DRAFT AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

Wednesday, 7:00 p.m.
2014 February 26

MISSION - MIDDLESEX-LONDON BOARD OF HEALTH

The mission of the Middlesex-London Health Unit is to promote wellness, prevent disease and injury, and protect the public's health through the delivery of public health programs, services and research.

MEMBERS OF THE BOARD OF HEALTH

Mr. David Bolton
Ms. Denise Brown (Vice Chair)
Mr. Al Edmondson
Ms. Patricia Fulton
Mr. Marcel Meyer (Chair)
Mr. Stephen Orser
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Mark Studenny
Ms. Sandy White

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

BUSINESS ARISING FROM THE MINUTES

SCHEDULE OF APPOINTMENTS

7:05 - 7:20 p.m.	Mr. Bill Rayburn, CAO, Middlesex County re Item #1 re Zoning Application for 50 King Street
7:20 – 7:35 p.m.	Mr. Ian Peer, Committee Member, Finance and Facilities Committee re Item # 2 Report 014-14 re Finance and Facilities Committee – January 29 and February 12, 2014 meetings
7:35 – 7:55 p.m.	Mr. John Millson, Director of Finance and Operations re Item #3 Report 015-14 re 2014 Budget Overview

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
1	Zoning Application for 50 King Street Verbal Report		x			To inform Board of Health members about the zoning application for 50 King Street when a re development of the property is necessary
Committee Reports						
2	Finance and Facilities Committee (FFC) Report – January 29 and February 12, 2014 (Report 014-14)	Appendix A Appendix B	x	x		To receive information and consider recommendations from the January 29th and February 12th FFC meetings
Other Delegation and Recommendation Reports						
3	2014 Budget Overview (Report 015-14)	Appendix A Appendix B Appendix C	x	x		To consider the 2014 Planning and Budget Templates from all Service Areas in the Health Unit and request Board approval based on FFC recommendations
4	Baby-Friendly Initiative (Report 016-14)		x	x		To request Board of Health endorsement of the revised policy and complete an annual orientation
5	Health Unit Participation in FoodNet Canada (Report 017-14)	Appendix A		x		To request Board of Health approval for the Health Unit to participate in FoodNet Canada
Information Reports						
6	Tobacco Enforcement Program – 2013 Year in Review (Report 018-14)				x	To provide a summary of the tobacco enforcement program in Middlesex-London in 2013
7	Medical Officer of Health Activity Report – February (Report 019-14)				x	To provide an update on the activities of the MOH for February

CONFIDENTIAL

OTHER BUSINESS

Next Board of Health Meeting: Thursday, March 20, 2014

CORRESPONDENCE

a) Date: 2014 January 15 (Received 2014 January 21)
Topic: Support of Community Water Fluoridation
From: Mr. Barry Ward, Chair, Board of Health, Simcoe Muskoka District Health Unit
To: The Honourable Deb Matthews, Minister of Health and Long-Term Care

b) Date: 2014 January 22 (Received 2014 January 28)
Topic: Response to letter from Middlesex-London Board of Health re amendments to the Smoke-Free Ontario Act.
From: The Honourable Deb Matthews, Minister of Health and Long-Term Care
To: Mr. Marcel Meyer, Chair, Board of Health

c) Date: 2014 January 27 (Received 2014 January 29)
Topic: The Cost of Healthy Eating
From: Mr. Daryl Vaillancourt, Chair, Board of Health, North Bay Parry Sound District Health Unit
To: The Honourable Deb Matthews, Minister of Health and Long-Term Care

d) Date: 2014 January 31 (Received 2014 February 3)
Topic: Ontario Budget 2014
From: Ms. Mary Johnson, President, Association of Local Public Health Agencies
To: The Honourable Charles Sousa, Ontario Minister of Finance

e) Date: 2014 February 05 (Received 2014 February 21)
Topic: Bicycle Lanes in Middlesex County
From: Ms. Joanne Vanderheyden, Warden, Middlesex County
To: Mr. Marcel Meyer, Chair, Board of Health

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

ADJOURNMENT

DRAFT PUBLIC SESSION – MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2014 January 16

MEMBERS PRESENT:	Mr. David Bolton Ms. Denise Brown Mr. Al Edmondson Mr. Marcel Meyer (Chair) Mr. Stephen Orser (Vice-Chair) Mr. Ian Peer Ms. Viola Poletes Montgomery Ms. Nancy Poole Mr. Mark Studenny Ms. Sandy White
REGRETS:	Ms. Trish Fulton
OTHERS PRESENT:	Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services Ms. Laura DiCesare, Director, Human Resources and Corporate Strategy Mr. Dan Flaherty, Manager, Communications Mr. Ross Graham, Manager, Strategic Projects Dr. Christopher Mackie, Medical Officer of Health & CEO Mr. John Millson, Director, Finance and Operations Dr. Chimere Okoronkwo, Manager Oral Health Mr. David Pavletic, Manager Environmental Health Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder) Mr. Alex Tyml, Online Communications Coordinator Dr. Bryna Warshawsky, Associate Medical Officer of Health and Director, Oral Health, Communicable Disease & Sexual Health Services
MEDIA OUTLETS:	None

Dr. Christopher Mackie, Medical Officer of Health & CEO, called the meeting to order at 7:00 p.m. and welcomed Board members and attendees to the 2014 inaugural meeting of the Board of Health.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Dr. Mackie inquired if there were any disclosures of conflict of interest to be declared. None were declared at this time.

APPROVAL OF AGENDA

It was moved by Ms. Brown, seconded by Mr. Orser *that the **AGENDA** for the January 16, 2014 Board of Health meeting be approved.*

Carried

ELECTION OF OFFICERS

1) Election of Officers (Report No. **001-14**)

After discussion, it was moved by Ms. Brown, seconded by Mr. Orser *that Board of Health Bylaw No. 3 Section 18 be amended to include the following statement: "The Chair of the Board of Health shall be elected for one year by majority vote. The Chair may serve as Chair for a second year, if approved by a majority vote".*

Carried

Dr. Mackie opened the floor for nominations for the position of Chair of the Board of Health for 2014.

It was moved by Ms. Brown, seconded by Mr. Orser *that Mr Meyer be elected Chair of the Board of Health for the year 2014.*

Carried

Mr. Meyer agreed to stand for election.

Dr. Mackie invited further nominations three times. Hearing no further nominations or objections, nominations were closed.

Mr. Meyer assumed the Chair. He opened the floor for nominations for the position of Vice-Chair of for 2014.

It was moved by Ms. Brown, seconded by Mr. Peer *that Mr. Orser be elected Vice-Chair of the Board of Health for the year 2014.*

Carried

Mr. Orser agreed to stand for election.

Mr. Meyer invited further nominations three times. Hearing no further nominations or objections, nominations were closed. Mr. Meyer then opened the floor for nominations for the position of Secretary-Treasurer for 2014.

It was moved by Ms. Poletes Montgomery, seconded by Ms. Poole *that Dr. Christopher Mackie be elected Secretary-Treasurer of the Board of Health for 2014.*

Carried

Dr. Mackie agreed to stand for election.

Chair Meyer invited further nominations three times. Hearing no further nominations or objections, nominations were closed.

Mr. Meyer announced that the election of 2014 Officers was now closed.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Edmondson *that the Finance and Facilities Committee of the Board of Health be recognized for 2014 with the following members: Ms. Trish Fulton, Mr. Marcel Meyer (as Chair of the Board), Mr. Ian Peer, Mr. David Bolton, and Mr. Stephen Orser (as Vice-Chair of the Board).*

Carried

BUSINESS ARISING FROM THE MINUTES

It was discussed at the January 16, 2014 Board of Health meeting that the proposed February meeting date of February 20, 2014, conflicted with the Winter Symposium of the Association of Local Public Health Agencies (alPHa); therefore, the meeting date would have to be changed. Board members reviewed their schedules and it was decided that the February meeting will be held on Wednesday, February 26, 2014.

APPROVAL OF MINUTES

It was moved by Ms. Poletes Montgomery, seconded by Ms. White *that the **MINUTES** of the December 12, 2013 Board of Health meeting be approved.*

Carried

COMMITTEE REPORTS

2) Finance and Facilities Committee (FFC) Report, January 9th Meeting (Report No. **002-14**)

Mr. Bolton presented Report No. **002-14** re the January 9th Finance and Facilities Committee meeting in Ms. Fulton absence.

Business Arising from the January 9th FFC meeting

It was moved by Mr. Bolton, seconded by Mr. Studenny *that the Board of Health defer approval of the 2014 Planning and Budget templates until the templates from all six Service Areas have been received.*

Carried

It was moved by Ms. White, seconded by Ms. Poletes Montgomery *that the Finance and Facilities Committee and Management staff be commended on their commitment to the 2014 Planning and Budget process.*

Carried

It was moved by Mr. Bolton, seconded by Ms. Poletes Montgomery *that the Board of Health receive Report 002-14, including the draft public session minutes of the January 9, 2014 Finance and Facilities Committee meeting for information.*

Carried

ACTION REPORTS

3) Governance Committee – Draft Terms of Reference (Report No. **003-14**)

Dr. Mackie assisted Board members with their understanding of this report.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Bolton *that the Board of Health approve the draft terms of reference for the Governance Committee attached as Appendix A*

Carried

It was moved by Mr. Peer, seconded my Mr. Bolton *that the Terms of Reference be amended to state that the Vice Chair does not have to be part of the Governance Committee.*

Carried

Chair Meyer asked for nominations for Governance Committee members.

It was moved by Mr. Peer, seconded by Ms. Poletes Montgomery *that Mr. Studenny be appointed to the Governance Committee.*

Carried

It was moved by Ms. Brown seconded by Mr. Orser *that Mr. Meyer be appointed to the Governance Committee for 2014.*

Carried

It was moved by Ms. Poole seconded by Mr. Edmondson *that Ms. Poletes Montgomery be appointed to the Governance Committee for 2014.*

Carried

It was moved by Ms. Poletes Montgomery seconded by Mr. Bolton *that Mr. Edmondson be appointed to the Governance Committee for 2014.*

It was moved by Mr. Peer seconded by Ms. Brown *that Ms. White be appointed to the Governance Committee for 2014.*

Carried

All nominated agreed to stand as appointees to the Governance Committee.

It was moved by Mr. Peer, seconded by Mr. Studenny *that nominations for the Governance Committee be closed.*

Carried

The Governance Committee (made up of Mr. Edmondson, Mr. Meyer, Ms. Poletes Montgomery, Mr. Studenny and Ms. White) set its first meeting for March 20, 2014 at 6:00 in the Boardroom prior to the Board of Health meeting.

4) Current Accreditation Status and Relevant Developments (Report No. **004-14)**

It was moved by Mr. Edmondson, seconded by Ms. White:

1. *That the Board of Health receive Report No. 004-14 re Current Accreditation Status and Relevant Developments for information, and*
2. *That the Board of Health request an additional report in 2014 to identify expected costs and benefits of pursuing accreditation with an external body.*

Carried

5) Access to Dental Care (Report No. 005-14)

Dr. Maria VanHarten, Dental Consultant, assisted Board members with their understanding of this report using a PowerPoint presentation.

In response to a question about prevention of oral health problems, Dr. VanHarten responded that community fluoridation is vital for prevention as it reaches all ages and income levels. Dr. VanHarten also explained that the School of Dentistry at Western University Schools does provide services to individuals with lower incomes; however, the demand is too great, and the school is over capacity.

It was moved by Ms. Brown, seconded by Mr. Orser *that the Board of Health direct staff to advocate that the Ministry of Health and Long-Term Care develop a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors.*

Carried

It was moved by Ms. Poletes Montgomery, seconded by Ms. Brown *that the Board of Health send a letter to the Minister of Health and Long-Term Care and local Members of Provincial Parliament, copied to the Association of Local Public Health Agencies and all Ontario Boards of Health to advocate for a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors.*

Carried

INFORMATION REPORTS

6) Oral Health Report 2013 (Report No. **006-14**)

Discussion ensued about why some students are missed, including smaller schools may only be visited once or parents may not give permission for their child to be screened by the Health Unit oral health program. Dr. VanHarten also explained that the Health Unit does not screen patients in long-term care facilities as there are not any oral health programs offering financial aid to adults.

7) Changes to Oral Health Programs (Report No. **007-14**)

It was moved by Mr. Bolton, seconded by Mr. Studenny *that Report No. 006-14 re Oral Health Report 2013 and Report No. 007-14 re Changes to Oral Health Programs be received for information.*

Carried

8) Middlesex-London Health Unit Supports Continued Funding for Bike Lanes (Report No. **008-14**)

It was moved by Mr. Studenny, seconded by Ms. White *that the Board of Health send a letter in support of Bike Lanes to the City of London and Middlesex County.*

Carried

9) Revised Public Health Funding and Accountability Agreement (Report No. **009-14**)

10) Annual Performance Report on the Strategic Directions (Report No. **010-14**)

It was moved by Mr. Orser, seconded by Mr. Peer *that items # 8 through #10 be received for information.*

Carried

11) Meat Processing Inspections: New Responsibilities (Report No. **011-14**)

Mr. Wally Adams, Director, Environmental Health, and Mr. Dave Pavletic, Manager, Environmental Health, assisted Board members with their understanding of this report. Mr. Adams explained that the Ministry of Health and Long-Term Care will provide training for Public Health Inspectors; however, additional funding for the program is uncertain.

It was moved by Ms. Brown, seconded by Mr. Bolton *that Report No. 011-14 re Meat Processing Inspections: New Responsibilities be received for information.*

Carried

It was moved by Ms. Brown, seconded by Mr. Bolton *that staff report back to the Board in six months or sooner stating the impacts of the new responsibilities in meat processing facilities on the Health Unit.*

Carried

12) Medical Officer of Health Activity Report – January (Report No. **012-14**)

It was moved by Mr. Studenny, seconded by Ms. White *that Report No. 012-14 re Medical Officer of Health Activity Report – January be received for information.*

Carried

CONFIDENTIAL

At 8:40 p.m., it was moved by Mr. Studenny, seconded by Ms. White *that the Board of Health go in camera to discuss personal matters about an identifiable individual and to discuss a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 9:30 p.m., it was moved by Mr. Studenny, seconded by Mr. Orser that *the Board of Health return to a public forum and report that progress was made in personal matters about an identifiable individual and matters concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health*.

Carried

Dr. Mackie presented a book created by the Health Unit for children that promotes a healthy lifestyle. The resource will be made available to the public once the online edition is available.

CORRESPONDENCE

There were no questions about the correspondence.

OTHER BUSINESS

Next scheduled Board of Health Meeting: **Wednesday, February 26, 2014 at 7:00 p.m.**

ADJOURNMENT

At 9:35 p.m., it was moved by Ms. Brown, seconded by Mr. Orser *that the meeting be adjourned.*

Carried

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MARCEL MEYER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 014-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 26

FINANCE AND FACILITIES COMMITTEE REPORTS: JANUARY 29 AND FEBRUARY 12, 2014

The Finance and Facilities Committee (FFC) met at 9:00 a.m. on January 29 (**Jan. 29th Agenda)** and on February 12, 2014 (**Feb. 12th Agenda**). The public minutes from the two meetings are attached as **Appendix A (Jan. 29th)** and Appendix B (draft Feb. 12th). The following reports were discussed at the meetings and recommendations made:

Reports from Jan 29th	Summary of Discussion	Recommendations for Board of Health's Consideration
50 King St. Generator – verbal report	The Ad Hoc Committee met prior to the Jan. 29 FFC meeting. After discussion, the group made recommendations to the FFC. The proposed generator should: 1. Provide enough power to run the 2 rooms with fridges for vaccines and the 2 server rooms (telephones and computers) 2. Run emergency systems such as lighting and fire suppression 3. Be a 3-phase generator fueled by natural gas	Staff will develop a Draft Request for Proposals that will be reviewed by the Finance and Facilities Committee that will then make a recommendation(s) to the Board
Healthy Communities Partnership Grant (03-14FFC)	The Ministry of Health and Long Term Care provides funds to healthy community partnerships to coordinate planning and action around policies that make it easier for Ontarians to lead healthy and active lives.	The FFC recommends *that Board of Health 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*
2014 Budget Process (04-14C)	The FFC reviewed the Planning and Budget Templates for Office of the Medical Officer of Health (OMOH) and Oral Health, Communicable Disease Prevention & Sexual Health Services (OHCDSHS)	FFC will report to the Board of Health re the 2014 Planning and Budget Templates for OMOH and OHCDSHS at the February Board of Health meeting (see Report 015-14)

Reports from Feb 12th	Summary of Discussion	Recommendations for Board of Health's Consideration
2014 Planning Process and Budget Templates (05-14C)	The FFC reviewed the Planning and Budget Templates for Family Health Services (FHS), Human Resources and Labour Relations (HRLR) and General Expenses and Revenues (GER)	FFC will report to the Board of Health re the 2014 Planning and Budget Templates for FHS, HRLR and GER at the February Board of Health meeting (see Report 015-14)
2014 Budget Overview (06-14FFC)	Mr. Millson provided a revised budget summary and highlighted the revisions that have been made to the documents. Chair Fulton expressed thanks to the Committee members and members of the Senior Leadership Team for their commitment and thorough work on the templates.	A revised version of Report 06-14FFC is the subject of Board of Health Report 015-14 of the February 26, 2014 Board of Health meeting
2013 4th Quarter Variance Report (07-14FFC)		The FFC recommends *that the Board of Health:* *1) Receive Report No 07-14FFC re 2013 Budget Variance Report to December 31st; and further,* *2) 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 further,* *3) Defer decisions regarding contributions to reserves and reserve funds until further discussions have occurred with municipal funders and audited financial statements are available.*
2013 Public Sector Salary Disclosure (08-14FFC)		The FFC recommends *that the Board of Health receive Report No. 08-14FFC re Public Sector Salary Disclosure Act – 2013 Record of Employee's Salaries and Benefits for information*
2013 Board of Health Remuneration (09-14FFC)		The FFC recommends *that the Board of Health receive Report No. 09-14FFC re 2013 Board of Health Remuneration for information*
Locally Driven Collaboration Project Funding Agreement – Public Health Ontario (010-14FFC)		The FFC recommends *that the Board of Health 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*

CONFIDENTIAL

On January 29th, the FFC moved in camera to discuss a matter subject to solicitor-client privilege and to to discuss a proposed or pending acquisition of land by the Middlesex-London Board of Health.

On February 12th, the FFC moved in camera to discuss a matter concerning litigation or potential litigation affecting the Middlesex-London Health Unit.

OTHER BUSINESS

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

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

This report addresses the Ontario Public Health Organizational Standards

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), as well as emergency systems such as lighting and fire suppression. The committee also recommends to the FFC that the proposed generator be three-phase 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 discussed the indicators and program changes proposed in the templates. Discussion ensued about these programs.

The Committee recommended that staff be commended on the increase in Health Unit staff members getting their flu shot to 88%. The model of flu shot promotion could be emulated by other Health Care agencies with great effect.

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

Dr. Mackie described 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 undergo 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

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TRISH FULTON **CHRISTOPHER MACKIE**
Chair **Secretary-Treasurer**

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2014 February 12 9:30 a.m.

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

OTHERS PRESENT:
Mr. Wally Adams, Director, Environmental Health & Chronic Disease Prevention
Ms. Diane Bewick, Director, Family Health Services & CNO
Ms. Laura DiCesare, Director, Human Resources and Corporate Strategy
Dr. Christopher Mackie, Medical Officer of Health & CEO
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:
Mr. Jonathan Sher, London Free Press (until 11:00 a.m.)

At 9:30 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the February 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 February 12, 2014 Finance and Facilities Committee be approved noting that Item 6.1.will be deferred.*

Carried

3. APPROVAL OF MINUTES January 29, 2014

It was moved by Mr. Bolton, seconded by Mr. Meyer *that the Public Minutes from the January 29, 2014 Finance and Facilities Meeting be approved.*

Carried

It was moved Mr. Bolton, seconded by Mr. Orser *that the Confidential Minutes from the January 29, 2014 Finance and Facilities Meeting be approved.*

Carried

4. BUSINESS ARISING FROM THE MINUTES

None

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)

Service Area #5 Family Health Services

Ms. Diane Bewick, Director, Family Health Services, assisted Committee members with their understanding of the templates associated with the Family Health Services area. One program area that the Committee asked to make a special note about was "Screening, Assessment & Intervention". For example, the tykeTALK program is 100% funded by the province, and the Health Unit administers the program for three health units: Middlesex-London, Elgin-St. Thomas and Oxford. This Health Unit provides a great deal of in-kind contributions to the program that currently are not reimbursed by the Province or the other two health units. This issue may need to be explored by the Board in the future.

It was moved by Mr. Orser, seconded by Mr. Peer *that the Committee take a five minute break and resume at 11:00 a.m.*

Carried

Service Area #6 Human Resources and Labour Relations

Ms. Laura DiCesare, Director, Human Resources and Corporate Strategy, assisted Committee members with their understanding of the 2014 Planning and Budget Template for Human Resources and Labour Relations.

Discussion ensued about Performance Measures for all programs and services. Some program outcomes may take several years to be realized, while others can show numerical outcomes more readily (e.g., an employee wellness program could be linked to reductions in sick time). It was agreed that performance measures should consider outputs as well as outcomes where possible.

General Expenses and Revenues

Mr. John Millson, Director, Finance and Operations, assisted Committee members with their understanding of the 2014 Planning and Budget Template for General Expenses and Revenues which includes areas such as Managed Gapping, Leases and Budgeted Reserves. Two Reserve Funds were discussed: an *Infrastructure & Facilities Fund* and a *Salary Stabilization Fund*). A Board of Health policy states the maximum amount that can be contributed to Reserve Funds each year. Discussion ensued about contributing to reserves versus reporting a deficit and how the two options relate to the legislation. Management staff will continue to work with the City and County about Reserve Funds. The Committee members agreed that all funds, including those coming from reserves, will be spent transparently.

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

1) *That the Finance and Facilities Committee receive the 2014 Planning and Budget Templates for Family Health Services (FHS), attached as Appendix A to Report No. 05-14FFC; 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 to Report No. 05-14FFC; 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 to Report No. 05-14FFC; 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.*

Carried

5.2. 2014 Budget Overview (06-14FFC)

Mr. Millson provided a revised budget summary and highlighted the revisions that have been made to the documents. Mr. Millson used a PowerPoint presentation to summarize the process starting with the recommendations made by PricewaterhouseCoopers and concluding with 2014 draft budget recommendations. Dr. Mackie and Mr. Millson assisted the committee in interpreting the report.

It was moved by Mr. Orser, seconded by Mr. Bolton *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 $33,380, 083 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.*

Carried

Chair Fulton expressed thanks to the Committee members and members of the Senior Leadership Team for their commitment and thorough work on the templates.

5.3 2013 4th Quarter Variance Report (07-14FFC)

Mr. Millson assisted Committee members with their understanding of this report.

It was moved by Mr. Orser, seconded by Mr. Bolton *that the Finance & Facilities Committee review and recommend that the Board of Health:*

1) *Receive Report No 07-14FFC re 2013 Budget Variance Report to December 31st; and further,*

2) *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 further,*

3) *Defer decisions regarding contributions to reserves and reserve funds until further discussions have occurred with municipal funders and audited financial statements are available.*

Carried

5.4 2013 Public Sector Salary Disclosure (08-14FFC)

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

Carried

5.5 2013 Board of Health Remuneration (09-14FFC)

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

Carried

5.6 Locally Driven Collaboration Project Funding Agreement – Public Health Ontario (10-14FFC)

Mr. Millson assisted Committee members with their understanding of this report.

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

Carried

6. CONFIDENTIAL

At 1:15 p.m., it was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee go in camera to discuss a matter concerning litigation or potential litigation affecting the Middlesex-London Health Unit.*

Carried

At 1:35 p.m., it was moved by Mr. Bolton, seconded by Mr. Orser *that the Finance and Facilities Committee return to public forum and report that information was discussed about a matter concerning litigation or potential litigation affecting the Middlesex-London Health Unit.*

Carried

OTHER BUSINESS

The Committee agreed to cancel the March 6, 2014, Finance and Facilities Committee meeting. The next meeting of this Committee will be April 3, 2014 at 9:00 a.m.

8. ADJOURNMENT

At 1:40 p.m., it was moved by Mr. Orser, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

_____ _____

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 015-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 26

2014 BUDGET OVERVIEW

Recommendations

The Finance and Facilities Committee recommends that the Board of Health:

1) Approve the 2014 Operating Budget in the gross amount of $33,380, 083 as appended to Report No. 015-14 re 2014 Budget Overview; and further

2) Forward Report No. 015-14 to the City of London and the County of Middlesex for information; and

3) Direct staff to submit the 2014 Operating Budget in the Ministry of Health and 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%.

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 three Finance & Facilities Committee meetings the members reviewed the Planning & Budget Templates for Finance & Operations Services; Information Technology Services; Environmental Health& Chronic Disease Prevention Services; Office of the Medical Officer of Health; Oral Health, Communicable Diseases and Sexual Health Services; Family Health Services; Human Resources & Labour Relations and General Expenses and Revenues.

2014 Proposed Board of Health Budget

On June 20, 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 ($308,024) in provincial funding for the Mandatory Programs and a 0% increase for the remaining programs. Appendix C provides a summary of budget changes by cost category. As can be seen, the proposed 2014 budget includes an increase of $303,286 or 0.92%. Table 2 below provides a summary of budget changes.

Table 2 – Summary of 2014 Budget Changes

Amount	Description
$ 235,163	Increase relating to PBMA proposals
(535,163)	Position vacancy management
450,000	Planned contributions to reserve funds
158,024	Salary & benefit increases
(27,738)	Reduction in one-time 100% provincial grants
23,000	Increase in other revenue and user fees
$ 303,286	**Total increase in expenditures/revenues**

The increase in the 2014 operating budget of $303,286 are primarily as a result of program changes identified through the PBMA process, additional savings through position vacancy management, planned contributions to reserve funds, expected salary and benefits adjustments and changes to revenue sources.

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

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

This report addresses the Ontario Public Health Organizational Standards

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**	

**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**	

**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.

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**	

**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- Revised: Feb. 12/14

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	2,376,620	2,623,417	2,362,776	2,362,776	-	0.0%
	Total Oral Health, Comm. Disease & Sexual Health Services	***$ 8,264,551***	***$ 8,656,086***	***$ 8,289,519***	***$ 8,321,081***	***$ 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- Revised: Feb. 12/14

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***	***$ 735,151***	***$ 730,371***	***$ 758,349***	***$ 826,804***	***$ 68,455***	***9.0%***
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**	**$ 33,076,797**	**$ 33,380,083**	**$ 303,286**	**0.9%**
	Funding Sources						
	Cost-Shared	$ 22,880,405	$ 22,592,044	$ 23,198,916	$ 23,506,940	$ 308,024	1.3%
	Ministry of Health and Long Term Care (100%)	4,039,257	4,227,862	3,778,818	3,768,818	$ (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**	**$ 33,076,797**	**$ 33,380,083**	**$ 303,286**	**0.9%**

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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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Program: Office of the Associate Medical Officer of Health

% 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	$ 606,429	$ 606,429	$ 0	0.0%
Other Program Costs	76,268	85,985	122,941	122,941		
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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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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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.

2014 Planning & Budget Template

Program: Infectious Disease Control

SECTION J

PRESSURES AND CHALLENGES

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

2014 Planning & Budget Template

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.

2014 Planning & Budget Template

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

2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

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

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2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

SECTION F STAFFING COSTS:	2013 TOTAL FTEs	2014 ESTIMATED FTEs
	17.5	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.

2014 Planning & Budget Template

Program: The Clinic and Sexual Health Promotion

SECTION J

PRESSURES AND CHALLENGES

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

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2014

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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Program: Oral Health Program

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

SECTION B

SUMMARY OF TEAM PROGRAM

The overall goal of the Oral Health Team is to improve the oral health status of the target population, which is particularly focused on children. The Team achieves this through identifying those at risk of poor oral health outcomes and ensuring they have appropriate information, education and access to oral health care.

SECTION C

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

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

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

2014 Planning & Budget Template

Program: Oral Health Program

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 School screening

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

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

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

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

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

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

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

COMPONENT(S) OF TEAM PROGRAM #5 Fluoride

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

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Program: Oral Health Program

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

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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

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

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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	$ 1,182,951	$ 1,148,081	$ 1,275,253	$ 1,275,253	$ 0	0.0%
Other Program Costs	1,193,669	1,475,336	1,087,523	1,087,523		
Total Expenditures	**$ 2,376,620**	**$ 2,623,417**	**$ 2,362,776**	**$ 2,362,776**	**$ 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	$ 1,225,879	$ 1,225,879	$ 0	0.0%
MOHLTC – 100%	839,747	1,174,084	751,567	751,567		
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	**$ 2,376,620**	**$ 2,623,417**	**$ 2,362,776**	**$ 2,362,776**	**$ 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.

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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.

2014 Planning & Budget Template

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

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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2014 Planning & Budget Template

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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2014 Planning & Budget Template

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.

2014 Planning & Budget Template

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).

2014 Planning & Budget Template

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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2014 Planning & Budget Template

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

SECTION B

Summary of Team Program

- 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)

2014 Planning & Budget Template

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

2014 Planning & Budget Template

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)

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

2014 Planning & Budget Template

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 Public Health Inspectors Program Assistant Note: 2.0 Student Public Health Inspectors (Seasonal – May to August)	1.0 6.0 0.5	1.0 6.0 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	$ 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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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 (Casual)	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.

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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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.

2014 Planning & Budget Template

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	**14.4**
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

2014 Planning & Budget Template

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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2014 Planning & Budget Template

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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2014 Planning & Budget Template

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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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.

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.
- MLHU provides administrative services such as office space, governance, human resources, finance, and IT. There is some allowance for this in provincial funding agreements. However, most of this is provided in-kind.

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.

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).

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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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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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

2014 Planning & Budget Template

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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OFFICE OF THE MEDICAL OFFICER OF HEALTH

OMOH & TRAVEL CLINIC

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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

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.

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.

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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%**

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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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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2014 Planning & Budget Template

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	$ 723,651	$ 716,495	$ 746,849	$ 815,304	$ 68,455	9.2%
Other Program Costs	11,500	13,876	11,500	11,500		
Total Expenditures	**$ 735,151**	**$ 730,371**	**$ 758,349**	**$ 826,804**	**$ 68,455**	**9.0%**

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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	$ 703,870	$ 689,793	$ 725,992	$ 794,447	$ 68,455	9.4%
MOHLTC – 100%	31,281	40,578	32,357	32,357	0	
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 735,151**	**$ 730,371**	**$ 758,349**	**$ 826,804**	**$ 68,455**	**9.0%**

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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2014 Planning & Budget Template

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 recommended contract changes.

SECTION J

PRESSURES AND CHALLENGES

- Implementation of the Board of Health Reserve / Reserve Fund Policy with the addition of two new reserve funds.
- 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.

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 two new reserve funds, one for an annual contribution of $250,000 for costs associated with the Boards of Health's use of property and periodic IT expenses, and another $200,000 annually for a new reserve fund to mitigate specific inflationary pressures.

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
2014 PROPOSED BUDGET SUMMARY

Appendix C

	2012 Budget	2012 Actual	2013 Budget	2014 Budget	$ increase/ ($ decrease) over 2013	% increase/ (% decrease) over 2013
Middlesex-London Health Unit Expenditures						
Personnel Costs	$ 25,968,222	$ 25,602,048	$ 26,053,841	$ 25,944,806	$ (109,035)	-0.4%
Program Costs	$ 4,858,267	$ 5,307,422	$ 4,837,210	$ 4,907,581	$ 70,371	1.5%
General Administrative Expenses	2,328,756	2,387,413	2,185,746	2,077,696	$ (108,050)	-4.9%
Reserve Fund Contributions	-	-	-	450,000	$ 450,000	#DIV/0!
TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	**$ 33,155,245**	**$ 33,296,883**	**$ 33,076,797**	**$ 33,380,083**	**$ 303,286**	**0.9%**
Funding Sources						
Cost-Shared	$ 22,880,405	$ 22,592,044	$ 23,198,916	$ 23,506,940	$ 308,024	1.3%
Ministry of Health and Long Term Care (100%)	4,039,257	4,227,862	3,778,818	3,768,818	$ (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**	**$ 33,076,797**	**$ 33,380,083**	**$ 303,286**	**0.9%**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 016-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 26

BABY-FRIENDLY INITIATIVE

Recommendation

It is recommended that the Board of Health endorse the proposed Baby-Friendly organizational policy changes as outlined in Report No. 016-14 re Baby-Friendly Initiative.

Key Points

- The Baby-Friendly Initiative (BFI) is a global evidence-based strategy that promotes, protects, and supports the initiation and continuation of breastfeeding. All Ontario Health Units are required to work towards achievement of Baby-Friendly designation.
- Implementation targets related to organizational policy orientation, staff education, resource and curricula review for BFI compliancy, data collection planning and community outreach have been met so far. This Health Unit began the formal BFI designation process in November 2013.
- Our Baby-Friendly Organization Policy has been revised and requires review and endorsement by the Board of Health (BOH). BOH members must complete an annual orientation to this policy.

Background

Breastfeeding increases the health and development of infants and children, and provides health, social, and economic advantages to women, families, and society in general. Current recommendations from the World Health Organization advise exclusive breastfeeding for the first six months, with continued breastfeeding up to two years and beyond. The Baby-Friendly Initiative (BFI) is a global evidence-based strategy that promotes, protects, and supports the initiation and continuation of breastfeeding.

The Ministry of Health and Long Term Care selected Baby-Friendly designation as an Accountability Agreement Performance Indicator for all public health units in Ontario. The Health Unit signed a Certificate of Intent to begin the implementation process in November 2011. The implementation process has clearly defined steps laid out by both the Ministry and the Breastfeeding Committee for Canada, the national designation authority.

Progress Update on the Implementation of the Baby-Friendly Initiative

The implementation process for the Baby-Friendly Initiative includes a comprehensive mix of policy implementation, staff education, review and revision of curricula and resources, practice changes, data collection and community outreach. The implementation plan identified early in 2012 has been successful in leading the Health Unit through these requirements, and preparing the Health Unit to begin the BFI designation process.

The following steps have been taken since the Baby-Friendly Organization Policy 2-070 was endorsed and BOH members received an initial orientation to the policy **(Report 119-12)**:

1. The Baby-Friendly Organization Policy has recently been reviewed and enhanced to provide further guidance related to key BFI practices. This revised policy currently requires review and endorsement from the Board of Health, and it will be presented at the February 26th meeting.
2. All staff and most volunteers have completed policy orientation and education activities, with BFI requirements integrated into new staff /volunteer orientation activities through Human Resources.
3. Staff working directly with prenatal and postpartum women and families ('direct care providers') have received continuing breastfeeding and BFI education and skill development.
4. All prenatal and young families' resources and curricula have been revised as needed. A Baby-
5. Friendly 'Resource Compliancy Checklist' was disseminated across the agency to support all service areas in considering Baby-Friendly principles in resource development and acquisition.
6. MLHU staff continues to integrate Baby-Friendly practices into their work.
7. Implementation of the data collection/analysis plan is in progress. The final report will highlight current breastfeeding initiation and duration rates for our community, and will provide further details related to Baby-Friendly practices such as hospital formula use and skin-to-skin practices.
8. The BFI Advisory Group has allowed for internal and external stakeholder input into MLHU's Baby-Friendly Initiative implementation. As we move into the BFI designation process, the Advisory Group will meet annually to support review of the Health Unit's Baby-Friendly Organization Policy.
9. MLHU is involved in BFI initiatives locally, regionally, and provincially.
10. Several binders of materials were collated and sent to our Breastfeeding Committee for Canada Assessor and a BFI Ontario representative at the end of 2013, to begin our Document Review.

Next Steps

We look forward to receiving feedback from our Breastfeeding Committee for Canada Assessor regarding the documents submitted for the Document Review, the first step in the formal Baby-Friendly designation process. Once this feedback is reviewed, we will address the recommendations and plan for our Pre-Assessment Site Visit. We anticipate achieving Baby-Friendly designation in 2015.

This report was prepared by Ms. Laura Dueck, Public Health Nurse, and Ms. Heather Lokko, Program Manager, Reproductive Health Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Child Health, Requirement #4, #7
Area of Focus: Facilitate the effective and efficient implementation of the Public Health Accountability Agreement

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 017-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 26

HEALTH UNIT PARTICIPATION IN FOODNET CANADA

Recommendation

It is recommended that the Board of Health approve the Health Unit's participation in FoodNet Canada.

Key Points

- Funded by the Public Health Agency of Canada (PHAC), FoodNet Canada is an enhanced integrated surveillance program for food- and water-borne illnesses, such as *E. coli* O157:H7, listeria and salmonella.
- The Health Unit has been offered the opportunity to become the Ontario sentinel site in FoodNet Canada.
- As the Ontario sentinel site, PHAC would provide the Health Unit with additional funding to carry out the enhanced case investigation and retail sampling components of the FoodNet Canada program.

What is FoodNet Canada?

In the past, there have been a number of high-profile national and provincial food- and water-borne outbreaks, including the Walkerton *E. coli* O157:H7 outbreak (2000), a listeria outbreak associated with deli meats (2008), and national (2012) and provincial (2013) outbreaks of *E. coli* O157:H7 associated with hamburger. Given these and other events, enhanced and integrated surveillance of human illness, food and water information is a priority at both the federal and provincial levels of government.

Established in 2005, FoodNet Canada is a national enhanced integrated surveillance program for food- and water-borne illnesses that cause gastroenteritis, such as *E. coli* O157:H7, listeria and salmonella. The objectives of FoodNet Canada include:

- Detecting changes in human illness, and in the levels of exposure to pathogens that cause illness;
- Determining what foods, water and animal sources are making Canadians ill; and
- Determining the risk factors associated with experiencing food- and water-borne illness.

Funded by the Public Health Agency of Canada (PHAC), FoodNet Canada is a collaborative initiative involving the federal government, local public health units, provincial ministries of health, and public health laboratories. The program is comprised of the following components:

- Collecting comprehensive information from people with reportable enteric illnesses to help determine the extent and potential source of their illness, including enhanced laboratory testing;
- Purchasing products of interest, such as meat and produce, from local grocery stores on a weekly basis to test for infectious agents; and
- Sampling of manure and surface water to test for infectious agents.

Currently, there are participating sentinel sites in British Columbia, Alberta, and Ontario with plans for further expansion of the program.

Funding for Ontario Sentinel Site of FoodNet Canada

PHAC has offered the Health Unit the opportunity to become the Ontario sentinel site for FoodNet Canada. As such, additional funding would be provided to carry out the enhanced human case investigation and weekly retail sampling components of the program. Funding for 1.0 FTE Site Coordinator and 0.2 FTE Public Health Inspector (PHI) would be provided, as well as for other administrative and program expenses, as outlined in Appendix A. This cycle of FoodNet Canada funding would be administered through a three-year Memorandum of Agreement in place until March 31, 2017, with an option for extension being foreseeable.

Proposed Staffing

FoodNet Canada sentinel sites are required to identify a Site Coordinator. In addition to being the primary point of contact between PHAC and the local public health unit, Site Coordinator responsibilities include coordinating the collection of human illness information and related data management, as well as overseeing retail sampling activities. The 1.0 FTE Site Coordinator position could be filled either by a Public Health Inspector (PHI), a Public Health Nurse, or an Epidemiologist. Additionally, a 0.2 FTE PHI would be hired to conduct weekly sampling at grocery stores, which entails purchasing specific products of interest, and shipping the food samples for laboratory testing.

Potential Benefits and Risks of Participating in FoodNet Canada

Participation in FoodNet Canada will provide the Health Unit with the opportunity to better understand the nature and causes of food- and water-borne illnesses in the Middlesex-London region, and thereby better serve the community, as well as inform future program decisions. Additionally, there is a provincial initiative under way for all health units to investigate human cases of enteric illness in a more standardized and in-depth way; participating in FoodNet Canada would allow the Health Unit to be a funded early adopter of this approach. Being the Ontario sentinel site may enhance the Health Unit's capacity in a variety of ways, such as staff development, analytical support, and assistance with outbreak investigations. Finally, as the Ontario sentinel site, the Health Unit would be contributing to an important provincial and federal priority, and would be a leader in this area.

Participation in FoodNet Canada has been assessed by a review panel under the Health Unit's Research Advisory Committee (RAC). Identified considerations included the time required for the Infectious Disease Control (IDC) team to implement and administer the program, and potentially others within the Health Unit to respond to issues that may arise. However, the Site Coordinator role would mitigate some of these impacts. As well, Human Resources, Information Technology and Finance and Operations Services may be impacted, since support would be required from these areas. From a privacy perspective, all human illness information shared with PHAC would be de-identified, and covered under current surveillance requirements. Clients being interviewed regarding their enteric illness would be provided a clear, plain language description of the reasons for collecting their information and how it will be managed, per usual requirements.

Next Steps

If the Board of Health approves participation in FoodNet Canada, the Health Unit will formally accept the offer to become the Ontario sentinel site. The next steps would be to sign the Memorandum of Agreement with PHAC, to begin working toward establishing the supportive infrastructure necessary to participate in FoodNet Canada and to proceed with hiring the 1.0 FTE Site Coordinator and the 0.2 FTE Public Health Inspector.

This report was prepared by Ms. Alison Locker, Epidemiologist, Oral Health, Communicable Disease and Sexual Health Service, Mr. Tristan Squire-Smith, Manager, Infectious Disease Control Team, and Dr. Bryna Warshawsky, Associate Medical Officer of Health.

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

This report addresses the following requirements of the Ontario Public Health Standards: Infectious Diseases Prevention and Control; Foundational Standard – Population Health Assessment and Surveillance Protocol.

FoodNet Canada – What does the Public Health Agency of Canada (PHAC) provide financially to the local public health unit?

PHAC will pay for the salary and benefits of one FTE - a site coordinator to be located at the Ontario Health Unit, and expenses related to office, administration, and training. While the responsibilities of the site coordinator will revolve around the surveillance activities of FoodNet Canada, the site coordinator will be available for regular duties at the Ontario Health Unit as prioritized and appropriate; and in particular when surge capacity is required.

Training may include travel costs to attend FoodNet Canada meetings as required, annual strategic planning meeting, professional development, and/or an annual educational conference. Training may also include an annual orientation and upgrade related to the retail sampling program; and enhanced epidemiological and laboratory capacity at Public Health Agency of Canada.

PHAC will pay for administration to cover the costs of management time and resources associated with supervising the site coordinator, data management and information recording and review.

PHAC will also pay for the wages and benefits for the retail sampler in the Ontario Health Unit, and weekly reimbursable costs related to retail food sample purchase and travel.

The Memorandum of Agreement (MOA) is for three years, as the federal government will only commit to three years in one MOA. As in the other FoodNet Canada sites, at the end of the three year term another three year MOA will be created, and so on.

Example of Budget*

*This is an example budget for discussion purposes

Fiscal Year April 1, 2014 to March 31, 2015
Fiscal Year April 1, 2015 to March 31, 2016 will include 3% compensation adjustment
Fiscal Year April 1, 2016 to March 31, 2017 will include 3% compensation adjustment

Site Coordinator

Salary and Benefits:	$95,000 - $100,000 (TBD)
Office:	$4,000.00
Administration:	$3,000.00
Training:	$2,500.00

Retail Sampler

7.2 hours per day per week for 44 weeks = $14,382.72 per fiscal year

Weekly recurring costs may vary from week to week and shall not exceed the following amounts:

Retail sample purchase	$10,000.00 per fiscal year
Travel (Mileage)	$7,500.00 per fiscal year

Initial one time start-up costs (supplies) (2014 only) $3,000.00

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 018-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2014 February 26

TOBACCO ENFORCEMENT PROGRAM – 2013 YEAR IN REVIEW

Recommendations

It is recommended that Report No. 018-14 re Tobacco Enforcement Program – 2013 Year in Review be received for information.

Key Points

- Tobacco use remains the leading cause of preventable disease and premature death in Ontario, costing the Canadian economy $17 billion annually for tobacco-related illness, including $4.4 billion in direct healthcare costs.
- The *Smoke-Free Ontario Act* prohibits smoking in enclosed workplaces and enclosed public places to protect workers and the public from the hazards of second-hand smoke, and restricts how tobacco products are displayed, promoted and sold/supplied to young people.
- Under London's *Smoking Near Recreation Amenities and Entrances Bylaw* which came into effect May 2013, smoking is prohibited within 9 meters of recreation amenities within city parks and within 9 meters of entrances to city-owned buildings.
- Promotion and enforcement of the *Smoke-Free Ontario Act* and the City's *Bylaw* are a significant component of the Health Unit's comprehensive tobacco control program. Activities for 2013 are reviewed in this report.

Background

Tobacco use is the cause of many chronic conditions, including cancer in 19 sites, cardiovascular disease, and both chronic and acute respiratory diseases (e.g. chronic obstructive pulmonary disease, asthma and pneumonia). There is also a potential causal link between smoking and diabetes. Smoking tobacco has adverse effects on pregnancy and pregnancy outcomes, reduces bone density in postmenopausal females, causes periodontitis and cataracts, and negatively impacts post-surgical wound healing. According to Cancer Care Ontario, in 2009, approximately 9,800 new cases of cancer diagnosed in Ontario were attributable to cigarette smoking. To reduce the burden of illness from tobacco use and to meet the Ontario Government's goal of achieving the lowest smoking rate in Canada, smoking rates need to continue to decline, tobacco prevention efforts need to be sustained and people need to be protected from exposure to tobacco product use and tobacco smoke.

The *Smoke-Free Ontario Act*

The *Smoke-Free Ontario Act (SFOA)* came into effect May 31, 2006, restricting the sale and supply of tobacco to persons under the age of 19 and requiring retailers to request identification from any person who appears to be less than 25 years of age. In addition to the sales restrictions, the *Act* provides specific requirements about how tobacco products are packaged, handled, displayed and promoted. The *Act* prohibits smoking in enclosed workplaces and public places across Ontario. The law includes a ban on smoking within nine meters of entrances and exits to health care and long-term care facilities, and prohibits smoking in common areas of multi-unit dwellings and restaurant and bar patios that are partially or completely covered by a roof. Elementary and secondary school properties (indoors and outdoors) must be smoke-free under the *Act*.

Historically, exposure to second-hand smoke was assumed only to be harmful indoors; however, recent research indicates that outdoor levels of tobacco smoke within one to two meters of a lit cigarette can be just as high, and just as harmful as indoor tobacco smoke. Social exposure to tobacco smoking normalizes smoking leading to initiation among nonsmokers, particularly youth and young adults, and relapse within those smokers who have recently quit. To address these concerns, the City of London extended protection to some outdoor settings by enacting the *Smoking Near Recreation Amenities and Entrances Bylaw*, which the Health Unit supported through the delivery of a comprehensive communication campaign and with compliance and surveillance activities. This report reviews the inspection, enforcement and education activities for 2013 related to tobacco control.

2013 Protection and Enforcement Program Highlights

Education Visits to New Tobacco Retailers and Tobacco Retailer Information Sessions	
# of Education Visits (at premise) to inform new owners	26
Tobacco Retailer Information Sessions	10 workshops – 120 clerks/owners

Youth Access Checks

- Restricting youth access to tobacco products reduces the prevalence of tobacco use in young people.
- In 2013, three rounds of test shopping were completed to ensure that tobacco retailers ask for proper identification.
- Accountability Indicator #11 – Tobacco Vendor Compliance Rate for 2013 was 99.7% (surpassed target of 90%)

# of Inspections	**# of Warnings**	**# of Charges**
1056	9	35

Display, Promotion and Handling (DPH) Inspections

- Restrictions on marketing and promotion are widely recognized as an important mechanism to decrease tobacco use.
- Inspections ensure that proper legal signage is posted and that tobacco products are not on display or promoted.

# of Inspections	**# of Warnings**	**# of Charges**
478	25	8

Other Tobacco Retailer Infractions

- Pictorial health warnings on tobacco products were first introduced in Canada; recognized as a best practice in tobacco control.
- The *SFOA* bans fruit and candy flavoured-cigarillos and little cigars and requires that cigarillos (unflavoured) be sold in packages of 20 to reduce youth access.
- Price is one of the most important levers to decrease consumption of tobacco products. Cigarettes must be sold in packs of ≥20.

# of Inspections	**# of Warnings**	**# of Charges**
Infractions found through DPH Inspections (478)	4	2

Automatic Prohibition Orders Issued in 2012

- If there are two or more convictions for tobacco sales offences in a tobacco retailer within a five year period that premise is issued an automatic prohibition order by the Ministry. When under an order, the premise cannot sell or store tobacco.
- An automatic prohibition lasts for six to 12 months, depending on the number of convictions for tobacco sales offences.

# of Automatic Prohibition Orders Issued (six months)	4 automatic prohibition orders issued
# of charges issued for breach of automatic prohibition order	5 charges issued for breach of order

Enclosed Workplaces and Public Places

- The *Act* outlines requirements for employers/proprietors to ensure that smoking is not permitted.
- Properties inspected include: schools; hospitals and long-term care facilities; supportive housing and private multi-unit dwellings; bars, restaurants and other places of entertainment; all workplaces (both private and publicly-funded).

# of Inspections	**# of Warnings**	**# of Charges**
1687	234	63

Complaints, Inquiries and Consultations

- 177 inquiries received on the Tobacco Information Line – advice provided to workplaces, property management groups, schools and hospitals on how to expand protection beyond current provincial legislation; also participated in school health fairs
- 166 complaints/tips responded to for exposure to second-hand smoke or vendors selling/supplying tobacco to youth.

This report was prepared by Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards: Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 5, 7, 11, and 13.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 019-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2014 February 26

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – FEBRUARY

Recommendation

It is recommended that Report No. 019-14 re Medical Officer of Health Activity Report – February be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the January Medical Officer of Health Activity Report to February 13, 2014.

On January 8th, the MOH lead a class of students enrolled in the Masters of Public Health at The Schulich School of Medicine Western University. His topic was *Leading People and Organizations in Public Health.*

The MOH and Senior Leaders welcomed new staff to the Health Unit during Agency Orientation on January 13. Included in the day were presentations from Senior Leaders and Non Union Management, informing and advising new staff of what services are available at the Health Unit.

On January 14th, the MOH and several other Health Unit staff attended the opening of the new General Anesthetic (GA) Suite at the Schulich School of Medicine and Dentistry at Western University. The MOH delivered remarks on behalf of the Health Unit noting MLHU's involvement in the creation of the GA Suite, and key points about how the new GA Suite will benefit MLHU clients. Also in attendance at the event were The Honourable Deb Matthews, Minister of Health and Long-Term Care; Dr. Mike Strong, Dean of the Schulich School of Medicine and Dentistry; Ms. Diane Farrell, widow of Dr. Neal Farrell, Director of Dental Services and Ms. Joan Carrothers, retired Manager of Dental Services.

The MOH delivered opening remarks at the Healthy Communities Partnership Middlesex-London Forum at the Komoka Wellness Centre on January 23rd. The purpose of the forum is to bring together local stakeholders to discuss how supportive environments and policy can promote healthy and active communities in Middlesex County. The MOH delivered greetings from the Health Unit, gave the health perspective on building health communities, and gave a brief introduction of the Toronto Charter for Physical Activity (TCPA). Also in attendance was Board of Health member Al Edmondson.

The MOH was one of the speakers at the 2014 Driven to Quit Challenge kick off on January 23rd. This event was held at Oxford Dodge Chrysler and organized by the Canadian Cancer Society with support from the Health Unit. The Driven to Quit Challenge is an annual, province-wide contest through which smokers are encouraged to commit to being tobacco-free for the month of March, making them eligible to win a 2014 Dodge vehicle.

All staff were invited to attended the February 13 launch of the Health Inequities Reduction Strategic Achievement Group's initiative to set the stage for further professional development about health

inequity, its relevance to day to day work and the overall direction of the Health Unit in better addressing health inequities in our community. The MOH delivered opening remarks.

The Medical Officer of Health and CEO also attended the following teleconferences and events:

January 9	Attended a meeting of the Finance and Facilities Committee
January 17	Met with Daniel Huggins and other City staff to discuss communication and cooperation during water quality events
January 17	Introductory meeting with Anita Kothari, Faculty of Health Sciences, Western University
January 20	Introductory meeting with Cheryl Forchuck, Professor and Associate Director of Nursing Research at the Arthur Labatt Family School of Nursing
January 23	Meeting with Middlesex County Warden Joanne Vanderheyden and CAO Bill Rayburn to discuss Reserve Funds
January 27	Introductory meeting with Lloy Wylie, Assistant Professor, Interfaculty Program in Public Health, Western University
January 28	Attended the 2014 State of the City Address at the Convention Centre
January 29	Attended a meeting of the Generator Sub-Committee Attended a meeting of the Finance and Facilities Committee Live interview with CKNX Radio in Wingham in regards to adult low income dental care
January 30	Attended PHLC HHD Table meeting in Toronto
February 5	Met with Abe Oudshoorn, RN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing to discuss the Centre for Research on Health Equity and Social Inclusion and the role of a lead community partner
February 6	Attended From Cell to Society Symposium. This research explores the archeology of biological embedding and points to ways in which the science can inform policies and interventions to give all children a better start.
February 7	Accompanied by Diane Bewick, met with Sandra Coleman and Nancy Dool-Kontio from the SW CCAC to discuss organizational collaboration
February 12	Attended a meeting of the Finance and Facilities Committee
February 12	Attended the CEO/CAO Dinner meeting hosted by Laura Elliott, Director of Education for Thames Valley District School Board

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

This report addresses Ontario Public Health Organizational Standard 2.9 Reporting relationship of the medical officer of health to the board of health