

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Finance and Facilities Committee**

50 King Street, London  
Middlesex-London Health Unit – Room 3A  
Thursday, May 7, 2015 9:00 a.m.

**1. DISCLOSURE OF CONFLICTS OF INTEREST**

**2. APPROVAL OF AGENDA**

**3. APPROVAL OF MINUTES** (February 12, 2015)

**4. BUSINESS ARISING FROM MINUTES**

**5. NEW BUSINESS**

5.1. 2014 Vendor Payments & Visa Purchases (009-15FFC)

5.2. Sole Source Vendor – Evaluation of the School Travel Planning Program for the Active and Safe Routes to School Committee (010-15FFC)

5.3. 2015 BOH Compensation (011-15FFC)

5.4. Great-West Life Benefits - Renewal (012-15FFC)

5.5. Q1 Financial Update (013-15FFC)

**6. CONFIDENTIAL**

The Finance and Facilities Committee will move in camera to discuss matters concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.

**7. OTHER BUSINESS**

Next meeting of Finance and Facilities Committee - Thursday, June 4, 2015 at 9:00 a.m.

**8. ADJOURNMENT**



**PUBLIC MINUTES**  
**Finance and Facilities Committee**  
**50 King Street, Room 3A**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**2015 February 12 10:30 a.m.**

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**COMMITTEE**

**MEMBERS PRESENT:** Ms. Trish Fulton (Chair)  
Mr. Jesse Helmer  
Mr. Marcel Meyer  
Mr. Ian Peer  
Ms. Joanne Vanderheyden

**OTHERS PRESENT:**

Dr. Christopher Mackie, Medical Officer of Health and CEO  
Mr. John Millson, Director, Finance and Operations  
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)  
Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services  
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy  
Ms. Heather Lokko, Associate Director, Oral Health, Communicable Disease and Sexual Health Services

At 10:30 a.m., Chair Fulton welcomed everyone to the meeting.

**1. DISCLOSURES OF CONFLICT(S) OF INTEREST**

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

**2. APPROVAL OF AGENDA**

It was moved by Mr. Peer, seconded by Mr. Meyer *that item 5.6 be added to the agenda re Dental.*

Carried

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the [AGENDA](#) for the February 12, 2015 Finance and Facilities meeting be approved.*

Carried

**3. APPROVAL OF MINUTES**

It was moved by Mr. Peer, seconded by Mr. Meyer *that the [MINUTES](#) from the January 29, 2015 Finance and Facilities Committee Meeting be approved.*

Carried

**4. BUSINESS ARISING FROM MINUTES –none**

**5. NEW BUSINESS**

**2015 Budget Process (004-15FFC)**

Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention (EHCDP) Services, provided a high level review of the planning and budget templates for the EHCDP services area.

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.*

Carried

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.*

Carried

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.*

Carried

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.*

Carried

Committee members directed staff to prepare a report that outlines the base funding of programs, such as West Nile Disease; the requirements for spending the money; and how much other funding is required to manage the program provided by the Health Unit from other sources, for example. This high-level information would assist Committee members to set strategic direction for such programs

**2015 Proposed Budget (005-15FFC)**

Mr. John Millson, Director, Finance and Operations, assisted Committee members with their understanding of this report. Discussion ensued about the risks associated in assuming a 1% provincial increase versus 0%. Dr. Mackie clarified that proceeding with the budget as submitted would put the Health Unit at some risk of a deficit position for 2015, and outlined the strategies that could be used to mitigate this risk, and/or fund any potential deficit.

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.*

Carried

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee recommends that the Board of Health direct the Middlesex-London Health Unit not to hold back on Program Planning reinvestment decisions until Ministry approval is received.*

Carried

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities Committee recommends that the Board of Health:*

- 1) *Forward Report No. 05-15FFC to the City of London and the County of Middlesex for information; and*
- 2) *Direct staff to submit the 2015 Operating Budget in the Ministry of Health and Long-Term Care's Program Based Grant format.*

Carried

#### **2014 Q4 Budget Variance Summary (006-15FFC)**

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

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.*

Carried

#### **2014 Board of Health Remuneration (007-15FFC)**

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.*

Carried

#### **2014 Public Sector Salary Disclosure (008-15FFC)**

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.*

Carried

#### **Dental Clinic Funding**

A City of London Councillor has requested information about the funding of the Middlesex-London Health Unit Dental Clinic, its capacity and its current level of funding. Dr. Mackie explained that the space and need for an additional dentist is present; however, the funding for supporting another dentist is not available.

### **6. OTHER BUSINESS**

The next scheduled meeting of the FFC is Thursday, March 5, 2015 at 9:00 a.m.

**7. ADJOURNMENT**

At 1:30 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the meeting be adjourned.*

Carried

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TRISH FULTON  
Chair

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CHRISTOPHER MACKIE  
Secretary-Treasurer

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 May 7

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## 2014 VENDOR / VISA PAYMENTS

### ***Recommendation***

*It is recommended that the Finance & Facilities Committee receive Report No. 009-15FFC re 2014 Vendor / VISA Payments as information.*

### **Key Points**

- Appendix A provides a list of vendors that received \$100,000 or greater from the Middlesex-London Health Unit in 2014.
- Appendix B provides a summary of purchases made using corporate purchase cards.

### **Procurement Policy Requirement**

In accordance with Section 5.17 of the Procurement Policy, the Director of Finance and Operations is to report annually the suppliers who have invoiced a cumulative total value of \$100,000 or more in a calendar year. Attached as [Appendix A](#) is a list of such vendors for 2014.

The Finance & Facilities Committee also requested to report annually a summary of purchases made with corporate purchase cards. Attached as [Appendix B](#), is a summary by category of the purchases made using the corporate credit cards in 2014.

John Millson, Director of Finance & Operations will be in attendance at the May 7<sup>th</sup> meeting to answer any questions the Committee members may have.

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



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

## 2014 Vendor Payment Summary > \$100,000

Vendor Name	Total Invoiced	Comments
OMERS	\$ 3,816,616.00	Pension payments (includes employee share)
Great West Life	\$ 1,332,251.72	Employer Health Benefits (includes LTD paid by employees)
County of Middlesex	\$ 1,199,383.59	Lease related payments - 50 King St. & 2013 surplus payment
City of London	\$ 999,821.15	Repayment of 2013 surplus & Insurance (OMEX) premiums.
Thames Valley Children's Centre	\$ 880,653.96	Service contracts (tykeTALK / IHP)
University of Western Ontario	\$ 498,391.39	Service contracts (tykeTALK / IHP)
Richmond Block London Corp	\$ 322,466.10	Lease payments - 201 Queens Ave
Regional HIV/Aids Connection	\$ 286,817.00	Needle Exchange program (majority 100% funded by MOHLTC)
Workplace Safety & Insurance	\$ 231,657.36	WSIB premiums
CDW Canada Inc.	\$ 217,142.96	IT Hardware purchases
Woodstock General Hospital	\$ 208,532.05	Service contracts (tykeTALK / IHP)
Dr. Jeffrey H. Richmond	\$ 196,271.67	Dental Services – CINOT/HSO
The Canadian Centre for Mosquito Control	\$ 191,422.00	Mosquito control contract for Vector-Borne Disease program
CNIB	\$ 162,462.42	Service contracts (Blind Low Vision)
Merck Frosst Canada Inc.	\$ 146,774.00	Vaccine purchases
Metropolitan Maintenance	\$ 127,441.40	Cleaning of 50 King Street premises
Elgin Audiology Consultants	\$ 126,618.34	Service Contracts (Infant Hearing Program)
London Health Sciences Cent/UH	\$ 124,873.28	Service contracts (tykeTALK / IHP)
CANBA Investments Limited	\$ 111,290.09	Lease related payments – Strathroy office

## Summary of 2014 Corporate Purchase Card Purchases

Expense Category	Amount	# of transactions
Accommodations / Meals	\$ 80,399.45	468
Advertising / Health Promotion	\$ 33,685.74	356
Building Maintenance	\$ 1,881.62	28
Computer Equipment/Supplies	\$ 9,925.88	12
Materials & Supplies	\$ 133,048.29	645
Medical / Clinic Supplies	\$ 15,723.42	71
Memberships / Agency Fees	\$ 10,461.84	14
Other Expenses	\$ 25,601.22	134
Professional Development	\$ 47,286.63	145
Travel <sup>1</sup>	\$ 39,810.97	495
<b>Total</b>	<b>\$ 397,825.06</b>	<b>2,368</b>

Notes:

- 1) Travel includes all modes of travel such as air, train, vehicle rentals and gas and parking costs.





TO: Chair and Members of the Finance and Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2015 May 7

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## EVALUATION OF THE SCHOOL TRAVEL PLANNING PROGRAM - SINGLE SOURCE VENDOR

### **Recommendation**

*It is recommended that Report No.010-15FFC re Evaluation of the School Travel Planning Program - Single Source Vendor be received for information.*

### **Key Points**

- School Travel Planning (STP) is a program designed to bring together community stakeholders to identify barriers to active transportation to and from school.
- Our regional Active and Safe Routes to School Committee is implementing an STP program locally.
- The contract to evaluate the School Travel Planning program has been awarded to the Human Environments Analysis Laboratory, Department of Geography, Western University.

### **Background**

Physical activity plays an important role in the health and wellbeing of the children in our community. One easy, inexpensive way for children to get their required 60 minutes per day of physical activity is to use active modes of transportation when traveling to and from school, or active school travel (AST). School Travel Planning is a major component of AST.

School Travel Planning is a comprehensive process designed to increase local ownership of Active & Safe Routes to School by engaging stakeholders including school boards, municipal transportation planners and engineers, public health, police, parents, students and school staff. STP programs utilize research to assess the barriers to active school travel and use this knowledge to develop and implement action plans. The involvement of local stakeholders is an important step to ensuring the sustainability of active school travel activities. Benefits include increased physical activity, reduced traffic congestion, improved air quality, enhanced neighbourhood safety and a greater sense of community.

Active & Safe Routes to School (ASRTS) partners from several organizations throughout the Counties of Elgin, Middlesex, Oxford, and the cities of London and St. Thomas are working together to promote and sustain ASRTS programs that encourage children and families to choose active transportation. They have been implementing a School Travel Planning program and developing action plans to build upon strengths and remove barriers to active school transportation at local schools. A key component of this STP program is its evaluation. A thorough evaluation of the program will provide valuable information to help ensure sustainability into the future.

## Vendor Procurement for STP Program Evaluation

The Human Environments Analysis Laboratory (HEAL), Department of Geography, Western University has been an in-kind supporter of Active and Safe Routes to School for many years. Part of their in-kind support included assistance in the development and implementation of the School Travel Planning programs being run in LDCSB and TVDSB schools. As a result, HEAL has unique technical knowledge and expertise not held by any other firm or organization.

In accordance with MLHU Procurement Guidelines 3.2(2)(iii) & (iv), HEAL was hired as a single source vendor to assist with the evaluation of the School Travel Planning program. This decision was considered and approved by the Director and Medical Officer of Health and the Board of Health is receiving this report as per the Procurement Guideline.

The Evaluation Proposal received from HEAL is attached as [Appendix A](#).

This report was prepared by Ms. Mary Lou Albanese, Manager, Healthy Communities and Injury Prevention.



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

<p><b>This report addresses</b> the following requirement(s) of the Ontario Public Health Organizational Standards: Management Operations 6.7 &amp; 6.8</p>
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## **RESPONSE TO REQUEST FOR QUOTATION**

Evaluation of the School Travel Planning Program for the Active and Safe Routes to School Committee

Submission Date: January 7, 2015

### **Consultant**

**Dr. Jason Gilliland**, Director  
Human Environments Analysis Laboratory  
Department of Geography  
Email: [jgillila@uwo.ca](mailto:jgillila@uwo.ca)  
The University of Western Ontario  
Tel: (519) 661-2111 ext 81239  
London, Ontario, Canada N6A 5C2  
Fax: (519) 661-3750

### **Community Contact**

**Marylou Albanese**, Manager  
Healthy Communities & Injury Prevention  
Email: [marylou.albanese@mlhu.on.ca](mailto:marylou.albanese@mlhu.on.ca)  
Middlesex-London Health Unit  
Tel: 519-663-5317 Ext 2288  
London, Ontario, Canada  
Fax: 519-663-9276

### **Purpose of Consultation**

Develop and implement a methodology with Active and Safe Routes to School Committee partners to evaluate and advise the School Travel Planning program being run in LDCSB and TVDSB schools.

## Background

Physical activity plays a crucial role in the health and well-being of Canadian children (Strong et al, 2005). Increasing children's physical activity can lead to lower rates of childhood obesity and chronic diseases later in life (Tremblay, 2000; Gilliland, 2010). Specifically, the Canadian Society for Exercise Physiology recommends children participate in at least 60 minutes of moderate to vigorous physical activity per day. One easy, inexpensive way for children to get their required physical activity is to use active modes of transportation when traveling to and from school, or active school travel (AST).

Active transportation, defined as any form of human-powered transportation (e.g., bicycling and walking), for school aged children has seen a dramatic decrease in recent years. A nationwide survey of children in the U.S. showed a drop in individuals using active transportation from 41% in 1969 to 13% in 2001 (McDonald, 2001). Higher rates of active transportation have been found to be linked to higher academic performance (Singh, 2012), lower body mass index (Boarnet, 2005, Lubans, 2011), increased fitness (Mendoza et al, 2011), and improved social and cognitive development (Badland and Oliver, 2011).

Built and social environments play a vital role in the promotion and detriment of active transportation rates. School travel planning (STP) allows local community organizations to inventory and identify built environment barriers, policy driven impediments, along with social or cultural deterrents to active transportation. Children have extrinsic mobility restrictions (e.g. inability to drive or afford transport, parental controls) that make them vulnerable to their environments hindering their ability to make healthy choices, such as active transportation.

## School Travel Planning

ASRTS flagship program, School Travel Planning, helps schools understand the barriers for children walking or cycling to school and works to remove these barriers around the school. The STP process involves five main steps:

**Stage 1: Set Up.** The STP program is presented to the school community to establish the readiness of the school to participate in a STP. If it is deemed that the school is supportive of the program, a STP school committee is established.

**Stage 2: Collect Baseline Data.** To properly identify barriers and concerns preventing active travel to and from school, baseline parent and youth surveys, traffic counts, and walkabouts are conducted.

**Stage 3: Develop Action Plan.** Developing an action plan is a collaborative process that identifies strengths and obstacles in a school and plans actions to address school-specific concerns related to active transportation. One example is that it is unsafe to cross the street in front of the school due to traffic, which can be addressed by starting a school safety patrol program or creating a no idling zone on a side street adjacent to the school.

**Stage 4: Carry Out Action Plan.** The school STP committee takes action to address concerns and updates the action plan as concerns are addressed and new problems arise. The STP is a living document that will always be changing and evolving, even after ASRTS is no longer directly involved in facilitating at the school

**Stage 5: Evaluation.** Collect follow-up data through parent and youth surveys, traffic counts, and walkabouts to track progress and properly evaluate how the STP changes barriers to active transportation and the number of active travelers.

STP in Canada was started by Green Communities Canada ([greencommunitiescanada.org](http://greencommunitiescanada.org)) and the National toolkit was used to run the STP process in 6 London schools in 2009. Last year the local Active and Safe Routes to School (ASRTS) organization revised this National toolkit to create a process that relies on a more

evidence-informed approach to identifying the barriers to active transportation within a school. The largest change to the original program was through altering the evaluation process to be more scientifically rigorous than the original program. The development of the new evaluation process was led by our team through the development of comprehensive youth and parents surveys, as well as establishing a new protocol to conduct the surveys. These new tools allow us to properly evaluate the effectiveness of the STP program to improve AST in schools, which past Canadian STP projects have not been able to do effectively.

## **The Deliverables**

### **Survey Development and Redevelopment**

We will develop the follow-up survey (*stage 5*) that is part of the STP process. The follow-up survey will be used approximately 18 to 24 months after the baseline survey to evaluate the effectiveness of the action plan (*stage 3 & 4*) to minimize barriers, increase safety, and promote AST in the schools involved in the project. This follow-up survey will include the same questions about travel modes, barriers, and safety as the baseline survey, but will also ask questions about the STP program.

We will also redevelop the baseline (*stage 2*) and follow-up surveys (*stage 5*) as necessary to accommodate special situations at specific schools. For example, rural schools may have a whole host of other concerns that urban schools do not face.

### **Data Collection Facilitation**

We will assist principals and STP facilitators in the data collection efforts for both baseline (*stage 2*) and follow-up (*Stage 5*), the extent to which we are involved will be dependent on our STP commitments. In London-Middlesex we will be running the entire data collection process when available. Our responsibilities will include preparing printing of surveys, coding surveys, assisting with presentations in the schools, picking up parent surveys, and administering youth surveys. One exception to the London-Middlesex region, is that we will only have the capacity to facilitate one school at a time. In concurrent London-Middlesex schools and schools in St. Thomas, Elgin, and Oxford Counties, we are prepared to advise facilitators on the STP process when requested. This will include preparing the printing of surveys, coding surveys, and training facilitators in how to deliver and administer the surveys.

### **Data Entry**

At the conclusion of the data collection process we will enter survey data into a database for analysis. The data will be entered by undergraduate research assistants into the survey software Qualtrics to allow us quicker data analysis. Data entry will take approximately 4 weeks to complete depending on the number of surveys returned. The data will be used to assist the development of the action plan (*Stage 3*), as well as for publications associated with the STP project. The data collection methodology has received ethics approval from TVDSB, LDCSB, and Western University's non-medical ethics board.

### **Data Analysis**

Two sets of data analysis will be conducted by the research staff and approved by the project manager: baseline analysis (*Stage 2*) and follow-up analysis (*Stage 5*). The baseline analysis will be conducted to establish how parents and students perceive their school neighbourhood before any action plan is developed (*Stage 3*) and implemented (*Stage 4*). We will evaluate what modes are used for AST, perceived barriers to AST, perceived safety concerns, and mapping dangerous locations in the school neighbourhood. Summary statistics will be calculated in Qualtrics and mapping will be analyzed in a Geographical Information System (ArcGIS 10.1).

Follow-up analysis will be conducted to determine the effectiveness of the STP action plan to minimize barriers, increase safety, and promote AST in the schools. This analysis will use difference-in-means testing and advanced modeling techniques to understand if the STP process had a significant change on school travel behavior and perceptions. All analyses will be done using cross-sectional study design.

## School Reports

Each school involved in the STP process will be given a PowerPoint report approximately 4 weeks after baseline data collection and 8 weeks after follow-up data collection. This report will summarize the analysis conducted by our team and highlight key findings. Details from the traffic counts and walkabouts can be included in the report if provided to our team.

## Description of HEAL Project Team

The Human Environments Analysis Laboratory (HEAL) is a state-of-the-art, inter-disciplinary research lab dedicated to building evidence through policy-relevant research on the built environment and critical public health issues. We examine social, economic and physical landscapes from the scale of entire regions down to the level of individual buildings and spaces, and the occupants. We specialize in quantitative and qualitative geographic analyses for planning and public health.

### Principal Investigator

**Dr Jason Gilliland** (BA, MA, M.Architecture, PhD) is Director of the HEAL and Director of the Urban Development Program at Western. He is also Professor of Geography, Health Sciences, and Paediatrics, as well as a Scientist with the Children's Health Research Institute and the Lawson Health Research Institute. **Dr Gilliland will act as advisor to the project and approve all methodology used in this study.** Dr Gilliland is an internationally respected researcher and consultant in the field of the Built Environment and Health.

### Project Manager

**Dr Andrew Clark** (BA, MA, PhD), is a Post-Doctoral Research Associate in the HEAL. **His role on this project will be to develop and redevelop surveys, develop data collection methodology, analyze follow-up data, and approve all reports.** Andrew has co-authored four articles on active travel and active living as it relates to the built environment. He has managed multiple projects related to the built environment and active transportation among various populations in different geographical settings. Andrew has served on a number of community committees related to this project, including the Middlesex Road Safety Committee, Child and Youth Network, and ASRTS.

### Research Staff

**Sabrina Sater** (BA), is a Research Associate in the HEAL. Her role on this project will be to facilitate and advise the STP data collection process, supervise data entry, analyze baseline data, and create reports. Sabrina has been helping to administer multiple data collection projects for the HEAL for the past 2 years, including STEAM and ACT-i-Pass. She has also been a member of the ASRTS committee since 2013 and has been helping to run the STP process for the past year.

**GIS Technician** will be responsible for compiling, correcting, and mapping all identified locations of concern provided in the parent survey. Maps will be created for each school at baseline to help inform the school walkabouts that are essential to understand the barriers to AST.

**Undergraduate Research Assistants** will be responsible for entering all surveys into Qualtrics and member checking the entered data for errors.

## Budget

The budget for this project is \$10,619.47 (+ 13% HST [\$1380.53]) = \$12,000.



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 May 7

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## 2015 BOARD MEMBER COMPENSATION

### **Recommendation**

*It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to increase the Board of Health member compensation rate for a half day meeting to \$147.04 retroactively to January 1st, 2015.*

### **Key Points**

- The current half day meeting rate for Board members who are eligible to receive remuneration is \$144.16 which was established by the Board of Health in May 2014.
- In accordance with legislation and previous Board of Health practice, the Board of Health sets its remuneration rate for eligible Board Members at the rate set by County Council.
- On March 24<sup>th</sup>, 2015 County Council passed a new rate for its members' of \$147.04

### **Background**

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

#### **Remuneration**

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

#### **Expenses**

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

#### **Rate of remuneration**

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

#### **Member of municipal council**

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

In relation to Section 49(6), the Board of Health's current meeting rate is \$144.16 and has been in place since January 1, 2014.

## 2015 Compensation Rate

At its meeting on March 24<sup>th</sup>, 2015, Middlesex County Council passed its 2015 operating budget which included a per diem half day meeting rate of \$147.04 effective January 1, 2015 (see [Appendix A](#) for the corresponding By-Law). Historically compensation rates passed by Middlesex County Council have been applied for remunerating Board of Health members who are eligible to receive compensation. The new County Council rate represents an increase of \$2.88 or 2.0%. If 2014 meeting costs were used, this would translate into an increase of approximately \$575 for 2015.

In accordance to Section 49(11) of the HPPA, Board members who are City Councilors do not receive an additional stipend for meetings, as it is deemed to be included in their annual remuneration from the City. The exception is when a City Councillor is Chair of the Board, in which case this person is compensated.

## Conclusion

In accordance with Section 49 of the Health Protection & Promotion Act and following past practice, it is recommended that the half day per diem meeting rate for eligible Board of Health members be increased to \$147.04 retroactive to January 1, 2015.

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



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



**THE CORPORATION OF THE COUNTY OF MIDDLESEX****BY- LAW #**

A BY-LAW to provide for remuneration and expenses, including convention expenses, payable to Members of Council.

WHEREAS Section 283 of The Municipal Act, S.O. 2001, c.25, provides that the council of a municipality may pay remuneration and expenses to members of Council and members of any local board of the municipality;

AND WHEREAS Council adopted a recommendation at the Middlesex County Council Budget Meeting on March 10, 2015 that a 2.0% increase be approved for the Members of Middlesex County Council and all Council Appointments for 2015 as follows:

**Members of Council**

That the Councillor's salary be set at \$10,000 commencing December 1, 2014 and that the amount increases each year by the non-union increase commencing in 2016. The Councillor's salary covers attendance at County Council meetings including the County Council Budget meeting, and Visioning Sessions.

That the per diem for Committee meetings, Board appointments and attendance at conventions, etc., shall be:

effective January 1, 2015 \$147.04

**Conventions**

That effective January 1, 2015 the maximum for convention reimbursement, exclusive of registration fees, shall be \$3,000.00.

THEREFORE the Council of the Corporation of the County of Middlesex enacts as follows:

1. That the travelling allowance for attendance at meetings shall be the travelling allowance rates as approved by Council from time to time.
2. That delegates to conventions shall receive expenses as outlined on Schedule A.
3. That members of Council or other persons appointed by Council to serve as members of the following local boards and other bodies shall receive the same remuneration and expenses as members of Council attending council approved committee meetings:

Middlesex County Library Board  
Middlesex-London Board of Health  
Western Fair Board  
County/City Liaison Committee  
Middlesex Accessibility Advisory Committee  
London-Middlesex Housing Corporation  
University of Western Ontario  
and such other bodies to which Council from time to time appoints representatives.

**THE CORPORATION OF THE COUNTY OF MIDDLESEX****BY- LAW #** Page 2

4. Third Party Appointments  
Prior to any member of County Council accepting a third party appointment to a Board, Committee, or Standing Committee appointment that requires compensation from the County of Middlesex; the nominee will obtain approval from County Council for the appointment. Outlined in Schedule "B"
5. Council will be required to approve by resolution all appointments that arise during the council term
6. That for special meetings other than visioning sessions and budget meeting, the following per diems be adopted:
  - a) less than 30 minutes - up to 25% of the per diem
  - b) 30 minutes to 1 ½ hours - 50% of the per diem
  - c) More than 1 ½ hours - 100% of the per diem
7. That, for the purposes of Revenue Canada, one-third of the total of the remuneration, and the amount paid for travel to and from Council meetings, shall be deemed to be the expense allowance for members of Council.
8. That By-law #6532 is hereby repealed effective January 1, 2015.

PASSED IN COUNCIL this 24<sup>th</sup> day of March, 2015.

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Vance Blackmore, Warden

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Kathleen Bunting, County Clerk

**SCHEDULE "A"**  
**TO BY-LAW #**  
**COUNTY OF MIDDLESEX**  
**POLICIES RE: ATTENDANCE AT CONVENTIONS**

Expenses payable to Delegates at Conventions.

1. Registration  
The registration fee for two (2) authorized conventions per year.
2. Accommodations / Parking  
Accommodation costs for convention dates including one night prior, and the cost of parking, with the submission of appropriate receipts.
3. Meals  
The cost of meals to a maximum of \$75.00 per day with the submission of appropriate receipts. Expenses without receipts will be paid as a non-accountable expense to the \$75.00 maximum and will be taxable.
4. Per diem  
The approved per diem shall be paid for each ½ day attendance at the convention.
5. Travel
  - a) One per diem for travel before and after conventions over 300 kilometres
  - b) Mileage at the County's approved rate.
  - c) Airfare or train expense with receipts.
6. The maximum convention expenditure per member of Council per year will be \$3,000.00, exclusive of registration costs.
7. Item #6 maximum per year does not apply to the Warden (expenditure within the approved budget).
8. The registration and expenses be paid for the Warden's partner.
9. Member of Council who is a member of the Board of Directors of a municipal association.

The maximum related to attendance at Board meetings and conventions shall be \$6,000.00, exclusive of registration expenses, on the condition that the nomination to the Board was supported by a resolution from Council.  
(Schedule C)

**SCHEDULE “B”  
TO BY-LAW #  
COUNTY OF MIDDLESEX  
“THIRD PARTY APPOINTMENTS”**

Policy No. LEG – 2.01

<b>SUBJECT: COMMITTEE APPOINTMENTS</b>	<b>DEPARTMENT: COUNTY COUNCIL</b>
<b>ISSUED:</b> June 22, 2010	<b>REVISED:</b>
<b>APPROVED:</b> Middlesex County Council	<b>APPROVED:</b>
<b>DATE:</b> June 8, 2010	<b>DATE:</b>

**PURPOSE:** To provide direction for the appointment of County Councillors and Middlesex County Library Board Members to external Boards, Committees and Associations.

**PROCEDURE:**

1. At the beginning of the Council term of office, the CAO will present a report for County Council which lists all of the current and potential appointments for County Council and the Library Board
  - a. The report will invite Councillors and Library Board Members to submit their appointment requests for council approval
2. On a quarterly basis, each appointee will provide Council with a verbal report on the actions and activities of the external Board, Committee or Association they are appointed to.
3. At the conclusion of each Council term of office, Council will establish a committee to make recommendations to council on the maximum budget (per diems, travel, conferences) for each board or committee appointment for the following term of office.
4. All appointments will be concurrent with Council's term of office where applicable.
5. Prior to accepting a Board, Committee, or Standing Committee appointment that requires compensation from the County of Middlesex; the nominee will obtain approval from County Council for the appointment.
6. Council will be required to approve by resolution all appointments that arise during the council term
7. This policy will be effective December 1<sup>st</sup>, 2010.

**SCHEDULE "C"  
TO BY-LAW #  
COUNTY OF MIDDLESEX  
"BOARD OF DIRECTORS  
OF A MUNICIPAL ASSOCIATION"**

The following Councillors are member of a Board of Directors of a Municipal Association for the year 2015:

Councillor Richards	South Central Ontario Region (SCOR), Southwest Economic Assembly (SWEA)
Councillor Vanderheyden	Federation of Canadian Municipalities



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 May 7

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## GREAT-WEST LIFE BENEFITS – RENEWAL RATES

### **Recommendation**

*It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to approve the renewal of the group insurance rates administered by Great-West Life as describe in Report No. 012-15FFC re Great-West Life Benefits – Renewal Rates.*

### **Key Points**

- The group benefits contract with Great-West Life expires April 30, 2015. Staff have reviewed the renewal rates with AON Hewitt and find the rate increase to be reasonable after considering market conditions.
- As part of the renewal, life insurance premiums would increase by 3%, and long-term disability premiums would increase by 7%.
- Administrative Services Only (ASO) benefits/claims (Health and Dental) are also expected to increase. Health benefit costs are expected to increase by 12%, and dental benefit costs by 8%
- Overall the impact on the above rate & volume changes on average is 10%. The 2015 budget planned for an increase of 4%, resulting in an unfavourable variance of approximately \$55,000 by year end.

### **Background**

In 2012 the Health Unit, with the assistance of AON Hewitt (AON), went through a Request for Proposals to ensure our group insurance rates were competitive. As a result the Health Unit changed its insurance carrier from Manulife to Great-West Life effective February 1, 2013. This change resulted in significant savings for both our employees and for the Health Unit. All costs related to the insured benefits (Life, Accidental Death & Dismemberment (AD&D), Long-Term Disability (LTD), Pooling and Administrative Services Only (ASO) expenses were reduced effective February 1<sup>st</sup>, 2013 and have remained unchanged due to rate guarantees that were negotiated. These rate guarantees expire April 30<sup>th</sup>, 2015.

### **New Insured Benefit Rates (Life, AD&D, LTD, Pooling Insurance, ASO Expenses)**

As of May 1<sup>st</sup>, 2015, life insurance rates will increase by 3%, AD&D rates will remain unchanged, and LTD rates (employee paid) will increase by 7%. Although Great-West Life (GWL) had implemented significant discounts within their 2012 proposal (i.e. 23% discount for Life, 25% for LTD), GWL's proposed increases in the renewal rates represent fair adjustments. GWL will be increasing the pooling charges effective May 1, 2015 by about \$7,000 for the renewal year. In regards to the increase in pooling insurance charges, AON has confirmed that pooling charges have been increasing significantly throughout the insurance industry and rates are typically not negotiable. Lastly, ASO expenses (general administrative expenses and health/vision claims expenses) will also increase as they too are coming off a rate guarantee. The increase represents approximately \$6,000 for the renewal year. AON has benchmarked these expenses and has found that the new expense rates are still more than 10% lower than the market average.

## ASO Benefits (Health and Dental)

These benefits are funded based on actual claims utilization of benefits paid. The Health Unit sets a monthly deposit rate in advance to fund expected claims and expenses based on actual experience as well as AON's recommendation of emerging trends. As can be seen by the ASO benefits history attached as [Appendix A](#), the 2013 experience was very favorable and we therefore had a decrease in rates by 5% effective May1, 2014. In Contrast, the 2014 experience saw an upward trend in claims costs vs. premiums (premium deficit) especially in the latter half of last year which may be a direct result of the environmental factors (collective bargaining) as the increase in claims activity seemed to align with this period. Overall, health claims increased by 22% and dental claims by 4.4 % compared to 2013.

For the May 1<sup>st</sup>, 2015 renewal period AON had initially recommended the following increases; health - 20%, dental - 11.6%. After discussions with AON, Health Unit staff members plan to take a more aggressive approach and only plan for a 12% increase for health and 8% increase for dental benefits. Staff will monitor monthly claims experience very closely and if required make a mid-renewal period increase should emerging claims and expenses exceed our planned monthly deposits.

## 2015 Budget Implications

Incorporated into the 2015 operating budget was a \$44,405 increase in costs of employee benefits (or 4%). Considering the rate increases as well as the expected increases in the ASO benefits the Health Unit may experience a cost increase in the 10% or \$100,000 range instead. This would leave a budget shortfall in this category of approximately \$55,000 by the end of 2015.

## Conclusion

The Health Unit's contract with Great-West Life to provide group insurance expires April 30<sup>th</sup>, 2015. Health Unit staff along with AON have reviewed the proposed rate increases and have found them to be reasonable after considering market conditions. Life insurance premiums are increasing by 3% and Long-Term Disability premiums by 7%. Over the past two years, the ASO benefits have experienced high year – to – year variability, however, the data shows a consistent upward pressure since mid-2014. Therefore, it is also recommended that monthly deposit be increased to maintain expected increases in health claims costs of 12%, and dental claims costs of 8%. Overall benefit costs over the renewal period are expected to increase by 10% on average.

This report was prepared by Ms. Lisa Ellington, Payroll and Benefits Administrator, and Mr. John Millson, Director of Finance & Operations.



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

**Middlesex-London Health Unit**  
**History of Great West Life ASO Premiums vs Cost of Claims**

Period	(A)	(B)	(A) - (B)
	ASO Premiums	Total Claims Cost	ASO Premiums - Actual Claims
<b>2013</b>			
February	\$ 87,944.04	\$ 56,256.95	\$ 31,687.09
March	88,280.22	65,191.62	23,088.60
April	85,261.20	79,783.20	5,478.00
May	88,144.98	85,585.76	2,559.22
June	88,452.06	76,007.24	12,444.82
July	88,485.72	86,397.65	2,088.07
August	87,702.33	78,176.87	9,525.46
September	87,702.33	69,483.70	18,218.63
October	87,489.93	79,281.61	8,208.32
November	90,345.81	78,716.90	11,628.91
December	89,590.53	84,315.68	5,274.85
<b>Total (11 mths)</b>	<b>\$ 969,399.15</b>	<b>\$ 839,197.18</b>	<b>\$ 130,201.97</b>
<b>2014</b>			
January	\$ 88,198.05	\$ 103,744.76	\$ (15,546.71)
February	88,079.97	91,995.56	(3,915.59)
March	88,622.85	76,047.56	12,575.29
April	88,953.33	103,872.46	(14,919.13)
May	83,896.08	78,164.85	5,731.23
June	84,560.00	74,044.13	10,515.87
July	81,328.26	97,975.12	(16,646.86)
August	84,758.71	89,852.47	(5,093.76)
September	84,448.57	93,451.37	(9,002.80)
October	80,203.21	88,313.60	(8,110.39)
November	83,498.66	91,155.47	(7,656.81)
December	82,325.89	90,277.75	(7,951.86)
<b>Total</b>	<b>\$ 1,018,873.58</b>	<b>\$ 1,078,895.10</b>	<b>\$ (60,021.52)</b>
<b>2015</b>			
January	\$ 82,369.53	\$ 96,183.83	\$ (13,814.30)
February	83,077.09	79,292.74	3,784.35
March	82,369.53	82,869.48	(499.95)
April		-	
<b>Total (3 mths)</b>	<b>\$ 247,816.15</b>	<b>\$ 258,346.05</b>	<b>\$ (10,529.90)</b>





TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 May 7

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## Q1 VARIANCE

### **Recommendation**

*It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 013-15FFC re: "Q1 Financial Update Report" for information.*

### **Key Points**

- The 2015 approved budget assumed a 1% (\$157,093) increase in Mandatory Programs funding and an additional \$129,073 for the Needle Exchange program from the Ministry of Health and Long-Term Care.
- Ministry staff have provided direction to Ontario Public Health Units not to expect an increase in Mandatory Programs funding for 2015.
- Adjusting for a 0% increase, the Health Unit would be projecting a deficit position in the range of \$157,000.
- Ministry grant approvals are expected late summer (Q2) or early fall (Q3).

### **Background**

The 2015 operating budget was approved by the Board of Health on February 19, 2015 ([Report No. 005-15FFC](#)). The budget assumed a 1%, or \$157,093 increase in Mandatory Programs funding and an additional \$129,073 for the Needle Exchange Program from the Ministry of Health and Long-Term Care.

### **Financial Highlights**

Attached as [Appendix A](#) is the Budget Variance Summary which provides actual and budgeted expenditures for the first three months and projections to the end of the operating year for the programs and services governed by the Board of Health.

Current forecasting shows favourable variances across the organization as a result of position vacancies related to turnover in staff positions due to medical leaves of absence, maternity leaves, retirements/resignations, and implementation of approved PBMA proposals. In addition, favourable variances are expected in Children In Need Of Treatment (CINOT) claims as a result of a provincial initiative to consolidate claims management, and other agency costs such as insurance, software and communications. These savings are being partially offset by unfavourable variances in group benefits costs as explained in Report No. 012-15FFC of this agenda and costs associated with complex Tuberculosis (TB) case management.

Given Ministry staff direction to plan for no increase in funding to cost-shared programs, information at this point indicates a projected year-end deficit position of roughly \$157,000, as shown in Appendix A. There is

substantial uncertainty about this projection at this stage in the year. Ministry grant approvals are not expected until late summer or early fall.

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

A handwritten signature in black ink, appearing to read 'Chris Mackie', written in a cursive style.

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

**MIDDLESEX-LONDON HEALTH UNIT  
BUDGET VARIANCE SUMMARY**

**APPENDIX A**

As at March 31, 2015

	2015 YTD ACTUAL (NET)	2015 YTD BUDGET (NET)	DECEMBER FORECAST	2015 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<b><i>Oral Health, Communicable Disease &amp; Sexual Health Services</i></b>							
Office of the Associate Medical Officer of Health	\$ 356,656	\$ 364,766	\$ 823,058	\$ 832,058	\$ 9,000	1.1%	\$19,000 favourable variance due to Program Evaluator vacancy, partially offset by lower than anticipated OHIP billings (\$10,000).
Vaccine Preventable Diseases	246,258	347,001	1,448,215	1,448,215	-	0.0%	No anticipated variance, Q1 resources shifted to Panorama project.
Infectious Disease Control	357,542	332,987	1,426,229	1,396,229	(30,000)	-2.1%	Increased costs associated with complex Tuberculosis case management.
The Clinic & Sexual Health Promotion	482,421	550,405	2,216,805	2,264,305	47,500	2.1%	\$42,500 favourable variance due to vacant Health Promoter, and a PHN position on maternity leave. \$5,000 relates to fewer purchases of oral contraceptives.
Oral Health	381,602	414,341	1,896,344	1,954,344	58,000	3.0%	\$18,000 due to delay in implementing PBMA proposal for Dental Hygienist position. \$50,000 fewer CINOT claims due to program integration to Health Smiles Ontario 2.0 offset by (\$10,000) shortfall in Dental Treatment Clinic revenue.
<b><i>Total Oral Health, Comm. Disease &amp; Sexual Health Services</i></b>	<b>\$ 1,824,479</b>	<b>\$ 2,009,500</b>	<b>\$ 7,810,651</b>	<b>\$ 7,895,151</b>	<b>\$ 84,500</b>	<b>1.1%</b>	
<b><i>Environmental Health &amp; Chronic Disease &amp; Injury Prevention</i></b>							
Office of the Director	\$ 136,367	\$ 146,135	\$ 525,561	\$ 572,561	\$ 47,000	8.2%	Vacant Program Evaluator and Epidemiologist positions.
Chronic Disease Prevention and Tobacco Control	288,225	303,137	1,229,379	1,254,379	25,000	2.0%	Delay in hiring new Dietitian resources.
Food Safety	305,900	318,441	1,319,703	1,324,953	5,250	0.4%	Additional food handler training revenue expected as a result of delayed disinvestment.
Healthy Communities and Injury Prevention	233,560	288,285	1,187,141	1,197,141	10,000	0.8%	Favourable variance in PHN resources due to expected maternity leaves.
Health Hazard Prevention and Management/Vector Borne Disease	211,579	249,099	1,243,391	1,276,891	33,500	2.6%	PHI vacancies and 0.2 FTE Manager assigned to the Vector-Borne Disease program.
Safe Water and Rabies Team	176,864	191,019	814,212	814,212	-	0.0%	
Southwest Tobacco Control Area Network	67,348	106,873	436,500	436,500	-	0.0%	
<b><i>Total Environmental Health &amp; Chronic Disease &amp; Injury Prev</i></b>	<b>\$ 1,419,843</b>	<b>\$ 1,602,989</b>	<b>\$ 6,755,887</b>	<b>\$ 6,876,637</b>	<b>\$ 120,750</b>	<b>1.8%</b>	
<b><i>Family Health Services</i></b>							
Office of the Director - Epidemiology & Program Evaluation	\$ 146,383	\$ 158,032	\$ 724,711	\$ 737,980	\$ 13,269	1.8%	Vacant Program Evaluator position and fewer casual PHN hours expected.
Early Years Team	356,682	366,659	1,531,760	1,543,741	11,981	0.8%	Delay in implementing Health Promoter position (PBMA proposal)
Reproductive Health Team	334,832	364,153	1,474,056	1,500,752	26,696	1.8%	Delay in implementing 0.5 PHN (PBMA proposal)
Best Beginnings Team	703,896	743,430	3,295,212	3,338,294	43,082	1.3%	Favourable variance due to Family Home Visitor vacancies.
Young Adult Team	241,988	276,085	1,140,759	1,171,990	31,231	2.7%	Favourable variance due to Program Manager vacancy.
Child Health Team	346,316	373,116	1,564,429	1,582,814	18,385	1.2%	Delay in implementation of PBMA proposal for 0.5 FTE Dietitian.
Screening Assessment and Intervention (SAI)	2,461,587	2,822,962	2,822,962	2,822,962	-	0.0%	
<b><i>Total Family Health Services</i></b>	<b>\$ 4,591,684</b>	<b>\$ 5,104,437</b>	<b>\$ 12,553,889</b>	<b>\$ 12,698,533</b>	<b>\$ 144,644</b>	<b>1.1%</b>	

	2015 YTD ACTUAL (NET)	2015 YTD BUDGET (NET)	DECEMBER FORECAST	2015 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<b>Office of the Medical Officer of Health</b>							
Office of the Medical Officer of Health & Travel Clinic	\$ 122,336	\$ 119,336	\$ 562,154	\$ 562,154	\$ -	0.0%	
Communications	89,006	87,846	363,397	363,397	-	0.0%	
Emergency Preparedness	45,605	40,019	166,922	166,922	-	0.0%	
<b>Total Office of the Medical Officer of Health</b>	<b>\$ 256,947</b>	<b>\$ 247,201</b>	<b>\$ 1,092,473</b>	<b>\$ 1,092,473</b>	<b>\$ -</b>	<b>0.0%</b>	
<b>Finance &amp; Operations</b>	<b>\$ 168,596</b>	<b>\$ 172,369</b>	<b>\$ 737,884</b>	<b>\$ 749,884</b>	<b>\$ 12,000</b>	<b>1.6%</b>	Favourable variance due to process automation (implementation of My-Time an on-line time tracking system).
<b>Human Resources &amp; Corporate Strategy</b>							
Human Resources & Labour Relations	\$ 201,113	\$ 214,447	\$ 997,430	\$ 997,430	\$ -	0.0%	
Privacy/Occupational Health & Safety	37,988	44,465	181,497	181,497	-	0.0%	
Strategic Projects	28,774	32,588	135,287	135,287	-	0.0%	
<b>Total Human Resources &amp; Corporate Strategy</b>	<b>\$ 267,875</b>	<b>\$ 291,500</b>	<b>\$ 1,314,214</b>	<b>\$ 1,314,214</b>	<b>\$ -</b>	<b>0.0%</b>	
<b>Information Technology Services</b>	<b>\$ 252,851</b>	<b>\$ 278,677</b>	<b>\$ 1,092,591</b>	<b>\$ 1,142,591</b>	<b>\$ 50,000</b>	<b>4.4%</b>	Fewer software requirements in 2015 (Windows licencing) \$42,000, and \$8,000 from the proceeds of selling old desktop computers.
<b>General Expenses &amp; Revenues (rent, utilities and other)</b>	<b>\$ 621,286</b>	<b>\$ 400,230</b>	<b>\$ 2,140,506</b>	<b>\$ 1,571,519</b>	<b>\$ (568,987)</b>	<b>-36.2%</b>	Favourable variances of \$5,000 for general office supplies, \$10,000 in telephone charges, \$11,500 additional savings in insurance costs more than offset by (\$60,000) in anticipated group benefit costs, (\$10,000) for higher after-hours on-call costs, (\$157,093) for 1% reduction in expected MOHLTC grants, and (\$368,394) relates to future expected gapping to be reported in Q2-Q4.
<b>TOTAL BOARD OF HEALTH NET EXPENDITURES</b>	<b>\$ 9,403,561</b>	<b>\$ 10,106,903</b>	<b>\$ 33,498,095</b>	<b>\$ 33,341,002</b>	<b>\$ (157,093)</b>	<b>-0.5%</b>	