AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – MLHU Board Room
Thursday, July 2, 2015 9:00 a.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA**

3. **APPROVAL OF MINUTES – June 11, 2015**

4. **BUSINESS ARISING FROM MINUTES**

5. **NEW BUSINESS**

   5.1. Financial Update – May 2015 (Report 18-15FFC)

   5.2. 2016 PBMA Process, Criteria and Weighting (Report 19-15FFC)

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 Thursday, September 2, 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 June 11 9:00 a.m.

COMMITTEE MEMBERS PRESENT:	Ms. Trish Fulton (Committee 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) Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy Dr. Trevor Hunter, Board of Health Member Mr. Ian Jeffreys, Partner, KPMG LLP

At 9:00 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Ms. 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. Meyer, seconded by Mr. Peer *that the **AGENDA** of the June 11, 2015 Finance and Facilities meeting be approved with the addition of a Confidential session being inserted between Items 5.1 and 5.2.*

Carried

3. APPROVAL OF MINUTES

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the **MINUTES** from the May 7, 2015 Finance and Facilities Committee Meeting be approved.*

Carried

4. BUSINESS ARISING FROM MINUTES – none

5. NEW BUSINESS

5.1. 2014 Financial Statements (Report 15-15FFC)

Mr. John Millson, Director, Finance and Operations, reviewed the Draft Financial Statements of the Middlesex-London Health Unit using a PowerPoint presentation (filed with the minutes).

Discussion ensued about the budget variance created by income generated by one-time (random) collaborative projects. Mr. Millson reported that any collaborative projects known to Health Unit staff are included in the budget.

Discussion also followed about the differences between miscellaneous revenues and miscellaneous expenditures. Mr. Millson reported that Health Unit Staff members do not enter into collaborative projects without the funding required to complete the project.

In response to a question about amortization in the Financial Statements, Mr. Millson explained that amortization is a non-cash item on the income statement that shows how Health Unit assets have depreciated over the year. Mr. Millson clarified that Health Unit assets are depreciating at a greater rate than reserve funds are growing to replace equipment etc.

It was confirmed that the revised Note 10 that was distributed by Mr. Millson at the beginning of the meeting (page 16 of Appendix A) will be updated in the online report prior to the June 18, 2015, Board of Health Meeting.

Mr. Millson introduced Mr. Ian Jeffreys, Partner, KPMG LLP, who reviewed the Audit Findings Report attached as Appendix B to Report No. 015-15FFC.

It was moved by Mr. Helmer, seconded by Mr. Meyer *that Item 5.1 be tabled until items 5.2 and 5.3 have been discussed.*

Carried

5.2. Sick Leave Reserve Position (Report 16-15FFC)

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

It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance & Facilities Committee make recommendation to the Board of Health to approve a drawdown in 2015 in the amount of $120,000 to partially fund the anticipated shortfall resulting from a retroactive payment to OMERS for past service benefits/ adjustments.*

Carried

5.3. 2014 Reserve/Reserve Fund Balances (Report 17-15FFC)

It was moved by Mr. Helmer, seconded by Mr. Peer *that the Finance & Facilities Committee recommend that the Board of Health:*

1) *Approve a $23,438 drawdown from the Accumulated Sick Leave Reserve Fund to fund the 2014 sick leave payments to eligible staff; and further,*
2) *Approve a $25,736 drawdown from the Dental Treatment Reserve Fund to fund the 2014 Dental Treatment Clinic operating deficit; and further,*
3) *Receive the 2014 -2015 Reserve / Reserve Fund Overview (Appendix A) for information, and*
4) *Forward Report No. 17–15FFC, 2014 Reserve / Reserve Fund Balances to the City of London and the County of Middlesex for information.*

Carried

6a) CONFIDENTIAL

At 10:00 a.m., it was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee move in camera to discuss matters concerning personal matters about an identifiable individual.*

Carried

At 10:30 a.m., it was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee return to public forum and report that a discussion took place concerning personal matters about an identifiable individual.*

Carried

5.1 2014 Financial Statements (Report 15-15FFC)

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 approve the audited Financial Statements for the Middlesex-London Health Unit, December 31st, 2014 as appended to Report No. 15-15FFC.*

Carried

6b) CONFIDENTIAL

At 10:35 a.m., it was moved by Mr. Helmer, seconded by Mr. Peer *that the Finance and Facilities Committee move in camera to discuss matters concern a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 10:50 a.m., it was moved by Mr. Meyer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee return to public form and report that matters were discussed concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

7. OTHER BUSINESS

The next scheduled meeting of the FFC is Thursday, July 2, 2015 at 9:00 a.m.

8. ADJOURNMENT

At 10:50 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Helmer *that the meeting be adjourned.*

Carried

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TRISH FULTON
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 18-15FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 2

FINANCIAL UPDATE – MAY 2015

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 18-15FFC re Financial Update – May 2015 for information.

Key Points

- This past May it was reported (Report No. 013 – 15FFC) re Q1 Financial Update Report that an operating deficit was projected for 2015 and guidance was sought whether to scale back operations accordingly. The Committee provided direction to continue as planned and provide notification to the City and County.
- The projected deficit has improved marginally to $120,679 from $157,093 resulting from additional expected position gapping

Background

At its meeting in May 2015 the Committee received Report No. 013-15FFC, re Q1 Financial Update Report for information. The report identified and projected variances to the end of 2015. At the time it was projected that a deficit of $157,093 was likely to occur as a result of receiving no additional funding from the MOHLTC for Mandatory Programs in 2015. The Committee provided direction to continue program operations as planned (which included an estimate 1% increase in Mandatory Program funding from the MOHLTC) and to provide notification to both the City of London and County of Middlesex.

This report provides an update to these projections using expenditures and revenues to May 31, 2015.

Financial Update

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

The projected deficit position has improved marginally to $120,679 from $157,093 mainly due to updated information regarding the duration and number of vacancies. 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 across the province. It is expected that CINOT claims will be 100% funded as of August 1, 2015.

Conclusion

Given Ministry staff direction to plan for no increase in Mandatory Programs funding, analysis to May 31, 2015 suggests a projected year-end deficit position of roughly $120,679 as shown in Appendix A.

Ministry grant approvals are not expected until the Fall.

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

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

MIDDLESEX-LONDON HEALTH UNIT
BUDGET VARIANCE SUMMARY
As at May 31, 2015

APPENDIX A

	2015 YTD ACTUAL (NET)	2015 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2015 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Oral Health, Communicable Disease & Sexual Health Services									
Office of the Associate Medical Officer of Health	$ 257,286	$ 268,508	$ 11,222	4.2%	$ 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	503,025	572,159	69,134	12.1%	1,448,215	1,448,215	-	0.0%	No anticipated variance, Q1 resources shifted to Panorama project.
Infectious Disease Control	589,645	549,492	(40,153)	-7.3%	1,431,229	1,396,229	(35,000)	-2.5%	Increased costs associated with complex Tuberculosis case management.
The Clinic & Sexual Health Promotion	832,157	910,913	78,756	8.6%	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	784,490	798,347	13,857	1.7%	1,832,201	1,985,201	153,000	7.7%	$18,000 due to delay in implementing PBMA proposal for Dental Hygienist position. $145,000 fewer CINOT claims due to program integration to Health Smiles Ontario 2.0 offset by ($10,000) shortfall in Dental Treatment Clinic revenue.
Total Oral Health, Comm. Disease & Sexual Health Services	***$ 2,966,603***	***$ 3,099,419***	***$ 132,816***	***4.3%***	***$ 7,751,508***	***$ 7,926,008***	***$ 174,500***	***2.2%***	
Environmental Health & Chronic Disease & Injury Prevention									
Office of the Director	$ 200,263	$ 226,837	$ 26,574	11.7%	$ 514,004	$ 572,561	$ 58,557	10.2%	Vacant Program Evaluator and Epidemiologist positions.
Chronic Disease Prevention and Tobacco Control	484,723	500,938	16,215	3.2%	1,215,851	1,254,379	38,528	3.1%	Delay in hiring new Dietitian resources.
Food Safety	510,690	524,816	14,126	2.7%	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	423,019	475,961	52,942	11.1%	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	398,422	450,500	52,078	11.6%	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	290,378	314,970	24,592	7.8%	806,212	814,212	8,000	1.0%	PHI parental leave.
Southwest Tobacco Control Area Network	112,761	177,197	64,436	36.4%	436,500	436,500	-	0.0%	
Total Environmental Health & Chronic Disease & Injury Prev	***$ 2,420,256***	***$ 2,671,219***	***$ 250,963***	***9.4%***	***$ 6,722,802***	***$ 6,876,637***	***$ 153,835***	***2.2%***	
Family Health Services									
Office of the Director - Epidemiology & Program Evaluation	$ 228,653	$ 269,543	$ 40,890	15.2%	$ 724,711	$ 752,980	$ 28,269	3.8%	Vacant Program Evaluator position and fewer casual PHN hours expected.
Early Years Team	598,346	611,791	13,445	2.2%	1,520,241	1,543,741	23,500	1.5%	Delay in implementing PBMA proposal for 0.5 FTE CYN Coordinator and 0.5 FTE Early Breastfeeding and Intervention Support.
Reproductive Health Team	552,637	597,932	45,295	7.6%	1,465,752	1,500,752	35,000	2.3%	Delay in implementing 0.5 PHN, and Health Promoter (PBMA proposals)
Best Beginnings Team	1,246,633	1,305,664	59,031	4.5%	3,311,294	3,338,294	27,000	0.8%	Favourable variance due to Family Home Visitor vacancies.
Young Adult Team	410,142	456,546	46,404	10.2%	1,129,990	1,171,990	42,000	3.6%	Favourable variance due to Program Manager vacancy, and MLOA in April & November.
Child Health Team	571,974	617,105	45,131	7.3%	1,552,514	1,582,814	30,300	1.9%	Delay in implementation of PBMA proposal for 0.5 FTE Dietitian, and Program Mgr. gapping
Screening Assessment and Intervention (SAI)	330,030	470,494	140,464	29.9%	2,822,962	2,822,962	-	0.0%	
Total Family Health Services	***$ 3,938,415***	***$ 4,329,075***	***$ 390,660***	***9.0%***	***$ 12,527,464***	***$ 12,713,533***	***$ 186,069***	***1.5%***	

	2015 YTD ACTUAL (NET)	2015 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2015 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Office of the Medical Officer of Health									
Office of the Medical Officer of Health & Travel Clinic	$ 202,553	$ 196,760	$ (5,793)	-2.9%	$ 498,133	$ 498,133	$ -	0.0%	
Communications	139,523	145,179	5,656	3.9%	363,397	363,397	-	0.0%	
Emergency Preparedness	73,138	66,072	(7,066)	-10.7%	166,922	166,922	-	0.0%	
Total Office of the Medical Officer of Health	***$ 415,214***	***$ 408,011***	***$ (7,203)***	***-1.8%***	***$ 1,028,452***	***$ 1,028,452***	***$ -***	***0.0%***	
Finance & Operations	***$ 280,474***	***$ 284,404***	***$ 3,930***	***2.2%***	***$ 741,884***	***$ 749,884***	***$ 8,000***	***1.1%***	Favourable variance due to process automation (implementation of My-Time an on-line time tracking system).
Human Resources & Corporate Strategy									
Human Resources & Labour Relations	$ 352,086	$ 381,873	$ 29,787	7.8%	$ 997,430	$ 997,430	$ -	0.0%	
Privacy/Occupational Health & Safety	63,505	73,437	9,932	13.5%	181,497	181,497	-	0.0%	
Strategic Projects	45,969	53,807	7,838	14.6%	135,287	135,287	-	0.0%	
Total Human Resources & Corporate Strategy	***$ 461,560***	***$ 509,117***	***$ 47,557***	***9.3%***	***$ 1,314,214***	***$ 1,314,214***	***$ -***	***0.0%***	
Information Technology Services	***$ 408,861***	***$ 461,600***	***$ 52,739***	***11.4%***	***$ 1,092,591***	***$ 1,142,591***	***$ 50,000***	***4.4%***	Fewer software requirements in 2015 (Windows licencing) $42,000, and $8,000 from the proceeds of selling old desktop computers.
General Expenses & Revenues (rent, utilities and other)	***$ 1,070,862***	***$ 656,576***	***$ (414,286)***	***-63.1%***	***$ 2,282,766***	***$ 1,589,683***	***$ (693,083)***	***-43.6%***	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 ($304,509) relates to future expected gapping to be reported in Q3-Q4.
TOTAL BOARD OF HEALTH NET EXPENDITURES	**$ 11,962,245**	**$ 12,419,421**	**$ 457,176**	**3.7%**	**$ 33,461,681**	**$ 33,341,002**	**$ (120,679)**	**-0.4%**	

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 19-15FFC

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 2

PROPOSED 2016 PBMA PROCESS, CRITERIA AND WEIGHTING

Recommendation

It is recommended that the Board of Health endorse the criteria presented in Report No. 19-15FFC re Proposed Criteria for 2016 PBMA Process.

Key Points

- MLHU is preparing for its third year of the PBMA criteria-based budgeting process.
- The criteria and weights for the PBMA process were developed in 2013 for the 2014 process in consultation with staff and senior leadership and approved by the Board of Health. These were revised for 2014 to reflect findings from staff values consultations and experience with the 2014 PBMA process.
- For the 2016 process, guidance on the criteria and weightings is requested, and modifications to the definitions of some criteria are recommended.

Background

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made. The Finance and Facilities Committee has used proposals from the 2013 and 2014 PBMA processes to inform reallocations to the Middlesex-London Health Unit budgets.

The PBMA Process

The 2016 PBMA process will consist of (a) the validation of the assessment criteria and weighting, (b) proposal development that identifies those investments that will have the greatest positive impact, (c) identifying disinvestments that will have the least negative impact, (d) review of proposal by internal advisory committees, (d) proposal review and recommendations by the Senior Leadership Team, and (e) review by the Finance and Facilities Committee and approval by the Board of Health.

Criteria and Weights

The Senior Leadership Team engaged in discussion about the application of the 2015 criteria and weights to the 2016 PBMA process and came to consensus that the criteria and weighting remain appropriate for considering proposals in this year's cycle with modifications to the definitions of two criteria:

Criteria	*Modification*
Organizational Risk / Benefits – reputation/litigation	• Language added to ensure this captures the risk of litigation other than that related to our legislative requirements to avoid duplication.
Organizational Risk / Benefits – culture	• Integration of values identified during the strategic planning process and their impact on organizational culture

The recommended criteria and weights for the 2016 PBMA process (Appendix A) incorporates these revisions and will guide staff as they develop investment and disinvestment proposals for the 2016 budget.

Next Steps

The criteria and weights approved by the Finance and Facilities Committee will be applied to each proposal for investment and disinvestment and used to rate the potential for positive and negative impacts on program and service delivery at the Middlesex-London Health Unit. These proposals for investment and disinvestment will be brought to the Board of Health for approval as part of the 2016 budget process.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.

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

2016 PBMA Criteria

	2014		2015		2016
Criteria	**Weight**	**Change**	**Weight**	**Proposed Change**	**Proposed Weight**
Legislative Requirement	15	-1	14	-	14
Other Requirement – Alignment	6	-	6	-	6
Health Need – Burden of Illness	7	-	7	-	7
Health Need – SDOH	8	-	8	-	8
Impact – Burden of Illness	14	-	14	-	14
Impact – SDOH	14	-	14	-	14
Impact – Customer Service	11	-	11	-	11
Community Capacity	4	-	4	-	4
Collaboration / Partnership	6	+1	7	-	7
Organizational Risks / Benefits – reputation/litigation	8	-1	7	-	7
Organizational Risks / Benefits – implementation	3	-	3	-	3
Organizational Risks / Benefits – culture	4	+1	5	-	5
TOTAL	**100**		**100**		**100**

Legislative Requirement

Criteria	Weight	Ratings
Assess the impact of the proposed change on the ability of the program to meet the legislative requirements for this program / activity (if any)	14	DISINVESTMENT - Major negative impact on ability to meet the legislative requirements (-3.00) DISINVESTMENT - Moderate negative impact on ability to meet the legislative requirements (-2.00) DISINVESTMENT - Minor negative impact on ability to meet the legislative requirements (-1.00) BOTH - No impact on ability to meet the legislative requirements (0.00) INVESTMENT - Minor positive impact on ability to meet the legislative requirements (1.00) INVESTMENT - Moderate positive impact on ability to meet the legislative requirements (2.00) INVESTMENT - Major positive impact on ability to meet the legislative requirements (3.00)

- In the rationale section, indicate whether this program / activity is specifically mandated under: (a) the Health Protection and Promotion Act via the OPHS, (b) other legislation, or (c) not mandated under legislation. Provide a hyper-link(s) (website address) where possible.
- If mandated under the OPHS, indicate which standard/protocol mandates the requirement/activity and quote the specific requirement for this program / activity.
- Indicate if there is an accountability agreement indicator associated with this program and if so, what the indicator is.
- If mandated by other legislation, provide a hyper-link to the requirements under the legislation.

Other Requirement

Criteria	Weight	Ratings
Assess the alignment of the proposed change with MLHU's Strategic Plan or other guidance documents	6	DISINVESTMENT - Considerable dis-alignment with MLHU's Strategic Plan or other documents (-3.00) DISINVESTMENT - Some dis-alignment with MLHU's Strategic Plan or other documents (-2.00) DISINVESTMENT - Little dis-alignment with MLHU's Strategic Plan or other documents (-1.00) BOTH - No alignment with MLHU's Strategic Plan or other documents (0.00) INVESTMENT - Little alignment with MLHU's Strategic Plan or other documents (1.00) INVESTMENT - Some alignment with MLHU's Strategic Plan or other documents (2.00) INVESTMENT - Considerable alignment with MLHU's Strategic Plan or other documents (3.00)
• Consider how this proposed change aligns with the Health Unit's strategic plan and other strategic documents such as the Ontario Public Health Sector Strategic Plan, Chief Medical Officer of Health reports, etc.		

Health Need

Criteria	Weight	Ratings
Assess the need for this program / activity in terms of the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	7	DISINVESTMENT - Major health need (high prevalence & high severity) (-3.00) DISINVESTMENT - Moderate health need (either high prevalence or high severity) (-2.00) DISINVESTMENT - Minor health need (low prevalence & low severity) (-1.00) BOTH - No health need (0.00) INVESTMENT - Minor health need (low prevalence & low severity) (1.00) INVESTMENT - Moderate health need (either high prevalence or high severity) (2.00) INVESTMENT - Major health need (high prevalence & high severity) (3.00)
• Using local statistics if possible, consider one or more of the following related to the burden of illness or risk factor being addressed by the program / activity: (a) potential years of life lost, (b) mortality rate, (c) hospitalization rate, (d) rate of illness or rate of risk factor in our community compared to other communities or the province as a whole		

Health Need

Criteria	Weight	Ratings
Assess the need for this program/activity in terms of the social determinant of health (SDOH) it is intended to address and/or health inequities	8	DISINVESTMENT - Major SDOH or health inequity addressed by this program/activity (-3.00) DISINVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (-2.00) DISINVESTMENT - Minor SDOH or health inequity addressed by this program/activity (-1.00) BOTH - No SDOH or health inequity addressed by this program/activity (0.00) INVESTMENT - Minor SDOH or health inequity addressed by this program/activity (1.00) INVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (2.00) INVESTMENT - Major SDOH or health inequity addressed by this program/activity (3.00)
• Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health (SDOH) and/or health inequities		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program/activity on the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	14	DISINVESTMENT - Major increase in illness/risk factors (-3.00) DISINVESTMENT - Moderate increase in illness/risk factors (-2.00) DISINVESTMENT - Minor increase in illness/risk factors (-1.00) BOTH - No reduction/prevention of illness/risk factors (0.00) INVESTMENT - Minor reduction/prevention of illness/risk factors (1.00) INVESTMENT - Moderate reduction/prevention of illness/risk factors (2.00) INVESTMENT - Major reduction/prevention of illness/risk factors (3.00)
• Consider how the proposed change is expected to impact on the health needs (outlined above) or other indicators, such as quality adjusted life years, when compared to current service. If these are unavailable, impact on shorter term outcomes of the program / activity can be considered (e.g., impact on knowledge, skills, attitudes etc.) • Sources of the information above can be published literature, evaluation reports, health status reports, surveillance data etc.		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on the SDOH and/or health inequities	14	DISINVESTMENT - Major increase in health inequities / negative effect on a SDOH (-3.00) DISINVESTMENT - Moderate increase in health inequities / negative effect on a SDOH (-2.00) DISINVESTMENT - Minor increase in health inequities / negative effect on a SDOH (-1.00) BOTH - No impact on health inequities / effect on a SDOH (0.00) INVESTMENT - Minor reduction of health inequities / positive effect on a SDOH (1.00) INVESTMENT - Moderate reduction of health inequities / positive effect on a SDOH (2.00) INVESTMENT - Major reduction of health inequities / positive effect on a SDOH (3.00)
• Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health and/or health inequities		

Impact

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on client experience	11	DISINVESTMENT - Major decline in client experience (-3.00) DISINVESTMENT - Moderate decline in client experience (-2.00) DISINVESTMENT - Minor decline in client experience (-1.00) BOTH - No impact on client experience (0.00) INVESTMENT - Minor improvement to client experience (1.00) INVESTMENT - Moderate improvement to client experience (2.00) INVESTMENT - Major improvement to client experience (3.00)
• Consider how the change will impact the client experience which includes: (a) the extent to which the service respects client and family needs and values, (b) client safety, (c) cultural appropriateness, and (d) how the client will perceive the experience with regard to communication, staff professionalism, and being client focused.		

Community Capacity

Criteria	Weight	Ratings
Is there duplication of a program / activity in the community? Assess if others in the community are doing some or all of this program / activity or if it is unique to the Health Unit.	4	DISINVESTMENT - No capacity in the community (-3.00) DISINVESTMENT - Limited capacity in the community (-2.00) DISINVESTMENT - Some capacity in the community (-1.00) BOTH - Considerable capacity in the community (0.00) INVESTMENT - Some capacity in the community (1.00) INVESTMENT - Limited capacity in the community (2.00) INVESTMENT - No capacity in the community (3.00)

- Is there duplication of a program / activity in the community?
- Consider if there are others in the community who are doing all or part of this program / activity. Specifically, are others likely to fill in the gap in cases of disinvestment.
- If proposing possible discontinuation of the program / activity, if appropriate, use the rationale section to indicate those in the community who could take on this role.

Collaboration / Partnership

Criteria	Weight	Ratings
How does the proposed change affect collaboration/partnerships that contribute to meeting the Health Unit's goals outside of impact?	7	DISINVESTMENT - Major negative impact on collaboration/partnerships (-3.00) DISINVESTMENT - Moderate negative impact on collaboration/partnerships (-2.00) DISINVESTMENT - Minor negative impact on collaboration/partnerships (-1.00) BOTH - No impact on collaboration/partnerships (0.00) INVESTMENT - Minor improvement to collaboration/partnerships (1.00) INVESTMENT - Moderate improvement to collaboration/partnerships (2.00) INVESTMENT - Major improvement to collaboration/partnerships (3.00)

- Consider the community partners involved in this program / activity and how being involved in this collaboration / partnership supports the Health Unit in achieving its goal and building goodwill in the community, as well as how the proposed change will affect this collaboration/partnership.

Organizational Risks / Benefits

Criteria	Weight	Ratings
Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider organizational reputation and risk of litigation that exists separately from our legislative mandates.	7	DISINVESTMENT - Major risk to reputation / of litigation (-3.00) DISINVESTMENT - Moderate risk to reputation / of litigation (-2.00) DISINVESTMENT - Minor risk to reputation / of litigation (-1.00) BOTH - No risk/benefit to reputation / of litigation (0.00) INVESTMENT - Minor benefit to reputation / decreased risk of litigation (1.00) INVESTMENT - Moderate benefit to reputation / decreased risk of litigation (2.00) INVESTMENT - Major benefit to reputation / decreased risk of litigation (3.00)

- Consider how this change will impact the reputation of the Health Unit and/or if this change puts the Health Unit at risk for litigation.

Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider implementation challenges (incl. ease of sustainment and impact on other frontline/support services)	3	DISINVESTMENT - Major implementation challenges (-3.00) DISINVESTMENT - Moderate implementation challenges (-2.00) DISINVESTMENT - Minimal implementation challenges (-1.00) DISINVESTMENT - No implementation challenges / INVESTMENT - Major implementation challenges (0.00) INVESTMENT - Minimal implementation challenges (1.00) INVESTMENT - Moderate implementation challenges (2.00) INVESTMENT - No implementation challenges (3.00)
• Consider the following as possible implementation challenges in addressing this criteria: (a) how easy or difficult it will be to implement this change in the short-term? (b) how easy or difficult will the change be to sustain over the long-term? (c) how much impact will the change have on front line staff and/or support services?		

Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider the impact on workplace culture and how this aligns with the values of our organization (e.g., morale, the ability to be innovative, internal collaboration)	5	DISINVESTMENT - Major risk to workplace culture (-3.00) DISINVESTMENT - Moderate risk to workplace culture (-2.00) DISINVESTMENT - Minor risk to workplace culture (-1.00) BOTH - No risk/benefit to workplace culture (0.00) INVESTMENT - Minor benefit to workplace culture (1.00) INVESTMENT - Moderate benefit to workplace culture (2.00) INVESTMENT - Major benefit to workplace culture (3.00)
• Consider the impact of the change on factors such as our values, workplace morale, personal and professional growth opportunities, teamwork, the Health Unit's ability to be innovative, etc.		