

**Program Budget Marginal Analysis Proposals  
Proposed Areas for Disinvestment  
(Revised February 12<sup>th</sup>, 2014)**

**Appendix A**

<b>No.</b>	<b>Dept.</b>	<b>Dis-Investments</b>	<b>Value</b>	<b>FTE</b>	<b>Score</b>
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
		<b>Total</b>	<b>\$926,606</b>	<b>8.2</b>	

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

## **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.

2014 February 12

**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 is mandated by the Ontario Public Health Standards. This proposal would discontinue beach surveillance at five of the six beaches and instead provide permanent postings at these beaches stating that they are not monitored.

**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.

2014 February 12

**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.

**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
		<b>Total</b>	<b>\$818,448</b>	<b>9.0</b>	

*\*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.

2014 February 12

**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 12<sup>th</sup>, 2014)

No.	Dept.	Investments	Value	FTE	Score
36	EHCDP	<i>in motion</i> 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
<b>Total</b>			<b>\$343,321</b>	<b>0.75</b>	

\*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.