AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

Middlesex-London Health Unit – Room 3A
50 King Street, London
Wednesday, February 12, 2014 9:30 a.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA**

3. **APPROVAL OF MINUTES**
   - 3.1. Public Minutes – January 29, 2014
   - 3.2. Confidential Minutes January 29, 2014

4. **BUSINESS ARISING FROM MINUTES**

5. **NEW BUSINESS**
   - 5.1. 2014 Budget Process Planning and Budget Templates for Family Health Services (FHS), Human Resources & Labour Resources (HRCS) and General Expenses and Revenues (GER) (05-14FFC)
   - 5.2. 2014 Budget Overview (06-14FFC)
   - 5.3. 2013 4th Quarter Variance Report (07-14FFC)
   - 5.4. 2013 Public Sector Salary Disclosure (08-14FFC)
   - 5.5. 2013 Board of Health Remuneration (09-14FFC)
   - 5.6. Locally Driven Collaboration Project Funding Agreement – Public Health Ontario (10-14FFC)

6. **CONFIDENTIAL -** The Finance and Facilities Committee will go in camera to discuss the following:
   - 6.1. A proposed or pending acquisition of land by the Middlesex-London Board of Health
   - 6.2. Litigation or potential litigation, affecting the Middlesex-London Health Unit

7. **OTHER BUSINESS**

   Next meeting Thursday, March 6, 2014 at 9:00 a.m.

8. **ADJOURNMENT**

Please note: A sandwich lunch will be provided

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2014 January 29 9:00 a.m.

COMMITTEE MEMBERS PRESENT:
Mr. David Bolton
Ms. Trish Fulton (Chair)
Mr. Marcel Meyer
Mr. Stephen Orser
Mr. Ian Peer

OTHERS PRESENT:
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. Bolton *that the Agenda for the January 29, 2014 Finance and Facilities Committee be approved.*

Carried

3. APPROVAL OF MINUTES January 9, 2014

It was moved Mr. Bolton, seconded by Mr. Meyer *that the Public Minutes from the January 9, 2014 Finance and Facilities Meeting be approved.*

Carried

It was moved Mr. Bolton, seconded by Mr. Orser *that the Confidential Minutes from the January 9, 2014 Finance and Facilities Meeting be approved.*

Carried

4. BUSINESS ARISING FROM THE MINUTES

Dr. Mackie, Medical Officer of Health, provided a verbal update on the Generator project for 50 King Street. The Generator Ad Hoc Committee met prior to the FFC meeting on January 29, 2014. The ad hoc committee recommends, after talking to electrician Mr. Dick Foster, that the generator should provide enough power to run the two rooms with fridges for vaccines and the two server rooms (telephones and computers). The committee also recommends to the FFC that the proposed generator should have a three-phase alternator and be fueled by natural gas. Staff will consult with the Health Unit's electrical contractor as to requirements and draft a Request for Proposal for the FFC to review.

5. NEW BUSINESS

5.1. Healthy Communities Partnership Grant ($49,000) (**Report 03-14FFC**)

Mr. Millson, Director, Finance and Operations, explained that Appendix B to Report 03-14FFC is Amending Agreement No. 7 to the Public Health Accountability Agreement which allows the Ministry of Health and Long-Term Care to flow an additional $49,000 to the Healthy Communities Partnership Middlesex-London, and it extends the time period in which the total funding can be utilized to March 31, 2014.

It was moved by Mr. Orser, seconded by Mr. Bolton *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.*

Carried

5.2. 2014 Budget Process (**Report No 04-14FFC**)

Dr. Mackie summarized that the Planning and Budget Templates for the first two of the six service areas were reviewed by this Committee on January 9, 2014 in **Report 02-14FFC** as follows: 1. Environmental Health & Chronic Disease Prevention and 2. Finance Operations and Information Technology. Two service areas were reviewed at this meeting. The remaining two service areas (Family Health Services and Human Resources & Corporate Strategy) will be discussed at the February 12 FFC meeting.

Service Area #3 Office of the Medical Officer of Health (OMOH)

Dr. Mackie reviewed the planning and budget templates for the OMOH service area.

Dr. Mackie reported that a new indicator under the OMOH will be that of Board of Health Members' satisfaction with staff support of their role, particularly at meetings. This indicator will be discussed by the Governance Committee to be incorporated into the Board of Health Self-Assessment process.

It was suggested that an indicator of performance could be how the Medical Officer of Health is viewed by the public as the spokesperson for the Health Unit. This indicator will be considered under the Communications sub-area of the OMOH templates.

Discussion ensued about Privacy requirements and, although the Board would like to see a decrease in breeches, most privacy breeches are out of the control of staff.

The Committee also recommended that staff be commended on the increase in Health Unit staff members getting their flu shot. This staff is an excellent model for Health Care agencies.

Mr. Orser left the meeting at 9:40 a.m.

Dr. Mackie highlighted the proposed addition of a 0.5 FTE Marketing Co-ordinator to assist the Communications Department to promote the Health Unit.

It was moved by Mr. Peer, seconded by Mr. Bolton *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 to Report 04-14FFC.*

Carried

Mr. Meyer left the meeting at 9:55 a.m.

Service Area #4 Oral Health, Communicable Disease Prevention & Sexual Health Services (OHCDSHS)

Dr. Bryna Warshawsky, Associate Medical Officer of Health and Director, Oral Health, Communicable Disease and Sexual Health Services, reviewed the the planning and budget templates for the OHCDSHS area. Dr. Warshawsky reported that programs in this service area will be impacted by a change in Directors, when she leaves the Health Unit at the end of March 2014.

It was moved by Mr. Peer, seconded by Mr. Bolton *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 to Report 04-14FFC.*

Carried

It was moved by Mr. Bolton, seconded by Mr. Peer *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 after the templates for all six services areas have been reviewed.*

Carried

At 10:40 a.m., it was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance and Facilities Committee move in camera to discuss a matter subject to solicitor-client privilege.*

Carried

At 10:50 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 about a matter subject to solicitor-client privilege.*

Carried

6. OTHER BUSINESS

The next scheduled Finance and Facilities Committee Meeting is Wednesday, February 12 at 9:30 a.m. in Room 3A. This meeting likely will run past noon; therefore, lunch will be provided.

7. ADJOURNMENT

At 10:55 a.m., it was moved by Mr. Bolton, seconded by Mr. Peer *that the meeting be adjourned.*

Carried

_____ _____

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 05-14FFC

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 12

2014 BUDGET PROCESS

Recommendations

It is recommended:

1) ***That the Finance and Facilities Committee receive the 2014 Planning and Budget Templates for Family Health Services (FHS), attached as Appendix A; and further,***

2) ***That the Finance and Facilities Committee receive the 2014 Planning and Budget Templates for Human Resources and Labour Relations (HRLR), attached as Appendix B; and further,***

3) ***That the Finance and Facilities Committee receive the 2014 Planning and Budget Template for General Expenses and Revenues, attached as Appendix C; and further***

4) ***That the Finance and Facilities Committee report to the Board of Health re the 2014 Planning and Budget Templates for FHS, HRLR and GER 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.
- 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 & Operations and Information Technology • Environmental Health & Chronic Disease Prevention
January 29	• Office of the Medical Officer of Health • Oral Health, Communicable Disease & Sexual Health
February 12	• Family Health Services • Human Resources & Labour Relations

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 Family Health Services (FHS), Human Resources & Labour Relations (HRLR) and General Expenses and Revenues (GER). 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, CCFP, FRCPC
Medical Officer of Health

FAMILY HEALTH SERVICES

OFFICE OF THE DIRECTOR

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2014 Planning & Budget Template

Program: FHS – Office of the Director

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**		**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

- Reproductive Health
- Smart Start for Babies
- Early Years
- Screening, Assessment & Intervention (Speech and Language, Blind Low Vision, Infant Hearing)
- Best Beginnings (West/Central/East)
- Child Health
- Young Adult

Oversight of the programs and staff of Family Health Services area including strategy, planning, budgeting, financial monitoring, recruitment/hiring/orientation and performance development and monitoring for 11 direct reports and 120 staff. In addition engage in agency planning and administration and community partner development and sustainability.

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

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Program: FHS – Office of the Director

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

Ontario Public Health Standards:

- Reproductive Health
- Child Health
- Chronic Disease & Injury Prevention
- Sexual Health
- Foundational
- Organizational Standards

Child & Family Services Act, 1990

- Duty to Report Legislation

Nursing Act, 1991

SECTION D

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

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

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

- The Epidemiologist and Program Evaluator provide consultation to FHS in population needs assessments, health assessment and surveillance and program evaluation. They do this through ensuring best evidence resources are available for program planning, developing capacity in teams for analysis and integration of data, consultation and assistance with specific program evaluation.
- Participate in agency wide systems to build capacity of organization to implement evidence informed practice ie. RRFSS, RAC.

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Program: FHS – Office of the Director

COMPONENT(S) OF TEAM PROGRAM #3 CNO & CHNS – NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP
• Provide staff consultations and support to address nursing practice issues • Contribute to policy and procedure development for public health and public health nursing practice. • Provide leadership at Nursing Practice Council meetings and take leadership role in developing implementing annual practice plans. • Oversee the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice. • Lead and plan professional development programs for all agency PHNs (150 nurses) • Promote and support national certifications such as (e.g. Community Health Nursing, International Certified Lactation Consultants, US Infectious Control) • Lead journal clubs and knowledge exchange activities with staff to identify best practice evidence and build critical appraisal skills of research as requested. • Contribute to human resource sustainability through post secondary partnerships.

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 OVERALL FHS LEADERSHIP (DIRECTOR)			
• Completion, implementation, outcome evaluation of operational plans including budgeting in all program areas.	18 operational plans 100%	8 operational plans 100% *combined several*	12 anticipated
• Completion of performance reviews for all staff per biannual schedule	80%	80%	80%
Component of Team #2 EPIDEMIOLOGY & PROGRAM EVALUATION			
• # of projects involving partnership with community researchers, academic partners and other organization.	5	7	5
• # of structured capacity building planning and evaluation offerings to FHS Staff.	0	1	3
• # of consultations with managers and staff re: program evaluation.	10	11	Increase

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Program: FHS – Office of the Director

Component of Team #3 CNO & CHNS - NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP			
# of professional development events • # of all nurse workshops		2 80% participated	Same
• # of team/program specific initiatives		6	Increase
• All agency training (BFI/Smoking Cessation)		BFI Training (100% nurses participated)	Same
• # of practice consultations		58	Same
• # of staff engaged in structured knowledge exchange		8 provincial/national events (22 staff) 1 journal publication	Same

SECTION F **STAFFING COSTS:**	**2013 TOTAL FTES**	**2014 ESTIMATED FTES**
	7.5	**6.75**
Director and Chief Nursing Officer	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Community Health Nursing Specialist	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.0	1.0
Program Assistant to Epi/PE/CHNS	1.0	1.0
Public Health Nurse	1.5	0.75

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2014 Planning & Budget Template

Program: FHS – Office of the Director

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	$ 669,951	$ 633,773	$ 705,023	$ 649,989	$ (55,034)	(7.8)%
Other Program Costs	224,424	175,664	233,174	223,228	(9,946)	(4.3)%
Total Expenditures	**$ 894,375**	**$ 809,437**	**$ 938,197**	**$ 873,217**	**$ (64,980)**	**(6.9)%**

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	$ 891,301	$ 796,062	$ 934,823	$ 869,843	$ (64,980)	(7.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	3,074	13,375	3,374	3,374		
Total Revenues	**$ 894,375**	**$ 809,437**	**$ 938,197**	**$ 873,217**	**$ (64,980)**	**(6.9)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

Director:

- Strengthen positive parenting directions
- Pilot neighbourhood integration project

CNO/CHNS:

- Nurse workshops/professional development training scheduled for May 6th, and again in the fall 2014.
- Explore re completion of RFP for Registered Nurses' Association (RNAO) Best Practice Guideline Spotlight Organization designation.
- Involvement in smoking cessation agency wide initiative.

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2014 Planning & Budget Template

Program: FHS – Office of the Director

SECTION J

PRESSURES AND CHALLENGES

- Significant manager and staff changes and absences in 2013-2014.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Community Health Nurse Specialist - assigned (shared) administrative support is being planned for 2014.

Reduction in Casual Nursing - ($70,000) – this proposal reduces the resources available to cover paid absences (ie: vacation, sick-time), and associated costs ($9,946)

One-time Funding: - $14,966 - Additional 0.25 Program Evaluator ($14,966) – this would support program work by gathering and implementing evidence regarding effective or promising practices in family health, prenatal health, healthcare provider outreach, and child development.

FAMILY HEALTH SERVICES

REPRODUCTIVE HEALTH TEAM

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2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Heather Lokko	**DATE**
PROGRAM TEAM	Reproductive Health Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Reproductive Health Team enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood. Specific topic areas of focus include alcohol and tobacco, healthy eating, physical activity, and mental wellness. This team is also leading the agency-wide Health Care Provider Outreach initiative and Baby Friendly certification process.

SECTION C

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

Ontario Public Health Standards:

- Child Health
- Reproductive Health
- Foundational Standard
- Chronic Disease and Injury Prevention
- Sexual Health

Child & Family Services Act, 1990

- Duty to Report Legislation

2014 Planning & Budget Template

Program: Reproductive Health Team

SECTION D

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

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

- Provide preconception health teaching to priority population groups
- Provide up-to-date preconception information on MLHU website, and implement social media strategies related to preconception health
- Provide/adapt/promote preconception health resources for Grade 7-12 teachers in order to build teacher capacity in this area
- Support regional "Rethink Your Drinking" campaign
- Provide food skills sessions, and explore collaboration with Strathroy grocery stores to increase subsidized access to fruits and vegetables, for women planning a pregnancy

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

- Implement a prenatal skin-to-skin communication campaign
- Pilot a collaboration with a health care provider to provide service to priority population women recently confirmed pregnant
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning)
- Provide food skills sessions and explore collaboration with Strathroy grocery stores to increase subsidized access to fruits and vegetables for pregnant women

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

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

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

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

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

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

- Strategies focus on providing information to and connecting with health care providers through office visits, mail-outs, website content, paper/electronic resource binders, workshops, presentations and so on.

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Program: Reproductive Health Team

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
COMPONENT OF TEAM #1: PRECONCEPTION HEALTH			
Preconception campaign	• N/A	• Campaign materials developed	• Campaign will be implemented
Interactive online self-assessment tool preconception health	• N/A	• "Pre-Pregnancy Planner" self-assessment tool developed	• "Pre-Pregnancy Planner" self-assessment tool launched and 100 hits/month
COMPONENT OF TEAM #2: PRENATAL HEALTH			
# of prenatal series offered # of women/support persons attending sessions % of potential primiparous families	5-week series • 89 • 756 women & 749 support persons • 45% of primips	6-week series • 62 • 591 women & 584 support persons • 40% of primips Prenatal Weekend • 4 series • 39 women & 35 support persons	6-week series • 55 scheduled • 40% of primips Prenatal Weekend • 15 series scheduled
# of E-learning Registrants	E-Learning • 326 women • 199 support persons	E-Learning • 503 women • 326 support persons	E-Learning • 550 women • 375 support persons
Skin-to-skin campaign	• Campaign planned	• Campaign implemented	• Same
COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD			
# of sessions offered # of women/support persons attending sessions	• 12 • 73 women & 67 support persons	• 12 • 92 women & 88 support persons	• 14 • 120 women & 100 support persons

2014 Planning & Budget Template

Program: Reproductive Health Team

COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE			
BFI educational requirements completed by 100% of MLHU staff and volunteers	Planning for educational sessions completed	• 98% MLHU staff	• New staff and volunteers will complete educational requirements within 4 months of start date
BFI policy developed, BOH-approved and orientation provided to all staff, with sustainable processes established to ensure policy orientation of new staff and volunteers	Completed	• Annual policy revision completed	• Policy revisions will be shared with all MLHU staff & volunteers
COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH			
# of mail-outs, # of participants at presentations	• 4 mail-outs to 315 health care providers	• 7 mail-outs to 315 health care providers • Presentations to 232 medical students & 305 practitioners • Revision of 300 resource binders	• More electronic outreach and web-based resources • 6 mail-outs to 350 health care providers
In person office contact/visits	• 18	• 105	• 350
Workshop for Primary Health Care Providers on Early Years	• 160 participants	• 85 participants	• Same

SECTION F **STAFFING COSTS:**	**2013 TOTAL FTES**	**2014 ESTIMATED FTES**
	14.5	**14.15**
Program Manager	1.0	1.0
Public Health Nurse	9.5	9.9
Public Health Dietitian	1.0	1.0
Program Assistant	3.0	2.5

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2014 Planning & Budget Template

Program: Reproductive Health Team

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	$ 1,193,950	$ 1,155,945	$ 1,248,488	$ 1,250,469	$ 1,981	0.2%
Other Program Costs	127,444	122,969	120,394	90,894	(29,500)	(24.5)%
Total Expenditures	**$ 1,321,394**	**$ 1,278,914**	**$ 1,368,882**	**$ 1,341,363**	**$ (27,519)**	**(2.0)%**

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	$ 1,277,950	$ 1,252,359	$ 1,359,348	$ 1,331,829	$ (27,519)	(2.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	35,000	20,433	8,140	8,140		
Other Offset Revenue	8,444	6,122	1,394	1,394		
Total Revenues	**$ 1,321,394**	**$ 1,278,914**	**$ 1,368,882**	**$ 1,341,363**	**$ (27,519)**	**(2.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Expanding the Health Care Provider Outreach Initiative to ensure a more collaborative and coordinated MLHU approach
- Offering preconception groups to priority populations
- Developing programming for physical activity and pregnancy
- Identifying and using social media related to preconception health with an emphasis on alcohol use in pregnancy

Program: Reproductive Health Team

SECTION J
PRESSURES AND CHALLENGES

- This team is still relatively new, and is in the process of establishing a number of new initiatives.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reduced Reproductive Health PA Support - $30,659 (0.5 FTE) – Contracting for graphic design and advanced presentation development skills on the Reproductive Health Team has led to lesser requirements for centralized administrative support.

Reduction in Social Marketing Campaigns - $39,100 – This proposal would be a reduction in health campaigns related to reproductive health ($9,600 or 0.1 PHN, and $29,500 in health promotion expenses).

Expansion of Healthcare Provider Outreach Initiative - $42,240 (0.5 PHN FTE) – This proposal would support MLHU to have better coordinated and integrated healthcare provider outreach. It is expected that this would increase efficiency, reduce duplication, and enhance healthcare providers' experience working with MLHU.

FAMILY HEALTH SERVICES

EARLY YEARS TEAM

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2014 Planning & Budget Template

SECTION A				
SERVICE AREA	FHS	**MANAGER NAME**	Ruby Brewer	**DATE**
PROGRAM TEAM	Early Years	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

Ontario Public Health Standards:

- Child Health Program
- Chronic Disease and Injury Prevention
- Infectious Diseases Program
- Vaccine Preventable Diseases Program
- Foundational

Child & Family Services Act, 1990

- Duty to Report Legislation

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2014 Planning & Budget Template

Program: Early Years Team

SECTION D

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

PHNs provide breastfeeding support and teaching through:

- One-on-one support at Well Baby/Child & Breastfeeding clinics located throughout the city and county
- Multi-strategy awareness raising and social marketing initiatives that target physicians and other primary care providers, families, and the community at large
- The use of social media and creating a breastfeeding video library and maintaining information on the website
- Phone counseling is available through the Health Connection during business hours, the Infantline evenings and weekends and the 48 hour postpartum phone call to lower risk families with a new infant.

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

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

- One-on-one skill-building sessions with parents at Well Baby/Child & Breastfeeding Clinics and through the Health Connection and Infantline telephone services;
- Monthly developmental screening clinics in collaboration with a developmental paediatrician and residents;
- Developing and implementing awareness raising and social marketing campaigns focused on healthy growth and development;
- Providing education and consultation to licensed child care centres
- Providing educational and parenting support sessions to parents

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

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

- Provide telephone counseling, one-on-one counseling, and referrals to community resources and supports
- Provide direct education, counseling and support for Post Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment
- Facilitate group skill building sessions

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

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

- Tummy Time (designed to help parents understand the importance on infants being placed in a variety of positions throughout the day)
- Trust Me Trust My Tummy (designed to help parents understand feeding cues)
- Canada's Food Guide and Canada's Physical Activity Guidelines

- Outreach campaigns

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

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

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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT			
Breastfeeding women have improved knowledge and skills			
# Well Baby Clinics	• 16	• 16	• Same
# Mothers receiving counselling	• 3,041 mothers	• 3,762 mothers	
	• Enhanced website information	• Produced 5 breastfeeding videos	• Establish breastfeeding counselling by appointment at MLHU
# of families receiving phone counselling for breastfeeding	• Health Connection - 597	• Health Connection - 616	• Same
	• Infantline-574	• Infantline-550	• Same
# low risk new mothers called within 48 hours of discharge	• 2,408	• 1,282	• Same

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Program: Early Years Team

Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT			
# of Developmental Clinics with developmental paediatrians and public health nurses	• 6 developmental screening clinics	• 6 developmental screening clinics	• Increase
# of Nippissing Screens	• 139 children at OEYCs	• 134 children at OEYC, 10 referrals	• Same
# of parents counselled regarding growth and development at Health Connection	• 1,335 families	• 1,200 families	• Same
# of children screened at Well Baby and Child Clinics	• 1,980 children	• 2,228 children	• Same
Component of Team #4 ADJUSTMENT TO PARENTHOOD AND PARENTING SUPPORT			
Positive parenting education and awareness. eg. clinic Talks, Mommy and Me, Baby and Me, Teen Group, Southdale Women's Group, Arabic Women's Group, All About Breastfeeding, Baby Fun Drop In, Heart Space, Wee Ones.	• 11 group programs/1,073 participants	• 11 programs and presentations facilitated	• Same
	• N/A	• 17 Triple P discussion groups	• Increase
	• 16 Just Beginning Series/140 participants	• 12 Just Beginning Series/90 participants	• Decrease
Component of Team #5 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY			
Increase access and support to the NutriSTEP screening tools (new provincial indicator)	• Staff training completed	• Obtained licensing and plans for implementation	• Increase
Component of Team #6 COMMUNITY EARLY YEARS PARTNERSHIP AND COLLABORATION			
Community Early Years Partnerships	• Community Early Years Physician Champion Partnership formed	• Community Early Years Physician Champion Partnership strengthened (14 committee members; 350 partners) • 2 workshops and 8 community early years newsletters completed	• Increase

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Program: Early Years Team

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	14.0	14.75
Program Manager Public Health Nurse Program Assistants	1.0 11.0 2.0	1.0 11.75 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	$ 1,330,457	$ 1,375,756	$ 1,396,667	$ 1,462,925	$ 66,258	4.8%
Other Program Costs	92,098	87,870	92,206	92,206		%
Total Expenditures	**$ 1,422,555**	**$ 1,463,626**	**$ 1,488,873**	**$ 1,555,131**	**$ 66,258**	**4.5%**

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	$ 1,422,555	$ 1,463,626	$ 1,488,873	$ 1,555,131	$ 66,258	4.5%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,422,555**	**$ 1,463,626**	**$ 1,488,873**	**$ 1,555,131**	**$ 66,258**	**4.5%**

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Program: Early Years Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Increase availability of timely early postpartum breastfeeding support by breastfeeding appointment only @ MLHU Tuesdays and Thursdays
- Breastfeeding Peer Support program explored and potentially implemented
- Increased collaboration and services with licensed childcare centres
- Increase strategies to improve childhood obesity (implementation strategy for NutriSTEP as a provincial indicator)

SECTION J

PRESSURES AND CHALLENGES

- Reducing staff at clinics to accommodate new initiatives
- Gap in children 12 months to school entry – require strategies to access these families

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Enhancement – Infant Mental Health/Early Childhood Development - $105,602 – This proposal would see a 1.0 PHN and a 0.25 Program Assistant work to promote infant mental health and positive early childhood development with high needs families, caregivers, primary care providers, and other support services.

Reduction – Elimination of Just Beginnings classes – $(24,015) – This proposal eliminates the parenting classes for first time mothers. (0.25 PHN)

Health Connection Efficiencies $(15,329) – This proposal captures a number of efficiencies realized by redesign of the health connection telephone support service. (0.25 Program Assistant)

FAMILY HEALTH SERVICES

SCREENING, ASSESSMENT AND INTERVENTION

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SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Debbie Shugar	**DATE**
PROGRAM TEAM	Screening, Assessment and Intervention	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Screening, Assessment and Intervention Team administers the provincial preschool speech and language program (tykeTALK), The Infant Hearing Program and the Blind Low Vision Early Intervention Program. MLHU is the lead agency for these programs. Direct services are contracted out. tykeTALK covers the Thames Valley region (Middlesex-London, Elgin, Oxford counties). IHP and BLV programs cover the regions of Thames Valley, Huron, Perth, Grey-Bruce, and Lambton.

The team is also responsible for Let's Grow, an online e-newsletter for families of children birth to 5 years of age. The e-newsletter is a prevention and early identification strategy to help parents learn about appropriate developmental milestones, how to best stimulate their children and to inform them of local resources. This program is funded through the cost-shared MLHU budget.

SECTION C

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

This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :

- Foundational
- Child Health
- Reproductive Health
- Injury Prevention

A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.

Program: Screening Assessment and Intervention (SAI)

SECTION D

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

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

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

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

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

The Blind Low Vision Early Intervention Program is an early intervention program. The program consists of the following program components/strategies: intervention and education and family support and counseling. The program provides services to approximately 120 children per year who have been diagnosed as being blind or having low vision. The program provides service to children and families from birth to eligibility to attend Grade 1.

COMPONENT(S) OF TEAM PROGRAM #4 LET'S GROW E-NEWSLETTER

The e-newsletter is a prevention and early identification strategy to help parents learn about appropriate developmental milestones, how to best stimulate their children and to inform them of local resources. Parents have the opportunity to register on line when their newborn arrives.. Parents who have registered receive regular age-paced e-mail blasts connecting them to the appropriate Let's Grow e-newsletter located on the MLHU website.

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Program: Screening Assessment and Intervention (SAI)

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1 tykeTALK			
Average age of referral stays below 30 months	31 months	30 months	29 months
Average wait from referral to first intervention reduced to 16 weeks	14 weeks	17 weeks	18 weeks
Number of children seen for assessment and/or intervention	3266 children	3300	3500
Component of Team #2 Infant Hearing Program – SW Region			
90% of all newborn babies residing in the region receive a hearing screening	96%	96%	96%
90% of babies with a "refer" result from UNHS (Universal Newborn Hearing Screening) will have an audiology assessment	98%	98%	98%
40% of babies identified with PCHL as a result of UNHS will begin use of amplification and will begin communication development by 9 months corrected age	50%	50%	50%
Component of Team #3 Blind Low Vision Early Intervention Program			
Average age of children at referral will remain at less than 24 months	20 months	20 months	20 months
Wait time from referral to first intervention will remain at less than 12 weeks	5 weeks	6 weeks	7 weeks
Component of Team #4 Let's Grow e-Newsletter			
Develop ads on Facebook for target populations	Planning stages	Ads on Facebook and identifies web metrics	Determine effectiveness based on web metrics
Translate e-Newsletters in to French	Issues 1-4 will be translated into French	Remainder of issues (5-12) translated into French	Undetermined
# parents enrolled to receive Lets Grow	2,515	4,752	Increase
# newsletters sent	10,315	18,814	Increase

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Program: Screening Assessment and Intervention (SAI)

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	28.32	27.37
MLHU Staff:		
System Facilitator (Program Manager)	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
Contract Staff :		
Family Support Workers	0.58	0.18
Early Childhood Vision Consultants	2.3	2.3
Health Promoter	0.4	0.0
Speech & Language Pathologists	11.47	11.47
Administrative Support	3.1	3.1
Communication Disorder Assistant	2.8	2.8
System Coordinator	0.5	0.5
Audiologists	1.89	1.74
Hearing Screeners	1.28	1.28

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	$ 2,424,165	$ 2,396,645	$ 2,404,292	$ 2,396,554	$ (7,738)	(0.3)%
Other Program Costs	307,892	315,332	163,122	158,122	(5,000)	(3.1)%
Total Expenditures	**$ 2,732,057**	**$ 2,711,977**	**$ 2,567,414**	**$ 2,554,676**	**$ (12,738)**	**(0.5)%**

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2014 Planning & Budget Template

Program: Screening Assessment and Intervention (SAI)

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	$ 43,908	$ 42,960	$ 37,697	$ 42,697	$ 5,000	13.3%
MOHLTC – 100%						
MCYS – 100%	2,653,073	2,633,941	2,494,641	2,476,903	(17,738)	(0.7)%
User Fees						
Other Offset Revenue	35,076	35,076	35,076	35,076		
Total Revenues	**$ 2,732,057**	**$ 2,711,977**	**$ 2,567,414**	**$ 2,554,676**	**$ (12,738)**	**(0.5)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014-2015

1) Pilot the Tiered Intervention for Preschool Speech and Language Services Framework
2) Facilitate transition to new screening equipment for the Infant Hearing program and implement new provincial Quality Assurance (QA) standard
3) Evaluate speech and language pathology services provided to children at childcare centres and propose a more effective strategy to support children in this environment

2014 Planning & Budget Template

Program: Screening Assessment and Intervention (SAI)

SECTION J

PRESSURES AND CHALLENGES

MCYS has not provided funding increases in over 5 years yet salary and operation costs have continued to rise. As time goes on there is no place left to cut other than personnel which results in increased waitlists and fewer children and families being served. Also additional demands from MCYS have been placed on staff with respect to data collection and quality assurance.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reductions resulting from no increase to MCYS grants - $17,738 - The following reductions are required to address overall inflationary pressures in the programs and as a result of the loss of One-time funding in the amount of $17,738 in the tykeTALK program:

Elimination of .4 FTE Health Promoter (tykeTALK)
Elimination of .15 FTE Auditory Verbal Therapist (IHP)
Elimination of .4 FTE Family Support Workers (BLV)

Reduction in Health Promotion in Let's Grow Program - $5,000 – This proposal reduces resources in the Let's Grow program relating to database and website maintenance no longer required.

Increase in Weekend Hearing Screening at LHSC - $10,000 – This proposal incorporates the Board of Health decision of November 21, 2013 (Report No. 17-13C, minutes) to fund up to $10,000 for weekend hearing screening tests on newborns before discharging them from LHSC. This avoids any reductions required in the FTE resources for Hearing Screeners for 2014.

FAMILY HEALTH SERVICES

BEST BEGINNINGS TEAM

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SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Stacy Manzerolle, Nancy Greaves, Kathy Dowsett	**DATE**
PROGRAM TEAM	Best Beginnings Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B
SUMMARY OF TEAM PROGRAM

The Best Beginnings Team provides health services to vulnerable families with infants and young children. Key program areas include:

- The Healthy Babies Healthy Children (HBHC) program focuses on high risk families through pregnancy and with children from birth to school entry with the intent of providing children with a healthy start in life. Families come into the program largely following a risk assessment in hospital. A multi-disciplinary team provide home visits and other services aimed at promoting healthy growth and development.
- The Social Determinants of Health work focuses on families who are new to the country (refugees and newcomers); those living in poverty; and those who are marginalized, working collaboratively with community agencies to address system wide issues.
- The Family Health Clinic provides primary health care in 8 community sites each week. These clinics are for families who cannot access family physician services and are operated out of existing community locations.
- Women's and Family Shelters (8) receive public health services on a regular basis inclusive of direct care, counselling, consultations, community referral and group support.
- Smart Start for Babies (SSFB) is a Canadian Prenatal Nutrition Program (CPNP) designed for pregnant women who are at risk for poor birth outcomes, related lifestyle habits, abuse, poverty, recent arrival in Canada, and teen pregnancies. SSFB provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, referrals to community supports and resources. Limited post partum support programs are available.

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Program: Best Beginnings Team

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

Ontario Public Health Standards:

- Foundational Standard,
- Reproductive and Child Health Guidelines
- Chronic Disease & Injury Prevention
- Sexual Health
- Injury Prevention
- Child Health

Child & Family Services Act, 1990

- Duty to Report Legislation

MCYS Healthy Babies, Healthy Children Protocols

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Program: Best Beginnings Team

SECTION D

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

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

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

- PHNs provide service to 8 shelters for women, children and families in London and Middlesex. Services include assessment, intervention, advocacy, and linkage of families to community services. The shelter PHN is also able to refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.
- Nurse Practitioner clinics drop-in or by appointment are provided in set locations where vulnerable families live. These clinics offer services for families with children under the age of six and for high school students who do not have a primary care physician.

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

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

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Program: Best Beginnings Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION			
Percentage of postpartum screens completed*	64%	67.5%	Increase (85%)
Percentage of identified families who are confirmed with risk – postpartum	23%	61%	Decrease (25%)
Number of families enrolled in the program	1,020	1,111	Increase
Number of new referrals	498	470	Same
Total number of Home Visits	8,704	9,413	Same
*****_in 2013 a new more comprehensive screening tool was introduced across Ontario_			
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at shelters	100% of those referred (287)	100% of those referred (146)	Decrease
Number of client visits at Family Health Clinics	1450	1573	1500
Number of referrals made to other community agencies	872	872	850
Component of Team #3 – PRENATAL SUPPORT & EDUCATION			
Sessions offered per year (at six locations)	120	158	Increase (252)
Unique number of pregnant participants	138	196	Increase (300)
Unique number of support persons attending sessions	107	159	Increase (225)
Percent of women who initiate breastfeeding	93%	90%	Increase (95%)
Percent of women who provide smoke-free environments for their babies	90%	73%	Increase (90%)
Number of partner agencies offering SSFB sessions	1 (CAS)	2 (CAS and Health Zone)	4 (CAS, Health Zone, and two new partnering agencies)

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Program: Best Beginnings Team

SECTION F: **STAFFING COSTS:**	**2013 TOTAL FTES**	**2014 ESTIMATED FTES**
	36.7	**36.7**
MLHU Staff:		
Program Manager	3.0	3.0
Public Health Nurse	16.5	18.0
Family Home Visitor	10.5	9.0
Social Worker	1.0	1.0
Program Assistant	4.0	4.0
Nurse Practitioner	1.0	1.0
Contract Staff:		
Site Coordinators (0.1 FTE x 7 sites)	0.7	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	$ 2,931,873	$ 2,971,931	$ 3,044,771	$ 3,079,413	$ 34,642	1.1%
Other Program Costs	250,999	211,562	259,203	248,577	(10,626)	(4.1)%
Total Expenditures	**$ 3,182,872**	**$ 3,183,493**	**$ 3,303,974**	**$ 3,327,990**	**$ 24,016**	**0.7%**

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Program: Best Beginnings Team

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	$ 555,608	$ 606,943	$ 547,839	$ 571,855	$ 24,016	4.4%
MOHLTC – 100%	86,721	92,939	88,455	88,455		
MCYS – 100%	2,383,313	2,326,275	2,513,320	2,513,320		
Public Health Agency	152,430	143,189	152,430	152,430		
User Fees						
Other Offset Revenue	4,800	14,147	1,930	1,930		
Total Revenues	**$ 3,182,872**	**$ 3,183,493**	**$ 3,303,974**	**$ 3,327,990**	**$ 24,016**	**0.7%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Increase access to PIPE, Triple P, NCAST parent child interaction scales for HBHC families
- Continue with HBHC screen (liaison) outreach to community health care providers
- Pilot a home visiting component of SSFB for pregnant women and pregnant teens who face significant barriers to attending group sessions.
- Explore options for funding which will provide for a full-time administrative assistant to support this expanding program
- Explore opportunities for partnering with additional community sites including the London Intercommunity Health Care Centre, Heartspace, and the Carling Thames Neighbourhood Family Centre

SECTION J

PRESSURES AND CHALLENGES

- Achieving an increased percentage of completed HBHC screens relies on partner collaboration and compliance
- Mitigating the resulting workload that will accompany increased rates of completed HBHC screens, specifically, increased staff time to follow up clients who are screened and confirmed to be at-risk
- The MCYS has not increased funding for HBHC to match costs of program
- The growth of the SSFB program has resulted in a need for enhanced program assistant support beyond 0.5 FTE
- Preliminary exploration has begun with the aboriginal community which could result in an expansion of the program to provide an aboriginal specific site for SSFB sessions

2014 Planning & Budget Template

Program: Best Beginnings Team

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reduction in Family Home Visiting - $124,165 – This proposal reduces 1.5 FTEs of Family Home Visitors ($112,500) and other program costs by ($11,665) to meet budget constraints while continuing to deliver HBHC program components as specified by the Ministry of Children and Youth Services.

Reduction in liaison in shelters - $ 24,015 – This proposal reduces a 0.25 PHN working in shelters, community and family practice centres

Increase in Nursing Child Assessment Satellite Tool (NCAST) - $124,165 - With the addition of 1.25 FTE PHN ($120,078) and support costs of $4,087, this proposal aims to increase NCAST outreach to all HBHC families and enhance outcomes reliant on hospital collaboration.

Increase focus on Priority Populations - $48,031 – This proposal would focus an additional 0.5 PHN working with priority populations, in particular, First Nations and New to Canada families.

FAMILY HEALTH SERVICES

CHILD HEALTH TEAM

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2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Suzanne Vandervoort	**DATE**
PROGRAM TEAM	Child Health Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Child Health Team works with elementary schools (139 schools/45,000 children), teachers, parents and communities to address health issues impacting children and youth. This work is approached using the foundations for a healthy school model which includes 4 components; High-Quality Instruction and Programs, Healthy Physical Environment, a Supportive Social Environment and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting.

SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

2014 Planning & Budget Template

Program: Child Health Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY EATING

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

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

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

Strategies to address the promotion of physical activity include:

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

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

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

- Skill building documents for teachers promoting student mental health launched
- Implement OPHEA's Smoke Free Ontario Pilot program with 5 schools to prevent tobacco use
- Leading the Board wide Promote Healthy Living Champion Award process
- Provide resources which develop general health literacy
- Develop resources and esure their use in areas such as healthy sexuality and healthy relationships
- Promote health literacy to JK/SK aged students through the use of "Murray and Bird" story book
- Provide support, education and appropriate follow up to staff, students and families with medical conditions i.e diabetes, allergies, asthma
- Provide education and support regarding infectious diseases and vaccine preventable diseases.

COMPONENT(S) OF TEAM PROGRAM #4 PARENTING

As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component to work with families and specific initiative include:

- Provide Triple P seminars, discussion groups and Tip Sheets to parents of school aged children
- Implementing IParent social media information campaign which communicates positive parenting messages and directs parents to resources

2014 Planning & Budget Template

Program: Child Health Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2012	**2013 (anticipated)**	**2014 (estimate/ same/increase/decrease)**
Component of Team #1: HEALTHY EATING			
# of Healthy School Committees	54 (39%)	45* (32%)	Increase 69 (50%)
Use of Nutrition Tools for Schools	N/A	12 schools	Increase
# of Teacher consultations related to health topics	700 (183 Healthy Eating, 189 Physical Activity, 29 Mental Wellness)	685*	Increase (700)
COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION			
Physical literacy workshop for school staff	N/A	Plan	Implement & Evaluate
# of schools with Active and Safe Routes to school	N/A	7	Increase
Presentations/formal discussion with student groups/classes	599	600	Same
Component of TEAM #3: GROWTH AND DEVELOPMENT			
Health literacy tool for JK/SK (Murray and Bird storybook)	N/A	Tool developed and produced	100% of schools receive resources and orientation for use.
# of Healthy Living Champion Awards	73	49*	Increase
COMPONENT OF TEAM #4: PARENTING			
# of Triple P – seminars and discussion groups	33 sessions with 372 Participants	54 sessions, 627 parents	Increase
Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting	N/A	4 – 1 toddler, 2 child, 1 adolescent	Increase

**Decrease as result of Labour relations at school board*

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Program: Child Health Team

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	15.5	15.5
Program Manager	1.0	1.0
Public Health Nurses	13.5	13.5
Program Assistant	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	$ increase ($ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	$ 1,399,124	$ 1,369,160	$ 1,432,449	$ 1,432,449		0.0%
Other Program Costs	69,314	67,676	67,574	60,075	$ (7,499)	(11.1)%
Total Expenditures	**$ 1,468,438**	**$ 1,436,836**	**$ 1,500,023**	**$ 1,492,524**	**$ (7,499)**	**(0.5)%**

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	$ 1,467,359	$ 1,428,757	$ 1,499,684	$ 1,492,185	$ (7,499)	(0.5)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	1,079	8,079	339	339		
Total Revenues	**$ 1,468,438**	**$ 1,436,836**	**$ 1,500,023**	**$ 1,492,524**	**$ (7,499)**	**(0.5)%**

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Program: Child Health Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Implement Healthy Living Champion Award on-line in both French and English
- Complete the evaluation for both Healthy Living Champions and Outdoors the Ultimate Playground
- Provide leadership in planning and hosting the National Conference on Healthy Schools in London
- Implement parenting education tracking system and online registration
- Our team will take the lead in addressing the NutriSTEP accountability indicator

SECTION J

PRESSURES AND CHALLENGES

- In Middlesex-London there are 139 elementary schools and we have 12.5 PHNs to provide service to students, teachers and parents. We have limited resources to meet health demands in particular to ensure best practice and proper evaluation of all services provided. There are some valuable health topic areas that we are not able to address. Another internal challenge for the Child Health Team is the academic year does not follow the calendar year for planning and budgeting.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Increase to Implementation of Developmental Assets – $50,532 – This shared proposal (between the Child Health Team (0.5 PHN) and the Young Adult Team (0.5 PHN) or $48,031 plus $2,501 in support costs) is a collaborative effort to plan, develop, implement and evaluate the Developmental Asset Framework – an evidence-based approach to positive child and adolescent development.

Reduction for Thames Valley Early Learning Program & Anaphylaxis Training - $58,031 – This proposal eliminates this program which supports parents to optimize their child's readiness for school, and provides training to schools on anaphylaxis. It reduces PHN resources by 0.5 FTE or $48,031 and program costs of $10,000.

FAMILY HEALTH SERVICES

YOUNG ADULT TEAM

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SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Christine Preece	**DATE**
PROGRAM TEAM	Young Adult Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Young Adult Team focuses on the healthy growth and development of adolescents and young adults. The team works primarily in 24 secondary high schools and several community settings to address the complex health and social issues that impact youth by utilizing a comprehensive health promotion programming approach. The team works in partnership with local school boards, school administrators, youth groups, neighbouring health units, community agencies and various teams from within MLHU to ensure a comprehensive health promotion approach.

SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

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Program: Young Adult Team

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1: YOUTH HEALTH AND MENTAL WELL BEING
The Young Adult Team implements a series linked activities in partnership with school partners which support positive youth development such as facilitation of small groups, one-to-one support, student youth engagement, health communication campaigns, physical literacy plan and regular school and home health newsletters. When possible, staff initiate and work with Healthy School committees in each school where health related issues are identified and students take leadership addressing them. The team is hosting the National Healthy Schools Conference in London this Spring focused on the development of the whole child.
COMPONENT(S) OF TEAM PROGRAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES
The parent engagement initiative provides parents with education and skill building opportunities to increase their knowledge about the importance of positive parenting. A five year plan has been developed to engage parents in their school communities. Strategies include the launching of "Parenting Your Teen" videos, parenting support programs, establishment of parent involvement committees and reaching out to parents through newsletters and parent council packages.
COMPONENT(S) OF TEAM PROGRAM #3: BE BRIGHTER WITH BREAKFAST
Be Brighter with Breakfast aims at increasing knowledge about the importance of eating a healthy breakfast, regular breakfast eating and consumption of fruits and vegetables among secondary school youth. A series of comprehensive activities are showing a nutrition improvement with youth.

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Program: Young Adult Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
COMPONENT OF TEAM #1: YOUTH HEALTH AND MENTAL WELL BEING			
# of schools with active healthy school committees	14	*12	Increase
# of student receiving one-on-one support from school nurse	4,891 (617 referrals to community agencies)	1,931 (896 referrals to community agencies)	Same
COMPONENT OF TEAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES			
# of educational/skill building activities offered to parents of teens in Middlesex-London	54	95	Increase
# of activities offered in partnerships with parent councils	Development phase	45	Same
Parent engagement in activities aimed at positive teen parenting. - Parent meetings/community events	Development phase	• 4,750 parents	Increase participation
- parenting your teen videos	10 videos viewed 12,000 times	• 25 videos viewed 25,000 times	
	1,000 parents subscribed to newsletter 244 parents counselled	• 1,300 parents receive newsletter • 800 parents counselled	Increase Same
COMPONENT OF TEAM #3: BE BRIGHTER WITH BREAKFAST			
Increase in morning meal intake	Development phase	Increase (3%)	Increase
Increase in percentage of students that ate 3 of 4 food groups at breakfast	Development phase	Increase (8%)	Increase
Increase in consumption of fruits and vegetables among youth at secondary schools	Development phase	Increase (3%)	Increase

* decrease due to School Board labor disruption

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2014 Planning & Budget Template

Program: Young Adult Team

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	12.0	12.0
Program Manager	1.0	1.0
Public Health Nurses	8.0	8.0
Program Assistant	1.0	1.0
Health Promoter	1.0	1.0
Dietitian	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	$ increase ($ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	$ 1,009,221	$ 1,014,146	$ 1,055,767	$ 1,055,767		0.0%
Other Program Costs	73,110	75,159	70,310	66,810	(3,500)	(4.9)%
Total Expenditures	**$ 1,082,331**	**$ 1,089,305**	**$ 1,126,077**	**$ 1,122,577**	**$ (3,500)**	**(0.3)%**

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	$ 1,082,331	$ 1,086,730	$ 1,126,077	$ 1,122,577	$ (3,500)	(0.3)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		2,575				
Total Revenues	**$ 1,082,331**	**$ 1,089,305**	**$ 1,126,077**	**$ 1,122,577**	**$ (3,500)**	**(0.3)%**

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2014 Planning & Budget Template

Program: Young Adult Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Comprehensive Healthy Schools implementation focusing on three themes: healthy eating, physical activity, and mental wellness
- Leading the planning of the National/Provincial Healthy Schools Conference in April 2014 to be held in London.
- Research and planning for Development Assets with Community Partners and School Boards
- Strengthening parent and youth engagement

SECTION J

PRESSURES AND CHALLENGES

Pressure for Public Health Nurses to do more in secondary school settings as the health needs are becoming more prevalent among our youth and their families.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Dis-investment in Youth Create Healthy Communities Program - $54,031 – This proposal will reduce staff time (0.5 PHN or $48,031) working with youth in after school programs. Instead other youth engagement strategies will be used to assist with the implementation of youth engagement activities in school and community settings. This proposal includes a reduction of $6,000 in other program costs.

Increase to Implementation of Developmental Assets – $50,531 – This shared proposal (between the Child Health Team (0.5 PHN) and the Young Adult Team (0.5 PHN) or $48,031 plus $2,500 in support costs) is a collaborative effort to plan, develop, implement and evaluate the Developmental Asset Framework – an evidence-based approach to positive child and adolescent development.

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2014 Planning & Budget Template

HUMAN RESOURCES & LABOUR RELATIONS

2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Human Resources & Labour Relations	**MANAGER NAME**		**DATE**
PROGRAM TEAM	Human Resources & Labour Relations	**DIRECTOR NAME**	Laura Di Cesare	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

- The HRLRS Team is comprised of the Human Resources, Library Services and Reception functions.
- Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization.
- The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle.
- Library Services supports MLHU employees and is also one of 4 hub libraries in the province.
- Reception provides services at both the 50 King Street and Strathroy locations.

SECTION C

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

HUMAN RESOURCES: Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013;

LIBRARY: Foundational Standard – supports evidenced based program delivery and knowledge exchange

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Program: Human Resources & Labour Relations

SECTION D

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

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

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

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

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

COMPONENT(S) OF TEAM PROGRAM #3 - RECEPTION

Reception services provided at 50 King and in Strathroy include, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street they also include providing coverage for the vaccine clerk. In Strathroy, they provide administrative support for office staff and assist with the Family Planning/STI clinics.

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Program: Human Resources & Labour Relations

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012			2013 (anticipated)			2014 (estimate) (same/ increase/ decrease)
Component of Team #1 – Human Resources							
Employee Engagement Score	N/A			N/A			Benchmark Year
Internal Client Satisfaction Survey	N/A			N/A			Benchmark Year
Component of Team # - Library Services							
Internal Client Satisfaction Survey	N/A			N/A			Benchmark Year
	MLHU	SLSP (started May 2012)	**% completed within target**	MLHU	SLSP (started May 2012)	**% completed within target**	
% of reference questions acknowledged within 1 day and completed within a timeline agreed upon with the requestor	***468*** *reference questions*	***102*** *references questions*	100%	***851*** *reference questions*	***239*** *reference questions*	100%	
% of Comprehensive Literature Searches completed within the 4 week Service Delivery Target	***172*** *search requests*	***82*** *search requests*	100%	***123*** *search requests*	***98*** *search requests*	100%	
% of Article Retrieval/document delivery completed within the 5 day Service Delivery Target	***1,331*** *items*	***658*** *items*	100%	***2523*** *items*	***1792*** *items*	100%	
Component of Team #3 - Reception							
Internal Client Satisfaction Survey	N/A			N/A			Benchmark Year
% of calls completed within an average of 3 minutes				(Avg. 80 calls/day) 100%			Same

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2014 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	9.4	9.4
Director	1.0	1.0
HR Officer	2.0	2.0
HR Coordinator	1.0	1.0
Administrative Assistant to the Director	0.5	0.5
Student Education Program Coordinator	0.5	0.5
Librarian	2.0	2.0
Program Assistant	2.4	2.4

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	$ 776,975	$ 783,244	$ 811,968	$ 860,568	$ 48,600	6.0%
Other Program Costs	96,065	115,581	96,065	79,165	(16,900)	(17.6)%
Total Expenditures	**$ 873,040**	**$ 898,825**	**$ 908,033**	**$ 939,733**	**$ 31,700**	**3.5%**

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	$ 763,040	$ 772,696	$ 798,033	$ 829,733	$ 31,700	4.0%
MOHLTC – 100%	110,000	101,088	110,000	110,000	0	
MCYS – 100%						
User Fees						
Other Offset Revenue		25,041				
Total Revenues	**$ 873,040**	**$ 898,825**	**$ 908,033**	**$ 939,733**	**$ 31,700**	**3.5%**

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2014 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Within the context of the PWC review and recommendations, and under new leadership, Human Resources staff functions will be refocused, including Occupational Health and Safety and Strategic Initiatives, to gain efficiencies and demonstrate the value added impact of the Human Resources and Corporate Strategy team. This will be achieved by identifying key performance indicators, changing processes and procedures in order to collect and analyze the metrics, with respect to the key indicators and proposing new strategies for workforce planning.
- The collective agreements for both CUPE and ONA expire March 31, 2014. Negotiations can be expected to commence before the summer.
- Ongoing and new initiatives related to attendance management, accommodation and other legislated requirements will be supported through coordinated education and skills training for both staff and management.

SECTION J

PRESSURES AND CHALLENGES

- Developing the direction for change, as well as managing the changes, will be a significant challenge for the incoming Director as well as for the staff. As indicated in the PWC report, the team is willing and ready to make changes. However, changes in this area impact all other areas of the Health Unit, and others will need to have input into changes that affect them, as well as having the changes well communicated.
- There needs to be a major shift from being reactive to demands for service to being proactive and strategic. There is a need to develop metrics and indicators to make this shift. This will place added pressure on the HR staff as quick and reliable customer service has always been a priority.
- The challenge for negotiations with the unions will come from the provincial government's direction regarding fiscal restraint.
- As the demand for evidence—based research increases along with the reputation of the librarians for being a valued resource, the increased requests for services may mean a decline in the ability to meet the service delivery timelines.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reduction in Newspaper Advertising for Vacancies	-$10,000
Reduction in Volunteer Program Budget	-$ 3,500
Reduction in Staff Development	-$ 3,400

One-time expense recommendation to hire 0.5 FTE that would support development of tools and training materials to address strategic HR initiatives related to policy training requirements as well as support the administrative needs of the ONA and CUPE negotiation committees +$48,600

GENERAL EXPENSES & REVENUES

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2014 Planning & Budget Template

SECTION A				
SERVICE AREA	General Expenses & Revenues	**MANAGER NAME**		**DATE**
PROGRAM TEAM	General Expenses & Revenues	**DIRECTOR NAME**	Senior Leadership Team	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

- Ontario Public Health Organizational Standards:
  - 2.1 Remuneration of board of health members
  - 6.2 Risk Management
  - 6.9 Capital Funding Plan
- Section 49, Health Protection & Promotion Act – as it relates to the payment of Board of Health members

SECTION D

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

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

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

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

- Leasing costs
- Utilities – Hydro, telephone & other communications costs, and water,
- Janitorial contracts

- Security contracts.
- General office & equipment maintenance and repairs.
- Management of the multi-purpose photocopiers.
- General office supplies (copy paper, batteries, forms etc.) & postage and courier costs.

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

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

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

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

General employee benefits include:

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

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

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

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 - #5			
No specific performance / service level measures are available for these components at this time. During 2014 these will be developed and will be part of future budget presentations.			

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Program: General Expenses & Revenues

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
No FTEs		

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	$ 301,560	$ 269,925	$ (58,200)	$ (435,339)	$ (377,139)	(648.0)%
Other Program Costs	2,328,756	2,387,413	2,185,746	2,527,696	341,950	15.7%
Total Expenditures	**$ 2,630,316**	**$ 2,657,338**	**$ 2,127,546**	**$ 2,092,357**	**$ (35,189)**	**(1.7)**

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	$ 2,614,286	$ 2,630,889	$ 2,096,516	$ 2,061,327	$ (35,189)	(1.7)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	3,051	3,750	3,750		
Other Offset Revenue	12,280	23,398	27,280	27,280		
Total Revenues	**$ 2,630,316**	**$ 2,657,338**	**$ 2,127,546**	**$ 2,092,357**	**$ (35,189)**	**(1.7)%**

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2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- The initiatives and highlights affecting this budget are related to those described under the "Operations" portfolio. That is to develop a facilities plan for the office space and improve office space utilization.
- Review the health unit's insurance requirements and to the best value for money.
- Implement contract changes for both security and janitorial services

SECTION J

PRESSURES AND CHALLENGES

- Implementation of the Board of Health Reserve / Reserve Fund Policy with the addition of two new reserve funds. (Facilities Reserve Fund & Technology Reserve Fund).
- This budget includes an increase of $484,066 in managed position vacancies for a total of $764,066. For the health unit to achieve its reserve fund contributions objectives position vacancies will need to be closely examined.
- Both the Ontario Nurses' Association (ONA) and Canadian Union of Public Employees (CUPE) contracts expire March 31st, 2014, therefore the future costs are uncertain.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reductions resulting from changes in service contracts - $49,800 – Three proposals relate to creating efficiencies and result in altering contractual agreements.

Reductions in insurance costs - $28,250 – This proposal relates to possible savings resulting from obtaining insurance through a competitor. Currently the Health Unit obtains its insurance through the City of London's policy. The City acts as both the insurer (self-insurance) and the broker (insurance premiums). Further information can be found in Report No. 001-13C

Reduced use of legal services - $40,000 – Historically, legal counsel has been used for union negotiation, bargaining, dispute resolution, and contract review and preparation. This proposal would reduce reliance on these services.

Reduction related to recognizing additional position vacancies - $535,163 – This proposal increase the agencies position vacancy budget by $300,000 to allow for annual contributions to reserve funds, and for an additional $235,163 to fund one-time investment proposals as identified in the Program Budget Marginal Analysis process.

Enhancement – Contributions to new reserve funds - $450,000 – This proposal would request the Board of Health to create three new reserve funds, one for an annual contribution of $200,000 for costs associated with the Boards of Health's use of property, another for $50,000 annually for future purchases relating to Information Technology, and another $200,000 for a new salary stabilization reserve fund.

Enhancement – Prioritize Software - $10,000 – This proposal will assist in the efficient gathering of information related to Program Budget Marginal Analysis (PBMA) initiative as part of the integrated planning and budgeting process recommended by PricewaterhouseCoopers.

Enhancement – Salary & Benefit adjustments - $158,024 - This item relates to expected salary and benefit changes.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 06-14FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 12

2014 BUDGET OVERVIEW

Recommendation

It is recommended that the Finance & Facilities Committee make the following recommendations regarding the 2014 Operating Budget to the Board of Health:

1) ***That the Board of Health approve the 2014 Operating Budget in the gross amount of $33,305, 620 as appended to Report No. 006-14FFC "2014 Budget Overview"; and further***
2) ***That Report No. 006-14FFC be forwarded to the City of London and the County of Middlesex for information; and***
3) ***That staff submit the 2014 Operating Budget in the Ministry of Health & Long-Term Care's Program Based Grant format.***

Key Points

- The development of the 2014 Proposed Operating Budget began to address the recommendation from PricewaterhouseCoopers for the Health Unit to include both planning and budgeting information in its annual budget process.
- The 2014 Proposed Operating Budget was developed with an estimated 2% increase in Mandatory Program funding from the Ministry of Health and Long-Term Care, a 0% increase from the City of London and the County of Middlesex, and a 0% increase for all other programs.
- The overall 2014 Operating Budget as presented in Appendix B is increasing $303,286 or 0.92%. This is due to expected increases in staff-related costs, and is to be funded mainly through provincial grants.

Background

A key recommendation of the PricewaterhouseCoopers (PwC) Shared Services Review was for the Health Unit to become a more integrated and cohesive organization. An identified supporting initiative was to integrate and align service area planning and budgeting activities to mitigate against risk of unplanned expenditures and to support optimal allocation of resources to key initiatives.

Table 1 below lists some of PwC's observations regarding this recommendation. The budget development process for 2014 was revisited to address this recommendation and these observations.

Table 1 – PricewaterhouseCoopers Observations and Steps Taken to Respond

PwC Observations (Pre-2014 Budget Process)	Steps Taken in 2014 Budget Process
1. In general, the MLHU's operational plans are based on available budget. Finance provides estimates of grant revenues to the senior leadership team who then decides on the allocation of resources to departments. 2. Budgeting at the department level is based on historical "carry-over" budgets as opposed to using a ground-up budgeting approach. 3. Operational plans are driven more by the budget than by actual operational requirements – there is an inherent disconnect between planning and budgeting activities. 4. Operational plans are also not known or available at the time resources are allocated. 5. There is a need to formalize a process to reallocate resources "in-year," after the original budget has been approved.	• New budget document template • Relevant planning is conducted prior to budget decisions, and relevant information is included in budget documents • Program Budgeting and Marginal Analysis process (PBMA) implemented • Board of Health approved criteria used to guide budget recommendations • Over 100 proposals reviewed and prioritized based on criteria • Priorities for use of available funds included for consideration by Finance and Facilities Committee and the Board of Health as part of the budget process • Indicators of efficiency, service levels and program impacts included as part of budget documents

Program Budget Marginal Analysis

New for the development of the 2014 budget, the use of "Program Budgeting and Marginal Analysis [PBMA], which transparently applies pre-defined criteria to prioritize where proposed decreases or increases could be made," to facilitate "reallocation of resources based on maximizing the value of services across the four principles of the Ontario Public Health Standards [OPHS] (Need, Impact, Capacity, and Partnerships/Collaboration)." Attached as Appendix A, is a list of the revised proposals for dis-investment, re-investment and one-time investments. The proposals have been incorporated in to the draft 2014 planning & budgeting templates.

Planning & Budgeting Templates

Also new for the 2014 budget is the introduction of Planning & Budgeting Templates. These templates provide both planning & budgeting information and are meant to increase transparency and provide additional program information for the Board to make resource allocation decisions. Over the past two Finance & Facilities Committee meetings the members reviewed the Planning & Budget Templates for Finance & Operations Services, Information Technology Services, Environmental Health, Chronic Disease and Injury Prevention Services, Office of the Medical Officer of Health, and Oral Health, Communicable Diseases and Sexual Health Services. As part of this agenda, Report No. 005-14FFC provides the last three templates for the committees review. The templates are for Human Resources & Labour Relations Services, Family Health Services, and Corporate Expenses & Revenues.

2014 Proposed Board of Health Budget

On June 20th, 2013 the Board of Health reviewed Report No. 078-13 and directed staff to develop the 2014 Cost-Shared budget and associated plans based on a 0% increase from the City of London and the County of Middlesex. Attached as Appendix B, is the 2014 Proposed Budget Summary that provides gross expenditures and revenues for the various programs and provides. For ease of accessing this information all templates have been consolidated into one document and links created to each of the Planning & Budgeting Templates.

The proposed budget includes an anticipated 2% increase in provincial funding for the Mandatory Programs and a 0% increase for the remaining programs. As can be seen, the proposed 2014 budget includes an increase of $303,286 or 0.92%. This increase is mainly related to increased staffing costs and is to be funded through the expected 2% increase to the Mandatory Programs grant from the MOHLTC of $308,024, reductions in 100% ministry grants of $27,738, and an increase of $23,000 in other revenue and user fees.

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

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

Appendix A

Program Budget Marginal Analysis Proposals
Proposed Areas for Disinvestment
(Revised February 12th, 2014)

No.	Dept.	Dis-Investments	Value	FTE	Score
4	FHS	Tyke Talk Health Promoter	$0	0.4	-141
7	FHS	Infant Hearing Program: Auditory Verbal Therapists	$0	0.15	0
9	FHS	Blind Low Vision Program: Family Support Workers	$0	0.3	-142
12	EHCDP	Website & Health Inequities Program Reassignment	$96,393	1 PHN	-75
18	FHS	Youth Create Healthy Communities	$54,031	0.5 PHN	-77
26	FHS	Smart Start for Babies Prenatal Nutrition Program	$7,622	0	-18
29	FHS	Healthy Babies Healthy Children	$124,165	1.5 FHV	-118
30	EHCDP	Consulting Services for Health Hazards	$10,000	0	-10
31	FHS	Best Beginnings Team – Cost Share	$24,015	0.25 PHN	-245
34	EHCDP	Food Safety Materials	$20,000	0	-27
38	OMOH	Travel Clinic Contract Renegotiation	$29,106	0.4 PA	-4
42	FHS	Thames Valley Early Learning Program & Anaphylaxis Training	$58,031	0.5 PHN	-43
43	EHCDP	Beach Management Program	$15,000	0.15 PHI	-35
48	FHS	Reduced Reproductive Health PA Support	$30,659	0.5 PA	-85
49	OMOH	Reduced Communications PA Support	$10,400	0.2 PA	-44
62	FHS	Change in Let's Grow Resources	$5,000	0	0
63	OHCDSH	Sexual Health Clinic Efficiencies	$34,000	0	-26
64	FHS	Just Beginnings Efficiencies	$24,015	0.25 PHN	-28
66	OMOH	Office of the Medical Officer of Health Efficiencies	$18,525	0	0
67	IT	IT Administrative Support	$35,019	0.5 PA	-14
72	FHS	Health Connection Efficiencies	$15,329	0.25 PA	-41
85	HRLR	Reduction in Newspaper Advertising for Vacancies	$10,000	0	0
86	HRLR	Reduction in Volunteer Program Budget	$3,500	0	-3
87	HRLR	Reduction in Staff Development	$3,400	0	-59
93	FHS	Reduction in Social Marketing Campaigns	$39,100	0.1 PHN	-61
99	FHS	Casual Public Health Nurse and Operational Budget	$79,946	0.75 PHN	-90
102	IT	Director Position Wage Differential	$20,000	0	0
103	FOS	Reduced Accounts Payable PA	$36,300	0.5 PA	-18
106	GER	Reduction in service contract	$30,000	0	-26
107	MLHU	New Broker for General Liability Insurance	$28,250	0	0
109	MLHU	Lower Use of Legal Services	$40,000	0	0
110	OMOH	Public Fit-Testing Services	$5,000	0	-29
112	GER	Reduction in service contract	$8,300	0	-26
113	GER	Reduction in service contract	$11,500	0	0
		Total	**$926,606**	**8.2**	**-1,485**

**PHN = Public health nurse; PA = Program assistant; PHI = Public health inspector; PE = Program evaluator; FHV = Family home visitor*

2014 February 12

Disinvestment Descriptions
(Revised – February 12, 2014)

No. 4 - Tyke Talk Health Promoter
This proposal recommends ending the contract Health Promoter position in favour of other strategies to build community and partner capacity for this program.

No. 7 - Infant Hearing Program: Auditory Verbal Therapists
This proposal would build capacity of existing Speech-Language Pathologists to provide auditory verbal (AV) therapy to children, and decrease the contract with specialized AV therapists.

No. 9 - Blind Low Vision Program: Family Support Workers
This proposal recommends ending the family support working components of the provincial Blind Low Vision (BLV) Early Intervention Program in favour of other strategies to support families adjust to the BLV diagnosis.

No. 12 - Website & Health Inequities Program Reassignment
This position assisted with the development of and transition to the new website and staff will now integrate website work into their individual assignments. The EHCDP Management Team will develop a strategy to address Health Inequities in the service area program delivery.

No. 18 - Youth Create Healthy Communities
This initiative involves young people meeting after school to plan, develop and implement strategies to address the issues local health issues. However, there are other youth engagement initiatives where adolescents can become involved in a meaningful way, and nurses in secondary schools can link youth to other youth engagement initiatives in the health unit and/community.

No. 26 - Smart Start for Babies Prenatal Nutrition Program
This program had allocated $5,000 for prenatal e-learning. However, priority prenatal populations have not embraced e-learning to compliment in-person prenatal education.

No. 29 - Healthy Babies Healthy Children
Family Home Visitors provide valuable services to vulnerable families. However, it is anticipated that the 2014 Healthy Babies Healthy Children funding will remain the same; not accommodating increases in program and staffing costs.

No. 30 - Consulting Services for Health Hazards
External consultants are necessary on occasion when health hazards arise in the community. However, the need for consultants is infrequent and unpredictable and better addressed on an ad hoc basis

No. 31 – Best Beginnings – Cost Share
Reduce PHN staff complement by 0.25 FTE. Activities affected by this reduction include PHN liaison in shelters, community liaison services (Limberlost) and PHN liaisons in Family Practice Centres (Victoria Family Medical Centre and Byron Family Medical Centre).

No. 34 - Food Safety Materials
This proposal would (a) discontinue "Food Talk" – a quarterly newsletter mailed to all moderate- and high-risk food premises (1,600 mailed quarterly), and (b) discontinue printing and mailing food safety materials, and make them available online.

No. 38 - Travel Clinic Contract Renegotiation
The renegotiation of the travel clinic has identified resources that can be reallocated. This is a combination of a small amount of rent and the opportunity to redeploy some administrative support.

No. 42 - Thames Valley Early Learning Program & Anaphylaxis Training
This program supports parents to optimize their child's readiness for school, and provides training to schools on anaphylaxis. The reduction of both these programs will free up a nurse to focus on other higher-impact child health programs.

No. 43 - Beach Management Program
There are six beaches within the geographic health unit, and beach management in mandated by the Ontario Public Health Standards. This proposal would discontinue beach surveillance at five of the six beaches and instead provide permanent postings at these beaches stating that they are not monitored.

No. 48 - Reduced Reproductive Health PA Support
Advanced graphic design and presentation development skills on the Reproductive Health Team has led to less requirement for centralized administrative support.

No. 49 - Reduced Communications PA Support
This proposal reduces administrative support to Communications by 20% in order to have this support focus on only the highest-priority organization-wide communications work.

No. 62 - Change in Let's Grow Resources
Fewer dollars are needed to advertise the Let's Grow Resource.

No. 63 - Sexual Health Clinic Efficiencies
This proposal captures a number of efficiencies realized by various service redesign initiatives.

No. 64 - Just Beginnings Efficiencies
Just Beginnings is a parenting program for first time mothers. This proposal shifts resources to focus on high priority infant mental health and early childhood development components of the program.

No. 66 – Office of the Medical Officer of Health Efficiencies
This proposal captures a number of efficiencies realized by changes to staff day planning, annual report production, accreditation, use of professional services, and the emergency response volunteer program.

No. 67 - IT Administrative Support
In conjunction with the realignment of the Information Technology (IT) Services reporting through to the Director of Finance & Operations, this proposal would decrease administrative support and allow the sharing of administrative support between Finance & Operations and the IT programs.

No. 72 - Health Connection Efficiencies
This proposal captures a number of efficiencies realized by redesign of the health connection telephone support service.

No. 85 - Reduction in Newspaper Advertising for Vacancies
Efficiencies will be realized by advertising through the London Free Press online service and reducing the number of job vacancies appearing in the newspaper. Local newspaper advertising is believed to be less effective for filling vacancies for the majority of vacancies, ie. for healthcare professionals. Such vacancies are also broadly advertised through e-mail list-serves and the websites of the relevant professional associations. All job advertising now directs candidates to apply through the MLHU website where more information about the vacancies is provided.

No. 86 - Reduction in Volunteer Program Budget
This proposal captures efficiencies realized due to program changes that have decreased the number of volunteer hours and the nature of the volunteer work. The Annual Volunteer Appreciation banquet has been replaced by smaller events recognizing volunteers throughout the year, with the support and involvement of the staff with whom the volunteers work.

No. 87 - Reduction in Staff Development
This proposal captures efficiencies realized through MLHU's participation as a hub library in the Shared Library Services Program, which provides support for professional development for the library staff. This amount includes travel and accommodation costs as well as conference/seminar costs.

No. 93 - Reduction in Social Marketing Campaigns
This proposal would be a reduction in health campaigns related to reproductive health.

No. 99 - Casual Public Health Nurse and Operational Budget
This proposal would see a reduction in funds for public health nurse coverage of family health nursing absences.

No. 102 - Director Position Wage Differential
This is a reduction to reflect the IT Director position being filled through a manager position.

No. 103 - Reduced Accounts Payable PA
Technology-facilitated process improvements (streamlining paper based processes) will reduced data entry demands for Finance and Operations Services.

No. 106 - Reduced Service Contracts
This proposal would examine the use of office space which requires negotiation with the lessor.

No. 107 - New Broker for General Liability Insurance
Currently the Health Unit obtains its insurance through the City of London's policy. The City acts as both the insurer (self-insurance) and the broker (insurance premiums). The Health Unit contributed $92K towards insurance premiums and a contribution to the City's self-insurance reserve fund. This proposal would be for the Health Unit to explore obtaining insurance through a competitor.

No. 109 - Lower Use of Legal Services
Historically, legal counsel has been used for union negotiations, bargaining, dispute resolution, and contract review and preparation. This proposal would promote less reliance on these services.

No. 110 - Public Fit-Testing Services
This program will offer fit-testing services (currently only offered in-house) to the public and partner health organizations, on a cost-recovery basis.

No. 112 – Reduced Service Contract
This proposal examines service contracts and would require negotiations and or notice to the service provider.

No. 113 - Reduced Service Contract
This proposal examines service contracts and would require negotiations and or notice to the service provider.

2014 February 12

Proposed Areas for Re-Investment
(Revised February 12, 2014)

No.	Dept.	Investments	Value	FTE	Score
25	FHS	Healthy Babies Healthy Children	$124,165	1.25 PHN,	283
27	FHS	Infant Mental Health/Early Childhood Development	$105,602	1 PHN, 0.25 PA	227
33	FHS	Best Beginnings Team Focus on Priority Populations	$48,031	0.5 PHN	256
46	EHCDP	Well Water Program	$15,000	0.15 PHI	180
51	EHCDP	Enhancement to Smoking Cessation Services	$88,032	0.5 PHN	216
53	FHS	Expansion of Healthcare Provider Outreach Initiative	$42,240	0.5 PHN	245
54	OMOH	PA Support for Strategic Projects	$10,400	0.2 PA	181
68	FHS	Smart Start for Babies Prenatal Nutrition Program	$7,622	0	268
70	IT	IT Development/Consulting	$20,000	0	50
71	FHS	Public Health Nurse for Developmental Assets	$101,063	1 PHN	250
78	OHCDSH	Public Health Nurse/Health Promoter for Social Determinants of Health / Health Promotion	$47,562	0.5 PHN	211
79	OHCDSH	PA Support for Sexual Health	$28,000	0.4 PA	107
92	EHCDP	PE Support for Environmental Health	$62,090	0.75 PE	258
96	EHCDP	Tobacco Prevention Youth Engagement Strategy	$22,000	0.9 Students	216
111	OMOH	Marketing and Promotion Position	$36,641	0.5 Comm	250
115	IT	Enhanced Corporate Trainer	$40,000	0.5 Trainer	47
116	FHS	Weekend Hearing Screening at LHSC	$10,000	0.1 SLP	272
117	MLHU	PBMA Software	$10,000	0	N/A
		Total	**$818,448**	**9.0**	**3,517**

**PHN = Public health nurse; PA = Program assistant; PHI = Public health inspector; PE = Program evaluator; HP = Health promoter; Comm = Marketing coordinator; Students = Tobacco reduction students; SLP = Speech-language pathologist*

Re-Investment Descriptions

No. 25 - Healthy Babies Healthy Children
This proposal would aid nursing resources to increase Nursing Child Assessment Satellite Tool (NCAST) outreach to all Healthy Babies Healthy Children families.

No. 27 - Infant Mental Health/Early Childhood Development
Attachment and good nutrition are fundamental to the promotion of healthy child development. This proposal would see a nurse and assistant work in this area to promote infant mental health and positive early childhood development with high need families, caregivers, primary care providers, and other support services.

No. 33 - Best Beginnings Team Focus on Priority Populations
This proposal would focus on work with newcomers and include initiatives such as building capacity within communities to support newcomers' access to health information, health services, as well as parenting resources and supports.

No. 46 - Enhanced Inspection of Public Pools and Spas
This proposal aims to initiate an awareness campaign to reach private well owners and encourage them to safely manage their wells and test their well water regularly.

No. 51 - Enhancement to Smoking Cessation Services
This proposal seeks additional Public Health Nurse resources to support the uptake of nicotine replacement therapies with priority populations within our community.

No. 53 - Expansion of Healthcare Provider Outreach Initiative
This proposal would support MLHU to have better coordinated and integrated healthcare provider outreach. It is expected that this would increase efficiency, reduce duplication, and enhance healthcare providers' experience working with MLHU.

No. 54 - PA Support for Strategic Projects
This proposal would support critical administrative and risk management functions incl. policy development, records management, and strategic projects. Without this support, management time is spent on support functions, which slows progress and is an inefficient use of resources.

No. 68 - Smart Start for Babies Prenatal Nutrition Program
The proposal would provide Smart Start for Babies participants that choose to breastfeed their babies with a $20 voucher to purchase Vitamin D for their infants.

No. 70 - IT Development/Consulting
The proposal would be to increase IT resources to engage external consultants in the development of software applications for process improvements across the organization.

No. 71 - Public Health Nurse for Developmental Assets
This proposal would lead a collaborative effort to plan, develop, implement and evaluate the Developmental Asset Framework – an evidence-based approach to positive child and adolescent development. This framework has been used to advance this work at other health units.

No. 78 - Public Health Nurse for Social Determinants of Health
This proposal would see additional resources dedicated toward the social determinants of health and health promotion within Oral Health, Communicable Disease and Sexual Health.

No. 79 - PA Support for Sexual Health
This proposal will provide much needed administrative support to the Sexual Health Manager and Sexual Health Promotion Team.

No. 92 - PE Support for Environmental Health
This proposal will increase program evaluation resources that will improve MLHU’s understanding of population health need and its services’ impact on health outcomes.

No. 96 - Tobacco Prevention Youth Engagement Strategy
This proposal will significantly improve the youth engagement efforts related to chronic disease prevention and tobacco control.

2014 February 12

No. 111 - Marketing and Promotion Position
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.

No. 115 - Enhanced Corporate Trainer
This proposal would increase the capacity of the corporate trainer, in order for staff to best utilize software that support efficient program planning and delivery.

No. 116 – Weekend Hearing Screening at LHSC
This proposal will increase hearing screening staff on weekends for newborns at London Health Sciences Centre. This means ~300 additional families will have access to in-hospital screening.

No. 117 – PBMA Software
Prioritize Software licensing and support costs to facilitate the PBMA process.

2014 February 12

Proposed One-Time Investments
(Revised February 12th, 2014)

No.	Dept.	Investments	Value	FTE	Score
36	EHCDP	*in motion* Community Challenge in Middlesex County	$50,000	0	173
37	EHCDP	London Road Safety Strategy	$10,000	0	157
39	EHCDP	Childhood Injury Prevention - Car Seat Safety	$50,000	0	178
88	HRLR	HR Coordinator: Negotiations & Staff Development	$48,600	0.5 HR	211
95	FHS	Temporary Program Evaluator	$14,966	0.25 PE	270
104	EHCDP	Promotion of Artificial Tanning Legislation	$35,000	0	168
111	OMOH	MLHU Promotion and Awareness Campaign	$30,000	0	250
114	MLHU	Facilities Project Management	$104,755	0	146
		Total	**$343,321**	**0.75**	**1,553**

**HR = Human resources coordinator; PE = Program evaluator*

One-Time Investment Descriptions

No. 36 – *in motion* Community Challenge in Middlesex County
This would see an *in motion* Community Challenge initiated across Middlesex County. This is important as citizens of Middlesex County have a higher inactivity rate than citizens within the City of London.

No. 37 - London Road Safety Strategy
This would see three annual $10K contributions to the London Road Safety Strategy campaigns which will focus on distracted driving in 2014, and cycling/pedestrian campaigns in 2015 and 2016.

No. 39 - Childhood Injury Prevention - Car Seat Safety
This would fund a literature review and programming to address a critical issue: only 25% of children 4-8 in Ontario are properly restrained in a booster seat. This work would be done in partnership with the Middlesex Child Safety Committee and Buckle Up Baby program.

No. 88 - HR Coordinator: Negotiations & Staff Development
This would support development of tools and training materials to address strategic HR initiatives related to employee wellness and policy training requirements.

No. 95 - Temporary Program Evaluator
This would support teams to gather and implement evidence regarding effective or promising practices in family health, prenatal health, healthcare provider outreach, and child development.

No. 104 - Promotion of Artificial Tanning Legislation
This would support a local campaign to (a) increase awareness about the dangers of artificial tanning and ultraviolet radiation exposure, (b) promote the legislation and the new protection; and (c) support the implementation of a tanning services provider education strategy/campaign to increase operator compliance with the legislation.

No. 111 - MLHU Promotion and Awareness Campaign
This initiative would create an advertising and promotional campaign designed to raise awareness about the work of the Health Unit as a whole and the role of public health in London and Middlesex County, in order to increase citizens understanding and access to public health services.

No. 114 - Facilities Project Management
As stated in the 2012-2014 strategic plan, this would develop a facilities plan to address the needs of the Health Unit and the growing, changing community it serves. The plan would include: a review of existing facilities, a review of program delivery and needs assessment as it pertains to facilities, and recommendations for the future.

MIDDLESEX-LONDON HEALTH UNIT
2014 PROPOSED BUDGET SUMMARY

Appendix B

REF #		2012 Budget	2012 Actual	2013 Budget	2014 Budget	$ increase/ ($ decrease) over 2013	% increase/ (% decrease) over 2013
	Oral Health, Communicable Disease & Sexual Health Services						
A-1	Office of the Associate Medical Officer of Health	$ 856,421	$ 725,151	$ 729,370	$ 729,370	$ -	0.0%
A-8	Vaccine Preventable Diseases	1,455,208	1,739,886	1,518,956	1,518,956	-	0.0%
A-15	Infectious Disease Control	1,318,099	1,329,996	1,375,930	1,365,930	(10,000)	-0.7%
A-22	The Clinic & Sexual Health Promotion	2,258,203	2,237,636	2,302,487	2,344,049	41,562	1.8%
A-31	Oral Health	2,407,901	2,663,995	2,320,670	2,320,670	-	0.0%
	Total Oral Health, Comm. Disease & Sexual Health Services	***$ 8,295,832***	***$ 8,696,664***	***$ 8,247,413***	***$ 8,278,975***	***$ 31,562***	**0.4%**
	Environmental Health & Chronic Disease & Injury Prevention						
B-1	Office of the Director	$ 411,719	$ 424,981	$ 424,849	$ 486,939	$ 62,090	14.6%
B-7	Chronic Disease Prevention and Tobacco Control	1,253,801	1,245,487	1,132,393	1,280,425	$ 148,032	13.1%
B-14	Food Safety	1,244,377	1,211,262	1,291,262	1,271,262	$ (20,000)	-1.5%
B-20	Healthy Communities and Injury Prevention	972,135	994,976	1,205,515	1,219,122	$ 13,607	1.1%
B-27	Health Hazard Prevention and Management/Vector Borne Disease	1,202,317	1,113,821	1,224,231	1,214,231	$ (10,000)	-0.8%
B-35	Safe Water and Rabies Team	726,478	734,255	723,408	723,408	$ -	0.0%
B-42	Southwest Tobacco Control Area Network	321,381	313,670	285,800	285,800	$ -	0.0%
	Total Environmental Health & Chronic Disease & Injury Prev	***$ 6,132,208***	***$ 6,038,452***	***$ 6,287,458***	***$ 6,481,187***	***$ 193,729***	**3.1%**
	Family Health Services						
C-1	Office of the Director	$ 894,375	$ 809,437	$ 938,197	$ 873,217	$ (64,980)	-6.9%
C-8	Reproductive Health Team	1,321,394	1,278,914	1,368,882	1,341,363	$ (27,519)	-2.0%
C-15	Early Years Team	1,422,555	1,463,626	1,488,873	1,555,131	$ 66,258	4.5%
C-22	Screening, Assessment and Intervention Team	2,732,057	2,711,977	2,567,414	2,554,676	$ (12,738)	-0.5%
C-29	Best Beginnings Team	3,182,872	3,183,493	3,303,974	3,327,990	$ 24,016	0.7%
C-37	Child Health Team	1,468,438	1,436,836	1,500,023	1,492,524	$ (7,499)	-0.5%
C-43	Young Adult Team	1,082,331	1,089,305	1,126,077	1,122,577	$ (3,500)	-0.3%
	Total Family Health Services	***$ 12,104,022***	***$ 11,973,588***	***$ 12,293,440***	***$ 12,267,478***	***$ (25,962)***	***-0.2%***

MIDDLESEX-LONDON HEALTH UNIT
2014 PROPOSED BUDGET SUMMARY

Appendix B

REF #		2012 Budget	2012 Actual	2013 Budget	2014 Budget	$ increase/ ($ decrease) over 2013	% increase/ (% decrease) over 2013
	Office of the Medical Officer of Health						
D-1	Office of the Medical Officer of Health & Travel Clinic	$ 592,044	$ 535,192	$ 530,110	$ 502,504	$ (27,606)	-5.2%
D-6	Privacy/Occupational Health & Safety	167,692	203,100	174,350	174,350	$ -	0.0%
D-11	Strategic Projects	110,724	132,235	124,149	130,524	$ 6,375	5.1%
D-16	Communications	318,010	320,075	329,965	378,206	$ 48,241	14.6%
D-22	Emergency Planning	162,307	214,230	163,465	170,465	$ 7,000	4.3%
	Total Office of the Medical Officer of Health	***$ 1,350,777***	***$ 1,404,832***	***$ 1,322,039***	***$ 1,356,049***	***$ 34,010***	***2.6%***
E-1	***Finance & Operations***	***$ 703,870***	***$ 689,793***	***$ 725,992***	***$ 794,447***	***$ 68,455***	***9.4%***
F-1	***Human Resources & Labour Relations***	***$ 873,040***	***$ 898,825***	***$ 908,033***	***$ 939,733***	***$ 31,700***	***3.5%***
G-1	***Information Technology Services***	***$ 1,065,180***	***$ 937,391***	***$ 1,090,413***	***$ 1,095,394***	***$ 4,981***	***0.5%***
H-1	***General Expenses & Revenues***	***$ 2,630,316***	***$ 2,657,338***	***$ 2,127,546***	***$ 2,092,357***	***$ (35,189)***	***-1.7%***
	TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	**$ 33,155,245**	**$ 33,296,883**	**$ 33,002,334**	**$ 33,305,620**	**$ 303,286**	**0.9%**
	Funding Sources						
	Cost-Shared	$ 22,880,405	$ 22,592,044	$ 23,092,096	$ 23,400,120	$ 308,024	1.3%
	Ministry of Health and Long Term Care (100%)	4,039,257	4,227,862	3,811,175	3,801,175	$ (10,000)	-0.3%
	Ministry of Children and Youth Services (100%)	5,036,386	4,960,216	5,007,961	4,990,223	$ (17,738)	-0.4%
	Public Health Agency of Canada	152,430	143,189	152,430	152,430	$ -	0.0%
	User Fees	686,175	901,273	659,315	674,315	$ 15,000	2.3%
	Other Offset Revenue	360,592	472,299	279,357	287,357	$ 8,000	2.9%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	**$ 33,155,245**	**$ 33,296,883**	**$ 33,002,334**	**$ 33,305,620**	**$ 303,286**	**0.9%**

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ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

OFFICE OF THE ASSOCIATE MEDICAL OFFICER OF HEALTH

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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 Associate Medical Officer of Health	**DIRECTOR NAME**	Bryna Warshawsky	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Office of the Associate Medical Officer of Health team 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: Office of the Associate Medical Officer of Health

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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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

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% of gonorrhea cases where follow-up was initiated within two business days of receipt of laboratory confirmation (Accountability Indicator)	98%	100%	Same
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%**

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Program: Office of the Associate Medical Officer of Health

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	$ 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: Office of the Associate Medical Officer of Health

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

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ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

VACCINE PREVENTABLE DISEASES

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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

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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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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)

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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 inspected once in each third of the year* *Medium risk inspected once in each half of the year* *Low risk inspected once per year*	• 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.

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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%" funding result in budgetary pressures with potential staffing implications
- Impending retirements; planning for knowledge transfer

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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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.

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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.

2014 Planning & Budget Template

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 / 675	31,249 / 668 .	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	48,884 / 21,913	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 information	760	428	Same
# of experiences for medical students, residents, nursing students and clinical team assistants.	11	17	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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Program: The Clinic and Sexual Health Promotion

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	17.5	18.3
Program Manager	1.0	1.0
Public Health Nurses	11.4	11.9
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	$ 1,570,734	$ 42,212	2.8%
Other Program Costs	773,965	758,458	773,965	773,315	(650)	(0.1)%
Total Expenditure	**$ 2,258,203**	**$ 2,237,636**	**$ 2,302,487**	**$ 2,344,049**	**$ 41,562**	**1.8%**

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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	$ 1,625,605	$ 41,562	2.6%
MOHLTC – 100%	431,705	420,321	433,444	433,444		
MCYS – 100%						
User Fees	285,000	322,952	285,000	285,000		
Other Revenue		22,190				
Total Revenues	**$ 2,258,203**	**$ 2,237,636**	**$ 2,302,487**	**$ 2,344,049**	**$ 41,562**	**1.8%**

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.

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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

Reduction – Sexual Health Clinic efficiencies - $34,000 - Efficiencies realized in various service redesign initiatives in the Sexual Health Clinic.

Enhancement – Additional Administrative Support - $28,000 - 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.

Enhancement – Social Determinants of Health - $47,562 – This proposal would see additional 0.5 PHN resources dedicated toward the social determinants of health and health promotion within Oral Heal, Communicable Disease and Sexual Health Services.

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ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

ORAL HEALTH PROGRAM

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2014 Planning & Budget Template

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)

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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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2014 Planning & Budget Template

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.

2014 Planning & Budget Template

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

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR

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

SECTION B

Summary of Team Program

- Oversight of the activities and staff of the EHCDP service area in all areas including program and service delivery, performance, human resources, finance are provided by the Director and supported by the Executive Assistant. The Epidemiologist and Program Evaluator provide consultation to EHCDP and the overall health unit in program planning, population needs assessments, health assessment and surveillance, program evaluation to help ensure that programs are evidence-informed.

SECTION C

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

- Ontario Public Health Standards **Principles** of Need, Impact and the **Foundational Standard** components of Population Health Assessment, Surveillance, Research and Knowledge Exchange and Program Evaluation are supported by the Epidemiologist/Program Evaluator team.

SECTION D

Component(s) Of Team Program #1 Capacity Building for Program Planning, Evaluation and Evidence-Informed Decision Making

The objective of this component is to increase capacity among public health practitioners for effective program planning, evaluation and evidence informed decision making. Targeting public health staff and managers, activities of this component include planning and delivering training sessions to enhance use of research evidence and conduct program evaluations. It also involves the development of a larger plan, with associated processes, for capacity building in MLHU staff.

Component(s) Of Team Program #2 Program Planning Support

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

2014 Planning & Budget Template

Program: Director/Epidemiology/Program Evaluator

Component(s) Of Team Program #3 Population Health Assessment & Surveillance
The objective of this component comes directly from the OPHS Foundational Standard. To increase awareness among the public, community partners and health care providers of relevant and current population health information. The target audiences include public health practitioners, the public, community partners and health care providers. Activities for this component include updating the community health status resource with more currently available, local data and ensuring that Rapid Risk Factor Surveillance System (RRFSS) data is analyzed and interpreted so that all sources of local health assessment information can be distributed to the target audiences. Additionally, identification of new sources of local data and diverse methods will be investigated.
Component(s) Of Team Program #4 Program Evaluation Support
The objective of this component comes directly from the OPHS Foundational Standard. Increased awareness among public health practitioners of the effectiveness of existing programs and services, as well as of factors contributing to their outcomes. Activities for this component include collaborating with public health practitioners to conduct process and outcome evaluations of their programs.
Component(s) Of Team Program #5 Community Collaboration for Health Research and Knowledge Exchange
The objective of this component comes directly from the OPHS Foundational Standard. Established effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. Working with community researchers and academic partners, activities for this component include developing partnerships and participating in research opportunities.

SECTION E

Performance/Service Level Measures

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

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Program: Director/Epidemiology/Program Evaluator

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

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

SECTION G

Expenditures:

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

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Program: Director/Epidemiology/Program Evaluator

SECTION H

Funding Sources:

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

SECTION I

Key Highlights/Initiatives Planned For 2014

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

SECTION J

Pressures and Challenges

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

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Program: Director/Epidemiology/Program Evaluator

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

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

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

CHRONIC DISEASE PREVENTION AND TOBACCO CONTROL

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SECTION A

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

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

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

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Program: Chronic Disease Prevention and Tobacco Control

SECTION D

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

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

- promote sun protective behaviours
- support the development of policies within workplaces, schools and childcare facilities that protect people from exposure to UVR
- advocate for and promote the *Skin Cancer Prevention Act* to reduce youth access to artificial tanning services and to promote the dangers of artificial tanning
- promote skin checks and increase capacity within the healthcare community to facilitate the early detection of melanoma and skin cancer cells

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

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

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

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

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

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

COMPONENT(S) OF TEAM PROGRAM #4: TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT

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

- ***One Life One You*** - increase the actionable knowledge among youth about tobacco health risks and correlated risk factors, and to decrease the social acceptability of tobacco use by changing social norms through creative health promotion initiatives and community events
- policy development within school boards and municipalities to promote tobacco-free cultures (e.g. tobacco-free schools, outdoor bylaws)
- advocate for provincial legislation/regulations (e.g. flavour ban, smoke-free movies, restrictions on promotion)
- denormalization of tobacco product use and the tobacco industry
- monitor and respond to emerging issues in tobacco control

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

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

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

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Program: Chronic Disease Prevention and Tobacco Control

COMPONENT(S) OF TEAM PROGRAM #6: PROTECTION AND TOBACCO ENFORCEMENT (*SMOKE-FREE ONTARIO ACT* AND MUNICIPAL BYLAWS)
Goal: Decrease the morbidity and mortality from tobacco use through reduced exposure to second-hand smoke and reduced access to tobacco products/promotion • conduct three rounds of youth access inspections and at least one display, promotion and handling inspection at all tobacco retailers • conduct mandated inspections at secondary schools, public places and workplaces (e.g. proactive inspections, responding to complaints/inquiries) • increase provincial/municipal prohibitions on tobacco use (e.g. outdoor smoking bylaws, smoke-free private market and social housing) • decreased exposure to tobacco products and tobacco industry product marketing/promotion • promote compliance with the *Smoke-Free Ontario Act* through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

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

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Program: Chronic Disease Prevention and Tobacco Control

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

SECTION G

EXPENDITURES:

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

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Program: Chronic Disease Prevention and Tobacco 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	$ 674,195	$ 655,501	$ 493,155	$ 638,187	$ 145,032	29.4%
MOHLTC – 100%	572,685	557,819	632,317	632,317		
MCYS – 100%						
User Fees						
Other Offset Revenue	6,921	32,167	6,921	9,921	3,000	43.4%
Total Revenue	**$ 1,253,801**	**$ 1,245,487**	**$ 1,132,393**	**$ 1,280,425**	**$ 148,032**	**13.1%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

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

SECTION J

PRESSURES AND CHALLENGES

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

2014 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

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

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

FOOD SAFETY

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2014 Planning & Budget Template

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

SECTION B

Summary of Team Program

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

SECTION C

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

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

SECTION D

Component(s) Of Team Program #1 Surveillance and Inspection

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

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Program: Food Safety

Component(s) Of Team Program #2 Management and Response
• Investigate and respond to all complaints related to food premises in a timely manner (within 24 hours). • Investigate all suspected food-borne illnesses and lab confirmed food-borne illnesses related to a food premise in a timely manner (within 24 hours). • Participate in food recall verification checks. • Collaborate with Infectious Disease Control team (MLHU), other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture and Food) as directed by the MOHLTC or locally under MOH direction.
Component(s) Of Team Program #3 Awareness, Education and Training
• *Education / training conducted informally by PHIs during inspections and consultations with food premises operators and staff.* • *Provide food handler training courses and administration of exams in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol) to the general public, not-for-profits, students and food premises operators. In addition, food handler training is offered through a corporate course option for larger groups (>15 participants) via on-site training.* • *Provide food safety seminars, community presentations and health fairs to promote safe food handling practices.* • *Make available food safety information for the general public / food premises operators via on-line (www.healthunit.com) and paper resources (Food Talk, Getting Started Packages and Display Signs etc.).*
Component(s) Of Team Program #4 Disclosure
• Monitor DineSafe website for public inquiries (complaints / service requests) and website glitches or data input errors resulting in potential inaccuracies. • Maintain DineSafe website by including legal actions taken and updated material. • Ensure that all DineSafe facilities receive a DineSafe Middlesex-London Inspection Summary (sign) posted at entrance of facility. • Respond to all media inquiries related to inspection results.

SECTION E

Performance/Service Level Measures

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

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Program: Food Safety

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

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

SECTION G

Expenditures:

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

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2014 Planning & Budget Template

Program: Food Safety

SECTION H

Funding Sources:

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

SECTION I

Key Highlights/Initiatives Planned For 2014

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

SECTION J

Pressures and Challenges

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

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Program: Food Safety

SECTION K **Recommended Enhancements, Reductions and Efficiencies for 2014**
• Reduction in Food Safety Materials - $20,000 - This proposal would (a) discontinue “Food Talk” – a quarterly newsletter mailed to all moderate- and high-risk food premises (1,600 mailed quarterly), and (b) discontinue printing and mailing food safety materials, and make them available online.

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

HEALTHY COMMUNITIES AND INJURY PREVENTION (HCIP)

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

SECTION B

Summary of Team Program

- The HCIP team promotes physical activity and workplace wellness, and works to prevent injuries in a number of areas including child safety, helmet and bike safety, car safety, poisoning and burns, falls across the lifespan, road safety, and vulnerable road users. The team also advocates for healthy community design that supports increased physical activity. The team also provides programs addressing substance misuse (alcohol, marijuana, and other illicit drugs).

SECTION C

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

- Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse

SECTION D

Component(s) Of Team Program #1 Workplace Wellness

- Work primarily with mid to small workplaces/employers with limited resources to provide employee wellness programs through consultation and linking the workplaces with other MLHU programs and services.
- Collaborate with Elgin – St. Thomas Health Unit and Oxford Public Health to address psychologically safe and healthy workplaces

Component(s) Of Team Program #2 Physical Activity

- Promote physical activity to the entire community with a focus on those in the 18 to 80 age group
- Play a lead role in the Middlesex-London inMotion Partnership and the implementation of the inMotion Community Challenge
- Community and partner consultation and supports e.g. Thames Valley Trails Association Saturday morning walks, Active and Safe Routes to School Committee, Workplace physical activity promotion.
- Partner with Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs in the City of London (eg. Acti-pass – passes to grade 5 students to access recreational activities)

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Program: Healthy Communities and Injury Prevention (HCIP)

Component(s) Of Team Program #3 Seniors and Falls/Healthy Aging
• Play a lead role in the Stepping Out Safely Falls Prevention Coalition(partnership of 40 partners) • Member of the SW LHIN Integrated Falls Committee who are developing an implementation plan for the Integrated Falls Strategy
Component(s) Of Team Program #4 Road Safety (including vulnerable road users)
• Chair the London-Middlesex Road Safety Coalition who do educational campaigns e.g. winter driving, share the road etc; • Collaborate with City of London and other London partners to develop the London Road Safety Strategy • Provide input into the City of London and Middlesex County Official Plan reviews re infrastructure to promote walking and cycling and safe road use; • Development of Share the Road Campaign for cyclists
Component(s) Of Team Program #5 Child Safety
• Provide child safety information, including videos, to caregivers (parents, grandparents, day care workers, etc.) for children less than 18, especially vulnerable children • Distribute bicycle helmets for vulnerable school age children (Helmets on Kids) • Collaborate with local and provincial partners • Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign
Component(s) Of Team Program #6 Alcohol and Substance Misuse
• Marketing of the video *Understanding Canada's Low Risk Drinking Guidelines* • Marketing the next phase of the *ReThinking Your Drinking* campaign and website • Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation • Work with municipalities to update their Municipal Alcohol Policies • Train primary health care workers, including physicians, on Low Risk Drinking Guidelines.
Component(s) Of Team Program #7 Healthy Communities Partnership
• Develop submissions to the municipal Official Plan consultations for London, Middlesex County, and county municipalities to enhance healthy community policy i.e. active transportation, road safety; food security and healthy eating promotion; mental wellbeing and social cohesion • Advocate for the endorsement of the international Toronto Charter for Physical Activity in our local municipalities • Partner with the City of London to support Share the Road signage and develop campaign for drivers and cyclists • Organize and present the partnership forums and workshops such as the Middlesex County Healthy Communities Forum; food canning workshop • Organize a Food Charter Forum to work with London community to develop a London Food Council

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Program: Healthy Communities and Injury Prevention (HCIP)

SECTION E

Performance/Service Level Measures

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

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Program: Healthy Communities and Injury Prevention (HCIP)

Component of Team #7 Healthy Communities Partnership			
City of London and all Middlesex County municipalities endorse the international Toronto Charter for Physical Activity	1 Municipality	5 Municipalities	Increase
Submit recommendations to Municipal Official Plan reviews	N/A	3 Municipalities	Increase
Vulnerable population (new immigrants) access to fruits and vegetables	N/A	Development	Increase

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

SECTION G

Expenditures:

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

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2014 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP)

SECTION H

Funding Sources:

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

SECTION I

Key Highlights/Initiatives Planned For 2014

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

SECTION J

Pressures and Challenges

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

2014 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP)

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

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

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

HEALTH HAZARD PREVENTION AND MANAGEMENT / VECTOR BORNE DISEASE

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2014 Planning & Budget Template

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

SECTION B

Summary of Team Program

- To prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors in the environment.
- The Vector Borne Disease (VBD) program is a comprehensive program to closely monitor and control West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), which are spread by mosquitoes, and Lyme disease (LD), which is spread by ticks. This comprehensive surveillance and control program consists of larval mosquito surveillance and identification, larviciding, adult mosquito trapping, dead bird collection, human surveillance, source reduction, public education, responding to public inquiries, and tick surveillance.

SECTION C

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

- OPHS Standards: Foundational; Health Hazard Prevention and Management; Infectious Diseases Prevention and Control
- Protocols under the OPHS: Identification, Investigation and Management of Health Hazards; Population Health Assessment and Surveillance; Public Health Emergency Preparedness; Risk Assessment and Inspection of Facilities; Infectious Diseases – West Nile Virus and Lyme Disease Chapters
- Relevant Acts: Health Protection and Promotion Act; Environmental Protection Act; Occupational Health and Safety Act; Homes For Special Care Act
- Relevant Regulations: O. Reg 568 Recreational Camps; O. Reg 636 Homes For Special Care; O. Reg 199 West Nile Virus Control
- Relevant Bylaws: Property Standards; Idling Control; Vital Services; Clearing of Land.
- Other: West Nile Virus: Preparedness and Prevention Plan for Ontario

Program: Health Hazard Prevention and Management / Vector Borne Disease

SECTION D

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

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

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

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

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

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

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

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

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

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

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

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

2014 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease

Component(s) Of Team Program #7 Mosquito Control
• Monitor approximately 250 standing water sites weekly and perform larvicide treatments when vector mosquito larvae are identified • Train six seasonal field staff to obtain licence from MOE through in-class and field pesticide training (proper use, handling and storage activities) • Hire service provider to conduct approximately 30,000 treatments to catch basins in Middlesex-London three times during mosquito season • Conduct random efficacy checks to ensure success of larvicides in catch basins
Component(s) Of Team Program #8 Adult Mosquito Surveillance
• Conduct adult mosquito surveillance/trapping on a weekly basis • Conduct hotspot mosquito trapping when WNV positive activity is confirmed in birds, mosquitoes or humans • Monitor areas where large adult mosquito populations are identified and assess the need for additional trapping and larviciding • Hire a laboratory to conduct adult mosquito identification and WNV and EEE viral testing
Component(s) Of Team Program #9 Dead Bird Surveillance
• Promote public reporting of dead crows and blue jays to the MLHU • Perform in-house testing to identify WNV
Component(s) Of Team Program #10 Complaints & Inquiries
• Respond to complaints and inquiries from residents regarding WNV, EEE and LD • Assess private properties when standing water concerns are reported and oversee remedial actions
Component(s) Of Team Program #11 Tick Surveillance
• Conduct tick surveillance based on annual local risk assessments • Provide information and educate the public to protect against tick bites when visiting endemic areas in Ontario. • Receive tick submissions and forward on to relevant government laboratories for identification
Component(s) Of Team Program #12 VBD Public Education
• Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE • Distribute educational /promotional materials • Issue media releases when positive VBD activity is identified.

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2014 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease

SECTION E
Performance/Service Level Measures

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Special Projects Health Hazards Program			
Marijuana Grow-up Operations remediation – review/comment on referrals	100% (17)	100% (20)	Same
Demolition Permit Compliance Inspections – respond to referrals and follow-up where there are public health implications	n/a	100% (90)	Same
Cooling Towers Assessed for Compliance with Best Practices Guidelines	n/a	100% (130)	Same
Component of Team #2 General EH Program Work/Investigations			
Respond to all Complaints, Service Requests, and Referrals (general sanitation; housing conditions; indoor air quality; etc.) within 24 hours (Formal monitoring of response time to be developed for 2014)	Estimated 100% (872)	Estimated 100% (975)	Same
Component of Team #3 Built Environment / Land Use Planning Program			
Land Use Planning Applications – review/comment on referrals	100% (156)	100% (175)	Same
Component of Team #4 Compliance & Inspection Services for External Approval Program			
Inspections of regulated and unregulated facilities	100 % (154)	100% (270)	Same
Migrant Farms Compliance Inspections	100% (28)	100% (30)	Same
Component of Team #5 Emergency Response Support			
Emergency Responses	Data unavailable	3	Same
Component of Team #6 Larval Mosquito Surveillance			
Identify and monitor significant standing water sites on public property	100% (255)	100% (267)	same
Mosquito larvae identified in MLHU laboratory	21,201	16,702	same
Component of Team #7 Mosquito Control			
Larvicide treatment in standing water locations where required based on larval identification	100% (1047)	100% (837)	same
3 Larvicide treatments of all catch basins on public property	100% (88,665)	100% (89,042)	same
Component of Team #8 Adult Mosquito Surveillance			
Adult mosquitoes collected	18,464	65,409	same

Program: Health Hazard Prevention and Management / Vector Borne Disease

Viral tests completed	496 (WNV), 334 (EEE)	735 (WNV), 237 (EEE)	same
Component of Team #9 Dead Bird Surveillance			
Respond to all dead bird reports received	100% (205)	100% (128)	same
Test all birds that are suitable for testing for WNV	100% (41)	100% (20)	same
Component of Team #10 Complaints, Comments, Concerns & Inquiries			
Respond to all complaints, comments, concerns & inquiries received	100% (364)	100% (305)	same
On-site visits/investigations of VBD concerns/inquiries where indicated	100% (73)	100% (64)	same
Component of Team #11 Tick Surveillance			
Passive tick surveillance – receive and identify all tick submissions	100% (87)	100% (118)	same
Conduct active tick surveillance at sites where indicated from passive surveillance results	100% (2)	100% (4)	same
Component of Team #12 Public Education			
Presentation to community events, internal and external partners and clients	8	10	same

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

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2014 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease

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	$ 903,172	$ 851,031	$ 911,891	$ 911,891		
Other Program Costs	299,145	262,790	312,340	302,340	$ (10,000)	(3.2)%
Total Expenditures	**$ 1,202,317**	**$ 1,113,821**	**$ 1,224,231**	**$ 1,214,231**	**$ (10,000)**	**(0.8)%**

SECTION H

Funding Sources:

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

SECTION I

Key Highlights/Initiatives Planned For 2014

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

2014 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease

SECTION J

Pressures and Challenges

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

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

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

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

SAFE WATER AND RABIES TEAM

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2014 Planning & Budget Template

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

SECTION B

Summary of Team Program

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

SECTION C

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

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

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2014 Planning & Budget Template

Program: Safe Water and Rabies Team

SECTION D **Component(s) Of Team Program #1 Drinking Water Program**
• Responding to Adverse Water Quality Incidents in municipal systems • Issuing Drinking/Boil Water Advisories as needed • Conducting water haulage vehicle inspections • Providing resources (test kits and information) to private well owners *
Component(s) Of Team Program #2 Recreational Water Program
• Inspection of public pools (Class A and Class B) • Inspection of public spas • Inspection of non-regulated recreational water facilities (wading pools and splash pads) • Offering education sessions for public pool and spa operators • Investigating complaints related to recreational water facilities
Component(s) Of Team Program #3 Beach Management Program
• Testing public beaches in Middlesex-London • Conducting environmental assessment prior to commencement of regular testing • Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards
Component(s) Of Team Program #3 Small Drinking Water Systems Program
• Risk assessment of Small Drinking Water Systems (SDWS) • Monitoring the test results of SDWS regularly • Responding to Adverse Water Quality Incidents in SDWS
Component(s) Of Team Program #6 Rabies Prevention and Control
• Investigating human exposures to animals suspected of having rabies • Confirming the rabies vaccination status of the animals (suspected of having rabies) • Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis • Liaising with Canada Food Inspection Agency for the testing of animals for rabies • Rabies prevention awareness programs

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Program: Safe Water and Rabies Team

SECTION E

Performance/Service Level Measures

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

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2014 Planning & Budget Template

Program: Safe Water and Rabies Team

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

SECTION G

Expenditures:

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

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2014 Planning & Budget Template

Program: Safe Water and Rabies Team

SECTION H

Funding Sources:

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

SECTION I

Key Highlights/Initiatives Planned For 2014

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

SECTION J

Pressures and Challenges

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

2014 Planning & Budget Template

Program: Safe Water and Rabies Team

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

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

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

SOUTHWEST TOBACCO CONTROL AREA NETWORK (SW TCAN)

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2014 Planning & Budget Template

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

SECTION B

Summary of Team Program

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

SECTION C

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

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

SECTION D

Component(s) Of Team Program #1 Tobacco Control

- Increase capacity of PHUs to work with heath care providers to speak to their patients/clients about tobacco use.
- Increase the capacity for PHUs to work with hospitals in their respective areas to further enhance existing tobacco cessation policies.
- Increase cessation messages and specific opportunities for cessation support for Young Adults

Component(s) Of Team Program #2 Tobacco Prevention and Youth Engagement

- Increase the number of youth and young adults exposed to provincial tobacco prevention campaigns
- Increase the number of youth engaged in tobacco prevention activities and initiatives in their communities
- Increase ability of parents to protect their children/youth from the influence of tobacco advertising (i.e. smoking in the movies)
- Findings from the Social Identities research project conducted in 2013 will be used to inform the development of a youth tobacco prevention strategy in 2014

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Program: Southwest Tobacco Control Area Network (SW TCAN)

Component(s) Of Team Program #3 Protection and Enforcement
• Increase capacity of PHUs to implement tobacco control initiatives aimed at youth access to tobacco products • Support advocacy efforts of PHUs to implement 9 or more new tobacco control policies/bylaws in the SW TCAN Region by December 31, 2015 • By the end of 2014 the SW TCAN will have addressed all SFOA workplace complaints in a consistent way and evaluated the current resources for enhancement in 2015.
COMPONENT(S) OF TEAM PROGRAM #4 Knowledge Exchange and Transfer
• SW TCAN Manager chairs the Steering Committee which brings together all 9 SW PHUs for knowledge exchange and transfer • SW TCAN YDS chairs the Youth Engagement Subcommittee and Regional Youth Coalition for knowledge exchange and transfer

SECTION E

Performance/Service Level Measures

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

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2014 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

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

SECTION G

Expenditures:

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

SECTION H

Funding Sources:

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

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2014 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION I

Key Highlights/Initiatives Planned For 2014

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

SECTION J

Pressures and Challenges

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

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- N/A

FAMILY HEALTH SERVICES

OFFICE OF THE DIRECTOR

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Program: FHS – Office of the Director

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**		**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

- Reproductive Health
- Smart Start for Babies
- Early Years
- Screening, Assessment & Intervention (Speech and Language, Blind Low Vision, Infant Hearing)
- Best Beginnings (West/Central/East)
- Child Health
- Young Adult

Oversight of the programs and staff of Family Health Services area including strategy, planning, budgeting, financial monitoring, recruitment/hiring/orientation and performance development and monitoring for 11 direct reports and 120 staff. In addition engage in agency planning and administration and community partner development and sustainability.

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

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Program: FHS – Office of the Director

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

Ontario Public Health Standards:

- Reproductive Health
- Child Health
- Chronic Disease & Injury Prevention
- Sexual Health
- Foundational
- Organizational Standards

Child & Family Services Act, 1990

- Duty to Report Legislation

Nursing Act, 1991

SECTION D

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

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

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

- The Epidemiologist and Program Evaluator provide consultation to FHS in population needs assessments, health assessment and surveillance and program evaluation. They do this through ensuring best evidence resources are available for program planning, developing capacity in teams for analysis and integration of data, consultation and assistance with specific program evaluation.
- Participate in agency wide systems to build capacity of organization to implement evidence informed practice ie. RRFSS, RAC.

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Program: FHS – Office of the Director

COMPONENT(S) OF TEAM PROGRAM #3 CNO & CHNS – NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP
• Provide staff consultations and support to address nursing practice issues • Contribute to policy and procedure development for public health and public health nursing practice. • Provide leadership at Nursing Practice Council meetings and take leadership role in developing implementing annual practice plans. • Oversee the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice. • Lead and plan professional development programs for all agency PHNs (150 nurses) • Promote and support national certifications such as (e.g. Community Health Nursing, International Certified Lactation Consultants, US Infectious Control) • Lead journal clubs and knowledge exchange activities with staff to identify best practice evidence and build critical appraisal skills of research as requested. • Contribute to human resource sustainability through post secondary partnerships.

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 OVERALL FHS LEADERSHIP (DIRECTOR)			
• Completion, implementation, outcome evaluation of operational plans including budgeting in all program areas.	18 operational plans 100%	8 operational plans 100% *combined several*	12 anticipated
• Completion of performance reviews for all staff per biannual schedule	80%	80%	80%
Component of Team #2 EPIDEMIOLOGY & PROGRAM EVALUATION			
• # of projects involving partnership with community researchers, academic partners and other organization.	5	7	5
• # of structured capacity building planning and evaluation offerings to FHS Staff.	0	1	3
• # of consultations with managers and staff re: program evaluation.	10	11	Increase

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Program: FHS – Office of the Director

Component of Team #3 CNO & CHNS - NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP			
# of professional development events • # of all nurse workshops		2 80% participated	Same
• # of team/program specific initiatives		6	Increase
• All agency training (BFI/Smoking Cessation)		BFI Training (100% nurses participated)	Same
• # of practice consultations		58	Same
• # of staff engaged in structured knowledge exchange		8 provincial/national events (22 staff) 1 journal publication	Same

SECTION F **STAFFING COSTS:**	**2013 TOTAL FTES**	**2014 ESTIMATED FTES**
	7.5	**6.75**
Director and Chief Nursing Officer	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Community Health Nursing Specialist	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.0	1.0
Program Assistant to Epi/PE/CHNS	1.0	1.0
Public Health Nurse	1.5	0.75

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Program: FHS – Office of the Director

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	$ 669,951	$ 633,773	$ 705,023	$ 649,989	$ (55,034)	(7.8)%
Other Program Costs	224,424	175,664	233,174	223,228	(9,946)	(4.3)%
Total Expenditures	**$ 894,375**	**$ 809,437**	**$ 938,197**	**$ 873,217**	**$ (64,980)**	**(6.9)%**

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	$ 891,301	$ 796,062	$ 934,823	$ 869,843	$ (64,980)	(7.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	3,074	13,375	3,374	3,374		
Total Revenues	**$ 894,375**	**$ 809,437**	**$ 938,197**	**$ 873,217**	**$ (64,980)**	**(6.9)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

Director:

- Strengthen positive parenting directions
- Pilot neighbourhood integration project

CNO/CHNS:

- Nurse workshops/professional development training scheduled for May 6th, and again in the fall 2014.
- Explore re completion of RFP for Registered Nurses' Association (RNAO) Best Practice Guideline Spotlight Organization designation.
- Involvement in smoking cessation agency wide initiative.

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Program: FHS – Office of the Director

SECTION J

PRESSURES AND CHALLENGES

- Significant manager and staff changes and absences in 2013-2014.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Community Health Nurse Specialist - assigned (shared) administrative support is being planned for 2014.

Reduction in Casual Nursing - ($70,000) – this proposal reduces the resources available to cover paid absences (ie: vacation, sick-time), and associated costs ($9,946)

One-time Funding: - $14,966 - Additional 0.25 Program Evaluator ($14,966) – this would support program work by gathering and implementing evidence regarding effective or promising practices in family health, prenatal health, healthcare provider outreach, and child development.

FAMILY HEALTH SERVICES

REPRODUCTIVE HEALTH TEAM

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SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Heather Lokko	**DATE**
PROGRAM TEAM	Reproductive Health Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Reproductive Health Team enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood. Specific topic areas of focus include alcohol and tobacco, healthy eating, physical activity, and mental wellness. This team is also leading the agency-wide Health Care Provider Outreach initiative and Baby Friendly certification process.

SECTION C

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

Ontario Public Health Standards:

- Child Health
- Reproductive Health
- Foundational Standard
- Chronic Disease and Injury Prevention
- Sexual Health

Child & Family Services Act, 1990

- Duty to Report Legislation

2014 Planning & Budget Template

Program: Reproductive Health Team

SECTION D

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

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

- Provide preconception health teaching to priority population groups
- Provide up-to-date preconception information on MLHU website, and implement social media strategies related to preconception health
- Provide/adapt/promote preconception health resources for Grade 7-12 teachers in order to build teacher capacity in this area
- Support regional "Rethink Your Drinking" campaign
- Provide food skills sessions, and explore collaboration with Strathroy grocery stores to increase subsidized access to fruits and vegetables, for women planning a pregnancy

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

- Implement a prenatal skin-to-skin communication campaign
- Pilot a collaboration with a health care provider to provide service to priority population women recently confirmed pregnant
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning)
- Provide food skills sessions and explore collaboration with Strathroy grocery stores to increase subsidized access to fruits and vegetables for pregnant women

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

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

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

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

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

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

- Strategies focus on providing information to and connecting with health care providers through office visits, mail-outs, website content, paper/electronic resource binders, workshops, presentations and so on.

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Program: Reproductive Health Team

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
COMPONENT OF TEAM #1: PRECONCEPTION HEALTH			
Preconception campaign	• N/A	• Campaign materials developed	• Campaign will be implemented
Interactive online self-assessment tool preconception health	• N/A	• "Pre-Pregnancy Planner" self-assessment tool developed	• "Pre-Pregnancy Planner" self-assessment tool launched and 100 hits/month
COMPONENT OF TEAM #2: PRENATAL HEALTH			
# of prenatal series offered # of women/support persons attending sessions % of potential primiparous families	5-week series • 89 • 756 women & 749 support persons • 45% of primips	6-week series • 62 • 591 women & 584 support persons • 40% of primips Prenatal Weekend • 4 series • 39 women & 35 support persons	6-week series • 55 scheduled • 40% of primips Prenatal Weekend • 15 series scheduled
# of E-learning Registrants	E-Learning • 326 women • 199 support persons	E-Learning • 503 women • 326 support persons	E-Learning • 550 women • 375 support persons
Skin-to-skin campaign	• Campaign planned	• Campaign implemented	• Same
COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD			
# of sessions offered # of women/support persons attending sessions	• 12 • 73 women & 67 support persons	• 12 • 92 women & 88 support persons	• 14 • 120 women & 100 support persons

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Program: Reproductive Health Team

COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE			
BFI educational requirements completed by 100% of MLHU staff and volunteers	Planning for educational sessions completed	• 98% MLHU staff	• New staff and volunteers will complete educational requirements within 4 months of start date
BFI policy developed, BOH-approved and orientation provided to all staff, with sustainable processes established to ensure policy orientation of new staff and volunteers	Completed	• Annual policy revision completed	• Policy revisions will be shared with all MLHU staff & volunteers
COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH			
# of mail-outs, # of participants at presentations	• 4 mail-outs to 315 health care providers	• 7 mail-outs to 315 health care providers • Presentations to 232 medical students & 305 practitioners • Revision of 300 resource binders	• More electronic outreach and web-based resources • 6 mail-outs to 350 health care providers
In person office contact/visits	• 18	• 105	• 350
Workshop for Primary Health Care Providers on Early Years	• 160 participants	• 85 participants	• Same

SECTION F **STAFFING COSTS:**	**2013 TOTAL FTES**	**2014 ESTIMATED FTES**
	14.5	**14.15**
Program Manager	1.0	1.0
Public Health Nurse	9.5	9.9
Public Health Dietitian	1.0	1.0
Program Assistant	3.0	2.5

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Program: Reproductive Health Team

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	$ 1,193,950	$ 1,155,945	$ 1,248,488	$ 1,250,469	$ 1,981	0.2%
Other Program Costs	127,444	122,969	120,394	90,894	(29,500)	(24.5)%
Total Expenditures	**$ 1,321,394**	**$ 1,278,914**	**$ 1,368,882**	**$ 1,341,363**	**$ (27,519)**	**(2.0)%**

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	$ 1,277,950	$ 1,252,359	$ 1,359,348	$ 1,331,829	$ (27,519)	(2.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	35,000	20,433	8,140	8,140		
Other Offset Revenue	8,444	6,122	1,394	1,394		
Total Revenues	**$ 1,321,394**	**$ 1,278,914**	**$ 1,368,882**	**$ 1,341,363**	**$ (27,519)**	**(2.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Expanding the Health Care Provider Outreach Initiative to ensure a more collaborative and coordinated MLHU approach
- Offering preconception groups to priority populations
- Developing programming for physical activity and pregnancy
- Identifying and using social media related to preconception health with an emphasis on alcohol use in pregnancy

2014 Planning & Budget Template

Program: Reproductive Health Team

SECTION J
PRESSURES AND CHALLENGES

- This team is still relatively new, and is in the process of establishing a number of new initiatives.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reduced Reproductive Health PA Support - $30,659 (0.5 FTE) – Contracting for graphic design and advanced presentation development skills on the Reproductive Health Team has led to lesser requirements for centralized administrative support.

Reduction in Social Marketing Campaigns - $39,100 – This proposal would be a reduction in health campaigns related to reproductive health ($9,600 or 0.1 PHN, and $29,500 in health promotion expenses).

Expansion of Healthcare Provider Outreach Initiative - $42,240 (0.5 PHN FTE) – This proposal would support MLHU to have better coordinated and integrated healthcare provider outreach. It is expected that this would increase efficiency, reduce duplication, and enhance healthcare providers' experience working with MLHU.

FAMILY HEALTH SERVICES

EARLY YEARS TEAM

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SECTION A				
SERVICE AREA	FHS	**MANAGER NAME**	Ruby Brewer	**DATE**
PROGRAM TEAM	Early Years	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

Ontario Public Health Standards:

- Child Health Program
- Chronic Disease and Injury Prevention
- Infectious Diseases Program
- Vaccine Preventable Diseases Program
- Foundational

Child & Family Services Act, 1990

- Duty to Report Legislation

2014 Planning & Budget Template

Program: Early Years Team

SECTION D

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

PHNs provide breastfeeding support and teaching through:

- One-on-one support at Well Baby/Child & Breastfeeding clinics located throughout the city and county
- Multi-strategy awareness raising and social marketing initiatives that target physicians and other primary care providers, families, and the community at large
- The use of social media and creating a breastfeeding video library and maintaining information on the website
- Phone counseling is available through the Health Connection during business hours, the Infantline evenings and weekends and the 48 hour postpartum phone call to lower risk families with a new infant.

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

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

- One-on-one skill-building sessions with parents at Well Baby/Child & Breastfeeding Clinics and through the Health Connection and Infantline telephone services;
- Monthly developmental screening clinics in collaboration with a developmental paediatrician and residents;
- Developing and implementing awareness raising and social marketing campaigns focused on healthy growth and development;
- Providing education and consultation to licensed child care centres
- Providing educational and parenting support sessions to parents

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

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

- Provide telephone counseling, one-on-one counseling, and referrals to community resources and supports
- Provide direct education, counseling and support for Post Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment
- Facilitate group skill building sessions

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

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

- Tummy Time (designed to help parents understand the importance on infants being placed in a variety of positions throughout the day)
- Trust Me Trust My Tummy (designed to help parents understand feeding cues)
- Canada's Food Guide and Canada's Physical Activity Guidelines

- Outreach campaigns

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

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

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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT			
Breastfeeding women have improved knowledge and skills			
# Well Baby Clinics	• 16	• 16	• Same
# Mothers receiving counselling	• 3,041 mothers	• 3,762 mothers	
	• Enhanced website information	• Produced 5 breastfeeding videos	• Establish breastfeeding counselling by appointment at MLHU
# of families receiving phone counselling for breastfeeding	• Health Connection - 597	• Health Connection - 616	• Same
	• Infantline-574	• Infantline-550	• Same
# low risk new mothers called within 48 hours of discharge	• 2,408	• 1,282	• Same

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Program: Early Years Team

Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT			
# of Developmental Clinics with developmental paediatrians and public health nurses	• 6 developmental screening clinics	• 6 developmental screening clinics	• Increase
# of Nippissing Screens	• 139 children at OEYCs	• 134 children at OEYC, 10 referrals	• Same
# of parents counselled regarding growth and development at Health Connection	• 1,335 families	• 1,200 families	• Same
# of children screened at Well Baby and Child Clinics	• 1,980 children	• 2,228 children	• Same
Component of Team #4 ADJUSTMENT TO PARENTHOOD AND PARENTING SUPPORT			
Positive parenting education and awareness. eg. clinic Talks, Mommy and Me, Baby and Me, Teen Group, Southdale Women's Group, Arabic Women's Group, All About Breastfeeding, Baby Fun Drop In, Heart Space, Wee Ones.	• 11 group programs/1,073 participants	• 11 programs and presentations facilitated	• Same
	• N/A	• 17 Triple P discussion groups	• Increase
	• 16 Just Beginning Series/140 participants	• 12 Just Beginning Series/90 participants	• Decrease
Component of Team #5 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY			
Increase access and support to the NutriSTEP screening tools (new provincial indicator)	• Staff training completed	• Obtained licensing and plans for implementation	• Increase
Component of Team #6 COMMUNITY EARLY YEARS PARTNERSHIP AND COLLABORATION			
Community Early Years Partnerships	• Community Early Years Physician Champion Partnership formed	• Community Early Years Physician Champion Partnership strengthened (14 committee members; 350 partners) • 2 workshops and 8 community early years newsletters completed	• Increase

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Program: Early Years Team

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	14.0	14.75
Program Manager Public Health Nurse Program Assistants	1.0 11.0 2.0	1.0 11.75 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	$ 1,330,457	$ 1,375,756	$ 1,396,667	$ 1,462,925	$ 66,258	4.8%
Other Program Costs	92,098	87,870	92,206	92,206		%
Total Expenditures	**$ 1,422,555**	**$ 1,463,626**	**$ 1,488,873**	**$ 1,555,131**	**$ 66,258**	**4.5%**

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	$ 1,422,555	$ 1,463,626	$ 1,488,873	$ 1,555,131	$ 66,258	4.5%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,422,555**	**$ 1,463,626**	**$ 1,488,873**	**$ 1,555,131**	**$ 66,258**	**4.5%**

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Program: Early Years Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Increase availability of timely early postpartum breastfeeding support by breastfeeding appointment only @ MLHU Tuesdays and Thursdays
- Breastfeeding Peer Support program explored and potentially implemented
- Increased collaboration and services with licensed childcare centres
- Increase strategies to improve childhood obesity (implementation strategy for NutriSTEP as a provincial indicator)

SECTION J

PRESSURES AND CHALLENGES

- Reducing staff at clinics to accommodate new initiatives
- Gap in children 12 months to school entry – require strategies to access these families

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Enhancement – Infant Mental Health/Early Childhood Development - $105,602 – This proposal would see a 1.0 PHN and a 0.25 Program Assistant work to promote infant mental health and positive early childhood development with high needs families, caregivers, primary care providers, and other support services.

Reduction – Elimination of Just Beginnings classes – $(24,015) – This proposal eliminates the parenting classes for first time mothers. (0.25 PHN)

Health Connection Efficiencies $(15,329) – This proposal captures a number of efficiencies realized by redesign of the health connection telephone support service. (0.25 Program Assistant)

FAMILY HEALTH SERVICES

SCREENING, ASSESSMENT AND INTERVENTION

2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Debbie Shugar	**DATE**
PROGRAM TEAM	Screening, Assessment and Intervention	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Screening, Assessment and Intervention Team administers the provincial preschool speech and language program (tykeTALK), The Infant Hearing Program and the Blind Low Vision Early Intervention Program. MLHU is the lead agency for these programs. Direct services are contracted out. tykeTALK covers the Thames Valley region (Middlesex-London, Elgin, Oxford counties). IHP and BLV programs cover the regions of Thames Valley, Huron, Perth, Grey-Bruce, and Lambton.

The team is also responsible for Let's Grow, an online e-newsletter for families of children birth to 5 years of age. The e-newsletter is a prevention and early identification strategy to help parents learn about appropriate developmental milestones, how to best stimulate their children and to inform them of local resources. This program is funded through the cost-shared MLHU budget.

SECTION C

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

This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :

- Foundational
- Child Health
- Reproductive Health
- Injury Prevention

A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.

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Program: Screening Assessment and Intervention (SAI)

SECTION D

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

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

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

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

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

The Blind Low Vision Early Intervention Program is an early intervention program. The program consists of the following program components/strategies: intervention and education and family support and counseling. The program provides services to approximately 120 children per year who have been diagnosed as being blind or having low vision. The program provides service to children and families from birth to eligibility to attend Grade 1.

COMPONENT(S) OF TEAM PROGRAM #4 LET'S GROW E-NEWSLETTER

The e-newsletter is a prevention and early identification strategy to help parents learn about appropriate developmental milestones, how to best stimulate their children and to inform them of local resources. Parents have the opportunity to register on line when their newborn arrives.. Parents who have registered receive regular age-paced e-mail blasts connecting them to the appropriate Let's Grow e-newsletter located on the MLHU website.

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Program: Screening Assessment and Intervention (SAI)

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 tykeTALK			
Average age of referral stays below 30 months	31 months	30 months	29 months
Average wait from referral to first intervention reduced to 16 weeks	14 weeks	17 weeks	18 weeks
Number of children seen for assessment and/or intervention	3266 children	3300	3500
Component of Team #2 Infant Hearing Program – SW Region			
90% of all newborn babies residing in the region receive a hearing screening	96%	96%	96%
90% of babies with a "refer" result from UNHS (Universal Newborn Hearing Screening) will have an audiology assessment	98%	98%	98%
40% of babies identified with PCHL as a result of UNHS will begin use of amplification and will begin communication development by 9 months corrected age	50%	50%	50%
Component of Team #3 Blind Low Vision Early Intervention Program			
Average age of children at referral will remain at less than 24 months	20 months	20 months	20 months
Wait time from referral to first intervention will remain at less than 12 weeks	5 weeks	6 weeks	7 weeks
Component of Team #4 Let's Grow e-Newsletter			
Develop ads on Facebook for target populations	Planning stages	Ads on Facebook and identifies web metrics	Determine effectiveness based on web metrics
Translate e-Newsletters in to French	Issues 1-4 will be translated into French	Remainder of issues (5-12) translated into French	Undetermined
# parents enrolled to receive Lets Grow	2,515	4,752	Increase
# newsletters sent	10,315	18,814	Increase

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Program: Screening Assessment and Intervention (SAI)

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	28.32	27.37
MLHU Staff:		
System Facilitator (Program Manager)	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
Contract Staff :		
Family Support Workers	0.58	0.18
Early Childhood Vision Consultants	2.3	2.3
Health Promoter	0.4	0.0
Speech & Language Pathologists	11.47	11.47
Administrative Support	3.1	3.1
Communication Disorder Assistant	2.8	2.8
System Coordinator	0.5	0.5
Audiologists	1.89	1.74
Hearing Screeners	1.28	1.28

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	$ 2,424,165	$ 2,396,645	$ 2,404,292	$ 2,396,554	$ (7,738)	(0.3)%
Other Program Costs	307,892	315,332	163,122	158,122	(5,000)	(3.1)%
Total Expenditures	**$ 2,732,057**	**$ 2,711,977**	**$ 2,567,414**	**$ 2,554,676**	**$ (12,738)**	**(0.5)%**

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2014 Planning & Budget Template

Program: Screening Assessment and Intervention (SAI)

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	$ 42,960	$ 43,908	$ 37,697	$ 42,697	$ 5,000	13.3%
MOHLTC – 100%						
MCYS – 100%	2,633,941	2,653,073	2,494,641	2,476,903	(17,738)	(0.7)%
User Fees						
Other Offset Revenue	35,076	35,076	35,076	35,076		
Total Revenues	**$ 2,711,977**	**$ 2,711,977**	**$ 2,567,414**	**$ 2,554,676**	**$ (12,738)**	**(0.5)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014-2015

1) Pilot the Tiered Intervention for Preschool Speech and Language Services Framework
2) Facilitate transition to new screening equipment for the Infant Hearing program and implement new provincial Quality Assurance (QA) standard
3) Evaluate speech and language pathology services provided to children at childcare centres and propose a more effective strategy to support children in this environment

2014 Planning & Budget Template

Program: Screening Assessment and Intervention (SAI)

SECTION J

PRESSURES AND CHALLENGES

MCYS has not provided funding increases in over 5 years yet salary and operation costs have continued to rise. As time goes on there is no place left to cut other than personnel which results in increased waitlists and fewer children and families being served. Also additional demands from MCYS have been placed on staff with respect to data collection and quality assurance.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reductions resulting from no increase to MCYS grants - $17,738 - The following reductions are required to address overall inflationary pressures in the programs and as a result of the loss of One-time funding in the amount of $17,738 in the tykeTALK program:

Elimination of .4 FTE Health Promoter (tykeTALK)
Elimination of .15 FTE Auditory Verbal Therapist (IHP)
Elimination of .4 FTE Family Support Workers (BLV)

Reduction in Health Promotion in Let's Grow Program - $5,000 – This proposal reduces resources in the Let's Grow program relating to database and website maintenance no longer required.

Increase in Weekend Hearing Screening at LHSC - $10,000 – This proposal incorporates the Board of Health decision of November 21, 2013 (Report No. 17-13C, minutes) to fund up to $10,000 for weekend hearing screening tests on newborns before discharging them from LHSC. This avoids any reductions required in the FTE resources for Hearing Screeners for 2014.

FAMILY HEALTH SERVICES

BEST BEGINNINGS TEAM

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2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Stacy Manzerolle, Nancy Greaves, Kathy Dowsett	**DATE**
PROGRAM TEAM	Best Beginnings Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Best Beginnings Team provides health services to vulnerable families with infants and young children. Key program areas include:

- The Healthy Babies Healthy Children (HBHC) program focuses on high risk families through pregnancy and with children from birth to school entry with the intent of providing children with a healthy start in life. Families come into the program largely following a risk assessment in hospital. A multi-disciplinary team provide home visits and other services aimed at promoting healthy growth and development.
- The Social Determinants of Health work focuses on families who are new to the country (refugees and newcomers); those living in poverty; and those who are marginalized, working collaboratively with community agencies to address system wide issues.
- The Family Health Clinic provides primary health care in 8 community sites each week. These clinics are for families who cannot access family physician services and are operated out of existing community locations.
- Women's and Family Shelters (8) receive public health services on a regular basis inclusive of direct care, counselling, consultations, community referral and group support.
- Smart Start for Babies (SSFB) is a Canadian Prenatal Nutrition Program (CPNP) designed for pregnant women who are at risk for poor birth outcomes, related lifestyle habits, abuse, poverty, recent arrival in Canada, and teen pregnancies. SSFB provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, referrals to community supports and resources. Limited post partum support programs are available.

2014 Planning & Budget Template

Program: Best Beginnings Team

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

Ontario Public Health Standards:

- Foundational Standard,
- Reproductive and Child Health Guidelines
- Chronic Disease & Injury Prevention
- Sexual Health
- Injury Prevention
- Child Health

Child & Family Services Act, 1990

- Duty to Report Legislation

MCYS Healthy Babies, Healthy Children Protocols

2014 Planning & Budget Template

Program: Best Beginnings Team

SECTION D

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

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

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

- PHNs provide service to 8 shelters for women, children and families in London and Middlesex. Services include assessment, intervention, advocacy, and linkage of families to community services. The shelter PHN is also able to refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.
- Nurse Practitioner clinics drop-in or by appointment are provided in set locations where vulnerable families live. These clinics offer services for families with children under the age of six and for high school students who do not have a primary care physician.

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

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

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2014 Planning & Budget Template

Program: Best Beginnings Team

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION			
Percentage of postpartum screens completed*	64%	67.5%	Increase (85%)
Percentage of identified families who are confirmed with risk – postpartum	23%	61%	Decrease (25%)
Number of families enrolled in the program	1,020	1,111	Increase
Number of new referrals	498	470	Same
Total number of Home Visits	8,704	9,413	Same
****in 2013 a new more comprehensive screening tool was introduced across Ontario*			
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at shelters	100% of those referred (287)	100% of those referred (146)	Decrease
Number of client visits at Family Health Clinics	1450	1573	1500
Number of referrals made to other community agencies	872	872	850
Component of Team #3 – PRENATAL SUPPORT & EDUCATION			
Sessions offered per year (at six locations)	120	158	Increase (252)
Unique number of pregnant participants	138	196	Increase (300)
Unique number of support persons attending sessions	107	159	Increase (225)
Percent of women who initiate breastfeeding	93%	90%	Increase (95%)
Percent of women who provide smoke-free environments for their babies	90%	73%	Increase (90%)
Number of partner agencies offering SSFB sessions	1 (CAS)	2 (CAS and Health Zone)	4 (CAS, Health Zone, and two new partnering agencies)

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Program: Best Beginnings Team

SECTION F: STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	36.7	**36.7**
MLHU Staff:		
Program Manager	3.0	3.0
Public Health Nurse	16.5	18.0
Family Home Visitor	10.5	9.0
Social Worker	1.0	1.0
Program Assistant	4.0	4.0
Nurse Practitioner	1.0	1.0
Contract Staff:		
Site Coordinators (0.1 FTE x 7 sites)	0.7	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	$ 2,931,873	$ 2,971,931	$ 3,044,771	$ 3,079,413	$ 34,642	1.1%
Other Program Costs	250,999	211,562	259,203	248,577	(10,626)	(4.1)%
Total Expenditures	**$ 3,182,872**	**$ 3,183,493**	**$ 3,303,974**	**$ 3,327,990**	**$ 24,016**	**0.7%**

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2014 Planning & Budget Template

Program: Best Beginnings Team

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	$ 555,608	$ 606,943	$ 547,839	$ 571,855	$ 24,016	4.4%
MOHLTC – 100%	86,721	92,939	88,455	88,455		
MCYS – 100%	2,383,313	2,326,275	2,513,320	2,513,320		
Public Health Agency	152,430	143,189	152,430	152,430		
User Fees						
Other Offset Revenue	4,800	14,147	1,930	1,930		
Total Revenues	**$ 3,182,872**	**$ 3,183,493**	**$ 3,303,974**	**$ 3,327,990**	**$ 24,016**	**0.7%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Increase access to PIPE, Triple P, NCAST parent child interaction scales for HBHC families
- Continue with HBHC screen (liaison) outreach to community health care providers
- Pilot a home visiting component of SSFB for pregnant women and pregnant teens who face significant barriers to attending group sessions.
- Explore options for funding which will provide for a full-time administrative assistant to support this expanding program
- Explore opportunities for partnering with additional community sites including the London Intercommunity Health Care Centre, Heartspace, and the Carling Thames Neighbourhood Family Centre

SECTION J

PRESSURES AND CHALLENGES

- Achieving an increased percentage of completed HBHC screens relies on partner collaboration and compliance
- Mitigating the resulting workload that will accompany increased rates of completed HBHC screens, specifically, increased staff time to follow up clients who are screened and confirmed to be at-risk
- The MCYS has not increased funding for HBHC to match costs of program
- The growth of the SSFB program has resulted in a need for enhanced program assistant support beyond 0.5 FTE
- Preliminary exploration has begun with the aboriginal community which could result in an expansion of the program to provide an aboriginal specific site for SSFB sessions

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Program: Best Beginnings Team

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reduction in Family Home Visiting - $124,165 – This proposal reduces 1.5 FTEs of Family Home Visitors ($112,500) and other program costs by ($11,665) to meet budget constraints while continuing to deliver HBHC program components as specified by the Ministry of Children and Youth Services.

Reduction in liaison in shelters - $ 24,015 – This proposal reduces a 0.25 PHN working in shelters, community and family practice centres

Increase in Nursing Child Assessment Satellite Tool (NCAST) - $124,165 - With the addition of 1.25 FTE PHN ($120,078) and support costs of $4,087, this proposal aims to increase NCAST outreach to all HBHC families and enhance outcomes reliant on hospital collaboration.

Increase focus on Priority Populations - $48,031 – This proposal would focus an additional 0.5 PHN working with priority populations, in particular, First Nations and New to Canada families.

FAMILY HEALTH SERVICES

CHILD HEALTH TEAM

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2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Suzanne Vandervoort	**DATE**
PROGRAM TEAM	Child Health Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Child Health Team works with elementary schools (139 schools/45,000 children), teachers, parents and communities to address health issues impacting children and youth. This work is approached using the foundations for a healthy school model which includes 4 components; High-Quality Instruction and Programs, Healthy Physical Environment, a Supportive Social Environment and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting.

SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

2014 Planning & Budget Template

Program: Child Health Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY EATING

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

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

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

Strategies to address the promotion of physical activity include:

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

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

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

- Skill building documents for teachers promoting student mental health launched
- Implement OPHEA's Smoke Free Ontario Pilot program with 5 schools to prevent tobacco use
- Leading the Board wide Promote Healthy Living Champion Award process
- Provide resources which develop general health literacy
- Develop resources and esure their use in areas such as healthy sexuality and healthy relationships
- Promote health literacy to JK/SK aged students through the use of "Murray and Bird" story book
- Provide support, education and appropriate follow up to staff, students and families with medical conditions i.e diabetes, allergies, asthma
- Provide education and support regarding infectious diseases and vaccine preventable diseases.

COMPONENT(S) OF TEAM PROGRAM #4 PARENTING

As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component to work with families and specific initiative include:

- Provide Triple P seminars, discussion groups and Tip Sheets to parents of school aged children
- Implementing IParent social media information campaign which communicates positive parenting messages and directs parents to resources

2014 Planning & Budget Template

Program: Child Health Team

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1: HEALTHY EATING			
# of Healthy School Committees	54 (39%)	45* (32%)	Increase 69 (50%)
Use of Nutrition Tools for Schools	N/A	12 schools	Increase
# of Teacher consultations related to health topics	700 (183 Healthy Eating, 189 Physical Activity, 29 Mental Wellness)	685*	Increase (700)
COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION			
Physical literacy workshop for school staff	N/A	Plan	Implement & Evaluate
# of schools with Active and Safe Routes to school	N/A	7	Increase
Presentations/formal discussion with student groups/classes	599	600	Same
Component of TEAM #3: GROWTH AND DEVELOPMENT			
Health literacy tool for JK/SK (Murray and Bird storybook)	N/A	Tool developed and produced	100% of schools receive resources and orientation for use.
# of Healthy Living Champion Awards	73	49*	Increase
COMPONENT OF TEAM #4: PARENTING			
# of Triple P – seminars and discussion groups	33 sessions with 372 Participants	54 sessions, 627 parents	Increase
Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting	N/A	4 – 1 toddler, 2 child, 1 adolescent	Increase

**Decrease as result of Labour relations at school board*

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2014 Planning & Budget Template

Program: Child Health Team

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	15.5	15.5
Program Manager	1.0	1.0
Public Health Nurses	13.5	13.5
Program Assistant	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	$ increase ($ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	$ 1,399,124	$ 1,369,160	$ 1,432,449	$ 1,432,449		0.0%
Other Program Costs	69,314	67,676	67,574	60,075	$ (7,499)	(11.1)%
Total Expenditures	**$ 1,468,438**	**$ 1,436,836**	**$ 1,500,023**	**$ 1,492,524**	**$ (7,499)**	**(0.5)%**

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	$ 1,467,359	$ 1,428,757	$ 1,499,684	$ 1,492,185	$ (7,499)	(0.5)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	1,079	8,079	339	339		
Total Revenues	**$ 1,468,438**	**$ 1,436,836**	**$ 1,500,023**	**$ 1,492,524**	**$ (7,499)**	**(0.5)%**

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Program: Child Health Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Implement Healthy Living Champion Award on-line in both French and English
- Complete the evaluation for both Healthy Living Champions and Outdoors the Ultimate Playground
- Provide leadership in planning and hosting the National Conference on Healthy Schools in London
- Implement parenting education tracking system and online registration
- Our team will take the lead in addressing the NutriSTEP accountability indicator

SECTION J

PRESSURES AND CHALLENGES

- In Middlesex-London there are 139 elementary schools and we have 12.5 PHNs to provide service to students, teachers and parents. We have limited resources to meet health demands in particular to ensure best practice and proper evaluation of all services provided. There are some valuable health topic areas that we are not able to address. Another internal challenge for the Child Health Team is the academic year does not follow the calendar year for planning and budgeting.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Increase to Implementation of Developmental Assets – $50,532 – This shared proposal (between the Child Health Team (0.5 PHN) and the Young Adult Team (0.5 PHN) or $48,031 plus $2,501 in support costs) is a collaborative effort to plan, develop, implement and evaluate the Developmental Asset Framework – an evidence-based approach to positive child and adolescent development.

Reduction for Thames Valley Early Learning Program & Anaphylaxis Training - $58,031 – This proposal eliminates this program which supports parents to optimize their child's readiness for school, and provides training to schools on anaphylaxis. It reduces PHN resources by 0.5 FTE or $48,031 and program costs of $10,000.

FAMILY HEALTH SERVICES

YOUNG ADULT TEAM

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SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Christine Preece	**DATE**
PROGRAM TEAM	Young Adult Team	**DIRECTOR NAME**	Diane Bewick	February 12, 2014

SECTION B

SUMMARY OF TEAM PROGRAM

The Young Adult Team focuses on the healthy growth and development of adolescents and young adults. The team works primarily in 24 secondary high schools and several community settings to address the complex health and social issues that impact youth by utilizing a comprehensive health promotion programming approach. The team works in partnership with local school boards, school administrators, youth groups, neighbouring health units, community agencies and various teams from within MLHU to ensure a comprehensive health promotion approach.

SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

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Program: Young Adult Team

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1: YOUTH HEALTH AND MENTAL WELL BEING
The Young Adult Team implements a series linked activities in partnership with school partners which support positive youth development such as facilitation of small groups, one-to-one support, student youth engagement, health communication campaigns, physical literacy plan and regular school and home health newsletters. When possible, staff initiate and work with Healthy School committees in each school where health related issues are identified and students take leadership addressing them. The team is hosting the National Healthy Schools Conference in London this Spring focused on the development of the whole child.
COMPONENT(S) OF TEAM PROGRAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES
The parent engagement initiative provides parents with education and skill building opportunities to increase their knowledge about the importance of positive parenting. A five year plan has been developed to engage parents in their school communities. Strategies include the launching of "Parenting Your Teen" videos, parenting support programs, establishment of parent involvement committees and reaching out to parents through newsletters and parent council packages.
COMPONENT(S) OF TEAM PROGRAM #3: BE BRIGHTER WITH BREAKFAST
Be Brighter with Breakfast aims at increasing knowledge about the importance of eating a healthy breakfast, regular breakfast eating and consumption of fruits and vegetables among secondary school youth. A series of comprehensive activities are showing a nutrition improvement with youth.

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Program: Young Adult Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
COMPONENT OF TEAM #1: YOUTH HEALTH AND MENTAL WELL BEING			
# of schools with active healthy school committees	14	*12	Increase
# of student receiving one-on-one support from school nurse	4,891 (617 referrals to community agencies)	1,931 (896 referrals to community agencies)	Same
COMPONENT OF TEAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES			
# of educational/skill building activities offered to parents of teens in Middlesex-London	54	95	Increase
# of activities offered in partnerships with parent councils	Development phase	45	Same
Parent engagement in activities aimed at positive teen parenting. - Parent meetings/community events	Development phase	• 4,750 parents	Increase participation
- parenting your teen videos	10 videos viewed 12,000 times	• 25 videos viewed 25,000 times	
	1,000 parents subscribed to newsletter 244 parents counselled	• 1,300 parents receive newsletter • 800 parents counselled	Increase Same
COMPONENT OF TEAM #3: BE BRIGHTER WITH BREAKFAST			
Increase in morning meal intake	Development phase	Increase (3%)	Increase
Increase in percentage of students that ate 3 of 4 food groups at breakfast	Development phase	Increase (8%)	Increase
Increase in consumption of fruits and vegetables among youth at secondary schools	Development phase	Increase (3%)	Increase

* decrease due to School Board labor disruption

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Program: Young Adult Team

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	12.0	12.0
Program Manager	1.0	1.0
Public Health Nurses	8.0	8.0
Program Assistant	1.0	1.0
Health Promoter	1.0	1.0
Dietitian	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	$ increase ($ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	$ 1,009,221	$ 1,014,146	$ 1,055,767	$ 1,055,767		0.0%
Other Program Costs	73,110	75,159	70,310	66,810	(3,500)	(4.9)%
Total Expenditures	**$ 1,082,331**	**$ 1,089,305**	**$ 1,126,077**	**$ 1,122,577**	**$ (3,500)**	**(0.3)%**

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	$ 1,082,331	$ 1,086,730	$ 1,126,077	$ 1,122,577	$ (3,500)	(0.3)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		2,575				
Total Revenues	**$ 1,082,331**	**$ 1,089,305**	**$ 1,126,077**	**$ 1,122,577**	**$ (3,500)**	**(0.3)%**

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2014 Planning & Budget Template

Program: Young Adult Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Comprehensive Healthy Schools implementation focusing on three themes: healthy eating, physical activity, and mental wellness
- Leading the planning of the National/Provincial Healthy Schools Conference in April 2014 to be held in London.
- Research and planning for Development Assets with Community Partners and School Boards
- Strengthening parent and youth engagement

SECTION J

PRESSURES AND CHALLENGES

Pressure for Public Health Nurses to do more in secondary school settings as the health needs are becoming more prevalent among our youth and their families.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Dis-investment in Youth Create Healthy Communities Program - $54,031 – This proposal will reduce staff time (0.5 PHN or $48,031) working with youth in after school programs. Instead other youth engagement strategies will be used to assist with the implementation of youth engagement activities in school and community settings. This proposal includes a reduction of $6,000 in other program costs.

Increase to Implementation of Developmental Assets – $50,531 – This shared proposal (between the Child Health Team (0.5 PHN) and the Young Adult Team (0.5 PHN) or $48,031 plus $2,500 in support costs) is a collaborative effort to plan, develop, implement and evaluate the Developmental Asset Framework – an evidence-based approach to positive child and adolescent development.

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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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2014 Planning & Budget Template

Program: Office of the Medical Officer of Health

SECTION D

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

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

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

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

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

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

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

- Monitors and oversees the Travel Immunization Clinic service contract

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	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 Fees						
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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2014 Planning & Budget Template

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

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 Fees						
Other Offset Revenue						
Total Revenues	**$ 167,692**	**$ 203,100**	**$ 174,350**	**$ 174,350**	**$ 0**	**0.0%**

2014 Planning & Budget Template

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.

2014 Planning & Budget Template

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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2014 Planning & Budget Template

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 Fees						
Other Offset Revenue						
Total Revenues	**$ 110,724**	**$ 132,235**	**$ 124,149**	**$ 130,524**	**$ 6,375**	**5.1%**

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2014 Planning & Budget Template

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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2014 Planning & Budget Template

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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2014 Planning & Budget Template

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 Fees						
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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OFFICE OF THE MEDICAL OFFICER OF HEALTH

EMERGENCY PLANNING

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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.

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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

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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 Fees				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%**

2014 Planning & Budget Template

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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FINANCE AND OPERATIONS

FINANCE AND OPERATIONS

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SECTION A

SERVICE AREA	Finance & Operations	**MANAGER NAME**	John Millson	**DATE**
PROGRAM TEAM	Finance & Operations	**DIRECTOR NAME**	John Millson	December 17, 2013

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

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

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Program: Finance & Operations

SECTION D

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

Financial Planning:

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

Treasury Services:

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

Insurance & Risk Management:

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

Payroll Administration:

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information including employee set-up and maintenance.
- Process mandatory and voluntary employee deductions, calculating and processing special payments and retroactive adjustments.

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Program: Finance & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - FINANCIAL SERVICES… CONTINUED…

- Set up and maintain the payroll system in compliance with collective agreements and legislative requirements for all pay, benefits, deductions and accruals.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, OMERS annual 119 Report.
- Prepare and remit payments due to third parties resulting from payroll deductions and employer contributions within strict deadlines to avoid penalties and interest. Payments are reconciled to deductions or third party invoices.
- Administers employee paid Canada Savings Bond program, where staff can purchase bonds through payroll deductions.

Procurement:

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

Capital Asset Management:

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

Contracts & Agreements:

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

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Program: Finance & Operations

COMPONENT(S) OF TEAM PROGRAM #2 - OPERATIONS

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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Financial Services			
Number of manual journal entries per FTE	1,519	1,450	Decrease
Number of vendor invoices paid/processed per FTE	8,477	8,500	Increase
Number of MLHU invoices prepared/issued per FTE	318	325	Same
Number of direct deposits processed (payroll)	9,217	9,200	Increase
Number of manual cheques (payroll) issued	54	35	Same
Number of competitive bid processes	22	30	Same
Total value of goods & services purchased through procurement process	$6.87 million	$7.5 million	Increase
Component of Team #2 Operations			
Number of meeting room set-up/take-downs	212	210	Decrease
Average time to set-up/take-down meeting room (and or??)	1.9 hours	1.5 hours	Decrease

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Program: Finance & Operations

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	9.0	8.5
Director	1.0	1.0
Administrative Assistant to the Director	0.5	0.5
Accounting & Budget Analyst	1.0	1.0
Accounting & Payroll Analyst	1.0	1.0
Accounting & Administrative Assistants	3.5	3.0
Procurement and Operations Manager	1.0	1.0
Receiving & Operations Coordinator	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2012 Budget	2012 Actual	2013 Budget	2014 Draft Budget	$ increase ($ decrease) over 2013	% increase (% decrease) over 2013
Personnel Costs	$ 692,370	$ 675,917	$ 714,492	$ 782,947	$ 68,455	9.6%
Other Program Costs	11,500	13,876	11,500	11,500		
Total Expenditures	**$ 703,870**	**$ 689,793**	**$ 725,992**	**$ 794,447**	**$ 68,455**	**9.4%**

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2014 Planning & Budget Template

Program: Finance & Operations

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	$ 672,589	$ 649,215	$ 693,635	$ 762,090	$ 68,455	9.9%
MOHLTC – 100%	31,281	40,578	32,357	32,357	0	
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 703,870**	**$ 689,793**	**$ 725,992**	**$ 794,447**	**$ 68,455**	**9.4%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Continue implementation of process efficiencies/improvements (on-line submission for program expenses, and time & attendance)
- Implement Electronic Funds Transfer for major vendor classes (groups such as local dentists)
- Review, revise and update financial policies and re-communicate to MLHU staff
- Continue implementation of an integrated planning and budgeting process.
- Develop a facilities plan for office leases.

SECTION J

PRESSURES AND CHALLENGES

- Lower growth in provincial grants will continue to place pressure on programs and services. The Health Unit will need to continue to provide efficiencies and demonstrate the value of its programs and services.
- Efficiencies created regarding Electronic Funds Transfers depend primarily on the acceptance from the vendors we do business with. The success of this program will depend on their up-take.
- The province continues to implement its accountability framework in the public health sector, refining its Public Health Accountability Agreements, requiring more performance measures and reporting each year. The health unit will need to continue to implement and maintain these measures. The province has also implemented annual audits of public health units, performing 2 random audits per year.

2014 Planning & Budget Template

Program: Finance & Operations

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

- This budget includes a reduction of 0.5 FTE Accounting & Administrative Assistant relating to process improvements created by implementing on-line reimbursement/claims processes. This work will continue in 2014. (-$36,300)

One-Time Funding:

- Facilities Project Manager to develop an operational plan regarding the space and office requirements to assist in the renegotiations of the various office leases. ($104,755)

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HUMAN RESOURCES & LABOUR RELATIONS SERVICES

HUMAN RESOURCES & LABOUR RELATIONS

2014 Planning & Budget Template

SECTION A				
SERVICE AREA	Human Resources & Labour Relations	**MANAGER NAME**		**DATE**
PROGRAM TEAM	Human Resources & Labour Relations	**DIRECTOR NAME**	Laura Di Cesare	January 2014

SECTION B

SUMMARY OF TEAM PROGRAM

- The HRLRS Team is comprised of the Human Resources, Library Services and Reception functions.
- Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization.
- The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle.
- Library Services supports MLHU employees and is also one of 4 hub libraries in the province.
- Reception provides services at both the 50 King Street and Strathroy locations.

SECTION C

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

HUMAN RESOURCES: Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013;

LIBRARY: Foundational Standard – supports evidenced based program delivery and knowledge exchange

2014 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION D

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

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

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

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

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

COMPONENT(S) OF TEAM PROGRAM #3 - RECEPTION

Reception services provided at 50 King and in Strathroy include, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street they also include providing coverage for the vaccine clerk. In Strathroy, they provide administrative support for office staff and assist with the Family Planning/STI clinics.

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Program: Human Resources & Labour Relations

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2012			2013 (anticipated)			2014 (estimate) (same/ increase/ decrease)
Component of Team #1 – Human Resources							
Employee Engagement Score	N/A			N/A			Benchmark Year
Internal Client Satisfaction Survey	N/A			N/A			Benchmark Year
Component of Team # - Library Services							
Internal Client Satisfaction Survey	N/A			N/A			Benchmark Year
	MLHU	SLSP (started May 2012)	**% completed within target**	MLHU	SLSP (started May 2012)	**% completed within target**	
% of reference questions acknowledged within 1 day and completed within a timeline agreed upon with the requestor	***468*** *reference questions*	***102*** *references questions*	100%	***851*** *reference questions*	***239*** *reference questions*	100%	
% of Comprehensive Literature Searches completed within the 4 week Service Delivery Target	***172*** *search requests*	***82*** *search requests*	100%	***123*** *search requests*	***98*** *search requests*	100%	
% of Article Retrieval/document delivery completed within the 5 day Service Delivery Target	***1,331*** *items*	***658*** *items*	100%	***2523*** *items*	***1792*** *items*	100%	
Component of Team #3 - Reception							
Internal Client Satisfaction Survey	N/A			N/A			Benchmark Year
% of calls completed within an average of 3 minutes				(Avg. 80 calls/day) 100%			Same

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Program: Human Resources & Labour Relations

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	9.4	9.4
Director	1.0	1.0
HR Officer	2.0	2.0
HR Coordinator	1.0	1.0
Administrative Assistant to the Director	0.5	0.5
Student Education Program Coordinator	0.5	0.5
Librarian	2.0	2.0
Program Assistant	2.4	2.4

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	$ 776,975	$ 783,244	$ 811,968	$ 860,568	$ 48,600	6.0%
Other Program Costs	96,065	115,581	96,065	79,165	(16,900)	(17.6)%
Total Expenditures	**$ 873,040**	**$ 898,825**	**$ 908,033**	**$ 939,733**	**$ 31,700**	**3.5%**

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	$ 763,040	$ 772,696	$ 798,033	$ 829,733	$ 31,700	4.0%
MOHLTC – 100%	110,000	101,088	110,000	110,000	0	
MCYS – 100%						
User Fees						
Other Offset Revenue		25,041				
Total Revenues	**$ 873,040**	**$ 898,825**	**$ 908,033**	**$ 939,733**	**$ 31,700**	**3.5%**

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2014 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- Within the context of the PWC review and recommendations, and under new leadership, Human Resources staff functions will be refocused, including Occupational Health and Safety and Strategic Initiatives, to gain efficiencies and demonstrate the value added impact of the Human Resources and Corporate Strategy team. This will be achieved by identifying key performance indicators, changing processes and procedures in order to collect and analyze the metrics, with respect to the key indicators and proposing new strategies for workforce planning.
- The collective agreements for both CUPE and ONA expire March 31, 2014. Negotiations can be expected to commence before the summer.
- Ongoing and new initiatives related to attendance management, accommodation and other legislated requirements will be supported through coordinated education and skills training for both staff and management.

SECTION J

PRESSURES AND CHALLENGES

- Developing the direction for change, as well as managing the changes, will be a significant challenge for the incoming Director as well as for the staff. As indicated in the PWC report, the team is willing and ready to make changes. However, changes in this area impact all other areas of the Health Unit, and others will need to have input into changes that affect them, as well as having the changes well communicated.
- There needs to be a major shift from being reactive to demands for service to being proactive and strategic. There is a need to develop metrics and indicators to make this shift. This will place added pressure on the HR staff as quick and reliable customer service has always been a priority.
- The challenge for negotiations with the unions will come from the provincial government's direction regarding fiscal restraint.
- As the demand for evidence—based research increases along with the reputation of the librarians for being a valued resource, the increased requests for services may mean a decline in the ability to meet the service delivery timelines.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reduction in Newspaper Advertising for Vacancies	-$10,000
Reduction in Volunteer Program Budget	-$ 3,500
Reduction in Staff Development	-$ 3,400

One-time expense recommendation to hire 0.5 FTE that would support development of tools and training materials to address strategic HR initiatives related to policy training requirements as well as support the administrative needs of the ONA and CUPE negotiation committees +$48,600

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INFORMATION TECHNOLOGY SERVICES

INFORMATION TECHNOLOGY

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2014 Planning & Budget Template

SECTION A				
Service Area	Information Technology	**Manager Name**	Mark Przyslupski	**Date**
Program Team	Information Technology	**Director Name**	John Millson	December 17, 2013

SECTION B

Summary of Team Program

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

SECTION C

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

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

SECTION D

Component(s) Of Team Program #1 Applications

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

2014 Planning & Budget Template

Program: Information Technology

Component(s) Of Team Program #2 Infrastructure
• Personal computers (desktop and laptop) and mobile devices. • Server computers, data storage, backup and backup power. • Wired and wireless network devices and physical cabling. • Inter-site network/data transmission and communication. • Internet and eHealth application access. • Telephony devices—telephone handsets, voicemail servers, phone switches, etc
Component(s) Of Team Program #3 Security
• Standards & policy development and documentation. • Data security technologies and approaches including encryption. • E-mail security/filtering. • Password policies and procedures. • Investigation and audit of various systems to ensure security of data. • Firewalls and remote access.
Component(s) Of Team Program #4 Support & Operations
• Helpdesk—client support. • Client Training. • Network logon account management. • Monitoring and responding to system problems. • Personal computer loading and configuration management. • Computer and software upgrades and deployment. • Security updates installation. • E-mail support and troubleshooting. • Technology asset tracking/management. • Preventative maintenance. • Data backup/restore. • Trending, budgeting & planning of future technology needs.

2014 Planning & Budget Template

SECTION E

Performance/Service Level Measures

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 Applications			
"Core infrastructure" software refresh projects	5	3	Increase
Common software application major upgrades (affecting all 410 computers)	1	1	Increase
Major Training Initiatives	3	7	Increase
Component of Team #2 Infrastructure			
"Core infrastructure" hardware refresh projects	5	4	Same
Program/Service Area application/database upgrades (affecting 5 to 40 computers)	20	20	Increase
Component of Team #4 Support & Operations			
Requests addressed by 1st Level Helpdesk	61%	67%	Increase
Resolution/closure within 1 day	67%	70%	Increase
Resolution/closure within 2 days	80%	85%	Increase
Resolution/closure within 7 days	93%	95%	Same

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SECTION F **Staffing Costs:**	**2013 Total FTEs**	**2014 Estimated FTEs**
	8.5	**8.5**
Director/Manager	1.0	1.0
Administrative Assistant	1.0	0.5
Business Analyst	1.0	1.0
Data Analyst	1.0	1.0
Network & Telecom Analyst	1.0	1.0
Server Infrastructure Analyst	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Helpdesk Analyst	1.0	1.0
Corporate IT Trainer	0.5	1.0

SECTION G

Expenditures:

Object of Expenditure	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Draft Budget**	**$ increase ($ decrease) over 2013**	**% increase (% decrease) over 2013**
Personnel Costs	$ 667,842	$ 607,052	$ 693,075	$ 678,056	$ (15,019)	(2.2)%
Other Program Costs	397,338	330,339	397,338	417,338	20,000	5.0%
Total Expenditures	**$ 1,065,180**	**$ 937,391**	**$ 1,090,413**	**$ 1,095,394**	**$ 4,981**	**0.5%**

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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	$ 1,065,180	$ 925,411	$ 1,090,413	$ 1,095,394	$ 4,981	0.5%
MOHLTC – 100%					0	
MCYS – 100%						
User Fees						
Other Offset Revenue		11,980				
Total Revenues	**$ 1,065,180**	**$ 937,391**	**$ 1,090,413**	**$ 1,095,394**	**$ 4,981**	**0.5%**

SECTION I

Key Highlights/Initiatives Planned For 2014

- Implement new desktop management initiative
- Implement Virtual Private Network (VPN)
- Upgrade email server to Outlook 2010
- Implement new on-line training software
- Continue business process improvement (payroll, expense reimbursements, and Incident reporting)
- Implement Windows 7 on desktop computers
- Continue to lead the Electronic Client Record (ECR) initiative

SECTION J

Pressures and Challenges

- Ministry of Health and Long-Term Care technology initiatives (such as Panorama) can be unpredictable and/or poorly timed affecting the program outcomes of this service.

SECTION K

Recommended Enhancements, Reductions and Efficiencies for 2014

- Reduced Administrative Support - 0.5 FTE (-$35,019)
- Reduction related to implementing Manager position in place of Director (-$20,000)
- Enhanced corporate training by increase 0.5 FTE in this area ($40,000)
- Enhanced business improvement processes through increased development budget – development/consulting ($20,000)

GENERAL EXPENSES & REVENUES

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SECTION A				
SERVICE AREA	General Expenses & Revenues	**MANAGER NAME**		**DATE**
PROGRAM TEAM	General Expenses & Revenues	**DIRECTOR NAME**	Senior Leadership Team	February 12, 2014

SECTION B
SUMMARY OF TEAM PROGRAM

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

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

- Ontario Public Health Organizational Standards:
  - 2.1 Remuneration of board of health members
  - 6.2 Risk Management
  - 6.9 Capital Funding Plan
- Section 49, Health Protection & Promotion Act – as it relates to the payment of Board of Health members

2014 Planning & Budget Template

Program: General Expenses & Revenues

SECTION D

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

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

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

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

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

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

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

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

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

General employee benefits include:

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

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

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

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Program: General Expenses & Revenues

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2012	2013 (anticipated)	2014 (estimate/ same/increase/decrease)
Component of Team #1 - #5			
No specific performance / service level measures are available for these components at this time. During 2014 these will be developed and will be part of future budget presentations.			

SECTION F

STAFFING COSTS:	**2013 TOTAL FTEs**	**2014 ESTIMATED FTEs**
No FTEs		

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	$ 301,560	$ 269,925	$ (58,200)	$ (435,339)	$ (377,139)	(648.0)%
Other Program Costs	2,328,756	2,387,413	2,185,746	2,527,696	341,950	15.7%
Total Expenditures	**$ 2,630,316**	**$ 2,657,338**	**$ 2,127,546**	**$ 2,092,357**	**$ (35,189)**	**(1.7)%**

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Program: General Expenses & Revenues

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	$ 2,614,286	$ 2,630,889	$ 2,096,516	$ 2,061,327	$ (35,189)	(1.7)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	3,051	3,750	3,750		
Other Offset Revenue	12,280	23,398	27,280	27,280		
Total Revenues	**$ 2,630,316**	**$ 2,657,338**	**$ 2,127,546**	**$ 2,092,357**	**$ (35,189)**	**(1.7)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2014

- The initiatives and highlights affecting this budget are related to those described under the "Operations" portfolio. That is to develop a facilities plan for the office space and improve office space utilization.
- Review the health unit's insurance requirements and to the best value for money.
- Implement contract changes for both security and janitorial services

SECTION J

PRESSURES AND CHALLENGES

- Implementation of the Board of Health Reserve / Reserve Fund Policy with the addition of three new reserve funds. (Facilities Reserve Fund, Technology Reserve Fund and Salary Stabilization Reserve Fund).
- This budget includes an increase of $535,163 in managed position vacancies for a total of $815,163. For the health unit to achieve its reserve fund contributions objectives position vacancies will need to be closely examined.
- Both the Ontario Nurses' Association (ONA) and Canadian Union of Public Employees (CUPE) contracts expire March 31st, 2014, therefore the future costs are uncertain.

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Program: General Expenses & Revenues

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

Reductions resulting from changes in service contracts - $49,800 – Three proposals relate to creating efficiencies and result in altering contractual agreements.

Reductions in insurance costs - $28,250 – This proposal relates to possible savings resulting from obtaining insurance through a competitor. Currently the Health Unit obtains its insurance through the City of London's policy. The City acts as both the insurer (self-insurance) and the broker (insurance premiums). Further information can be found in Report No. 001-13C

Reduced use of legal services - $40,000 – Historically, legal counsel has been used for union negotiation, bargaining, dispute resolution, and contract review and preparation. This proposal would reduce reliance on these services.

Reduction related to recognizing additional position vacancies - $535,163 – This proposal increase the agencies position vacancy budget by $300,000 to allow for annual contributions to reserve funds, and for an additional $235,163 to fund one-time investment proposals as identified in the Program Budget Marginal Analysis process.

Enhancement – Contributions to new reserve funds - $450,000 – This proposal would request the Board of Health to create three new reserve funds, one for an annual contribution of $200,000 for costs associated with the Boards of Health's use of property, another for $50,000 annually for future purchases relating to Information Technology, and another $200,000 for a new salary stabilization reserve fund.

Enhancement – Prioritize Software - $10,000 – This proposal will assist in the efficient gathering of information related to Program Budget Marginal Analysis (PBMA) initiative as part of the integrated planning and budgeting process recommended by PricewaterhouseCoopers.

Enhancement – Salary & Benefit adjustments - $158,024 - This item relates to expected salary and benefit changes.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 07-14FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 12

2013 BUDGET VARIANCE REPORT TO DECEMBER 31ST

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to:

- ***receive Report No 07-14FFC "2013 Budget Variance Report to December 31st";***
- ***that the Board of Health provide $500,000.00 of the Health Unit's 2013 surplus to the municipal funders at the same rate as they fund the municipal component of the Health Unit's budget ($420,000, or 84% to the City of London, and $80,000, or 16% to the County of Middlesex); and***
- ***that decisions regarding contributions to reserves and reserve funds be deferred until further discussions have occurred with municipal funders and audited financial statements are available.***

Key Points

- The unaudited operating surplus for the cost-shared programs is approximately $ 844,730. The health unit auditors, KPMG will be performing its annual audit beginning March 24th, 2014.
- An additional amount of $101,250 from 2012 operations is available resulting from the Province approving 75% funding for the Shared Services Review project.
- Several specific budgets are anticipated to have modest surpluses or shortfalls, including a shortfall in the range of $20,000 for the Dental Treatment Clinic.
- In order to support the municipal funders with their 2014 budget decisions, it is recommended that the Board of Health provide $500,000.00 from the Health Unit's 2013 surplus to the municipal funders at the same rate as they fund the municipal component of the Health Unit's budget ($420,000, or 84% to the City of London, and $80,000, or 16% to the County of Middlesex).

Fourth Quarter Review (2013)

The purpose of this report is to provide the Finance & Facilities Committee with a summary review of the Health Unit's operating results and to provide projections of expenditures at the end of 2013.

The attached Budget Variance Summary (Appendix A) shows actual and budgeted expenditures net of offset revenues for the twelve months ending December 31st, 2013. For programs with a March 31st year-end, this report shows the actual and budgeted expenditures net of offset revenues for the nine month period April 1st to December 31st, 2013. The Budget Variance Summary provides management's forecasted year-end balances and a brief explanation or comment.

Cost-Shared Programs

The net budget for cost-shared programs for 2013 was Board approved at $23,198,916. As can be seen from reviewing the Budget Variance Summary (Appendix A), the cost-shared programs are projected to complete the operating year with a surplus of $844,730 or a 3.65% variance. Table 1 below provides the major reasons for the surplus.

Table 1 – Summary of Cost-Shared Variances

	Description	Amount
1.	Managed position vacancies	$ 700,000
2.	- Less the planned or budgeted managed position vacancies	(280,000)
3.	Needle Exchange Program – recovery of prior year's surplus created by 2012 year-end purchases of needles and additional provincial funding.	84,800
4.	Savings in professional services (legal and other consulting services)	151,000
5.	Revenue from food handler training	35,000
6.	Savings in Furniture & Equipment (computer hardware and office furniture)	68,000
7.	Children In Need of Treatment (CINOT) fewer payments to dentists	63,000
8.	Other expenditures (materials, supplies, travel and professional development)	22,903
		$ 844,703

As reported in the previous variance reports, an additional amount of $101,250 is available as a result of the Province providing a one-time grant of 75% of the Shared Services Review costs. Originally the Board of Health approved this funding to come from the 2012 operating surplus. Therefore, the total surplus available to be allocated is expected to be approximately $945,980.

Other 100% Funded Programs/Initiatives

Programs in this category are funded 100% by the province or are cost-shared but one-time in nature or in the case of the Dental Treatment program funded through user fees. This group of programs is expected to end the operating year in a deficit position of approximately $20,405 primarily due to unfavourable variances in both the Dental Treatment and Healthy Smiles Ontario programs. The unfavourable variance in the Healthy Smiles Ontario Program of $19,228 is being reviewed by the Province for additional funding as they reduced the funding in 2013 by $87,103 and the fees to local dentists increased approximately 13% from the previous year as a result of increased participation in the preventative program.

For the March 31st programs it is not anticipated at this time that these programs will generate significant variances by March 31st, 2014.

Surplus to Municipal Funders

There are several needs for which the Health Unit could consider establishing or enhancing existing reserve funds. However, discussions with municipal funders to establish a framework for using surplus funds to accumulate reserves have not yet reached a conclusion. As such, and in consideration of the municipal funders' budget discussions that are currently ongoing and nearing conclusion, it is recommended that the Board of Health provide $500,000.00 from the Health Unit's 2013 surplus to the municipal funders at the same rate as they fund the municipal component of the Health Unit's budget ($420,000, or 84% to the City of London, and $80,000, or 16% to the County of Middlesex).

In view of the surplus available, this level of disbursement would not put Health Unit programming at risk, and it is anticipated that the reserve and reserve fund needs of the Health Unit can be achieved in the coming years without this funding. There remains some uncertainty in the surplus amount until audited financial statements are available. Providing more than this amount at this point would limit the Board of Health's ability to meet other needs, and at the extreme end, could potentially put the health unit in a deficit position for the 2013 operating year.

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

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

MIDDLESEX-LONDON HEALTH UNIT
BUDGET VARIANCE SUMMARY
As at December 31, 2013

APPENDIX A

	2013 YTD ACTUAL	2013 YTD BUDGET	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2013 ANNUAL BUDGET	DECEMBER SURPLUS / (DEFICIT)	Comment / Explanation
COST-SHARED PROGRAMS								
Oral Health, Communicable Disease & Sexual Health Services								
Office of the Associate Medical Officer of Health	$ 315,549	$ 326,368	$ 10,819	3.3%	$ 315,549	$ 326,368	$ 10,819	$7,500 net surplus from epidemiologist being reassigned to Panorama; $3,300 due to Materials & Supplies and other expenditures.
Vaccine Preventable Diseases	1,225,612	1,227,269	1,657	0.1%	1,227,269	1,227,269	-	$(17,500) deficit in staffing due to medical leaves; $4,500 surplus in travel related expenses; $13,500 in software development that was deferred due to staffing shortages; $2,000 in other expenses; ($21,000) shortfall in influenza campaign; $18,500 surplus in shingles vaccine.
The Clinic	1,034,570	1,205,962	171,392	14.2%	1,051,462	1,205,962	154,500	$49,000 surplus due to gap in Manager, two maternity leaves filled with lower paying staff, Nurse Practitioner being replace with a physician in Strathroy and decreased overtime; $84,800 recovery from the Needle Exchange Program due to extra provincial funding and year end purchasing of needles in 2012; $18,400 surplus due to fewer purchases of contraceptives; $2,300 in materials & supplies and other costs.
Sexual Health Promotion	302,879	378,081	75,202	19.9%	302,879	378,081	75,202	$76,900 surplus due to vacancy in Sexual Health Promoter and gapping from vacancy in PHN; $3,000 accompanying surplus in mileage and other administrative costs; ($4,700) shortfall in materials and supplies and public education and advertising costs.
Infectious Disease Control	623,121	613,121	(10,000)	-1.6%	623,121	613,121	(10,000)	$(18,500) relating to wages and benefits and $(2,300) in travel related costs, partially offset by $10,800 savings in materials & supplies and other expenses.
Dental Prevention	683,765	738,416	54,651	7.4%	683,765	738,416	54,651	$21,600 surplus due to position gapping, $21,300 surplus in material and supplies, $(4,700) deficit relating to purchasing new dental software; $6,000 surplus in other expenses due to lower cost of running Oral Health Week: $10,250 in additional revenue from other Health Units relating to the Dental Consultant contract.
Children In Need of Treatment (CINOT)	424,656	487,463	62,807	12.9%	424,656	487,463	62,807	$62,800 surplus due to lower billings in the 0-13 year old CINOT program from less payment to dental professionals, likely due to increased participation in the Healthy Smiles Ontario instead of CINOT.
Total Oral Health, Comm. Disease & Sexual Health Services	***$ 4,610,152***	***$ 4,976,680***	***$ 366,528***	***7.4%***	***$ 4,628,701***	***$ 4,976,680***	***$ 347,979***	
Environmental Health & Chronic Disease & Injury Prevention								
Office of the Director	$ 424,275	$ 424,849	$ 574	0.1%	$ 424,275	$ 424,849	$ 574	No significant variation expected
Environmental Health	2,500,863	2,555,303	54,440	2.1%	2,473,603	2,555,303	81,700	($10,000) Standby-On call costs based on experience to date, ($7,000) for student placements, ($10,000) staffing costs related to cooling tower mapping project. ($15,000) for supplies related to pool inspections and food handler training. $11,000 for consulting services and printing. $35,000 additional food handler training revenue, and $16,000 revenue from the MOHLTC for student placements.
Chronic Disease Prevention	481,917	493,155	11,238	2.3%	481,917	493,155	11,238	$49,948 in Public Health Nursing wages and benefits due to vacancies and reallocation to 100% initiatives partially offset by ($20,000) youth leaders wages & benefits;($18,700) in health promotion campaigns;
Injury Prevention	1,112,799	1,192,350	79,551	6.7%	1,149,350	1,192,350	43,000	$40,900 in salary & benefits primarily in Public Health Nursing & Health Promoter wages and benefits due to vacancies and reallocation to 100% initiatives. Partially offset by ($5,200) in health promotion campaigns.
Vector Borne Disease Program	615,782	615,782	-	0.0%	615,782	615,782	-	No significant variation expected
Small Drinking Water Systems	42,316	42,316	-	0.0%	42,316	42,316	-	No significant variation expected
Total Environmental Health & Chronic Disease & Injury Prev.	***$ 5,177,952***	***$ 5,323,755***	***$ 145,803***	***2.7%***	***$ 5,187,243***	***$ 5,323,755***	***$ 136,512***	

	2013 YTD ACTUAL	2013 YTD BUDGET	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2013 ANNUAL BUDGET	DECEMBER SURPLUS / (DEFICIT)	Comment / Explanation
Family Health Services								
Office of the Director	$ 457,912	$ 622,210	$ 164,298	26.4%	$ 457,912	$ 622,210	$ 164,298	$100,000 in managed vacancies in casual PHN resources; $20,000 relating to delay in electronic documentation; $12,000 in health promotion projects; $30,000 relating to Child & Youth Network which was not provided.
Program Evaluation	306,759	312,613	5,854	1.9%	316,759	312,613	(4,146)	Variance relates to additional wages and benefits to perform the breastfeeding survey and data analysis.
Early Years Team	1,448,084	1,430,043	(18,041)	-1.3%	1,452,552	1,430,043	(22,509)	Increased utilization of casual Public Health Nursing hours to back-fill work due to sick leaves and various accommodations.
Reproductive Health Team	1,324,863	1,359,348	34,485	2.5%	1,327,518	1,359,348	31,830	Surplus in Public Health Nursing wages and benefits due to vacancies and higher than anticipated revenue from the sale of physical activity DVDs and prenatal education.
Best Beginnings Team	488,385	547,839	59,454	10.9%	493,016	547,839	54,823	Surplus relating to a Leave of Absence, public health promotion projects not completed, and lower than client travel, printing and interpretation costs.
Young Adult Team	1,113,235	1,126,077	12,842	1.1%	1,113,736	1,126,077	12,341	Public Health Nursing wages and benefits due to vacancies.
Child Health Team	1,452,161	1,499,684	47,523	3.2%	1,469,912	1,499,684	29,772	Expected surplus is related to position vacancies and expenditures related to Triple P training (staff training) as this opportunity was limited to one person.
Infant Line Program	73,909	58,830	(15,079)	-25.6%	73,909	58,830	(15,079)	Due to overtime costs relating to Full-Time staff performing on-call work.
Let's Grow Program	33,540	37,697	4,157	11.0%	33,540	37,697	4,157	$4,157 lower advertising costs and design work required due to late release of an e-magazine issue.
Total Family Health Services	***$ 6,698,848***	***$ 6,994,341***	***$ 295,493***	***4.2%***	***$ 6,738,854***	***$ 6,994,341***	***$ 255,487***	
Office of the Medical Officer of Health								
Office of the Medical Officer of Health	$ 351,992	$ 451,193	$ 99,201	22.0%	$ 370,193	$ 451,193	$ 81,000	$98,000 due to vacancy, partially offset by ($20,000) hiring costs. Additional hours for administrative support for new Finance Committee ($15,000). $12,750 savings in other professional services, and $5,250 in materials and supplies and other costs.
Communications	324,252	329,965	5,713	1.7%	324,252	329,965	5,713	Reduced costs for Staff Appreciation Day.
Privacy/Occupational Health & Safety	200,381	174,350	(26,031)	-14.9%	200,381	174,350	(26,031)	Additional Administrative Assistant hours for privacy review.
Travel Clinic	74,347	78,917	4,570	5.8%	74,347	78,917	4,570	Savings in printing costs, cell phone, and administrative expenses, as well as revenue from rent.
Emergency Planning	44,278	34,612	(9,666)	-27.9%	44,278	34,612	(9,666)	Additional Administrative Assistant hours for priority projects.
Records / CQI Management	121,643	124,149	2,506	2.0%	121,643	124,149	2,506	Savings related to accreditation fees not paid in 2013.
Total Office of the Medical Officer of Health	***$ 1,116,893***	***$ 1,193,186***	***$ 76,293***	***6.4%***	***$ 1,135,094***	***$ 1,193,186***	***$ 58,092***	
Finance & Operations	***$ 716,898***	***$ 725,992***	***$ 9,094***	***1.3%***	***$ 716,898***	***$ 725,992***	***$ 9,094***	$10,500 due to ULOA, ($3,700) in additional professional development for Director position, and $2,294 anticipated savings realized relating to negotiation of new cellular contract with Rogers and other materials & supplies.
Human Resources & Labour Relations	***$ 804,201***	***$ 798,033***	***$ (6,168)***	***-0.8%***	***$ 804,201***	***$ 798,033***	***$ (6,168)***	$36,000 surplus due to vacant student placement position partially offset by ($13,000) for casual administrative support and ($12,000) for new HRCS Director overlap, and $(18,300) owing to incorrect budget for stator benefits and HR coordinator position, ($5,400) for professional development, $4,600 as a result of not hosting a volunteer appreciation dinner, and $2,000 from other expenses.
Information Technology Services	***$ 855,396***	***$ 1,090,413***	***$ 235,017***	***21.6%***	***$ 915,396***	***$ 1,090,413***	***$ 175,017***	$145,000 saving to due vacancies in various positions as a result of the departure of the IT Director and an LTD claim. $30,000 savings resulting from fewer replacements of computer equipment.
General Expenses & Revenues (rent, utilities and other)	***$ 1,947,169***	***$ 2,096,516***	***$ 149,347***	***7.1%***	***$ 2,227,799***	***$ 2,096,516***	***$ (131,283)***	$(280,000) for Managed Position Vacancy target, offset by positive variances in general materials and supplies $17,500, legal services $67,000, and other professional services of $64,000.
TOTAL COST-SHARED PROGRAMS	**$ 21,927,509**	**$ 23,198,916**	**$ 1,271,407**	**5.5%**	**$ 22,354,186**	**$ 23,198,916**	**$ 844,730**	

	2013 YTD ACTUAL	2013 YTD BUDGET	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2013 ANNUAL BUDGET	DECEMBER SURPLUS / (DEFICIT)	Comment / Explanation
OTHER PROGRAMS								
December 31 Year-End Programs:								
Infectious Disease Control (MOHLTC)	$ 1,166,722	$ 1,166,722	$ -	0.0%	$ 1,166,722	$ 1,166,722	$ -	
Infection Control & Prevention Nurse (MOHLTC)	88,300	88,300	-	0.0%	88,300	88,300	-	
Needle Exchange Program - 100%	234,991	234,991	-	0.0%	234,991	234,991	-	
Social Determinants of Health (MOHLTC)	176,910	176,910	-	0.0%	176,910	176,910	-	
Shared Services Review (PWC)	94,767	101,250	6,483	6.4%	94,767	101,250	6,483	
Website Redevelopment Funding	100,000	100,000	-	0.0%	100,000	100,000	-	
Chief Nursing Officer (MOHLTC)	115,039	119,033	3,994	3.4%	115,039	119,033	3,994	
Smoke Free Ontario (MHP)	1,015,900	1,015,900	-	0.0%	1,015,900	1,015,900	-	
Dental Treatment (User Fees)	243,214	222,412	(20,802)	-	243,214	222,412	(20,802)	Anticipated operating shortfall is due to higher operating costs with no growth in dental fee revenue.
Healthy Babies Healthy Children (MCYS)	2,474,165	2,483,313	9,148	0.4%	2,474,165	2,483,313	9,148	Surplus in staffing costs due to position vacancies.
Healthy Smiles Ontario (MHLTC)	803,152	783,924	(19,228)	-2.5%	803,152	783,924	(19,228)	
Total December 31 Year End Programs	***$ 6,513,160***	***$ 6,492,755***	***$ (20,405)***	***-0.3%***	***$ 6,513,160***	***$ 6,492,755***	***$ (20,405)***	
March 31 Year-End Programs:								
Smart Start for Babies (Federal)	$ 67,131	$ 114,323	$ 47,192	41.3%	$ 152,430	$ 152,430	$ -	
Tyke Talk - Preschool Speech & Language (MCYS)	1,066,982	1,111,736	44,754	4.0%	1,482,315	1,482,315	-	
Blind-Low Vision Program (MCYS)	57,104	119,027	61,923	52.0%	158,702	158,702	-	
Infant Hearing Screening Program (MCYS)	599,038	626,915	27,877	4.4%	835,886	835,886	-	
Panorama Project (MOHLTC)	82,710	172,749	90,039	52.1%	230,332	230,332	-	
Smoke Free Ontario - Demonstration Project	56,630	62,925	6,295	10.0%	83,900	83,900	-	
Shared Library Services Partnership (PHO)	101,497	135,698	34,201	25.2%	180,931	180,931	-	
Total March 31 Year End Programs	***$2,031,092***	***$ 2,343,373***	***$ 312,281***	***13.3%***	***$ 3,124,496***	***$ 3,124,496***	***$ -***	
TOTAL OTHER PROGRAMS	**$ 8,544,252**	**$ 8,836,128**	**$ 291,876**	**3.3%**	**$ 9,637,656**	**$ 9,617,251**	**$ (20,405)**	
TOTAL MIDDLESEX-LONDON HEALTH UNIT	**$ 30,471,761**	**$ 32,035,044**	**$ 1,563,283**	**4.9%**	**$ 31,991,842**	**$ 32,816,167**	**$ 824,325**	

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 08-14FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 12

PUBLIC SECTOR SALARY DISCLOSURE ACT - 2013 RECORD OF EMPLOYEE'S SALARIES AND BENEFITS

Recommendation

It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to receive Report No. 08-14FFC re Public Sector Salary Disclosure Act – 2013 Record of Employee's Salaries and Benefits for information.

Key Points

- The Public Sector Salary Disclosure Act, 1996, requires the Health Unit to disclose salaries and taxable benefits of employees who are paid $100,000 or more in 2013.
- Attached as Appendix A is the report required to be submitted to the Minister of Finance on or before the 5th business day in March 2014.

Background

The Public Sector Salary Disclosure Act, 1996 (the Act) makes Ontario's public sector more open and accountable to taxpayers. The act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid $100,000 or more in a calendar year.

The Act applies to organizations such as the Government of Ontario, Crown Agencies, Municipalities, Hospitals, Boards of Public Health, School Boards, Universities, Colleges, Hydro One, Ontario Power Generation, and other public sector employers who receive a significant level of funding from the provincial government.

Compliance

The main requirement for organizations covered by the Act is to make their disclosure or if applicable to make their statement of no employee salaries to disclose available to the public by March 31st each year. Organizations covered by the Act are also required to send their disclosure or statement to their funding ministry or ministries by the fifth business day of March.

Attached as Appendix A, is the record of employees' 2013 salaries and benefits for the Middlesex-London Health Unit which will be provided to the Minister of Finance prior to March 7, 2014.

This report was prepared by Mr. John Millson, Director, Finance and Operations

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

RECORD OF EMPLOYEES' 2013 SALARIES AND BENEFITS
REGISTRE DES TRAITEMENTS ET AVANTAGES VERSÉS AUX EMPLOYÉS EN 2013

Please refer to the guide Preparing Your Report for the Year 2013, *Public Sector Salary Disclosure Act* before filling out this form.
Se reporter au guide de Préparation du rapport de 2013 aux fins de la *Loi de 1996 sur la divulgation des traitements dans le secteur public* pour remplir la présente formule.

Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	ADAMS	WALLY	Director, Environmental Health & Chronic Disease & Injury Prevention Services/Directeur, services de la Santé environnementale et de la Prévention des maladies chroniques et des blessures	$117,970.41	$762.40
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	BEWICK	DIANE	Director, Family Health Services/Directrice , Soins de santé familiale	$121,158.68	$783.62
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	DHIR	SUMAN	Dentist/Dentiste	$139,084.54	$0.00
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	MACKIE	CHRISTOPHER	Medical Officer of Health & Chief Executive Officer/Médecin hygiéniste et directeur général	$151,839.15	$924.91
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	MILLSON	JOHN	Director, Finance & Operations/Directeur, Finance & opérations	$121,158.68	$783.62
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	TYLER	LOUISE	Director, Human Resources & Labour Relations/Directrice, Ressources humaines et Relations du travail	$121,158.68	$731.26
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	VAN HARTEN	MARIA	Dental Consultant/Conseiller Dentaire	$157,604.85	$1,002.60
2013	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	WARSHAWSKY	BRYNA	Associate Medical Officer of Health & Director, Communicable Diseases & Sexual Health Services/Médecin hygiéniste adjoint et directrice, services des Maladies transmissibles et de la Santé sexuelle	$271,037.98	$1,619.94

RECORD OF EMPLOYEES' 2013 SALARIES AND BENEFITS
REGISTRE DES TRAITEMENTS ET AVANTAGES VERSÉS AUX EMPLOYÉS EN 2013

Please refer to the guide Preparing Your Report for the Year 2013, *Public Sector Salary Disclosure Act* before filling out this form.
Se reporter au guide de Préparation du rapport de 2013 aux fins de la *Loi de 1996 sur la divulgation des traitements dans le secteur public* pour remplir la présente formule.

Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							

This record has been approved by: / Ce registre a été approuvé par :

John Millson, BA, CGA			Director, Finance & Operations
Name / Nom			**Position Title / Poste**
519-663-5317 Ext. 2336			05-Feb-14
Phone Number / Téléphone			**Date / Date**

Prepared under the *Public Sector Salary Disclosure Act, 1996 / Préparé en vertu de la Loi de 1996 sur la divulgation des traitements dans le secteur public.*

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 09-14FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 12

2013 BOARD OF HEALTH REMUNERATION

Recommendation

It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to receive Report No. 09-14FFC re 2013 Board of Health Remuneration for information.

Key Points

- Section 49 of the Health Protection and Promotion Act outlines the reimbursement of Board of Health members.
- In June 2013, the Board of Health struck a new Finance & Facilities Committee to provide additional oversight to the financial management of the Health Unit.

Background

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

Remuneration

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

Expenses

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

Rate of remuneration

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

Member of municipal council

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

In relation to Section 49(6), the Board of Health's meeting rate for 2013 was $139.93 from January to March, and $142.03 from April to December 2013.

2012 Remuneration and Expenses

Under Section 284 (1) of the Municipal Act, the City of London and Middlesex County Administration are required to report on the remuneration paid to Council members, including remuneration paid to members of Council by Boards and Commissions. The remuneration report, attached as Appendix A, includes stipends paid for meetings, reimbursements provided for travel and related expenses that the Health Unit provided to each Board of Health member in 2013.

In June 2013, the Board of Health introduced a new Finance & Facilities Committee with the purpose of providing an advisory and monitoring role to the Board, the Medical Officer of Health and Chief Executive Officer, and the Director of Finance & Operations in administrative and risk management matters relating to the finance and facilities of the organization. The remuneration paid to the following Committee Members is included in the amounts reported in Appendix A:

Ms. Trish Fulton (Chair)
Mr. David Bolton
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Denise Brown

Mr. Al Edmondson continues to be actively involved on the Association of Local Public Health Agencies (alPHa) Board of Directors as President. In addition, Ms. Viola Poletes Montgomery and Mr. Marcel Meyer were actively involved in the recruitment of the new Medical Officer of Health & Chief Executive Officer.

Consistent with Section 49(11) of the Health Protection and Promotion Act, City Councilors Denise Brown, Stephen Orser, and Sandy White did not receive remuneration for any Board of Health or Committee meetings.

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

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

Appendix A

MIDDLESEX-LONDON BOARD OF HEALTH
2013 REMUNERATION REPORT

Board Member	Board/Committee Meetings	Board Mtg. Travel	Other Mtgs./ Conferences	Other Travel & Accomm.	Total
Mr. David Bolton	$ 1,852.69	$ 812.84	$ 845.88	$ -	$ 3,511.41
Ms. Denise Brown[1]	-	-	-	-	-
Mr. Al Edmondson[2]	1,443.40	146.00	4,095.77	1,604.16	7,289.33
Ms. Trish Fulton	2,209.87	26.09	843.78	-	3,079.74
Mr. Marcel Meyer (Chair) [3]	2,491.85	310.45	5,248.81	647.86	8,698.97
Mr. Stephen Orser[1]	-	-	-	-	-
Mr. Ian Peer	2,134.65	-	847.98	-	2,982.63
Ms. Viola Poletes Montgomery[3]	1,318.17	148.31	2,942.73		4,409.21
Ms. Nancy Poole	1,428.70	246.56	985.81	-	2,661.07
Mr. Mark Studenny	1,138.34	258.05	281.96	-	1,678.35
Ms. Sandy White[1]	-	-	-	-	-
TOTAL	**$ 14,017.67**	**$ 1,948.30**	**$ 16,092.72**	**$ 2,252.02**	**$ 34,310.71**

Notes:

1) Remuneration for meetings for City Councillors is included in their annual salary which is paid by the City of London

2) Remuneration for Other Meetings for Mr. Al Edmondson relate to his involvement on the alPHa Board of Directors

3) Remuneration for Other Meetings for Ms. Viola Poletes Montgomery and Mr. Marcel Meyer refelect the additional work they both gave in the search and hiring of the new Medical Officer of Health & Chief Executive Officer.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 10-14FFC

TO: Chair and Members of the Finance and Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 12

LOCALLY DRIVEN COLLABORATIVE PROJECT FUNDING AGREEMENT – PUBLIC HEALTH ONTARIO (PHO)

Recommendation

It is recommended that the Finance and Facilities Committee review and make recommendation to the Board of Health to endorse the Board Chair to sign the Agreement Form for the Locally Driven Collaborative Project as it relates to receiving $75,000 funding from Public Health Ontario.

Key Points

- Public Health Ontario provides up to $75,000 in funding for "locally driven collaborative projects" which are research studies.
- Middlesex-London will be one of three lead agencies for a proposed research study that will aim to identify areas of focus regarding mental health promotion for children and youth.
- This research study will provide direction to Public Health Units which is relevant, evidence-informed, and based on the experiences of research participants.
- Healthy growth and development is an Ontario Public Health Standard within the Child Health section.
- After this study, public health units will be in a better position to move forward with actions to meet the need for mental health promotion in children and youth.

Background

Mental health is an important component to healthy growth and development of children and youth. Ontario Boards of Health have a responsibility to provide programs and services that focus on the healthy growth and development of children and youth.

Public Health Ontario (PHO) provides funding to local health units to collaborate and perform research studies. In 2013, several Ontario health units collaborated and applied for $75,000 to operationalize a research study that aims to focus on child and youth mental health promotion. The funding approval letter is attached as Appendix A.

Role of the Health Unit

The research study called, "Supporting Ontario Public Health Units to Promote the Mental Health of Children and Youth", aims to identify areas of focus regarding mental health promotion for children and youth. A qualitative research design will be used to meet these goals, because it will allow the researchers to gather first-hand information from Public Health Units, mental health organizations and provincial ministries.

The Health Unit will be one of three leads for this research study. Health Unit staff members will work in partnership with Hamilton Public Health Services and Thunder Bay District Health Unit to complete this research study along with nine other public health units and two mental health agencies. Funding of $75,000 has been approved by Public Health Ontario and the money for this project will flow through the Middlesex-London Health Unit. The project will begin March 2014 and finish March 2015. The Agreement Form for this project is attached as Appendix B.

This report was prepared by Mr. John Millson, Director of Finance & Operations, and Ms. Christine Preece, Manager- Family Health Services.

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

Public Health Ontario | Santé publique Ontario

PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

February 3, 2014

Christine Preece
Middlesex-London Health Unit
50 King Street, London, ON N6A 5L7

Re: Cycle 3 Locally Driven Collaborative Projects (LDCP)

Dear Ms. Preece:

Congratulations! I am delighted to inform you that your Cycle 3 Locally Driven Collaborative Project (LDCP) titled *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health* has received conditional approval for funding in the amount of $75,000.

As you know, the next steps include accepting the terms and conditions of this award through the execution of a Transfer Payment Agreement and submission of Acknowledgement Forms. Should you have any questions about these next steps, contact our LDCP team directly by email at **LDCP@oahpp.ca**.

A formal public announcement about the Cycle 3 LDCP funding will be made after Public Health Ontario receives executed Transfer Payment Agreements.

Please extend my congratulations to your team. We look forward to working with you over the next year and beyond.

Sincerely,

Vivek Goel
President and Chief Executive Officer

Professor
Dalla Lana School of Public Health and
Institute of Health Policy, Management and Evaluation
University of Toronto

THE AGREEMENT effective as of the 1st day of February, 2014

B E T W E E N :

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

("**Public Health Ontario**")

- and -

MIDDLESEX-LONDON HEALTH UNIT

(the "**Recipient**")

Background:

1. Public Health Ontario funds projects similar to the project described in Schedule "A"; and

2. The Recipient has applied to Public Health Ontario for funds to assist the Recipient in carrying out the Project and Public Health Ontario wishes to provide such funds.

Consideration:

In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Parties agree as follows:

ARTICLE 1
INTERPRETATION AND DEFINITIONS

1.1 **Interpretation.** For the purposes of interpretation:

(a) words in the singular include the plural and vice-versa;

(b) words in one gender include all genders;

(c) the background and the headings do not form part of the Agreement; they are for reference only and shall not affect the interpretation of the Agreement;

(d) any reference to dollars or currency shall be to Canadian dollars and currency; and

(e) “include”, “includes” and “including” shall not denote an exhaustive list.

1.2 **Definitions.** In the Agreement, the following terms, in addition to any other terms defined herein, shall have the following meanings:

“Act” means the *Ontario Agency for Health Protection and Promotion Act, 2007,* c. 10, Schedule K, as amended or replaced from time to time.

“Agreement” means this agreement entered into between Public Health Ontario and the Recipient and includes all of the schedules listed in section 27.1 and any amending agreement entered into pursuant to section 34.2.

"**BPSAA**" means the *Broader Public Sector Accountability Act, 2010* (Ontario), including any directives issued pursuant to that Act.

“Budget” means the budget attached to the Agreement as Schedule “B”.

“**Supporting Organization(s)**” means one or more public health unit or other organization that is working in collaboration with the Recipient to carry out the Project.

“**Conditions Precedent”** means the conditions precedent to the provision by Public Health Ontario of Funds pursuant to this Agreement as set out in Article 4;

“Effective Date” means the date set out at the top of the Agreement.

“Event of Default” has the meaning ascribed to it in section 14.1.

“Force Majeure” has the meaning ascribed to it in Article 25.

“Funding Year” means:

(a) in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31; and

(b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on April 1 following the end of the previous Funding Year and ending on the following March 31.

“Funds” means the money provided by Public Health Ontario to the Recipient pursuant to the Agreement, and “**Funding**” shall have the corresponding meaning.

“Indemnified Parties” means the Ontario Agency for Health Protection and Promotion, its directors, officers, agents, appointees and employees.

"Maximum Funds" means $75,000.

"Notice" means any communication given or required to be given pursuant to the Agreement.

"Notice Period" means the period of time within which the Recipient is required to remedy an Event of Default, and includes any such period or periods of time by which Public Health Ontario considers it reasonable to extend that time.

"Parties" means Public Health Ontario and the Recipient.

"Party" means either Public Health Ontario or the Recipient.

"Project" means the undertaking described in Schedule "A".

"Reports" means the reports described in Schedule "D".

"Timelines" means the Project schedule set out in Schedule "A".

ARTICLE 2
REPRESENTATIONS, WARRANTIES AND COVENANTS

2.1 **General.** The Recipient represents, warrants and covenants that:

(a) it is, and shall continue to be for the term of the Agreement, a validly existing legal entity with full power to fulfill its obligations under the Agreement;

(b) it has, and shall continue to have for the term of the Agreement, the experience and expertise necessary to carry out the Project; and

(c) unless otherwise provided for in the Agreement, any information the Recipient provided to Public Health Ontario in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and shall continue to be true and complete for the term of the Agreement.

2.2 **Execution of Agreement.** The Recipient represents and warrants that:

(a) it has the full power and authority to enter into the Agreement; and

(b) it has taken all necessary actions to authorize the execution of the Agreement.

2.3 **Governance.** The Recipient represents, warrants and covenants that it has, and shall maintain, in writing, for the period during which the Agreement is in effect:

(a) a code of conduct and ethical responsibilities at all levels of the Recipient's organization;

(b) procedures to ensure the ongoing effective functioning of the Recipient;

(c) decision-making mechanisms;

(d) procedures to provide for the prudent and effective management of the Funds;

(e) procedures to enable the successful completion of the Project;

(f) procedures to enable the timely identification of risks to the completion of the Project and strategies to address the identified risks;

(g) procedures to enable the preparation and delivery of all Reports required pursuant to Article 7; and

(h) procedures to deal with such other matters as the Recipient considers necessary to ensure that the Recipient carries out its obligations under the Agreement.

2.4 **Supporting Documentation.** Upon request, the Recipient shall provide Public Health Ontario with proof of the matters referred to in this Article 2.

ARTICLE 3
TERM OF THE AGREEMENT

3.1 **Term.** The term of the Agreement shall commence on the Effective Date and shall expire on July 31, 2015 unless terminated earlier pursuant to Article 12, Article 13 or Article 14.

ARTICLE 4
CONDITIONS PRECEDENTS, FUNDS AND CARRYING OUT THE PROJECT

4.1 **Conditions Precedent to First Payment.** The obligation of Public Health Ontario to make its first payment of Funds under this Agreement is subject to satisfaction by the Recipient of each of the following conditions:

(a) Public Health Ontario shall have received the insurance certificate or

other documents provided for in section 11.2;

(b) the representations and warranties of the Recipient set forth in Article 2 shall continue to be true and correct; and

(c) no Event of Default or event or condition which, with notice or lapse of time, or both, would constitute an Event of Default shall have occurred or be continuing.

(d) the Recipient has received an acknowledgement in writing, in a form acceptable to Public Health Ontario acting reasonably, that all Supporting Organizations have read and understand the Agreement and agree to assist the Recipient in meeting the obligations therein.

4.2 **Conditions Precedent to Subsequent Payments**. The obligation of Public Health Ontario to make each subsequent payment of Funds under this Agreement is subject to satisfaction by the Recipient of each of the following conditions:

(a) the representations and warranties of the Recipient set forth in Article 2 shall continue to be true and correct;

(b) no Event of Default or event or condition which, with notice or lapse of time, or both, would constitute an Event of Default shall have occurred or be continuing; and

(c) Public Health Ontario shall have received the applicable Reports (both financial and those documenting the progress of the Project) as set forth in Schedule "D".

4.3 **Satisfaction of Conditions Precedent**. The Recipient shall notify Public Health Ontario as soon as is reasonably practicable of the satisfaction of the applicable Conditions Precedent described in sections 4.1 and 4.2 and such notification shall include, as an attachment, all relevant information and documentation evidencing the satisfaction of such Conditions Precedent.

4.4 **Waivers.** The Conditions Precedent set out in Article 4 are for the sole benefit of Public Health Ontario, and may be waived by Public Health Ontario in whole or in part in respect of any particular payment of Funds, without prejudicing Public Health Ontario's right to assert them in whole or in part in respect of any other payment of Funds.

4.5 **Funds Provided.** Public Health Ontario shall:

(a) provide the Recipient up to the Maximum Funds for the purpose of carrying out the Project;

(b) provide the Funds to the Recipient in accordance with the payment schedule attached to the Agreement as Schedule "C"; and

(c) deposit the Funds into an account designated by the Recipient provided that the account:

(i) resides at a Canadian financial institution; and

(ii) is in the name of the Recipient.

4.6 **Limitation on Payment of Funds.** Despite anything in this Agreement, Public Health Ontario:

(a) is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project; and

(b) may adjust the amount of Funds it provides to the Recipient in any Funding Year based upon Public Health Ontario's assessment of the information provided by the Recipient pursuant to section 7.1.

4.7 **Funding Contingent on Appropriation.** Pursuant to the *Financial Administration Act* (Ontario), if Public Health Ontario does not receive the necessary appropriation from the Ontario Legislature for payment under the Agreement, Public Health Ontario shall not be obligated to make any such payment, and, as a consequence, Public Health Ontario:

(a) may reduce the amount of the Funds and, in consultation with the Recipient, change the Project; or

(b) may immediately terminate the Agreement pursuant to section 13.1.

4.8 **Use of Funding and Project.** The Recipient shall:

(a) carry out the Project:

(i) in accordance with the terms and conditions of the Agreement; and

(ii) in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to any aspect of the Project;

(b) use the Funds only for the purpose of carrying out the Project;

(c) spend the Funds only in accordance with the Budget; and

(d) not use the Funds or any portion thereof to offset any expenses respecting the Project incurred by the Recipient in a previous Funding Year.

4.9 **No Changes.** The Recipient shall:

(a) not make any changes to the Project, the Timelines and/or the Budget without the prior written consent of Public Health Ontario; and

4.10 **Interest Bearing Account.** If Public Health Ontario provides Funds to the Recipient prior to the Recipient's immediate need for the Funds, the Recipient shall place the Funds in an interest bearing account in the name of the Recipient at a Canadian financial institution.

4.11 **Interest.** If the Recipient earns any interest on the Funds:

(a) Public Health Ontario may deduct an amount equal to the interest from any further instalments of Funds; or

(b) the Recipient shall pay an amount equal to the interest to Public Health Ontario as directed by Public Health Ontario.

4.12 **Maximum Funds.** The Recipient acknowledges that the Funds available to it pursuant to the Agreement shall not exceed the Maximum Funds.

4.13 **Rebates, Credits and Refunds.** The Recipient acknowledges that the amount of Funds available to it pursuant to the Agreement is based on the actual costs to the Recipient, less any costs (including taxes) for which the Recipient has received, will receive, or is eligible to receive, a rebate, credit or refund.

ARTICLE 5
ACQUISITION OF GOODS AND SERVICES, AND DISPOSAL OF ASSETS

5.1 **Acquisition.** Subject to section 32.1, if the Recipient acquires supplies, equipment or services with the Funds, it shall do so through a process that promotes the best value for money.

5.2 **Disposal.** The Recipient shall not, without Public Health Ontario's prior written consent, sell, lease or otherwise dispose of any asset purchased with the Funds or for which Funds were provided, the cost of which exceeded $1,000 at the time of purchase.

ARTICLE 6
CONFLICT OF INTEREST

6.1 **No Conflict of Interest.** The Recipient shall carry out the Project and use the Funds without an actual, potential or perceived conflict of interest.

6.2 **Conflict of Interest Includes.** For the purposes of this Article, a conflict of

interest includes any circumstances where:

(a) the Recipient; or

(b) any person who has the capacity to influence the Recipient's decisions,

has outside commitments, relationships or financial interests that could, or could be seen to, interfere with the Recipient's objective, unbiased and impartial judgment relating to the Project and the use of the Funds.

6.3 **Disclosure to Public Health Ontario.** The Recipient shall:

(a) disclose to Public Health Ontario, without delay, any situation that a reasonable person would interpret as either an actual, potential or perceived conflict of interest; and

(b) comply with any terms and conditions that Public Health Ontario may prescribe as a result of the disclosure.

ARTICLE 7
REPORTING, ACCOUNTING AND REVIEW

7.1 **Preparation and Submission.** The Recipient shall:

(a) submit to Public Health Ontario at the address provided in section 18.1, all Reports in accordance with the timelines and content requirements set out in Schedule "D", or in a form as specified by Public Health Ontario from time to time;

(b) submit to Public Health Ontario at the address provided in section 18.1, any other reports as may be requested by Public Health Ontario in accordance with the timelines and content requirements specified by Public Health Ontario;

(c) deliver to Public Health Ontario a report setting out the amounts and sources of third party funds, including grants, which the Recipient has received or expects to receive in respect of the Project, at such times as may be specified by Public Health Ontario,

(d) ensure that all Reports and other reports are completed to the satisfaction of Public Health Ontario; and

(e) ensure that all Reports and other reports are signed on behalf of the Recipient by an authorized signing officer.

7.2 **Record Maintenance.** The Recipient shall keep and maintain:

(a) all financial records (including invoices) relating to the Funds or otherwise to the Project in a manner consistent with generally accepted accounting principles; and

(b) all non-financial documents and records relating to the Funds or otherwise to the Project.

7.3 **Inspection.** Public Health Ontario, its authorized representatives or an independent auditor identified by Public Health Ontario may, at its own expense, upon twenty-four hours' Notice to the Recipient and during normal business hours, enter upon the Recipient's premises to review the progress of the Project and the Recipient's expenditure of the Funds and, for these purposes, Public Health Ontario, its authorized representatives or an independent auditor identified by Public Health Ontario may:

(a) inspect and copy the records and documents referred to in section 7.2; and

(b) conduct an audit or investigation of the Recipient in respect of the expenditure of the Funds and/or Project.

7.4 **Disclosure.** To assist in respect of the rights set out in section 7.3, the Recipient shall disclose any information requested by Public Health Ontario, its authorized representatives or an independent auditor identified by Public Health Ontario, and shall do so in a form requested by Public Health Ontario, its authorized representatives or an independent auditor identified by Public Health Ontario, as the case may be.

7.5 **No Control of Records.** No provision of the Agreement shall be construed so as to give Public Health Ontario any control whatsoever over the Recipient's records.

7.6 **Auditor General.** For greater certainty, Public Health Ontario's rights under this Article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

ARTICLE 8
CREDIT, OWNERSHIP AND USE OF MATERIALS

8.1 **Acknowledge Support.** Unless otherwise directed by Public Health Ontario, the Recipient shall, and shall ensure that all Supporting Organizations shall, in a form

approved by Public Health Ontario, acknowledge the support of Public Health Ontario in any publication of any kind, written or oral, relating to the Project.

8.2 **Publication.** The Recipient shall, and shall ensure that all Supporting Organizations shall, indicate in any of its/their publications of any kind, written or oral, relating to the Project, that the views expressed in the publication are the views of the Recipient and/or Supporting Organizations and do not necessarily reflect those of Public Health Ontario.

8.3 **Public Health Ontario Entitled to Disclose.** Public Health Ontario shall be entitled to disclose the name of the Recipient and all Supporting Organizations and any general information about the Project in Public Health Ontario forums, website and publications.

8.4 **Ownership.** Subject to section 8.5, all material of any kind relating to the Project and produced by the Recipient and Supporting Organizations and all copyright and other intellectual property rights in that material shall belong to the Recipient and Supporting Organizations.

8.5 **Grant of License.** The Recipient hereby grants, and shall ensure that all Supporting Organizations grant, to Public Health Ontario, a non-exclusive, royalty-free license to use, reproduce and modify, for Public Health Ontario purposes, any material relating to the Project and produced by the Recipient and/or Supporting Organizations, including distributing it, as Public Health Ontario, in its sole discretion, considers appropriate, provided Public Health Ontario appropriately acknowledges the Recipient and Supporting Organizations.

8.6 **Notice of Proposed Publication.** Despite section 8.4, the Recipient shall notify Public Health Ontario at least 60 days before it publishes any material relating to the Project and produced by the Recipient and provide a copy of the material it proposes to publish to Public Health Ontario at that time. The Recipient shall ensure that all Supporting Organizations comply with the requirements set out in this section.

8.7 **Material Provided by Public Health Ontario.** Any information and/or material provided to the Recipient by Public Health Ontario or received by the Recipient of behalf of Public Health Ontario, including all copyright and other intellectual property rights in such material, shall continue to belong to Public Health Ontario and shall be kept confidential by the Recipient. The Recipient shall ensure that all Supporting Organizations comply with the requirements set out in this section.

ARTICLE 9
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

9.1 **FIPPA.** The Recipient acknowledges that Public Health Ontario is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to Public Health Ontario in connection with the Project or otherwise in connection with the Agreement may be subject to disclosure in accordance with that Act.

ARTICLE 10
INDEMNITY

10.1 **Indemnification.** The Recipient hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, by whomever made, sustained, incurred, brought or prosecuted, in any way arising out of or in connection with the Project or otherwise in connection with the Agreement, unless solely caused by the negligence or wilful misconduct of Public Health Ontario.

ARTICLE 11
INSURANCE

11.1 **Recipient's Insurance.** The Recipient represents and warrants that it has, and shall maintain for the term of the Agreement, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out a project similar to the Project would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury and property damage, to an inclusive limit of not less than two million dollars ($2,000,000) per occurrence. The policy shall include the following:

(a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Recipient's obligations under, or otherwise in connection with, the Agreement;

(b) a cross-liability clause;

(c) contractual liability coverage; and

(d) a 30 day written notice of cancellation, termination or material change.

11.2 **Proof of Insurance.** The Recipient shall provide Public Health Ontario with certificates of insurance pursuant to section 4.1(a), or other proof as may be requested by Public Health Ontario, that confirms the insurance coverage as provided for in section 11.1. Upon the request of Public Health Ontario, the Recipient shall make available to Public Health Ontario a copy of each insurance policy.

ARTICLE 12
TERMINATION ON NOTICE

12.1 **Termination on Notice.** Public Health Ontario may terminate the Agreement at any time upon giving at least 30 days Notice to the Recipient.

12.2 **Consequences of Termination on Notice by Public Health Ontario.** If Public Health Ontario terminates the Agreement pursuant to section 12.1, Public Health Ontario may:

(a) cancel all further instalments of Funds;

(b) demand the repayment of any Funds remaining in the possession or under the control of the Recipient; and/or

(c) determine the reasonable costs for the Recipient to wind down the Project, and:

(i) permit the Recipient to offset the costs determined pursuant to section 12.2(c) against the amount owing pursuant to section 12.2(b); and/or

(ii) subject to section 4.12, provide Funds to the Recipient to cover the costs determined pursuant to section 12.2(c).

ARTICLE 13
TERMINATION WHERE NO APPROPRIATION

13.1 **Termination Where No Appropriation.** If, as provided for in section 4.7, Public Health Ontario does not receive the necessary appropriation from the Ontario Legislature for any payment Public Health Ontario is to make pursuant to the Agreement, Public Health Ontario may terminate the Agreement immediately by giving Notice to the Recipient.

13.2 **Consequences of Termination Where No Appropriation.** If Public Health Ontario terminates the Agreement pursuant to section 13.1, Public Health Ontario may:

(a) cancel all further instalments of Funds;

(b) demand the repayment of any Funds remaining in the possession or under the control of the Recipient; and/or

(c) determine the reasonable costs for the Recipient to wind down the Project and permit the Recipient to offset such costs against the amount owing pursuant to section 13.2(b).

13.3 **No Additional Funds.** For purposes of clarity, if the costs determined pursuant to section 13.2(c) exceed the Funds remaining in the possession or under the control of the Recipient, Public Health Ontario shall not provide additional Funds to the Recipient.

ARTICLE 14
EVENT OF DEFAULT, CORRECTIVE ACTION AND TERMINATION FOR DEFAULT

14.1 **Events of Default.** Each of the following events shall constitute an "**Event of Default**":

(a) in the opinion of Public Health Ontario, the Recipient breaches any representation, warranty, covenant or other material term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

(i) carry out the Project;

(ii) use or spend Funds; and/or

(iii) provide, in accordance with section 7.1, Reports or such other reports as may have been requested pursuant to section 7.1(b);

(b) the nature of the Recipient's operations, or its organizational structure, changes such that it no longer meets one or more of the applicable eligibility requirements of the program under which Public Health Ontario provides the Funds;

(c) the Recipient makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver;

(d) the Recipient ceases to operate; and

(e) an event of Force Majeure that continues for a period of 60 days or more.

14.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, Public Health Ontario may, at any time, take one or more of the following actions:

(a) initiate any action Public Health Ontario considers necessary in order to facilitate the successful continuation or completion of the Project;

(b) provide the Recipient with an opportunity to remedy the Event of Default;

(c) suspend the payment of Funds for such period as Public Health Ontario determines appropriate;

(d) reduce the amount of the Funds;

(e) cancel all further installments of Funds;

(f) demand the repayment of any Funds remaining in the possession or under the control of the Recipient;

(g) demand the repayment of an amount equal to any Funds the Recipient used but did not use in accordance with the Agreement;

(h) demand the repayment of an amount equal to any Funds Public Health Ontario provided to the Recipient; and/or

(i) terminate the Agreement at any time, including immediately, upon giving Notice to the Recipient.

14.3 **Opportunity to Remedy.** If, in accordance with section 14.2(b), Public Health Ontario provides the Recipient with an opportunity to remedy the Event of Default, Public Health Ontario shall provide Notice to the Recipient:

(a) of the particulars of the Event of Default; and

(b) the Notice Period.

14.4 **Recipient not Remedying.** If Public Health Ontario has provided the Recipient with an opportunity to remedy the Event of Default pursuant to section 14.2(b) and:

(a) the Recipient does not remedy the Event of Default within the Notice Period;

(b) it becomes apparent to Public Health Ontario that the Recipient cannot completely remedy the Event of Default within the Notice Period; or

(c) the Recipient is not proceeding to remedy the Event of Default in a way that is satisfactory to Public Health Ontario,

Public Health Ontario may extend the Notice Period, or initiate any one or more of the actions provided for in sections 14.2 (a). (c). (d), (e), (f), (g), (h) and (i).

14.5 **When Termination Effective.** Termination under this Article shall take effect as set out in the Notice.

ARTICLE 15
FUNDS AT THE END OF A FUNDING YEAR

15.1 **Funds at the End of a Funding Year.** Without limiting any rights of Public Health Ontario under Article 14, if the Recipient has not spent all of the Funds allocated for the Funding Year as provided for in the Budget, Public Health Ontario may:

(a) demand the return of the unspent Funds; or

(b) adjust the amount of any further instalments of Funds accordingly.

ARTICLE 16
FUNDS UPON EXPIRY

16.1 **Funds Upon Expiry.** The Recipient shall, upon expiry of the Agreement, return to Public Health Ontario any Funds remaining in its possession or under its control.

ARTICLE 17
REPAYMENT

17.1 **Debt Due.** If:

(a) Public Health Ontario demands the payment of any Funds or any other money from the Recipient; or

(b) the Recipient owes any Funds or any other money to Public Health Ontario, whether or not their return or repayment has been demanded by Public Health Ontario,

such Funds or other money shall be deemed to be a debt due and owing to Public Health Ontario by the Recipient, and the Recipient shall pay or return the amount to Public Health Ontario immediately, unless Public Health Ontario directs otherwise.

17.2 **Interest Rate.** Public Health Ontario may charge the Recipient interest on any money owing by the Recipient at the then current interest rate charged by Public Health Ontario of Ontario on accounts receivable.

17.3 **Payment of Money to Public Health Ontario.** The Recipient shall pay any money owing to Public Health Ontario by cheque payable to the "Ontario Agency for Health Protection and Promotion" and mailed to Public Health Ontario at the address provided in section 18.1.

ARTICLE 18
NOTICE

18.1 **Notice in Writing and Addressed.** Notice shall be in writing and shall be delivered by email, postage-prepaid mail, personal delivery or facsimile, and shall be addressed to Public Health Ontario and the Recipient respectively as set out below:

To Public Health Ontario:
Public Health Ontario
480 University Avenue
Suite 300
Toronto, Ontario
M5G 1V2
Attention: Vinita Haroun,
Manager, Research & Ethics

Fax: 416.260.7600
Email: vinita.haroun@oahpp.ca

To the Recipient:
Middlesex-London Health Unit
50 King Street
London, ON
N6A 5L7
Attention: Christine Preece
Manager, Family Health Services

Fax: 519.617.0579
Email: Christine.preece@mlhu.on.ca

18.2 **Notice Given.** Notice shall be deemed to have been received:

(a) in the case of postage-prepaid mail, seven days after such Notice is mailed; or

(b) in the case of email, personal delivery or facsimile, on the day such Notice is received by the other Party.

18.3 **Postal Disruption.** Despite section 18.2(a), in the event of a postal disruption:

(a) Notice by postage-prepaid mail shall not be deemed to be received; and

(b) the Party giving Notice shall provide Notice by email, personal delivery or by facsimile.

ARTICLE 19
CONSENT BY PUBLIC HEALTH ONTARIO

19.1 **Consent.** Public Health Ontario may impose any terms and/or conditions on any consent Public Health Ontario may grant pursuant to the Agreement.

ARTICLE 20
SEVERABILITY OF PROVISIONS

20.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement shall not affect the validity or enforceability of any other provision of the Agreement. Any invalid or unenforceable provision shall be deemed to be severed.

ARTICLE 21
WAIVER

21.1 **Waivers in Writing.** If a Party fails to comply with any term of the Agreement, that Party may only rely on a waiver of the other Party if the other Party has provided a written waiver in accordance with the Notice provisions in Article 18. Any waiver must refer to a specific failure to comply and shall not have the effect of waiving any subsequent failures to comply.

ARTICLE 22
INDEPENDENT PARTIES

22.1 **Parties Independent.** The Recipient acknowledges that it is not an agent, joint venturer, partner or employee of Public Health Ontario and the Recipient shall not take any actions that could establish or imply such a relationship.

ARTICLE 23
ASSIGNMENT OF AGREEMENT OR FUNDS

23.1 **No Assignment.** The Recipient shall not assign any part of the Agreement or the Funds without the prior written consent of Public Health Ontario.

23.2 **Agreement to Extend.** All rights and obligations contained in the Agreement shall extend to and be binding on the Parties and their respective heirs, executors, administrators, successors and permitted assigns.

ARTICLE 24
GOVERNING LAW

24.1 **Governing Law.** The Agreement and the rights, obligations and relations of the Parties shall be governed by and construed in accordance with the laws of Public Health Ontario of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement shall be conducted in Ontario.

ARTICLE 25
FURTHER ASSURANCES

25.1 **Agreement into Effect.** The Recipient shall do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to its full extent.

ARTICLE 26
CIRCUMSTANCES BEYOND THE CONTROL OF EITHER PARTY

26.1 **Force Majeure Means.** Subject to section 26.3, **"Force Majeure"** means an event that:

(a) is beyond the reasonable control of a Party; and

(b) makes a Party's performance of its obligations under the Agreement impossible, or so impracticable as reasonably to be considered impossible in the circumstances.

26.2 **Force Majeure Includes.** Force Majeure includes:

(a) infectious diseases, war, riots and civil disorder;

(b) storm, flood, earthquake and other severely adverse weather conditions;

(c) lawful act by a public authority; and

(d) strikes, lockouts and other labour actions,

if such events meet the test set out in section 26.1.

26.3 **Force Majeure Shall Not Include.** Force Majeure shall not include:

(a) any event that is caused by the negligence or intentional action of a Party or such Party's agents or employees; or

(b) any event that a diligent Party could reasonably have been expected to:

(i) take into account at the time of the execution of the Agreement; and

(ii) avoid or overcome in the carrying out of its obligations under the Agreement.

26.4 **Failure to Fulfil Obligations.** Subject to section 14.1(e), the failure of either Party to fulfil any of its obligations under the Agreement shall not be considered to be a breach of, or Event of Default under, the Agreement to the extent that such failure to fulfill the obligation arose from an event of Force Majeure, if the Party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures, all with the objective of carrying out the terms and conditions of the Agreement.

ARTICLE 27
SURVIVAL

27.1 **Survival.** The provisions in Article 1, any other applicable definitions, sections 4.11(b), 5.2, 7.1 (to the extent that the Recipient has not provided the Reports or other reports as may be requested by Public Health Ontario to the satisfaction of Public Health Ontario), 7.2, 7.3, 7.4, 7.5, 7.6, Articles 8 and 10, sections 12.2, 13.2, 13.3, 14.1, 14.2 (d), (e), (f) (g) and (h), Articles 16, 17, 18, 20, 24, 27, 28,

30, 31 and 34, and all applicable cross-referenced provisions and schedules shall continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement**.**

ARTICLE 28
SCHEDULES

28.1 **Schedules.** The Agreement includes the following schedules:

(a) Schedule “A” - Project Description and Timelines;

(b) Schedule “B” - Budget;

(c) Schedule “C” - Payment Schedule; and

(d) Schedule “D” - Reports.

ARTICLE 29
COUNTERPARTS

29.1 **Counterparts.** The Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

ARTICLE 30
JOINT AND SEVERAL LIABILITY

30.1 **Joint and Several Liability.** Where the Recipient is comprised of more than one entity, all such entities shall be jointly and severally liable to Public Health Ontario for the fulfillment of the obligations of the Recipient under the Agreement.

ARTICLE 31
RIGHTS AND REMEDIES CUMULATIVE

31.1 **Rights and Remedies Cumulative.** The rights and remedies of Public Health Ontario are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

ARTICLE 32
BPSAA

32.1 **BPSAA.** For the purposes of clarity, if the Recipient is subject to the BPSAA and there is a conflict between any of the requirements of the Agreement and the requirements of the BPSAA, the BPSAA shall prevail.

ARTICLE 33
FAILURE TO COMPLY WITH OTHER AGREEMENTS

33.1 **Other Agreements**. If the Recipient:

(a) has failed to comply (a "Failure") with any term, condition or obligation under any other agreement with Public Health Ontario;

(b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;

(c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and

(d) such Failure is continuing,

Public Health Ontario may suspend the payment of Funds for such period as Public Health Ontario determines appropriate.

ARTICLE 34
ENTIRE AGREEMENT

34.1 **Entire Agreement.** The Agreement, together with the attached schedules listed in s.28.1, constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

34.2 **Modification of Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.

[*Signature page immediately follows*]

The Parties have executed the Agreement on the dates set out below.

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

_____ _____
Name: George Pasut Date
Title: VP, Science and Public Health

MIDDLESEX-LONDON HEALTH UNIT

_____ _____
Name: Date
Position:

_____ _____
Name: Date
Position:

I/We have authority to bind the Recipient.

SCHEDULE "A"

PROJECT DESCRIPTION AND TIMELINES

Project Title

Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health

Background

The burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers and more than seven times that of all infectious diseases. The majority of mental health problems have their onset during childhood or adolescence. Not only do these experiences cause difficulties at their onset, they can disrupt important life transitions, developmental milestones and be burdensome throughout one's lifespan. Ontario population health data reflects that children and youth are dealing with significant mental health and substance use concerns.

In Ontario, the core business of public health units is illness prevention and health promotion. However, a recent survey of Ontario public health units reveals that a specific role for public health and health promotion approaches in addressing child and youth mental health has not been well articulated at the provincial level. This includes a lack of role clarity within the Ontario Public Health Standards (OPHS) and the provincial mental health and addictions strategy. This is a concern, since health promotion, prevention, and early identification are critical strategies for reducing the lifelong burden of mental illness and addictions.

Despite responding to local mental health needs where possible, public health stakeholders in Ontario have identified being ill-prepared to effectively engage in illness prevention and health promotion in the area of mental health using evidence-based approaches. Overall, public health stakeholders identify a lack of a clear role as a barrier to more effectively addressing the mental health of children and youth in their communities.

Research Question

What are the evidence-informed areas of focus for child and youth mental health promotion initiatives that are consistent with the core principles of Ontario's public health system?

Project Objectives

1. To explore existing frameworks and best practices for mental health promotion in children and youth aged 0 – 19 years to define areas of focus that align with public health principles of need, impact, capacity, partnership, and collaboration.
2. To explore common assumptions, knowledge, and beliefs of provincial stakeholders around priorities and gaps in areas of focus in mental health promotion for children and youth aged 0 – 19 years.
3. Through consultation with public health leaders, confirm alignment of the identified key areas of focus with the core principles of Ontario's public health system.

Scope of Project

1. This project will aim to identify areas of focus for mental health promotion in children and youth. These areas of focus will be evidence-informed and shaped by provincial stakeholders. The areas of focus will be in alignment with the core principles of Ontario's public health system.
2. The outcomes from the proposed research may provide the basis for future research exploring the application of the areas of focus at the public health unit level.
3. The findings from this study may assist in providing direction to public health stakeholders and decision makers across Ontario on how to further incorporate mental health promotion into existing public health programs.

Timeline

Milestone 1: Project Administration	
Description of Activity: Confirm involvement of academic partner and establish clear roles and responsibilities; develop role description for the research coordinator; arrange in-person meeting including booking space, lunch and equipment; locate opportunity for NVivo training and register; engage transcriptionist; hire research coordinator; and conduct in-person team meeting and delineate sub-groups and membership roles.	
Duration in Weeks: 12	**Completion Date:** April 18, 2014

Milestone 2: Determine process for literature review

Description of Activity:
Engage library services; finalize scoping review parameters; identify search terms; identify relevant academic and grey literature; and develop a process for identifying key areas of focus for child and youth mental health from the literature.

Duration in Weeks: 3	**Completion Date:** March 21, 2014

Milestone 3: Completion of literature search and analysis of literature

Description of Activity:
Research coordinator, in collaboration with library services, to conduct literature search under the guidance of the project team; research coordinator to conduct initial review of the literature using the identified process; and project team to analyze literature.

Duration in Weeks: 4	**Completion Date:** April 18, 2014

Milestone 4: Complete research ethics review process

Description of Activity:
Research coordinator and academic partner, under the guidance of the project team, to submit project to an academic research ethics review at Western University; research coordinator, under the guidance of the project team, to determine if independent health units require separate ethics reviews and submit project to relevant health unit research ethics boards. This will include drafting materials for recruitment and informed consent (e.g., introduction letter and consent form).

Duration in Weeks: 3	**Completion Date:** April 11, 2014

Milestone 5: Organize one-to-one interviews with provincial stakeholders

Description of Activity:
Pilot test interview guide and incorporate pilot feedback to finalize guide; Complete qualitative interview training with subgroup; revise and distribute introduction letter and consent form; and follow up to arrange initial interviews with stakeholders.

Duration in Weeks: 5	**Completion Date:** May 16, 2014

Milestone 6: Complete one-to-one interviews with provincial stakeholders

Description of Activity:
Conduct key informant interviews with provincial stakeholders in the location of stakeholder's choice.

Duration in Weeks: 4	**Completion Date:** June 13, 2014

Milestone 7: Complete transcription of one-to-one interviews

Description of Activity:
Complete transcription of interviews immediately following each interview (not to be transcribed in bulk).

Duration in Weeks: 6	**Completion Date:** June 27, 2014

Milestone 8: Complete analysis of one-to-one interviews

Description of Activity:
NVivo research software training; arrange in-person analysis working group meeting for 2 days; import data into NVivo software; complete line by line coding with analysis sub-committee; complete axial coding and category development/thematic analysis with the analysis working group; and return to participants with follow up questions subsequent to analysis.

Duration in Weeks: 7 (beginning June 2, 2014)	**Completion Date:** July 18, 2014

Milestone 9: Organize focus groups with public health leaders

Description of Activity:
Pilot test interview guide and incorporate pilot feedback to finalize guide; Research coordinator, under the guidance of the project team, to organize venues and distribute invitations for 7 focus groups; project team to establish buy-in from their geographic locations and follow up with designated public health leaders as appropriate.

Duration in Weeks: 7	**Completion Date:** September 5, 2014

Milestone 10: Complete focus groups with public health leaders	
Description of Activity: Conduct 7 focus groups with PHU representatives in each geographic location.	
Duration in Weeks: 6	**Completion Date:** October 17, 2014
Milestone 11: Complete transcription of focus groups	
Description of Activity: Engage a transcriptionist and complete transcription of all focus groups.	
Duration in Weeks: 6 (beginning September 22, 2014)	**Completion Date:** October 31, 2014
Milestone 12: Complete analysis of focus groups	
Description of Activity: Import data into NVivo software; complete line-by-line coding with the analysis working group; complete axial coding and category development/thematic analysis with the analysis working group; and share thematic analysis of all findings with the team and discuss KE plans.	
Duration in Weeks: 6	**Completion Date:** December 12, 2014
Milestone 13: Complete report on research findings	
Description of Activity: Under the guidance of the project team, research coordinator to complete report on research findings	
Duration in Weeks: 7	**Completion Date:** January 30, 2015
Milestone 14: Knowledge Exchange (KE)	
Description of Activity: Generate interest and awareness of topic through methods identified in KE plan and provide summary report to all 36 Ontario Public Health Units.	
Duration in Weeks: 20	**Completion Date:** June 30, 2015

SCHEDULE "B"

BUDGET

CATEGORY	AMOUNT
Personnel	$27,300
Students	$0
Materials and Supplies	$3,725
Services	$16,025
Equipment	$5,550
Travel	$16,410
Knowledge Exchange	$5,990
Other	$0
TOTAL	**$75,000**

SCHEDULE "C"

PAYMENT SCHEDULE

PAYMENT DATE OR MILESTONE	AMOUNT
February 1, 2014	**$25,000**
July 1, 2014	**$25,000**
October 1, 2014	**$19,010**
April 1, 2015	**$5,990**

SCHEDULE "D"

REPORTS

	Name of Report	Due Date
1.	Quarterly Financial Report #1	By June 1, 2014
2.	Quarterly Financial Report #2	By September 1, 2014
3.	Interim Activity Report # 1	By September 1, 2014
4.	Quarterly Financial Report #3	By December 1, 2014
5.	Interim Activity Report #2	By March 1, 2015
6.	Interim Financial Report #4	By March 1, 2015
7.	Final Activity Report	By July 1, 2015
8.	Final Financial Report	By July 1, 2015
9.	Reports specified from time to time	As specified by PHO

Report Details

1. **Quarterly Financial Report #1**
   This report contains a financial progress update for the first 3 months of the funding period (February 1, 2014 – April 30, 2014).

   The report will specify actual expenditures/revenues against the approved budget and any resulting variances.

2. **Quarterly Financial Report #2**
   This report contains a financial progress update for the next 3 months of the funding period (May 1, 2014 – July 31, 2014).

   The report will specify actual expenditures/revenues against the approved budget and any resulting variances.

3. **Interim Activity Report #1**
   This report contains an activity progress update for the first 6 months of the funding period (February 1, 2014 – July 31, 2014).

   The report will document achievements in relation to the agreed upon objectives and/or project requirements in relation to the project timeline.

4. **Quarterly Financial Report #3**
   This report contains a financial progress update for the next 3 months of the funding period (August 1, 2014 – October 31, 2014).

   The report will specify actual expenditures/revenues against the approved budget and any resulting variances.

5. **Quarterly Financial Report #4**
   This report contains a financial progress update for the next 3 months of the funding period (November 1, 2014 – January 31, 2015).

   The financial section will specify actual expenditures/revenues against the approved budget and any resulting variances.

6. **Interim Activity Report #2**
   This report contains an activity progress for the next 6 months of the funding period (August 1, 2014 – January 31, 2015).

   The report will document achievements in relation to the agreed upon objectives and/or project requirements in relation to the project timeline.

7. **Final Financial Report**
   This report contains a financial progress update for the final 5 months of the funding period (February 1, 2015 – June 30, 2015).

   The financial section will specify actual expenditures/revenues against the approved budget and any resulting variances.

8. **Final Activity Report**
   This report contains an activity progress for the next 6 months of the funding period (February 1, 2015 – June 30, 2015).

   The report will document achievements in relation to the agreed upon objectives and/or project requirements in relation to the project timeline.