# AGENDA
# MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2015 February 19

## 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

Ms. Patricia Fulton
**Mr. Jesse Helmer (Vice Chair)**
Mr. Marcel Meyer
**Mr. Ian Peer (Chair)**
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Kurtis Smith
Mr. Mark Studenny
Mr. Stephen Turner
Ms. Joanne Vanderheyden

## SECRETARY-TREASURER

Dr. Christopher Mackie

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**APPROVAL OF MINUTES**

**BUSINESS ARISING FROM THE MINUTES**

**DELEGATIONS**

| | |
|---|---|
| 7:05 – 7:20 p.m. | Mr. Mark Studenny, Chair, Governance Committee re Item #1 – February 19th Governance Committee meeting |
| 7:05 – 7:25 p.m. | Ms. Trish Fulton, Chair, Finance and Facilities Committee re Item #2 - Finance and Facilities Committee Meeting January 29, 2015 and Item #3 – Finance and Facilities Committee Meeting February 12, 2015 |
| 7:25 – 7:40 p.m. | Dr. Gayane Hovhannisyan and Dr. Christopher Mackie re Item #5 Recent Public Health Developments in the Region, including Measles and Ebola. |

| Item # | Report Name and Number | Link to Additional Information | Delegation | Recommendation | Information | Brief Overview |
|---|---|---|---|---|---|---|
| **Committee Reports** | | | | | | |
| 1 | Governance Committee Meeting February 19, 2015 (Verbal) | | x | x | | To receive information and consider recommendations from the February Governance Committee meeting |
| 2 | Finance and Facilities Committee Meeting January 29, 2015 (Report 009-15) | | x | x | | To receive information and consider recommendations from the January 29th FFC meeting |
| 3 | Finance and Facilities Committee Meeting February 12, 2015 (Report 010-15) | Appendix A | x | x | | To receive information and consider recommendations from the February 12th FFC meeting |
| 4 | 2015 Budget Overview Report 011-15) | Appendix A<br>Appendix B | 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 |
| **Delegations and Recommendation Reports** | | | | | | |
| 5 | Recent Public Health Developments in the Region, including Measles and Ebola (Verbal) | | | | x | To receive an update on recent public health developments in the region |
| 6 | Bill 45, The Making Healthier Choices Act, 2014 (Report 012-15) | | | x | | To request endorsement of Bill 45 and its amendments |
| 7 | Reducing Second-Hand Smoke Exposure in Multi-Unit Housing (Report 013-15) | Appendix A<br>Appendix B<br>Appendix C<br>Appendix D | | x | | To request that the Board of Health endorse in principle the concept of reducing exposure to second-hand smoke in multi-unit housing in Ontario |
| 8 | Healthy Child Development (HCD) Program Information Video for Families (Report 014-15) | Video to be viewed at meeting | | x | | To request that the Board of Health endorse a request for additional funding for accessibility as outlined |
| **Information Reports** | | | | | | |
| 9 | Ontario's Special Needs Strategy (Report 015-15) | | | | x | To inform the Board about the Health Unit's involvement in the Ontario's Special Needs Strategy |
| 10 | Summary Information Report for February 2015 (Report 016-15) | Appendix A<br>Appendix B<br>Appendix C | | | x | To provide a summary of information from Health Unit programs in Environmental Health and Family Health Services |
| 11 | Medical Officer of Health Activity Report – February (Report 017-15) | | | | x | To provide an update on the activities of the MOH for February 2015 |

**CONFIDENTIAL**

**OTHER BUSINESS**

- Next Finance and Facilities Committee Meeting: Thursday, March 5 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, March 19, 2015 @ 7:00 p.m.

**CORRESPONDENCE**

a) Date: 2014 December 19 (via email 2015 January 27)
Topic: Supporting Smoke Free-Ontario Act and Making Healthier Choices Act
From: Mr. Barry Ward, Chair, Board of Health, Simcoe Muskoka District Health Unit
To: Copy of correspondence to The Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care and The Honourable Dipika Damerla, Associate Minister of Health and Long-Term

b) Date: 2015 January 12 (via email)
Topic: Commending Government on Smoke Free-Ontario Act and Making Healthier Choices Act
From: Mr. Gary McNamara, Chair, Board of Health, Windsor-Essex
To: Copy of correspondence to The Honourable, Eric Hoskins, Minister of Health and Long-Term Care

c) Date: 2015 January 27 (via email)
Topic: Low-Income Dental Programs Integration
From: Dr. Penny Sutcliffe, President, Association of Local Public Health Agencies (alPHa)
To: Copy of correspondence to Ms. Elizabeth Walker, Director, Public Health Planning and Liaison Branch, Ministry of Health and Long-Term Care

d) Date: 2015 January 28 (via email)
Topic: Coalition of organizations call for the reinstatement of long-form census
From: Mr. Bill Jeffery, National Coordinator, Centre for Science in the Public Interest (CSPI)
To: Medical Officers of Health

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

**ADJOURNMENT**

**PUBLIC SESSION – MINUTES**

**MIDDLESEX-LONDON BOARD OF HEALTH**

**2015 January 15**

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**MEMBERS PRESENT:** Ms. Trish Fulton
Mr. Jesse Helmer
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Viola Poletes Montgomery
Ms. Nancy Poole (via telephone)
Mr. Kurtis Smith
Mr. Mark Studenny
Mr. Stephen Turner
Ms. Joanne Vanderheyden

**REGRETS:** None

**OTHERS PRESENT:** Dr. Christopher Mackie, Medical Officer of Health & CEO
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)
Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services
Ms. Emily Clayton, One Life One You Youth Leader
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy
Mr. Dan Flaherty, Manager, Communications
Ms. Isabelle Haas, One Life One You Youth Leader
Ms. Kim Leacy, Registered Dietitian
Ms. Heather Lokko, Associate Director Oral Health, Communicable Disease and Sexual Health Services
Ms. Courtney Maslen, One Life One You Youth Leader
Ms. Molly Miller, One Life One You Youth Leader
Mr. John Millson, Director, Finance and Operations
Ms. Claudia Paguaga, One Life One You Youth Leader
Mr. Mark Pitblado, One Life One You Youth Leader
Ms. Patricia Simone, Manager, Emergency Preparedness
Ms. Jillian Smith, One Life One You Youth Leader
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Mr. Alex Tyml, Online Communications Coordinator
Ms. Jamie Wakefield, One Life One You Youth Leader

**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 all in attendance to the 2015 inaugural meeting of the Middlesex-London 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 Mr. Peer seconded by Mr. Studenny *that the **AGENDA** for the January 15, 2015 Board of Health meeting be approved.*

Carried

## MEETING PROCEDURES

### 1) Election of 2015 Board of Health Executive and other Procedures (Report 001-15)

Dr. Mackie opened the floor for nominations for the position of Chair of the Board of Health for 2015.

It was moved by Ms. Poletes Montgomery, seconded by Ms. Vanderheyden *that Mr. Ian Peer be nominated for Chair of the Board of Health for the year 2015.*

Carried

It was moved by Mr. Turner, seconded by Mr. Studenny *that Mr. Jesse Helmer be nominated for Chair of the Board of Health for the year 2015.*

Carried

Dr. Mackie invited further nominations three times. Hearing none, it was moved by Mr. Meyer, seconded by Mr. Studenny *that nominations for the position of Chair be closed.*

Carried

Both Mr. Peer and Mr. Helmer agreed to let their names stand.

Discussion ensued about the Board of Health By-Laws, stipulating that the position of Chair be rotated among the Provincial and Municipal representatives; however, the rotation order itself is not mandated.

All Board of Health members introduced themselves briefly. As a nominee for Chair, Mr. Helmer explained his experiences in governance, his education and work experience. Mr. Peer also summarized his credentials.

Ballots were circulated, collected and tallied. Dr. Mackie then announced that Mr. Ian Peer was elected as the Chair for 2015 by unanimous vote.

It was moved by Ms. Fulton, seconded by Mr. Studenny *that the ballots be destroyed.*

Carried

Mr. Peer then took over the Chair. Chair Peer opened the floor for nominations for the position of Vice-Chair of the Middlesex-London Board of Health for 2015.

It was moved by Mr. Meyer, seconded by Mr. Smith *that Mr. Jesse Helmer be nominated for the position of Vice-Chair for 2015.*

Carried

Mr. Helmer agreed to let his name stand. Chair Peer invited further nominations three times. Hearing none, it was moved by Mr. Meyer, seconded by Ms. Fulton

1) *That nominations be closed, and*

2) *That Mr. Helmer be named by unanimous vote as Vice-Chair of the Middlesex-London Board of Health for 2015.*

Carried

It was moved by Ms. Fulton, seconded by Ms. Poletes Montgomery *that Dr. Mackie be named Secretary-Treasurer of the Board of Health for the year 2015.*

Carried

Chair Peer invited nominations for members of the Finance and Facilities Standing Committee for 2015. Chair Peer reported that the Terms of Reference state that the Chair of the Board of Health (Mr. Ian Peer) and Vice –Chair (Mr. Jesse Helmer) are to serve on the Finance and Facilities Committee.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Turner *that Mr. Meyer be nominated to the Finance and Facilities committee for 2015.*

Carried

It was moved by Mr. Meyer, seconded by *that Ms. Fulton be nominated to the Finance and Facilities Committee for 2015.*

Carried

It was moved by Mr. Studenny, seconded by Ms. Poletes Montgomery *that Ms. Vanderheyden be nominated to the Finance and Facilities Committee for 2015.*

Carried

Chair Peer invited further nominations three times. Hearing none, it was moved by Mr. Turner, seconded by Mr. Studenny *that nominations be closed.*

Carried

All nominees agreed to let their names stand. Therefore, the Finance and Facilities Committee for 2015 will consist of the following Board of Health members:

Ms. Trish Fulton
Mr. Jesse Helmer
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden.

Chair Peer invited nominations for members of the Governance Standing Committee for 2015. Chair Peer reported that the Terms of Reference state that the Chair of the Board of Health (Mr. Ian Peer) is to serve on the Governance Committee.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that Mr. Smith be nominated to the Governance Committee for 2015.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Studenny *that Ms. Poletes Montgomery be nominated to the Governance Committee for 2015.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Meyer *that Mr. Turner be nominated to the Governance Committee for 2015.*

Carried

It was moved by Ms. Poletes Montgomery, seconded by Mr. Meyer *that Mr. Studenny be nominated to the Governance Committee for 2015.*

Carried

Chair Peer invited further nominations three times. Hearing none, it was moved by Mr. Meyer, seconded by Mr. Turner *that nominations be closed.*

Carried

All nominees agreed to let their names stand. Therefore, the Governance Committee for 2015 will consist of the following Board of Health members:

Mr. Ian Peer
Ms Viola Poletes Montgomery
Mr. Kurtis Smith
Mr. Mark Studenny
Mr. Stephen Turner

**BUSINESS ARISING FROM THE MINUTES** - none

**APPROVAL OF MINUTES**

It was moved by Mr. Meyer, seconded by Ms. Poletes Montgomery *that the **MINUTES** of the December 18, 2014 Board of Health meeting be approved.*

Carried

**COMMITTEE REPORTS**

**2) Finance and Facilities Committee (FFC) Report, January 8th Meeting (Report No. 002-15)**

Committee Chair Trish Fulton assisted Board members with their understanding of this report. Ms. Fulton explained that the Committee was presented with a document that is comprised of the consolidated 2015 PBMA Approved Investments, Disinvestments and One-Time Investments. This document is attached as **Appendix A** to Report No. 002-15. Dr. Mackie summarized the PBMA process, highlighting that approved investments have the greatest positive impact to the Health Unit possible and disinvests should have the least negative impact possible.

It was moved by Ms. Fulton, seconded by Mr. Meyer *that the Board of Health received the revised 2015 PBMA Approved Investments, Disinvestments and One-Time Investments for information.*

Carried

2015 Budget Process (Report 01-15FFC)

It was moved by Ms. Fulton, seconded by Mr. Meyer *that the Board of Health endorse the Finance and Facilities Committee's review of the 2015 Planning and Budget Templates for Human Resources and Corporate Strategy attached as Appendix A to Report No. 01-15FFC.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Meyer *that the Board of Health endorse the Finance and Facilities Committee's review of the 2015 Planning and Budget Templates for Information Technology, attached as Appendix B to Report No. 01-15FFC.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Helmer *that that the Board of Health endorse the Finance and Facilities Committee's review of the 2015 Planning and Budget Templates for Oral Health, Communicable Disease and Sexual Health Services attached as Appendix C to Report No. 01-15FFC.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Meyer *that the Board of Health endorse the Finance and Facilities Committee's recommendation to defer approval of these components of the 2015 budget until all budget proposals are available at the February 19, 2015 Board of Health meeting.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Helmer *that the minutes of the Finance and Facilities Committee of January 8, 2015 meeting be approved in draft.*

Carried

**3) Governance Committee – Verbal Report**

Committee Chair Mark Studenny assisted Board members with their understanding of this report. Mr. Studenny summarized the three topics of discussion at the meeting, including the strategic planning process (Report No. 01-15GC), Board of Health orientation (Report No. 02-15GC) and Medical Officer of Health Performance Appraisal process (Report No. 03-15GC).

Mr. Studenny reported that Mr. Turner was invited to sit on the Governance Committee. Mr. Turner agreed.

It was moved by Mr. Studenny, seconded by Mr. Meyer *that the Board of Health approve the Governance Committee's recommendation that a sub-committee be formed consisting of Ms. Poletes Montgomery, Mr. Studenny and Mr. Meyer and Mr. Stephen Turner to initiate the performance appraisal process for the Medical Officer of Health (MOH) and Chief Executive Officer (CEO).*

Carried

The next meeting of the Governance Committee will be at 6:00 pm on Thursday, April 16, 2015.

**4) The Health Unit and One Life One You Take Action Against Smoking in Movies (Report No. 003-15)**

Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control, introduced One Life One You (OLOY) Youth Leaders, Ms. Emily Clayton and Ms. Molly Miller, to assist her with the presentation of this report. She also introduced the rest of the Youth Leaders who were in attendance at the meeting. The OLOY Youth Leaders are a group of youth aged 16 to 18 years of age who develop programs to promote healthy living for youth.

Ms. Clayton and Ms. Miller reported on the Smoke Free Movie event that took place in Victoria Park, London, on September 27, 2014. Ms. Stobo reported on the status of playing a smoking in movies public service announcement (PSA) prior to movies at local cinemas.

Discussion ensued about the rating system in Ontario. Ms. Stobo explained that a rating of "14A" Ontario equates to "R" in the United States; The Ontario rating system is much more lax. She also reported that a group in California is working with big production companies in the United States to include "smoking" in the rating system. The Ontario Film Review Board is the body that is responsible for rating movies in Ontario. Ms. Stobo reported that Rainbow Cinemas and Galaxy Cinemas are both playing the PSA. Rainbow Cinemas also allowed OLOY to educate people outside of the theatre.

Ms. Stobo reported that Landmark Theatres has chosen not to play the PSA. Discussion ensued about how best to deal with this challenge.

It was moved by Mr. Meyer, seconded by Ms. Fulton:

1. *That the Board of Health endorse Report No. 003-15 re: The Health Unit and* One Life One You *Take Action Against Smoking in Movies; and further*

2. *That the Board of Health send a letter to Landmark Cinemas, along with a copy of the Board of Health Endorsement of Action on Smoking in Movies (attached as Appendix A to Report No. 003-15), to express its disappointment in the decision not to run the smoke-free movie public service announcement, and to request a further opportunity to provide the facts about the impact that tobacco imagery in movies has on youth initiation of tobacco use; and further,*

3. *That the Board of Health send a letter along with a copy of Report No. 004-15 re The Health Unit and One Life One You Take Action Against Smoking in Movies to local members of Provincial Parliament to provide the facts about the impact that tobacco imagery in movies has on youth initiation of tobacco and to ask for support.*

Carried
(2 opposed; 7 for)

**5) Provincial Poverty Report (Report No. 004-15)**

It was moved by Ms. Poletes Montgomery, seconded by Mr. Studenny *that the Board of Health participate in the Middlesex-London Poverty Simulation event on March 6, 2015, and encourage local City and County councillors, MPPs and MPs to participate.*

Carried

**6) Fit-Testing Clinics to the Public (Report 005-15)**

Ms. Patricia Simone, Manager, Emergency Preparedness, assisted Board members with their understanding of this report.

**7) Summary Information Report for January 2015 (Report 006-15)**

**8) Medical Officer of Health Activity Report – January (Report 007-15)**

It was moved by Mr. Studenny, seconded by Ms. Poletes Montgomery *that items # 6 through 8 (Reports No. 005-15, 006-15 and 007-15 be received for information.*

Carried

**CORRESPONDENCE**

Dr. Mackie highlighted items a) and d) of correspondence as follows:

a) Date: 2014 November 18 (Received 2014 December 1)
Topic: Response to letter to Premier Wynne regarding prescription opioid drug abuse
From: The Honourable, Eric Hoskins, Minister of Health and Long-Term Care
To: Dr. Christopher Mackie, Medical Officer of Health and Chief Executive Officer

d) Date: 2014 December 22 (via email)
Topic: Board of Health Orientation session that is being hosted by the Association of Local Public Health Agencies on February 5, 2015
From: Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies (alPHa)
To: All Members of Ontario Boards of Health

## OTHER BUSINESS

**Upcoming meetings**
Finance and Facilities – Thursday, January 29, 2015 9:00 a.m.
Finance and Facilities – Thursday, February 12, 2015 10:30 a.m.
Board of Health – Thursday, February 19, 2015 7:00 a.m.

## CONFIDENTIAL

At 9:35 p.m., it was moved by Ms. Fulton, seconded by Mr. Studenny *that the Board of Health move in camera to discuss a matter concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

It 10:05 p.m., it was moved by it was moved by Ms. Poletes Montgomery, seconded by Mr. Helmer *that the Board of Health return to public forum and report that a matter was discussed concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

Mr. Dan Flaherty, Manger, Communications, showed a video that will be played prior to YouTube Videos to promote the various programs of the Middlesex London Health Unit.

## ADJOURNMENT

At 10:10 p.m., it was moved by Mr. Smith, seconded by Ms. Fulton *that the meeting be adjourned.*

Carried

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**IAN PEER**
**Chair**

**CHRISTOPHER MACKIE**
**Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 009-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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## FINANCE AND FACILITIES COMMITTEE: JANUARY 29, 2015 MEETING

The Finance and Facilities Committee (FFC) met at 9:00 a.m. on January 29 (Agenda). The Committee approved minutes from January 29th are available on the Health Unit website. The following items were discussed at the meeting and recommendations made:

| Reports | Summary of Discussion | Recommendations for Board of Health's Consideration |
|---|---|---|
| Election of Chair for FFC | | It was moved by Mr. Peer, seconded by Mr. Meyer *that Ms. Trish Fulton be nominated for the position of Chair for the 2015 Finance and Facilities Committee.* |
| 2015 Budget Process Report 02-15FFC | The Committee and other Board members in attendance discussed the 2015 Planning and Budget Templates for the following services areas: | |
| | Office of the Medical Officer of Health (Appendix A to Report No. 02-15FFC) | It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee review the 2015 Planning and Budget Templates for the Office of the Medical Officer of Health, attached as Appendix A to Report No. 02-15FFC.* |
| | Finance and Operations (Appendix B to Report No. 02-15FFC) | It was moved by Mr. Meyer, seconded by Mr. Peer that *the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Finance and Operations, attached as Appendix B to Report No. 02-15FFC.* |

| | | |
|---|---|---|
| | Family Health Service (Appendix C to Report No. 02-15FFC) | It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Family Health Services attached as Appendix C to Report No. 02-15FFC.*<br><br>It was moved by Mr. Peer, seconded by Mr. Meyer that *the Finance and Facilities Committee report to the January 15, 2015 Board of Health meeting recommending that the Board of Health defer approval of these components of the 2015 budget until all budget proposals are available at the February 19, 2015 meeting of the Board of Health.* |
| Southwest Tobacco Control Area Network Vendor Report 03-15FFC | Any single source vendor providing over $5,000 of products/services must go through the Finance and Facilities Committee. | It was moved by Mr. Peer, seconded by Mr. Meyer *that Report No. 03-15FFC re Southwest Tobacco Control Area Network Single Source Vendor be received for information.* |

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 010-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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## FINANCE AND FACILITIES COMMITTEE: FEBRUARY 12, 2015 MEETING

The Finance and Facilities Committee (FFC) met at 10:30 a.m. on February 12, 2015 (Agenda). The draft minutes will be available at the February 19th Board of Health meeting. The following items were discussed at the meeting and recommendations made:

| Reports | Summary of Discussion | Recommendations for Board of Health's Consideration |
|---|---|---|
| **2015 Budget Process** **004-15FFC** | The Committee and other Board members in attendance discussed the 2015 Planning and Budget Templates for the following services areas: | |
| | (Appendix A to Report No. 04-15FFC) | It was moved by Ms. Vanderheyden, seconded by Mr. Helmer *that the Finance and Facilities Committee receive the 2015 Planning and Budget Templates for Environmental Health and Chronic Disease Prevention Services, attached as Appendix A.* |
| | (Appendix B to Report No. 04-15FFC) | *It was moved by Mr. Peer, seconded by Mr. Meyer that the Finance and Facilities Committee receive the revised 2015 Planning and Budget Template for General Expenses and Revenues, attached as Appendix B.* |

| | | |
|---|---|---|
| | (Appendix C to Report No. 04-15FFC) | *It was moved by Mr. Peer, seconded by Mr. Helmer that the Finance and Facilities Committee receive the 2015 Planning and Budget Template for The Clinic & Sexual Health Promotion Team, attached as Appendix C.* |
| | | It was moved by Mr. Helmer, seconded by Mr. Peer that the Finance and Facilities Committee recommend that the Board of Health approve all Planning and Budget Templates for the 2015 budget. |
| **2015 Proposed Budget (005-15FFC)** | The proposed 2015 budget and Planning & Budgeting Templates were developed based upon a planned 1% increase in Mandatory Program funding from the MOHLTC, and a 0% increase from the City of London and the County of Middlesex. The budget also includes other known or potential funding sources from the Public Health Agency of Canada (PHAC), MOHLTC – 100%, Ministry of Children & Youth Services (MCYS) – 100%, and other revenues.<br><br>A document consisting of the Program Budget Templates for all areas can be found in Appendix A to Report No. 010-15. | It was moved by Mr. Peer, seconded by Mr. Helmer *that the Finance and Facilities Committee recommends that the Board of Health approve the 2015 Operating Budget in the gross amount of $34,670,537 as appended to Report No. 05-15FFC re 2015 Proposed Budget.*<br><br>It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee recommends that the Board of Health acknowledge the funding direct the Middlesex-London Health Unit not to hold back on Program reinvestment decisions until Ministry approval is received.*<br><br>It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities Committee recommends that the Board of Health:*<br>*1) Forward Report No. 05-15FFC to the City of London and the County of Middlesex for information; and*<br>2) *Direct staff to submit the 2015 Operating Budget in the Ministry of Health and Long-Term Care's Program Based Grant format.* |
| **2014 Q4 Budget Variance Summary (006-15FFC)** | This report provides a summary of the Health Unit's 2014 operating results and projections of expenditures to the end of the year. | It was moved by Mr. Meyer, seconded by Mr. Helmer *that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No 06-15FFC "2014 Fourth Quarter Budget Variance Report" for information.* |
| **2014 Board of Health Remuneration (007-15FFC)** | Under Section 284 (1) of the Municipal Act, the City of London and Middlesex County Administration are required to report on the remuneration paid to Council members, including remuneration paid to members of Council by Boards and Commissions. | It was moved by Mr. Peer, seconded by Mr. Helmer *that the Finance & Facilities Committee review and make recommendation to the Board of Health to receive Report No. 07-15FFC, "2014 Board of Health Remuneration" for information.* |
| **2014 Public Sector Salary Disclosure (008-15FFC)** | The Public Sector Salary Disclosure Act, 1996, requires the Health Unit to disclose salaries and taxable benefits of employees who are paid $100,000 or more in 2014. | It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance & Facilities Committee make recommendation to the Board of* |

| | | |
|---|---|---|
| | | *Health to receive Report No. 08-15FFC "Public Sector Salary Disclosure Act – 2014 Record of Employee's Salaries and Benefits" for information.* |
| **Dental Clinic Funding** | | Dr. Mackie provided the committee with an update on preliminary discussions about possible expansion of the dental clinic. |

The next meeting of the FFC is tentatively scheduled for March 5, 2015.

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

## MIDDLESEX-LONDON HEALTH UNIT

# 2015 PROPOSED BUDGET SUMMARY

| REF # | | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | $ increase/ ($ decrease) over 2014 | % increase/ (% decrease) over 2014 |
|---|---|---|---|---|---|---|---|
| | **ORAL HEALTH, COMMUNICABLE DISEASE & SEXUAL HEALTH SERVICES (OHCDSH)** | | | | | | |
| A-1 | Office of the Associate Medical Officer of Health | $ 729,370 | $ 776,016 | $ 723,103 | $ 892,058 | $ 168,955 | 23.4% |
| A-7 | Vaccine Preventable Diseases | 1,518,956 | 1,768,822 | 1,821,807 | 1,888,640 | 66,833 | 3.7% |
| A-15 | Infectious Disease Control | 1,365,930 | 1,379,721 | 1,399,852 | 1,399,229 | (623) | 0.0% |
| A-22 | The Clinic & Sexual Health Promotion | 2,302,487 | 2,100,228 | 2,348,018 | 2,549,305 | 201,287 | 8.6% |
| A-29 | Oral Health | 2,309,128 | 2,226,425 | 2,327,919 | 2,331,722 | 3,803 | 0.2% |
| | **Total Oral Health, Comm. Disease & Sexual Health Services** | **$ 8,225,871** | **$ 8,251,212** | **$ 8,620,699** | **$ 9,060,954** | **$ 440,255** | **5.1%** |
| | **ENVIRONMENTAL HEALTH & CHRONIC DISEASE PREVENTION SERVICES (EHCDP)** | | | | | | |
| B-1 | Office of the Director | $ 424,849 | $ 423,742 | $ 549,449 | $ 572,561 | $ 23,112 | 4.2% |
| B-7 | Chronic Disease Prevention and Tobacco Control | 1,140,392 | 1,150,417 | 1,270,585 | 1,254,379 | (16,206) | -1.3% |
| B-16 | Food Safety | 1,345,137 | 1,323,974 | 1,377,777 | 1,337,703 | (40,074) | -1.6% |
| B-23 | Healthy Communities and Injury Prevention | 1,205,515 | 1,212,518 | 1,216,373 | 1,197,141 | (19,232) | -1.6% |
| B-31 | Health Hazard Prevention and Management/Vector Borne Disease | 1,227,980 | 1,208,357 | 1,238,138 | 1,276,891 | 38,753 | 3.1% |
| B-38 | Safe Water and Rabies Team | 759,410 | 765,212 | 790,920 | 814,212 | 23,292 | 2.9% |
| B-44 | Southwest Tobacco Control Area Network | 436,500 | 442,335 | 436,500 | 436,500 | --- | 0.0% |
| | **Total Environmental Health & Chronic Disease Prevention Services** | **$ 6,539,783** | **$ 6,526,555** | **$ 6,879,742** | **$ 6,889,387** | **$ 9,645** | **0.1%** |
| | **FAMILY HEALTH SERVICES (FHS)** | | | | | | |
| C-1 | Office of the Director | $ 938,197 | $ 781,081 | $ 778,139 | $ 755,480 | $ (22,659) | -2.9% |
| C-8 | Reproductive Health Team | 1,368,882 | 1,337,051 | 1,387,192 | 1,511,286 | 124,094 | 8.9% |
| C-15 | Early Years Team | 1,526,570 | 1,560,200 | 1,601,224 | 1,582,731 | (18,493) | -1.2% |
| C-23 | Screening, Assessment and Intervention Team | 2,569,911 | 2,563,465 | 2,699,685 | 2,858,402 | 158,717 | 5.9% |
| C-30 | Best Beginnings Team | 3,303,974 | 3,214,522 | 3,306,790 | 3,340,223 | 33,433 | 1.0% |
| C-39 | Child Health Team | 1,500,023 | 1,472,947 | 1,477,254 | 1,572,338 | 95,084 | 6.4% |
| C-47 | Young Adult Team | 1,126,077 | 1,113,735 | 1,143,579 | 1,179,305 | 35,726 | 3.1% |
| | **Total Family Health Services** | **$ 12,333,634** | **$ 12,043,001** | **$ 12,393,863** | **$ 12,799,765** | **$ 405,902** | **3.3%** |

| REF # | | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | $ increase/ ($ decrease) over 2014 | % increase/ (% decrease) over 2014 |
|---|---|---|---|---|---|---|---|
| | **OFFICE OF THE MEDICAL OFFICER OF HEALTH (OMOH)** | | | | | | |
| D-1 | Office of the Medical Officer of Health & Travel Clinic | $ 530,110 | $ 484,189 | $ 554,718 | $ 567,154 | $ 12,436 | 2.2% |
| D-6 | Communications | 329,965 | 325,136 | 381,122 | 363,397 | (17,725) | -4.7% |
| D-13 | Emergency Preparedness | 163,465 | 206,196 | 172,172 | 181,922 | 9,750 | 5.7% |
| | **Total Office of the Medical Officer of Health** | **$ 1,023,540** | **$ 1,015,521** | **$ 1,108,012** | **$ 1,112,473** | **$ 4,461** | **0.4%** |
| | **HUMAN RESOURCES & CORPORATE STRATEGY (HRCS)** | | | | | | |
| E-1 | Human Resources & Labour Relations | $ 966,530 | $ 951,192 | $ 953,122 | $ 997,430 | $ 44,308 | 4.6% |
| E-8 | Privacy/Occupational Health & Safety | 174,350 | 200,378 | 201,189 | 181,497 | (19,692) | -9.8% |
| E-13 | Strategic Projects | 124,149 | 121,580 | 133,987 | 135,287 | 1,300 | 1.0% |
| | **Total Human Resources & Labour Relations** | **$ 1,265,029** | **$ 1,273,150** | **$ 1,288,298** | **$ 1,314,214** | **$ 25,916** | **2.0%** |
| F-1 | **FINANCE & OPERATIONS (FOS)** | **$ 758,349** | **$ 749,356** | **$ 834,832** | **$ 749,884** | **$ (84,948)** | **-10.2%** |
| G-1 | **INFORMATION TECHNOLOGY SERVICES (IT)** | **$ 1,090,413** | **$ 912,706** | **$ 1,111,040** | **$ 1,142,591** | **$ 31,551** | **2.8%** |
| H-1 | **GENERAL EXPENSES & REVENUES (GER)** | **$ 2,121,339** | **$ 2,258,332** | **$ 1,921,891** | **$ 1,601,269** | **$ (320,622)** | **-16.7%** |
| | **TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES** | **$ 33,357,958** | **$ 33,029,833** | **$ 34,158,377** | **$ 34,670,537** | **$ 512,160** | **1.5%** |
| | **FUNDING SOURCES** | | | | | | |
| | Ministry of Health & Long-Term Care (Cost-Shared) | $ 15,891,741 | $ 16,119,146 | $ 16,308,273 | $ 16,465,366 | $ 157,093 | 1.0% |
| | The City of London | 6,095,059 | 5,218,546 | 6,095,059 | 6,095,059 | - | 0.0% |
| | The County of Middlesex | 1,160,961 | 994,009 | 1,160,961 | 1,160,961 | - | 0.0% |
| | Ministry of Health and Long Term Care (100%) | 3,963,139 | 4,039,956 | 3,962,228 | 4,091,301 | 129,073 | 3.3% |
| | Ministry of Children and Youth Services (100%) | 5,048,155 | 5,023,484 | 5,137,557 | 5,296,274 | 158,717 | 3.1% |
| | Public Health Agency of Canada | 152,430 | 135,157 | 152,430 | 176,030 | 23,600 | 15.5% |
| | Public Health Ontario | 168,497 | 147,418 | 110,000 | 110,000 | | |
| | User Fees | 605,667 | 901,732 | 949,649 | 925,235 | (24,414) | -2.6% |
| | Other Offset Revenue | 272,309 | 450,385 | 282,220 | 350,311 | 68,091 | 24.1% |
| | **TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING** | **$ 33,357,958** | **$ 33,029,833** | **$ 34,158,377** | **$ 34,670,537** | **$ 512,160** | **1.5%** |

# MIDDLESEX-LONDON HEALTH UNIT
# 2015 PROPOSED BUDGET SUMMARY
# By Object of Expenditure

| | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | $ increase/ ($ decrease) over 2014 | % increase/ (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| ***Expenditure*** | | | | | | |
| Salary & Wages | $ 21,395,429 | $ 21,030,975 | $ 21,964,637 | $ 22,807,499 | $ 842,862 | 3.84% |
| Benefits | 5,183,313 | 5,080,834 | 5,446,899 | 5,492,030 | 45,131 | 0.83% |
| Managed Gapping | (280,000) | - | (815,163) | (815,163) | - | 0.00% |
| Travel | 444,496 | 417,636 | 442,410 | 422,825 | (19,585) | -4.43% |
| Program Supplies | 1,751,822 | 1,849,474 | 1,927,547 | 1,729,526 | (198,021) | -10.27% |
| Board Expenses | 60,500 | 40,649 | 55,500 | 55,500 | - | 0.00% |
| Staff Development | 119,639 | 98,119 | 146,950 | 201,248 | 54,298 | 36.95% |
| Professional Services | 2,161,992 | 1,990,242 | 2,067,254 | 2,038,072 | (29,182) | -1.41% |
| Occupancy Costs | 1,440,411 | 1,475,335 | 1,467,273 | 1,467,273 | - | 0.00% |
| Furniture & Equipment | 589,188 | 525,104 | 524,613 | 542,389 | 17,776 | 3.39% |
| Other Expenses | 491,168 | 521,465 | 480,457 | 479,338 | (1,119) | -0.23% |
| Contributions to Reserve Funds | - | - | 450,000 | 250,000 | (200,000) | -44.44% |
| **TOTAL MIDDLESEX-LONDON HEALTH UNIT** | **$ 33,357,958** | **$ 33,029,833** | **$ 34,158,377** | **$ 34,670,537** | **$ 512,160** | **1.5%** |

# ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

# OFFICE OF THE ASSOCIATE DIRECTOR AND ASSOCIATE MEDICAL OFFICER OF HEALTH

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OHCDSH | **MANAGER NAME** | Heather Lokko | **DATE** |
| **PROGRAM TEAM** | Office of the Associate Medical Officer of Health (OAMOH) | **DIRECTOR NAME** | Heather Lokko | January 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

In 2014, leadership of the Oral Health, Communicable Disease and Sexual Health (OHCDSH) Service Area underwent a transition, which related to the Office of the Associate Medical Officer of Health team. Until March 2014, the Associate Medical Officer of Health was also the Service Area Director. The two positions have been separated such that the Associate Medical Officer of Health provides medical leadership to both the OHCDSH Service Area and the Health Unit as a whole, while the Associate Director provides administrative leadership for the OHCDSH Service Area, in collaboration with the Associate Medical Officer of Health. In addition, the team includes the Program Assistant to the Associate Director, and an Epidemiologist. In 2015, a Program Evaluator will also join this team.

The OAMOH team supports the activities of the entire OHCDSH Service Area. 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 Director and the Associate Medical Officer of Health, and supported by the Program Assistant. The Epidemiologist provides consultation to OHCDSH and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning.

## 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.

# 2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCDSH

**SECTION D**

**COMPONENT(S) OF TEAM PROGRAM #1: Program Evaluation**

A full-time, permanent Program Evaluator position will be added to the OAMOH team in 2015. To date, there has not been a Program Evaluator dedicated to the OHCDSH Service Area, so activities will include selecting the successful candidate, assessing the needs for program evaluation with the OHCDSH Service Area, and undertaking initial program evaluation activities. These activities will assist the staff and management of the OHCDSH Service Area to inform program planning, enhance evidence-informed decision-making, and support delivery of effective public health programs.

**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

**COMPONENT(S) OF TEAM PROGRAM #3: Surveillance and Population Health Assessment; Outbreak/Investigation Support**

Some activities in this program area include:

- Supporting OHCDSH teams to monitor existing and new Accountability Agreement Indicators.
- Producing health status reports on topics related to the work of OHCDSH teams, e.g., The Impact of Prescription and Non-Prescription Drug Use in Middlesex-London
- Generating community surveillance reports, e.g., the Community Influenza Surveillance Report, which is issued weekly throughout the influenza surveillance season
- Providing epidemiological support for local, provincial and international disease outbreaks and investigations, e.g., investigation and follow up of local measles cases, local E. coli O157:H7 outbreak related to a larger provincial outbreak; Ebola virus outbreak in West Africa.

Indicators related to this component are reflected in the respective team program budget templates.

# 2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCDSH

| **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, and guest lecturing at post-secondary institutions and conferences. |

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1** Program Evaluation | | | |
| # of Program Evaluation consultations provided | N/A | 5 | Increase |
| **Component of Team #2** Program Planning Support | | | |
| # of ad hoc requests for epidemiological assistance to support evidence-informed program planning | N/A | 25 | Increase |
| **Component of Team #3** Surveillance and Population Health Assessment; Outbreak/Investigation Support | | | |
| # of outbreak/investigations supported | N/A | 10 | Same |
| **Component of Team #4** Research and Knowledge Exchange | | | |
| # of lectures and presentations | 30 | 29 | Same |

| **SECTION F**<br>**STAFFING COSTS:** | **2014 TOTAL FTES** | **2015 ESTIMATED FTES** |
|---|---|---|
| | **3.8** | **4.8** |
| Associate Medical Officer of Health | 0.8 | 0.8 |
| Associate Director | 1.0 | 1.0 |
| Program Assistant | 1.0 | 1.0 |
| Epidemiologist | 1.0 | 1.0 |
| Program Evaluator | 0.0 | 1.0 |

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# 2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCDSH

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 491,491 | $ 546,539 | $ 511,208 | $ 663,231 | $ 152,023 | 29.74% |
| Benefits | 103,226 | 107,753 | 108,712 | 125,644 | 16,932 | 15.58% |
| Travel | 18,894 | 17,677 | 4,500 | 4,500 | | |
| Program Supplies | 3,148 | 908 | 2,994 | 2,994 | | |
| Staff Development | 3,612 | 2,557 | 2,000 | 2,000 | | |
| Professional Services | 1,100 | 1,100 | 0 | 0 | | |
| Equipment & Furniture | 42,432 | 36,021 | 8,750 | 8,750 | | |
| Other Program Costs | 65,467 | 63,461 | 84,939 | 84,939 | | |
| **Total Expenditures** | **$ 729,370** | **$ 776,016** | **$ 723,103** | **$ 892,058** | **$ 168,955** | **23.37%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 326,368 | $ 309,121 | $ 333,278 | $ 435,633 | $ 102,355 | 30.71% |
| PHAC – 100% | | | | 6,600 | 6,600 | N/A |
| MOHLTC – 100% | 403,002 | 466,895 | 389,825 | 389,825 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | 60,000 | 60,000 | N/A |
| **Total Revenues** | **$ 729,370** | **$ 776,016** | **$ 723,103** | **$ 892,058** | **$ 168,955** | **23.37%** |

# 2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCDSH

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Engage teams in program evaluation, develop systematic approach to build capacity regarding planning and evaluation, and implement evaluation plans
- Enhanced reporting in 2015 (e.g. TB report, daily surveillance report)

## SECTION J

### PRESSURES AND CHALLENGES

- Increased demands for epidemiologist time as a result of having both an AMOH and an Associate Director
- Having a dedicated program evaluator will increase the focus on program evaluation, which may require adjustment for the teams

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

**Allocation of Epidemiologist Salary to FoodNet Canada – ($6,600)**
The OHCDSH Epidemiologist currently provides support for FoodNet Canada-related activities at MLHU. This proposal would allocate 0.06 FTE (~2 hours per week) of the Epidemiologist salary to FoodNet Canada, as part of the funds MLHU invoices to the Public Health Agency of Canada for Site Coordinator salary and benefits, resulting in a net savings to the cost-shared budget.

**Program Evaluator - $86,500**
OHCDSH is the only service area in the organization without a program evaluator, and a great deal of ongoing work needs to be done. This proposal would allow a program evaluator to engage and support teams with intentional and systematic planning efforts, evaluate various processes and outcomes, and build knowledge and skills among staff in the service area regarding planning and program evaluation.

# ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

# VACCINE PREVENTABLE DISEASES

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OHCDSH | **MANAGER NAME** | Marlene Price | **DATE** |
| **PROGRAM TEAM** | Vaccine Preventable Diseases | **DIRECTOR NAME** | Heather Lokko | January 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

The Vaccine Preventable Diseases (VPD) Team focuses on reducing or eliminating the incidence of vaccine preventable diseases. This is achieved by providing immunization clinics in school, community and clinic settings; reviewing and updating 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 and reduces or prevents vaccine wastage. 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 (2014)
- Immunization of School Pupils Act
- Day Nurseries Act

Program: Vaccine Preventable Diseases – OHCDSH

**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 at targeted secondary schools with high proportions of at-risk populations; clinics to respond to community outbreaks or other arising issues.

**COMPONENT(S) OF TEAM PROGRAM #2** Immunization Clinics (elementary schools)

Immunizations are provided in elementary school settings periodically throughout the school year for the following:

- **Grade 7:** Meningococcal and hepatitis B vaccines are provided to all Grade 7 students for whom consent is received.
- **Grade 8:** Human papillomavirus (HPV) vaccine is given to all Grade 8 female students for whom consent is received.

**COMPONENT(S) OF TEAM PROGRAM #3** Implementation of Panorama Software System: Immunization and Inventory Tracking Modules

Panorama is a Pan-Canadian health surveillance software application intended to improve the tracking of immunizations and vaccines, for the purpose of enhancing optimal vaccine coverage. The immunization component was implemented at MLHU in July 2014 and continues into 2015; the vaccine inventory component is to be implemented mid-2015. The implementation of Panorama has required changing and integrating the business processes and policies related to both components.

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

Immunization information and advice is provided to health care providers and the public via email, the MLHU web site, and telephone. “Triage” is a telephone consultation service where Program Assistants provide a response to incoming inquiries when appropriate, or direct callers to a Public Health Nurse or Public Health Inspector for further information and/or consultation.

Clinical placements are provided to medical students and residents, and nursing students.

# 2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSH

**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).
- 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

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. Locations include new and existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations are inspected by the Infectious Disease Control Team).

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.

# 2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSH

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1** Immunization clinics (regular, high risk populations, outbreak) | | | |
| # of client visits/ vaccines given at the Immunization Clinic | 12, 207 / 16, 779 | 12,720/ 16,932 | Increase |
| # of community influenza clinics / clients seen | 10/ 3,739 | 5/ 1,155 | 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 | 87%/ 2,959 | 93%/ 2,727 | 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 | 89%/ 2,506 | 90%/ 3,508 | 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 | 58%, 1,310 | 55%/ 1,213 | Same |
| **Component of Team #3** Panorama software system implementation | | | |
| # of duplicate files resolved in immunization module | 0 (Panorama not yet implemented | 9,000 | Increase |
| # of files entered into immunization module (from backlog) | 0 (Panorama not yet implemented) | 0 | Increase |
| # of staff training sessions and meetings (inventory control module) | | 4 | Increase |
| **Component of Team #4** Education and Consultation | | | |
| # of calls to Triage / # of consultations through incoming email | 12,913 / 3,282 | 12,900/ 4,700 | Same |
| **Component of Team #5** Vaccine inventory and distribution of publicly- funded vaccines | | | |
| # of orders received from and processed for health care providers' offices | 3,931 | 3,850 | Same |
| **Component of Team #6** Cold chain inspections and Incident Follow Up | | | |
| # of cold chain inspections / % completion (Accountability Indicator) | 276 / 98% | 299 / 99.7% | Same |
| # of cold chain incidents / cost of vaccine wastage | 35 / $63,985. | 26/ $71,000. | Uncertain |

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# 2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSH

| **Component of Team #7** Investigation and follow up of vaccine-preventable reportable diseases | | | |
|---|---|---|---|
| # of reportable diseases reported and investigated / # confirmed (measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox) | 126 / 36 | 120/ 34 | Uncertain |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **18.1** | **17.94** |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurses | 7.1 | 7.5 |
| Casual Nurses | 2.6 | 2.14 |
| Program Assistants | 7.4 | 7.3 |

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,128,482 | $ 1,136,442 | $ 1,214,944 | $ 1,260,031 | $ 45,087 | 3.71% |
| Benefits | 250,882 | 259,724 | 278,615 | 300,661 | 22,046 | 7.91% |
| Travel | 13,830 | 9,166 | 12,500 | 12,200 | (300) | (2.4)% |
| Program Supplies | 96,900 | 346,288 | 296,200 | 296,200 | | |
| Staff Development | 1,150 | 584 | 1,900 | 1,900 | | |
| Professional Services | 19,143 | 2,295 | 4,200 | 4,200 | | |
| Equipment & Furniture | 3,500 | 7,011 | 3,500 | 3,500 | | |
| Other Program Costs | 5,068 | 7,312 | 9,948 | 9,948 | | |
| **Total Expenditures** | **$ 1,518,956** | **$ 1,768,822** | **$ 1,821,807** | **$ 1,888,640** | **$ 66,833** | **3.67%** |

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# 2015 Planning & Budget Template

Program: Vaccine Preventable Diseases – OHCDSH

## SECTION H
**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) | % increase (% decrease) |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,227,269 | $ 1,211,529 | $ 1,224,120 | $ 1,290,953 | $ 66,833 | 5.46% |
| MOHLTC – 100% | 157,262 | 156,600 | 157,262 | 157,262 | | |
| MCYS – 100% | | | | | | |
| User Fees | 61,925 | 320,365 | 367,925 | 367,925 | | |
| Other Offset Revenue | 72,500 | 80,328 | 72,500 | 72,500 | | |
| **Total Revenues** | **$ 1,518,956** | **$ 1,768,822** | **$ 1,821,807** | **$ 1,888,640** | **$ 66,833** | **3.67%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Continued implementation of immunization module of Panorama
- Implementation of Panorama (vaccine inventory module)
- Planned program review to identify opportunities to enhance efficiency and effectiveness of immunization services.

## SECTION J

**PRESSURES AND CHALLENGES**

- Resolution of duplicate files within Panorama (immunization module)
- Entry of files into immunization module from back log
- Completion of and integration of business processes and policies into current practice
- Implementation of vaccine inventory module within Panorama
- Implementation of revised Immunization of School Pupils Act

Program: Vaccine Preventable Diseases – OHCDSH

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

**Reduction of Secondary Schools Immunizations ($6,300)**
Only 25% to 30% of eligible students choose to receive immunizations at secondary school clinics. This proposal would reduce the number of school clinics and focus on providing clinics at high priority schools that are identified as having vulnerable student populations. This would result in a 0.06 FTE reduction in Casual Nurse hours.

**Decrease in Program Assistant at Triage ($6,600)**
The Triage Program Assistants (PA) answer calls from people calling into the Health Unit with Communicable Disease /Immunization questions. This disinvestment proposes to decrease the Program Assistant time at Triage. This change would likely result in limited/no access to a live person through this line over the lunch hour most days of the week. These calls would be redirected to voicemail.

# ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

# INFECTIOUS DISEASE CONTROL

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OHCDSH | **MANAGER NAME** | Tristan Squire-Smith | **DATE:** |
| **PROGRAM TEAM** | Infectious Disease Control | **DIRECTOR NAME** | Heather Lokko | January 2015 |

## SECTION B

**SUMMARY OF TEAM PROGRAM**

The goal of the Infectious Disease Control (IDC) Team is to prevent, reduce and control infectious diseases of public health importance in the community. The IDC Team provides the following programs and services: reportable disease follow-up and case management; outbreak investigation and management; inspections of institutional settings for food handling and/or infection control practices; and education and consultative support to institutions and the general public. As well, the IDC Team assists in influenza (and community outbreak) immunization clinics and verifies that vaccines are handled properly through cold chain inspections at institutional 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 (2013)
- 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 (2013)
- 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)

# 2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

**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 diseases (e.g. meningitis, hepatitis, tuberculosis, enteric diseases) to prevent or reduce 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 settings (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. The team inspects funeral homes and personal services settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) to ensure appropriate infection control practices are being implemented, and provides consultative support regarding infection control practices as needed. In addition, the IDC Team 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. 2014 will be the second year that the team has achieved a 100% inspection completion rate.

**COMPONENT(S) OF TEAM PROGRAM #4:** Health Promotion / Education

The IDC Team engages in educational 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 those who work in hospital and long term care/retirement home and child care settings. Updates on infectious diseases and infection control issues are sent via email distribution list on a regular basis.

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# 2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **IDC Team Component #1:** Reportable Disease Management/Case & Contact follow-up | | | |
| # of cases of reportable diseases followed-up<br>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 | 731 | 1000 | Same |
| **IDC Team Component #2:** Outbreak Management | | | |
| # of confirmed / potential outbreaks (OBs) managed<br>Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centers and other community settings | 175 | 170 | Same |
| **IDC Team Component #3:** Inspections | | | |
| # of personal services settings (PSS) inspected / % inspection completion rate | 612 / 100% | 617 / 100% | Same |
| # low risk food premises inspected / # medium risk food premises inspected / # high risk food premises inspected / Total # inspections / % inspection completion rate<br><br>High risk inspected once in each third of the year<br>Medium risk inspected once in each half of the year<br>Low risk inspected once per year | 7 / 9 / 135 / 430 / 100% | 10 / 10 / 133 / 429 / 100% | Same |
| **Component of Team #4:** Food Handler Training | | | |
| # of Food Handler Training (FHT) sessions / # of participants / # of participants that passed exam | 23 / 378 / 366 | 26 / 328 / 321 | 0 (FHT model changes) |

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# 2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

| **Component of Team #5:** Health Promotion & Education | | | |
|---|---|---|---|
| # of telephone consultations / # of email consultation / # of walk-in consultations | 178 / 122 / 21 | 250 / 140 / 16 | Same |
| # of presentations on infectious disease related topics (inclusive of presentations, meetings & displays). | 29 | 75 | Same |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **13.5** | **13.5** |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 1.0 | 1.0 |
| Public Health Nurses | 6.0 | 6.0 |
| Public Health Inspectors | 5.5 | 5.5 |

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,075,304 | $ 1,069,111 | $ 1,105,339 | $ 1,108,275 | $ 2,936 | 0.27% |
| Benefits | 231,840 | 253,925 | 257,322 | 253,763 | (3,559) | (1.38)% |
| Travel | 12,354 | 14,788 | 13,253 | 13,253 | | |
| Program Supplies | 16,941 | 6,185 | 6,813 | 6,813 | | |
| Staff Development | 3,500 | 4,418 | 1,100 | 1,100 | | |
| Professional Services | 6,450 | 9,131 | 9,500 | 9,500 | | |
| Furniture & Equipment | | 2,962 | | | | |
| Other Program Costs | 19,541 | 19,201 | 6,525 | 6,525 | | |
| **Total Expenditures** | **$ 1,365,930** | **$ 1,379,721** | **$ 1,399,852** | **$ 1,399,229** | **$ (623)** | **(0.04)%** |

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# 2015 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 610,169 | $ 623,960 | $ 631,827 | $ 617,973 | $ (13,854) | (2.19)% |
| PHAC – 100% | | | | 17,000 | 17,000 | N/A |
| MOHLTC – 100% | 755,761 | 755,761 | 768,025 | 761,256 | (6,769) | (0.88)% |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | 3,000 | 3,000 | |
| **Total Revenues** | **$ 1,365,930** | **$ 1,379,721** | **$ 1,399,852** | **$ 1,399,229** | **$ (623)** | **(0.04)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- IDC inspection disclosure website will go live for public viewing
- Complete review of all of IDC policies and procedures (inclusive of medical directives) will be completed
- IDC will continue to partner with Public Health Agency of Canada to be Ontario's Sentinel Site for the FoodNet Canada Enhanced Enteric Surveillance Program
- MLHU's IDC Team with partner again with Elgin St Thomas Public Health to co-host the yearly Infection Prevention and Control Workshop

## SECTION J

**PRESSURES AND CHALLENGES**

- The funding for the 100% funded positions (7.5 FTEs) has not increased despite yearly incremental raises in wages & benefits.

Program: Infectious Disease Control – OHCDSH

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

**Food Handler Training - $23,000**

This proposal would eliminate food handler training for the Infectious Disease Control team by shifting responsibility to the Environmental Health team and the delivery of select food handler training courses by the London Training Centre. Note: This proposal had included a reduction of 0.1 FTE administrative support, which on further analysis will not be feasible. An additional change to casual staffing will be able to realize the planned savings.

**Revenue Generation from Infectious Disease Control Yearly Workshop - $3,000**

This proposal takes into consideration the revenue generated by the annual Infection Prevention and Control Workshop. Revenues are generated from attendee registration fees.

# ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

# THE CLINIC & SEXUAL HEALTH PROMOTION

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OHCDSH | **MANAGER NAME** | Shaya Dhinsa | **DATE** |
| **PROGRAM TEAM** | The Clinic & Sexual Health Promotion | **DIRECTOR NAME** | Heather Lokko | January 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

The goals of the Sexual Health Team are to 1) prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and 2) promote health sexuality.

**The Clinic Team** provides clinical services for the provision of birth control and the diagnosis and treatment of sexually transmitted infections. Needle Exchange Program services are also offered on a drop-in basis. 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 at both 50 King St. in London and 51 Front St. in Strathroy. Needle Exchange Program services are offered at 50 King St in London and 51 Front St. in Strathroy, and also through partnership with Counterpoint and London Intercommunity Health Centre.

**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, and literacy.

## 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)

# 2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

**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. IUD/IUS insertions are also now available.

**COMPONENT(S) OF TEAM PROGRAM #2** Harm Reduction

The Needle Exchange Program provides clean needles/syringes and other injection equipment such as safer inhalation and naloxone kits, and accepts used needles/syringes and other equipment. This program maintains anonymity of those accessing service. 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), who administers the program, and the Health Unit, who provides the funds.

**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. A Public Health Nurse begins the follow-up process by contacting the client (if they were diagnosed at an MLHU 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 the clients' sexual contacts and/or encourage the client to notify their own contacts. Case contacts are encouraged to be tested and treated either at an MLHU STI clinic or at another health care provider. Information on the client and their contacts are entered into the MOHLTC's electronic Integrated Public Health Information System (iPHIS) database.

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

The Sexual Health Promotion Team develops presentations, communication campaigns, resources and health fairs on various sexual health topics. Both the Sexual Health Promotion and Clinic Teams provide one-on-one telephone consultation to clients. Other sexual health promotion activities include:

- Providing presentations, health fairs, clinic tours and answering sexual health questions from the community;
- Building successful sexual health campaigns using social media

**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.

# 2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1 Clinic Services** | | | |
| % of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators) | 100% | 100% | 100% |
| # of birth control pills dispensed (including emergency contraception) | 31,917 | 29,340 | Same (possible increase due to campaign) |
| Total visits to the Sexually Transmitted Infection (STI) Clinic | 8,052 | 8,363 | Same (possible increase due to campaign) |
| Total visits to the Family Planning Clinic | • London: 6,683<br>• Strathroy: 372 | • London: 6,474<br>• Strathroy: 225 | • London & Strathroy: Same (possible increase due to campaign) |
| Total visits for IUD/IUS insertions | N/A | 220 | Increase |
| # of new clients/ total visits for IUD/IUS insertions | Number of IUD/IUS not tracked as just began insertions | 209/ 220 | Increase (offering insertions more frequently and in a more integrated manner) |
| **Component of Team #2 Harm Reduction** | | | |
| Total visits to the Needle Exchange Program at Health Unit | 992 | 600 | Increase |
| Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit | 48,884 / 21,913 | 91,259 / 18,947 | Increase |
| **Component of Team #3 Sexually Transmitted Infection Follow-up** | | | |
| # of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up | 1,309 / 81 / 21 / 20 | 1,403 / 101 / 18 / 34<br>Numbers not final yet | Same |

# 2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

| **Component of Team #4 Sexual Health Promotion (including Education)** | | | |
|---|---|---|---|
| Sexual Health Campaigns | Are You Doin' It; Add Your Colour; Clinic Promotion | STI Guinness Record Testing Campaign; Clinic Promotion materials; Add Your Colour Campaign | Expand STI Guinness Testing Campaign; Launch Clinic promotion materials and develop video |
| # of presentations, health fairs and clinic tours | 121 | 59 | Same |
| # of phone calls to Public Health Nurse for sexual health info | 760 | 4525 (external) | Same |
| **Component of Team #5 Social Determinants of Health** | | | |
| Initiatives that were the focus of the Social Determinants of Health Public Health Nurse | Methadone Maintenance Best Practice Workgroup; Community Opioid Overdose Prevention initiative | In addition to 2014 initiatives; Municipal drug strategy; Staff education about Social Determinants of Health; Internal Health Equity Impact Assessment. | In addition to 2014 initiatives; Review role description of SDOH PHN; Partner with Community Drug Strategy Lead. |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTES** | **2015 ESTIMATED FTES** |
|---|---|---|
| | **18.3** | **18.6** |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurses | 11.9 | 11.8 |
| Health Promoter | 1.0 | 1.5 |
| Clinical Team Assistants | 4.0 | 3.9 |
| Program Assistant | 0.4 | 0.4 |

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# 2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,246,366 | $ 1,126,894 | $ 1,275,572 | $ 1,333,676 | $ 58,104 | 4.56% |
| Benefits | 282,151 | 275,767 | 300,683 | 315,173 | 14,490 | 4.82% |
| Travel | 9,500 | 6,079 | 9,850 | 9,850 | | |
| Program Supplies | 338,457 | 322,833 | 338,452 | 338,452 | | |
| Staff Development | 4,500 | 2,672 | 4,500 | 4,500 | | |
| Professional Services | 389,921 | 305,177 | 386,937 | 515,630 | 128,693 | 33.26% |
| Furniture & Equipment | 2,504 | 4,360 | 2,504 | 2,504 | | |
| Other Program Costs | 29,088 | 56,446 | 29,520 | 29,520 | | |
| **Total Expenditure** | **$ 2,302,487** | **$ 2,100,228** | **$ 2,348,018** | **$ 2,549,305** | **$ 201,287** | **8.57%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,584,048 | $ 1,366,197 | $ 1,647,266 | $ 1,719,860 | $ 72,594 | 4.40% |
| MOHLTC – 100% | 433,439 | 431,602 | 415,752 | 544,445 | 128,693 | 33.75% |
| MCYS – 100% | | | | | | |
| User Fees | 285,000 | 284,676 | 285,000 | 285,000 | | |
| Other Revenue | | 17,753 | | | | |
| **Total Revenues** | **$ 2,302,487** | **$ 2,100,228** | **$ 2,348,018** | **$ 2,549,305** | **$ 201,287** | **8.57%** |

# 2015 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Expand the STI Guinness Campaign to a large campaign for Southwest Ontario with other Health Units.
- Continue to enhance and promote The Clinic Services. Launch of "Top 10 Reasons to Get Tested" and develop Clinic Video.
- Complete Program Review for Sexual Health and implement changes to increase efficiencies and effectiveness.

## SECTION J

### PRESSURES AND CHALLENGES

- Changes resulting from the program review may vary in ease of implementation.
- Significant increase in demand for Needle Exchange services and in disposal costs, as well as expansion of services offered (now distributing naloxone and safer inhalation kits; services being offered at two additional community organizations to increase client access).

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

**● Decrease Sexual Health Clinic Casual Public Health Nurses - $9,300**

The Wednesday morning Family Planning Clinic has lower volumes compared to others and can be offered efficiently with just one physician and one Public Health Nurse (rather than 2 of each). This proposal looks at reducing one casual Public Health Nurse. This change is not expected to have any significant impact on client service or client experience.

**● Decrease Casual Clinic Assistant Hours - $3,000**

This proposal would decrease casual Clinical Team Assistant (CTA) staffing by 0.1 FTE, by reducing the number of CTA's providing office support on Wednesday afternoons.

**● Community Drug Strategy Lead - $37,800**

This proposal recommends investing in a Community Drug Strategy Lead to facilitate the development and implementation of a strategy based on Vancouver's Four Pillars Drug Strategy (harm reduction, prevention, treatment, enforcement).

# ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

# ORAL HEALTH PROGRAM

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OHCDSH | **MANAGER NAME** | Chimere Okoronkwo | **DATE** |
| **PROGRAM TEAM** | Oral Health | **DIRECTOR NAME** | Heather Lokko | January 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

The overall goal of the Oral Health Team is to enable an increased proportion of children to have optimal oral health. 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 (both treatment and essential clinical preventive health services).

## 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)

Program: Oral Health – OHCDSH

## SECTION D

**COMPONENT(S) OF TEAM PROGRAM #1** School Screening

School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). A Dental Hygienist, with the support of a Dental Assistant, checks children's teeth to identify if they have urgent dental needs, such as cavities.

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, and first dental visits are delivered in school and community-based settings, as well as via the website, email and telephone. Additional oral health promotion strategies will be explored for 2015.

**COMPONENT(S) OF TEAM PROGRAM #4** Clinical Services

The 50 King Street Dental Office offers a full dental clinic that provides a range of treatment (e.g., fillings and extractions) and preventive services (e.g., 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 Prev-OH 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 Dental Office for a small fee if they are on Ontario Works or have children in the Healthy Smiles Ontario Program.

**COMPONENT(S) OF TEAM PROGRAM #5** Fluoride Varnish

Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the dental consultant at the Health Unit, for monitoring purposes. Regular application of fluoride varnish is an evidence-based preventive strategy that can positively impact oral health outcomes, particularly in high risk settings. The team will continue to pilot the delivery of fluoride varnish programs in selected high risk schools in 2015; we will determine how to most effectively scale up the pilot, and proceed with further implementation. Fluoride varnish programming will also be expanded to childcare settings and other appropriate venues (see PBMA proposal for more information).

# 2015 Planning & Budget Template

Program: Oral Health – OHCDSH

| **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). Based on Ministry communications, it is expected that processing of dental claims by health units will be discontinued as of August 2015. |

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | **2013** | **2014 (anticipated)** | **2015 (estimate)** |
|---|---|---|---|
| **Component of Team #1** School Screening | | | |
| # of eligible students screened / % of eligible school children screened | 15,751 / 81% | 15,797 / 84% | 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) | 3.96% / 7.6% | 3.98% % / 9.9% | Same |
| **Component of Team #2** Monitoring, Reporting and Quality Improvement | | | |
| % of schools classified as “High Risk”, % of schools classified as “Medium Risk” based on dental screening in Grade 2 students. | 10.3% / 8.7% | 11.2% / 9.6% | Same |
| % of children absent during the school-based dental screening program / % of children excluded from school based screening | 8.26% / 15.05% | 6.1% / 10.7% | Decrease |
| **Component of Team #3** Oral Health Promotion | | | |
| # of oral health presentations | 70 | 65 | Decrease (due to disinvestment in universal classroom education) |

# 2015 Planning & Budget Template

Program: Oral Health – OHCDSH

| | | | |
|---|---|---|---|
| **Component of Team #4** Clinical Services | | | |
| # of CINOT clients / # of clients on other publicly-funded programs | 200 / 285 | 220 / 450 | Decrease (due to anticipated Ministry changes) |
| # of eligible clients who received preventive services (cleaning, sealants, fluoride varnish) | 600 | 550 | Decrease (due to anticipated Ministry changes) |
| **Component of Team #5** Fluoride Varnish | | | |
| # of children who receive fluoride varnish through pilot program | Not applicable | 106 | Increase |
| **Component of Team #6** Processing the dental claims | | | |
| # of HSO / CINOT claims processed | 2,791 / 1,181 | 3,500 / 1,500 | Decrease (due to anticipated Ministry changes) |
| % of HSO / CINOT claims processed within the relevant time frame. | 85% / 24% | 80% / 30% | Increase |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTES** | **2015 ESTIMATED FTES** |
|---|---|---|
| | **15.6** | **15.7** |
| Dental Consultant (1.0 shared among five health units) | 0.4 | 0.4 |
| Program Manager | 1.0 | 1.0 |
| Dentist | 1.0 | 1.0 |
| Dental Hygienists | 4.0 | 4.8 |
| Dental Assistants | 5.7 | 5.0 |
| Dental Claims Analyst | 1.0 | 1.0 |
| Dental Claims Assistants | 2.0 | 2.0 |
| Health Promoter[1] | 0.5 | 0.5 |

1) In 2015 a reduction of 0.5 FTE Health Promoter in the Healthy Smiles Ontario program to support direct client care (increase in participation).

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# 2015 Planning & Budget Template

Program: Oral Health – OHCDSH

## SECTION G

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,039,485 | $ 1,032,907 | $ 1,060,034 | $ 1,084,478 | $ 24,444 | 2.31% |
| Benefits | 235,768 | 245,994 | 237,705 | 253,894 | 16,189 | 6.81% |
| Travel | 22,500 | 21,863 | 24,900 | 21,900 | (3,000) | (12.05)% |
| Program Supplies | 88,096 | 61,708 | 74,776 | 82,556 | 7,780 | 10.40% |
| Staff Development | 6,000 | 3,672 | 5,800 | 5,800 | | |
| Professional Services | 878,979 | 834,680 | 876,499 | 834,889 | (41,610) | (4.75)% |
| Furniture & Equipment | 12,000 | 19,265 | 18,900 | 18,900 | | |
| Other Program Costs | 26,300 | 6,336 | 29,305 | 29,305 | | |
| **Total Expenditures** | **$ 2,309,128** | **$ 2,226,425** | **$ 2,327,919** | **$ 2,331,722** | **$ 3,803** | **0.16%** |

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,225,879 | $ 1,107,512 | $ 1,213,025 | $ 1,202,777 | ($ 10,248) | (0.85)% |
| MOHLTC – 100% | 751,567 | 751,567 | 751,567 | 751,567 | | |
| MCYS – 100% | | | | | | |
| User Fees | 221,352 | 223,143 | 242,084 | 247,670 | 5,586 | 2.31% |
| Other Offset Revenue | 110,330 | 144,203 | 121,243 | 129,708 | 8,465 | 6.98% |
| **Total Revenues** | **$ 2,309,128** | **$ 2,226,425** | **$ 2,327,919** | **$ 2,331,722** | **$ 3,803** | **0.16%** |

# 2015 Planning & Budget Template

Program: Oral Health – OHCDSH

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Pilot the provision of fluoride varnish to children aged 0 – 4 years in different pre-school settings such as daycare settings, pre-school programs, and other childcare settings.
- Implement targeted classroom-based dental health education lessons to Grades 2 and 4 in selected high-risk schools.
- Expand the school-based fluoride varnish program in selected high risk schools in 2015

## SECTION J

### PRESSURES AND CHALLENGES

- Current lack of approval from the Thames Valley District School Board (TVDSB) to implement the fluoride varnish program during regular school hours. This would adversely affect the level of participation in this public health intervention.
- The provincial plans to integrate all the publicly-funded Oral Health programs and centralize the claims management process in August 2015 will have staffing and programmatic implications.
- Uncertainty about the funding envelope for the oral health program for two 100% funded provincial programs (Healthy Smiles Ontario and Children in Need of Treatment)
- The deficit in the Dental Clinic, while greatly reduced, will continue due to the fact that revenue from billings for oral health services remains insufficient to keep up with increasing expenses.

Program: Oral Health – OHCDSH

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

**Universal Classroom-based Dental Health Education Lessons - $64,000**
The proposal would discontinue the universal classroom-based dental health education lessons at schools and instead opt for targeted delivery of the lessons within high-risk schools also receiving fluoride varnish treatments. This approach is expected to have a more significant impact on caries prevention.

**Panorex Services - $4,000**
The Panorex X-ray machine was installed at the 50 King Dental Clinic in 2011 and is used to produce digital dental panoramic radiograph. This proposal would offer digital dental panoramic radiograph services to clients of community dental offices for a fee.

**Children in Need of Treatment Savings (CINOT) - $82,000**
This proposal reflects incurred savings from the CINOT program due to decreased participation of eligible children and youth in the program. These dental services are being accessed through the Healthy Smiles Ontario (HSO) program funding instead of CINOT due to the expansion of HSO eligibility.

**Pre-School Caries Prevention Program - $60,000**
This proposal would allow fluoride varnish treatment to be offered in daycare settings, preschool programs, and other childcare settings in neighbourhoods with children at high risk of early childhood caries.

**Dental Health Promoter - $37,500**
The Oral Heath team requires a health promoter to engage in program development, promotion, and evaluation, to support implementation of initiatives aimed at reducing preschool caries. This individual will also provide health promotion support to other teams within OHCDSH.

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

# DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | EHCDP | **MANAGER NAME** | Sarah Maaten | **DATE** |
| **PROGRAM TEAM** | Director / Epidemiology / Program Evaluator | **DIRECTOR NAME** | Wally Adams | January 2015 |

## 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, and finance, is provided by the Director and supported by the Executive Assistant. The Epidemiologist and Program Evaluators provide consultation to EHCDP and the overall health unit in program planning, population needs assessments, health assessment and surveillance, and 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. The Ontario Public Health Organizational Standards of Leadership, Community Engagement and Responsiveness, and Management Operations within EHCDP and across the organization are supported by the Director in collaboration with the SLT.

## 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 conducting program evaluations. It also involves the development of a larger plan, with associated processes, for capacity building in MLHU staff.

# 2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

| 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 intervention strategies. |
| **COMPONENT(S) OF TEAM PROGRAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE** |
| The objective of this component comes directly from the OPHS Foundational Standard. To increase awareness among the public, community partners and health care providers of relevant and current population health information. The target audiences include public health practitioners, the public, community partners and health care providers. Activities for this component include disaggregating local health data by social determinants of health 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. To Increase 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. To establish and maintain 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. |

# 2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **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 | 13% | 15% | Increase |
| % of EHCDP staff responsible for program planning and evaluation who can develop a logic model | 50%* | 75%^ | Increase |
| % of EHCDP staff who agree that MLHU organization believes that research evidence is useful to determine program or policy strategies and interventions. | 71%* | 88%^ | 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. | 56%* | 69%^ | Increase |
| **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. | 50%* | 66%^ | 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. | 36%* | 53%^ | 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 | 24% (11/46) | Increase |

*Based on 68% response rate
^Based on 51% response rate

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# 2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 Total FTEs** | **2015 Estimated FTEs** |
|---|---|---|
| | **4.75** | **4.75** |
| Director | 1.0 | 1.0 |
| Administrative Assistant | 1.0 | 1.0 |
| Epidemiologist | 1.0 | 1.0 |
| Program Evaluator | 1.75 | 1.75 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 329,080 | $ 329,582 | $ 385,691 | $ 402,000 | $ 16,309 | 4.23% |
| Benefits | 79,827 | 80,965 | 91,816 | 98,619 | 6,803 | 7.41% |
| Travel | 4,400 | 3,101 | 5,858 | 5,858 | | |
| Program Supplies | 6,260 | 5,183 | 4,180 | 4,180 | | |
| Staff Development | 3,758 | 1,318 | 2,500 | 2,500 | | |
| Professional Services | | 2,035 | 56,000 | 56,000 | | |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 1,524 | 1,558 | 3,404 | 3,404 | | |
| **Total Expenditure** | **$ 424,849** | **$ 423,742** | **$ 549,449** | **$ 572,561** | **$ 23,112** | **4.21%** |

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# 2015 Planning & Budget Template

Program: Office of the Director, Epidemiology & Program Evaluation – EHCDP

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 424,849 | $ 423,742 | $ 549,449 | $ 572,561 | $ 23,112 | 4.21% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenue** | **$ 424,849** | **$ 423,742** | **$ 549,449** | **$ 572,561** | **$ 23,112** | **4.21%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Continue to build capacity and culture to support program planning and evaluation. Activities include supporting a knowledge broker training program and developing a Locally Driven Collaborative Project to assess and improve capacity for evaluation
- Enhance surveillance tools and build robust quality improvement processes for Environmental Health teams.

## 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 2015**

N/A

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

# CHRONIC DISEASE PREVENTION AND TOBACCO CONTROL

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | EHCDP | **MANAGER NAME** | Linda Stobo | **DATE** |
| **PROGRAM TEAM** | Chronic Disease Prevention and Tobacco Control | **DIRECTOR NAME** | Wally Adams | January 2015 |

## 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, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the Skin Cancer Prevention Act; tobacco use prevention, cessation and 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 (SFOA) and Ontario Regulation 48/06
  - City of London Smoking Near Recreation Amenities and Entrances Bylaw
  - The Skin Cancer Prevention Act
  - Bill 45 – The Making Healthier Choices Act (The Electronic Cigarette Act, Menu Labelling and further amendments to SFOA
- **OPHS Protocols**
  - Nutritious Food Basket Protocol, 2014
  - Tobacco Compliance Protocol, 2008
  - Tanning Beds Compliance Protocol, 2014
- **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 & Tobacco Control – EHCDP

**SECTION D**

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

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

- promote sun protective behaviours and support the development of policies within workplaces, schools and childcare facilities that protect people from exposure to UVR
- 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
- conduct annual inspections of all tanning bed operators and respond to complaints and inquiries
- decreased youth exposure to tanning bed and artificial tanning advertisements and promotions
- promote compliance with the Skin Cancer Prevention Act through vendor education and inter-agency enforcement activities

**COMPONENT(S) OF TEAM PROGRAM #2: FOOD SECURITY, FOOD SKILLS/LITERACY, FOOD SYSTEMS AND PROMOTION OF HEALTHY EATING**

**Goal:** Decrease the morbidity and mortality from preventable chronic diseases through the adoption of healthy eating behaviours and increased access to nutritious, culturally appropriate foods

- 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 (e.g. Provincial Poverty Project)
- support the development of policies within workplaces and municipalities, and advocacy/enactment of Bill 45 – the Making Healthier Choices Act (menu labelling) to achieve healthy food environments
- promote healthy eating and increased access to fruits and vegetables (e.g. Harvest Bucks Voucher Program)
- support implementation of the objectives of the London Food Charter through the establishment of a London Food Policy Council
- address the environmental, economic, social and nutritional factors that impact food-related issues in the community

**COMPONENT(S) OF TEAM PROGRAM #3: 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 the tobacco industry and 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)

- advocacy and promotion of Bill 45 – the Making Healthier Choices Act (The Electronic Cigarette Act and amendments to the Smoke-free Ontario Act)
- education on the impact of tobacco impressions in youth-rated movies and advocate for the implementation of the Ontario Coalition for Smoke-Free Movies' policy recommendations

**COMPONENT(S) OF TEAM PROGRAM #4: TOBACCO CESSATION**

**Goal:** Decrease tobacco-related disease and death in Middlesex-London through the provision of cessation services targeted to priority populations

- 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, living with mental illness, etc)

**COMPONENT(S) OF TEAM PROGRAM #5: PROTECTION AND TOBACCO ENFORCEMENT (SMOKE-FREE ONTARIO ACT AND MUNICIPAL BYLAWS)**

**Goal:** Decrease tobacco-related disease and death in Middlesex-London 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)
- promote and ensure compliance with the 2015 Regulatory Amendments to the Smoke-Free Ontario Act, increasing prohibitions on tobacco use on bar and restaurant patios, within 20 meters of playground equipment, sports fields and spectators areas
- increase municipal prohibitions on tobacco use (e.g. 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
- advocacy and enactment of Bill 45 – the Making Healthier Choices Act (The Electronic Cigarette Act and amendments to the Smoke-free Ontario Act)

# 2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

| **SECTION E**<br><br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013** | **2014 (anticipated)** | **2015 (estimate)** |
| **Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)** | | | |
| % of tanning bed operators inspected twice annually for compliance with the Skin Cancer Prevention Act | N/A | 100% | 100% |
| % of Middlesex-London adults who reported getting a sunburn in the last 12 months | N/A | 39.2% (2013 data) | Not reported again until 2016 |
| **Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING** | | | |
| % of Middlesex-London residents aged 12 years and older reporting eating the recommended daily amount of vegetables and fruit | 37% (2011/2012) | TBD | Increase |
| **Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT** | | | |
| # of Youth Engaged/Reached in Programming through partnerships/projects | 4500 | 4750 | 5000 |
| # of Attendees at annual Smoke-free Movie Night in the Park | 1800 | >2000 | 2500 |
| % of youth who have never smoked a whole cigarette (**Accountability Agreement Indicator)** | ≥ target of 85.3% | 92.2% | Same |
| **Component of Team #4 TOBACCO USE CESSATION** | | | |
| % of adults aged 19 years and over in Middlesex-London that are current smokers | 19% (2011/2012) | TBD | Decrease |
| **Component of Team #5 PROTECTION AND ENFORCEMENT** | | | |
| % of Middlesex-London exposed to SHS in vehicles and in public places | 15.4% (2011/2012) | TBD | Decrease |
| % of tobacco vendors in compliance with youth access legislation at last inspection **(Accountability Agreement Indicator)** | 99.4% | 99.1% | ≥ 90% |
| # of inspections of public places and workplaces | 1600 | 1891 | 1800 |

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# 2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **13.2** | **12.7** |
| Program Manager | 1.0 | 1.0 |
| Public Health Dietitians | 2.0 | 2.5 |
| Public Health Nurses | 3.5 | 2.5 |
| 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) | 0.9 | 0.9 |
| Test Shoppers ( 6 students, approx. 4 to 8 hours per month) | 0.2 | 0.2 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 786,053 | $ 765,760 | $ 810,634 | $ 885,984 | $ 75,350 | 9.30% |
| Benefits | 179,934 | 184,763 | 196,624 | 206,374 | 9,750 | 4.96% |
| Travel | 33,691 | 31,592 | 31,597 | 29,300 | (2,297) | (7.27)% |
| Program Supplies | 65,455 | 99,943 | 169,919 | 77,407 | (92,512) | (54.44)% |
| Staff Development | 3,850 | 2,461 | 3,378 | 2,050 | (1,328) | (86.69)% |
| Professional Services | 9,500 | 10,082 | 11,345 | 11,345 | | |
| Furniture & Equipment | 9,000 | 7,673 | 106 | | (106) | (100)% |
| Other Program Costs | 52,909 | 48,143 | 46,982 | 41,919 | (5,063) | (10.78)% |
| **Total Expenditure** | **$ 1,140,392** | **$ 1,150,417** | **$ 1,270,585** | **$ 1,254,379** | **$ (16,206)** | **(1.28)%** |

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# 2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 493,155 | $ 499,030 | $ 637,078 | $ 620,872 | $ (16,206) | (2.54)% |
| MOHLTC – 100% | 640,316 | 640,316 | 633,507 | 633,507 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | 6,921 | 11,071 | | | | |
| **Total Revenue** | **$ 1,132,393** | **$ 1,150,417** | **$ 1,270,585** | **$ 1,254,379** | **$ (16,206)** | **(1.28)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- The enactment and promotion of Regulatory amendments under the Smoke-Free Ontario Act prohibiting smoking on bar and restaurant patios, within 20 metres of playgrounds and within 20 metres of sports fields and spectator areas.
- The continued expansion/enhancement of tobacco cessation services delivered by the Health Unit to reach priority populations.
- Increased involvement in the development of a local food policy council and increased Health Unit capacity to engage stakeholders from across the food chain, from production to consumption and waste management, to create a healthy community food system in London and Middlesex County.
- Advocacy and enactment of Bill 45 – the Making Healthier Choices Act through 2015 to 2017.

## SECTION J

**PRESSURES AND CHALLENGES**

- The promotion and enforcement of the Skin Cancer Prevention Act requires additional work and program dollars – it will be a challenge if additional resources are not provided by the Province.
- Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our

comprehensive tobacco control program. Challenges are being mitigated by decreasing essential program supply dollars.

  - The challenges for tobacco control coordination are being mitigated by increasing the cost-shared budget portion of the Program Manager's salaries and benefits from 50% to 60%. This adjustment is also reflective of the Program Manager's portfolio.
  - The challenges for youth prevention are being mitigated by decreasing program materials.
  - Promotion and enforcement of the new smoking prohibitions under Regulation 48/06 of the Smoke-Free Ontario Act requires additional enforcement and program dollars (promotional) that will be a challenge if additional resources are not provided by the Province. FTE reductions to Tobacco Enforcement Officers may be required.

- Bill 45 – the Making Healthier Choices Act, if enacted will mandate menu labelling, further amendments to the Smoke-Free Ontario Act and the enactment of the Ontario E-Cigarette Act. Public Health Units will be designated to support the implementation and enforce the new legislation. These mandated activities exceed current capacity.
- Responding to inquiries from the public and healthcare providers about the integrated cancer screening programs and changes to screening program guidelines (breast, cervical, and colorectal cancer) will be a challenge due to the decision to disinvest in the early detection and prevention of cancer programming.

# 2015 Planning & Budget Template

Program: Chronic Disease Prevention & Tobacco Control – EHCDP

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Disinvestment in the early detection and prevention of cancer program – (1.0 FTE PHN at $97,262)** – reduce duplication of work of Cancer Care Ontario and allow for health unit resources to be re-allocated to primary cancer prevention strategies including healthy eating, substance misuse (alcohol and other drugs), physical activity and poverty.
- **Investment in food systems work - 0.5 FTE Registered Dietitian at $44,000 –** to increase Health Unit capacity to take an ecological approach (environmental, economic, social and nutritional factors) to address food-related issues in our communities, including food insecurity, consumption of nutrient-poor foods, and rates of overweight/obesity and chronic diseases. This investment will support the continued exploration of the development of a local Food Policy Council.
- **Chronic Disease Prevention Manager Realignment - $12,469 –** to increase the FTE allocation of the Program Manager to 0.6 Chronic Disease Prevention from 0.5 to more closely reflect time spent within the program area and to mitigate Smoke-Free Ontario funding challenges.
- **One-time investment in food systems work – 0.5 FTE Registered Dietitian (temporary) at $44,000 –** to complement the permanent ongoing investment in food systems (healthy convenience store initiative, pilot food waste initiatives, etc).
- **Program Supply budget line changes**:
    - End of 2014 one-time funding of $35,000 to support the development and implementation of a campaign to increase awareness about the dangers of artificial tanning and ultraviolet radiation exposure. The campaign materials are available for use in 2015 if dollars become available.
    - Pressures within the Smoke-Free Ontario Strategy funding envelope are being mitigated through substantial decreases to the program supply budget. This will affect capacity for social marketing and communications

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

# FOOD SAFETY

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | EHCDP | **MANAGER NAME** | David Pavletic | **DATE** |
| **PROGRAM TEAM** | Food Safety | **DIRECTOR NAME** | Wally Adams | January 2015 |

## 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 in accordance with the Food Safety Protocol, 2013 requirements and Environmental Health Program Standards.
- 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.

# 2015 Planning & Budget Template

Program: Food Safety – EHCDP

| 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).<br>• Investigate all suspected food-borne illnesses and lab confirmed food-borne illnesses related to a food premise in a timely manner (within 24 hours).<br>• Participate in food recall verification checks.<br>• 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.<br>• Provide food handler training courses to specified community groups and administration of exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2013).<br>• Provide food safety seminars, community presentations and health fairs to promote safe food handling practices.<br>• 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 REPORTING** |
| • Provide reports to the MOHLTC pertaining to the types of food premises, routine inspections, re-inspections, complaints, closures, legal actions, food handler training sessions (by BOH or agent of BOH), food handlers trained and pass / fail rate and certified food handlers present during inspection.<br>• Provide public disclosure of inspection results through DineSafe website and on-site posting. Monitor DineSafe website for public inquiries (complaints / service requests), website glitches and data input errors resulting in potential inaccuracies. Maintain DineSafe website by including legal actions taken and updated materials. Ensure that all DineSafe facilities receive a DineSafe Middlesex-London Inspection Summary (sign) posted at entrance of facility.<br>• Respond to all media inquiries related to inspection results. |

# 2015 Planning & Budget Template

Program: Food Safety – EHCDP

| **SECTION E**<br><br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015 (estimate)** |
| **Component of Team #1 Surveillance and Inspection** | | | |
| High risk food premises inspected once every 4 months **(Accountability Agreement Indicator)** | 99.6% (1,441) | 100.0 % (1,410) | 100.0% |
| Moderate risk food premises inspected once every 6 months **(Accountability Agreement Indicator)** | 97.8% (1,626) | 99.5% (1,696) | 100.0% |
| Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement) | 85.9% | 89.9% | 100.0% |
| Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (Posting Requirement) | 99.3% | 99.4% | 100.0% |
| **COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE** | | | |
| *Suspect / Lab Confirmed food-borne illness calls responded to within 24 hours | Estimated 100% (150) | Estimated 100% (164) | 100.0% |
| **RRFSS** | | | |
| **Percentage of Adults (18+) who feel the food in restaurants is safe to eat in their community – 2013 | 90% | Not available | Increase |

*this performance measure is estimated as the Food Safety team is looking into improving the procedure for monitoring and documenting response times so that it is reportable through the database.
**this question is asked every few years and so data for 2014 will not be available.

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# 2015 Planning & Budget Template

Program: Food Safety – EHCDP

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 Total FTEs** | **2015 Estimated FTEs** |
|---|---|---|
| | **14.7** | **13.7** |
| Program Manager | 1.0 | 1.0 |
| Public Health Inspectors | 12.7* | 11.7 |
| Administrative Assistant | 1.0 | 1.0 |

*An additional 0.7 FTE have been added here to properly reflect the practice of using Enhanced Food Safety funding to support personnel costs.

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,034,376 | $ 1,009,401 | $ 1,060,704 | $ 1,047,132 | $ (13,572) | (1.28)% |
| Benefits | 237,876 | 237,750 | 247,882 | 241,380 | (6,502) | (2.62)% |
| Travel | 25,763 | 26,854 | 25,763 | 25,763 | | |
| Program Supplies | 30,690 | 36,511 | 27,246 | 7,246 | (20,000) | (73.41)% |
| Staff Development | 8,591 | 4,688 | 8,591 | 8,591 | | |
| Professional Services | | | | | | |
| Furniture & Equipment | | 1,123 | | | | |
| Other Program Costs | 7,841 | 7,647 | 7,591 | 7,591 | | |
| **Total Expenditures** | **$ 1,345,137** | **$ 1,323,974** | **$ 1,377,777** | **$ 1,337,703** | **$ (40,074)** | **(2.91)%** |

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# 2015 Planning & Budget Template

Program: Food Safety – EHCDP

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,261,637 | $ 1,201,043 | $ 1,277,027 | $ 1,266,953 | $ (10,074) | (0.79)% |
| MOHLTC – 100% | 58,000 | 58,000 | 58,000 | 58,000 | | |
| MCYS – 100% | | | | | | |
| User Fees | 25,500 | 64,931 | 42,750 | 12,750 | (30,000) | (70.18)% |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 1,345,137** | **$ 1,323,974** | **$ 1,377,777** | **$ 1,337,703** | **$ (40,074)** | **(2.91)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Enhanced Compliance Initiative – development of evidence informed strategy for improving food safety in food premises with a documented history of recurring infractions and non-compliance.
- Revisit MOU with London Training Centre to incorporate provincial FHT requirements and work to ensure continuity of services as MLHU transitions through the implementation of this disinvestment.
- Provide additional staff training to meet legislative and program demands (enforcement training, new challenges with high risk foods, meat processing etc.)
- Explore social media initiatives to promote more awareness and education regarding food safety.
- Food Safety assessments and inspections in group homes through the Open Ontario Compliance Initiative – Vulnerable Occupancies Pilot Project.

# 2015 Planning & Budget Template

Program: Food Safety – EHCDP

## SECTION J

### PRESSURES AND CHALLENGES

- Implementation of new provincial standardized Risk Categorization tool. This could result in an increase in the number of required inspections for the year and subsequent years.
- FHT disinvestment may result in more administrative work for MLHU in processing certificate and provision of exams.
- A portion of an FTE (PHI) salary is paid using Enhanced Food Safety funding. This funding remains fixed even though personnel costs rise putting pressure on our ability to maintain FTE levels.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- Reduction **($22,920)** in ultra-low risk food premises inspections (0.25 FTE)
- Reduction **($58,758)** in Food Handler Training classes (0.75 FTE), to be transferred to London Training Centre
- Investment **$41,765** in enhanced compliance initiative (0.5 FTE in one-time funding) to increase compliance at food premises with repeated food handling infractions

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

# HEALTHY COMMUNITIES AND INJURY PREVENTION (HCIP)

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

# 2015 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 2015 |

## 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**

- Provide consultations to small/medium size workplaces/employers with limited resources to educate them on the importance of workplace wellness programs and to link workplaces with other MLHU programs and services.
- Collaborate with Southwest Public Health Units to increase knowledge of employers about the positive impact of workplace wellness programs on their employees- May 27th Workshop “Workplace Wellness: Moving Forward”
- Educate workplaces about the new guideline “Psychological Health and Safety Standard.” Participating in a pilot project with United Way to develop an implementation guide for the guideline, and further develop a workplace wellness program for MLHU employees

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

| 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<br>• Chair of the Middlesex-London in Motion Partnership and the implementation of the in Motion Community Challenge<br>• Community/partner consultation and supports e.g. Thames Valley Trails Association Saturday morning walks<br>• Co-Chair , Active and Safe Routes to School Committee and support school travel planning<br>• Promote physical activity in the workplace - March 4th Workshop for Employers – "Active at Work…It Matters More than You Think"<br>• 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)<br>• Physical literacy training for Early Years staff across London and Middlesex e.g. daycare facilities |
| **COMPONENT(S) OF TEAM PROGRAM #3 SENIORS AND FALLS/HEALTHY AGING** |
| • Partner in the Stepping Out Safely Falls Prevention Coalition(partnership of 40 partners)<br>• Member of the SW LHIN Integrated Falls Committee who are developing an implementation plan for the Integrated Falls Strategy<br>• Integration of falls prevention and home exercise program training/education to PSW students at local colleges and trade schools |
| **COMPONENT(S) OF TEAM PROGRAM #4 ROAD SAFETY (INCLUDING VULNERABLE ROAD USERS)** |
| • Co-Chair the London-Middlesex Road Safety Coalition to educate people in Middlesex–London about prevention of unsafe road practices.<br>• Implementation of countermeasures as identified in the London Road Safety Strategy i.e. distracted driving and pedestrian safety<br>• Continue partnership with Middlesex County to educate cyclists and road users about "Share the Road" |
| **COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY** |
| • Distribute bicycle helmets for vulnerable school age children (Helmets on Kids)<br>• Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign<br>• Implemented booster seat campaign to increase the number of children properly restrained and to educate parents regarding the child restraint legislation. Plan to complete a Health Equity Impact Assessment review of the Booster Seat Campaign.<br>• Poison Prevention Workshop for child care providers/agencies |
| **COMPONENT(S) OF TEAM PROGRAM #6 ALCOHOL AND SUBSTANCE MISUSE** |
| • Marketing of the video Understanding Canada's Low Risk Drinking Guidelines<br>• Continuing to build on the ReThinking Your Drinking campaign and website<br>• Advocate provincially for careful and responsible controls around alcohol pricing, availability, and advertising<br>• Implement alcohol brief screening intervention in the MLHU Sexual Health Clinic |

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

- Complete a literature review on effective interventions for prescription drug substance misuse prevention.
- Investigate the implementation of the Fentanyl Patch program in Middlesex-London

**COMPONENT(S) OF TEAM PROGRAM #7 HEALTHY COMMUNITIES PARTNERSHIP**

- Advocate for the endorsement of the international Toronto Charter for Physical Activity (TCPS) in our local municipalities
- Development of a Toolkit to support the implementation of the TCPA principles by municipalities
- Literature review on active transportation, to increase the community's knowledge and use of active transportation methods
- Development of an active transportation campaign to increase residents' knowledge about active transportation and to increase use of active transportation modes of travel.
- Participation in the City of London 'SHIFT' initiative.

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1 Workplace Wellness** | | | |
| Consultations provided to workplaces | 200 | 134 | Increase |
| **Component of Team #2 Physical Activity** | | | |
| In Motion Community Challenge – Minutes of Physical Activity achieved | 2,000,000 minutes of physical activity -City of London residents | 4.7 Million minutes of physical activity (11,600 participants) | Increase minutes and number of participants |
| Elementary Schools Implementing School Travel Plans (STP) | 10 STP | 8 | 10 |
| **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)** | 5969 per 100,000 (Most current available) | N/A | N/A |

# 2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

| | | | |
|---|---|---|---|
| **Component of Team #4 Road Safety including vulnerable road users** | | | |
| Awareness/Education Campaigns | Winter Driving<br>Be Safe Be Seen | Share the Road<br>Distracted Driving – Buckle Up Phone Down | Continuation of 2014 Campaigns<br>Develop Pedestrian Campaign |
| **Component of Team #5 Child Safety** | | | |
| % of population (children) who wear a helmet (parents with child aged 5 to 17 years, self-reported)<br><br>Distribution of helmets(Helmet on Kids Coalition) to vulnerable | 72.6% reported always wearing a helmet<br>1850 helmets | N/A<br><br>1600 helmets | N/A<br><br>1600-1800 |
| **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)** | 27.9% (95%CI 23.2-32.7%) Most recent available | N/A | N/A |
| Municipal Alcohol Policy Implementation | 7 Municipalities | 7 Municipalities | Update and review all MAPs |
| **Component of Team #7 Healthy Communities Partnership** | | | |
| City of London and all Middlesex County municipalities endorse the international Toronto Charter for Physical Activity | 5 Municipalities | 7 Municipalities | 1 remaining |
| Submit recommendations to Municipal Official Plan reviews | 3 Municipalities | London Plan | Contact municipalities to determine which will be reviewing their OP |

# 2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 Total FTEs** | **2015 Estimated FTEs** |
|---|---|---|
| | **11.6** | **11.6** |
| Program Manager | 1.0 | 1.0 |
| Health Promoter | 0.6 | 0.6 |
| Public Health Nurses | 9.0 | 9.0 |
| Administrative Assistant | 1.0 | 1.0 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 915,193 | $ 882,607 | $ 853,039 | $ 883,451 | $ 30,412 | 3.57% |
| Benefits | 229,157 | 220,806 | 205,564 | 215,920 | 10,356 | 5.04% |
| Travel | 6,800 | 10,691 | 10,710 | 11,110 | 400 | 3.73% |
| Program Supplies | 29,612 | 20,230 | 133,002 | 73,002 | (60,000) | (45.11) |
| Staff Development | 4,000 | 4,239 | 5,000 | 5,000 | | |
| Professional Services | | | | | | |
| Furniture & Equipment | 1,000 | 2,604 | 1,000 | 600 | (400) | (40.00)% |
| Other Program Costs | 19,753 | 71,341 | 8,058 | 8,058 | | |
| **Total Expenditures** | **$ 1,205,515** | **$ 1,212,518** | **$ 1,216,373** | **$ 1,197,141** | **$ (19,232)** | **(1.58)%** |

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# 2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,192,350 | $ 1,147,608 | $ 1,216,373 | $ 1,197,141 | $ (19,232) | (1.58)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | 13,165 | 64,910 | | | | |
| **Total Revenue** | **$ 1,205,515** | **$ 1,212,518** | **$ 1,216,373** | **$ 1,197,141** | **$ (19,232)** | **(1.58)%** |

**SECTION I**

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Falls Prevention and home exercise program training to all PSW students enrolled at Trios, Medix and Westervelt- to decrease the incidence of falls in older adults
- Booster seat education campaign and distribution of booster seats to public to decrease the incidence of injury and death of children
- Helmet on Kids campaign – education and distribution of helmets to children to decrease the incidence of head injuries
- In Motion Community Challenge – to increase awareness of physical activity benefits and to provide supportive environment for residents to participate in physical activity challenge.
- With addition of a New Nurse Grad, we are able to complete a literature review to determine evidence to educate community regarding prescription drug use and to prevent prescription drug use. The report will inform future evidence informed prescription drug use prevention interventions.

# 2015 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) – EHCDP

## SECTION J

### PRESSURES AND CHALLENGES

- Indications from MOHLTC are that there may no longer be available Healthy Community Partnership Fund dollars which provided funding for many healthy community initiatives.
- Insufficient program dollars for optimal public education and promotion campaigns described in evidence-based recommendations for effecting healthy behaviour change.
- Increased expectations by partners to contribute program dollars toward community projects and campaigns.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- $20,000 Enhancement for the Booster Seat Campaign. This is a reduction from the one-time $50,000 campaign in 2014.
- $10,000 Enhancement for the in Motion Community Challenge. This annualized funding is scaled down from the one-time $50,000 campaign in 2014 to launch in Motion in Middlesex.
- $10,000 Enhancement for the London Road Safety Strategy

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION/

# HEALTH HAZARD PREVENTION AND MANAGEMENT / VECTOR BORNE DISEASE

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 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 2015 |

## 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

# 2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

**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: UHI (Urban Heat Island) & HARS (Heat Alert Response Systems); Lead Exposure Shooting Range; Contaminated sites decommissioning/remediation.

**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 Environmentally Sensitive 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 licensing 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 VECTOR BORNE DISEASE 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.

- Surveillance of ticks, mosquitos, dead birds
- Perform mosquito larvae identification in MLHU laboratory as per PHO Guidelines and analyze results and trends

**COMPONENT(S) OF TEAM PROGRAM #7 VBD COMPLAINTS & INQUIRIES & PUBLIC EDUCATION**

- 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
- Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE
- Distribute educational /promotional materials
- Issue media releases when positive VBD activity is identified.

**SECTION E**
**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **COMPONENT OF TEAM #1 SPECIAL PROJECTS HEALTH HAZARDS PROGRAM** | | | |
| Marijuana Grow-up Operations remediation/ Demolition Permits compliance Inspections/ Cooling Towers Assessed for compliance | 100% (240) | 100% (216) | 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 | 100% (975) | 100% (1212) | Same |
| **COMPONENT OF TEAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM** | | | |
| Land Use Planning Applications – review/comment on referrals | 100% (175) | 100% (123) | Decrease |
| **COMPONENT OF TEAM #4 COMPLIANCE & INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM** | | | |
| Inspections of regulated and unregulated facilities/ Migrant Farms Compliance Inspections | 100% (300) | 100% (276) | Same |
| **COMPONENT OF TEAM #5 EMERGENCY RESPONSE SUPPORT** | | | |
| Emergency Responses | 3 | 4 | Same |

# 2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

| | | | |
|---|---|---|---|
| **COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE** | | | |
| Identify and monitor significant standing water sites on public property/Mosquito larvae identified in MLHU laboratory | 100% (16,969) | 100% (12,229) | Same |
| Larvicide treatment in standing water location where required based on larval identification/ 3 larvicide treatments of all catch basins on public property | 100% (89,879)<br><br>In 16 hectares | 100% (98,322)<br><br>In 24.1 hectares | Same |
| Adult Mosquitos collected/ Viral tests completed | 100% (66,381) | 100% (47,032) | Same |
| Respond to all dead birds reports received/ Test all birds that are suitable for testing for WNV | 100% ( 137) | 100% (83) | Same |
| Passive tick surveillance- receive and identify all tick submissions/ conduct active tick surveillance at sites where indicated from passive surveillance results | 100% (149) | 100% (101) | Same |
| **COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION** | | | |
| Respond to all complaints, comments, concerns & inquiries received/On-site visits/ investigations of VBD concerns/ inquires where indicated | 100% (369) | 100% (341) | Same |
| Presentation to community events, internal and external partners and clients | 10 | 15 | Same |

*this performance measure is estimated as the Health Hazard team is looking into improving the procedure for monitoring and documenting response times so that it is reportable through the database.

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **13.5** | **13.2** |
| Program Manager | 1.0 | 1.0 |
| Public Health Inspectors | 5.0 | 4.7 |
| 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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# 2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

**SECTION G**

**Expenditures:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 743,716 | $ 733,645 | $ 768,907 | $ 792,748 | $ 23,841 | 3.10% |
| Benefits | 172,710 | 172,681 | 172,101 | 176,074 | 3,973 | 2.31% |
| Travel | 36,631 | 33,537 | 34,111 | 35,111 | 1,000 | 2.93% |
| Program Supplies | 28,073 | 30,000 | 27,505 | 35,505 | 8,000 | 29.09% |
| Staff Development | 5,371 | 3,836 | 4,636 | 9,636 | 5,000 | 107.85% |
| Professional Services | 212,233 | 201,428 | 202,407 | 200,890 | (1,517) | (0.75)% |
| Furniture & Equipment | 3,000 | 7,648 | 2,753 | 1,785 | (968) | (35.16)% |
| Other Program Costs | 26,246 | 25,582 | 25,718 | 25,142 | (576) | (2.24)% |
| **Total Expenditures** | **$ 1,227,980** | **$ 1,208,357** | **$ 1,238,138** | **$ 1,276,891** | **$ 38,753** | **3.13%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,227,980 | $ 1,208,357 | $ 1,238,138 | $ 1,276,891 | $ 38,753 | 3.13% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 1,227,980** | **$ 1,208,357** | **$ 1,238,138** | **$ 1,276,891** | **$ 38,753** | **3.13%** |

# 2015 Planning & Budget Template

Program: Health Hazard Prevention and Management / Vector Borne Disease – EHCDP

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Plan and Implement Climate Change (CC) & Health Vulnerability Assessment report's recommendations
- Continue to develop Health Hazard database and GIS capabilities for better forecasting and modelling for Climate Change related issues and for improving efficiency in Environmental Health Program delivery
- Co-publish two additional CC related reports (Urban Heat Island Effect Study – Western University; and Regional Heat Stress Related Morbidity – Institute for Clinical Evaluation Studies) for the community

## SECTION J

### PRESSURES AND CHALLENGES

- Reduction in resources to conduct land use application assessments may present challenges if there are a significant number of sensitive assessments requiring review.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **($30,500)** **Reduction** – (0.3 FTE) PHI resources in reviewing planning applications. Rather than reviewing all applications, these will be prioritized and only those with a reasonable likelihood of presenting a health hazard will be considered.
- **$56,765** **Enhancement** – One-time resources (includes 0.5 FTE PHI) to deliver climate change adaptation campaign.

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

# SAFE WATER AND RABIES TEAM

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# 2015 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 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

- The Safe Water and Rabies Team focuses 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 prevents 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); O. Reg. 567/90 (Rabies Immunization)

# 2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

**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 beaches in recreational camps in Middlesex-London
- Conducting annual environmental assessment of all public beaches in Middlesex –London
- 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

# 2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

| **SECTION E**<br><br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015 (estimate)** |
| **COMPONENT OF TEAM #1 DRINKING WATER PROGRAM** | | | |
| Respond to reports of Adverse Water Quality Incidents in municipal systems | 100 (100%) | 56 (100%) | Same |
| Complete annual water haulage vehicle inspections | 4 | 2 | Increase |
| **COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM** | | | |
| % of Class A pools inspected while in operation **(Accountability Agreement Indicator)** | 100% (102) | 100% (102) | Same |
| % of spas inspected while in operation (**Accountability Agreement Indicator)** | 100% (193) | 100% (185) | Same |
| % of remaining required public pool/wading pool/splash pad inspections | 100% (458) | 100% (489) | Same |
| The number of participants to education session for pool and spa operators | 131 | 64 | 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 | 1 | Same |
| **COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM** | | | |
| Respond to reports of Adverse Water Quality Incidents in SDWS | 20 (100%) | 18 (100%) | Same |
| The number of low and medium SDWS assessed/re-assessed | 13 | 97 | 6 |
| % of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment **(Accountability Agreement Indicator)** | 1 (100%) | None were due | 1 |
| **COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL** | | | |
| % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification **(New Accountability Agreement Indicator)** | # of investigations:822 | 98.6% (953/967) | 100% |
| Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated | 120 (100%) | 138 (100%) | Same |

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# 2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **7.5** | **7.5** |
| Program Manager<br>Public Health Inspectors<br>Program Assistant<br><br>Note:<br>2.0 Student Public Health Inspectors (Seasonal – May to August) | 1.0<br>6.0<br>0.5 | 1.0<br>6.0<br>0.5 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 597,987 | $ 594,300 | $ 620,079 | $ 614,815 | $ (5,264) | (0.85)% |
| Benefits | 130,422 | 134,863 | 137,868 | 140,797 | 2,929 | 2.12% |
| Travel | 18,631 | 20,976 | 18,631 | 18,631 | | |
| Program Supplies | 2,773 | 5,995 | 4,745 | 24,745 | 20,000 | 421.50% |
| Staff Development | 3,833 | 3,466 | 3,833 | 3,833 | | |
| Professional Services | 2,400 | 2,341 | 2,400 | 2,400 | | |
| Equipment & Furniture | | | | | | |
| Other Program Costs | 3,364 | 3,271 | 3,364 | 8,991 | 5,627 | 167.27% |
| **Total Expenditures** | **$ 759,410** | **$ 765,212** | **$ 790,920** | **$ 814,212** | **$ 23,292** | **2.94%** |

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# 2015 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 723,783 | $ 727,666 | $ 747,293 | $ 758,585 | $ 11,292 | 1.51% |
| MOHLTC – 100% | 35,627 | 35,981 | 43,627 | 55,627 | 12,000 | 27.51% |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 1,565 | | | | |
| **Total Revenues** | **$ 759,410** | **$ 765,212** | **$ 790,920** | **$ 814,212** | **$ 23,292** | **2.94%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Starting partnership with the FoodNet Canada group regarding private well water program enhancements
- Enhancing the pool and spa operator training program (2014 Dr. Neil Lowry Grant)
- Exploring knowledge levels and gaps of SDWS owners/operators (Potential partnership with the Western MPH Program)
- Launching web disclosure of public pool and spa inspections

## SECTION J

**PRESSURES AND CHALLENGES**

- A portion of an FTE (PHI) salary is paid using SDWS funding. This funding remains fixed even though personnel costs rise putting pressure on our ability to maintain FTE levels.

## SECTION K

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

N/A

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

# SOUTHWEST TOBACCO CONTROL AREA NETWORK (SW TCAN)

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 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 2015 |

## 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 and to help guide the progress of the Smoke-Free Ontario Strategy provincially.

## 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.

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

**SECTION D**

**COMPONENT(S) OF TEAM PROGRAM #1 TOBACCO CESSATION**

- 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 develop, implement, promote and evaluate local cessation clinics
- 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 implement a tobacco prevention strategy targeting youth and young adults who identify with the Alternative Peer Crowd in 2015

**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 contribute to the passing of Bill 45
- By the end of 2015 the SW TCAN will have addressed all SFOA workplace and Multi Unit Dwelling complaints in a consistent way and evaluated the current resources for enhancement in 2016.

**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
- Both the SW TCAN Manager and YDS sit on and chair provincial committees and are involved in the provincial Smoke-Free Ontario Strategy governance structure.

# 2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 | 2015 (estimate) |
|---|---|---|---|
| **COMPONENT OF TEAM #1 TOBACCO CESSATION** | | | |
| The number of Health Care Providers who are members of local Communities of Practice related to cessation | 100 | 202 | maintain or 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.) | 750,000 | WuR =176, 084<br>D2Q= 575, 173<br>Total: 751,257 | maintain or increase |
| **COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE** | | | |
| The number of social media hits received for provincial campaign promotion | 350 | 2,215 (Q1+Q2)<br>Q3+Q4- results not yet received from PHUs | maintain or increase |
| The number of smoke-free movie nights held in the SW TCAN | 9 | 12 | maintain or increase |
| The number of attendees at smoke-free movie nights held in SW TCAN | 6,848 | 7,100 | maintain or increase |
| **COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT** | | | |
| The number of regional meetings with Tobacco Enforcement Officers | 12 | 6 | 5 |
| The number of workplace packages distributed in follow-up to complaints | 450 | 343 (Q1+Q2)<br>Q3+Q4- results not yet received from PHUs | maintain or increase |
| **Component of Team #4 Knowledge Exchange and Transfer** | | | |
| # of SW TCAN Steering Committee meetings | 12 | 11 | 11 |
| # of training opportunities organized by the SW TCAN | 8 | 8 | 47 |

*Would like to say we will strive for an increase in all performance measures, however, with budget pressures realistically this is not necessarily possible.

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# 2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTES** | **2015 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** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 149,289 | $ 150,071 | $ 175,103 | $ 180,891 | $ 5,788 | 3.31% |
| Benefits | 38,010 | 36,568 | 42,054 | 43,111 | 1,057 | 2.51% |
| Travel | 28,915 | 28,051 | 32,924 | 32,000 | (924) | (2.81)% |
| Program Supplies | 118,269 | 126,887 | 92,848 | 89,127 | (3,721) | (4.01)% |
| Staff Development | 1,500 | 1,943 | 1,500 | 1,500 | | |
| Professional Services | 49,000 | 49,000 | 46,000 | 45,000 | (1,000) | (2.17)% |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 51,517 | 49,815 | 46,071 | 44,871 | (1,200) | (2.60)% |
| **Total Expenditure** | **$ 436,500** | **$ 442,335** | **$ 436,500** | **$ 436,500** | **$ 0** | **0.00%** |

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# 2015 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN) – EHCDP

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | | | | | | |
| MOHLTC – 100% | $ 436,500 | $ 436,157 | $ 436,500 | $ 436,500 | $ 0 | 0.00% |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 6,178 | | | | |
| **Total Revenue** | **$ 436,500** | **$ 442,335** | **$ 436,500** | **$ 436,500** | **$ 0** | **0.00%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- The SW TCAN will focus efforts to support Bill 45 and if this is passed, will then work to prepare for implementation date of Jan 2016.
- The SW TCAN will participate in provincial smoke-free movies activities planned in February 2015 to garner local media and public education.

## SECTION J

**PRESSURES AND CHALLENGES**

- The SW TCAN has had a static budget since the inception of the Smoke-Free Ontario Strategy in 2005. With increasing wages and benefits over the last 10 years the TCAN budget has become very tight. After expenses this year the base TCAN budget has a program budget of only $6,378 to be split among the 9 member public health units.
- The TCAN will be further reducing regional meetings in 2015, to save on meeting expenses, however it has reached a point where further meeting reductions in future years will not be possible in order to continue to operate.

## SECTION K

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

N/A

# FAMILY HEALTH SERVICES

# OFFICE OF THE DIRECTOR

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Diane Bewick | **DATE** |
| **PROGRAM TEAM** | Office of the Director | **DIRECTOR NAME** | Diane Bewick | January, 2015 |

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

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

Ontario Public Health Standards:

- Reproductive Health Program
- Child Health Program
- Chronic Disease & Injury Prevention Program
- Sexual Health Program
- Injury Prevention and Substance Abuse Prevention
- Foundational Standards
- Organizational Standards

Child & Family Services Act, 1990

- Duty to Report Legislation

Nursing Act, 1991 College of Nurses of Ontario

# 2015 Planning & Budget Template

Program: Office of the Director – FHS

**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 policy decisions including effective implementation of these decisions within FHS and MLHU
- 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
- Overall responsible for performance assessment, management and development.

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

- The Epidemiologist and Program Evaluator develops or obtains, and makes available population health assessment, surveillance and program planning and evaluation resources for use in program planning and evaluation activities in FHS. Build capacity for program teams to undertake program planning and evaluation through consultation, working as part of a team on planning and evaluation activities and conducting or arranging for structured educational/training opportunities, eg. workshops, for staff.
- Participates in the development and implementation of agency-wide systems to build capacity for the organization to develop and implement evidence-informed programming, eg. RRFSS, RAC, CHSR.

**COMPONENT(S) OF TEAM PROGRAM #3 CNO & CHNS – NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP**

- Over half of the front-line service provider at MLHU (across all program Service Areas) are public health nurses whose scope of practice varies significantly with frequent clinic changes. In order to ensure quality of practice and ongoing skill development this role:
  - Provide staff consultations and support to address nursing practice issues.
  - contributes to policy and procedure development for public health and public health nursing practice,
  - provides leadership to the Nursing Practice Council and take leadership role in developing implementing annual practice plans,
  - oversees the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice,
  - leads and plan professional development programs for all agency PHNs (150 nurses),
  - Promotes and support national certifications such as (e.g. Community Health Nursing, International Certified Lactation Consultants, US Infectious Control),
  - leads journal clubs and other knowledge exchange activities with staff to build critical appraisal skills of staff and to identify best practice evidence
  - contributes to human resource recruitment through post-secondary partnerships.

# 2015 Planning & Budget Template

Program: Office of the Director – FHS

| **SECTION E**<br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013 (actual)** | **2014 (actual)** | **2015 (target)** |
| **COMPONENT OF TEAM #1 OVERALL FHS LEADERSHIP (DIRECTOR)** | | | |
| Completion, implementation, outcome evaluation of operational plans including budgeting in all program areas. | 8 operational plans 100% combined several | 12 reviewed quarterly with manager | 10 |
| **COMPONENT OF TEAM #2 EPIDEMIOLOGY & PROGRAM EVALUATION** | | | |
| # of projects involving partnership with community researchers, academic partners and other organization. | 7 | 4 | 6 |
| Complete Middlesex-London Infant Feeding Surveillance System Development, Implementation, Monitoring and Evaluation | n/a | n/a | Completed and piloted |
| Wiki for FHS – # of staff who have accessed wiki and number of managers who have had key documents uploaded | n/a | n/a | 80% of FHS staff; All managers |
| # of evaluation projects undertaken | n/a | n/a | 6 |
| # of consultations with managers and staff re: program evaluation. | 11 | 27 | 30 |
| **COMPONENT OF TEAM #3 CNO & CHNS - NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP** | | | |
| # of professional development events which promote/ensure public health nursing competencies<br>• # of all nurse workshops | 2<br>80% participation | 2<br>80% participation | 2<br>80% participation |
| • All agency training (BFI, Smoking Cessation, Substance Misuse, Obesity Prevention | BFI Training (100% nurses participated) | 100% of nurses trained on BFI | Workshops offered:<br>• RNAO Addictions (25)<br>• Smoking Cessation<br>• Mental Health<br>• Documentation Standards |

| | | | |
|---|---|---|---|
| • # of practice consultations | 58 | 68 | 65 |
| • Mentoring/orienting new nursing graduates and nursing students through one-on-one, small group and classroom teaching | 2 NNG | 7 NNG<br>pilot formalized public health orientation curriculum | 5 NNG<br>explore introducing orientation to all new nurses and/or professional staff |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **6.25** | **6.25** |
| 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 | 0.50 | 0.50 |
| Public Health Nurse (Casual) | 0.75 | 0.75 |

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 582,280 | $ 513,478 | $ 498,971 | $ 507,040 | $ 8,069 | 1.62% |
| Benefits | 122,743 | 117,699 | 110,940 | 118,586 | 7,646 | 6.89% |
| Travel | 11,800 | 7,800 | 14,400 | 14,400 | | |
| Program Supplies | 109,350 | 60,145 | 82,804 | 70,804 | (12,000) | (14.49)% |
| Staff Development | 15,874 | 7,632 | 35,874 | 9,500 | (26,374) | (73.52) |
| Professional Services | 71,000 | 64,213 | 11,000 | 1,000 | (10,000) | (90.91)% |
| Furniture & Equipment | 6,000 | 4,226 | 6,000 | 16,000 | 10,000 | 166.67% |
| Other Program Costs | 19,150 | 5,888 | 18,150 | 18,150 | | |
| **Total Expenditures** | **$ 938,197** | **$ 781,081** | **$ 778,139** | **$ 755,480** | **$ (22,659)** | **(2.91)%** |

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# 2015 Planning & Budget Template

Program: Office of the Director – FHS

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 934,823 | $ 771,081 | $ 774,765 | $ 755,480 | $ (19,285) | (2.49)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | 3,374 | 10,000 | 3,374 | | (3,374) | (100)% |
| **Total Revenues** | **$ 938,197** | **$ 781,081** | **$ 778,139** | **$ 755,480** | **$ (22,659)** | **(2.91)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

**Director:**

- Development of new agency strategic plan
- Positive staff engagement and culture development
- Implementation/completion 4 new program areas (NutriSTEP, BFI, Post Birth Clinics, Developmental Assets)

**CNO/CHNS:**

- Strengthen liaison with nursing academia and enhance nursing student placements.
- RNAO Addiction Best Practice Champion Workshop and follow-up
- Review and revision of agency documentation policies and PHN Evaluation Tools

## SECTION J

**PRESSURES AND CHALLENGES**

- Fast paced environment with simultaneous program and staffing changes
- CHNS has significant oversight and consulting responsibilities related to quality nursing practice but does not have positional role to influence improvement or change.
- CHNS works across all Service Areas (including HR, IT, Communications) and the complexity of improving practice is significant

# 2015 Planning & Budget Template

Program: Office of the Director – FHS

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base program budget:

- ($50,000) Reduced resources available for service area initiatives in the areas training, materials & supplies, purchased services, consulting, and equipment.

The following one-time PBMA proposal has been included in this program budget:

- $15,000 Enhancement to implement new public survey technology, initially for BFI surveillance, but with significant potential for further community data.

# FAMILY HEALTH SERVICES

# REPRODUCTIVE HEALTH TEAM

# 2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Tracey Gordon | **DATE** |
| **PROGRAM TEAM** | Reproductive Health Team | **DIRECTOR NAME** | Diane Bewick | January, 2015 |

## 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 and Baby Friendly Initiative certification. It also provides significant program resources in moving forward the agency Health Equity priority.

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Reproductive Health Team – FHS

**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 including, Elgin-Middlesex Detention Center (EMDC), Mutual Aid Parenting Program (MAPP) etc.
- Provide up-to-date preconception information on MLHU website, and implement social media strategies related to preconception health
- Promote the Prepregnancy Planning tool that can be utilized both by clients and Health Care Providers (HCPs)
- Partner with the MLHU Sexual Health Team the Child & Youth Team, London Health Sciences Center (LHSC) and local high schools (HS) to provide learning opportunity for students and support teachers in the classroom.

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

Prenatal health initiatives are intended to increase awareness of the importance of creating safe and supportive environments that promote healthy pregnancies and healthy birth outcomes.

- Pilot a combined e-learning and skill building prenatal program
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning)
- Provide food skills sessions to increase subsidized access to fruits and vegetables by collaborating with London and Strathroy grocery stores
- Partner with LHSC to pilot an early pre-admit group session to pregnant women in their second trimester (18 – 22weeks)
- Provide prenatal services to at risk pregnant women in collaboration with Southwest Ontario Aboriginal Health Access Center (SOAHAC)

**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 to pregnant women and their support persons
- Develop and implement a preparation for parenthood campaign, targeting pregnant families

**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.

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# 2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

| 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 and other health care providers.<br>• 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 regarding all public health information and resources.<br>• Develop and implement a strategy to strengthen the Health Unit wide HCP Outreach program |

**SECTION E**
**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 (actual) | 2014 (actual) | 2015 (target) |
|---|---|---|---|
| **COMPONENT OF TEAM #1: PRECONCEPTION HEALTH** | | | |
| Interactive Pre-Pregnancy online self-assessment tool. | • "Pre-Pregnancy Planner" tool | • Prepregnancy Planner launched | • 150 hits/month Prepregnancy planner |
| Preconception Presentations (2014)<br># of presentations offered<br># Elgin Middlesex Detention Centre (EMDC) presentations | N/A | • 21 sessions<br>• 8 EMDC sessions | • Provide 25 sessions<br>• EMDC twice monthly |
| **COMPONENT OF TEAM #2: PRENATAL HEALTH** | | | |
| 6 - Week Series, Weekend Series, and e-Learning<br># of 6 week prenatal series: # of women/support persons | • 62: 591 women | • 54: 496 women | • 55: 500 women |
| # of series Weekend Series: # of women/support persons | • 4 series:39/36 | • 16 series:152/148 | • 15 series: 150/150 |
| # of e-learning registrants | • 503 registrants | • 468 registrants | • 500 registrants |
| # of women/support persons attending combined e-learning pilot | N/A | N/A | • 5 series |
| Breastfeeding<br># of classes provided<br># of women/support persons attending breastfeeding session | N/A | • 10 classes: 63 women/46 supports | • 11 classes |

# 2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

| | | | |
|---|---|---|---|
| Food Skills Program (2014)<br># of sessions offered<br># of women/support persons attending the program | | • 28 sessions: 240 women/supports | • 25 sessions: 250 women/supports |
| **COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD** | | | |
| # of sessions offered<br># of women/support persons attending sessions | • 12<br>• 92 women & 88 support persons | • 14<br>• 87 women and 81 support persons | • 12 sessions offered<br>• 100 women and 90 support |
| **COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE** | | | |
| BFI policy developed, BOH-approved and orientation provided to all staff, with sustainable processes established to ensure policy orientation of new staff and volunteers | • Annual policy revision completed | • BFI pre-assessment complete | • BFI Certification complete 2015 |
| **COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH** | | | |
| In person office contact/visits to review resource binder and practice changes to health care providers | 105 HCP office sessions | 418 office sessions | 435 HCP office sessions |

| **SECTION F**<br>**STAFFING COSTS:** | **2014 TOTAL FTES** | **2015 ESTIMATED FTES** |
|---|---|---|
| | **15.0** | **16.0** |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurse | 10.0 | 10.5 |
| Healthy Promoter | 0.0 | 0.5 |
| Public Health Dietitian | 1.0 | 1.0 |
| Program Assistant | 3.0 | 3.0 |

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# 2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,001,422 | $ 992,492 | $ 1,033,086 | $ 1,141,169 | $ 108,083 | 10.463% |
| Benefits | 247,066 | 242,377 | 263,212 | 279,223 | 16,011 | 6.08% |
| Travel | 7,700 | 7,165 | 7,770 | 7,770 | | |
| Program Supplies | 87,800 | 66,316 | 56,855 | 56,855 | | |
| Staff Development | 3,600 | 4,534 | 3,950 | 3,950 | | |
| Professional Services | 16,900 | 21,614 | 17,250 | 17,250 | | |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 4,394 | 2,553 | 5,069 | 5,069 | | |
| **Total Expenditures** | **$ 1,368,882** | **$ 1,337,051** | **$ 1,387,192** | **$ 1,511,286** | **$ 124,094** | **8.95%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,359,348 | $ 1,326,256 | $ 1,377,658 | $ 1,501,752 | $ 124,094 | 9.00% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | 8,140 | 5,270 | 8,140 | 8,140 | | |
| Other Offset Revenue | 1,394 | 5,525 | 1,394 | 1,394 | | |
| **Total Revenues** | **$ 1,368,882** | **$ 1,337,051** | **$ 1,387,192** | **$ 1,511,286** | **$ 124,094** | **8.95%** |

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# 2015 Planning & Budget Template

Program: Reproductive Health Team – FHS

## SECTION I
### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- LHSC - MLHU Partnership: focus is on early prenatal intervention and education session integrated with an enhanced 18 to 22 week gestation pre-admit visit.
- Pilot a new combined e-learning - skill building Prenatal program and evaluate this with existing programs.
- Undertake a Health Equity Implementation Assessment (HEIA)on Food Skills Program
- Partner with Southwest Ontario Aboriginal Health Access Center (SOAHAC) to provide support to vulnerable women of childbearing age.

## SECTION J
### PRESSURES AND CHALLENGES

- Staff capacity for new initiatives will be pressured by competing demands and timelines
- Cross service initiatives involving all agency programs across three sites involves significant agency commitment and collaboration

## SECTION K
### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **$ 50,000 Enhanced 0.5 FTE PHN resources** - This proposal would better address the needs of vulnerable women in providing prenatal support.
- **$ 37,800 Enhanced 0.5 FTE Health Promoter resources** – to support the work of and coordinate health equity initiatives across the health unit.
- **($ 14,966) End of One-time funding** – these resources were required in 2014 to enhance program evaluation.

# FAMILY HEALTH SERVICES

# EARLY YEARS TEAM

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Ruby Brewer | **DATE** |
| **PROGRAM TEAM** | Early Years | **DIRECTOR NAME** | Diane Bewick | January, 2015 |

## 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 services 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
- Foundational Standard

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Early Years Team – FHS

## 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 including a breastfeeding video library and maintaining information on the website
- Phone counseling available through the Health Connection phone line during business hours, and the 48 hour postpartum phone call to lower risk families with a new infant.
- Working collaboratively with LHSC to identify mothers at risk of early breastfeeding discontinuation and offering a one-on-one appointment with a PHN/Lactation Consultant between 3-7 days post discharge
- Working with La Leche League to identify opportunities for collaborative peer support
- Providing visits to physician offices and other health care providers (e.g. First Nations, Nurse Practitioners) to offer education and resources related to breastfeeding

### 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;
- 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
- Participate in the Quality Child Care Coordinating Committee and Professional Learning Committee representing Middlesex London
- Providing educational and parenting support sessions to parents
- Collaborative partnership with Community Early Years Health Care Provider Champions and the Community Early Years Partnership to develop and implement both Universal and Targeted approaches related to attachment – Building Healthy Brains to Build a Healthy Future 3 year campaign
- Providing visits to physician and other health care providers offices (e.g. First Nations, Nurse Practitioners) to offer education and resources related to developmental screening in collaboration with the Health Care Provider Outreach program

Program: Early Years Team – FHS

**COMPONENT(S) OF TEAM PROGRAM #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND 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 education and support at Well Baby/Child & Breastfeeding Clinics, 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 e.g. Triple P, Parent Family Literacy Centres

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

Good nutrition and physical activity 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 of 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 and events in collaboration with community partner e.g. CYN Family Centres, OEYCs
- NutriSTEP promotion and screening
- Education and support with Licensed Child Care Centres

**COMPONENT(S) OF TEAM PROGRAM #5 PARTNERSHIP AND COLLABORATION**

Two key **Community Early Years Partnerships** are leveraged in accomplishing the goals of this team. The Middlesex-London Community Early Years Partnership consists of approximately 35 organizations. The Community Early Years Health Care Provider 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

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# 2015 Planning & Budget Template

Program: Early Years Team – FHS

**The Child and Youth Network Family Centres** facilitate the delivery of team programs within an Interprofessional Community of Practice Framework

- Early Years Team PHNs provide a lead role at each Family Centre: Carling Thames, Argyle, White Oaks, Westmount by participating in the planning and delivery of services through the Strategic Collaboration Committee meetings
- All of Middlesex London Health Unit service areas are represented and integrated into the Family Centres

**SECTION E**
**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (actual) | 2015 (target) |
|---|---|---|---|
| **Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT** | | | |
| # visits receiving 1:1 counseling @ Well Baby/ Child & Breastfeeding Clinics (WBCs) and phone counseling for breastfeeding | • 3,762 visits received 1 : 1 counseling @ WBCs, Health connection 616; Infantline 550 | • 4,349 visits received 1:1 counseling @ WBCs; Health Connection 730; Infantline 335 | 4,500 visits receive 1:1 counseling @ WBCs; Health Connection 800; Infantline discontinued |
| **Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT** | | | |
| # of direct developmental screens at Well Baby/Child and Breastfeeding Clinics and in collaboration with community partners. # of growth & development Health Connection counseling calls | • 2978 developmental screens; Health Connection 1,200 families | • 3445 developmental screens; Health Connection 943 families | • 4000 developmental screens; Health Connection 1,000 families |
| Partnership collaboration including Licensed Child Care Centres (LCCs) and Health Care Providers (HCP) | N/A | • 2 workshops ,2 HCP conferences, 12 presentations, 418 office visits | • 2 workshops, 2 HCP conferences, 20 presentations, 430 office visits |
| **Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT** | | | |
| Positive parenting education and awareness. e.g. Clinic Talks, Weekly Childreach sessions, Teen Group, Southdale Women's Group, Arabic Women's Group, All About Breastfeeding, Baby Fun Drop In, Heart Space, Wee Ones. Parent Family Literacy Centres, Islamic Woman's Group; Triple P, Let's Grow newsletter | • 11 programs and presentations facilitated | • 60 weekly Childreach sessions, 30 parenting presentations,14,548 newsletters | • 40 weekly Childreach sessions, 40 parenting presentations, Let's Grow 14,600 newsletters |

| | | | |
|---|---|---|---|
| Direct parent counseling and support @ WBCs, Health Connection, Infantline, Promotional campaigns | | • 4,173 clients @ WBCs, 1,168 Infantline, 1,032 Health Connection, summer safety campaign | • WBCs 4,200, Infantline discontinued, 1,200 Health Connection, 3 campaigns |
| **Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY** | | | |
| Increase access and support to the NutriSTEP screening tools (new provincial indicator) | • Obtained licensing and plans for implementation | • Resource development | • 3 NutriSTEP promotion campaigns<br>• 100 NutriSTEP screens<br>• 3 screening events |

| **SECTION F**<br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **15.8** | **15.3** |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurse | 12.5 | 12.5* |
| Program Assistants | 2.4 | 2.4 |
| Casual PHN (Infantline) | 0.5 | 0.0 |
| Casual PHN (Early Years Team) | 0.4 | 0.4 |

* Note that 0.5 FTE of new investment in PHN time is under consideration given the recent guidance on provincial funding.

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# 2015 Planning & Budget Template

Program: Early Years Team – FHS

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,150,963 | $ 1,193,204 | $ 1,215,548 | $ 1,209,224 | $ (6,324) | (0.52)% |
| Benefits | 268,001 | 269,085 | 283,070 | 280,029 | (3,041) | (1.07)% |
| Travel | 20,000 | 21,361 | 21,250 | 21,250 | | |
| Program Supplies | 66,656 | 57,817 | 61,799 | 59,371 | (2,428) | (3.93)% |
| Staff Development | 3,400 | 3,311 | 4,750 | 4,750 | | |
| Professional Services | 9,000 | 3,789 | 5,693 | 1,400 | (4,293) | (75.41)% |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 8,550 | 11,633 | 9,114 | 6,707 | (2,407) | (26.42)% |
| **Total Expenditures** | **$ 1,526,570** | **$ 1,560,200** | **$ 1,601,224** | **$ 1,582,731** | **$ (18,493)** | **(1.15)%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,526,570 | $ 1,555,731 | $ 1,601,224 | $ 1,582,731 | $ (18,493) | (1.15)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 4,469 | | | | |
| **Total Revenues** | **$ 1,526,570** | **$ 1,560,200** | **$ 1,601,224** | **$ 1,582,731** | **$ (18,493)** | **(1.15)%** |

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# 2015 Planning & Budget Template

Program: Early Years Team – FHS

## SECTION I
### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Collaboration with LHSC to offer follow-up breastfeeding appointments at discharge for mothers assessed to be at risk of early discontinuation of breastfeeding.
- 3 PHNs assigned as leads for Licenced Child Care Centres will visit each centre to focus on increasing ECE staff awareness and knowledge regarding the importance of early developmental screening and available community resources. A Developmental Screening Resource Binder will be delivered to each site (approximately 130), a needs assessment will be conducted, and presentations and professional development opportunities will be delivered.
- Building Healthy Brains to Build a Healthy Future campaign and educational strategy in collaboration with the Community Early Years Partnership including Universal and Targeted approaches.
- Child and Youth Network coordination role for all of MLHU

## SECTION J
### PRESSURES AND CHALLENGES

- Adequate time for planning and resource development due to team responsibility with Well Baby/Child & Breastfeeding Clinics, Health Connection and 48 hour calls
- Establishing a partnership agreement with LHSC to provide post birth breastfeeding appointments to clients upon discharge to mothers at risk of early breastfeeding discontinuation
- Reaching parents of children 1-3 years particularly parents of children in Licensed Childcare Centres

## SECTION K
### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base budget:

- **($100,000) Reduction of (1.0 FTE) PHN resources** – fewer number of Well Baby/Child & Breastfeeding Clinics. Clinics will run for longer hours. This will decrease travel and set up time and will allow PHNs to offer more comprehensive programming e.g. drop-in, by appointment for breastfeeding, developmental screening, Triple P, parenting presentations, collaboration with community partners providing services at the same locations.
- **($58,888) Discontinue Infantline Service (0.5 FTE PHN)** – In 2014 the MOHLTC implemented a similar 24/7 telephone support line.
- **$50,000 Early Breastfeeding Intervention & Support 0.5 FTE PHN** – resource to support early intervention for breastfeeding challenges.
- **$49,000 Child & Youth Network Coordinator 0.5 FTE** – coordination and streamlining of the City wide Child and Youth Network and the Middlesex County Children's Services Network contributions MLHU. Note that this position is under consideration given the recent guidance on provincial funding.

# FAMILY HEALTH SERVICES

# SCREENING, ASSESSMENT AND INTERVENTION

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# 2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

| **SECTION A** | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Debbie Shugar | **DATE** |
| **PROGRAM TEAM** | Screening, Assessment and Intervention | **DIRECTOR NAME** | Diane Bewick | January 2015 |

## 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 – Southwest Region (IHP-SW) and the Blind Low Vision Early Intervention Program (BLV). MLHU is the lead agency/administration for these programs. Direct services are contracted out to multiple individuals and community agencies. tykeTALK provides services for the Thames Valley region (Middlesex-London, Elgin, Oxford counties). IH and BLV programs cover the regions of Thames Valley, Huron, Perth, Grey-Bruce, and Lambton. Funding and program planning for these programs occurs within a fiscal time frame from the Ministry of Children and Youth Services (MCYS).

## 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 Standard
- Child Health Program

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

Program: Screening, Assessment and Intervention Team – FHS

| **SECTION D**<br><br>**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 consists of the following 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 services to children and families from birth to eligibility to school entry. |

# 2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013/14 (actual) | 2014/2015 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1 tykeTALK (Thames Valley)** | | | |
| Average age of referral stays below 30 months | 30 months | 29 months | 29 months |
| Average wait from referral to first intervention reduced to 16 weeks | 14 weeks | 16 weeks | 14 weeks |
| Number of children seen for assessment and/or intervention | 3243 | 3250 | 3250 |
| **Component of Team #2 Infant Hearing Program – SW Region** | | | |
| 90% of all newborn babies residing in the region receive a hearing screening (approximately 10,650 babies born per year in region based on 2011 census data | 94% | 96% | 96% |
| 90% of babies with a "refer" result from UNHS (Universal Newborn Hearing Screening) will have an audiology assessment | 97% | 98% | 98% |
| 40% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS will begin use of amplification by 9 months corrected age | 37% | 45% | 50% |
| 40% of babies identified with PCHL as a result of UNHS will begin communication development by 9 months corrected age | 71% | 70% | 70% |
| **Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)** | | | |
| 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 | 11 weeks | 11 weeks | 11 weeks |

# 2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

| **SECTION F**<br>**STAFFING COSTS:** | **2014-2015 TOTAL FTES** | **2015-16 ESTIMATED FTES** |
|---|---|---|
| | **29.83** | **29.83**[1] |
| **MLHU Staff:** | | |
| System Facilitator (Program Manager) | 1.0 | 1.0 |
| Program Assistants | 2.0 | 2.0 |
| Intake – Coordinator | 1.02 | 1.02 |
| **Contract Staff :** | | |
| Family Support Workers | 0.58 | 0.58 |
| Early Childhood Vision Consultants | 2.3 | 2.3 |
| Speech & Language Pathologists | 12.67 | 12.67 |
| Administrative Support | 3.47 | 3.47 |
| Communication Disorder Assistant | 3.27 | 3.27 |
| System Coordinator (Hearing Screening) | 0.5 | 0.5 |
| Audiologists | 1.74 | 1.74 |
| Hearing Screeners | 1.28 | 1.43 |

[1] For 15-16 MCYS has added an additional $158,717 to the SAI base budget for a total of $336,059 increase over the 2013 budget. Meetings with service providers are occurring in January/February 2015 to determine appropriate allocation of the additional money. A final budget will be presented to the Finance Committee of the BOH beginning April 1, 2015for approval in March 2015.

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# 2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,945,781 | $ 1,962,117 | $ 2,134,590 | $ 2,272,795 | $ 138,205 | 6.47% |
| Benefit | 423,800 | 408,089 | 423,853 | 453,670 | 29,817 | 7.03% |
| Travel | 33,465 | 30,450 | 33,247 | 32,095 | (1,152) | (3.46)% |
| Program Supplies | 100,220 | 104,988 | 99,482 | 91,329 | (8,153) | (8.20)% |
| Staff Development | 3,375 | 45 | 2,250 | 2,250 | | |
| Professional Fees | 3,392 | 3,386 | 3,842 | 3,842 | | |
| Furniture & Equipment | 58,289 | 53,385 | 1,000 | 1,000 | | |
| Other Program Costs | 1,589 | 1,005 | 1,421 | 1,421 | | |
| **Total Expenditures** | **$ 2,569,911** | **$ 2,563,465** | **$ 2,699,685** | **$ 2,858,402** | **$ 158,717** | **5.88%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 0 | $ 0 | $ 10,000 | $ 10,000 | $ 0 | |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | 2,534,835 | 2,528,065 | 2,654,245 | 2,812,962 | 158,717 | 5.98% |
| User Fees | | | | | | |
| Other Offset Revenue | 35,076 | 35,400 | 35,440 | 35,440 | | |
| **Total Revenues** | **$ 2,569,911** | **$ 2,563,465** | **$ 2,699,685** | **$ 2,858,402** | **$ 158,717** | **5.88%** |

# 2015 Planning & Budget Template

Program: Screening, Assessment and Intervention Team – FHS

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Development and implementation of a community wide Special Needs Strategy (SNS) which is a new Ministry initiative which will see the integration of all services to children
- Implement new provincial Quality Assurance (QA) standard for screening in the Infant Hearing Program
- Develop and implement a plan to reduce wait-times for preschool speech and language services using the increase to the base budget for 2015- 2016
- Evaluate role of Intake Coordinator and the intake process as part of the SNS planning

## SECTION J

### PRESSURES AND CHALLENGES

- More stringent demands from MCYS re data collection and quality assurance.
- Potential system changes as a result of the Special Needs Strategy will require significant change management.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- In November 2014, the MCYS increased the base budget for Preschool Speech and Language by $177,342. It was allocated in order to reduce assessment and treatment waitlists for speech and language services. For 2015-2016, an additional increase to the base budget of $158,717 has been added to continue to address waitlist pressures.
- Staffing increases for Speech and Language Pathologists, Communication Disorder Assistants, Hearing Screening and Administrative support are being planned for, beginning in April 2015.

# FAMILY HEALTH SERVICES

# BEST BEGINNINGS TEAM

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Stacy Manzerolle<br>Nancy Greaves<br>Kathy Dowsett | **DATE** |
| **PROGRAM TEAM** | Best Beginnings Team | **DIRECTOR NAME** | Diane Bewick | January 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

The Best Beginnings Team provides evidence informed programs and services that support healthy child development and effective parenting to vulnerable families with infants and young children. Key program areas include:

- The Healthy Babies Healthy Children (HBHC) program focuses on high risk families during pregnancy and with children from birth to school entry with the intent of providing children with a healthy start in life. Families are referred into the program following a universal screening risk assessment, with the majority of referrals originating in the postpartum period through the HBHC screen. A blended team model consisting of Public Health Nurses (PHN) and Family Home Visitors (FHV) provides home visits and other services aimed at promoting healthy child growth and development and positive parenting. This program is 100% funded by the MCYS.
- 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. This work takes a collaborative approach through partnerships with community agencies to address system wide issues. This program is 100% funded by the MOHLTC.
- The Family Health Clinic provides primary health care through a Nurse Practitioner at 7 community sites each week. These clinics are for families who cannot access family physician services or do not have health coverage (OHIP). The clinics are operated out of existing community locations such as Child and Family Centres and Libraries. These programs are cost-shared between our municipality and the MOHLTC. In addition eight homeless/family shelters receive public health nursing services on a regular basis including direct care, counselling, consultations, community referrals, HBHC referrals, and group support.
- Smart Start for Babies (SSFB) is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant women who are at risk for poor birth outcomes, related lifestyle habits, abuse, poverty, newcomers to 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 other resources. Limited post partum support sessions are also available. This program is 100% funded by the Public Health Agency of Canada.

Program: Best Beginnings Team – FHS

## SECTION C

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

Ontario Public Health Standards:

- Foundational Standard,
- Reproductive Program
- Chronic Disease & Injury Prevention
- Sexual Health Program
- Injury and Substance Misuse Program
- Child Health Program

Child & Family Services Act, 1990

- Duty to Report Legislation

Ministry of Children and Youth Services (MCYS) Healthy Babies, Healthy Children Protocol 2012

## SECTION D

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

- The HBHC program provides evidence based programs and services 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, assessment, home visiting, service coordination and referrals to community resources and supports.
- Home visiting services provide early intervention for families who are confirmed as being with risk for compromised child development. The blended home visiting model focuses on seventeen family goals as identified in the Family Friendly Service Plan.
- Service coordination ensures families identified with risk can access services and supports in a coordinated fashion.
- 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 screening, assessment, intervention, advocacy, and linking families to community services. Shelter PHNs refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.
- Nurse Practitioner (NP) led Family Health Clinics are located in neighbourhoods where vulnerable families live. These clinics offer services on a drop-in basis or by appointment for families with children under the age of six and for high school students who do not have a primary care physician.

# 2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

| COMPONENT(S) OF TEAM PROGRAM #3 – PRENATAL SUPPORT & EDUCATION |
|---|
| • Smart Start for Babies participants attend weekly prenatal sessions, with an emphasis on nutrition, 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. Healthy snacks or meals, food vouchers, bus tickets, kitchen items and prenatal vitamins are offered at each session.<br>• Postpartum sessions in Strathroy 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.<br>• An Advisory Group comprised of members 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). |

# 2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 (actual) | 2014 (actual) | 2015 (targets) |
|---|---|---|---|
| **Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION** | | | |
| | | (estimated) | (MCYS targets) |
| Percentage of prenatal screens completed | 45.5% | 49.8% | 25% |
| Percentage of postpartum screens completed | 67.5% | 65% | 100% |
| Percentage of Early Childhood screens completed | <1% | <1% | 25% |
| Percentage of families receiving postpartum IDA contact by 48hr | 72% | 64% | 100% |
| Percentage of families receiving an In-depth Assessment (IDA) | 72% | 60.3% | 100% |
| Families confirmed with risk receiving Blended Home Visiting Services | N/A | N/A | 100% |
| Families receiving home visits with a Family Service Plan | 100% | 100% | 100% |
| **Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES** | | | |
| Number of client assessments completed at homeless/family shelters | 100% of those referred (146) | 227 | 250 |
| Number of client visits to Nurse Practitioner (NP) at Family Health Clinics | 1573 | 1566 | 1500 |
| Percentage of clients with OHIP coverage referred to a permanent Primary Care Provider by NP | N/A | N/A | 75% |
| Number of referrals made to other community agencies by NP | 872 | 552 | 500 |
| **Component of Team #3 – PRENATAL SUPPORT & EDUCATION (SSB)** | | | |
| Sessions offered per year | 158 at 6 locations | 297 at 7 locations | 310 at 8 locations |
| Number of unique pregnant participants | 196 | 240 | 250 |
| Number of unique support persons attending sessions | 159 | 156 | 200 |
| Percent of women who initiate breastfeeding | 90% | 85% | 90% |
| Percent of women who provide smoke-free environments for their babies | 73% | 79% | 80% |
| Number of partner agencies offering SSFB sessions | 2 (CAS and Health Zone) | 3 (CAS, Health Zone) | 4 (CAS, Health Zone, LICHC) |

# 2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

| **SECTION F:**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **36.80** | **35.55** |
| **HBHC Staff** | | |
| **Ministry of Children & Youth Services 100%:** | | |
| Program Manager | 2.5 | 2.5 |
| Public Health Nurse | 13.75 | 13.5[1] |
| Family Home Visitor | 9.0 | 9.0 |
| Social Worker | 1.0 | 0.0 |
| Program Assistant | 2.5 | 2.5 |
| | **28.75** | **27.5** |
| **Ministry of Health & Long-Term Care & Middlesex London (cost share):** | | |
| Program Manager | 0.5 | 0.5 |
| Public Health Nurse | 3.25 | 3.25 |
| Nurse Practitioner | 1.0 | 1.0 |
| Program Assistant | 1.0 | 1.0 |
| | **5.75** | **5.75** |
| **Ministry of Health & Long Term Care 100%:** | | |
| SDOH Public Health Nurse | **1.0** | **1.0** |
| **SSFB Contract Staff:** | | |
| **Public Health Agency Canada** | | |
| Site Coordinators (0.1 FTE x 7 site coordinators) | 0.7 | 0.7 |
| Program Assistant | 0.5 | 0.5 |
| Registered Dietitian | 0.1 | 0.1 |
| Casual Public Health Nurse | N/A | 0.06 |
| | **1.3** | **1.36** |

1) Reduction of 0.25 FTE PHN resources was required in 2014 to meet the MOHLTC funding allocation (same level of funding as 2013).

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# 2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

## SECTION G

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 2,441,612 | $ 2,388,878 | $ 2,435,247 | $ 2,475,631 | $ 40,384 | 1.66% |
| Benefits | 603,159 | 595,956 | 605,364 | 606,798 | 1,434 | 0.24% |
| Travel | 67,902 | 70,928 | 74,376 | 63,064 | (11,312) | (15.21)% |
| Program Supplies | 113,182 | 87,196 | 112,382 | 115,309 | 2,927 | 2.6% |
| Staff Development | 11,275 | 5,405 | 7,425 | 7,425 | | |
| Professional Services | 20,426 | 27,777 | 30,426 | 30,426 | | |
| Furniture & Equipment | 28,200 | 26,886 | 26,200 | 26,200 | | |
| Other Program Costs | 18,218 | 11,496 | 15,370 | 15,370 | | |
| **Total Expenditures** | **$ 3,303,974** | **$ 3,214,522** | **$ 3,306,790** | **$ 3,340,223** | **$ 33,433** | **1.01%** |

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 547,839 | $ 490,050 | $ 578,894 | $ 612,327 | $ 33,433 | 5.78% |
| MOHLTC – 100% | 88,455 | 88,455 | 90,224 | 90,224 | | |
| MCYS – 100% | 2,513,320 | 2,495,419 | 2,483,312 | 2,483,312 | | |
| Public Health Agency | 152,430 | 135,157 | 152,430 | 152,430 | | |
| User Fees | | | | | | |
| Other Offset Revenue | 1,930 | 5,441 | 1,930 | 1,930 | | |
| **Total Revenues** | **$ 3,303,974** | **$ 3,214,522** | **$ 3,306,790** | **$ 3,340,223** | **$ 33,433** | **1.01%** |

# 2015 Planning & Budget Template

Program: Best Beginnings Team – FHS

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implement Continuous Quality Improvement (CQI) strategies for HBHC according to MCYS priorities for accurate screening and screening practices; standardized service implementation; and training and education.
- Implementation of the Reflective Practice Model in HBHC.
- Implement hospital liaison changes to increase HBHC Screen completion rate. It is anticipated that the Screening Liaison PHN (SLP) will do a significant number of screens based on a hybrid model of screen completion (screens completed by both the SLP and by hospital nurses).
- Promotional materials have been developed for an HBHC Screen promotion campaign for use with hospital partners and health care providers in the community. This campaign will promote the use of the HBHC Screen to identify familys with risk prenatally, postpartum, and in early childhood, and will promote accurate completion of the HBHC Screen.

## SECTION J

### PRESSURES AND CHALLENGES

- Work previously supported by the Social Worker position will be absorbed into the work of Public Health Nurses in HBHC which adds to the workload of PHNs.
- 3.0 FTE Family Home Visitors are currently on Long Term Disability leaves of absence, resulting in a waitlist for HBHC blended home visiting services.
- The MCYS has not increased funding for HBHC to match increasing costs of the program, however the MCYS has set aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as part of Continuous Quality Improvement (CQI).

Program: Best Beginnings Team – FHS

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Social Worker Position (1.0 FTE) ($87,166)**
  The vacant HBHC Social Work position will not be filled, and funds will be reallocated within the HBHC budget to offset zero funding increases from the MCYS.
- **Smart Start for Babies Program ($4,573)**
  The client travel portion of the 2015-17 budget will be reduced to better reflect actual costs for client travel. This budget amount will be reinvested into the program to provide increased casual PHN staffing. This increase in staffing will provide resources to address smoking cessation with vulnerable pregnant women and teens attending SSFB, and will provide resources for addressing the role of fathers with this prenatal population.
- **Prenatal Care Program for Vulnerable Clients 0.5 FTE PHN (see also Reproductive & Young Adult Program)**
  This joint proposal in partnership with the Young Adult Team, the Reproductive Health Team, and Smart Start for Babies, would offer prenatal information and education targeted at vulnerable women in our community (aboriginal, teens, newcomers). It would also include skill building in areas of healthy eating, physical activity, and infant and child care to reduce health inequities amongst pregnant aboriginal women, pregnant adolescents, and vulnerable newcomer women.

# FAMILY HEALTH SERVICES

# CHILD HEALTH TEAM

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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Suzanne Vandervoort | **DATE** |
| **PROGRAM TEAM** | Child Health Team | **DIRECTOR NAME** | Diane Bewick | January, 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

The Child Health Team works with elementary schools (140 schools/45,000 children), in partnership with school boards (4), administrators, teachers, parents, neighbouring health units and communities to address health issues impacting children and youth. This work is approached using the foundations for a healthy school model which includes 5 components; Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; Home, School and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting. Schools are assessed based on need, readiness and capacity resulting in some schools receiving more focused PHN time.

## SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

# 2015 Planning & Budget Template

Program: Child Health Team – FHS

## 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, parents and students 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
- Implementation of NutriSTEP Accountability Agreement
- Development of Fruits and Vegetables initiative to increase the consumption of fruits and vegetables to be used with Nutrition Tools for Schools
- 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 and Physical Literacy

### 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:

- Implement OPHEA's Smoke Free Ontario Pilot program with 3 schools to prevent tobacco use
- Leading the Board wide Promote Healthy Living Champion Award process
- Provide workshops in collaboration with school board to increase teacher capacity
- Provide resources which develop general health literacy
- Develop resources and ensure 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.

Program: Child Health Team – FHS

| COMPONENT(S) OF TEAM PROGRAM #4 MENTAL HEALTH PROMOTION |
|---|
| • Implementation of Developmental Assets. Search Institute's® positive youth development framework 40 Developmental Assets® identifies protective factors within young people, families, communities, schools and other settings that research in the United States has found to be important to promoting young people's development and well-being.<br>• CHT participates in activities in partnership with school partners i.e. mental health awareness week, mental health family nights.<br>• Coordination of services/ activities with the Mental Health Leads at each of the respective Boards. |
| **COMPONENT(S) OF TEAM PROGRAM #5 PARENTING** |
| All teams in FHS provide parenting support. It is coordinated through the Child Health Team. As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component of our work and includes:<br>• Provide Triple P seminars, discussion groups and Tip Sheets to parents of school aged children. This evidence based program has specific skills and tools which can used across the span of Child and Youth development<br>• Implementing IParent social media information campaign which communicates positive parenting messages and directs parents to resources |

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# 2015 Planning & Budget Template

Program: Child Health Team – FHS

| **SECTION E**<br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013 (actual)** | **2014 (actual)** | **2015 (target)** |
| **Component of Team #1: HEALTHY EATING** | | | |
| # of Healthy School Committees | 45* (32%) | 56 | 60 |
| Implementation of Intermediate Phase of NutriSTEP Accountability Agreement as per the Ministry Implementation status reporting | N/A | Preliminary Phase (new MOHLTC accountability requirement) | Implementation Phase achieved |
| # of Facilitators trained for Let's Get Cookin" | N/A | 49 (new initiative in 2014) | 34 (target facilitators for sustainability) |
| **COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION** | | | |
| Physical literacy workshop for school staff | Plan workshop | Workshop for PHNs and community implemented | Community Event for parents |
| # of schools with Active and Safe Routes to school plans | 7 | 8 | 8 |
| **Component of TEAM #3: GROWTH AND DEVELOPMENT** | | | |
| Health literacy tool for JK/SK (Murray and Bird storybook) | Tool developed and produced | Murray and Bird Developed and evaluated | Implement evaluation and promote to parents |
| # of Healthy Living Champion Award (Online in 2014) | 49* Schools | 53 Schools | 55 Schools |
| **COMPONENT OF TEAM # 4 MENTAL HEALTH PROMOTION** | | | |
| Tri-County education sessions for phns/health promotor, on asset development and one community event organized | N/A | 1 PHN trained on Developmental Assets | 30 staff trained on Developmental Assets and one community event organized |
| **COMPONENT OF TEAM #5: PARENTING (FHS WIDE OUTCOME INDICATOR)** | | | |
| # of Triple P – seminars and discussion groups | 54 sessions, 627 parents | 119 classes (reaching 3,500 contacts in the first half of the year. | Anticipate 7,000 for 2015. |
| Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting | 4 – 1 toddler, 2 child, 1 adolescent | 1 Campaign – for parents to promote talking to young teens about sexuality | 1 campaign planned |

*Decrease as result of Labour relations at school board
** Decrease as a result of school prioritization and PHNs having dedicated time in schools focusing on need, readiness and capacity
*** Decrease as a result of 2013 PBMA disinvestment of anaphylaxis training. In addition, workshops were held to build teacher capacity to teach Healthy Sexuality and provide classroom presentations on the MLHU website.

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# 2015 Planning & Budget Template

Program: Child Health Team – FHS

| **SECTION F**<br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **15.5** | **16.0** |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurses | 13.5 | 13.5 |
| Program Assistant | 1.0 | 1.0 |
| Dietitian | 0.0 | 0.5 |

**SECTION G**
**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 1,153,583 | $ 1,138,013 | $ 1,138,482 | $ 1,218,552 | $ 80,070 | 7.03% |
| Benefits | 278,866 | 266,893 | 278,698 | 293,712 | 15,014 | 5.39% |
| Travel | 26,000 | 20,617 | 22,000 | 22,000 | | |
| Program Supplies | 33,035 | 33,630 | 29,435 | 29,435 | | |
| Staff Development | 3,000 | 2,056 | 4,000 | 4,000 | | |
| Professional Services | 1,000 | | | | | |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 4,539 | 11,738 | 4,639 | 4,639 | | |
| **Total Expenditures** | **$ 1,500,023** | **$ 1,472,947** | **$ 1,477,254** | **$ 1,572,338** | **$ 95,084** | **6.44%** |

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# 2015 Planning & Budget Template

Program: Child Health Team – FHS

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,499,684 | $ 1,464,687 | $ 1,476,915 | $ 1,571,999 | $ 95,084 | 6.44% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | 339 | 8,260 | 339 | 339 | | |
| **Total Revenues** | **$ 1,500,023** | **$ 1,472,947** | **$ 1,477,254** | **$ 1,572,338** | **$ 95,084** | **6.44%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Implementation of Fruit and Vegetable initiative to be used in collaboration with NTS
- Development of a video aimed at parents and teachers to promote their role in Healthy Schools
- Implement a physical literacy event for the school community
- Implementation of Active and Safe Routes to School in the County

## SECTION J

**PRESSURES AND CHALLENGES**

- In Middlesex-London there are 140 elementary schools and 11 PHNs to provide service to students, teachers and parents. W have limited resources to meet health demands in particular to ensure best practice and proper evaluation of all services provided. Some schools would benefit from additional PHN time. Another internal challenge for the Child Health Team is the academic year does not follow the calendar year for planning and budgeting.
- The Developmental Assets model will require broader community/agency support as it involves cross-agency support to be effective. The first year will focus on building internal and external understanding and enthusiasm for the underlying principles and potential of this model.

Program: Child Health Team – FHS

**SECTION K**

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

- $ 40,000 Enhancement for 0.5 FTE Dietitian to assist with the implementation of the NutriSTEP accountability indicator for the Ministry.

# FAMILY HEALTH SERVICES

# YOUNG ADULT TEAM

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FHS | **MANAGER NAME** | Suzanne Vandervoort | **DATE** |
| **PROGRAM TEAM** | Young Adult Team | **DIRECTOR NAME** | Diane Bewick | January, 2015 |

## 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. The program addresses the complex health and social issues that impact youth by utilizing the foundations for a healthy school which includes Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments and Home, School and Community Partnerships. The team works in partnership with local school boards (4), school administrators, youth groups, neighbouring health units, community agencies and various teams from within MLHU to ensure a comprehensive health promotion approach. Schools are assessed yearly based on need, readiness and capacity in order to determine the level of service they will receive. Programs and services with the school environment are planned on the basis of a school year calendars.

## SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

# 2015 Planning & Budget Template

Program: Young Adult Team – FHS

## SECTION D

### COMPONENT(S) OF TEAM PROGRAM #1: YOUTH HEALTH AND MENTAL WELL BEING

The Young Adult Team implements a series of 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.

### 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. An evaluation of a series of comprehensive activities show a nutrition improvement with youth. Informal polls in schools indicate students have increased breakfast consumption and the number of vegetables and fruit consumed ( Please see section E chart)

### COMPONENT(S) OF TEAM PROGRAM #4: YOUTH OPPORTUNITIES UNLIMITED AT THE YOUTH OPPORTUNITIES UNLIMITED (YOU)

A PHN facilitates a young Mom's group which include enhancing cooking skills, developing parenting skills and understanding attachment with very vulnerable women some of whom have no permanent home. This is done in collaboration with YOU. staff.

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# 2015 Planning & Budget Template

Program: Young Adult Team – FHS

| SECTION E<br>PERFORMANCE/SERVICE LEVEL MEASURES | 2013 (actual) | 2014 (actual) | 2015 (target) |
|---|---|---|---|
| **COMPONENT OF TEAM #1: YOUTH HEALTH AND MENTAL WELL BEING** | | | |
| # of schools with active healthy school committees | *12 | 15 | 15 |
| # of student receiving one-on-one support from school nurse | 1,931 (896 referrals to community agencies) | 2,063 (974 referrals to community agencies) | 2000 |
| **COMPONENT OF TEAM #2: PARENT ENGAGEMENT IN SCHOOL COMMUNITIES** | | | |
| # of educational/skill building activities offered to parents of teens in Middlesex-London | 95 | 27* | 30 |
| # of activities offered in partnerships with parent councils | 45 | 8* | 10 |
| Parent engagement in activities aimed at positive teen parenting.<br>- Parent meetings/community events | • 4,750 parents | 2089* | 2000 |
| - Parenting your teen videos | • 25 videos viewed 25,000 times | • 31 videos now available | • Promote existing videos for 2015 |
| - Parenting your Teen newsletters | • 1,300 parents receive newsletter | • 1,203 Parents received newsletter | • 1,300 |
| - Parenting of teens counselled | • 800 parents counselled | • 381 parents counselled | • 350 Parents |
| **COMPONENT OF TEAM #3: BE BRIGHTER WITH BREAKFAST/FRUITS & VEGETABLES** | | | |
| Increase in morning meal intake | 63.9% | 67.4% | Increase 3% |
| Increase in percentage of students that ate 3 of 4 food groups at breakfast | 42.2% | 55.8% | Increase 3% |
| Increase in consumption of fruits and vegetables among youth at secondary schools to between 5 and 7 servings per day | 15.9% | 23.9% | Increase 3% |
| **COMPONENT OF TEAM #4 YOUTH OPPORTUNITIES UNLIMITED AT THE YOUTH OPPORTUNITIES UNLIMITED (YOU)** | | | |
| # of sessions facilitated with vulnerable women | **N/A | 10 | 10 |
| # of vulnerable women reached | **N/A | 5 | 10 |

* decrease due to the way parenting stats are captured e.g. Triple P new electronic data collection, Stopped attending Parent Council meetings, Did not host a large parenting event.
**data not collected

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# 2015 Planning & Budget Template

Program: Young Adult Team – FHS

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 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 | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 846,078 | $ 835,449 | $ 863,428 | $ 892,504 | $ 29,076 | 3.37% |
| Benefits | 209,689 | 209,866 | 213,341 | 219,991 | 6,650 | 3.12% |
| Travel | 16,500 | 14,784 | 16,500 | 16,500 | | |
| Program Supplies | 40,760 | 43,649 | 35,660 | 35,660 | | |
| Staff Development | 3,650 | 2,695 | 5,250 | 5,250 | | |
| Professional Services | 4,000 | 3,600 | 4,000 | 4,000 | | |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 5,400 | 3,692 | 5,400 | 5,400 | | |
| **Total Expenditures** | **$ 1,126,077** | **$ 1,113,735** | **$ 1,143,579** | **$ 1,179,305** | **$ 35,276** | **3.12%** |

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# 2015 Planning & Budget Template

Program: Young Adult Team – FHS

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,126,077 | $ 1,113,235 | $ 1,143,579 | $ 1,179,305 | $ 35,276 | 3.12% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 500 | | | | |
| **Total Revenues** | **$ 1,126,077** | **$ 1,113,735** | **$ 1,143,579** | **$ 1,179,305** | **$ 35,276** | **3.12%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Implementation of Developmental Assets. The Search Institute's® positive youth development framework entitled 40 Developmental Assets® identifies protective factors within young people, families, communities, schools and other settings that research confirms are to be important to promoting young people's development and well-being.
- Implementation of a tri county secondary school recognition award in conjunction with the two school boards (TVDSB, LDCSB)
- Implementation of recommendations from Healthy Eating in Secondary Schools Grant 2014
- Implementation of a physical literacy event in the school community

## SECTION J

**PRESSURES AND CHALLENGES**

- Pressure for Public Health Nurses to do more in secondary school settings as the health needs of students and teachers are becoming more prevalent and complex among our youth and their families.
- The internal challenge for the Young Adult Team is the academic year does not follow the calendar year for planning and budgeting.

# 2015 Planning & Budget Template

Program: Young Adult Team – FHS

| **SECTION K**<br><br>**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015** |
|---|
| • N/A |

# OFFICE OF THE MEDICAL OFFICER OF HEALTH

# OMOH & TRAVEL CLINIC

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OMOH | **MANAGER NAME** | Dr. Chris Mackie | **DATE** |
| **PROGRAM TEAM** | Office of the Medical Officer of Health (OMOH) | **DIRECTOR NAME** | Dr. Chris Mackie | January, 2015 |

## 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

# 2015 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

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **COMPONENT OF TEAM #1 - OVERALL LEADERSHIP** | | | |
| Strategic Plan Progress | 61% On Track<br>31% In Progress<br>8% Delayed | 77% Completed<br>15% In Progress<br>8% Delayed | 100% On Track or Completed |
| **COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT** | | | |
| Budget Change – Municipal Funding | 0% | 0% | 0% |
| Year-End Variance | 2.8% | <1% | <1% |
| **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 | 90% | Maintain or Improve |

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# 2015 Planning & Budget Template

Program: Office of the Medical Officer of Health

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **3.1** | **3.1** |
| Medical Officer of Health & Chief Executive Officer | 1.0 | 1.0 |
| Executive Assistant[1] | 1.5 | 1.5 |
| Program Assistant (Travel Clinic) | 0.6 | 0.6 |

1) 0.25FTE Executive Assistant is supporting the Associate Medical Officer of Health (new in 2015)

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 375,061 | $ 369,232 | $ 413,128 | $ 417,423 | $ 4,295 | 1.04% |
| Benefits | 97,469 | 81,078 | 87,510 | 89,651 | 2,141 | 2.45% |
| Travel | 7,000 | 4,993 | 7,000 | 6,000 | (1,000) | (14.29)% |
| Program Supplies | 10,448 | 2,009 | 10,448 | 8,448 | (2,000) | (19.14)% |
| Staff Development | 3,300 | 5,259 | 3,300 | 5,300 | 2,000 | 60.61% |
| Professional Services | 19,400 | 16,232 | 19,400 | 16,400 | (3,000) | (15.46)% |
| Furniture & Equipment | | | | 10,000 | 10,000 | N/A |
| Other Program Costs | 17,432 | 5,386 | 13,932 | 13,932 | | |
| **Total Expenditures** | **$ 530,110** | **$ 484,189** | **$ 554,718** | **$ 567,154** | **$ 12,436** | **2.24%** |

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# 2015 Planning & Budget Template

Program: Office of the Medical Officer of Health

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 489,410 | $ 441,430 | $ 490,846 | $ 508,133 | $ 17,287 | 3.52% |
| MOHLTC – 100% | 40,700 | 40,719 | 58,872 | 54,021 | (4,851) | (8.24%) |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 2,040 | 5,000 | 5,000 | | |
| **Total Revenues** | **$ 530,110** | **$ 484,189** | **$ 554,718** | **$ 567,154** | **$ 12,436** | **2.24%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Renewal of Health Unit Strategic Plan
- Implementation of cross-agency strategy to enhance ability to integrate evidence into decision-making

## SECTION J

**PRESSURES AND CHALLENGES**

- Uncertainty in provincial funding

## SECTION K

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

- 0.25 FTE administrative support being reallocated from MOH to Associate Medical Officer of Health
- $10,000 – One-time investment to implement e-agenda to simplify access to Board of Health & Committee materials
- Adjustments made based on previous actuals

# OFFICE OF THE MEDICAL OFFICER OF HEALTH

# COMMUNICATIONS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OMOH | **MANAGER NAME** | Dan Flaherty | **DATE** |
| **PROGRAM TEAM** | Communications | **DIRECTOR NAME** | Dr. Chris Mackie | January, 2015 |

## 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); Communications and Health Promotion aspects of several other standards.

Program: Communications – OMOH

## 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 issues both reactive and proactive media releases to address emerging health issues and promote programs and services. Communications also responds to media requests and prepares spokespeople for interviews. Communications also assists in developing key messages, Q&A's, 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 marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertisements in print, broadcast, online and/or display media. The development of campaign materials is coordinated by the Marketing Coordinator, with support as needed from other Communications Department staff. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Campaign proposals are developed in consultation with program teams, with a focus on target audience, program goals and budget. Communications coordinates the booking of advertising and liaises with contracted graphic design firms as necessary.

### COMPONENT(S) OF TEAM PROGRAM #3 ONLINE ACTIVITIES

Communications maintains, updates and coordinates all MLHU online activities. The goal of these online activities is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources, such as www.dinesafemiddlesexlondon.ca and www.iparent.net. These resources will be enhanced in 2015 with the development of additional inspection disclosure. Additional opportunities for staff interaction with MLHU clients and community members are provided through the MLHU's social media channels (Twitter, Facebook, YouTube). Web-based activities also include online contests, response to user submitted comments and feedback posted on Social Media, as well as the sharing, and responses to, feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

### COMPONENT(S) OF TEAM PROGRAM #4 GRAPHIC SERVICES PROCUREMENT

Since 2008, the MLHU has entered into non-exclusive service agreements with four graphic design firms, selected after a competitive process every three years. A re-assessment of these relationships is planned for the end of April 2015. It is not expected that a decision in the Spring of 2015 will have cost implications for the overall Communications budget, only on the timelines for project completion.

### COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT

Communications drafts the Health Unit's Annual Report. An electronic version of the Annual Report is made available on the MLHU's website (www.healthunit.com), as well as a downloadable pdf version of the report. Hard copies are available as requested. A request for program and Service Area highlights will be sent to the SLT in early 2015 and Service Areas will be asked to submit their content to Communications by the beginning of May. The goal is to deliver the report at the Board of Health's meeting in September.

Program: Communications – OMOH

| 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 MLHU's achievements from the current year, acknowledges staff contributions 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**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **COMPONENT OF TEAM #1: MEDIA RELATIONS** | | | |
| Media stories | 1,300 (est.) | Approximately 950 | 1,000 (est.) |
| **COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION** | | | |
| Campaigns | N/A | - Bus & transit shelter ads<br>- Billboards<br>- Radio ads<br>- Print ads<br>- YouTube ads<br>- Facebook ads & contests<br>Promoting multiple MLHU programs and services. | Agency Campaign, iParent, & other campaign development. Advertising to be developed and placed based on requests from teams. |
| Social Media metrics | N/A | **FB:** 2.6m impressions<br>**AdTube:** 23,838 views; 209,311 impressions<br>**Twitter:** 2,280 tweets; 1,823 new followers | N/A |
| **COMPONENT OF TEAM #3: ONLINE ACTIVITIES** | | | |
| Enhancements to online presence | Redeveloped website launched, MLHU Facebook launched. | On-going development & improvement to websites and social media; creation of new online resources and content; increasing capacity among staff. | On-going work on websites; launch of new DineSafe site; disclosure website development (PSS, pools/spas, etc.). |

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# 2015 Planning & Budget Template

Program: Communications – OMOH

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **3.3** | **3.3** |
| Program Manager | 1.0 | 1.0 |
| Online Communications Coordinator | 1.0 | 1.0 |
| Program Assistant | 0.8 | 0.8 |
| Marketing Coordinator | 0.5 | 0.5 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 206,634 | $ 207,507 | $ 231,740 | $ 241,161 | $ 9,421 | 4.07% |
| Benefits | 52,661 | 53,577 | 56,712 | 60,916 | 4,204 | 7.41% |
| Travel | 200 | | 1,485 | 1,485 | | |
| Program Supplies | 41,307 | 42,282 | 68,960 | 38,360 | (30,600) | (44.37)% |
| Staff Development | 1,000 | | 1,165 | 1,165 | | |
| Professional Services | 7,200 | 5,067 | 4,300 | 4,300 | | |
| Furniture & Equipment | 263 | | 1,400 | 650 | (750) | (53.57)% |
| Other Program Costs | 20,700 | 16,703 | 15,360 | 15,360 | | |
| **Total Expenditures** | **$ 329,965** | **$ 325,136** | **$ 381,122** | **$ 363,397** | **$ (17,725)** | **(4.65)%** |

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

Program: Communications – OMOH

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 329,965 | $ 325,136 | $ 381,122 | $ 363,397 | $ (17,725) | (4.65)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 329,965** | **$ 325,136** | **$ 381,122** | **$ 363,397** | **$ (17,725)** | **(4.65)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Phase two of the "We're HERE for YOU" Agency Awareness Campaign (spring, summer and fall);
- Increased effort to seek out and promote stories and activities related to Family Health Services' programs and services;
- Launch of new Inspection Disclosure Websites;
- Continued enhancement of the MLHU's Social Media presence;
- Clarify Communications' role and communicate processes effectively to staff members.

## SECTION J

**PRESSURES AND CHALLENGES**

- Bell Media's purchase of the former Astral radio stations in London has led to the consolidation of the radio and TV newsrooms. Continued reductions in news staff in London and Middlesex County (Bell purchase of Astral noted above and the closing of the Metro London newspaper in July, 2014) have created greater challenges to obtaining "earned media" coverage of MLHU stories and announcements.

# 2015 Planning & Budget Template

Program: Communications – OMOH

**SECTION K**

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

- ($15,600) Reduction in overall advertising costs by ceasing sponsorship of the New Parent Resource Guide and School Aged Resource Guide as well as the standing weekly advertising contract with The Coffee News
- ($30,000) Reduction due to end of one-time agency-wide campaign
- $15,000 Annualization of agency-wide campaign

# OFFICE OF THE MEDICAL OFFICER OF HEALTH

# EMERGENCY PREPAREDNESS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | OMOH | **MANAGER NAME** | Patricia Simone | **DATE** |
| **PROGRAM TEAM** | Emergency Preparedness | **DIRECTOR NAME** | Dr. Christopher Mackie | January 2015 |

## 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.
- Canadian Standards Association – Z94.4-11 “Selection, use and care of respirators”
- Occupational Health and Safety Act and Regulations (R.S.O. 1990)

Program: Emergency Preparedness – OMOH

**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) Ensure compliance with AODA and WHMIS

**COMPONENT(S) OF TEAM PROGRAM #3 EMERGENCY NOTIFICATION**

a) Ensure radio systems are in working order by bi-monthly testing of equipment. Ensure liaisons with local ARES chapters remain strong.
b) Ensure tests of overhead speaker systems are conducted twice annually.
c) Deliver periodic campaigns and training on Emergency Colour Code nomenclature.
d) Work as part of the team to ensure automated systems (ERMS) are installed, tested and used.

**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) Attendance at an average of six fairs annually leverages opportunities for risk populations to gain literature and education on emergency planning practices.
c) Oversees the Fit-testing Program for MLHU staff, volunteers and fee for service model to public 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.
d) Implement Health Equity Impact Assessment.

# 2015 Planning & Budget Template

Program: Emergency Preparedness – OMOH

| **SECTION E**<br><br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015 (estimate)** |
| **COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS** | | | |
| a) External Emergency Planning meetings with community stakeholder groups | 73 | 75 | 70-75 |
| b) Printed material production, distribution and/or presentations to community partners. | 43 agencies | 34 | 35-45 |
| **COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN/BUSINESS CONTINUITY** | | | |
| Update of Emergency Response Plan (ERP) | Incident Management System endorsed | Ongoing | Ongoing |
| **COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION** | | | |
| Testing of and Use of Notification systems | Systems tested on schedule | Systems tested on schedule | Working on committee to install ERMS |
| **COMPONENT OF TEAM #4 EDUCATION AND TRAINING** | | | |
| Community Emergency Response Volunteers (CERV) available | 150 | 165 | 185 |
| Number of clients fit-tested in public clinics | N/A | 623 | 800 |
| **COMPONENT OF TEAM #5 PROMOTING EMERGENCY PLANNING OUTREACH** | | | |
| Provision of 'kit' items to health unit clients, and presentations to external agencies. | 37 | 24 | 20-30 |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **1.7** | **1.7** |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 0.7 | 0.7 |

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www.healthunit.com

# 2015 Planning & Budget Template

Program: Emergency Preparedness – OMOH

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 112,290 | $ 123,892 | $ 118,461 | $ 122,444 | $ 3,983 | 3.36% |
| Benefits | 23,437 | 29,133 | 27,873 | 28,640 | 767 | 2.75% |
| Travel | 5,000 | 2,880 | 3,750 | 3,750 | | |
| Program Supplies | 12,648 | 15,759 | 13,648 | 13,648 | | |
| Staff Development | 2,500 | 2,482 | 1,250 | 1,250 | | |
| Professional Services | | | | | | |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 7,590 | 32,050 | 7,190 | 12,190 | 5,000 | 69.54% |
| **Total Expenditures** | **$ 163,465** | **$ 206,196** | **$ 172,172** | **$ 181,922** | **$ 9,750** | **5.66%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 34,612 | $ 44,277 | $ 30,462 | $ 40,212 | $ 9,750 | 32.00% |
| MOHLTC – 100% | 128,853 | 144,246 | 126,710 | 126,710 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 17,673 | 15,000 | 15,000 | | |
| **Total Revenues** | **$ 163,465** | **$ 206,196** | **$ 172,172** | **$ 181,922** | **$ 9,750** | **5.66%** |

# 2015 Planning & Budget Template

Program: Emergency Preparedness – OMOH

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Respirator fit-test of all staff and volunteers and public (individuals and healthcare based businesses) on request.
- Train new CERV team, September 2015

## SECTION J

### PRESSURES AND CHALLENGES

- Uncertainty in demand for fee for service model of fit-testing.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- Budget for non-staff items revised to reflect actuals from past 3 years

# HUMAN RESOURCES & CORPORATE STRATEGY

# HUMAN RESOURCES & LABOUR RELATIONS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | HRCS | **MANAGER NAME** | Laura Di Cesare | **DATE** |
| **PROGRAM TEAM** | Human Resources & Labour Relations | **DIRECTOR NAME** | Laura Di Cesare | January 2015 |

## 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 Services

## 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

Program: Human Resources & Labour Relations - HRCS

**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. orientation; 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 develop and maintain print and electronic resources to serve the information needs of public health practitioners.
They 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 the same 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 includes, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street receptionists also provide coverage for the vaccine clerk.

# 2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

| **SECTION E**<br><br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015 (estimate)** |
| **Component of Team #1 – Human Resources** | | | |
| Employee Engagement Score | N/A | 64% engaged/highly engaged<br>22% neutral | 68% |
| Internal Client Satisfaction Survey | N/A | In progress | |
| **Component of Team # - Library Services** | | | |
| Internal Client Satisfaction Survey | N/A | In progress | |
| **Combined MLHU and Shared Libraries Statistics** | | | |
| % of reference questions acknowledged within 1 day and completed within a timeline agreed upon with the requestor for both MLHU and Shared Libraries | 100% | 99.34% | increase |
| % of Comprehensive Literature Searches completed within the 4 week Service Delivery Target | 100% | 95.10% | increase |
| % of Article Retrieval/document delivery completed within the 5 day Service Delivery Target | 100% | 97.44% | increase |
| % of Book delivery completed within the 10 business day Service Delivery Target | New Metric in 2014 | 98.04% | increase |
| **Component of Team #3 - Reception** | | | |
| Internal Client Satisfaction Survey | N/A | In progress | |
| % of calls completed within an average of 3 minutes | (Avg 80 calls/day) 100% | (Avg 85.5 calls/day) 100% | No change |

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# 2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | 9.4 | 8.68 |
| Director | 1.0 | 1.0 |
| HR Officer | 2.0 | 2.0 |
| HR Coordinator | 1.0 | 2.0 |
| Administrative Assistant to the Director | 0.5 | 0.0 |
| Student Education Program Coordinator | 0.5 | 0.5 |
| Librarian | 2.0 | 2.0 |
| Program Assistant | 2.4 | 1.18 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 685,893 | $ 677,391 | $ 699,095 | $ 656,360 | ($ 42,735) | (6.11)% |
| Benefits | 147,275 | 160,886 | 166,362 | 147,219 | ( 19,143) | (11.51)% |
| Travel | 6,420 | 6,229 | 5,120 | 5,120 | 0 | 0.00% |
| Program Supplies | 82,873 | 65,090 | 57,966 | 54,152 | ( 3,814) | (6.58)% |
| Staff Development | 5,500 | 9,888 | 6,557 | 91,557 | 85,000 | 1296% |
| Professional Services | 20,000 | 20,265 | 11,800 | 36,800 | 25,000 | 212% |
| Furniture & Equipment | 6,000 | 5,811 | 500 | 500 | 0 | 0.00% |
| Other Program Costs | 12,569 | 5,632 | 5,722 | 5,722 | 0 | 0.00% |
| **Total Expenditures** | **$ 966,530** | **$ 951,192** | **$ 953,122** | **$ 997,430** | **$ 44,308** | **4.65%** |

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www.healthunit.com

# 2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 798,033 | $ 803,774 | $ 843,122 | $ 887,430 | $ 44,308 | 5.26% |
| PHO – 100% | 168,497 | 147,418 | 110,000 | 110,000 | 0 | 0.00% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 966,530** | **$ 951,192** | **$ 953,122** | **$ 997,430** | **$ 44,308** | **4.65%** |

**SECTION I**

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Wellness Initiative – Design of a wellness platform that would assist in managing health costs and enhance the overall wellness and productivity of staff – Participation in the United Way Meeting the Standard Pilot Program for Mental Health In the Workplace
- Policy review and agency-wide coordination of a variety of policies and processes related to HR such as Workplace Violence & Harassment, attendance, flex time, etc.
- Employee Engagement Survey and Results follow-up
- Staff compensation education and release of 2014 Total Rewards Statements
- Collective Agreement education and Managing in a Unionized Environment Management Training
- AODA Phase II – Mandatory training and policy enhancement
- Launch of new Learning Management System (LMS) agency-wide
- Development of Additional Library HUB/Internet pages as well as an increase in services training

# 2015 Planning & Budget Template

Program: Human Resources & Labour Relations - HRCS

## SECTION J

### PRESSURES AND CHALLENGES

- Earning the trust and respect of employees and helping to build a positive culture and climate in which employees are energized and engaged after a tumultuous year
- A number of regulatory/mandatory training initiatives will compete for time from all employees which is limited by their day-to-day work assignments
- Ensuring change management, particularly communication, principles are utilized as we continue to modernize and implement a number of technological and operational changes this year (Time & Attendance, LMS, automated forms, etc.)
- Growing requests for evidence-informed program planning research

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base program budget:

- ($80,384) Reduction in Strathroy Office reception services
- $ 60,000 Enhancement for corporate staff training and development
- $ 42,622 Enhance and realign HR Coordination positions

The following One-time PBMA proposal have been included in this program budget:

- $ 25,000 Enhancement for employee wellness initiatives
- $ 25,000 Leadership and Management Development Program

Other changes over 2014 include:

- ($43,800) Reduction with respect to the 2014 One-time proposal for 0.5FTE resources to implement strategic HR initiatives.

# HUMAN RESOURCES & CORPORATE STRATEGY

# PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | HRCS | **MANAGER NAME** | Vanessa Bell | **DATE** |
| **PROGRAM TEAM** | Privacy and Occupational Health and Safety | **DIRECTOR NAME** | Laura Di Cesare | January 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

The Health Unit's privacy and occupational health and safety programs facilitate 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

Program: Privacy and Occupational Health & Safety – HRCS

## 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

| | 2013 | 2014 | 2015 (estimate) |
|---|---|---|---|
| **COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY** | | | |
| # of privacy breach investigations | 1 | 4 | 1 |
| # of privacy breaches | 1 | 0 | 0 |
| # of access requests received and % completed within the required 30 days (PHIPA, MFIPPA) | 45 (66%) | 20 (70%) | 75% |
| | | | |
| **COMPONENT OF TEAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY** | | | |
| # of hazards identified, and % resolved | 70 (90 %) | 27 (92%) | 90% |
| % of staff who received the annual influenza vaccination | 88% (as of February 4, 2014) | 73% (December 30, 2014) | 80% |
| % of staff provided with Workplace Violence Prevention Training | n/a | 14% | 76% |
| % of staff receiving mandatory OHS Basic Awareness training | n/a | 24% | 100% |

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www.healthunit.com

# 2015 Planning & Budget Template

Program: Privacy and Occupational Health & Safety – HRCS

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **1.66** | **1.66** |
| Program Manager | 1.00 | 1.00 |
| Program Assistant | 0.50 | 0.50 |
| Public Health Nurse | 0.16 | 0.16 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 124,830 | $ 148,305 | $ 126,631 | $ 131,240 | $ 4,609 | 3.64% |
| Benefits | 29,712 | 36,979 | 30,190 | 30,889 | 699 | 2.32% |
| Travel | 1,000 | 1,161 | 3,000 | 3,000 | 0 | 0.00% |
| Program Supplies | 3,648 | 2,059 | 3,208 | 3,208 | 0 | 0.00% |
| Staff Development | 2,000 | 5,617 | 14,500 | 4,500 | (10,000) | (68.97)% |
| Professional Services | 12,500 | 5,597 | 23,000 | 8,000 | (15,000) | (65.22)% |
| Furniture & Equipment | 0 | 0 | 0 | 0 | 0 | 0.00% |
| Other Program Costs | 660 | 660 | 660 | 660 | 0 | 0.00% |
| **Total Expenditures** | **$ 174,350** | **$ 200,378** | **$ 201,189** | **$ 181,497** | **($ 19,692)** | **(9.79)%** |

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# 2015 Planning & Budget Template

Program: Privacy and Occupational Health & Safety – HRCS

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 174,350 | $ 200,378 | $ 201,189 | $ 181,497 | ($ 19,692) | (9.79)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 174,350** | **$ 200,378** | **$ 201,189** | **$ 181,497** | **($ 19,692)** | **(9.79)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Workplace Violence Prevention Training – continued
- 2014 Privacy Audit Recommendation Implementation
- Phase 2 of the Development of the Online Employee Incident Reporting Tool (e.g. SharePoint/workflows)
- Mandatory Basic Awareness OHS Training for Workers and Supervisors

## SECTION J

**PRESSURES AND CHALLENGES**

- Volume of work in these portfolios remains challenging within existing resources.

## SECTION K

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

The following adjustment were made to the 2014 budget:

- ($25,000) Reduction in One-time funding for Workplace Violence training. Offset by increase in central training budget.

# HUMAN RESOURCES & CORPORATE STRATEGY

# STRATEGIC PROJECTS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | HRCS | **MANAGER NAME** | Jordan Banninga | **DATE** |
| **PROGRAM TEAM** | Strategic Projects | **DIRECTOR NAME** | Laura Di Cesare | January 2015 |

## 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) 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) monitoring and reporting on the Accountability Agreement indicators; (b) monitoring compliance with the OPHS/Organizational Standards and other requirements; (c) supporting the activities of and participation on the Foundational Standard Community of Practice; and (d) applying QI approaches that will improve processes and reduce waste.

**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's ability to be transparent and prepared for 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 – STRATEGIC PLANNING**

Activities in this component aim to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan as well as participating and supporting Strategic Achievement Workgroups 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 Director of Human Resources & Corporate Strategy, the MOH/CEO, and the Senior Leadership Team. Current projects include, but are not limited to: coordinating the Health Unit's Program Budgeting and Marginal Analysis; Employee Engagement; Board of Health Orientation; ERMS Messenger Service; and a Management and Leadership Development Program.

# 2015 Planning & Budget Template

Program: Strategic Projects – HRCS

| **SECTION E**<br><br>**PERFORMANCE/SERVICE LEVEL MEASURES** | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015 (estimate)** |
| **COMPONENT OF TEAM #1 ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI** | | | |
| % of Accountability Agreement reporting deadlines achieved | 100% | 100% | 100% |
| **COMPONENT OF TEAM #2 RECORDS MANAGEMENT** | | | |
| % of records kept for proper retention period (self-report, sample) | N/A | 100% | 100% |
| **COMPONENT OF TEAM #3 ADMINISTRATIVE POLICY REVIEW** | | | |
| % of policies that are up to date (have been reviewed in the past two years) | N/A | 17.5% | 30% |
| **COMPONENT OF TEAM #4 STRATEGIC PLANNING** | | | |
| Annual reporting to BOH on Strategic Planning progress | Y | Y | Y |
| **COMPONENT OF TEAM #5 STRATEGIC PROJECTS** | | | |
| Implementation and Progress Reporting for Major Projects: | | | Corporate Strategic Plan; PBMA; Management and Leadership Development Program; ERMS Messenger System; Employee Engagement |

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **1.2** | **1.2** |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 0.2 | 0.2 |

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# 2015 Planning & Budget Template

Program: Strategic Projects – HRCS

**SECTION G**

**EXPENDITURES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 87,151 | $ 90,639 | $ 99,101 | $ 99,101 | $ 0 | |
| Benefits | 20,937 | 21,310 | 24,150 | 24,150 | 0 | |
| Travel | 3,200 | 784 | 1,515 | 1,515 | 0 | |
| Program Supplies | 1,600 | 338 | 1,600 | 1,600 | 0 | |
| Staff Development | 0 | 292 | 441 | 441 | 0 | |
| Professional Services | 4,800 | 6,149 | 4,800 | 6,100 | 1,300 | 27.08% |
| Furniture & Equipment | 0 | 0 | 0 | 0 | 0 | |
| Other Program Costs | 6,461 | 2,068 | 2,380 | 2,380 | 0 | |
| **Total Expenditures** | **$ 124,149** | **$ 121,580** | **$ 133,987** | **$135,287** | **$ 1,300** | **0.97%** |

**SECTION H**

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 122,849 | $ 120,280 | $ 133,987 | $ 135,287 | $ 1,300 | 19.63% |
| MOHLTC – 100% | 1,300 | 1,300 | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 124,149** | **$ 121,580** | **$ 133,987** | **$ 135,287** | **$ 1,300** | **0.97%** |

# 2015 Planning & Budget Template

Program: Strategic Projects – HRCS

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Strategic plan launch and implementation - including launch of Mission, Vision, Values
- Review of MLHU's policy management program and recommendations
- Roll out a Leadership and Management Development Program
- Coordinate the Program Budgeting and Marginal Analysis process
- Utilization of the Emergency Response Management System "ERMS"

## SECTION J

### PRESSURES AND CHALLENGES

- Significant projects with organization wide implication require a great deal of change management to be exercised and understood.
- Capacity for strategic projects and organizational initiatives considering only 1.2 FTE and ongoing needs (i.e. records management, policy management, etc.)
  Many projects require cross-MLHU collaboration to meet deliverables. Challenges need to be managed in order to ensure optimum deliverables.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- $1,300 increase in budgeted expenditures to reflect higher costs of off-site records retention

# FINANCE AND OPERATIONS

# FINANCE AND OPERATIONS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | FOS | **MANAGER NAME** | John Millson | **DATE** |
| **PROGRAM TEAM** | Finance & Operations | **DIRECTOR NAME** | John Millson | January 2015 |

## 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.

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.

Program: Finance & Operations

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. 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.

# 2015 Planning & Budget Template

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.<br>• Coordinates management response to monthly Joint Occupational Health & Safety Committee (JOHSC) inspection reports.<br>• 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)<br>• Security – manages and maintains the controlled access and panic alarm systems, and the after-hours security contract.<br>• 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.<br>• Manages and maintains both on-site and off-site storage facilities, keeping track of supplies, equipment and corporate records.<br>• 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**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1 Financial Services** | | | |
| Number of manual journal entries per FTE | 1,450 | 2,750 | 2,500 |
| Number of vendor invoices paid/processed per FTE | 8,500 | 9,970 | 8,500 |
| Number of MLHU invoices prepared/processed per FTE | 325 | 499 | 500 |
| Number of direct deposits processed (payroll) | 9,200 | 9,075 | 9,000 |
| Number of manual cheques (payroll) issued | 35 | 8 | 8 |
| Number of competitive bid processes | 30 | 27 | 25 |
| **Component of Team #2 Operations** | | | |
| Number of meeting room set-up/take-downs | 212 | 180 | 160 |
| Average time to set-up/take-down meeting room | 1.9 hours | 1.8 hours | 1.8 hours |

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# 2015 Planning & Budget Template

Program: Finance & Operations

| SECTION F<br><br>STAFFING COSTS: | 2014 TOTAL FTEs | 2015 ESTIMATED FTEs |
|---|---|---|
| | **8.5** | **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 | 3.0 | 3.0 |
| Procurement and Operations Manager | 1.0 | 1.0 |
| Receiving & Operations Coordinator | 1.0 | 1.0 |

**SECTION G**

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Salaries & Wages | $ 592,826 | $ 581,210 | $ 571,335 | $ 588,264 | $ 16,929 | 2.96% |
| Benefits | 154,023 | 155,096 | 147,242 | 150,120 | 2,878 | 1.95% |
| Travel | 2,900 | 3,139 | 2,900 | 2,900 | | |
| Program Supplies | 3,620 | 2,191 | 3,620 | 3,620 | | |
| Staff Development | 1,500 | 4,984 | 1,500 | 1,500 | | |
| Professional Services | 0 | 0 | 104,755 | 0 | (104,755) | (100)% |
| Furniture & Equipment | 0 | 0 | 0 | 0 | | |
| Other Program Costs | 3,480 | 2,736 | 3,480 | 3,480 | | |
| **Total Expenditures** | **$ 758,349** | **$ 749,356** | **$ 834,832** | **$ 749,884** | **($ 84,948)** | **(10.18)%** |

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# 2015 Planning & Budget Template

Program: Finance & Operations

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 725,992 | $ 716,899 | $ 802,475 | $ 717,527 | ($ 84,948) | (10.59)% |
| MOHLTC – 100% | 32,357 | 32,357 | 32,357 | 32,357 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 100 | | | | |
| **Total Revenues** | **$ 758,349** | **$ 749,356** | **$ 834,832** | **$ 749,884** | **($ 84,948)** | **(10.18)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Implement the new "My Time" system to submit time and attendance through a web-based system.
- Perform a major upgrade to the financial and human resource software program (GP Dynamics). This is required to continue using the system for Payroll
- Complete the Space Needs Assessment and develop a facilities plan for the use of Health Unit programs and services
- Continue implementation of process efficiencies/improvements (on-line submission for program expenses)
- Replace the FRx reporting system (internal management reports) which is at its "End of Life" and is not supported any longer by Microsoft
- Investigate procurement and implementation of a procurement module (PwC recommendation)
- Continue to refine the budget planning process and work with Health Unit staff to produce accurate financial analysis and forecasts.

## 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 seek efficiencies and demonstrate the value of its programs and services.
- The province will be integrating its dental programs as of August 2015 which will require lots of analysis and planning.

Program: Finance & Operations

| **SECTION K**<br><br>**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015** |
|---|
| • ($104,755) End of One-time funding for the Space Needs Assessment. 2015 costs will be completed with existing resources. |

# INFORMATION TECHNOLOGY SERVICES

# INFORMATION TECHNOLOGY

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# 2015 Planning & Budget Template

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | IT | **MANAGER NAME** | Mark Przyslupski | **DATE** |
| **PROGRAM TEAM** | Information Technology | **DIRECTOR NAME** | John Millson | January 8, 2015 |

## SECTION B

### SUMMARY OF TEAM PROGRAM

Information Technology Services (I.T.) is a centralized service providing for 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.

# 2015 Planning & Budget Template

Program: Information Technology

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

# 2015 Planning & Budget Template

Program: Information Technology

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1 Applications** | | | |
| Desktop Software/hardware upgrades and implementations (Service Area/Program/Team) | 3 | 6 | same |
| Desktop Software/hardware upgrades and implementations (Organization Wide) | 1 | 4 | same |
| Major Training Initiatives | 7 | 8 | same |
| **Component of Team #2 Infrastructure** | | | |
| Application/Database backend system upgrades migrations and implementations (Service Area/Program/Team) | 20 | 8 | increase |
| Core backend infrastructure system hardware/software upgrades/migrations and implementations | 4 | 11 | decrease |
| **Component of Team #4 Support & Operations** | | | |
| Requests addressed by 1st Level Helpdesk | 67% | 57% | increase |
| Resolution/closure within 2-5 days | 63% | 57% | increase |
| Resolution/closure within 5-10 days | 77% | 71% | increase |
| Resolution/closure within 10-20 days | 85% | 80% | increase |

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# 2015 Planning & Budget Template

Program: Information Technology

| **SECTION F**<br><br>**STAFFING COSTS:** | **2014 TOTAL FTEs** | **2015 ESTIMATED FTEs** |
|---|---|---|
| | **8.5** | **9.06** |
| Program Manager | 1.0 | 1.0 |
| Administrative Assistant | 0.5 | 0.5 |
| Business Analyst | 1.0 | 1.0 |
| Data Analyst | 1.0 | 1.56 |
| 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 | 1.0 | 1.0 |

**SECTION G**

**EXPENDITURES:**

| **Object of Expenditure** | **2013 Budget** | **2013 Actual** | **2014 Budget** | **2015 Draft Budget** | **$ increase ($ decrease) over 2014** | **% increase (% decrease) over 2014** |
|---|---|---|---|---|---|---|
| Salary & Wages | $ 552,203 | $ 431,909 | $ 544,540 | $ 577,879 | $ 33,339 | 6.12% |
| Benefits | 140,872 | 116,273 | 139,162 | 145,374 | 6,212 | 4.46% |
| Travel | 3,500 | 970 | 3,500 | 2,500 | (1,000) | (28.57)% |
| Program Supplies | 8,000 | 6,989 | 8,000 | 6,500 | (1,500) | (18.75)% |
| Staff Development | 10,000 | 8,065 | 10,000 | 10,000 | 0 | 0.00% |
| Professional Services | 28,300 | 38,417 | 48,300 | 45,300 | (3,000) | (6.21)% |
| Furniture & Equipment | 342,000 | 305,557 | 352,000 | 352,000 | 0 | 0.00% |
| Other Program Costs | 5,538 | 4,526 | 5,538 | 3,038 | (2,500) | (45.14)% |
| **Total Expenditures** | **$ 1,090,413** | **$ 912,706** | **$ 1,111,040** | **$ 1,142,591** | **$ 31,551** | **2.84%** |

# 2015 Planning & Budget Template

Program: Information Technology

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 1,090,413 | $ 912,706 | $ 1,111,040 | $ 1,142,591 | $ 31,551 | 2.84% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| **Total Revenues** | **$ 1,090,413** | **$ 912,706** | **$ 1,111,040** | **$ 1,142,591** | **$ 31,551** | **2.84%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- Implement enhancements to the MLHU IT infrastructure business continuity plan in an effort to significantly improve recover time objective.
- Phone system upgrade aimed at eliminating analog and digital system components. This will ensure continued system supportability and increased portability in light of a potential move.
- Replacement of remainder of desktop and a small portion of laptop hardware.
- Implement new Learning Management System which has provisions for training scheduling and tracking.
- Continue on the discovery path to Agency wide Electronic Client Record solution.
- Update 3-5 year capital plan.
- Major upgrade projects including: 1) the implementation of My Time, the web-based program to capture time and attendance tracking, 2) Implement SharePoint applications to support submission of program expenses, 3) GP Dynamics (Finance / HR system)

# 2015 Planning & Budget Template

Program: Information Technology

## SECTION J

### PRESSURES AND CHALLENGES

- HedgeHog health inspection software will require an upgrade in early 2015 as it currently runs on a platform which will be out of support by May of 2015. We have, historically, had poor support from this vendor. As a result, we will be required to demonstrate extra vigilance and attention during the upgrade process.
- FRX Financial Reporting software will be facing similar supportability challenges and its subsequent upgrade will be time sensitive as well.

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Efficiencies ($12,000)** – Various reductions in operating accounts based on experience.
- **Enhancement - $41,904** – Data Analyst resources (0.56 FTE) to assist in effective decision making regarding population need, particularly with respect to the identification of priority populations and establishing and monitoring key performance indicators throughout the organization.

# GENERAL EXPENSES & REVENUES

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# 2014 Planning & Budget Template

Program: General Expenses & Revenues

| SECTION A | | | | |
|---|---|---|---|---|
| **SERVICE AREA** | GER | **MANAGER NAME** | Senior Leadership Team | **DATE** |
| **PROGRAM TEAM** | General Expenses & Revenues | **DIRECTOR NAME** | Senior Leadership Team | January 2015 |

## 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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# 2014 Planning & Budget Template

Program: General Expenses & Revenues

## SECTION E

**PERFORMANCE/SERVICE LEVEL MEASURES**

| | 2013 | 2014 (anticipated) | 2015 (estimate) |
|---|---|---|---|
| **Component of Team #1 - #5** | | | |
| **N/A** | | | |

## SECTION F

| STAFFING COSTS: | 2014 TOTAL FTEs | 2015 ESTIMATED FTEs |
|---|---|---|
| No FTEs | | |

## SECTION G

**EXPENDITURES:**

| Object of Expenditure | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Benefits (Retiree & Other) | $ 191,800 | $ 104,978 | $ 312,274 | $ 191,652 | $ (120,622) | (38.63)% |
| Managed Gapping | (280,000) | | (815,163) | (815,163) | | |
| Program Supplies | 147,000 | 127,305 | 103,000 | 103,000 | | |
| Board Expenses | 60,500 | 40,649 | 55,500 | 55,500 | | |
| Occupancy Costs | 1,440,411 | 1,475,335 | 1,467,723 | 1,467,273 | | |
| Professional Services | 375,348 | 356,867 | 183,400 | 183,400 | | |
| Furniture & Equipment | 140,000 | 109,612 | 100,000 | 100,000 | | |
| Other Agency Costs | 46,280 | 43,586 | 65,607 | 65,607 | | |
| Contributions to Reserves / Reserve Funds | | | 450,000 | 250,000 | (200,000) | (44.44)% |
| **Total Expenditures** | **$ 2,121,339** | **$ 2,258,332** | **$ 1,921,891** | **$ 1,601,269** | **$ (320,622)** | **(16.68)%** |

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# 2014 Planning & Budget Template

Program: General Expenses & Revenues

## SECTION H

**FUNDING SOURCES:**

| Object of Revenue | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Draft Budget | $ increase ($ decrease) over 2014 | % increase (% decrease) over 2014 |
|---|---|---|---|---|---|---|
| Cost-Shared | $ 2,090,309 | $ 2,220,016 | $ 1,892,141 | $ 1,571,519 | $ (320,622) | (16.94)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | 3,750 | 3,347 | 3,750 | 3,750 | | |
| Other Offset Revenue | 27,280 | 34,969 | 26,000 | 26,000 | | |
| **Total Revenues** | **$ 2,121,339** | **$ 2,258,332** | **$ 1,921,891** | **$ 1,601,269** | **$ (320,622)** | **(16.68)%** |

## SECTION I

**KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015**

- 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 space utilization.

## SECTION J

**PRESSURES AND CHALLENGES**

- Funding pressure is expected as the Province attempts to balance its budget by 2017 / 2018.

## SECTION K

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

- **$32,700 Enhancement**– to support agency-wide participation in the Nursing Graduate Guarantee Initiative
- **($158,024) Reduction** – Amount reallocated to program budgets in 2015 related to 2014 salary and benefit changes.
- **($200,000) Reduction** – no planned contribution in 2015 to the Employment Costs Reserve Fund.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 012-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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# BILL 45, *THE MAKING HEALTHIER CHOICES ACT, 2014*

## *Recommendation*

***It is recommended that the Board of Health:***

1. ***Receive Report No. 012-15 re Bill 45, the Making Healthier Choices Act, 2014; and further***
2. ***Recommend the Ministry of Health and Long-Term Care amend the menu labelling legislation to include clear, prominent labelling of both calories and sodium content on menus, including reference values, based on emerging best practices for menu labelling; and further***
3. ***Communicate its support for Bill 45 and for amendments to Bill 45 to include both calories and sodium content on menus by sending a letter to the Premier of Ontario, the Minister of Health and Long-Term Care, the Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness), local members of Provincial Parliament, and others.***

**Key Points**

- Bill 45, the *Making Healthier Choices Act, 2014*, aims to restrict the promotion, sale and use of e-cigarettes, ban the sale of flavoured tobacco products, and require restaurants with 20 or more locations to post caloric information on their menus and menu boards.
- Canadian children of all ages consume amounts of sodium in excess of guidelines. Canadians strongly support disclosure of both calories and sodium values.
- Posting of sodium content on menus and menu boards would strengthen Bill 45 and improve its health impact.

## Background

On November 24, 2014, the Honorable Dipika Damerla, Associate Minister of Health and Long-Term Care, introduced Bill 45, the *Making Healthier Choices Act, 2014*. Bill 45 proposes to enact the *Healthy Menu Choices Act, 2014* and the *Electronic Cigarettes Act, 2014* and amend the *Smoke-Free Ontario Act*. This Bill aims to protect youth from the dangers of tobacco and the potential harms of electronic cigarettes (e-cigarettes). The Bill also mandates that larger chain restaurants (operating 20 or more premises) post caloric information on their menus and menu boards. These measures are part of the government's efforts to make Ontario the healthiest place in North America to grow up and grow old. Bill 45 has passed its first reading and is currently being debated at second reading.

## Menu Labelling

Through the endorsement of Report No. 120-13, *Menu Labelling: Improving the Food Environment*, the Board of Health recommended that clear, prominent labelling of calorie and sodium content, including reference values, be required on menus through provincial legislation to achieve healthier outcomes for consumers. Food environments, such as those in restaurants, can have a positive impact on consumers' food choices when both sodium and calorie content on menus are displayed. Menu labelling legislation is an important step towards creating healthier and more transparent food environments for Ontario's families, who increasingly rely on and consume food and beverages prepared outside the home.

Ontarians inaccurately estimate calorie levels in restaurant foods, and are worse at determining sodium levels. The Ministry of Health and Long-Term Care has taken action towards implementing a key recommendation from the Healthy Kids Panel's report No Time to Wait: Healthy Kids Strategy, 2013 by tabling Bill 45's proposed *Healthy Menu Choices Act, 2014*. However, the regulation has limitations because as written, it would require owners and operators of regulated food service premises to display only the number of calories in each standard food item sold at the premises.

## The Need for Both Calories and Sodium in Menu Labelling Legislation

In May 2013, the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) published a position paper that highlights key reasons owners and operators of regulated food service premises should include both calories and sodium on menus and menu boards:

- Ontarians consume, on average 2,871 mg of sodium per day. While this is lower than the Canadian average intake of 3,400 mg per day, it is still well above recommended targets by the World Health Organization (2003) for populations to consume less than 2,000 mg per day.
- The average Canadian sodium intake is nearly double the Institute of Medicine recommended Adequate Intake (AI) level of 1,500 mg per day and even above the Tolerable Upper Intake Level (UL) of 2,300 mg interim target per day identified in the Sodium Reduction Strategy for Canada.
- Unhealthy food environments impact overweight and obesity rates as well as non-communicable diseases in Ontario.
- Over one-quarter (27%) of Ontario youth aged 12 to 17 and over half (52%) of adults over age 18 are overweight or obese.

The Ontario Public Health Standards mandate public health units to develop policies and programs that promote and protect health and prevent disease. This includes action by local boards of health to "collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating." Increasing restaurant menu information transparency meets this provincial and local public health unit mandate under the Ontario Public Health Standards. In addition, it may also influence restaurant food chains to offer the provision of healthier food choices as part of a competitive advantage, voluntarily lowering the caloric and sodium content of their food.

## Next Steps

The Health Unit is committed to reducing the risk of nutrition-related chronic diseases through creating environments conducive to facilitating healthy eating practices. The Health Unit values menu labelling and believes that healthier food environments, including restaurants, can make healthy food choices the easier choices for Ontario families. Point-of-purchase access to nutritional information supports consumers in making informed decisions about their food and beverage choices.

This report was prepared by Dr. Heather Thomas, Registered Dietitian, Ms. Tanya Verhaeghe, Health Promoter, Ms. Donna Kosmack, Southwest TCAN Manager, and Linda Stobo, Chronic Disease Prevention and Tobacco Control Team Manager.

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

**This report addresses** the Chronic Disease and Injuries Program Standards of the Ontario Public Health Standards #3, 5, 7,11 and the Healthy Kids Panel report, "No Time to Wait: The Healthy Kids Strategy."

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 013-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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# REDUCING SECOND-HAND SMOKE EXPOSURE IN MULTI-UNIT HOUSING

## *Recommendations*

***It is recommended:***

1) ***That the Board of Health receive Report No. 013-15 re Reducing Second-Hand Smoke Exposure in Multi-Unit Housing; and further***

2) ***That the Board of Health endorse the actions and priorities outlined in the Smoke-Free Housing Ontario Coalition letter "Act now to reduce the impact of second-hand smoke exposure in multi-unit housing in Ontario," attached as Appendix A, communicating its support for the Smoke-Free Housing Ontario Coalition.***

**Key Points**

- There is no safe level of second-hand smoke exposure.
- There is increasing public support for smoke-free housing in the province of Ontario and in Middlesex-London.
- Residents in low-income housing and those residents seeking market-value multi-unit housing often do not have the ability to select housing that is free from exposure to second-hand smoke.
- Participation in the Smoke-Free Housing Ontario Coalition will enable Health Unit staff to engage in dialogue with provincial, regional and local housing and community health stakeholders to explore options on how to increase the availability smoke-free, safe and affordable housing.

## Background

The *Smoke-Free Ontario Act (SFOA),* enacted in May 2006, protects residents of Ontario from exposure to second-hand smoke (SHS) by prohibiting smoking in enclosed public places and workplaces, hospital entrances, and the common areas of multi-unit housing (lobbies, elevators, stairwells, covered parking garages and hallways). However, the *SFOA* does not prohibit smoking in private units, on balconies, or around the entrances to buildings. As a result, second-hand smoke exposure and drifting second-hand smoke between and into individual units continues to be an issue for those living in multi-unit housing (apartment buildings, condominiums, town-houses, and semi-detached houses).

Individuals spend most of their time at home, and it is in this environment where exposure continues to be reported. In Ontario, approximately one third of those living in multi-unit housing reported regular exposure to second-hand smoke. No matter how well built or maintained a building may be, second-hand smoke can travel from one unit to another. Second-hand smoke can seep through shared walls, ventilation systems, doors, windows, shared balconies, electrical outlets and through gaps in plumbing. As a result, many are forced to breathe in the smoke from their neighbours and often the only solution to reduce exposure to drifting second-hand smoke is to move; however, moving is not always an option. This is especially true for the differently-abled, older adults and those with limited income. And for those that do have a choice of where to live and the means to move, smoke-free housing may not be an option due to the lack of availability in Middlesex-London.

There is no safe level of exposure to second-hand smoke. While second-hand smoke exposure can cause a range of adverse health effects for anyone, it can be especially harmful to children, the elderly, for those who suffer from chronic health problems and those who are pregnant. Therefore, further reducing exposure to second-hand smoke in multi-unit housing is crucial to protecting those most at risk.

**Support for Smoke-Free Multi-Unit Housing**

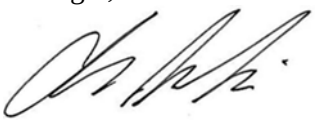
A strong majority of Ontarians and residents of Middlesex-London support the creation of smoke-free multi-unit housing. According to rapid risk factor surveillance system (RRFSS) data collected from January 2011 to April 2012, two thirds of Middlesex-London residents supported banning smoking inside multi-unit dwellings, with former smokers and never smokers more likely to support such restrictions. The results from the locally gathered data is presented in Appendix B Public Support for Banning Smoking in Multi-Unit Dwellings - Infographic and Appendix C Public Support for Banning Smoking in Multi-Unit Dwellings - Health Index, June 2014 . This level of support is consistent with data collected in 2011 by Ipsos Reid, indicating that 67% of Ontarians agreed that all multi-unit housing in Ontario should be 100% smoke-free.

Across the province, housing providers, including some local development groups have begun to take action designating market-value multi-unit housing buildings as 100% smoke-free to further enhance protection from second-hand smoke exposure. As of November 2014, more than 100 housing providers have adopted smoke-free policies. In addition, several municipalities have enacted smoke-free policies in 100% of their social housing buildings including the City of Ottawa, the Region of Waterloo, the County of Northumberland, the District of Timiskaming, Grey-Bruce and Owen Sound, and Cochrane District Social Services. The availability of smoke-free multi-unit housing within Middlesex-London requires consideration and is part of the dialogue that is occurring with housing and community health stakeholders around the availability of safe and affordable housing. Endorsement of the Smoke-Free Housing Ontario Coalition actions and policies by the Board of Health supports Health Unit staff to engage and consult with provincial, regional and local housing and community health stakeholders to explore options on how best to increase the availability of smoke-free, safe and affordable housing.

**Commitment to Smoke-Free Housing in Middlesex-London**

The majority of those living in multi-unit housing want to live in a smoke-free building; however, the availability of smoke-free, safe and affordable housing options is a challenge within Middlesex-London. Offering smoke-free buildings, both in the non-profit and market value housing sectors has advantages for all stakeholders and would contribute to a healthier community. Endorsement of the Coalition's actions and policies outlined on Appendix A aligns with evidence-informed practice, but enables the Health Unit to engage with local and regional stakeholders to explore future potential options to increase the availability of smoke-free, safe and affordable housing.

This report was prepared by Ms. Sarah Neil, Public Health Nurse, Ms. Donna Kosmack, SWTCAN Manager, and 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, 6, 7, and 9

February, 2015

Dear colleague,

**Re: Act now to reduce the impact of second-hand smoke exposure in multi-unit housing in Ontario**

As you are aware, tobacco use is the number one cause of preventable disease and death in Ontario. Every year, more than 13,000 people in Ontario die because of tobacco use – one person almost every 40 minutes. Tobacco is the only legal product that, when used as intended, kills half of its users prematurely. It can also kill others through involuntary exposure to second-hand smoke (SHS).

Approximately one third of Ontarians living in multi-unit housing (MUH) report regular exposure to SHS that originates in neighbouring units,and 80% of Ontarians would choose a smoke-free building if the choice existed.[1] However, many stakeholders in the housing sector erroneously believe that no-smoking policies are illegal, unenforceable or discriminatory and so many Ontarians continue to be involuntarily exposed to SHS in their home.

Studies have demonstrated that there is no safe level of exposure to SHS—all exposure is harmful and should be eliminated. According to the U.S. Department of Health and Human Services, exposure to SHS among children and adults causes a range of adverse health effects, including premature death and disease.[2] Second-hand smoke is a serious problem for many Ontario residents living in apartments and condominiums, especially those who suffer from chronic health conditions such as heart disease, asthma, allergies, diabetes, and respiratory illnesses. Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported. For many forced to breathe their neighbour's smoke, the only remedy is to move; however, moving is not always an option for people with disabilities, older adults or those with limited incomes. This is why we need to work toward making smoke-free housing in Ontario the norm, not the exception.

The 2010 Tobacco Strategy Advisory Group (TSAG) report[3] regarding Ontario's renewed Smoke-Free Ontario Strategy contains a number of recommendations pertaining to MUH. First and foremost, the report recommends continuing and intensifying a voluntary approach to smoke-free MUH. **The primary goals of the Smoke-Free Housing Ontario Coalition are to facilitate the adoption of no-smoking policies within the housing sector and to create a favourable environment to foster the adoption of those policies. We seek your endorsement in helping us achieve this end.**

Please submit a letter of endorsement of the Smoke-Free Housing Ontario Coalition to either of co-chairs Lorraine Fry at lfry@nsra-adnf.ca or Donna Kosmack at donna.kosmack@mlhu.on.ca. Endorsements are being compiled online the Smoke-Free Housing Ontario website.www.smokefreehousingon.ca. A sample statement of endorsement, and a space for your endorsement signature is attached.

Sincerely,

Lorraine Fry
Executive Director, Non-Smokers' Rights Association

Donna Kosmack
Manager, SW Tobacco Control Area Network

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1 Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8 December 2011. http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-co-ops-want-to-live-smoke-free.

2 U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006.

3 *Building on our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016*. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport, October 18, 2010. http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf.

**ENDORSEMENT OF ACTION FOR SMOKE-FREE MULTI-UNIT HOUSING**

Tobacco use is the number one cause of preventable disease and death in Ontario. Leaders in public health units, local boards of health, non-governmental organizations and health charities in Ontario have a history of speaking out in favour of actions to reduce the harmful impact of tobacco use.

**Whereas** tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year;[4]

**Whereas** Second-hand smoke kills 1,000 Canadians annually.[5],[6]

**Whereas** Approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed.[7]

**Whereas** Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported.

**Whereas** Indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building[8] and no one should be unwilling exposed or forced to move due to unwanted second-hand smoke exposure.

**Whereas** second-hand smoke in multi-unit housing can lead to third-hand tobacco exposure as semi-volatile and volatile organic chemicals like nicotine and polycyclic aromatic hydrocarbons (carcinogens, also known as PAHs) are oily or waxy and more likely to stick to surfaces than be removed by ventilation.

**Therefore be it resolved that _____[name of organization] endorses the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:**

(1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;

(2) All future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;

(3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;

(4) All future public/social housing developments in Ontario should be smoke-free from the onset.

(5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

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Signatory Official (please print name and title) Organization/Agency/Institution

Signature: _____ Date: _____

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[4] http://www.mhp.gov.on.ca/en/smoke-free/default.asp Accessed August 17 2010

[5] Health Canada, 2004. "Cigarette Smoke: It's Toxic." Second-hand Smoke: FAQs & Facts. 2004. www.hc-sc.gc.ca/hlvs/tobac-tabac/second/fact-fait/tox/index_e.html (Accessed Jan. 2006)

[6] Makomaski-Illing EM and Kaiserman MJ, 1999. Mortality attributable to tobacco use in Canada and its regions- 1998. *Canadian Journal of Public Health* 1999; 95(1):38-44. www.cpha.ca/shared/cjph/archives/abstr04.htm#38-44 (Accessed Dec. 2005)

[7] Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8December 2011. http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-coops-want-to-live-smoke-free.

[8] "Second-hand smoke in Multi-Unit Dwellings." Non-Smokers' Rights Association (2011). Available from http://www.nsra-adnf.ca/cms/page1433.cfm.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 014-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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# HEALTHY CHILD DEVELOPMENT (HCD) PROGRAM INFORMATION VIDEO FOR FAMILIES

## *Recommendation*

***It is recommended that the Board of Health endorse a request to the Ministry of Children and Youth Services (MCYS) for additional funding for accessibility as outlined in Report No. 014-15 re HCD Program Information Video for Families.***

### Key Points

- In 2014, MCYS replaced the electronic case management and data entry systems for Healthy Babies Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Hearing (IH) and Blind Low Vision Early Intervention (BLV) programs with a single system.
- MLHU received funding from MCYS to create a provincial information video for families to facilitate the collection of consent to both participate in HCD Programs and share key information between programs in the system.
- Endorsement from the MLHU Board of Health to request additional funding to enhance accessibility of the video, including subtitles in multiple languages available will highlight the need for accessibility in multi-cultural communities.

## Ministry of Children and Youth Services (MCYS) HCD- Integrated Services for Children Information System (ISCIS)

MCYS HCD programs include Healthy Babies Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Hearing (IH) and Blind Low Vision Early Intervention (BLV). In the winter of 2014, MCYS replaced the existing provincial case management and data entry applications for these programs with one system called HCD-ISCIS. One of the components of HCD-ISCIS is the ability to share demographic/family and program data amongst all four programs. Benefits to this include reducing duplication of data entry (e.g. currently all demographic data in HBHC and IH are entered twice for all newborns in the province); facilitating transfers across regions and Public Health Units; streamlining intake processes; and providing better data integrity. MCYS has asked Public Health Units (PHUs) to work together with their local birthing hospitals and HBHC, PSL, IH and BLV programs in order to develop a process for obtaining consent from families to share information between programs.

## HCD-ISCIS Information Video

In March 2014, PHUs in the Southwest Region applied to MCYS for $5000 in one-time funding to create a video for families to facilitate the collection of consent. Funding was provided and the MLHU was identified as the lead for creating the video. In consultation with our partner PHUs, Managers from Family Health Services worked together with Communication and Privacy and Information Managers to create this video. The video was filmed at London Heath Sciences Centre and produced by Keyframe Productions. The content of the video provides common messaging about the purpose of the different programs as well as the

information that is shared between programs and the purpose of sharing. The video is only available in English at this time.

## Conclusion/Next Steps

In January 2015, MCYS sent a memo to all four programs (Appendix 1) announcing that the final version of the video was posted on the MCYS SharePoint site and a Private Link on YouTube for access by birthing hospitals and Public Health Units across the province. Endorsement from the MLHU Board of Health to request additional provincial funding to support accessibility issues as well as having subtitles in multiple languages available will highlight the need for accessibility in multi-cultural communities.

This report was prepared by Ms. Debbie Shugar and Ms. Nancy Greaves, Managers, Family Health Services.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 015-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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# ENDORSEMENT OF ONTARIO'S SPECIAL NEEDS STRATEGY (SNS)

## *Recommendation*

***It is recommended that the Board of Health receive Report No. 015-15 re Ontario's Special Needs Strategy.***

**Key Points**

- Ontario's Special Needs Strategy, announced in February 2014, will put in place a new standard developmental screen for preschool children; coordinated family-centred service planning for children and youth with multiple and/or complex needs; and an integrated approach to the delivery of rehabilitation services for children and youth.
- MLHU is an active participant in development of the local proposal.
- On behalf of the local planning tables in our region, MLHU applied for and received a grant to hire a facilitator to assist in developing the proposals.
- The support of the multi-ministry Special Needs Strategy by the MLHU Board of Health will reinforce the importance of the involvement of public health and the alignment with existing public health programs.

## Overview of the Special Needs Strategy (SNS)

In February 2014, the ministries of Children and Youth Services (MCYS), Community and Social Services (MCSS), Education (EDU) and Health and Long-Term Care announced a provincial strategy to improve services for children and youth with special needs in Ontario. The SNS is guided by the vision "An Ontario where children and youth with special needs get the timely and effective services they need to participate fully at home, at school, in the community and as they prepare to achieve their goals for adulthood."

First steps of the SNS include putting in place:

- A new standard developmental screen for preschool children;
- Coordinated family-centred service planning for children and youth with multiple and/or complex needs; and
- An integrated approach to the delivery of rehabilitation services (speech-language therapy, occupational therapy and physiotherapy) for children and youth from birth to school exit.

The ministries identified 34 service delivery areas and tasked them with developing local proposals for coordinated services and integrated rehabilitation based on ministry provided specific policy guidelines and plan templates. Participants at the local proposal development tables include leaders from across the education, health and children/youth service sectors. Input from families as well as front line service providers is required in the development of the proposals. The proposal for coordinated services is due to the ministries by June 2015 and the proposal for integrated rehabilitation is due by October 2015.

## MLHU's Role in the Special Needs Strategy

London and Middlesex and Elgin and Oxford were identified as 2 distinct planning districts. However as many of the community partners at the planning tables provide services to the entire Thames Valley Region, a decision was made to combine the districts and have one planning for table for Integrated Rehabilitation and one for Coordinated Services. There are approximately 171,165 children from birth to 21 years of age in London, Middlesex, Elgin and Oxford. It is estimated that 10% (17,116) have special needs and will benefit from this strategy.

Local tables were able to apply to the ministries for one time funding to hire a facilitator to assist them in developing their local proposals. MLHU was identified as the lead agency to receive the grant and contract with a facilitator. In December 2014, MLHU conducted a formal Request for Proposals process. In January 2015, Maria Sanchez-Keane from the Centre for Organizational Effectiveness was awarded the contract.

Both proposal development tables began meeting in December 2104. Representatives from approximately 16 local community agencies providing services to children and youth and their families participate on the planning tables. Managers from Family Health Services are sitting at both the Coordinated Services table and the Integrated Rehabilitation table representing MLHU's early years programs and services.

## Conclusion/Next Steps

The Special Needs Strategy will build on the existing strengths in our community to help ensure that children and youth with special needs and their families receive the services that they need in a seamless and effective manner. MLHU will continue to be an active participant in the development of the local proposals. As the lead agency for Preschool Speech and Language, Infant Hearing and Blind Low Vision programs in the Thames Valley region, MLHU is required to be a signatory on the local proposal for Integrated Rehabilitation. The Board of Health will receive regular updates as the plans develop in anticipation of the requirement for the Board of Health to be a signatory.

Further information about **Ontario's Special Needs Strategy** can be found on line.

This report was prepared by Ms. Diane Bewick, Director, Family Health Services, and Ms. Debbie Shugar, Manager, Family Health Services.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 016-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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# SUMMARY INFORMATION REPORT FOR FEBRUARY 2015

## *Recommendation*

***It is recommended that Report No. 016-15 re Information Summary Report for February and the attached appendices be received for information.***

## Key Points

- Implementation of the share the road signage pilot project, a multi-channel, interactive education campaign, indicated the ongoing need to address education, infrastructure and enforcement in order to improve cycling safety within London and Middlesex.
- The Child and Youth Network (CYN) Youth framework provides a menu of outcomes and indicators that can be referenced in the design, implementation, and evaluation of activities for youth age 12-29. The framework allows community partners working with youth to collaboratively engage and support youth to develop positive skills and healthy lifestyles.
- Addressing Substance Use Level One Champion Workshop was an opportunity for MLHU and other agency staff to develop knowledge and skills in working with individuals with substance use disorders. Additional educational opportunities will be planned once the Registered Nurses' of Ontario (RNAO) best practice guideline on substance use is released winter 2015.

## Background

This report provides a summary of information from a number of Health Unit programs. Appendices and links will provide further details, and additional information is available on request.

## Share the Road Signage Pilot Project

Cyclists are considered vulnerable road users and as such, provincial and local statistics indicate there is a need to address safety issues related to cycling. A multi-channel, interactive education campaign was developed and implemented to address safety concerns of local cyclists using the roads on the west side of London and within the Municipality of Middlesex Centre. Evidence of campaign reach was noted through enthusiastic community discussion using Facebook where over 91,000 individuals saw the ads and posted over 380 comments. An online survey on the MLHU share the road webpage, also provided evidence of reach with 367 respondents completing the survey and providing 216 comments. With over 600 comments and opinions being gathered, three common themes emerged identifying the need for ongoing evidence-based efforts focused on education, infrastructure and enforcement, in order to continue to improve cycling safety within London and Middlesex. Further information about the share the road signage pilot project is available in Appendix A.

## The Child and Youth Network (CYN) Youth Framework

The Middlesex London Health Unit Young Adult Team was involved in the design of the initial components and the building of the Framework with partners and young people. (Appendix B). The team will continue to be involved in consultation meetings to further support the development of the metrics and validation tools for the framework. The work of the Child and Youth Program team aligns well with the guiding principles and core components of the framework. Education on the framework will be provided to all Health Unit staff in programs that involve youth; including Smart Start for Babies, Sexual Health and the One Life One You youth tobacco group. The PHN lead for Developmental Assets will consult with the CYN Youth Framework Advisory Committee to see how this work aligns with the framework.

## Addressing Substance Use Level One Champion Workshop

On Thursday January 22, MLHU hosted the Registered Nurses' Association of Ontario (RNAO) *Addressing Substance Use Level One Champion* workshop. (Appendix C). Forty-eight participants registered for the day-long event from various local and regional agencies. In total, 26 MLHU public health nurses attended. Information shared was based on the best available evidence in a soon to be released best practice guideline on substance use. Topics included: stigma and attitudes, impact of social determinants of health, drug classifications, disorder criteria, screening and assessment, as well as treatment approaches. Under consideration is the hosting of a more advanced workshop at a later date. An implementation plan for MLHU regarding the best practice guideline will be developed by members of the Nursing Practice Council and various service area public health nurses.

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

**Appendix**
**To Report No. 016-15**

## Share The Road Signage Pilot Project

### Background

The Share The Road Signage Pilot Project Evaluation Report provides details of a recent multi-partner initiative. Collaborators in this project recognized that cycling is an excellent form of exercise and an increasingly popular activity for both recreational and / or utilitarian purposes. However, cyclists are considered vulnerable road users and as such, local and provincial statistics and reports indicate there is a need to address safety issues related to cycling. Local injury data indicate that the average yearly rate of emergency room (ER) visits between 2009 and 2013 for bicycle related traffic collisions was higher in Middlesex-London at 27.8 per 100,000 compared to 18.8 per 100,000 in Ontario. This amounted to 128 ER visits per year in Middlesex-London (Ontario Ministry of Health and Long Term Care, 2014). Additionally, collision data gathered between 2008 and 2013 in London indicate there were 779 Motor Vehicle Collisions (MVC) involving cyclists, and of those incidents, cyclists were at fault 502 times and drivers were at fault 273 times (Human Environments Analysis Lab, 2014).

Roads on the west side of London and within the municipality of Middlesex Centre in Middlesex County are used regularly by local cycling club members as well as recreational cyclists. In response to expressed safety concerns by cyclists using the roads in this area, several community partners (Report, p.11) collaborated to develop and implement the Share The Road Signage Pilot Project (STRSPP) to help address these concerns.

Goals of the project were to:
1) Improve safe driving and cycling practices when sharing the road,
2) Increase physical activity levels, and
3) Increase collaboration among stakeholders on Share the Road initiatives.

The following project-specific objectives were developed as a means of working toward achieving the goals:

- To educate drivers and cyclists about sharing the road, and
- To install Share the Road signage on the west side of London and within Middlesex Centre / Middlesex County where appropriate.

### Implementation/Results

There were multiple components to the STRSPP including presentations to municipal committees to inform and receive endorsement to proceed with the pilot project. A multi-faceted education campaign targeting drivers and cyclists 16 years of age and older was created and comprised a variety of communication channels (Report pages 4-6). Evidence of campaign reach was seen through the enthusiastic community discussion that was generated using Facebook where over 91,000 individuals saw the ads and 380 visitor comments were posted. An online survey on the MLHU Share the Road webpage, also provided evidence of reach with 367 respondents completing the survey and providing 216 comments. These forms of community engagement provided MLHU staff with opportunities to provide specific and targeted educational messages using Facebook and Twitter.

Along with the education campaign, two types of road signage were installed in London and Middlesex County: 1) Four (4 x 8') signs with the message "1 metre (3 feet) is a safe passing distance" and 2) Ontario Traffic Manual – Book 18, "Share the Road" signs were installed respectively within the City of London (16) and within Middlesex County (8).

The two project objectives of educating drivers and cyclists and the installation of Share the Road signage were largely achieved. With 600 comments and opinions gathered in response to both the Facebook ads and the online survey, three common themes emerged that provide direction for future efforts to improve the safety of the cycling environment within London and Middlesex County:

1. The need to **educate both** cyclists and drivers about the rules of the road.
2. The need to improve the **infrastructure** in order to provide a safer cycling environment.
3. The need to **enforce** the rules of the road for both cyclists and drivers.

## Conclusion/Next Steps

Given local and provincial statistics, there is a need to continue evidence-based interventions that will increase cycling safety on London and Middlesex County roads. The possibility of future expansion of the STRSPP is yet to be deliberated and will be based on a review of the current initiative within the context of other strategies / projects currently underway. Future local projects should build on previous endeavours, coordinate efforts and capitalize on provincial initiatives in order to improve the cycling environment within London and Middlesex County.

Child & Youth Network

# CYN YOUTH FRAMEWORK


Child & Youth
Network

# A MESSAGE FROM THE **CYN CHAIR**

At its core, the Child and Youth Network (CYN) is dedicated to helping improve outcomes for children, youth, and families.

Innovation, research, and learnings have been critical to our work as we have moved forward on many fronts to make our shared vision "happy, healthy, children and youth today; caring, creative, responsible adults tomorrow" a reality. In the early days of the CYN a lot of this work focused on younger children and families.

In 2012, the CYN made an explicit commitment to work with young people and youth service providers to understand how to better engage and meet their needs. The initial result of our work is this document: the CYN Youth Framework. It is built on the foundation of evidence, our collective experiential learnings, and the vital input of our young people.

The purpose of this document is to provide a comprehensive and easy to understand framework that, when applied in a consistent manner across our community, will allow us "to collaboratively engage and support all young people to develop their skills and abilities to successfully navigate transitions in life and education, build meaningful relationships, and live healthy lifestyles."

This framework is for all CYN partners to use in our individual and collective work. It is intended to assist in the design and implementation of programs that engage young people in issues and solutions that matter to them and will ultimately result in improved outcomes.

**Lynne Livingstone**
*CYN Chair*

# ACKNOWLEDGEMENTS

The development of the CYN Youth Framework would not have been possible without the contribution, commitment, and enthusiasm of CYN member agencies. The CYN Youth Framework is reflective of knowledge, expertise, and recommendations shared by approximately 55 CYN members during a collaborative, co-creation process.

We would also like to thank the 40 young people, representing seven youth-led organizations, for their role in the development of the CYN Youth Framework. Their ideas informed, enhanced, and validated the core components of the framework.

# TABLE OF **CONTENTS**

# A SUMMARY OF THE **CYN YOUTH FRAMEWORK**

The CYN Youth Framework connects our work with what research, CYN partners, and young people say is important for their success.

Comprised of a goal statement, six guiding principles, five core components, and eighteen outcomes with corresponding success indicators, the CYN Youth Framework supports collective impact.

By aligning our work with the framework, we can maximize our collaborative efforts.

# HOW THE FRAMEWORK **CAN BE USED**

The CYN Youth Framework serves as a guide for decision-making and planning. It provides a menu of outcomes and indicators that can be referenced in the design, implementation, and evaluation of activities, programs, and services that help young people thrive.

When developing a program for young people, the framework can be referenced to identify outcomes and design strategies that provide a foundation for maximum impact. The framework can also assist in identifying success indicators and metrics to support evaluation.

While specific activities, programs, and services may vary, the framework can be used to engage and support young people.

Ultimately, the framework will align our collaborative efforts to support "happy, healthy, children and youth today; caring, creative, responsible adults tomorrow."

# THE PROCESS OF **DEVELOPING THE FRAMEWORK**

In 2013, the CYN engaged in the evaluation of three programs: Real Voice, Grade Seven and Eight Ending Poverty Demonstration Project and Dynamic Dozen. Further, two literature reviews were prepared including one focused on youth transitions and another focused on youth literacy programs.

An analysis of these research and evaluation documents demonstrated regardless of method of delivery, there was alignment in outcomes and impact. Common core elements and themes also emerged throughout these documents, including:

- Young people were the core focus and were involved in decision-making
- Collaboration among multiple partners and contribution from partners
- Integration of evaluation to inform process, direction, and decisions
- Commitment to innovation
- Inclusion of wraparound supports
- Relationships and networks were foundational
- Acknowledgement of risk and protective factors for enhanced impact

CYN Project Managers and City of London staff reviewed the aligned results and common themes and engaged in initial conversations focused on how the findings could support the collective work of CYN partners.

The desire to create a youth framework was the result of a commitment to focus on young people and was built on these initial project findings and conversations. The process outline below was adopted to support the development of the youth framework by involving CYN partners and young people.

## STEP 1 Designing The Initial Framework Components

In December 2013, 15 young people, CYN partners, CYN Project Managers, and City of London staff came together to design the initial components of the youth framework. Source documents combined with the collective experience of the group informed the development a goal statement, guiding principles, themes, outcomes, and success indicators for the youth framework. After the session, the content was analyzed and mapped against research and evaluation results to further develop the components of the framework.

The framework was presented during a second session to gather additional feedback. Key activities guided this process to generate recommendations, revisions, and suggestions. Results from the brainstorming session were then integrated into the framework.

## STEP 2 Building The Framework With CYN Partners and Young People

A community consultation was held in which 55 CYN partners reviewed the framework and provided insights, recommendations, and revisions. CYN partners discussed opportunities where the framework could be used and identified training and resource needs for implementation.

A focus group was also held with 40 young people. During this focus group, the framework was discussed and recommendations were provided to further enhance and align the framework with what is important to young people.

Results from both consultations were integrated into the framework.

## STEP 3 Validating The Framework

To validate the framework, research was conducted to identify other youth frameworks. In total, eight youth frameworks were reviewed and compared with the content of the CYN Youth Framework. One of the most relevant and useful frameworks used to validate the CYN Youth Framework was *Stepping Up: A Strategic Framework to Help Ontario's Youth Succeed* (Ministry of Children and Youth Services, 2013). While this framework has provincial focus, in comparison the CYN Youth Framework's local focus, the content aligned closely demonstrating the collaborative process of designing and building the CYN Youth Framework resulted in a valid framework for working with young people.

To further validate the framework, 18 CYN partners were invited to review the framework and provide feedback. Again, revisons were incorporated to finalize the framework.

The current framework, presented in this document, represents the results of the CYN research and evaluations, as well as the collective experiences and wisdom of young people and CYN partners.

# THE CYN
# YOUTH FRAMEWORK

## GOAL

*The goal of the CYN Youth Framework is:*

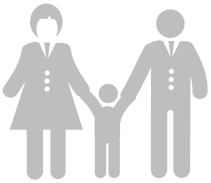
To collaboratively engage and support all young people to develop their skills and abilities to successfully navigate transitions in life and education, build meaningful relationships, and live healthy lifestyles.

## GUIDING PRINCIPLES:

- Strength-Based
- Impact
- Accountability
- Youth Voice
- Inclusivity
- Neighbourhood-Based

## CORE COMPONENTS:

- Relationships and Inclusion
- Education
- Health and Wellness
- Youth Leadership
- Employment and Entrepreneurship



## SUPPORT ECOSYSTEM:

- Young People
- Government
- Family/Guardians
- Child and Youth Network
- Community
- School
- Employers

## DESIGN ELEMENTS THAT ALIGN WITH THE CYN YOUTH FRAMEWORK:

- Meaningful Content
- Relationship Building
- Community-Informed Strategies
- Evaluation and Sustainability Planning
- Innovative Activities
- Youth Engagement
- Supportive Learning Environment

# GOAL

**The goal of the CYN Youth Framework is:**

*To collaboratively engage and support all young people to develop their skills and abilities to successfully navigate transitions in life and education, build meaningful relationships, and live healthy lifestyles.*

# GUIDING **PRINCIPLES**

The CYN Youth Framework has six Guiding Principles, including:

1. **Strength-Based:** A strength-based approach is grounded in the belief that young people have existing competencies, are capable of learning new skills and solving problems, and can use existing competencies to identify and address their own concerns (Alliance for Children and Youth, n.d). A strength-based approach also gives consideration to protective factors which allow a person to develop and promote self-determination and increase participation (Hammond, 2010).

2. **Youth Voice:** A focus on youth voice emphasizes the capacity and intentionality of all young people to be engaged in meaningful participation. Including the perspectives, ideas, experiences, knowledge, and actions of young people is inherent in this idea.

3. **Impact:** Impact as a principle denotes the importance of focusing on the development of young people in which support is provided to build their competence, skills, attributes, and connections.

4. **Inclusivity:** Being inclusive ensures all young people are included, diversity is celebrated within and across communities, and young people are provided the space to have a voice and identify as they wish. This also refers to ensuring young people influence programs, barriers to participation are removed, and protective factors are increased.

5. **Accountability:** Accountability is demonstrated through regular evaluation of practice, the continuation of program development, and implementation based on best-practice research.

6. **Neighbourhood-Based:** Where people live has a tremendous influence on their outcomes in life. Neighbourhood focus promotes inclusion and builds strong networks.

# CORE **COMPONENTS**

### Relationships and Inclusion

Research demonstrates the importance of relationships and inclusion in the development of young people (United Way of Calgary and Alberta, 2013). This is supported by providing access to a network of relationships, encouragement, and motivational support from connections with adults, peers, family members, employers, and communities.

| OUTCOMES | SUCCESS INDICATORS |
|---|---|
| Young people have a network of healthy relationships in their communities and/or neighbourhoods | • Young people have relationships that make them feel safe and happy<br>• Young people have positive relationships with peers, adults, family members, and employers<br>• Young people have mentors<br>• Young people are connected to supports and networks that help them achieve success |
| Young people access and use their relationships and resources to achieve success | • Young people collaborate with others in their community<br>• Young people achieve their goals as a result of leveraging their relationships |
| Young people experience social inclusion and value diversity in their community | • Young people have knowledge of their neighbourhood and community<br>• Young people are engaged in their community<br>• Young people feel socially included<br>• Young people feel a sense of belonging in their community<br>• Young people understand, celebrate, and promote diversity<br>• Young people are involved with diverse communities<br>• Young people feel safe in their community |

### Youth Leadership

Youth leadership explores the outcomes of providing young people with opportunities to build the capacity of their leadership skills and abilities. Young people who are involved in leadership roles often have a higher self-esteem and grades and are more physically active and committed to their friends, families, and communities.

| OUTCOMES | SUCCESS INDICATORS |
|---|---|
| Young people have the leadership skills that provide them with the capacity to be engaged, productive members of their communities | • Young people can define leadership for themselves<br>• Young people take on leadership roles within the community<br>• Young people have leadership skills<br>• Young people participate in decision-making that affects them<br>• Young people are self-aware |
| Young people are involved in their community and participate in creating solutions | • Young people volunteer and contribute their skills to the community<br>• Young people are members of committees or boards<br>• Young people create, lead, and implement community solutions<br>• Young people are involved in improving their neighbourhood and/or community |
| Young people are resilient and resourceful in finding their own solutions | • Young people have the confidence to advocate for themselves<br>• Young people share their opinions and play a role in informing decisions<br>• Young people have the capacity to adapt in the presence of risk or adversity |

| OUTCOMES | SUCCESS INDICATORS |
| --- | --- |
| Young people experience meaning in leadership opportunities | • Young people are involved in their community<br>• Young people participate in leadership opportunities |
| Community organizations and adults have created opportunities for young people | • Community organizations and adults support and embrace the solutions of young people<br>• Community organizations and adults provide meaningful opportunities for young people |

### Education

When young people have an education, they are more likely to secure employment, succeed in the workplace, and become community leaders (Ministry of Children and Youth Services, 2013). It is estimated that 70% of all new jobs created in the future will require post-secondary education (Rae, 2005). Providing young people with educational opportunities will support successful educational transitions, promote skill development, and encourage lifelong learning.

| OUTCOMES | SUCCESS INDICATORS |
|---|---|
| Young people access meaningful learning, training, and skill development opportunities | • Young people have awareness of career paths<br>• Young people have exposure and access to diverse learning, training, and skill development<br>• Young people have a plan for their education<br>• Young people are engaged in their education |
| Young people experience successful educational transitions | • Young people graduate from high school with their cohort<br>• Young people graduate from college or university<br>• Young people complete an apprenticeship or co-op<br>• Young people feel prepared for high school, post-secondary, and employment<br>• Young people make a successful transition from education to the workforce |
| Young people have educational experiences that promote skill development and lifelong learning | • Young people have the resources and support to foster educational achievement<br>• Young people have learning opportunities that align with, and create awareness of, personal interests<br>• Young people can define the value of education |

### Employment and Entrepreneurship

Despite staying in school longer than any other generation, Canadian youth continue to have higher unemployment rates in comparison to the adult population and take longer to make the school-to-work transition than ever before (Bell and O'Reilly, 2008). Providing resources and support to foster engagement and skill building as it relates to employment and entrepreneurship has been shown to lead to successful career development.

| OUTCOMES | SUCCESS INDICATORS |
|---|---|
| Young people have relevant experiences, tools, and resources to facilitate entry into employment or business | • Young people are engaged in meaningful opportunities to gain practical career and education skills<br>• Young people have employability skills<br>• Young people have resources and relationships to facilitate entry into employment or self-employment<br>• Young people have careers that fit with the needs of the market<br>• Young people have exposure to employment or self-employment opportunities |
| Young people have opportunities for meaningful employment | • Young people have economic independence<br>• Young people secure their first quality employment experience<br>• Young people are employed or self-employed |

| OUTCOMES | SUCCESS INDICATORS |
| --- | --- |
| Young people have the skills to build a successful career | • Young people have skills for employment or self-employment<br>• Young people are satisfied in their careers<br>• Young people start businesses<br>• Young people lead successful businesses<br>• Young people have defined career paths |
| Young people have jobs related to their training and education | • Young people have jobs based on training<br>• Young people are satisfied with their training<br>• Young people are satisifed with their employment |

### Health and Wellness

Health and wellness encompasses both the mental and emotional aspects of well-being (Health Canada, 2013). Healthy physical, cognitive, and emotional well-being provides young people with the competency and confidence to achieve their full potential.

| OUTCOMES | SUCCESS INDICATORS |
|---|---|
| Young people are physically, cognitively, and emotionally healthy | • Young people are physically active<br>• Young people make healthy lifestyle choices<br>• Young people have life skills<br>• Young people are resilient in the face of challenges and change<br>• Young people have food literacy skills<br>• Young people have access to healthy food<br>• Young people engage in healthy activities |
| Young people have the competency and confidence to participate in healthy physical activity | • Young people have the skills to make healthy choices<br>• Young people participate in physical activity<br>• Young people connect to resources that promote healthy activity |
| Young people are aware of and understand how to make choices that support healthy lifestyles | • Young people have knowledge of, and access to, health and health-related resources<br>• Young people participate in activities that promote healthy living<br>• Young people engage in behaviours that support healthy lifestyles |

# SUPPORT **ECOSYSTEM**

While young people can and do shape their own future, their success is influenced by a broader ecosystem, including:

**Young People:** Youth involvement is essential. In designing programming to support young people, it is critical that young people are directly involved. Delivering programs and supports that are youth driven and encouraging young people to take an active role in their development are best-practices.

**Community:** The communities in which young people live greatly influence outcomes for young people. Communities provide opportunities for growth, development, connection, and engagement. Community refers to both organizations and individuals, as well as formal and informal supports. The community can mediate risk factors and encourage healthy development. Coordination and collaboration is integral to serve the varied and unique needs of young people. Community includes, but is not limited to: foundations and philanthropic organizations, faith-based and cultural groups, sports clubs, arts-based groups, mentors, other community associations, and the private sector.

**Government:** The federal, provincial, and municipal governments provide many services that affect the daily lives of young people such as education and health services.

**School:** Primary, secondary, and post-secondary institutions play a significant role in the lives of young people. Young people spend their most formative years in educational institutions. Successful transitions from primary to secondary, secondary to post-secondary, and post-secondary to work are critical to the success of young people.

**Family/Guardians:** Parental and family supports provide the foundation of social support, caring relationships, and consistent bonds which act as significant protective factors. Research demonstrates parental and family involvement during youth development, especially during key transitions, is associated with positive outcomes overall. Ensuring parents are aware, supportive, and engaged are important considerations when developing programs and activities.

**Employers:** Employers provide opportunities for development and skill building through employment and training.

**Child and Youth Network:** The CYN acts as the connector that brings all groups together to engage in meaningful dialogue, learning, and application of best-practices.

# DESIGN ELEMENTS THAT ALIGN **WITH THE CYN YOUTH FRAMEWORK**

The following design elements encourage innovation and root the design of programs and services for young people in research and best-practices as informed by CYN partners, young people, and research and evaluations.

**Meaningful Content:** Meaningful content refers to ensuring the content is relevant and important to young people. The content should also be relevant to the developmental stage of the youth (i.e., early or late adolescence). Likewise, consideration should be given to barriers such as gender, socioeconomic status, conflict with law, out-of-school youth, etc. when developing meaningful content.

**Innovative Activities:** Innovative activities refers to the utilization of framing programming through unique elements such as art and technology. Providing innovative activities occurs by tapping into the interests of young people to motivate and engage them in participation.

**Relationship Building:** Relationship building refers to social interaction with peers as well as relationship development with community organizations, mentors, and other adults who can support young people. Research demonstrates including an element of relationship building is important to augment the efficacy of many other strategies for improving youth outcomes.

**Youth Engagement:** Youth engagement refers to incorporating participatory approaches to program development and implementation. Research demonstrates engaged participants are usually motivated and, as a result, enjoy programs and are more likely to continue. Elements to consider include providing choice, opportunities for capacity building and leadership, encouraging self-reflection, development of social awareness, and incorporation of art and technology.

**Community-Informed Strategies:** Community-informed refers to the use of strategies that have been identified through participatory engagement of young people and community members. Creating programs based on needs of the community, in addition to elements found in evidence-based practice, is essential in ensuring programs remain relevant and impactful for young people.

**Supportive Learning Environment:** A supportive learning environment refers to both the physical learning space and the creation of a social environment that supports learning. This includes the development of youth-centered programs based on social interaction, choice, and voice. In doing so, programs should assess and build on the young persons context, perceptions, and use of literacy and language. Additionally, programs should build on the young persons prior knowledge, language, vocabulary and experiences, and focus on themes and content that are meaningful and build a strong sense of identity as part of the community (Literacy Gains, 2012).

**Evaluation and Sustainability Planning:** Evaluation and sustainability planning refers to measuring the impact and effectiveness of the program and leveraging results to build long-term sustainability. Evaluation of programs is an ongoing process and should be incorporated into all programs to refine and ensure the needs of young people are met. It is important to ensure evaluation tools are made available for programs to make this process easy and accessible. Sustainability planning is important when developing youth programs as well to ensure success for long-term, sustained commitment to healthy youth development.

# NEXT **STEPS**

Pending endorsement by the CYN, possible next steps include:

1. CYN Priority Areas will implement the CYN Youth Framework with all initiatives and activities that engage young people. Through this process, supports and resources required to implement the CYN Youth Framework will be identified. The framework will be revised based on the learnings from the implementation process.

2. Tools and resources will be created to support the implementation of the CYN Youth Framework. This could include, but is not limited to, common measurement and reporting tools, an implementation toolkit, training on how to use the framework, an interactive website to support program design, and evaluation.

3. The CYN Youth Framework will be promoted to encourage all individuals and organizations working with young people in London to integrate the framework into their work. The tools, resources, and training developed will strengthen uptake and integration.

4. An ever-evolving piece of work, the CYN Youth Framework will undergo an evaluation. Results from the evaluation will be used to revise and refine the framework.

The work of CYN partners results in individual, community, and system level impact. The CYN Youth Framework complements the work in our community and supports successful outcomes for young people.

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Child & Youth
Network

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

RNAO Mental Health & Addictions INITIATIVE

# Free RNAO ADDRESSING SUBSTANCE USE Champions Workshop

level 1

WORKSHOP OBJECTIVES:

**REVIEW** RNAO's addictions best practice guideline recommendations

**GAIN** guideline implementation strategies from RNAO's toolkit

**LEARN** about the role of a champion and network with peers

## Middlesex London Health Unit

*This free one-day workshop is for nurses and health professionals who want a fundamental understanding of how to work with clients who use substances.*

**Middlesex London Health Unit**
**Middlesex Room**
**50 King Street,**
**London, ON, N6A 5L7**

Thursday, Jan. 22, 2015
(8:30 a.m. - 4:30 p.m.)

Register online at:
https://myrnao.ca/jan22workshop

## Nursing Best Practice Champions Network

For more info contact Glynis Gittens at:
ggittens@RNAO.ca

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 017-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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# MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – FEBRUARY

## *Recommendation*

***It is recommended that Report No. 017-15 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 6, 2015.

During the month the MOH was able to meet one on one with each of the new Board of Health Members and welcome them to the Health Unit.

On January 11th, the MOH and over 100 staff and family members attended a London Lightning game at Budweiser Gardens. The tickets were courtesy of the Health Unit's benefits provider, Great West Life.

All staff were invited to attend a Town Hall meeting on January 20th in the Middlesex Room. On the agenda were several items including strategic planning and the first look at the new Vison, Mission and Values Tree. Also on the agenda was a look at the 2014 Employee Engagement Survey Results, the PBMA process and a follow-up on the humidity issues at 50 King St. The MOH also mentioned the work of a selection of outstanding committees. These included the United Way Fundraising Committee who surpassed the goal of raising $21,700 by $2,200; The Baby Friendly Committee who helped the Health Unit pass through the preliminary and intermediate stages of the process while ensuring compliance of all policies and orientation of all staff; the Health Equity Strategic Achievement Group who provided Health Equity education session for program staff, developed a strategy to move Health Equity Impact Assessments forward; and finally, the Registered Nurses Association of Ontario Smoking Cessation Best Practice Guideline Implementation Team. This team hosted a Smoking Cessation Best Practice Champions workshop, conducted a gap analysis involving 93 Health Unit staff to assist in the development of the Team's work plan and logic model, and began on policy development. Before the end of the meeting, the MOH gave a brief bio on each of the new Board Members.

On February 3rd the MOH participated in Raising the Roof's Annual National Toque Campaign. Unity Project For Relief of Homelessness in London is the community partner who organizes this campaign in London. The MOH and participants were assembled into small groups and guided by London CAReS Outreach Workers to distribute toques to those in need of a warm hat.

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

| | |
|---|---|
| January 15 | Attended a teleconference meeting with City of London staff to discuss Residential Bylaws for Group Living Situations |
| January 19 | Participated in the London InterCommunity Health Centre (LIHC) Strategic Planning Session |
| January 20 | Met with Health Unit staff to discuss involvement in London Pride |
| January 22 | Attended a Youth Opportunities Unlimited (YOU) Board meeting |
| January 27 | Attended the State of the City Address |

| | |
|---|---|
| January 28 | Met in Stratford for the South West Local Health Integration Network Health System Leadership Council |
| January 29 | Attended Finance and Facilities Committee meeting<br>Attended the Labour Appreciation Awards Night at Goodwill Industries |
| February 2 | Met with staff from Southwest Ontario Aboriginal Health Access Centre (SOAHAC) to discuss dental care collaboration |
| February 5 | Attended the Youth Opportunities Unlimited Fundraising Breakfast<br>Attended Pillar event – Active Risk Management: The Board & Executive Director's Role session |
| February 6 | Attended the Council of Ontario Medical Officers of Health Section Meeting in Toronto |

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