boards of health participating in the workplace-based smoking cessation demonstration project, and matching in-kind resources provided by the Board of Health, the projects have a target reach on sectors with increased smoking and chronic disease prevalence. Project timelines: August 1, 2012 to March 31, 2014.

Each workplace-based cessation demonstration project, in collaboration with senior management of the workplace and with employee engagement, will:

- Design and deliver a comprehensive approach to tobacco use cessation, including cessation, prevention and protection;
- Design, deliver and document a smoking cessation intervention based on the 5A's (ask, advise, assess, assist, arrange) including brief and intensive counselling intervention and self-help material;
- Partner with the employee wellness committee, occupational health and safety committee or other employee driven structure to ensure sustainability of the project;
- Develop referral and system linkage to the community cessation network for additional support, as required; and,
- Actively collaborate with Smoke-Free Ontario Strategy partners for collaborative planning, implementation and evaluation.

Communications

1. The Board of Health shall:

   (a) Act as the media focus for the Project;
   (b) Respond to public inquiries, complaints and concerns with respect to the Project;
   (c) Report any potential or foreseeable issues to CIB;

(d) Prior to issuing any news release or other planned communications, notify CIB as follows:
   i. News Releases – identify 5 business days prior to release;
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   iv. Public Relations Plan for Project – 15 business days prior to launch;
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   vi. Final advertising creative – 10 business days to final production; and,
   vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.

(e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;

(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,

(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

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   Communications & Information Branch
   9th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

OTHER:

B19. Vaccine Programs (PHD)

Funding on a per dose basis will be provided to boards of health for the administration of the following vaccines:

Influenza

The MOHLTC will continue to pay $5.00/dose for the administration of the influenza vaccine. In order to claim the UIIP administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Meningococcal

The MOHLTC will continue to pay $8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, boards of health are required to submit, as part of quarterly

reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The MOHLTC will continue to pay $8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 04-14FFC

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 January 29

2014 BUDGET PROCESS

Recommendations

It is recommended:

1) ***That the Finance and Facilities Committee receive the 2014 Planning and Budget Templates for the Office of the Medical Officer of Health (OMOH), attached as Appendix A; and further,***

2) ***That the Finance and Facilities Committee receive the 2014 Planning and Budget Templates for Oral Health, Communicable Disease and Sexual Health Services (OHCDSHS), attached as Appendix B; and further,***

3) ***That the Finance and Facilities Committee report to the Board of Health re the 2014 Planning and Budget Templates for OMOH and OHCDSHS at the February 26, 2014 Board of Health meeting.***

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 proposals are being integrated into the 2014 budget documents.
- At each of the three Finance and Facility Committee meetings in January and February, the Committee will consider the 2014 Planning and Budget proposals from two of the six service areas.
- The Board of Health will consider the budget as a whole at the February 26, 2014 meeting.

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 proposals are being integrated into the 2014 budget documents. The Finance and Facility Committee will consider the budget proposals from each Service Area over its three meetings in January and February on the following schedule:

Date	**Service Area**
January 9	Finance and Information Technology; Environmental Health and Chronic Disease Prevention
January 29	Office of the Medical Officer of Health Oral Health; Communicable Disease and Sexual Health
February 12	Family Health Services; Human Resources and Corporate Strategy

The Planning and Budget documents attached to this report 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 2014 budget. The documents attached represent the 2014 Planning and Budget proposals for each program area in the Office of the Medical Officer of Health (OMOH) and Oral Health, Communicable Disease and Sexual Health Services (ODCDSHS). The Board of Health will consider the budget as a whole at the February 26, 2014 meeting. Additional information and analysis will be available regarding the overall budget at that time.

Christopher Mackie, MD, MHSc
Medical Officer of Health

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OFFICE OF THE MEDICAL OFFICER OF HEALTH

OMOH & TRAVEL CLINIC

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2014 Planning & Budget Template

Program: Office of the Medical Officer of Health

SECTION A				
SERVICE AREA	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 18, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

Health Promotion and Protection Act

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

Ontario Public Health Standards:

- Foundational Standard
- Organizational Standard

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Program: Office of the Medical Officer of Health

SECTION D

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

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

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

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

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

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

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

- Monitors and oversees the Travel Immunization Clinic service contract

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate) (same/increase/decrease)
Component of Team #1 - Overall Leadership			
Strategic Plan Progress	NA	61% On Track 31% In Progress 8% Delayed	Increase % On Track
Component of Team #2 - Financial Management			
Budget Change – Municipal Funding	(2.0%)	0%	0%
Year-End Variance	0.6%	1.6% (estimate)	Decrease
Component of Team #3 - Board of Health Support			
Board of Health Members Satisfied or Very Satisfied with Meeting Process (timeliness and quality of materials and support during meetings)	NA	NA	NA

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2014 Planning & Budget Template

Program: Office of the Medical Officer of Health

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	3.5	3.1
Medical Officer of Health & Chief Executive Officer Executive Assistant Program Assistant (Travel Clinic)	1.0 1.5 1.0	1.0 1.5 0.6

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	$ 534,464	$ 504,323	$ 472,530	$ 448,424	$ (24,106)	(5.1)%
Other Program Costs	57,580	30,869	57,580	54,080	(3,500)	(6.1)%
Total Expenditures	**$ 592,044**	**$ 535,192**	**$ 530,110**	**$ 502,504**	**$ (27,606)**	**(5.2)%**

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	$ 513,880	$ 439,859	$ 530,110	$ 497,504	$ (32,606)	(6.2)%
MOHLTC – 100%	78,164	95,333				
MCYS – 100%						
User Fess						
Other Offset Revenue				5,000	5,000	N/A
Total Revenues	**$ 592,044**	**$ 535,192**	**$ 530,110**	**$ 502,504**	**$ (27,606)**	**(5.2) %**

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Program: Office of the Medical Officer of Health

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Renewal of MLHU Strategy
- Reorganization of OMOH and Human Resources and Corporate Strategy (HRCS) to align with organizational needs – Strategic Projects and Occupational Health and Safety and Privacy to transfer to HRCS
- Implement evidence-informed public health project at the Health Unit in collaboration with researchers at McMaster University

SECTION J

PRESSURES AND CHALLENGES

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

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

OMOH identified a total of $18,525 in efficiencies across the program areas within OMOH. These are reflected in the 2014 Planning and Budget documents for Emergency Preparedness, Occupational Health and Safety and Privacy, Communications, and Strategic Projects, and OMOH. This includes a reduction in OMOH - Other Professional Services of $ 3,500.

Renegotiation of the Travel Immunization Clinic Service Contract identified $ 29,106 in efficiencies, including reduced Program Assistant time by 0.4 FTE and $5,000 of rental income.

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OFFICE OF THE MEDICAL OFFICER OF HEALTH

PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

2014 Planning & Budget Template

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OMOH: Privacy & Occupational Health & Safety

SECTION A				
Service Area	Office of the Medical Officer of Health	**Manager Name**	Vanessa Bell	**Date**
Program Team	Privacy and Occupational Health and Safety	**Director Name**	Christopher Mackie	January 24, 2014

SECTION B

Summary of Team Program

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

SECTION C

Ontario Public Health Standard(s), Relevant Legislation or Regulation

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

2014 Planning & Budget Template

OMOH: 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

	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1 : Monitoring legislative compliance and organizational risk - Privacy			
# of privacy breaches	3	1	Same
# of privacy complaints from the public	1	1	Same
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA))	28 (53%)	45 (66%)	Same
Component of Team #2: Monitoring legislative compliance and organizational risk – Occupational Health and Safety			
# of lost time injuries	6	5	Same
# of hazards identified, and % resolved	31 (94%)	70 (90 %)	Same
# of workplace employee incident reports	25	42	Increase
% of staff who received the annual influenza vaccination	79	88	±85

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2014 Planning & Budget Template

OMOH: Privacy & Occupational Health & Safety

SECTION F **Staffing Costs:**	**2013 Total FTEs**	**2014 Estimated FTEs**
	1.8	**1.8**
Program Manager	1.0	1.0
Program Assistant	0.5	0.5
Public Health Nurse	0.3	0.3

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	$ 147,884	$ 180,268	$ 154,542	$ 154,542	$ 0	0.0%
Other Program Costs	19,808	22,832	19,808	19,808		
Total Expenditures	**$167,692**	**$ 203,100**	**$ 174,350**	**$ 174,350**	**$ 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	$ 167,692	$ 203,100	$ 174,350	$ 174,350	$ 0	0.0%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue						
Total Revenues	**$ 167,692**	**$ 203,100**	**$ 174,350**	**$ 174,350**	**$ 0**	**0.0%**

OMOH: Privacy & Occupational Health & Safety

SECTION I

Key Highlights/Initiatives Planned For 2014

- Release of 2014 Privacy Audit Report
- Workplace Violence Prevention and Response Training

SECTION J

Pressures and Challenges

- There are an increasing number of statutory requirements to be met in both the privacy and occupational health and safety programs that consistently stretches resources in this area.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- None

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STRATEGIC PROJECTS

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OMOH: Strategic Projects

SECTION A				
Service Area	Office of the Medical Officer of Health	**Manager Name**	Ross Graham	**Date**
Program Team	Strategic Projects	**Director Name**	Dr. Chris Mackie	January 24, 2014

SECTION B

Summary of Team Program

- Strategic Projects (SP) provides support across MLHU programs and services. The portfolio consists of five areas of responsibility: (1) Accreditation, operational planning support & CQI; (2) Records management; (3) Administrative policy review; (4) Supporting the achievement of the strategic directions, and; (5) Strategic projects.

SECTION C

Ontario Public Health Standard(s), Relevant Legislation or Regulation

- HPPA Compliance (manage Public Health Funding & Accountability Agreement compliance process)
- OPHS (Organizational Standards)
- PHIPA (Records Management)

SECTION D

Component(s) Of Team Program #1 - Accreditation, operational planning support & CQI

Activities in this component are intended to enhance service delivery and reduce organizational risk by (a) facilitating an objective review of MLHU's compliance with the OPHS/OS and other requirements (i.e., Accreditation), (b) ensuring all teams have a completed operational plan, (c) in the future, applying QI approaches that will improve processes and reduce waste, (d) monitoring and reporting on the Accountability Agreement indicators, and (e) monitoring compliance with the Organizational Standards.

OMOH: Strategic Projects

Component(s) Of Team Program #2 - Records management
Records management activities are intended to meet the OS requirements (6.12), as well as enhance service delivery and reduce organizational risk by (a) clarifying what records should kept and discarded (i.e., classification & retention schedule); (b) supporting staff to responsibly store and dispose of personal information and business records, (c) store records in a manner that protects privacy, and supports MLHU be poised for transparency or legal action, (d) reducing the administrative burden associated with record keeping and (e) reducing waste.
Component(s) Of Team Program #3 - Administrative policy review
Administrative policy review activities support risk management and organizational effectiveness. These activities are intended to ensure policies are up-to-date and accessible (both in language and format), as well as developed in a manner that engages staff and capitalizes on available knowledge, whilst not increasing the administrative burden.
Component(s) Of Team Program #4 - Achieving the strategic directions
Activities in this component aim to advance the expressed strategic directions of the Health Unit Board and Staff. This includes participating and supporting each Strategic Achievement Group to report their progress/performance to the Senior Team and the Board.
Component(s) Of Team Program #5 - Strategic projects
Strategic projects are determined by the MOH/CEO. Current special projects involve coordinating the Health Unit's involvement in the Child & Youth Network's Family Centres around London, supporting the Health Unit to achieve various Shared Service Review recommendations.

SECTION E

Performance/Service Level Measures

	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1 Accreditation, Operational Planning Support & CQI			
% of Accountability Agreement reporting deadlines achieves	100%	100%	100%
Component of Team #2 Records management			
% of records kept for proper retention period (self-report, sample)	N/A	N/A	100%
Component of Team #3 Administrative policy review			
% of policies that are up to date	N/A	N/A	100%
Component of Team #4 Supporting achievement of the strategic directions			
Annual reporting to BOH	Y	Y	Y

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OMOH: Strategic Projects

SECTION F **Staffing Costs:**	**2013 Total FTEs**	**2014 Estimated FTEs**
	1.0	**1.2**
Program Manager	1.0	1.0
Program Assistant	0.0	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	$ 100,763	$ 120,883	$ 108,088	$ 118,488	$ 10,400	9.6%
Other Program Costs	9,961	11,352	16,061	12,036	(4,025)	(25.1)%
Total Expenditures	**$110,724**	**$ 132,235**	**$ 124,149**	**$ 130,524**	**$ 6,375**	**5.1%**

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	$ 110,724	$ 132,235	$ 124,149	$ 130,524	$ 6,375	5.1%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue						
Total Revenues	**$ 110,724**	**$ 132,235**	**$ 124,149**	**$ 130,524**	**$ 6,375**	**5.1%**

OMOH: Strategic Projects

SECTION I

Key Highlights/Initiatives Planned For 2014

- Develop records management program (framework, roles, monthly activities, retention schedule) that better matches MLHU priorities
- Plan for new strategic planning process
- Phase out of CYN involvement
- Launch BOH risk assessment tool/process
- Transition portfolio to HR dept.

SECTION J

Pressures and Challenges

- MOHLTC increasing the number of indicators in Accountability Agreement
- MLHU has increased use of strategic project management
- Significant effort needed to update policies and strategies the OPHS Organizational Standards.
- Strategic plan renewal in 2014
- Need for enhanced records management in order to mitigate privacy-related risks

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

Reduction

- $1,000 - reduced strategic projects travel budget (possible because MOHLTC supports much of this portfolio's travel)
- $3,025 – no accreditation fees for 2014 (possible because OCCHA has ceased operations)

Enhancement

- $10,400 – Program Assistant support for Strategic Projects

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COMMUNICATIONS

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OMOH: Communications

SECTION A				
Service Area	Office of the Medical Officer of Health	**Manager Name**	Dan Flaherty	**Date**
Program Team	Communications	**Director Name**	Dr. Chris Mackie	January 24, 2014

SECTION B

Summary of Team Program

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

SECTION C

Ontario Public Health Standard(s), Relevant Legislation or Regulation

OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards.

OMOH: Communications

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, as necessary with staff.

Component(s) Of Team Program #2 Advertising and Promotion

The Advertising and Promotion Program supports agency initiatives and services through the development of campaign materials and products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertisements in print, broadcast and/or display media. Campaign materials are developed in consultation with team members and MLHU-contracted design firms as needed. Campaign proposals are developed in consultation with the teams on target audience, demographics and budget. Ad bookings and graphic design are coordinated through Communications.

Component(s) Of Team Program #3 Online Activities

Communications maintains, updates and coordinates all MLHU online activities. The goal of these online initiatives is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources like www.dinesafemiddlesexlondon.ca and www.iparent.net. Other opportunities for interaction with MLHU clients and community members are provided through social media channels (Twitter, Facebook, YouTube).Online activities also include online contests and sharing, and responding to, feedback posted via the "Health" email account and user comments submitted online.

Component(s) Of Team Program #4 Graphic Services Procurement

Since 2008, the MLHU has entered into three-year non-exclusive service agreements with four graphic design firms, selected after a competitive process. The current agreements expire in the fall of 2014, therefore it will be necessary to convene a Graphic Services Procurement Committee with representation from all Service Areas, launch an RFP for interested firms, then review submissions, select four design firms and enter into new three-year agreements. It is expected that work on the RFP will begin in late- February/early March and that selections will be made by late-September.

Component(s) Of Team Program #5 MLHU Annual Report

Communications drafts the Health Unit's Annual Report. A request for program and Service Area highlights will be sent to the SLT in early 2014 and Service Areas will be asked to submit their content to Communications by the beginning of April. The goal is to deliver the report at the Board

of Health's June meeting.
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 the MLHU's achievements and presents awards to staff for their years of service. Each year, Board of Health members are invited to attend Staff Day.

SECTION E

Performance/Service Level Measures

	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1: Media Relations			
Media stories	1,389	1,300 (est.)	Same
Component of Team #2: Advertising and Promotion			
Campaigns	N/A	N/A	N/A
Impressions	N/A	N/A	N/A
Component of Team #3: Online Activities			
Enhancements to online presence	YouTube Channel launched, website redevelopment initiated.	Redeveloped website launched, MLHU Facebook launched.	Continued website development, launch of redeveloped/new disclosure website(s), online registration.

SECTION F

Staffing Costs:	**2013 Total FTEs**	**2014 Estimated FTEs**
	3.0	**3.3**
Program Manager	1.0	1.0
Online Communications Coordinator	1.0	1.0
Program Assistant	1.0	0.8
Marketing Coordinator	0.0	0.5

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OMOH: Communications

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	$ 247,340	$ 250,616	$ 259,295	$ 285,536	$ 26,241	10.1%
Other Program Costs	70,670	69,459	70,670	92,670	22,000	31.1%
Total Expenditures	**$318,010**	**$ 320,075**	**$ 329,965**	**$ 378,206**	**$ 48,241**	**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	$ 318,010	$ 320,075	$ 329,965	$ 378,206	$ 48,241	14.6%
MOHLTC – 100%						
MCYS – 100%						
User Fess						
Other Offset Revenue						
Total Revenues	**$ 318,010**	**$ 320,075**	**$ 329,965**	**$ 378,206**	**$ 48,241**	**14.6%**

SECTION I

Key Highlights/Initiatives Planned For 2014

- Review of Corporate Graphic Standards
- Inventory of advertising opportunities
- Initial concepts for public health awareness campaign

OMOH: Communications

- Awarding of Non-Exclusive Service Agreements to four graphic design firms
- Launch of redeveloped www.dinesafemiddlesexlondon.ca website
- Continued enhancement of www.healthunit.com website

SECTION J

Pressures And Challenges

Advancing large, strategic, proactive communications projects in the face of unpredictable, issue-driven demands is a major challenge for Communications.

Many projects tend to be planned for September and the end of the year. The volume of work at this time each year can stretch resources.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

Dis-Investment: Reduced Communications PA Support: $10,400
Reduced administrative support to Communications by 0.2 FTE in order to have this support focus on only the highest priority organization-wide communications work.

Dis-Investment: Reduced Communications Program Costs: $8,000
Efficiencies in staff recognition practices and speaker's fee ($6,000) and the production of the annual report to the community ($2,000).

Investment: Marketing and Promotion Position: $36,641
This proposal will establish a part-time marketing role to provide support to teams across MLHU as well as launch a promotional campaign to raise awareness about the work and services of the Health Unit.

One-time Project: MLHU Promotion and Awareness Campaign: $30,000

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OMOH: Emergency Preparedness

SECTION A				
Service Area	Office of the Medical Officer of Health	**Manager Name**	Patricia Simone	**Date**
Program Team	Emergency Preparedness	**Director Name**	Dr. Christopher Mackie	January 7, 2014

SECTION B

Summary of Team Program

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

SECTION C

Ontario Public Health Standard(s), Relevant Legislation or Regulation

- Emergency Management & Civil Protection Act R.S.O. 1990, c.E.9, s.1.
- Ontario Public Health Standards – Public Health Emergency Preparedness Protocol, Requirements #1 to #8.

OMOH: Emergency Preparedness

SECTION D

Component(s) Of Team Program #1 *Assess Hazards and Risks*

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

Component(s) Of Team Program #2 *Emergency Response Plan/Business Continuity Plan*

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

Component(s) Of Team Program #3 *Emergency Notification*

a) Test fan-out to all staff twice annually.
b) Ensure radio systems are in working order by bi-monthly testing of equipment. Ensure liaisons with local ARES chapters remain strong.
c) Ensure tests of overhead speaker systems are conducted twice annually.
d) Deliver periodic campaigns and training on Emergency Colour Code nomenclature.
e) Consider, review, and implement, the electronic ERMS system (auto call).

COMPONENT(S) OF TEAM PROGRAM #4 *Education and Training*

a) Recruit, maintain databases, train, educate citizens to register for Community Emergency Response Volunteers (CERV) who in emergency situations will be mobilized to support the work efforts of MLHU staff. CERV are valuable resources in annual flu clinics and are trained to assist in shelter situations.
b) Facilitate annual Critical Incident Stress Management (CISM) courses which historically have positioned the MLHU as a lead provincial training site.
c) Attendance at an average of six fairs annually leverages opportunities for risk populations to gain literature and education on emergency planning practices.
d) Oversees the Fit-testing Program for MLHU staff and volunteers ensuring compliance with MLHU Policy # 8-051 "Respirator Protection – Fit-testing", CSA Z94.4-11 "Care and Use of Respirators" and best practices of Ministry of Labour orders.

COMPONENT(S) OF TEAM PROGRAM #5 *Determining Health in Emergency Situations*

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

2014 Planning & Budget Template

OMOH: Emergency Preparedness

SECTION E

Performance/Service Level Measures

	2012	**2013**	**2014 (estimate) (same/increase/decrease)**
Component of Team #1 *Assess Hazards and Risks*			
a) External Emergency Planning meetings with community stakeholder groups	57	57	same
b) Printed material production and distribution	21 agencies requested at least 50 brochures	34 agencies requested at least 75 brochures	Likely to increase
Component of Team #2 *Emergency Response Plan/Business Continuity*			
Bi –annual update of Emergency Response Plan (ERP)	Plan was updated and summary was produced for easy reference	City's recent commitment to implement IMS (Incident Management System) requires additional training of health unit staff	ERP will be edited to reflect IMS changes
Component of Team #3 *Emergency Notification*			
Testing of and Use of Notification systems	100% of systems tested on schedule	100% of systems tested on schedule	Same
Component of Team #4 *Education and Training*			
Community Emergency Response Volunteers (CERV) available	102	138	increase
Component of Team #5 *Promoting Emergency Planning Outreach*			
Through education and provision of 'kit' items, staff reached internally and in external agencies	23	44	increase

2014 Planning & Budget Template

OMOH: Emergency Preparedness

SECTION F **Staffing Costs:**	**2013 Total FTEs**	**2014 Estimated FTEs**
	1.5	**1.7**
Program Manager Program Assistant	1.0 0.5	1.0 0.7

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	$ 133,352	$ 142,546	$ 135,727	$ 141,727	$ 6,000	4.4%
Other Program Costs	28,955	71,684	27,738	28,738	1,000	3.6%
Total Expenditures	**$162,307**	**$ 214,230**	**$ 163,465**	**$ 170,465**	**$ 7,000**	**4.3%**

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	$ 33,454	$ 74,577	$ 34,612	$ 26,612	$ (8,000)	(23.1)%
MOHLTC – 100%	128,853	128,853	128,853	128,853		
MCYS – 100%						
User Fess				15,000	15 000	N/A
Other Offset Revenue		10,800				
Total Revenues	**$ 162,307**	**$ 214,230**	**$ 163,465**	**$ 170,465**	**$ 7,000**	**4.3%**

OMOH: Emergency Preparedness

SECTION I

Key Highlights/Initiatives Planned For 2014

- Development of the Fit-testing Business Case. Recruit staff, training, community outreach etc. Implement approved plan.
- Work with EH-PHI's and community partners to do site visits and assessments of all designated evacuation centres in the region.
- Create IMS function specific role awareness training package.
- Obtain generators for refrigeration units for protection of the vaccine inventory in case of power outage.
- Recruit, train new CERV team and maintain current staffing.
- Annual exercise to test Emergency Response Plan, scheduled for June 2014.
- Enroll in ERMS.
- Complete HEIA templates for all hazards.

SECTION J

External Pressures and Challenges

- Due to nature of the portfolio, unexpected emergencies or other activities become an immediate priority and require resources and attention. Thus projects constantly need to be reassigned.
- External partners have expectations of this program's involvement to their team and thus a personal attendance at events and workshops is mandatory.
- Training and education must be maintained as unique issues arise and certifications are required in order to train others on their roles.
- Co-operations within the Health Unit (competing priorities) often inhibit the planning and course of action (i.e.: "I can't make that fit-test session!)
- Part-time schedule of assistant. Sometimes work load demands a full time schedule to accommodate deadlines
- Internal consumers of the products of this portfolio sometimes don't see the value, importance of priority projects.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- $5,000 estimated net savings by offering fit-testing services to the general public. The $15,000 in anticipated revenue will offset $10,000 in additional costs to extend the program (this includes an additional 0.2 FTE in administrative support).
- $3,000 reduced costs related to changes in CERV recognition practices.

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SECTION A				
SERVICE AREA	Oral Health, Communicable Disease, and Sexual Health (OHCDSH)	**MANAGER NAME**	Bryna Warshawsky Alison Locker	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Bryna Warshawsky	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Office of the Director of the Oral Health, Communicable Disease and Sexual Health (OHCDSH) Service area is comprised of the Associate Medical Officer of Health/Director, the Program Assistant to the Associate Medical Officer of Health/Director, an Epidemiologist, and, in 2013, a Contract Epidemiologist. This team supports the activities of the entire OHCSDH Service area. The Teams within Oral Health, Communicable Disease and Sexual Health are as follows:

- Vaccine Preventable Disease
- Oral Health
- Infectious Disease Control
- The Clinic
- Sexual Health Promotion

Oversight of the activities and staff of the OHCDSH service area, including program and service delivery, performance, human resources, and finance are provided by the Associate Medical Officer of Health/Director, and supported by the Program Assistant. The Epidemiologists provide consultation to OHCDSH and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning.

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Program: OHCDSH Central Support

SECTION C

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

Ontario Public Health Standards and associated protocols:

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

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Panorama implementation

Panorama is a new communicable disease and immunization information system that the Ministry of Health and Long-Term Care (MOHLTC) is in the process of implementing at all Ontario health units; the Health Unit is scheduled to implement the immunization module of Panorama in May 2014. A number of preparatory activities are required to support Panorama implementation including: assessing the ability to migrate current information to the new system; reviewing IT needs; assessing privacy impacts; and developing and delivering training.

COMPONENT(S) OF TEAM PROGRAM #2 Program planning support

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

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

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Program: OHCDSH Central Support

COMPONENT(S) OF TEAM PROGRAM #3 Surveillance and population health assessment, and outbreak/investigation support
Some activities in this program area include: - Producing health status reports on topics related to the work of OHCDSH teams, e.g., *A Profile of People Who Inject Drugs in London* - Generating community surveillance reports, e.g., the *Community Influenza Surveillance Report*, which is issued weekly throughout the influenza surveillance season - Updating the information in the Community Health Status Resource - Providing epidemiological support for local and provincial disease outbreaks and investigations, e.g., provincial *E. coli* O157:H7 outbreak associated with frozen hamburger patties in 2013.
COMPONENT(S) OF TEAM PROGRAM #4 Research and knowledge exchange
This function includes education and consultation for staff members, community health providers and health professional students. Activities include teaching in Health Unit Community Medicine Seminars, supervising students, email update to health care providers, guest lecturing at post-secondary institutions and conferences, and contributing to participation in research initiatives, such as the Public Health Agency of Canada (PHAC) I-Track survey.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1 Panorama implementation			
% of provincial Panorama Builders/Early Adopters teleconferences participated in	82%	87% (20/23)	Same
% of provincial Panorama Champions teleconferences participated in	92%	89% (8/9)	Same
Component of Team #2 Program planning support			
# of ad hoc requests for epidemiological assistance to support evidence-informed program planning	18	~ 25	Increased
Component of Team #3 Surveillance and population health assessment, and outbreak/investigation support			
% of invasive Group A Streptococcus (iGAS) cases where follow-up was initiated the same day as receipt of laboratory confirmation (Accountability Indicator)	100%	100%	Same
% of gonorrhea cases where follow-up was initiated within two business days of receipt of laboratory confirmation (Accountability Indicator)	98%	100%	Same

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Program: OHCDSH Central Support

Component of Team #4 Research and knowledge exchange			
# of lectures and presentations	28	30	Increased
# of students supervised	12	15	Same
# of email updates to health care providers	~ 36	34	Sent as needed

SECTION F **STAFFING COSTS:**	**2013 TOTAL FTEs**	**2014 ESTIMATED FTEs**
	4.0	**4.0**
Director	1.0	1.0
Program Assistant	1.0	1.0
Epidemiologist	2.0	2.0

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	$ 490,772	$ 639,166	$ 426,029	$ 426,029	$ 0	0.0%
Other Program Costs	76,268	85,985	73,009	73,009		
Total Expenditures	**$ 567,040**	**$ 725,151**	**$ 729,370**	**$ 729,370**	**$ 0**	**0.0%**

SECTION H

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2014 Planning & Budget Template

Program: OHCDSH Central Support

FUNDING SOURCES:

Object of Revenue	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	$ increase ($ decrease) over 2013	% increase (% decrease) over 2013
Cost-Shared	$ 313,526	$ 327,426	$ 326,368	$ 326,368	$ 0	0.0%
MOHLTC – 100%	542,895	397,725	403,002	403,002		
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 856,421**	**$ 725,151**	**$ 729,370**	**$ 729,370**	**$ 0**	**0.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Plan for and oversee the implementation of the immunization module of Panorama at the Health Unit by May 2014.
- Compile a health status report about opioid and injection drug use in Middlesex-London.
- Update the online Community Health Status Resource with the most recent data available.

SECTION J

PRESSURES AND CHALLENGES

- Implementation of the immunization module of Panorama is a major project with many planning facets and involving many individuals. As the project requirements change and/or increase, it may be a competing priority relative to other important projects.
- Depending on the amount Panorama project funds provided by the MOHLTC for the 2014-2015 fiscal year, it may or may not be possible to retain the services of a contract epidemiologist. Not having a contract epidemiologist would negatively impact the delivery of day-to-day epidemiological support to the service area, as well as the completion of key deliverables.

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Program: OHCDSH Central Support

SECTION K **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014**
None

Program: OHCDSH Central Support

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

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SECTION A

SERVICE AREA	Oral Health, Communicable Diseases Sexual Health (OHCDSH)	**MANAGER NAME**	Marlene Price	**DATE**
PROGRAM TEAM	Vaccine Preventable Diseases	**DIRECTOR NAME**	Bryna Warshawsky	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Vaccine Preventable Diseases (VPD) Team focuses on reducing the incidence of vaccine preventable diseases. This is achieved by providing immunization clinics in school, community and clinic settings; reviewing 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. The Team is also responsible for the investigation and follow-up of vaccine-related reportable diseases.

SECTION C

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

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

- Immunization Management Protocol (2013)
- Infectious Diseases Protocol (2013)
- Vaccine Storage and Handling Protocol (2010)

Immunization of School Pupils Act
Day Nurseries Act

2014 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION D

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

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

COMPONENT(S) OF TEAM PROGRAM #2 Immunization clinics (elementary and secondary schools)

- **Grade 7:** Meningococcal and hepatitis B vaccines
- **Grade 8:** Human papillomavirus (HPV) vaccine to grade 8 female students
- **High school:** Any student missing vaccinations, generally tetanus, diphtheria and whooping cough booster (Tdap) or measles, mumps and rubella (MMR)

COMPONENT(S) OF TEAM PROGRAM #3 Screening of immunization records and enforcement of applicable legislation

- **Immunization of School Pupils Act:** The immunization records of all 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 immunization information or a medical / philosophical / religious exemption is not obtained.
- **Day Nurseries Act:** The immunization records of children attending licenced child care programs are reviewed and information on missing information provided to the child care centre operator who is required to have a complete record of immunization or exemption on file as part of their licencing requirements. The Child Care Operator may deny access to the day care program if the child's immunization information or a medical / philosophical / religious exemption is not obtained.

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

- **Information and advice for health care providers and the public:** Immunization information and advice is provided via email, the web site and telephone. "Triage" is a telephone consultation service where Program Assistants respond to the incoming calls or direct them to a Public Health Nurse.
- **Student education:** Clinical placements are provided to medical students and residents, and nursing students.

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Program: Vaccine Preventable Disease

COMPONENT(S) OF TEAM PROGRAM #5 Vaccine inventory and distribution of publicly-funded vaccines

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

- **Review of temperature logs:** Health care providers submit temperature logs to show that they are maintaining their vaccine storage refrigerators between 2º and 8ºC (the required temperatures for safe storage of vaccines); they can receive additional vaccines if their temperature logs indicate that vaccines have been stored between 2º and 8ºC.
- **Review of ordering patterns**: Ordering patterns are assessed to ensure that health care providers are storing no more than a two-month supply of vaccines in their vaccine refrigerators.

COMPONENT(S) OF TEAM PROGRAM #6 Cold chain inspection and incident follow-up

- **Inspections of locations that store publicly-funded vaccines:** Annual inspections are conducted for all health care providers' offices who order and store publicly-funded vaccines to ensure that the vaccines are being handled appropriately, remain potent and are not being wasted; these include new and existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations are inspected by the Infectious Disease Control Team).
- **Cold chain incidents:** If there is a power failure or problem with the refrigerator storing publicly-funded vaccines such that temperatures have gone outside the required 2º and 8ºC, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.

COMPONENT(S) OF TEAM PROGRAM #7 Investigation and follow up of vaccine-preventable reportable diseases

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

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

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Program: Vaccine Preventable Disease

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate) (same/increase/decrease)
Component of Team #1 Immunization clinics (regular, high risk populations, outbreak)			
# of clients attending / vaccines given at the Immunization Clinic	7,388 / 15,342	7,865 / 16,779	Same
# of community influenza clinics / clients seen	15 / 7,322	10 / 3,739	Decrease
Component of Team #2 Immunization clinics (elementary and secondary schools)			
% of Grade 7 students who have received meningococcal vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	84% / 3,220	87%/ 2,959	Same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year (accountability indictor) / # of students vaccinated at school-based clinics	90% / 2,690	89% / 2,506	Same
% of grade 8 female students who completed the three-dose series of HPV vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	56% / 1,341	58% / 1,310	Same
Component of Team #3 Screening of immunization records according to applicable legislation			
% of students 7-17 years of age whose immunization is complete for age for tetanus / polio / measles, mumps and rubella (MMR)	93% / 93% /97%	95% / 95% / 95%	Decrease (* see Key Highlights/ Initiatives Planned for 2014)
% of children attending licensed child care whose immunization is up to date for tetanus, diphtheria, pertussis, polio / measles, mumps, rubella (MMR)	77% / 86%	80% / 85%	Same
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	11,949 / 2,447	12,913 / 3,282	Same
Component of Team #5 Vaccine inventory and distribution of publicly- funded vaccines			
# of orders received from and processed for health care providers' offices	3,922	3,931	Same
Component of Team #6 Cold chain inspections and Incident Follow Up			
# of cold chain inspections / % completion	231 / 100%	276 / 98%	Same
# of cold chain incidents / cost of vaccine wastage	21 / $62,488.	35 / $63,985.	Same
Component of Team #7 Investigation and follow up of vaccine-preventable reportable diseases			
# of reportable diseases reported and investigated / # confirmed; *Totals consist of measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox*	150 / 87	126 / 36	All reported cases are followed up in a timely manner.

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2014 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	17.0	17.0
Program Manager	1.0	1.0
Public Health Nurses	7.1	7.1
Casual Nurses	1.5	1.5
Program Assistants	7.4	7.4

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	$ 1,328,993	$ 1,345,367	$ 1,379,365	$ 1,379,365	$ 0	0.0%
Other Program Costs	126,215	394,519	139,591	139,591		
Total Expenditures	**$ 1,455,208**	**$ 1,739,886**	**$ 1,518,956**	**$ 1,518,956**	**$ 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	$ 1,164,688	$ 1,297,005	$ 1,227,269	$ 1,227,269	$ 0	0.0%
MOHLTC – 100%	156,095	156,611	157,262	157,262		
MCYS – 100%						
User Fees	61,925	261,740	61,925	61,925		
Other Offset Revenue	72,500	24,530	72,500	72,500		
Total Revenues	**$ 1,455,208**	**$ 1,739,886**	**$ 1,518,956**	**$ 1,518,956**	**$ 0**	**0.0%**

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Program: Vaccine Preventable Disease

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Implementation of Panorama, a new provincial immunization and inventory management database system in May 2014;
  * Implementation of this program will result in students having their immunization records reviewed but no suspension process for the 2013/2014 school year, therefore % of students immunized in that school year is expected to decrease slightly, but will increase again in the following school year when the suspension process will be re-implemented.
- Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act for the 2014/2015 school year. This will involve communicating the changes to parents, school boards and health care providers.

SECTION J

PRESSURES AND CHALLENGES

- Preparations for implementation of Panorama, a new provincial immunization and inventory management database system
- Changes in staffing personnel due to staff turn-over
- Insufficient resources to conduct health promotion campaigns to counter mounting vaccine hesitancy
- Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

- None

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ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

INFECTIOUS DISEASE CONTROL

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Program: Infectious Disease Control

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases Sexual Health (OHCDSH)	**MANAGER NAME**	Tristan Squire-Smith	**DATE:**
PROGRAM TEAM	Infectious Disease Control	**DIRECTOR NAME**	Bryna Warshawsky	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The goal of the Infectious Disease Control (IDC) Team is to prevent and control infections in the community. The Team provides the following programs and services: reportable disease follow-up and case management; outbreak investigation and management; inspections of certain settings for food handling and/or infection control practices; health promotion activities including consultation and education to institutions and to the general public, including food handler training. As well, the IDC Teams assist in influenza immunization clinics and checking that vaccines are properly handled (cold chain inspections) in certain settings.

SECTION C

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

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

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

2014 Planning & Budget Template

Program: Infectious Disease Control

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 disease (such as diseases that cause diarrhea and vomiting, meningitis, hepatitis, and tuberculosis) to prevent 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 (i.e. hospitals, long term care facilities, retirement homes) settings and child care centres for food handling practices, and consults regarding infection control practices as appropriate, as well as inspecting funeral homes, personal service settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) for infection control practices. The IDC Team also 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. 2013 will be the first time that the team has achieved a 100% inspection completion rate.

COMPONENT(S) OF TEAM PROGRAM #4: Food Handler Training

The IDC Team provides Food Handler Training and certification in partnership with the Environmental Health Team. The IDC Team focuses on the specific food handler educational needs of those who work in hospital, long term care facilities, retirement homes, and child care settings.

COMPONENT(S) OF TEAM PROGRAM #5: Health Promotion / Education

The IDC Team is involved with health promotion activities and provides consultative services to institutions and the public. The Team answers questions from the public and health care providers about infectious diseases on the telephone information line which operates during working hours. Further, a Public Health Nurse/Inspector provides on-call services on weekends and holidays. Educational workshops are provided for workers with a focus on hospital and long term care / retirement home settings and child care settings. Updates on infectious diseases and infection control issues are sent via email on a regular basis.

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Program: Infectious Disease Control

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate) (same/increase/decrease)
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up *Totals consist of active tuberculosis, campylobacter, salmonella, E. Coli O157:H7, invasive Group A Streptococcus, hepatitis C, hepatitis A, influenza, listeriosis, West Nile Virus, legionella, Lyme disease*	950	731	All reported cases are followed up in a timely manner
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks managed *Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centres and other community settings*	142 / 41	135 / 40	All outbreaks are managed in a timely manner until resolution
IDC Team Component #3: Inspections			
# of inspection of # of personal services settings = % completion rate	547 of 608 = 90%	612 of 612 = 100%	100% inspection completion by December 1
# of inspections of # of food premises / % completion	• High risk: 403 of 134 / 90% • Medium risk: 24 of 12 / 100% • Low risk: 5 of 5 / 100%	• High risk: 405 of 135 / 100% • Medium risk: 18 of 9 / 100% • Low risk: 7 of 7 / 100%	100% inspection completion by December 31
Component of Team #4: Food Handler Training			
# of Food Handler Training sessions conducted for # of candidates;	20 for 247	23 classes (10 public and 13 corporate)	20-25 classes to be held for 225-275 candidates
Component of Team #5: Health Promotion & Education			
# of telephone consultations / # of email consultation / # of walk-in consultations	182 / 80 / 13	178 / 122 / 21	Respond to all requests
# of presentations on infectious disease related topics	61	29	Respond as requested and possible

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Program: Infectious Disease Control

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	14.75	14.75
Program Manager Program Assistant Public Health Nurses Public Health Inspectors	1.0 1.0 7.25 5.5	1.0 1.0 7.25 5.5

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	$ 1,261,543	$ 1,261,538	$ 1,307,144	$ 1,307,144		
Other Program Costs	56,556	68,458	68,786	58,786	$ (10,000)	(14.5)%
Total Expenditures	**$ 1,318,099**	**$ 1,329,996**	**$ 1,375,930**	**$ 1,365,930**	**$ (10,000)**	**(0.8)%**

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2014 Planning & Budget Template

Program: Infectious Disease Control

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	$ 510,227	$ 553,722	$ 613,121	$ 613,121		
MOHLTC – 100%	744,030	744,030	755,761	745,761	$ (10,000)	(1.5)%
MCYS – 100%						
User Fees	6,500	6,490				
Other Offset Revenue	57,342	25,754	7,048	7,048		
Total Revenues	**$ 1,318,099**	**$ 1,239,138**	**$ 1,375,930**	**$ 1,365,930**	**$ (10,000)**	**(0.8)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- ➔ **Targeted, pro-active approach to engage the population who uses intravenous drug (IVDU) (ultimate goal: to reduce the burden of hepatitis C in the community):**
  - Determine which initiatives may have the greatest impact to reduce the risk of spread and seriousness of illness;
  - Engage community partners and people with lived experience throughout the planning and implementation processes.
- ➔ **Make inspection reports available online to the public:**
  - Work with the local software design company, ResIM, to design a website for the public to view inspection reports of Personal Services Settings;
  - Availability of inspection reports online will empower the public to make more informed and safer choices and provides an incentive for Personal Service Setting operators to maintain good infection prevention and control practices;
  - At first, the website will focus on inspection reports from higher-risk Personal Services Settings (i.e. Tattoo/piercing operators) but will be expanded within the year to include all inspection reports (i.e. Long term care facilities, child care centers, spas, barber shops, funeral homes, etc.).
- ➔ **Partner with London Health Sciences Centre and/or St. Joseph's Health Care, London to offer a community-based tuberculosis clinic:**
  - To concentrate and coordinate tuberculosis-related expertise, thereby becoming the primary referral site in Middlesex-London;
  - To enhance the patient experience by making access to tuberculosis-related services easier and more comprehensive.

2014 Planning & Budget Template

Program: Infectious Disease Control

SECTION J

PRESSURES AND CHALLENGES

- Uncertain nature of demand/crises (re: number and timing of reportable diseases and outbreaks)
- Limited flexibility with respect to daily workload → limited ability to respond without having to choose between competing priorities
- As of 2014, no further additional 100% provincial funds for World TB Day ($2000) and Infection Control Week ($8000) → have to change how small projects and workshops are organized/funded/prioritized
- The IDC team is a highly popular student placement consistently throughout the year; time spent coaching students may both add to workload and/or require additional time for team members to cover their regular assignments
- Lack of yearly increases in “100%” provincial funding results in budgetary pressures with potential staffing implications

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

None

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ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

THE CLINIC AND SEXUAL HEALTH PROMOTION

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2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

SECTION A				
SERVICE AREA	Oral Health, Communicable Disease and Sexual Health (OHCDSH)	**MANAGER NAME**	Shaya Dhinsa	**DATE**
PROGRAM TEAM	The Clinic and Sexual Health Promotion	**DIRECTOR NAME**	Bryna Warshawsky	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Clinic Team provides clinical services for the provision of birth control and the diagnosis and treatment of sexually transmitted infections. Needle exchange services are also offered. All services are confidential, non-judgmental, client-focused and easily accessible. The Clinic staff also follows-up reportable sexually transmitted infections to prevent transmission to others.

Sexual Health Clinics are offered as follow:

- At the 50 King Street Office, there are three Sexually Transmitted Infection Clinics per week. The clinics operate on a drop-in basis, and provide free and anonymous testing, treatment and counselling; no health card is required.
- At the 50 King Street Office, there are eight Family Planning Clinics per week. The clinics operate by appointment and usually require a health card.
- At the Strathroy Office, there are two Sexual Health Clinics with extended hours offered per month. The clinics operate by appointment and usually require a health card.

At each clinic, the client first sees a Public Health Nurse and then sees the Physician. The clients receive information, counseling, examination and testing, prescriptions and treatment as indicated.

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

Program: The Clinic and Sexual Health Promotion

SECTION C

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

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

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

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.

COMPONENT(S) OF TEAM PROGRAM #2 Needle Exchange

The Needle Exchange provides clean needles/syringes and other injection equipment and accepts used needles/syringes and other equipment. This program is anonymous and available at the Health Unit from Mondays to Thursdays from 8:30 am to 7 pm, and Fridays from 8:30 am to 4 pm. 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) and the Health Unit. The Counterpoint Program is administered by RHAC and funds are provided through the Health Unit.

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

To prevent the spread of sexually transmitted infections, people with laboratory-confirmed sexually transmitted infections (chlamydia, gonorrhea, syphilis and HIV/AIDS) are reported to the Health Unit. The Clinic Public Health Nurse begins the follow-up process by contacting the client if they were diagnosed at a Health Unit 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 sexual contacts or encourage the client to notify their own contacts. The contacts are encouraged to be tested and treated; this can be done at the Sexually Transmitted Infection Clinic or at another health care provider. Information on the client and their contacts are entered into the Integrated Public Health Information System (iPHIS), the Ministry of Health and Long-Term Care's electronic database.

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Program: The Clinic and Sexual Health Promotion

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

The Sexual Health Promotion Team develops presentations, campaigns, resources and health fairs on sexual health topics. The Sexual Health Promotion and Clinic Teams provide one on one consultation to clients on the telephone. The Sexual Health Promotion and Clinic Teams also provide placements for health care professional students/residents thereby increasing these students'/residents' abilities to provide information and education on sexual health topics to their clients.

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

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

COMPONENT(S) OF TEAM PROGRAM #6 Other sexual health promotion activities

Other sexual health promotion activities include:

- Working on issues related to supporting the Lesbian, Gay, Bisexual, Transgendered and Queer (LGBTQ) community including running a community advocacy group;
- Updating the fact sheets and landing pages on the web site;
- Ensuring current and future programs are evidence-informed and evaluation components are incorporated as possible and appropriate.

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Program: The Clinic and Sexual Health Promotion

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Clinic Services			
% of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators)	99.1%	100%	Same
# of birth control / emergency contraception pills dispensed	33,108 / 145	31,249 / 532 .	Same
# of new clients / returning clients / visits to the Sexually Transmitted Infection (STI) Clinic	3,448 / 2,342 / 8,597	3,217 / 2,242 / 8,052	Increase
# of new clients / returning clients / visits to the Family Planning Clinic	• London: 2,217 / 3,596 / 7,344 • Strathroy: 252 / 96 / 467	• London: 1,161 / 3,252 / 6,683 • Strathroy: 127 / 143 / 372	Same
Component of Team #2 Needle Exchange			
# of new clients / returning clients to the Needle Exchange program at the Health Unit	158 / 952	185/ 992	Increase
Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit	29,821 / 17,149	Distributed 48,884 new needles/syringes and took in 21,913 returned needles	Increase
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up	1,567 / 106 / 37 / 22	1,309 / 81 / 21 / 20 *Numbers not yet final*	All reported cases are followed up in a timely manner
Component of Team #4 Sexual Health Education			
Sexual Health Campaigns	Syphilis bus; Bar Campaign; Are You Doin' It; Adventures in Sex City	Are You Doin' It; Add Your Colour; Clinic Promotion	
# of presentations, health fairs and clinic tours	121	103	Increase
Approximate # of phone calls to Public Health Nurse for sexual health	760	428	Same

Program: The Clinic and Sexual Health Promotion

information			
# of experiences for medical students, residents, nursing students and clinical team assistants.	11	17	Same
Component of Team #5 Social Determinants of Health			
Initiatives that were the focus of the Social Determinants of Health Public Health Nurse	Methadone Maintenance Best Practice Workgroup; Internal Health Literacy/ Clear Writing education and capacity building	Methadone Maintenance Best Practice Workgroup; Community Opioid Overdose Prevention initiative	Methadone Maintenance Best Practice Workgroup; Community Opioid Overdose Prevention initiative; Municipal drug strategy; Staff education about Social Determinants of Health; Internal Health Equity Impact Assessment (HEIA)
Component of Team #6 Other Sexual Health Promotion Activities			
# of meetings of LGBTQ advocacy group	50	26	Decrease
# of fact sheets re-designed or created.	100 re-designed	5 created	Review 105 fact sheets

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2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

SECTION F **STAFFING COSTS:**	**2013 TOTAL FTES**	**2014 ESTIMATED FTES**
	17.5	**17.8**
Program Manager	1.0	1.0
Public Health Nurses	11.4	11.4
Health Promoter	1.0	1.0
Clinical Team Assistants	4.0	4.0
Program Assistant	0.0	0.4
Nurse Practitioner	0.1	0.0

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	$ 1,484,238	$ 1,479,178	$ 1,528,522	$ 1,523,522	$ (5,000)	(0.3)%
Other Program Costs	773,965	758,458	773,965	772,965	(1,000)	(0.1)%
Total Expenditure	**$ 2,258,203**	**$ 2,237,636**	**$ 2,302,487**	**$ 2,296,487**	**$ (6,000)**	**(0.4)%**

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2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

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	$ 1,541,498	$ 1,472,173	$ 1,584,043	$ 1,578,043	$ (6,000)	(0.4)%
MOHLTC – 100%	431,705	420,321	433,444	433,444		
MCYS – 100%						
User Fees	285,000	322,952	285,000	285,000		
Other Offset Revenue		22,190				
Total Revenues	**$ 2,258,203**	**$ 2,237,636**	**$ 2,302,487**	**$ 2,296,487**	**$ (6,000)**	**(0.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- **Computer upgrade:** The current computer program is to be upgraded beginning of 2014. This upgrade will allow documents to be scanned and attached to client records, and will allow files to be archived using electronic lists instead of using a manual process which is current practice. This upgraded program also has the ability to allow The Clinic to become paperless.
- **Substance use:** The Social Determinants of Health Public Health Nurse will focus on working with community partners to develop the Opioid Overdose Prevention Program (including naloxone distribution) to prevent deaths in people who use opioid drugs, and will begin work on a Municipal Drug Strategy.
- **Program evaluation:** The Health Promoter will work closely with the Sexual Health Promotion Public Health Nurses to evaluate current programs and develop an evaluation plan for future campaigns, presentations, health fairs, and other programs.

2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

SECTION J

PRESSURES AND CHALLENGES

- **Client volume:** Clinic workload can be challenging for clinic staff when there is high volume of patients at the STI clinic which operates on a drop-in basis. The client is to be seen in a timely manner and this can be difficult when there are many clients in the waiting room.
- **Sexually transmitted infection volumes:** Clinic staff follow-up reportable sexually transmitted infections for residents of Middlesex-London whether they are diagnosed at the Health Unit's clinics or by an external health care provider. If there is an increase or a cluster of reportable diseases, it can be challenging to follow-up in a timely manner and enter data into iPHIS, the Ministry of Health and Long-Term Care's database.
- **Administrative Assistant Support:** As of 2014, the Sexual Health Promotion Team will have Program Assistant for eight months of the year for a total of 0.4 full-time equivalents (FTEs). However, during the time when the Program Assistant is not available, these tasks will need to continue to be completed by the Sexual Health Promotion Public Health Nurses or the Health Promoter or will not be completed until a later date.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

- $34,000 in efficiencies realized due to various service redesign initiatives in the Sexual Health Clinic.
- 0.4 FTEs of administrative support to be provided to the Sexual Health Manager and Sexual Health Promotion Team as a result of renegotiations of the Travel Clinic contract.

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ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

ORAL HEALTH PROGRAM

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Program: Oral Health Program

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases, Sexual Health (OHCDSH)	**MANAGER NAME**	Chimere Okoronkwo	**DATE**
PROGRAM TEAM	Oral Health	**DIRECTOR NAME**	Bryna Warshawsky	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The overall goal of the Oral Health Team is to improve the oral health status of the target population, which is particularly focused on children. 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.

SECTION C

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

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

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

2014 Planning & Budget Template

Program: Oral Health Program

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 School screening

School screening involves a Dental Hygienist with the support of Dental Assistant checking children's teeth to identify if they have urgent dental needs such as cavities. It is done in all elementary schools in Junior Kindergarten, Senior Kindergarten, and Grade 2, and also by parental request. Those identified as having dental needs are followed-up to ensure that dental care (treatment and prevention) is provided. For those who cannot afford dental care, publicly-funded treatment is offered at the 50 King Street Dental Office or at a community dental office under the Children in Need of Treatment Program (CINOT) or Healthy Smiles Ontario (HSO), depending on eligibility criteria. Children on Ontario Works also receive publicly-funded dental care.

COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, reporting and quality improvement

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

COMPONENT(S) OF TEAM PROGRAM #3 Oral health promotion

Information and education on oral health topics, such as brushing, flossing, healthy eating, first dental visits etc., are delivered in school and community-based settings and via the website, email and telephone.

COMPONENT(S) OF TEAM PROGRAM #4 Clinical services at the 50 King Street Clinic

The 50 King Street office offers a full dental clinic that provides the range of treatment (such as fillings and extractions) and preventive services (such as cleaning, sealants and fluoride). Treatment is provided to children on publicly-funded dental programs (e.g. Children in Need of Treatment, Healthy Smile Ontario and Ontario Works). Preventive services (under the PrevOH program) are provided to these children as well as children who cannot afford this type of care from a community dentist. Under the SmileClean Program, adults can also receive cleanings at the 50 King Street Clinic for a small fee of $30.00 if they are on Ontario Works or have children on the Healthy Smiles Ontario Program.

COMPONENT(S) OF TEAM PROGRAM #5 Fluoride

Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the Health Unit. Pilot fluoride varnish programs are being initiated in 2014 for some children at higher risk.

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Program: Oral Health Program

COMPONENT(S) OF TEAM PROGRAM #6 Processing of dental claims

The Health Unit processes claims for Healthy Smiles Ontario (HSO), Children in Need of Treatment (CINOT) and Middlesex County Ontario Works that are generated by local dentists for services provided to children under these programs. It is intended that claims are paid within an acceptable time frame (i.e. within 25 business days of the date of receipt of the claim).

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate) (same/increase/decrease)
Component of Team #1 School screening			
# of eligible students screened / % of eligible school children screened	17,602 / 83%	15,751 / 81%	Increase
Percent of publicly-funded schools screened (accountability indicator for 2014)	100%	100%	Same
% of children screened that are identified as requiring urgent care / preventive services (cleaning, sealants, fluoride varnishes)	4.03% / 5.23%	3.96% / 7.6%	Decrease
Component of Team #2 Monitoring, reporting and quality improvement			
% of schools classified as "High Risk", "Medium Risk", & "Low Risk" based on dental needs identified in Grade 2 students.	11.0% (High risk) 15.0% (Medium risk) 74.0% (Low risk)	10.3% (High risk) 8.7% (Medium risk) 80.9% (Low risk)	Decrease Decrease Increase
% of children absent during the school-based dental screening program / % of children excluded from school based screening	11.16% / 9.46%	8.26% / 15.05%	Decrease
Component of Team #3 Oral health promotion			
# of oral health presentations	68	70	Decrease
Component of Team #4 Clinical services at the 50 King Street Clinic			
# of CINOT clients / # of clients on other publicly-funded programs	194 / 152	200 / 285	Same / Increase
# of eligible clients who received preventive services (cleaning, sealants, fluoride varnish) at the 50 King Street Dental Clinic.	538	600	Increase
Component of Team #5 Fluoride			
# of children who receive fluoride varnish through pilot program	Not applicable	Not applicable	Increase
Component of Team #6 Processing the dental claims			
# of HSO / CINOT claims processed	2,234 / 1,203	2,791 / 1,181	Increase / Decrease
% of HSO / CINOT claims processed within the acceptable time frame.	Not available	85% / 24%	Increase / Increase

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Program: Oral Health Program

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	16.1	16.1
Dental Consultant (Shared among five health units)	0.4	0.4
Program Manager	1.0	1.0
Dentist	1.0	1.0
Dental Hygienists	4.0	4.0
Dental Assistants	5.7*	5.7*
Dental Claims Analyst	1.0	1.0
Dental Claims Assistants	2.0*	2.0*
Health Promoter (contract)	1.0	1.0

*The Board of Health approved up to this staffing complement; the staffing complement is currently 6.7 Dental Assistants and 1.0 Dental Claims Assistant.

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	$ 1,214,232	$ 1,188,659	$ 1,307,610	$ 1,307,610	$ 0	0.0%
Other Program Costs	1,193,669	1,475,336	1,013,060	1,013,060		
Total Expenditures	**$ 2,407,901**	**$ 2,663,995**	**$ 2,320,670**	**$ 2,320,670**	**$ 0**	**0.0%**

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2014 Planning & Budget Template

Program: Oral Health Program

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	$ 1,151,543	$ 1,099,234	$ 1,151,416	$ 1,151,416	$ 0	0.0%
MOHLTC – 100%	871,028	1,214,662	783,924	783,924		
MCYS – 100%						
User Fees	275,000	234,156	275,000	275,000		
Other Offset Revenue	110,330	115,943	110,330	110,330		
Total Revenues	**$ 2,407,901**	**$ 2,663,995**	**$ 2,320,670**	**$ 2,320,670**	**$ 0**	**0.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

1. Pilot school-based tooth brushing program for Junior Kindergarten, Senior Kindergarten, Grades 1 & 2 in a “High Screening Intensity” school.
2. Pilot school-based fluoride varnish program for Pre-Kindergarten, Junior Kindergarten, Senior Kindergarten and Grade 1 children in selected schools.
3. Pilot test the provision of fluoride varnish to children 0 – 4 years of age to be offered in daycare settings, pre-school programs and other childcare settings. As well, parents of 0 – 4 years old already enrolled in the Healthy Babies Healthy Children program will have a targeted oral health care plan, including fluoride varnish, integrated into their regular home visits from either the Public Health Nurse or the Family Home Visitor, as a pilot test.
4. Reassessment of oral health teaching in the schools: Classroom-based dental health education lessons are currently offered to Grades 2 and 4 students. These lessons are provided by the Dental Assistants. However, evidence has demonstrated that these interventions have a small positive, but temporary effect on plaque accumulation. These interventions have a consistent positive effect on knowledge levels but no discernible effect on caries. Therefore, the evidence base to support the program is weak and the program will be re-assessed in this calendar year.

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Program: Oral Health Program

SECTION J

PRESSURES AND CHALLENGES

1. Deficit in the Dental Clinic due to the fact that revenue from billings for oral health services is not sufficient to keep up with expenses.
2. The reduction in the budget from the 100% provincially-funded programs such as Healthy Smiles Ontario (HSO) and Children in Need of Treatment (CINOT) expansion.
3. Newly announced plans to integrate all the publicly-funded Oral Health programs and centralize the claims management process will have implications for the staffing of the Oral Health program. Changes in the funding for the prevention and treatment programs will also impact the work of the team. These implications will unfold as additional information about the proposed changes become available over the upcoming year.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

None