

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

50 King Street, London  
Middlesex-London Health Unit – Room 3A  
Thursday, January 28 2016 9:00 a.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA**
- 3. APPROVAL OF MINUTES – January 14, 2016**
- 4. NEW BUSINESS**
  - 4.1 2016 Budget Process- Part II (Report No. 02-16FFC)
  - 4.2 2015 Board of Health Remuneration (Report No.03-16FFC)
  - 4.3 Finance and Facilities Committee Reporting Calendar (Report No. 04-16FFC)
  - 4.4 Review of Terms of Reference (Report No. 05-16FFC)
  - 4.5 2015 Record of Employee’s Salaries and Benefits (Report No. 06-16FFC)
- 5. CONFIDENTIAL**
- 6. OTHER BUSINESS**
  - 6.1 Next meeting TBD
- 7. ADJOURNMENT**



**PUBLIC MINUTES**  
**Finance and Facilities Committee**  
**50 King Street, Room 3A**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**2016 January 14 9:00 a.m.**

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**COMMITTEE**

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

**Absent** Mr. Jesse Helmer

**OTHERS PRESENT:** Dr. Christopher Mackie, Medical Officer of Health and CEO  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)  
Mr. Jordan Banninga, Manager, Strategic Projects  
Ms. Tammy Beaudry, Accounting and Budget Analyst  
Ms. Lisa Clayton, Manager, Human Resources  
Ms. Laura Di Cesare, Director, Corporate Services  
Dr. Gayane Hovhannisyan, Associated Medical Officer of Health  
Ms. Heather Lokko, Director, Healthy Start  
Mr. John Millson, Associate Director, Finance  
Mr. Chimere Okoronkwo, Manager, Oral Health  
Mr. Mark Pryzslupski, Manager, Information Technology  
Ms. Suzanne Vandervoort, Director, Healthy Living

At 9:01 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to first Finance and Facilities Committee (FFC) meeting of 2016. Ms. Fulton requested that the Committee and attendees introduce themselves around the table. Ms. Fulton outlined the budget review process.

**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 Ms. Vanderheyden, seconded by Mr. Peer *that the [AGENDA](#) of the January 14, 2015 Finance and Facilities Committee meeting be approved.* Carried

**3. APPROVAL OF MINUTES**

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the [MINUTES](#) from the December 3, 2015 Finance and Facilities Committee meeting be approved.* Carried

**4. BUSINESS ARISING FROM THE MINUTES - none**

**5. NEW BUSINESS**

Mr. Millson summarized the process staff will use to present 2016 Planning and Budget Templates (PBT) to the FFC over the next two meetings. Advising that the current Planning and Budget Templates represent the old

organizational structure, a first quarter financial update will be provided at the end of Q1 in the new structure. Ms. Fulton clarified the reorganization of the budget into the new structure, which will be presented to the Finance and Facilities Committee at the end of the first quarter.

Dr. Mackie clarified some of the incremental costs that may be associated with the new organizational structural changes. Dr. Mackie flagged the meeting dates for the budget process.

Discussion ensued about ability to meet quorum for the scheduled February 11, 2016 meeting. It was determined that quorum could not be met. Dr. Mackie suggested this meeting be moved up and added to the January 28, 2016 Finance and Facilities agenda. The Committee agreed to cancel the February 11, 2016 meeting and review the final PBT's at the January 28, 2016 meeting. Ms. Fulton added that a meeting could be scheduled the first week of February if more time was required to review and discuss the final 2016 Planning and Budget Templates.

The FFC will be reviewing the Planning and Budget Templates for the following Service Areas as follows:

January 14	Human Resources and Corporate Strategy; Finance and Operations, Information Technology; Office of the Medical Officer of Health and Oral Health, Communicable Disease and Sexual Health Services
January 28	Environmental Health and Chronic Disease Prevention; Family Health Services; General Expenses and Revenues

#### 5.1. 2016 Budget Process ([Report No. 01-16FFC](#))

##### **Service Area #1 Human Resources and Corporate Strategy**

Ms. Laura Di Cesare reviewed the Human Resources and Corporate Strategy 2016 Planning and Budget Templates that are attached as [Appendix A](#) to [Report No. 01-16FFC](#). Ms. Di Cesare answered questions about the templates and about the Human Resources service area.

Discussion ensued about the following:

- The possibility of the MLHU Library purchasing e-books or purchasing in bulk to save costs. Ms. Di Cesare advised that the library has purchased e-books and are looking into and tracking this. The MLHU library does not purchase what other health unit libraries have to borrow. Mr. Millson advised that Finance and Operations can touch base with the library system in County to see what their purchasing system looks like.
- The Leadership Management Development Program. Ms. Di Cesare advised that the program is currently being developed and Human Resources is currently working on the timeline.
- The Administrative Policy Review. Dr. Mackie stated that the target for the review is higher than 50% but that 50% is a conservative of can be reasonably achieved by year-end. Dr. Mackie clarified that many policies within the organization have no board involvement. High-level policies would come before FFC and the Governance Committee, to be approved by the Board. Dr. Mackie advised that an update can be provided to the Board of Health later in the year to review the range of policies; those that are a responsibility of the Board of Health and those that are the responsibility of the Division or Team to review. This review will be brought to FFC later in the year.
- Jordan's Principle and Code of Conduct, which requires that jurisdictional issues not interfere with indigenous patients and clients receiving care. They are to receive care first, and jurisdictions can sort out payment later. Dr. Mackie explained this Principle and Code of Conduct and advised that it is not difficult for MLHU to implement into work going forward. Dr. Mackie also noted that the City of London recently put forward a report to consider this Principle and Code of Conduct and awareness is growing. A

parenthesis with additional description will be added to this PBT item in Section I, Strategic Projects, Human Resources & Corporate Strategy.

After discussion, it was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance & Facilities Committee review the 2016 Planning and Budget Templates for Human Resources and Corporate Strategy attached as [Appendix A](#).*

Carried

Dr. Mackie advised that FFC meetings are open and that MLHU staff will be coming and going as Planning and Budget Templates are presented.

### **Service Area #2 – Finance and Operations 2016 Planning and Budget Template**

Mr. Millson, Associate Director, Finance, reviewed the Finance and Operations 2016 Planning and Budget Template that is contained in [Appendix B](#) to [Report No. 01-16FFC](#) and answered questions.

Discussion ensued about the possibility of public health funding being transferred to the Local Health Integration Network (LHIN). Ms. Fulton inquired if it would be prudent to build in a cost for the potential new reporting process. Ms. Fulton advised that the structure to submit budgets to the LHIN is different and a different format, so it may take time to include it in future budgets.

Dr. Mackie thanked Ms. Fulton and advised that changes may or may not occur within the current budget cycle. Dr. Mackie advised that the MLHU will consult with other organizations to see what the process will entail. Mr. Millson will assist in helping to build any new budgets required for the LHIN.

After discussion, it was moved by Mr. Meyer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for Finance & Operations Services attached as [Appendix B](#).*

Carried

### **Service Area #3 – Information Technology**

Mr. Millson, Associate Director, Finance, reviewed the Information Technology 2016 Planning and Budget Template that is contained in [Appendix C](#) to [Report No. 01-16FFC](#) and answered questions.

Discussion ensued about cloud computing, privacy implications and where data resides. Mr. Pryzslupski advised that the Middlesex-London Health Unit utilizes a private cloud and all services are hosted on secure MLHU servers.

After discussion, it was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for Information & Technology Services attached as [Appendix C](#).*

Carried

### **Service Area #4 – Office of the Medical Officer of Health**

Dr. Christopher Mackie, Medical Officer of Health, reviewed the Office of the Medical Officer of Health 2016 Planning and Budget Template that contained in [Appendix D](#) to [Report No. 01-16FFC](#) and answered questions.

Discussion ensued about the following:

- Future budgeting challenges that might be faced by adapting to the City of London's multi-year budget and, if proposals for changes to local public health units go forward to transfer budgeting through the Local Health Integration Network (LHIN) go through. Dr. Mackie advised that the MLHU has done its best to budget for this process in the next few years.
- The possibility of tracking social media engagement within the Middlesex-London region. Dr. Mackie advised that this information could be gathered and reported back to the Board at a future date.

- 211 London Middlesex. Dr. Mackie advised this was supported by United Way to ensure residents can access information about services available in the community. Dr. Mackie advised that the Health Unit's Community Emergency Response Volunteer (CERV) team currently helps to support planning and emergency response in the community. Dr. Mackie advised that he will ensure that 211 is promoted through the CERV program.

After discussion, it was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for the Office of the Medical Officer of Health attached as [Appendix D](#).*

Carried

### **Service Area #5 – Oral Health, Communicable Disease and Sexual Health Services**

Ms. Heather Lokko, Director, Healthy Start, reviewed the Oral Health, Communicable Disease and Sexual Health Services 2016 Planning Budget Template that is contained in [Appendix E](#) to [Report No. 01-16FFC](#).

Discussion ensued about the following:

- Programs funded by 100% cost-shared budgets. Ms. Lokko, Mr. Millson and Dr. Mackie clarified these program budgets and the implications of programs running under these budgets if staffing costs increase but program funding does not. Dr. Mackie noted this is considered in budget planning.
- The costs associated with distributing syringes and clean needle tracking. Ms. Lokko advised that this program is anonymous so the distribution is not trackable by person. Dr. Mackie advised while Middlesex-London has a high-use rate, clean needles help to keep disease such as HIV low, and that 2.5 million clean syringes are distributed each year, with the majority of these syringes being distributed by the Regional HIV Aids Connection (RHAC). Dr. Mackie advised that the costs for syringes are generally 100% funded by the Ministry of Health and Long-Term Care (MOHLTC) and that each year the MOHLTC has always approved MLHU's request to cover these costs.

After discussion, it was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance and Facilities Committee review the 2016 Planning and Budgeting Templates for Oral Health, Communicable Disease and Sexual Health Services attached as [Appendix E](#).*

Carried

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee report to the January 21, 2016 Board of Health meeting recommending that the Board of Health defer approval of these components of the 2016 budget until all budget proposals are available at the February 18, 2016 meeting of the Board of Health.*

Carried

### **6. CONFIDENTIAL**

No confidential items.

### **7. OTHER BUSINESS**

#### **7.1. 2016 Proposed Finance and Facilities Committee Meeting Dates**

It was decided that the proposed February 11<sup>th</sup>, 2016 meeting would not be held due to quorum. Remaining components and Program Budget Templates will be reviewed at the January 28<sup>th</sup>, 2016 meeting. Any remaining items required to be brought to FFC for February 11, 2016 will be brought directly to the Board of Health at its February 18, 2016 meeting.

#### **7.2. Next Meeting Thursday January 28, 2016 at 9:00 a.m. Room 3A**

### **8. ADJOURNMENT**

At 11:10 a.m. Ms. Fulton *adjourned the meeting.*

Carried

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TRISH FULTON  
Committee 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: 2016 January 28

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## 2016 BUDGET REVIEW – PART II

### Recommendations

#### *It is recommended:*

- 1) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for Environmental Health, Chronic Disease & Injury Prevention Services attached as [Appendix A](#); and further,*
- 2) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for Family Health Services attached as [Appendix B](#); and further,*
- 3) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for General Expenses & Revenues attached as [Appendix C](#); and further,*
- 4) *That the Finance and Facilities Committee recommend that the Board of Health approve these components of the 2016 budget, with amendments as directed at the January 14 and January 28 meetings of the Finance and Facilities Committee.*

### Key Points

- The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit's impact on public health in London and Middlesex.
- These PBMA proposals are being integrated into the 2016 budget documents.
- The Board of Health will consider the budget as a whole at the February 18, 2016 meeting.

The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit's impact on public health in London and Middlesex. These proposals are being integrated into the 2016 budget documents. The Finance and Facility Committee will consider the budget proposals from each Service Area over its two meetings in January and make recommendations to the Board of Health at its meeting on February 18, 2016.

The Planning and Budget documents attached to this report include enhanced budget information as well as substantial program-related information in order to allow the Finance and Facilities Committee and the Board of Health to make informed decisions about the 2016 budget. The documents attached represent the 2016 Planning and Budget proposals for each program area in Environmental Health, Chronic Disease & Injury Prevention Services, Family Health Services, and General Expenses & Revenues.

The Board of Health will consider the budget as a whole at the February 18, 2016 meeting. Additional information and analysis will be available regarding the overall budget at that time.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**  
**DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR**



## 2016 Planning & Budget Template

<b>SECTION A</b>			
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	Sarah Maaten/Wally Adams
<b>PROGRAM TEAM</b>	Director / Epidemiology / Program Evaluator	<b>DIRECTOR NAME</b>	Wally Adams
			<b>DATE</b> January 2016

<b>SECTION B</b>	
<b>SUMMARY OF TEAM PROGRAM</b>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	

<b>SECTION C</b>	
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	

<b>SECTION D</b>	
<b>COMPONENT(S) OF TEAM PROGRAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING</b>	
<p>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.</p>	

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<p><b>COMPONENT(S) OF TEAM PROGRAM #2 PROGRAM PLANNING SUPPORT</b></p>
<p>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.</p>
<p><b>COMPONENT(S) OF TEAM PROGRAM #3 POPULATION HEALTH ASSESSMENT &amp; SURVEILLANCE</b></p>
<p>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.</p>
<p><b>COMPONENT(S) OF TEAM PROGRAM #4 PROGRAM EVALUATION SUPPORT</b></p>
<p>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.</p>
<p><b>COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE</b></p>
<p>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.</p>

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING</b>			
Average monthly % of EHCDP staff responsible for program planning and evaluation who attend Evidence Club meetings	15%	15%	Increased
% of EHCDP staff responsible for program planning and evaluation who can develop a logic model	75%^	76%*	Increased
% of EHCDP staff who agree that MLHU organization believes that research evidence is useful to determine program or policy strategies and interventions.	88%^	87%*	Increased
<b>COMPONENT OF TEAM #2 PROGRAM PLANNING SUPPORT</b>			
% 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.	69%^	84%*	Increased
<b>COMPONENT OF TEAM #3 POPULATION HEALTH ASSESSMENT &amp; SURVEILLANCE</b>			
% of EHCDP staff responsible for program planning and evaluation who review surveillance data to understand the extent of issue or problem.	66%^	77%*	Increased
<b>COMPONENT OF TEAM #4 PROGRAM EVALUATION SUPPORT</b>			
% 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.	53%^	58%*	Increased
<b>COMPONENT OF TEAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE</b>			
% of projects involving partnerships with community researchers, academic partners and other organizations. (Indicator to be developed)	24% (11/46)	21% (5/24)	Increased

^Based on 51% response rate

\*Based on a 83% response rate (45/54)

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<b>SECTION F</b>	<b>2015 Total FTEs</b>	<b>2016 Estimated FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>4.75</b>	<b>4.75</b>
Director	1.0	1.0
Administrative Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.75	1.75

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 385,691	\$ 366,042	\$ 402,000	\$ 407,826	\$ 5,826	1.5%
Benefits	91,816	91,378	98,619	103,091	4,472	4.5%
Travel	5,858	1,101	5,858	5,858		
Program Supplies	4,180	3,145	4,180	4,180		
Staff Development	2,500	1,395	2,500	2,500		
Professional Services	56,000	55,047	56,000	56,000		
Furniture & Equipment						
Other Program Costs	3,404	3,260	3,404	3,404		
<b>Total Expenditure</b>	<b>\$ 549,449</b>	<b>\$ 521,368</b>	<b>\$ 572,561</b>	<b>\$ 582,859</b>	<b>\$ 10,298</b>	<b>1.8%</b>

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 549,449	\$ 521,368	\$ 572,561	\$ 582,859	\$ 10,298	1.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
<b>Total Revenue</b>	<b>\$ 549,449</b>	<b>\$ 521,368</b>	<b>\$ 572,561</b>	<b>\$ 582,859</b>	<b>\$ 10,298</b>	<b>1.8%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>Increased emphasis to support Strategic Plan initiatives related to the Strategic Priority of Program Excellence</li> <li>Optimize evidence-informed planning and evaluation through the development and implementation of a MLHU Program Planning and Evaluation Framework that integrates: evidence-informed program planning, innovation, research advisory committee requirements (when applicable), and the regular evaluation of programs</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>Organizational structural changes anticipated at the Service Area level that may impact the EPI/PE Team</li> <li>Periods of reduced PE capacity due to injury and maternity leave.</li> <li>There is a recognized need for capacity building in the areas of program planning, evaluation and evidence-informed decision making. Current focus for capacity building is on mentoring staff on a few specific projects. This requires prioritization of projects at the service area and potentially organizational level.</li> </ul>
<b>SECTION K</b>

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016
None

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**  
**CHRONIC DISEASE PREVENTION AND TOBACCO CONTROL**

<b>SECTION A</b>				
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	Linda Stobo	<b>DATE</b>
<b>PROGRAM TEAM</b>	Chronic Disease Prevention and Tobacco Control	<b>DIRECTOR NAME</b>	Wally Adams	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>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 <i>Skin Cancer Prevention Act</i>; tobacco use prevention, cessation and enforcement; promotion and enforcement of the <i>Electronic Cigarette Act</i>.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li><b>OPHS:</b> Foundational Standard; Chronic Disease Prevention</li> <li><b>Relevant Legislation:</b> <ul style="list-style-type: none"> <li>Health Protection and Promotion Act</li> <li><i>Smoke-Free Ontario Act (SFOA)</i> and <i>Ontario Regulation 48/06</i></li> <li>City of London Smoking Near Recreation Amenities and Entrances Bylaw</li> <li><i>The Skin Cancer Prevention Act</i></li> <li>Bill 45 – <i>The Making Healthier Choices Act</i> (The <i>Electronic Cigarette Act</i>, Menu Labelling and further amendments to SFOA)</li> <li><i>Electronic Cigarette Act</i> and Ontario Regulation 337/15</li> </ul> </li> <li><b>OPHS Protocols</b> <ul style="list-style-type: none"> <li>Nutritious Food Basket Protocol, 2014</li> <li>Tobacco Compliance Protocol, 2008</li> <li>Tanning Beds Compliance Protocol, 2014</li> </ul> </li> <li><b>Relevant Funding Agreements and Directives</b> <ul style="list-style-type: none"> <li>Ministry of Health and Long-Term Care <b><i>Smoke Free Ontario</i></b> Program Guidelines and Enforcement Directives</li> <li>Ministry of Health and Long-Term Care <b><i>Electronic Cigarette Act</i></b> Program Guidelines and Enforcement Directives</li> </ul> </li> </ul>



Program: Chronic Disease Prevention and 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, to promote the dangers of artificial tanning, and to promote compliance through vendor education and inter-agency enforcement activities.
- 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

#### **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

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

*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, 100% smoke-free property)
- 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
- Enactment and promotion of the *The Electronic Cigarette Act* and regulatory amendments to the *Smoke-free Ontario Act*

### COMPONENT(S) OF TEAM PROGRAM #6: PROTECTION AND E-CIGARETTE ENFORCEMENT (*E-CIGARETTE ACT*)

**Goal:** Decrease youth access to electronic cigarettes in Middlesex-London and reduced exposure to vapour and e-cigarette use to normalize a smoke-free and vape-free culture.

- conduct one round of youth access inspections and conduct at least one inspection/education visit at e-cigarette retailers
- conduct at least one inspection at all secondary schools, and inspect public places and workplaces (e.g. education to proprietors/employers, inspections, responding to complaints/inquiries)

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)</b>			
% of tanning bed operators inspected twice annually for compliance with the <i>Skin Cancer Prevention Act</i>	100%	0%*	100%
% of Middlesex-London adults who reported getting a sunburn in the last 12 months	39.2% (2013 data)	36.5 (2014 data)	34% (2015 data)
<b>Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING</b>			
% of Middlesex-London residents aged 12 years and older reporting eating recommended amount of vegetables and fruit	35.6% (2013 data)	38.5% (2013/14)	40% (2015 data)
<b>Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT</b>			
# of Youth Engaged/Reached in Programming through partnerships/projects	4750	5000	5250
# of Attendees at annual Smoke-free Movie Night in the Park	>2000	<2000 (inclement weather)	2500
% of youth who have never smoked a whole cigarette <b>(Accountability Agreement Indicator)</b>	83.6% (2009/10)	92.2% (2013/14 data)	Ministry Set Target - TBD
<b>Component of Team #4 TOBACCO USE CESSATION</b>			
% of adults aged 19 years and over in Middlesex-London that are current smokers	22.2% (2009/10)	18.8% (2013/14 data)	17% (2015/16)
<b>Component of Team #5 PROTECTION AND ENFORCEMENT</b>			
% of Middlesex-London exposed to SHS in vehicles and in public places	15.4% (2011/12)	14.3% (2013 data)	12% (2015/2016)
% of tobacco vendors in compliance with youth access legislation at last inspection <b>(Accountability Agreement Indicator)</b>	99.1%	99%	≥ 90%
# of inspections of public places and workplaces	1891	1575	1900
<b>Component of Team #6 E-CIGARETTE ACT (ECA) PROMOTION AND ENFORCEMENT</b>			
% of e-cigarette retailers inspected at least once and provided education on obligations under ECA			100%
% of e-cigarette retailers test-shopped at least once to ensure compliance with sales to minors' provisions			100%

\*MOHLTC indicated late in 2015 that they would not fund *Skin Cancer Prevention Act* implementation in that year.

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>12.7</b>	<b>13.4</b>
Program Manager	1.0	1.0
Public Health Dietitians	2.5	2.5
Public Health Nurses	2.5	2.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.1	3.3
Administrative Assistants	1.5	2.0
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

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 810,634	\$ 838,750	\$ 897,503	\$ 950,446	\$ 52,943	5.9%
Benefits	196,624	196,646	207,923	238,302	30,379	14.6%
Travel	31,597	30,745	29,900	31,853	1,953	6.5%
Program Supplies	169,919	152,069	93,407	137,889	44,482	47.6%
Staff Development	3,378	1,890	2,050	2,400	350	17.1%
Professional Services	11,345	11,297	11,345	17,400	6,055	53.4%
Furniture & Equipment	106	7,350				
Other Program Costs	46,982	58,219	44,738	42,280	(2,458)	(5.5%)
<b>Total Expenditure</b>	<b>\$ 1,270,585</b>	<b>\$ 1,296,966</b>	<b>\$ 1,286,866</b>	<b>\$ 1,420,570</b>	<b>\$ 133,704</b>	<b>10.4%</b>

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

### **SECTION H**

#### **FUNDING SOURCES:**

<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 637,078	\$ 656,103	\$ 623,691	\$ 708,020	\$ 84,329	13.5%
MOHLTC – 100%	633,507	633,507	663,175	712,550	49,375	7.5%
MCYS – 100%						
User Fees						
Other Offset Revenue		7,356				
<b>Total Revenue</b>	<b>\$ 1,270,585</b>	<b>\$ 1,296,966</b>	<b>\$ 1,286,866</b>	<b>\$ 1,420,570</b>	<b>\$ 133,704</b>	<b>10.4%</b>

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- The enactment and promotion of regulatory amendments under the *Smoke-Free Ontario Act* that prescribed new restrictions on hospital property and banned the sale of flavoured tobacco products.
- The enactment and promotion of the *Electronic Cigarettes Act*, restricting the sale of e-cigarettes to those under the age of 19 and prohibiting the use in places where smoking is already banned under the *Smoke-Free Ontario Act*.
- The continued enhancement/evaluation 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, sustainable and accessible community food system in London and Middlesex County.
- Increased local leadership in the implementation of a provincial locally driven collaborative project called “*Measuring Food Literacy in Public Health*”, funded by Public Health Ontario.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

- Adequate 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 and through a \$5400 PBMA investment to offset the shortage in provincial funding. The challenges for youth prevention are being mitigated by decreasing essential program materials. The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy exceeds community demand for cessation assistance.
- The delay in the January 1st, 2016 implementation of the ban on use of e-cigarettes in places where smoking is already prohibited (Section 10 of the *Electronic Cigarettes Act*), and delays in receiving information and resources to support the implementation of amendments to the *Smoke-Free Ontario Act* (flavour ban and smoke-free hospital grounds) has been a challenge.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- An ongoing investment of \$54,000 to support the agency-wide purchase and distribution of NRT is required to cover the shortfall due to inadequate Ministry funding. This will increase the capacity of the Health Unit to be able to purchase the required nicotine replacement therapies to meet the need of priority populations within the Middlesex-London area.
- Ongoing base funding (\$39,500) and a one-time grant (\$39,500 to be spent by March 31, 2016) from the Ministry are intended to support the additional promotion and enforcement-related activities for the new *Electronic Cigarettes Act* and Regulation 337/15. The funding supports a 0.2 FTE increase in Tobacco Enforcement Officers and a 0.5 FTE increase to Program Assistants to meet growing program needs.
- One-time investment of \$45,000 to continue a previous PBMA investment that increased the capacity of Health Unit by 0.5 FTE Registered Dietitian/Public Health Dietitian so that MLHU is better positioned to address the environmental, economic, social and nutritional factors that impact food-related issues in our community, including food insecurity, consumption of nutrient-poor foods, food distribution and food waste management.

# **ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**

## **FOOD SAFETY**

## 2016 Planning & Budget Template

<b>SECTION A</b>				
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	David Pavletic	<b>DATE</b>
<b>PROGRAM TEAM</b>	Food Safety	<b>DIRECTOR NAME</b>	Wally Adams	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>The Food Safety team aims to prevent and reduce the burden of food-borne illness through education, monitoring and enforcement activities, including restaurant inspections.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>Environmental Health Program Standards (Food Safety) and Food Safety Protocol, 2015</li> <li>Health Protection and Promotion Act (HPPA)</li> <li>Reg. 562 Food Premises</li> <li>Food Premises Inspection and Mandatory Food Handler Training Bylaw (City of London and Middlesex County)</li> </ul>

<b>SECTION D</b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 SURVEILLANCE AND INSPECTION</b>
<ul style="list-style-type: none"> <li>Maintain inventory of all food premises.</li> <li>Conduct annual risk assessments of all food premises.</li> <li>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, 2015 requirements and Environmental Health Program Standards with the exception of food premises considered to be 'very' low risk.</li> <li>Monitor all O. Reg. 562 exempted facilities (farmers markets, residential homes, churches / service clubs / fraternal organizations for special events).</li> <li>Enforce bylaws (City of London, Middlesex County) – posting inspection summaries / mandatory food handler training certification.</li> </ul>



## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

### COMPONENT(S) OF TEAM PROGRAM #2 MANAGEMENT AND RESPONSE

- Investigate, assess the risks and respond to all complaints related to food premises in a timely manner (within 24 hours).
- Investigate, assess the risks and respond to all suspected food-borne illnesses and lab confirmed food-borne illnesses related to a food premise in a timely manner (within 24 hours).
- Participate in food recall verification checks.
- Collaborate with Infectious Disease Control team (MLHU), other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture and Food) as directed by the MOHLTC or locally under MOH direction.

### COMPONENT(S) OF TEAM PROGRAM #3 AWARENESS, EDUCATION AND TRAINING

- Education / training conducted informally by PHIs during inspections and consultations with food premises operators and staff.
- Provide food handler training courses to specified community groups and administration of exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2015).
- Collaborate with the London Training Centre (LTC), a partner agency to MLHU, through a Memorandum of Understanding (MOU). The MOU stipulates that the LTC will provide food handler training to residents in Middlesex-London, in accordance with the Provincial Food Handler Training Plan under the guidance of the MLHU.
- Provide food safety seminars, community presentations and attend health fairs to promote safe food handling practices.
- Make available food safety information for the general public / food premises operators on-line ([www.healthunit.com](http://www.healthunit.com))

### 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.
- Provide public disclosure of inspection results through DineSafe website, on-site posting or through a request for information. 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.
- Respond to all media inquiries related to inspection results.

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 Surveillance and Inspection</b>			
<i>High risk food premises inspected once every 4 months (Accountability Agreement Indicator)</i>	100.0 % (1,410)	100% (1,400)	100.0%
<i>Moderate risk food premises inspected once every 6 months (Accountability Agreement Indicator)</i>	99.5% (1,696)	100% (1,700)	100.0%
<i>Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)</i>	89.9%	90.9%	100.0%
<b>COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE</b>			
<i>*Suspect / Lab Confirmed food-borne illness calls responded to within 24 hours</i>	<i>Estimated 100% (164)</i>	<i>Estimated 100% (150)</i>	100.0%
<b>RRFSS</b>			
<i>**Percentage of Adults (18+) who feel the food in restaurants is safe to eat in their community – 2013</i>	Not available	89% - no significant change from 2012 – 13 data	Increase

\*this performance measure is estimated as the Food Safety Team continues to develop a procedure for monitoring and documenting response times.

\*\*this question is asked every few years and so data for 2014 was not available.

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

<b>SECTION F</b>	<b>2015 Total FTEs</b>	<b>2016 Estimated FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>13.7</b>	<b>13.7</b>
Program Manager	1.0	1.0
Public Health Inspectors	11.7	11.7
Administrative Assistant	1.0	1.0

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 1,060,704	\$ 1,012,498	\$ 1,047,132	\$ 1,045,733	\$ (1,399)	(0.1)%
Benefits	247,882	236,618	241,380	251,980	10,600	4.4%
Travel	25,763	22,925	25,763	25,763		
Program Supplies	27,246	20,845	7,246	7,246		
Staff Development	8,591	4,722	8,591	8,591		
Professional Services						
Furniture & Equipment						
Other Program Costs	7,591	5,803	5,991	5,991		
<b>Total Expenditures</b>	<b>\$ 1,377,777</b>	<b>\$ 1,303,411</b>	<b>\$ 1,336,103</b>	<b>\$ 1,345,304</b>	<b>\$ 9,201</b>	<b>0.7%</b>

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,277,027	\$ 1,186,396	\$ 1,265,353	\$ 1,274,554	\$ 9,201	0.7%
MOHLTC – 100%	58,000	58,000	58,000	58,000		
MCYS – 100%						
User Fees	42,750	59,015	12,750	12,750		
Other Offset Revenue						
<b>Total Revenues</b>	<b>\$ 1,377,777</b>	<b>\$ 1,303,411</b>	<b>\$ 1,336,103</b>	<b>\$ 1,345,304</b>	<b>\$ 9,201</b>	<b>0.7%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Continue work from the Enhanced Compliance Initiative (2015 – 1 time funding) and utilizing the evidence to better inform program work. Plan to implement and evaluate strategies on a go forward basis.</li> <li>• Revisit the food safety program delivery method to identify ways in which to improve upon program efficiencies, PHI core competencies and program goals and objectives. Create a policy and procedure for workload / program delivery.</li> <li>• Collaborate more closely with the IDC team, the Safe Water and Rabies team, the Health Hazard Investigation and VBD team and Emergency Management (under the creation of the EH &amp; ID division), to improve upon efficiencies, enhance program delivery and explore internal work processes.</li> <li>• Collaborate more closely with the LTC to improve upon the delivery of Food Handler Training to residents in Middlesex-London.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• New provincial risk assessment tool creates more fluctuation in risk, throughout the year, which creates challenges for equal distribution of workload, reported inspection completion rates to the MOHLTC and either a decrease or increase in the number of required inspections to be conducted on an annual basis. The older tool did not take into consideration performance factors, which resulted in a more stable risk assessment.</li> </ul>

Program: Food Safety – EHCDP

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

The slight reduction in salary is related to the end of one-time funding for a 2015 PBMA proposal about enhancing services for target groups of restaurants that can be high-risk. An update will come to the Board of Health later in 2015 about the results of this work.

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION  
HEALTHY COMMUNITIES AND INJURY PREVENTION (HCIP)**

## 2016 Planning & Budget Template

<b>SECTION A</b>				
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	Mary Lou Albanese	<b>DATE</b>
<b>PROGRAM TEAM</b>	Healthy Communities and Injury Prevention (HCIP)	<b>DIRECTOR NAME</b>	Wally Adams	January 2016

<b>SECTION B</b>	
<b>SUMMARY OF TEAM PROGRAM</b>	
<ul style="list-style-type: none"> <li>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).</li> </ul>	

<b>SECTION C</b>	
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>	
<ul style="list-style-type: none"> <li>Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse</li> </ul>	

<b>SECTION D</b>	
<b>COMPONENT(S) OF TEAM PROGRAM #1 WORKPLACE WELLNESS</b>	
<ul style="list-style-type: none"> <li>Work primarily with mid to small workplaces/employers with limited resources to provide employee wellness programs through consultation and linking the workplaces with other MLHU programs and services.</li> <li>Advocates healthy policy implementation in workplaces</li> <li>Collaborate with other SW Public Health Units i.e. Elgin – St. Thomas Health Unit, Oxford Public Health, Perth District Health Unit, Lambton Health Unit to address psychologically safe and healthy workplaces</li> </ul>	
<b>COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY</b>	
<ul style="list-style-type: none"> <li>Promote physical activity to the entire community with main focus on those over the age of 18 with some programming directed toward child care providers.</li> <li>Play a lead role in the Middlesex-London in Motion Partnership and the implementation of the in Motion Community Challenge</li> <li>Community and partner consultation and supports e.g. Thames Valley Trails Association Saturday morning walks, Active and Safe Routes to School Committee, Workplace physical activity promotion.</li> </ul>	

## 2016 Planning & Budget Template

### Program: Healthy Communities and Injury Prevention (HCIP) - EHCDP

- Promote physical activity policy in local workplaces.
- Training of day care providers about physical literacy to increase the use and promotion of physical literacy with children in day cares; collaboration with the Early Years Team
- Partner with Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs in the City of London (e.g. Acti-pass – passes to grade 5 students to access recreational activities)
- Partner with HKCC in Middlesex County and City of London

#### **COMPONENT(S) OF TEAM PROGRAM #3 SENIORS AND FALLS/HEALTHY AGING**

- Play a lead role in the Stepping Out Safely Falls Prevention Coalition(partnership of 40 partners)
- Member of the SW LHIN Integrated Falls Committee
- Chair the Middlesex-London Falls Prevention Collaboration
- Providing Step Ahead and Kitchen Exercise Program certification/training to PSW students at 3 colleges in London.
- Completing a program reviews for falls prevention in older adult best practices in 2016.

#### **COMPONENT(S) OF TEAM PROGRAM #4 ROAD SAFETY (INCLUDING VULNERABLE ROAD USERS)**

- Member London-Middlesex Road Safety Coalition who do educational campaigns e.g. share the road, distracted driving , winter driving etc;
- Collaborate with City of London and other London partners to develop the London Road Safety Strategy
- Provide input into the City of London and Middlesex County Official Plan reviews re infrastructure to promote walking and cycling and safe road use;
- Member of the City of London, Transportation Advisory Committee
- Completing a program review for road safety best practices in 2016.

#### **COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY**

- Chair, Middlesex-London Child Safety Committee
- Provide child safety information, including videos, to caregivers (parents, grandparents, day care workers, etc.)
- Distribute and education to parents and children re bicycle helmets for vulnerable school age children ( Member of the Helmets on Kids Coalition)
- Increase the availability of resources in other languages for ethno-cultural populations in London and MS County
- Distribution of booster seat use education to caregivers and parents.
- Collaborate with local and provincial partners e.g. Ontario Concussion Work Group
- Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign



## 2016 Planning & Budget Template

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

### COMPONENT(S) OF TEAM PROGRAM #6 ALCOHOL AND SUBSTANCE MISUSE

- Marketing the next phase of the *ReThink Your Drinking* campaign and website including the Low Risk Alcohol Drinking Guidelines
- Advocate for the provincial expansion of the ReThink Your Drinking website.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation
- Work with municipalities to update their Municipal Alcohol Policies
- Collaborate on the implementation of drug strategy with Sexual Health Team
- Research and prepare a brief on Cannabis legalization and the role of public health

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

- Develop submissions to the municipal Official Plan consultations for those remaining municipalities in Middlesex County
- Advocate for the continued support for infrastructure that supports physical activity and active transportation in the City of London and Middlesex municipalities.
- Participate in the City of London and MS County Bicycle Master Plan revision
- Continue to review Secondary and Site Plan as part of the Land Use Planning Application process
- Chair, Active and Safe Routes to School, to promote active school travel.
- Promotion of Active Transportation with continuation of educational campaign Give Active Transportation a Go!

### COMPONENT(S) OF TEAM PROGRAM #8 AGENCY WIDE MENTAL HEALTH WELL-BEING PROMOTION STRATEGY

- Conduct a literature review on evidence based strategies to promote connectedness throughout the lifespan.
- From the literature review develop a comprehensive mental health well-being strategy for MLHU with specific outcomes and indicators related to the PICO questions

## 2016 Planning & Budget Template

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

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 WORKPLACE WELLNESS</b>			
Annual workshop for southwest workplaces	165 Attended	130 Attended	Scheduled for May 2016
Physical Activity Grant and policy development	10	7	7
<b>COMPONENT OF TEAM #2 PHYSICAL ACTIVITY</b>			
inMotion Community Challenge – Minutes of Physical Activity achieved	4,700,000 minutes	8,372,809 Minutes	Increase
Elementary Schools Implementing School Travel Plans (STP)	10 School Travel Plans	13 School Travel Plans in progress	6 School Travel Plans Requested by Schools
<b>COMPONENT OF TEAM #3 SENIORS AND FALLS/HEALTHY AGING</b>			
Reduce fall-related ER visits in older adults aged 65 + (Accountability Agreement Indicator – targets TBD)	N/A	N/A	N/A
<b>COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS</b>			
Distracted Driving Campaign – Buckle Up/Phone Down Release of Josh's Story Video through various media types	46,000 views; YouTube ads, 41,000 views	Cineplex trailer – 4,655 trailers with 175,561 viewers	Continuation of Campaign
<b>COMPONENT OF TEAM #5 CHILD SAFETY</b>			
Distribution of Booster Seats	460	354 Purchased and 250 distributed	Remaining 154 will be distributed
Distribution of helmets(Helmet on Kids Coalition) to vulnerable	1850	1,000 (decrease in funding available)	1,000 (pending funding)
<b>COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE</b>			
% of population (19+) that exceeds the Low-Risk Drinking Guidelines (Accountability Agreement Indicator – targets TBD)	N/A	N/A	N/A
<b>COMPONENT OF TEAM #7 HEALTHY COMMUNITIES PARTNERSHIP</b>			
Submission re Bicycle Master Plan review		Submitted recommendations to City of London	Submit recommendations to MS County Bicycle Master Plan review
Submit recommendations to Municipal Official Plan reviews	3 Municipalities	1 Municipality	2 Municipalities

## 2016 Planning & Budget Template

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

<b>SECTION F</b>	<b>2015 Total FTEs</b>	<b>2016 Estimated FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>11.6</b>	<b>11.2</b>
Program Manager	1.0	1.0
Health Promoter	0.6	0.6
Public Health Nurses	9.0	9.0
Administrative Assistant	1.0	0.6

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 853,039	\$ 818,079	\$ 883,451	\$ 917,156	\$ 33,705	3.8%
Benefits	205,564	200,632	215,920	226,969	11,049	5.1%
Travel	10,710	6,730	11,110	11,610	500	4.5%
Program Supplies	133,002	123,150	73,002	43,002	(30,000)	(41.1)%
Staff Development	5,000	3,543	5,000	5,300	300	6.0%
Professional Services						
Furniture & Equipment	1,000		600	600		
Other Program Costs	8,058	107,601	8,058	8,058		
<b>Total Expenditures</b>	<b>\$ 1,216,373</b>	<b>\$ 1,259,735</b>	<b>\$ 1,197,141</b>	<b>\$ 1,212,695</b>	<b>\$ 15,554</b>	<b>1.3%</b>

## 2016 Planning & Budget Template

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

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,216,373	\$ 1,159,977	\$ 1,197,141	\$ 1,212,695	\$ 15,554	1.3%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		99,758				
<b>Total Revenue</b>	<b>\$ 1,216,373</b>	<b>\$ 1,259,735</b>	<b>\$ 1,197,141</b>	<b>\$ 1,212,695</b>	<b>\$ 15,554</b>	<b>1.3%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015</b>
<ul style="list-style-type: none"> <li>• Continuation of the Booster Seat education campaign</li> <li>• Continuation of the in Motion Community Challenge with additional \$10,000; Increase overall participation of community with focus on children and older adults.</li> <li>• Increase the knowledge and use of active transportation in community with communication campaign using multimedia/multi-strategy components based on literature review results</li> <li>• Completing two injury prevention program reviews – road safety and falls prevention in the older adult to develop a 3 to 5 year strategic plan</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>

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

### **SECTION K**

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

- \$36,953 Enhancement - Program Evaluator resources for 2016 to develop Agency Wide Mental Health Well-being Promotion Strategy (One-time)
- Reduction of 0.4 FTE PA due to reduced demand for website maintenance support and expanded reliance on electronic communication rather than manual mail outs

The program supplies budget is reduced in 2016 related to the end of the one-time funding in 2015 for the Child Booster Seat Campaign

Note: in Motion Community Challenge funding moving from one-time funding in 2015 to base funding (ongoing) in 2016.

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION/  
HEALTH HAZARD PREVENTION AND MANAGEMENT /  
VECTOR BORNE DISEASE**

## 2016 Planning & Budget Template

<b>SECTION A</b>			
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	Fatih Sekercioglu/David Pavletic/Wally Adams
<b>PROGRAM TEAM</b>	Health Hazard Prevention and Management / Vector Borne Disease	<b>DIRECTOR NAME</b>	Wally Adams
			January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>To prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors in the environment.</li> <li>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.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>OPHS Standards: Foundational; Health Hazard Prevention and Management; Infectious Diseases Prevention and Control</li> <li>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</li> <li>Relevant Acts: Health Protection and Promotion Act; Environmental Protection Act; Occupational Health and Safety Act; Homes For Special Care Act</li> <li>Relevant Regulations: O. Reg 568 Recreational Camps; O. Reg 636 Homes For Special Care; O. Reg 199 West Nile Virus Control</li> <li>Relevant Bylaws: Property Standards; Idling Control; Vital Services; Clearing of Land.</li> <li>Other: West Nile Virus: Preparedness and Prevention Plan for Ontario</li> </ul>

## 2016 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



## 2016 Planning & Budget Template

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

<ul style="list-style-type: none"> <li>permit requirements.</li> <li>• Surveillance of ticks, mosquitos, dead birds</li> <li>• Perform mosquito larvae identification in MLHU laboratory as per PHO Guidelines and analyze results and trends</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #7 VBD COMPLAINTS &amp; INQUIRIES &amp; PUBLIC EDUCATION</b>
<ul style="list-style-type: none"> <li>• Respond to complaints and inquiries from residents regarding WNV, EEE and LD</li> <li>• Assess private properties when standing water concerns are reported and oversee remedial actions</li> <li>• Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE</li> <li>• Distribute educational /promotional materials</li> <li>• Issue media releases when positive VBD activity is identified.</li> </ul>

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 SPECIAL PROJECTS HEALTH HAZARDS PROGRAM</b>			
Marijuana Grow-Op remediation/ Demolition Permit Inspections/ Cooling Towers Assessed	100% (216)	100% (109)	100%
<b>COMPONENT OF TEAM #2 GENERAL EH PROGRAM WORK/INVESTIGATIONS</b>			
Respond to all Complaints/Requests/Referrals within 24 hours (estimate)	100% (1212)	100% (1241)	100%
<b>COMPONENT OF TEAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM</b>			
Land Use Planning Applications – review/comment	100% (123)	100% (50)	100%
<b>COMPONENT OF TEAM #4 COMPLIANCE &amp; INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM</b>			
Inspections of Facilities	100% (276)	100% (291)	100%
<b>COMPONENT OF TEAM #5 EMERGENCY RESPONSE SUPPORT</b>			
Emergency Responses	4	1	4
<b>COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE</b>			
Identify and monitor significant standing water sites on public property/Mosquito larvae identified in MLHU laboratory	(238 sites) 100% (12,229) larvae ID'd	(243 sites) 100% (26,454) larvae ID'd	(250 sites) 100% (20,000) larvae ID'd
Larvicide treatment in standing water location where required based on larval identification/ 3 larvicide treatments of all catch basins on public property	24.1 hectares of standing water 100% (98,322)	16.1 hectares of standing water 100% (103,495)	20 hectares of standing water 100% (103,000) catch

## 2016 Planning & Budget Template

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

	catch basins treated	catch basins treated	basins treated
Adult Mosquitos collected/ Viral tests completed	47,032 collected 100% (1,081) viral tests completed	112,385 collected 100% (1,071) viral tests completed	70,000 collected 100% (1,100) viral tests completed
Respond to all dead birds reports received/ Test all birds that are suitable for testing for WNV	100% (83)	100% (184)	100% (150)
Receive and identify all tick submissions	100% (101)	100% (174)	100% (180)
<b>COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS &amp; INQUIRIES &amp; PUBLIC EDUCATION</b>			
Respond to all concerns/ inquires	100% (341)	100% (519)	100% (400)
Presentation to community events, partners and clients	15	19	19

<b>SECTION F</b>	<b>2015 TOTAL FTES</b>	<b>2016 ESTIMATED FTES</b>
<b>STAFFING COSTS:</b>		
	<b>13.2</b>	<b>13.2</b>
Program Manager	1.0	1.0
Public Health Inspectors	4.7	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

## 2016 Planning & Budget Template

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

<b>SECTION G</b>						
<b>Expenditures:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 768,907	\$ 739,875	\$ 792,781	\$ 748,986	\$ (43,795)	(5.5)%
Benefits	172,101	171,322	176,074	174,048	(2,026)	(1.2)%
Travel	34,111	30,370	35,111	33,111	(2,000)	(5.7)%
Program Supplies	27,505	37,829	35,505	18,516	(17,000)	(47.9)%
Staff Development	4,636	2,541	9,636	4,636	(5,000)	(51.9)%
Professional Services	200,407	198,947	198,890	198,890		
Furniture & Equipment	2,753	1,804	1,785	785	(1,000)	(56.0)%
Other Program Costs	27,718	24,801	26,475	36,475	10,000	37.8%
<b>Total Expenditures</b>	<b>\$ 1,238,138</b>	<b>\$ 1,207,489</b>	<b>\$ 1,276,257</b>	<b>\$ 1,215,447</b>	<b>\$ (60,821)</b>	<b>(4.8)%</b>

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 1,238,138	\$ 1,207,489	\$ 1,276,257	\$ 1,215,447	\$ (60,821)	(4.8)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
<b>Total Revenues</b>	<b>\$ 1,238,138</b>	<b>\$ 1,207,489</b>	<b>\$ 1,276,257</b>	<b>\$ 1,215,447</b>	<b>\$ (60,821)</b>	<b>(4.8)%</b>

## 2016 Planning & Budget Template

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

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- Continuing the work on climate change adaptation strategies in Middlesex-London.
- Program planning activities with the new Healthy Environments Protocol and MLHU's Strategic Plan.
- Enhanced partnership with Emergency Management Team.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- The Program Manager was on medical leave for seven months in 2015 and the Epidemiologist was seconded to an Acting Manager role in FHS which resulted in slower progress on some environmental health projects including the Climate Change Adaptation Campaign

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- (\$40,801) Adjusting the VBD program budget to reflect current practices PBMA proposal 1-0027 (Disinvestment)

Salary, benefit and program funds are reduced in 2016 due to the conclusion of the one-time investment in 2015 of 0.5 FTE and program funds for the Climate Change Adaptation Campaign (\$56,765).

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**

**SAFE WATER AND RABIES TEAM**

## 2016 Planning & Budget Template

<b>SECTION A</b>			
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	Fatih Sekercioglu
<b>PROGRAM TEAM</b>	Safe Water and Rabies Team	<b>DIRECTOR NAME</b>	Wally Adams
			<b>DATE</b> January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>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.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li><b>OPHS Standards:</b> Foundational; Safe Water; Rabies Prevention and Control</li> <li><b>Protocols under the OPHS:</b> Drinking Water Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol</li> <li><b>Relevant Acts:</b> Health Protection and Promotion Act, Safe Drinking Water Act</li> <li><b>Relevant regulations:</b> 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)</li> </ul>

Program: Safe Water and Rabies Team – EHCDP

<b>SECTION D</b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 DRINKING WATER PROGRAM</b>
<ul style="list-style-type: none"> <li>• Responding to Adverse Water Quality Incidents in municipal systems</li> <li>• Issuing Drinking/Boil Water Advisories as needed</li> <li>• Conducting water haulage vehicle inspections</li> <li>• Providing resources (test kits and information) to private well owners</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #2 RECREATIONAL WATER PROGRAM</b>
<ul style="list-style-type: none"> <li>• Inspection of public pools (Class A and Class B)</li> <li>• Inspection of public spas</li> <li>• Inspection of non-regulated recreational water facilities (wading pools and splash pads)</li> <li>• Offering education sessions for public pool and spa operators</li> <li>• Investigating complaints related to recreational water facilities</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #3 BEACH MANAGEMENT PROGRAM</b>
<ul style="list-style-type: none"> <li>• Testing beaches in recreational camps in Middlesex-London</li> <li>• Conducting annual environmental assessment of all public beaches in Middlesex –London</li> <li>• Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #3 SMALL DRINKING WATER SYSTEMS PROGRAM</b>
<ul style="list-style-type: none"> <li>• Risk assessment of Small Drinking Water Systems (SDWS)</li> <li>• Monitoring the test results of SDWS regularly</li> <li>• Responding to Adverse Water Quality Incidents in SDWS</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #6 RABIES PREVENTION AND CONTROL</b>
<ul style="list-style-type: none"> <li>• Investigating human exposures to animals suspected of having rabies</li> <li>• Confirming the rabies vaccination status of the animals (suspected of having rabies)</li> <li>• Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis</li> <li>• Liaising with Canada Food Inspection Agency for the testing of animals for rabies</li> <li>• Rabies prevention awareness programs</li> </ul>

## 2016 Planning & Budget Template

Program: Safe Water and Rabies Team – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (As of Nov 15)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 DRINKING WATER PROGRAM</b>			
Respond to reports of Adverse Water Quality Incidents in municipal systems	56 (100%)	53 (100%)	100%
Complete annual water haulage vehicle inspections	2	2	Same
<b>COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM</b>			
% of Class A pools inspected while in operation ( <b>Accountability Agreement Indicator</b> )	100% (102)	100% (95)	100%
% of spas inspected while in operation ( <b>Accountability Agreement Indicator</b> )	100% (185)	100% (160)	100%
% of remaining required public pool/wading pool/splash pad inspections	100% (489)	100% (432)	100%
The number of participants to education session for pool and spa operators	64	72	Increase
<b>COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM</b>			
The number of beaches monitored and sampled between May and September	1	1	1
<b>COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM</b>			
Respond to reports of Adverse Water Quality Incidents in SDWS	18 (100%)	22 (100%)	100%
The number of low and medium SDWS assessed/re-assessed	97	11	20
% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment ( <b>Accountability Agreement Indicator</b> )	None were due	No high risk SDWS in Middlesex-London	No high risk SDWS in Middlesex-London
<b>COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL</b>			
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification ( <b>New Accountability Agreement Indicator</b> )	98.6% (967)	99.1% (847)	100% (900-1,000)
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	138 (100%)	82 (100%)	100+ (100%)



## 2016 Planning & Budget Template

Program: Safe Water and Rabies Team – EHCDP

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>7.5</b>	<b>7.5</b>
Program Manager	1.0	1.0
Public Health Inspectors	6.0	6.0
Program Assistant	0.5	0.5
<u>Note:</u> 2.0 Student Public Health Inspectors (Seasonal – May to August)		

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 620,079	\$ 605,947	\$ 613,888	\$ 623,938	\$ 10,050	1.6%
Benefits	137,868	138,190	141,797	145,870	4,073	2.9%
Travel	18,631	21,791	18,631	18,631		
Program Supplies	4,745	4,825	24,745	22,595	(2,150)	(8.7)%
Staff Development	3,833	3,500	3,833	3,833		
Professional Services	2,400	2,504	2,400	2,400		
Equipment & Furniture						
Other Program Costs	3,364		8,258	2,631	(5,627)	(68.1)%
<b>Total Expenditures</b>	<b>\$ 790,920</b>	<b>\$ 783,733</b>	<b>\$ 813,552</b>	<b>\$ 819,898</b>	<b>\$ 6,346</b>	<b>0.8%</b>

## 2016 Planning & Budget Template

Program: Safe Water and Rabies Team – EHCDP

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 747,293	\$ 730,720	\$ 757,852	\$ 774,198	\$ 16,346	2.1%
MOHLTC – 100%	43,627	51,627	55,700	45,700	(10,000)	(18.0)%
MCYS – 100%						
User Fees						
Other Offset Revenue		1,386				
<b>Total Revenues</b>	<b>\$ 790,920</b>	<b>\$ 783,733</b>	<b>\$ 813,552</b>	<b>\$ 819,898</b>	<b>\$ 6,346</b>	<b>0.8%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Maintaining collaborative partnership with the FoodNet program on private wells in Middlesex and London.</li> <li>• Rolling out the enhanced pool and spa operator training program.</li> <li>• Finalizing and disseminating educational materials for private well owners.</li> <li>• Engaging with community partners to support organizing the 2016 Children’s Water Festival in London.</li> <li>• Working on special project on improving health and safety practices in recreational water facilities.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Integration with components of the Health Hazard team will create both opportunities and challenges.</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
None

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**

**SOUTHWEST TOBACCO CONTROL AREA NETWORK  
(SW TCAN)**

## 2016 Planning & Budget Template

<b>SECTION A</b>				
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	Donna Kosmack	<b>DATE</b>
<b>PROGRAM TEAM</b>	Southwest Tobacco Control Area Network (SW TCAN)	<b>DIRECTOR NAME</b>	Wally Adams	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>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.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li><b>OPHS Standards:</b> Foundational; Chronic Disease Prevention</li> <li><b>Protocols under the OPHS:</b> Tobacco Compliance Protocol, 2008</li> <li><b>Relevant Acts:</b> <i>Health Protection and Promotion Act, Smoke-Free Ontario Act, Tobacco Control Act</i>, Municipal by-laws in local PHU areas. NEW: The <i>Electronic Cigarettes Act</i> is set to come into effect Jan 1<sup>st</sup>, 2016 and additionally there will be further amendments to SFOA as per the <i>Making Healthier Choices Act</i></li> </ul>

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 health 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
- Findings from the Social Identities research project conducted in 2013 will continued to be used to implement a tobacco prevention strategy targeting alternative youth. The goal is to increase the percentage “alternative” youth age 13-18 yrs surveyed in SW/CW ON who intend to remain smoke-free by 2020.
- Implement a smoke-free movies campaign across the SW TCAN in conjunction with the rest of the province, to increase public (parent/youth) awareness of the influence that smoking in movies has on youth smoking rates.

#### **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
- Increase level of protection of against second-hand smoke exposure (in or outdoors) by the creation of at least 4 policies/bylaws in the SW TCAN and supporting new provincial legislation (*Electronic Cigarettes Act* and amendments to the *Smoke-Free Ontario Act*) by the end of December 2016.
- By the end of 2016 the SW TCAN will distribute updated workplace packages to 100% of workplaces with complaints and enhance promotion of the website [takeyourbuttoutside.ca](http://takeyourbuttoutside.ca) to enhance workplace compliance with the SFOA and ECA in the SW TCAN.

#### **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 Prevention Subcommittee 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.

## 2016 Planning & Budget Template

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 TOBACCO CESSATION</b>			
The number of Health Care Providers who are members of local Communities of Practice related to cessation	202	335	Maintain or exceed
The number of earned/paid media impressions in the SW TCAN in support of provincial campaigns (Driven to Quit, Would rather Quit the Denial etc.)	WuR =176, 084 D2Q= 575, 173 <b>Total: 751,257</b>	WuR = 246,584 D2Q= 999,650 <b>Total: 1,246,234</b>	WuR :Maintain or exceed D2Q: 0 (funding cut)
<b>COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE</b>			
The number of smoke-free movie nights held in the SW TCAN	12	18	Maintain or exceed
The number of attendees at smoke-free movie nights held in SW TCAN	7,100	6320	Maintain or exceed
<b>COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT</b>			
The number of regional meetings with Tobacco Enforcement Officers	6	6	6
The number of workplace packages distributed in follow-up to complaints	<b>606 kits</b> distributed in 2014 by al 9 PHUs on a complaint basis.	335 (Q1+Q2) Q3+Q4- results not yet received from PHUs	Maintain or exceed
<b>Component of Team #4 Knowledge Exchange and Transfer</b>			
# of SW TCAN Steering Committee meetings	11	11	11
# of training opportunities organized by the SW TCAN	8	3	TBD

## 2016 Planning & Budget Template

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATE FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>2.5</b>	<b>2.4</b>
Program Manager	1.0	1.0
Health Promoter (Youth Development Specialist)	1.0	1.0
Administrative Assistant	0.5	0.4

<b>SECTION G</b>						
<b>Expenditures:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 175,103	\$ 177,708	\$ 180,891	\$178,684	\$ (2,207)	(1.2)%
Benefits	42,054	42,466	43,111	43,743	632	1.5%
Travel	32,924	28,427	32,000	18,000	(14,000)	(43.8)%
Program Supplies	92,848	96,611	89,127	89,702	575	0.6%
Staff Development	1,500	179	1,500	1,500		
Professional Services	46,000	46,000	45,000	60,000	15,000	33.3%
Furniture & Equipment				0		
Other Program Costs	46,071	45,256	44,871	44,871		
<b>Total Expenditure</b>	<b>\$ 436,500</b>	<b>\$ 436,647</b>	<b>\$ 436,500</b>	<b>\$ 436,500</b>	<b>\$ 0</b>	<b>0.0%</b>

## 2016 Planning & Budget Template

### SECTION H

#### FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared						
MOHLTC – 100%	\$ 436,500	\$ 436,500	\$ 436,500	\$ 436,500	\$ 0	0.0%
MCYS – 100%						
User Fees						
Other Offset Revenue		147				
<b>Total Revenue</b>	<b>\$ 436,500</b>	<b>\$ 436,647</b>	<b>\$ 436,500</b>	<b>\$ 436,500</b>	<b>\$ 0</b>	<b>0.0%</b>

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- SW TCAN will use results of the social identities research conducted in 2013 to continue to implement Uprise, a tobacco prevention strategy targeted at the alternative peer crowd.
- The SW TCAN will assist PHUs to educate and consistently enforce the *Electronic Cigarettes Act* and the new amendments to the *Smoke-Free Ontario Act*.
- The TCAN will assist PHUs to promote provincial cessation initiatives particularly the MOHLTC Cessation Campaign.
- The TCAN will continue to support PHUs locally and play a key role provincially in the smoke-free movies and multi-unit dwelling initiatives



### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- The SW TCAN has not seen a budget increase since the creation of the TCAN in 2005, thus wage and benefit increases have put a strain on the program budget for the TCAN, and staffing reductions have been required, placing strain on remaining staff. TCAN Manager has advocated to MOHLTC for funding increases, particularly as additional work is now being expected related to the *Electronic Cigarettes Act* but no additional funds were provided. Discussions are ongoing with MOHLTC.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- TCAN meetings will be reduced where possible to save travel costs.
- TCAN reduced administrative complement from 0.5 to 0.4 to offset budget pressures which will result in a decrease in program support adding additional pressures to TCAN staff.

**FAMILY HEALTH SERVICES  
OFFICE OF THE DIRECTOR**

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Family Health Services	<b>MANAGER NAME</b>	Suzanne Vandervoort	<b>DATE</b>
<b>PROGRAM TEAM</b>	Office of the Director	<b>DIRECTOR NAME</b>	Suzanne Vandervoort	January, 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>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. However, in 2015 the CHNS was the Acting Chief Nursing Officer until December. 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.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Reproductive Health Program</li> <li>• Child Health Program</li> <li>• Chronic Disease &amp; Injury Prevention Program</li> <li>• Sexual Health Program</li> <li>• Injury Prevention and Substance Abuse Prevention</li> <li>• Foundational Standards</li> <li>• Organizational Standards</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> <p>Nursing Act, 1991 College of Nurses of Ontario</p>

Program: Office of the Director – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 - 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 #2 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),
  - contributes to human resource recruitment through post secondary partnerships.

## 2016 Planning & Budget Template

Program: Office of the Director – FHS

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>COMPONENT OF TEAM #1 EPIDEMIOLOGY &amp; PROGRAM EVALUATION</b>			
Complete Middlesex-London Infant Feeding Surveillance System Development, Implementation, Monitoring and Evaluation	n/a	System development completed; Implementation started	Monitoring Evaluation System adjustments Annual report
# of evaluation projects undertaken	20	18	Maintain levels
# of consultations with managers and staff re: program evaluation.	27	30	Maintain levels
<b>COMPONENT OF TEAM #2 CNO &amp; CHNS - NURSING PRACTICE QUALITY ASSURANCE &amp; LEADERSHIP</b>			
Providing Nursing Practice Quality Assurance <ul style="list-style-type: none"> <li>• Two annual All Nurse meetings</li> <li>• # of practice consultations</li> </ul>	2 68	2 89 (as of Nov26/2015)	2 90
Nursing Leadership <ul style="list-style-type: none"> <li>• Mentoring new nurse graduates (NNG) in the Nursing Graduate Guarantee program</li> <li>• # of presentations to undergraduates in post-secondary</li> <li>• # of meetings with academia</li> </ul>	7 NNG hired  3 3	6 NNG hired  3 4	6 NNG hired as funding allows 3 3
Supporting Organizational Effectiveness <ul style="list-style-type: none"> <li>• # of policy and procedural development</li> </ul>	16	24	20

## 2016 Planning & Budget Template

Program: Office of the Director – FHS

<b>SECTION F</b>		
<b>STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>6.25</b>	<b>7.1</b>
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	2.0
Program Assistant to Epi/PE/CHNS	0.5	0.5
Public Health Nurse (Casual)	0.75	0.6

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 498,971	\$ 442,866	\$ 507,040	\$ 569,033	\$ 61,993	12.2%
Benefits	110,940	108,009	118,586	139,704	21,118	17.8%
Travel	14,400	7,753	14,400	14,950	550	3.8%
Program Supplies	82,804	56,189	70,304	60,304	(10,000)	(14.2%)
Staff Development	35,874	14,970	8,000	8,750	750	9.4%
Professional Services	11,000	9,999	1,000	1,000		
Furniture & Equipment	6,000	15,715	1,000	1,000		
Other Program Costs	18,150	15,107	34,737	19,737	(15,000)	(43.2%)
<b>Total Expenditures</b>	<b>\$ 778,139</b>	<b>\$ 670,608</b>	<b>\$ 755,067</b>	<b>\$ 814,478</b>	<b>\$ 59,411</b>	<b>7.9%</b>

Program: Office of the Director – FHS

## SECTION H

### FUNDING SOURCES:

Object of Revenue	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 774,765	\$ 666,068	\$ 752,980	\$ 812,391	\$ 59,411	7.9%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	3,374	4,540	2,087	2,087		
<b>Total Revenues</b>	<b>\$ 778,139</b>	<b>\$ 670,608</b>	<b>\$ 755,067</b>	<b>\$ 812,391</b>	<b>\$ 59,411</b>	<b>7.9%</b>

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

## SECTION J

### PRESSURES AND CHALLENGES

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

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

- (\$10,000) Reduction in the Service Area materials & supplies and program resources. Will not impact service..
- (\$15,000) Reduction in the casual Public Health Nurse (0.15 FTE) for prenatal classes. There has been an efficiency gain in how Prenatal classes are being delivered. An online e-learning component has been added that reduces facilitated in class nursing time. This results in less casual and/or contract nurse time required to facilitate prenatal classes.
- \$89,822 Enhancement relating to an increase of 1.0 FTE Program Evaluator.

# **FAMILY HEALTH SERVICES REPRODUCTIVE HEALTH TEAM**



## 2016 Planning & Budget Template

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Family Health Services	<b>MANAGER NAME</b>	Tracey Gordon	<b>DATE</b>
<b>PROGRAM TEAM</b>	Reproductive Health Team	<b>DIRECTOR NAME</b>	Suzanne Vandervoort	January, 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
The Reproductive Health Team (RHT) 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. Currently this team is also leading the agency-wide Health Care Provider Outreach and Health Equity Core Group (these two areas of focus are set for realignment in a central location in 2016 in tandem with restructuring).

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Program</li> <li>• Reproductive Health Program</li> <li>• Foundational Standard</li> <li>• Chronic Disease and Injury Prevention Program</li> <li>• Sexual Health Program</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul>

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 one to two years prior to and leading up to conception and to improve pregnancy outcomes. Strategies include:

- Provide preconception health teaching to priority population groups including, Elgin-Middlesex Detention Center (EMDC), Mutal Aid Parenting Program (MAPP), South London Community Group, etc.
- Provide up-to-date preconception information on MLHU website, and implement social media strategies
- 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.

- Develop, pilot and evaluate a combined e-learning and skill building prenatal program
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning, combined e-learning and skill building)
- Provide food skills sessions to increase subsidized access to fruits and vegetables by collaborating with community partners
- Partner with LHSC to pilot an early pre-admit group session to pregnant women in their second trimester (18 – 22weeks)
- Develop and plan prenatal education program for at risk pregnant women with community partners

### **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. Explore partnering opportunities

### **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 2015.

### **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 health within our community through physicians, midwives, nurse practitioners, nurses, and other health care providers.

- Strategies focus on providing information to and connecting with health care providers
- Develop and implement a strategy to implement and strengthen the Health Unit wide HCP Outreach program

## 2016 Planning & Budget Template

Program: Reproductive Health Team – FHS

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>COMPONENT OF TEAM #1: PRECONCEPTION HEALTH</b>			
Interactive Pre-Pregnancy online self assessment tool.	•PrePregnancy Planner launched	•2 facebook campaigns launched in Spring & Fall	•3 Facebook campaigns
Preconception Presentations (2014) - # of pres. offered # Elgin Middlesex Detention Centre (EMDC) presentations	•21 sessions •8 EMDC sessions	•15 sessions •10 EMDC session	•Maintain
<b>COMPONENT OF TEAM #2: PRENATAL HEALTH</b>			
<u>6 - Week Series, Weekend Series, and e-Learning</u> - # of 6 week prenatal series: # of women	•54: 496 women	•48: 488	•Replace with 6 series in Strathroy
# of series Weekend Series: # of women/support persons	•16 series: 152/148	•15: 149/148	•15 - maintain
# of e-learning registrants	•468 registrants	•477	•Increase to replace
# of women/support persons-combined e-learning pilot	•N/A	•5:52	•42 series/6 week series
<u>Breastfeeding</u> - # of classes provided & # of women/support persons attending breastfeeding session	•10 classes: 63 women/46 supports	•10 classes with 100 women/ 89 supports	•Maintain
<u>Food Skills Program</u> (2014) - # of sessions offered & # of women/support persons attending the program	•28 sessions: 240 women/supports	•16 sessions: 163 women/support	•Increase with targeted groups
<b>COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD</b>			
# of sessions offered & # of women/support persons attending	•14 & 87/81	•13/165/160	•11 - maintain
<b>COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE</b>			
BFI certification process ongoing Sustainable processes established to ensure policy orientation of new staff and volunteers	•Pre-assessment complete •100% of all new staff oriented	•Assessment complete •100% of new staff oriented	•Maintain BFI status •100% of all new staff are oriented
<b>COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH</b>			
In person office contact/visits to review resource binder and practice changes to health care providers Resource requests from health care providers	•418 office sessions	•520 Office sessions •19,000 resources	•Increase and enhance coordination with Communications

## 2016 Planning & Budget Template

Program: Reproductive Health Team – FHS

<b>SECTION F</b>		
<b>STAFFING COSTS:</b>	<b>2015 TOTAL FTES</b>	<b>2016 ESTIMATED FTES</b>
	<b>16.0</b>	<b>15.5</b>
Program Manager	1.0	1.0
Public Health Nurses	10.5	10.5
Healthy Promoter	0.5	0.5
Public Health Dietitian	1.0	1.0
Program Assistants	3.0	2.5

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 1,033,086	\$ 1,034,771	\$ 1,141,169	\$ 1,134,822	\$ (6,347)	(0.6%)
Benefits	263,212	246,965	279,223	279,225	2	
Travel	7,770	7,558	7,770	7,770		
Program Supplies	56,855	58,575	63,150	63,150		
Staff Development	3,950	5,522	3,950	3,950		
Professional Services	17,250	10,783	10,455	10,455		
Furniture & Equipment		779				
Other Program Costs	5,069	5,135	3,175	3,175		
<b>Total Expenditures</b>	<b>\$ 1,387,192</b>	<b>\$ 1,370,088</b>	<b>\$ 1,508,892</b>	<b>\$ 1,502,547</b>	<b>\$ (6,345)</b>	<b>(0.4%)</b>

Program: Reproductive Health Team – FHS

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,377,658	\$ 1,360,588	\$ 1,500,752	\$ 1,494,407	\$ (6,345)	(0.4)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	8,140	5,210	8,140	8,140		
Other Offset Revenue	1,394	4,290				
<b>Total Revenues</b>	<b>\$ 1,387,192</b>	<b>\$ 1,370,088</b>	<b>\$ 1,508,892</b>	<b>\$ 1,502,547</b>	<b>\$ (6,345)</b>	<b>(0.4)%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Implementation of high risk prenatal education program</li> <li>• Full implementation of previously piloted combined e-learning with skill building prenatal universal program</li> <li>• Explore the creation of and implement an online early pregnancy resource, similar to the Preconception Planner, targeted to pregnant women and their partners in the first trimester.</li> <li>• Partnering opportunities for food skills program and high risk prenatal program</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Personnel changes within a large number of staff continue to put pressure on this team.</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
<p>In the 2014 budget, the Board of Health approved a reduction of administrative support from this team, which is being reflected here in the FTE count, while the funding savings were realized in 2014 in another budget.</p> <p>Other program changes include creating online resource for pregnant families in early pregnancy as young clients prefer this over in-class education time. The number of classes in the series for prenatal will also be reduced.</p>

# FAMILY HEALTH SERVICES

## EARLY YEARS TEAM

<b>SECTION A</b>				
<b>SERVICE AREA</b>	FHS	<b>MANAGER NAME</b>	Ruby Brewer	<b>DATE</b>
<b>PROGRAM TEAM</b>	Early Years	<b>DIRECTOR NAME</b>	Suzanne Vandervoort Acting Director	January, 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>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, emotional, and social growth and development of children ages 0-3. Multi-strategy approaches are used that include facilitating access to and providing direct services; raising awareness; providing education; creating supportive physical and social environments; strengthening community action and partnership; and building personal skills and self-efficacy with families and care givers in London and Middlesex County. Topic areas include breastfeeding; infant nutrition; safe and healthy infant care; infant 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.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards: Child Health, Chronic Disease and Injury Prevention, Foundational Standard            Child &amp; Family Services Act, 1990: Duty to Report Legislation            Health Promotion and Protection Act            Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). Personal Health Information Protection Act, R.S.O. 2004 (PHIPA).</p>

Program: Early Years Team – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 BREASTFEEDING COUNSELING AND SUPPORT**

PHNs provide:

- Direct 1:1 support at Infant Growth/Development & Breastfeeding Drop-ins (formerly Well Baby/Child & Breastfeeding Clinics), Breastfeeding Appointments for mothers at risk for early discontinuation, phone counseling through the Health Connection and 48 hour call
- 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 Facebook ads and tweets, a breastfeeding video library and maintaining information on the website
- Enhanced collaborative partnership with LHSC to identify mothers at risk of early breastfeeding discontinuation and ease transition from hospital to community
- Enhanced partnership with La Leche League and CYN Family Centres to identify opportunities for collaborative peer support
- 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:

- Direct 1:1 skill-building sessions with parents at Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and community developmental screening opportunities
- Development and implementation of awareness raising and social marketing campaigns focused on healthy growth and development – Building Healthy Brains to Build a Healthy Future
- The use of social media including Facebook ads and tweets and MLHU website information
- Providing visits/presentations to physician and other health care providers offices (e.g. First Nations, Nurse Practitioners)
- Providing education and consultation to licensed child care centres (LCC) and participation in city and county wide LCC coordinating committees
- Providing educational group sessions to parents
- Collaborative partnership with the Community Early Years Partnership Committee, Community Early Years Health Care Provider Champions Committee and the Community Early Years Specialized Services Committee to develop and implement both Universal and Targeted approaches related to early childhood development – Building Healthy Brains to Build a Healthy Future campaign
- Let's Grow



Program: Early Years Team – FHS

### COMPONENT(S) OF TEAM PROGRAM #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT

Services to support parenting include:

- Providing direct education, counseling and support for Post Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment through:
  - Telephone counseling at the Health Connection
  - Direct one-on-one education and support at Infant Growth/Development and Breastfeeding Drop-ins, and referrals to community resources and supports
- Facilitating group skill building sessions e.g. Triple P, Multiple Birth Support sessions, OEYCs, Parent Family Literacy Centres, Childreach
- The use of social media including Facebook ads and tweets and MLHU website information

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

Initiatives 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)
- 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 partnerships are leveraged in accomplishing the goals of the Early Years Team.

**The Middlesex-London Community Early Years Partnership** consists of approximately 35 agencies and front line staff that provide services to improve childhood outcomes. The 3 subcommittees include the Community Early Years Partnership Committee, the Community Early Years Health Care Provider Champion Partnership Committee and the Community Early Years Specialized Services Committee.

**The Child and Youth Network Family Centres** augments the delivery of MLHU team programs within an Interprofessional Community of Practice Framework. Early Years Team PHNs provides a lead at each Family Centre (Carling Thames, Argyle, White Oaks, and Westmount) who represent the MLHU by participating in the planning and delivery of services through the Strategic Collaboration Committee meetings. Early Years Team PHNs represent MLHU on the CYN Literacy Priority Committee and support the Healthy Eating Healthy Physical Activity and Ending Poverty Priority Committees

Partnership and collaboration outcomes are captured in Components of the Team Program #1 through #4.

## 2016 Planning & Budget Template

Program: Early Years Team – FHS

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>Total # clients receiving direct 1:1 service</b>	<b>5,079 clients</b>	<b>5,928 clients</b>	<b>6,223 - increase 5%</b>
<b>Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT</b>			
<ul style="list-style-type: none"> <li>1:1 counselling and support a Infant Growth/ Development &amp; Breastfeeding Drop-ins (Drop-ins), Breastfeeding Appointment (BFO) and Health Connection (HC)</li> </ul>	<ul style="list-style-type: none"> <li>4,349 visits received 1:1 @ WBCs; HC 730; InfantLine 335</li> </ul>	<ul style="list-style-type: none"> <li>1:1 @ Drop-ins 1,568, @ HC 656, @ BFO 271, 48 hr. calls 1,023</li> </ul>	<ul style="list-style-type: none"> <li>1:1 services increase 5%.</li> </ul>
<ul style="list-style-type: none"> <li>Social Marketing and social media/website initiatives.</li> </ul>		<ul style="list-style-type: none"> <li>FaceBook Ads-20</li> </ul>	<ul style="list-style-type: none"> <li>Increase social media</li> </ul>
<ul style="list-style-type: none"> <li>Partnerships with LHSC and La Leche League</li> </ul>			<ul style="list-style-type: none"> <li>Increase partnerships</li> </ul>
<b>Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT</b>			
<ul style="list-style-type: none"> <li>1:1 support, skill building, developmental screening at Drop-ins, HC and community locations.</li> </ul>	<ul style="list-style-type: none"> <li>3445 screens; HC 943</li> </ul>	<ul style="list-style-type: none"> <li>1:1 @ Drop-ins 2225, HC 710, screens 139</li> </ul>	<ul style="list-style-type: none"> <li>1:1 – service increase 5%.</li> </ul>
<ul style="list-style-type: none"> <li>Presentations to families, health care providers(HCP) and licensed child care entre (LCC)</li> </ul>		<ul style="list-style-type: none"> <li>Presentations–284</li> </ul>	<ul style="list-style-type: none"> <li>Presentations &gt;5%.</li> </ul>
<ul style="list-style-type: none"> <li>Campaign -'Building Healthy Brains to Build A Healthy Future' campaign, social media &amp; website</li> </ul>		<ul style="list-style-type: none"> <li>18 new web pages, post ads, 4 contests</li> </ul>	<ul style="list-style-type: none"> <li>Phase 1 &amp; Phase 2 Campaign</li> </ul>
<b>Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT</b>			
<ul style="list-style-type: none"> <li>1:1 parent education, counseling and support at Drop-ins and Health Connection (HC).</li> </ul>	<ul style="list-style-type: none"> <li>4,173 @ WBCs, Calls: 1,168 Infantline, 1,032 HC</li> </ul>	<ul style="list-style-type: none"> <li>1:1- 278 clients.</li> </ul>	<ul style="list-style-type: none"> <li>1:1 service increase 5%</li> </ul>
<ul style="list-style-type: none"> <li>Group presentation/education sessions including car seat safety and Triple P</li> </ul>	<ul style="list-style-type: none"> <li>90 presentations, Lets Grow 14,548</li> </ul>	<ul style="list-style-type: none"> <li>133 group sessions</li> </ul>	<ul style="list-style-type: none"> <li>Increase group sessions.</li> </ul>
<ul style="list-style-type: none"> <li>Social media &amp; MLHU website including Parenting-Infant Car Seat Winter Safety &amp; Child Safety</li> </ul>	<ul style="list-style-type: none"> <li>summer safety campaign</li> </ul>	<ul style="list-style-type: none"> <li>Facebook Post Ads &amp; contests</li> </ul>	<ul style="list-style-type: none"> <li>Increase social media.</li> </ul>
<b>Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY</b>			
<ul style="list-style-type: none"> <li>Direct 1:1 education, counseling, support and NutriSTEP screening.</li> </ul>	<ul style="list-style-type: none"> <li>NutriSTEP promo. 100 screens, 3 events</li> </ul>	<ul style="list-style-type: none"> <li>1:1 @ Drop-ins 369 HC 124, NutriSTEP 6</li> </ul>	<ul style="list-style-type: none"> <li>1:1 service increase 5%.</li> </ul>
<ul style="list-style-type: none"> <li>Presentations.</li> </ul>		<ul style="list-style-type: none"> <li>14 presentations</li> </ul>	<ul style="list-style-type: none"> <li>Increase</li> </ul>
<ul style="list-style-type: none"> <li>Social media campaigns.</li> </ul>		<ul style="list-style-type: none"> <li>Physical Literacy</li> </ul>	<ul style="list-style-type: none"> <li>1 campaign</li> </ul>

## 2016 Planning & Budget Template

Program: Early Years Team – FHS

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>16.3</b>	<b>15.4</b>
Program Manager	1.0	1.0
Public Health Nurse	12.5	12.5
Program Assistants	2.4	1.5
Casual PHN (Early Years Team)	0.4	0.4

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 1,215,548	\$ 1,222,178	\$ 1,209,234	\$ 1,172,625	\$ (36,609)	(3.0%)
Benefits	283,070	282,447	280,029	291,628	11,599	4.1%
Travel	21,250	17,781	20,500	20,500		
Program Supplies	61,799	70,620	59,121	59,121		
Staff Development	4,750	3,489	8,700	8,700		
Professional Services	1,400	57	1,000	1,000		
Furniture & Equipment						
Other Program Costs	13,407	8,675	4,157	4,157		
<b>Total Expenditures</b>	<b>\$ 1,601,224</b>	<b>\$ 1,605,247</b>	<b>\$ 1,582,741</b>	<b>\$ 1,557,731</b>	<b>\$ (25,010)</b>	<b>(1.6%)</b>

Program: Early Years Team – FHS

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 1,601,224	\$ 1,601,137	\$ 1,582,731	\$ 1,557,731	\$ (25,010)	(1.6%)
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		4,110				
<b>Total Revenues</b>	<b>\$ 1,601,224</b>	<b>\$ 1,605,247</b>	<b>\$ 1,582,731</b>	<b>\$ 1,557,731</b>	<b>\$ (25,010)</b>	<b>(1.6%)</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Priority focus for Infant Mental Health and Early Childhood Development will be on the Building Healthy Brains to Build a Healthy Future campaign/social media initiatives and leveraging partnerships to enhance reach and impact.</li> <li>• Priority focus for Infant Growth/Development and Breastfeeding Drop-ins will be 0-6 months. Concerns about their infants over 6 months are encouraged to call the Health Connection. A referral to a MLHU Drop-in or other community resource will be made if indicated.</li> <li>• We're Better Together workshop in collaboration with the Community Early Years Partnership Committee, Community Early Years Health Care Provider Committee, Community Early Years Specialized Services Committee, and Licensed Child Care Centres</li> <li>• Building healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network</li> <li>• Enhanced collaboration with LHSC to improve postpartum discharge transition to community support particularly early breastfeeding appointments</li> </ul>

Program: Early Years Team – FHS

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Adequate allocation of staff time to support the three Community Early Years Partnership Committees
- Adequate allocation of staff time to provide early intervention breastfeeding appointments
- Increasing attendance at Infant Growth/Development and Breastfeeding Drop-ins – increase in infants less than 1 week old
- Licensed Child Care Centre visits resource intense

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

Efficiencies:

- (\$30,000) Decrease 0.5 FTE Program Assistant on Health Connection
- (\$23,000) Decrease 0.4 FTE Program Assistant for Let's Grow

**FAMILY HEALTH SERVICES**  
**SCREENING, ASSESSMENT AND INTERVENTION**

## 2016 Planning & Budget Template

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Family Health Services	<b>MANAGER NAME</b>	Debbie Shugar	<b>DATE</b>
<b>PROGRAM TEAM</b>		<b>DIRECTOR NAME</b>	Suzanne Vandervoort	January 2016

<b>SECTION B</b>				
<b>SUMMARY OF TEAM PROGRAM</b>				
<p>The Screening, Assessment and Intervention Team administers the provincial preschool speech and language program (tykeTALK), the Infant Hearing Program 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).</p>				

<b>SECTION C</b>				
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>				
<p>This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :</p> <ul style="list-style-type: none"> <li>• Foundational Standard</li> <li>• Child Health Program</li> </ul> <p>A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.</p>				

Program: Screening, Assessment and Intervention – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 PRESCHOOL SPEECH AND LANGUAGE (TYKETALK)**

tykeTALK is a prevention and early intervention program designed to maximize positive outcomes for children's communication, play, social and literacy development. The program provides early identification of and intervention for children with communication disorders 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. The program provides assessment and/or intervention to approximately 11.5% of the child population from birth to 70 month in the Thames Valley Region.

#### **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 goals of the program are to identify all babies who are deaf or hard of hearing; identify and monitor babies born with risk factors for developing hearing loss; provide evidence based amplification and communication interventions to facilitate language development; support parents and community professionals in maximizing positive child outcomes; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The IHP-SW covers the counties of Thames Valley, Huron, Perth, Grey, Bruce and Lambton. 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 goals of the program are to provide education and support for families and community professionals in healthy child development and preparation for early learning and other community environments; 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. The IHP-SW covers the counties of Thames Valley, Huron, Perth, Grey, Bruce and Lambton, The program provides services to approximately 110 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 attend Grade 1.



Program: Screening, Assessment and Intervention – FHS

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014/15 (actual)</b>	<b>2015/16 (anticipated)</b>	<b>2016 (target)</b>
<b>Component of Team #1 tykeTALK (Thames Valley)</b>			
			MCYS Targets:
% of assessments provided to children by 30 months of age	54%	55%	45%
% of all children aged 0-30 months receive parent training	80%	80%	75%
Wait for assessment	7 weeks	6 weeks	12 weeks or less
Wait for intervention from time of referral	15 weeks	16 weeks	32 weeks or less I
Number of children seen for assessment and/or intervention	3241	3250	3250
<b>Component of Team #2 Infant Hearing Program – SW Region</b>			
% of all newborn babies residing in the region who receive a hearing screening before 1 month corrected age (approximately 10,650 babies born per year in region based on 2011 census data)	92%	92%	90%
The refer rate to audiologic assessment	.7%	1%	2% or less of all babies screened
% of all babies with a refer result from UNHS will have an audiology assessment by 4 months corrected age	52%	55%	75%
% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS will begin use of amplification by 9 months corrected age	39%	40%	40%
% of babies identified with PCHL as a result of UNHS will begin communication development by 9 months corrected age	56%	60%	40%
<b>Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)</b>			
Average age of children at referral	25 months	24 months	less than 24 months
Wait time from referral to first intervention	6 weeks	4 weeks	less than 12 weeks

## 2016 Planning & Budget Template

Program: Screening, Assessment and Intervention – FHS

<b>SECTION F</b> <b>STAFFING COSTS:</b>	<b>2014/2015 TOTAL FTEs</b>	<b>2015/2016 ESTIMATED FTEs</b>
	<b>29.83</b>	<b>29.83</b>
<b>MLHU Staff:</b>		
Program Manager	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
<b>Contract Staff :</b>		
Family Support Workers	0.58	0.58
Early Childhood Vision Consultants	2.3	2.3
Speech & Language Pathologists	13.23	13.23
Administrative Support	3.41	3.41
Communication Disorder Assistant	4.2	4.2
Audiology Consultant (Infant Hearing Program)	0.5	0.5
Audiologists	2.04	2.04
Hearing Screeners	3.85	3.85

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 2,110,316	\$ 2,131,391	\$ 2,234,058	\$ 2,234,058		
Benefit	426,069	420,059	479,238	479,238		
Travel	34,480	25,973	33,088	33,088		
Program Supplies	172,482	164,637	115,304	115,304		
Staff Development	2,250	1,561	1,750	1,750		
Professional Fees	5,163	5,726	6,610	6,610		
Furniture & Equipment	1,000	2,513	1,000	1,000		
Other Program Costs	100					
<b>Total Expenditures</b>	<b>\$ 2,751,860</b>	<b>\$ 2,751,860</b>	<b>\$ 2,871,048</b>	<b>\$ 2,871,048</b>		

Program: Screening, Assessment and Intervention – FHS

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 10,000	\$ 0	\$ 10,000	\$ 10,000		
MOHLTC – 100%						
MCYS – 100%	2,654,245	2,751,860	2,812,962	2,812,962		
User Fees						
Other Offset Revenue	35,440		48,086	48,086		
<b>Total Revenues</b>	<b>\$ 2,699,685</b>	<b>\$ 2,751,860</b>	<b>\$ 2,871,048</b>	<b>\$ 2,871,048</b>		

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Implementation of the regional plans for the provincial Special Needs Strategy for Coordinated Services and Integrated Rehabilitation</li> <li>• Reduction of number of hearing screeners in hospitals in order to meet provincial QA standards for refer rates; this is not a reduction in FTE but a reduction in the number of different people actually doing the screening</li> <li>• Streamline data entry processes in order to enter data in a more timely fashion</li> <li>• Collaborate with HBHC to better integrate hearing and post partum screens in the hospital</li> <li>• Signing of the MCYS Data Sharing Agreement and implementing the plan for obtaining consent</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Reducing the number of different people screening hearing in the hospitals is challenging in smaller hospitals and rural areas where there are fewer babies born and staff who work rotating shifts</li> <li>• System changes as a result of the Special needs Strategy will require significant change management</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
<ul style="list-style-type: none"> <li>• Joint hearing and postpartum screening in London at LHSC by MLHU PHNs will provide a better patient experience, higher compliance and will streamline data entry processes (PBMA proposal for 2016)</li> <li>• MLHU signing of the MCYS Data Sharing Agreement will avoid duplication of data entry between HBHC and IHP.</li> </ul>

### **FAMILY HEALTH SERVICES**

### **BEST BEGINNINGS TEAM**

## 2016 Planning & Budget Template

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Family Health Services	<b>MANAGER NAMES</b>	Kathy Dowsett Nancy Greaves Mary Huffman (acting)	<b>DATE</b>
<b>PROGRAM TEAM</b>	Best Beginnings Team	<b>DIRECTOR NAME</b>	Suzanne Vandervoort	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>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:</p> <ul style="list-style-type: none"> <li>• <b>The Healthy Babies Healthy Children (HBHC) Program</b> focuses on high risk families during pregnancy and families with children from birth to school entry with the intent of providing children with a healthy start in life. This program is 100% funded by the Ministry of Children and Youth Services (MCYS). 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. Smoking cessation support is offered to eligible HBHC families and includes providing free Nicotine Replacement Therapy (NRT).</li> <li>• <b>The Family Health Clinic</b> provides primary health care through a Nurse Practitioner at 5 community sites each week. These clinics are for families with young children who cannot access family physician services or who do not have health coverage (OHIP). The clinics are operated out of existing community locations such as Child and Family Centres and libraries. The program is cost-shared between our municipality and the Ministry of Health and Long Term Care (MOHLTC).</li> <li>• <b>The Smart Start for Babies (SSFB) Program</b> is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant women and teens and their support persons who are at risk for poor birth outcomes. Participants include those who have difficulty accessing healthy food, are experiencing abuse, live in poverty, and are newcomers to Canada. SSFB provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, and referrals to community supports and other resources. Limited post partum support sessions are also offered. This program is 100% funded by the Public Health Agency of Canada.</li> <li>• <b>Eight Homeless/Family Shelters</b> receive public health nursing services on a regular basis including direct care, counselling, consultations, community referrals, HBHC referrals, and group support.</li> </ul>

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 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. Eligible pregnant families and families with young children are offered Nicotine Replacement Therapy (NRT) and counselling from specialized PHNs.

#### **COMPONENT(S) OF TEAM PROGRAM #2 – OUTREACH TO VULNERABLE FAMILIES**

- PHNs provide service to 8 homeless/family 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 or who do not have health care coverage (OHIP).

#### **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, and topics 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

Program: Best Beginnings Team – FHS

- and prenatal vitamins are offered at each session. Participants include pregnant women and teens, and their support persons.
- 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 postpartum sessions until their babies are six months of age.
  - 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).
  - In-home prenatal support and education is also offered through the HBHC home visiting program.

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (targets)</b>
<b>Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION</b>			
			MCYS Targets:
Percentage of prenatal screens completed	49.8%	58%	25%
Percentage of postpartum screens completed	65%	75%	100%
Percentage of Early Childhood screens completed	<1%	<1%	25%
Percentage of families receiving postpartum IDA contact by 48hr	64%	56%	100%
Percentage of families receiving an Indepth Assessment (IDA)	60.3%	85%	100%
Families confirmed with risk receiving Blended Home Visiting Services	N/A	86%	100%
Families receiving home visits with a Family Service Plan	100%	100%	100%
<b>Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES</b>			
Number of client assessments completed at homeless/family shelters	227	195	200
Number of client visits to Nurse Practitioner (NP) at Family Health Clinics	1566	1485	1500
Percentage of clients with OHIP coverage referred to a permanent Primary Care Provider by NP	N/A	75%	75%
Number of referrals made to other community agencies by NP	552	382	400

Program: Best Beginnings Team – FHS

<b>Component of Team #3 – PRENATAL SUPPORT &amp; EDUCATION (SSB)</b>			
Sessions offered per year	297 at 7 locations	297	297
Number of unique pregnant participants	240	207	250
Number of unique support persons attending sessions	156	158	160
Percent of women who initiate breastfeeding	85%	92%	92%
Percent of women who provide smoke-free environments for their babies	79%	92%	100%
Number of partner agencies offering SSFB sessions	3 (CAS, Health Zone)	2	2

<b>SECTION F: STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>35.61</b>	<b>35.61</b>
<b>HBHC Staff - Ministry of Children &amp; Youth Services 100%:</b>		
Program Manager	2.5	2.5
Public Health Nurse	13.5	13.5
Family Home Visitor	9.0	9.0
Social Worker	N/A	N/A
Program Assistant	<u>2.5</u>	<u>2.5</u>
	<b>27.5</b>	<b>27.5</b>
<b>Ministry of Health &amp; Long-Term Care &amp; Middlesex London (cost share):</b>		
Program Manager		
Public Health Nurse	0.5	0.5
Nurse Practitioner	3.25	3.25
Program Assistant	1.0	1.0
	<u>1.0</u>	<u>1.0</u>
	<b>5.75</b>	<b>5.75</b>
<b>Ministry of Health &amp; Long Term Care 100%:</b>		
SDOH Public Health Nurse	<b>1.0</b>	<b>1.0</b>
<b>SSFB Contract Staff: Public Health Agency Canada</b>		
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	<u>0.06</u>	<u>0.06</u>
	<b>1.36</b>	<b>1.36</b>



## 2016 Planning & Budget Template

Program: Best Beginnings Team – FHS

### SECTION G

#### EXPENDITURES:

Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 2,435,248	\$ 2,418,433	\$ 2,456,543	\$ 2,520,443	\$ 63,900	2.6%
Benefits	605,364	594,860	601,490	637,077	35,587	5.9%
Travel	74,376	64,660	71,765	71,765		
Program Supplies	112,382	90,651	107,009	102,009	(5,000)	(4.7%)
Staff Development	7,425	4,471	8,925	8,925		
Professional Services	30,426	43,796	28,526	28,526		
Furniture & Equipment	26,200	34,144	26,200	30,235	4,035	15.4%
Other Program Costs	15,370	13,203	13,440	13,440		
<b>Total Expenditures</b>	<b>\$ 3,306,791</b>	<b>\$ 3,264,218</b>	<b>\$ 3,313,898</b>	<b>\$ 3,412,420</b>	<b>\$ 98,522</b>	<b>3.0%</b>

### SECTION H

#### FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 578,894	\$ 532,733	\$ 587,905	\$ 686,427	\$ 98,522	16.8%
MOHLTC – 100%	90,224	90,224	90,250	90,250		
MCYS – 100%	2,483,313	2,483,478	2,483,313	2,483,313		
Public Health Agency	152,430	152,162	152,430	152,430		
User Fees						
Other Offset Revenue	1,930	5,621				
<b>Total Revenues</b>	<b>\$ 3,306,791</b>	<b>\$ 3,264,218</b>	<b>\$ 3,313,898</b>	<b>\$ 3,412,420</b>	<b>\$ 98,522</b>	<b>3.0%</b>

Program: Best Beginnings Team – FHS

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- The Best Beginnings Team will link with the Nurse Family Partnership initiative in 2016 as that program is initiated within London and Middlesex.
- HBHC will enter the second year of Continuous Quality Improvement (CQI) and additional strategies for ensuring accurate screening, standardized service implementation, and training and education of PHNs and FHV's will be developed.
- Best Beginnings in partnership with the Infant Hearing Program is proposing a new model of screening which incorporates the completion of the postpartum HBHC screen with infant screening at the London Health Sciences Centre. This is being proposed as a PBMA initiative.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- The MCYS has not increased funding for HBHC to match increasing costs of the program
- The MCYS implemented CQI in 2015 and this will continue into 2016 and beyond. Aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as laid out by the MCYS are part of the CQI plan.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- Best Beginnings has submitted a PBMA proposal for 2016 for data-enabled cell phones for home visiting Public Health Nurses and Family Home Visitors. This enhancement would allow for streamlined service to HBHC clients in the home, immediate documentation of client interactions, and will create efficiencies for staff who will be able to access Outlook calendars and email off-site.
- Improvements are underway for the Electric Breast Pump Loan program for 2016. Criteria for the loan program will be tightened so that HBHC clients who are most in need of an electric breast pump to ensure adequate milk supply are able to access this program. HBHC PHNs will utilize the expertise of HBHC Lactation Consultants to provide breastfeeding support to the mothers who will benefit most from the loan of an electric breast pump, while still supporting breastfeeding mothers overall.

# FAMILY HEALTH SERVICES

## CHILD HEALTH TEAM

<b>SECTION A</b>			
<b>SERVICE AREA</b>	Family Health Services	<b>MANAGER NAME</b>	Suzanne Vandervoort/ Sarah Maaten
<b>PROGRAM TEAM</b>	Child Health Team	<b>DIRECTOR NAME</b>	Suzanne Vandervoort
			<b>DATE</b> January, 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The Child Health Team works with elementary schools 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 to engage resulting in some schools receiving more focused PHN time.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Program</li> <li>• Chronic Disease and Injury Prevention Program</li> <li>• Infectious Diseases Program</li> <li>• Foundational Standard</li> <li>• Reproductive Health Program</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> <p>Thames Valley School Board Partnership Agreement</p>

Program: Child Health Team – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY EATING**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for healthy eating outcomes in the child and youth population in Middlesex-London. Current strategies employed to address these outcomes 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
- Implementating the NutriSTEP program in accordance with our Accountability Agreement
- Advocate for lunch meal programs and breakfast programs
- Supporting, educating and providing resources 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**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for physical activity and sedentary behaviour outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of physical activity include:

- Implementating Active and Safe Routes to School program
- Assisting schools to utilize the Outdoors Ultimate Playground resource
- Integrating sun safety and injury prevention initiatives into physical activity programs
- Supporting, educating and ensuring 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

#### **COMPONENT(S) OF TEAM PROGRAM #3 HEALTHY GROWTH AND DEVELOPMENT**

• In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for healthy growth and development outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of healthy growth and development outcomes include:

- Leading the Healthy Living Champion Award process
- Providing resources which develop general health literacy
- Promoting health literacy to JK/SK aged students through the use of "Murray and Bird" story book
- Providing support, education and appropriate follow up to staff, students and families with medical conditions i.e diabetes, allergies, asthma
- Providing education and support regarding infectious diseases and vaccine preventable diseases.

Program: Child Health Team – FHS

### **COMPONENT(S) OF TEAM PROGRAM #4 MENTAL HEALTH PROMOTION**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for mental well being outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of mental well being include:

- Partnering with school boards i.e Mentally Healthy Schools contest for mental health awareness week, mental health family nights.
- Coordinating 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. This work 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:

- Providing 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 be used across the span of Child and Youth development.
- Implementing iParent social and mass media information campaign which communicates positive parenting messages and directs parents to resources.

Program: Child Health Team – FHS

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>Component of Team #1: HEALTHY EATING</b>			
Implementation of Intermediate Phase of NutriSTEP Accountability Agreement as per the Ministry Implementation status reporting	Preliminary Phase (new MOHLTC accountability requirement)	Intermediate Phase achieved	Advanced Phase
# of Facilitators trained for Lets Get Cookin”	49 (new initiative in 2014)	42	Same number of registrants better suited to implement the program
<b>COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION</b>			
# of schools with Active and Safe Routes to school plans	8	14	increase
<b>Component of TEAM #3: GROWTH AND DEVELOPMENT</b>			
Health literacy tool for JK/SK (Murray and Bird storybook)	Murray and Bird Developed and evaluated	6000 copies distributed for 2016 School Enterer’s packages	same as 2015
# of Healthy Living Champion Award	53 Schools	57 Schools	increase
<b>COMPONENT OF TEAM # 4 MENTAL HEALTH PROMOTION</b>			
# of Healthy School Committees	56	71	increase
<b>COMPONENT OF TEAM #5: PARENTING (FHS WIDE OUTCOME INDICATOR)</b>			
# of Triple P – seminars and discussion groups	119 classes (reaching 3,500 contacts in the first half of the year.	137 Classes (as of October 1)	increase
Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting	1 Campaign – for parents to promote talking to young teens about sexualtiy	1 campaign – for parents to find strategies for talking about sexuality	N/A

## 2016 Planning & Budget Template

Program: Child Health Team – FHS

<b>SECTION F</b>		
<b>STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>16.5</b>	<b>16.5</b>
Program Manager	1.0	1.0
Public Health Nurses	13.5	13.5
Program Assistant	1.0	1.0
Dietitian	1.0	1.0

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 1,138,482	\$ 1,133,129	\$ 1,257,928	\$ 1,287,864	\$ 29,936	2.4%
Benefits	278,698	271,425	301,342	318,308	16,966	5.6%
Travel	22,000	18,359	22,000	22,200		
Program Supplies	29,435	28,031	34,900	34,900		
Staff Development	4,000	4,032	8,550	8,550		
Professional Services			1,000	1,000		
Furniture & Equipment						
Other Program Costs	4,639	13,357	16,460	16,460		
<b>Total Expenditures</b>	<b>\$ 1,477,254</b>	<b>\$ 1,468,333</b>	<b>\$ 1,642,380</b>	<b>\$ 1,689,282</b>	<b>\$ 46,902</b>	<b>2.9%</b>



Program: Child Health Team – FHS

### **SECTION H**

#### **FUNDING SOURCES:**

<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 1,476,915	\$ 1,458,564	\$ 1,629,820	\$ 1,676,722	\$ 46,902	2.9%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	339	9,769	12,560	12,560		
<b>Total Revenues</b>	<b>\$ 1,477,254</b>	<b>\$ 1,468,333</b>	<b>\$ 1,642,380</b>	<b>\$ 1,689,282</b>	<b>\$ 46,902</b>	<b>2.9%</b>

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- Continue capacity building of staff for program planning and critical appraisal of the literature. This will enhance the team's ability to make evidence-informed decisions and implement Comprehensive School Health.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Labour action at the school boards limited MLHU's ability to accomplish Comprehensive School Health, which is done predominantly in the extra curricular time at schools. With the resolution of the contracts at the school boards, normal activity resumed in November, 2015.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

## 2016 Planning & Budget Template

**FAMILY HEALTH SERVICES**

**YOUNG ADULT TEAM**

Program: Young Adult Team – FHS

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Family Health Services	<b>MANAGER NAME</b>	Anita Cramp	<b>DATE</b>
<b>PROGRAM TEAM</b>	Young Adult Team	<b>DIRECTOR NAME</b>	Suzanne Vandervoort	January, 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The overall goal of the Young Adult Team is to improve the health of youth and contribute to a positive and healthy school climate. The team primarily works in 26 secondary high schools and several community settings. Specifically, the team supports the planning and implementation of activities relating to key health topics identified by the Ministry of Education's Foundations of a Health School document (e.g., health eating, physical activity, growth and development, mental health, substance use and addiction, and personal safety and injury prevention). The team strives to address these health topics using a comprehensive approach; an approach which recognizes that the health of youth is impacted by multiple levels of influence and thus programs and service need to target the youth, home, school and social and physical environments. The team works in partnership with local school boards (4), school administrators, teachers, youth groups, neighbouring health units, community agencies and various teams from within MLHU. Schools are assessed yearly in order to determine the level of service they will receive and identify the key health topic for promotion efforts.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Standard</li> <li>• Chronic Disease and Injury Prevention Standard</li> <li>• Infectious Diseases Standard</li> <li>• Sexual Health Standard</li> <li>• Reproductive Health Standard</li> <li>• Foundational Standard</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul>

Program: Young Adult Team – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1: SITUATIONAL SUPPORTS**

The purpose of situational supports is to provide youth with one-on-one confidential health services relating to personal matters. Key issues addressed with youth include mental health and sexual health including pregnancy test and early contraception, birth control, safe sex practices and healthy relationships. Most of these situational supports are conducted in schools, enabling PHNs to address a students' health concern, link the student with any necessary community supports, and follow up with youth to further support them to make more sustainable lifestyle changes. The component of the team supports individual health and wellbeing.

#### **COMPONENT(S) OF TEAM PROGRAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS**

The Young Adult Team engaged in a review of the evidence to determine the need and effective evidence-based strategies to address 4 of 6 health topics outlined in the Ministry of Education's Foundation for Healthy School: Healthy Eating, Physical Activity, Mental Health and Growth & Development. For each topic a specific goal that aligns with the OPHS was identified. *For example, for Healthy Eating scholarly literature indicates a need to increase fruit & vegetable consumption among youth. Thus, in 2016, to address Healthy Eating the team will work with youth, parents, teachers and principals to increase fruit and vegetable consumption among youth.* Achieving the goal identified for each topic area will involve developing and implementing evidence-based activities that are comprehensive (e.g., conduct activities that target multiple levels of influence relating to a specific health behaviors). The team will work with students, parents, teachers, principals and community partners to plan and implement evidence-based activities. The short-term outcomes of implementing evidence-based activities that are comprehensive are to influence youth attitudes, knowledge, self-efficacy, and skills as well as the social and physical environments that will ultimately contribute to positive changes of the specific health behavior being targeted. Each school will be advised to pick one health topic to focus on for the school year.

#### **COMPONENT(S) OF TEAM PROGRAM #3: SUBSTANCE USE: TOBACCO CESSATION**

Smoking tobacco is a public health epidemic with over 80% of regular adult smokers starting to smoke before the age of 18 (Gabble, et al., 2015). Middle (15-17 years) and late (18-19 years) adolescence is considered a critical time for the experimentation and development of regular smoking behaviour. (US surgeon General Report, 2012). Six out of ten smokers age 15-19 are seriously considering quitting in the next 6 months However, the majority of quit attempts are unsuccessful with only 4 % of adolescent smokers, aged 12-19, successfully quitting every year (Gabble, et al., 2015; Reid et al., 2015). While cognitive-behavioural or motivational interviewing strategies have been shown to be somewhat effective at reducing smoking (Gabble et al., 2015), providing NRT combined with cognitive-behavioural maybe more effective (Molyneux, 2005). In 2016, the team will provide youth with the opportunity to engage in small group behavioural counselling combined with Nicotine Replacement Therapy (NRT) to help reduce and/or quit smoking tobacco. This program will be piloted in 2 schools. A rigorous evaluation of the program will be conducted as the program is implemented.

## 2016 Planning & Budget Template

Program: Young Adult Team – FHS

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS</b>			
# of student receiving one-on-one support from school nurse	2,063	2473 supports	2500
Most significant change: Stories of impact.	N/A	N/A	1 story from each PHN
<b>COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS</b>			
# of principal and teacher champion meetings attended	N/A	N/A	2 from TVDSB and 2 from LDCSB
% of schools that have a healthy schools committee	N/A	65% (17/26)	65%
# of teacher resources to support curriculum that target improving self-efficacy and skills for engaging in behaviours related to each specific health topic.	N/A	N/A	3-5 curriculum activities for each health topic
% of schools that delivery activites addressing one specific health topic usig a comprehensive approach	N/A	N/A	50% of schools that have a healthy school committee
% of current parenting resources that are reviewed and updated to align with the best available evidence that address the specific health topic.	N/A	N/A	50%
Increase health communication by adopting new social media strategies.	N/A	N/A	Create Instagram and/or SnapChat Account
% of staff who are able to confidently engage in evide-informed decision making (e.g., find and critique litature, determine the local context and feasibility, create logic models and program planning and evaluation)	N/A	N/A	75%
<b>COMPONENT OF TEAM #3 SUBSTANCE USE: TOBACCO CESSATION</b>			
# of youth who started vs completed the program	N/A	N/A	15 start, 9 will complete
# of youth who quit and reduced cigarette smoking by the end of the program	N/A	N/A	2 quit, 7 reduce

\*Note. While the team components largely remain the same, new indicators have been created to accurately reflect the future direction of the program activities and goals,thus many of the 2014/2015 indicators are N/A.

## 2016 Planning & Budget Template

Program: Young Adult Team – FHS

<b>SECTION F</b> <b>STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>11.5</b>	<b>11.0</b>
Program Manager	1.0	1.0
Public Health Nurses	8.0	7.5
Program Assistant	1.0	1.0
Dietitian	0.5	0.5
Health Promoter	1.0	1.0

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 863,428	\$ 836,150	\$ 853,128	\$ 824,347	\$ (28,781)	(3.4%)
Benefits	213,341	210,714	219,991	211,455	(8,536)	(3.9%)
Travel	16,500	10,551	16,500	16,500		
Program Supplies	35,160	26,624	30,895	30,895		
Staff Development	5,250	3,630	4,100	4,100		
Professional Services	4,500	4,441	4,000	4,000		
Furniture & Equipment						
Other Program Costs	5,400	4,642	4,000	4,000		
<b>Total Expenditures</b>	<b>\$ 1,143,579</b>	<b>\$ 1,096,752</b>	<b>\$ 1,132,614</b>	<b>\$ 1,095,297</b>	<b>\$ (37,317)</b>	<b>(3.3%)</b>

Program: Young Adult Team – FHS

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,143,579	\$ 1,096,202	\$ 1,132,614	\$ 1,095,297	\$ (37,317)	(3.3%)
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		550				
<b>Total Revenues</b>	<b>\$ 1,143,579</b>	<b>\$ 1,096,752</b>	<b>\$ 1,132,614</b>	<b>\$ 1,095,297</b>	<b>\$ (37,317)</b>	<b>(3.3%)</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>Evidence-informed decision make (EIDM) staff capacity building (e.g., increase staff’s abilities to search literature, articulate a clear need for the program/service using health status reports and local data, critically appraise research, use evidence in program planning and evaluation).</li> <li>Increase awareness of Foundations of a Healthy School among teachers and principals.</li> <li>Collaborate closely with school mental health champions</li> <li>Plan and implement evidence-based strategies and programs that target specific health goals tied to the Foundations of a Healthy School (e.g., Improve school connectedness, reduce sedentary behaviour, increase fruits and vegetable consumption, smoking cessation, promote healthy sexual behaviours, including the implementation of birth control pill starts by school PHNs.</li> <li>Increased engagement in social media targeted at youth.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>Teacher labour disruptions have been an issue in recent years and may continue to be.</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
<ul style="list-style-type: none"> <li>PBMA Disinvestment: Community Mobilization of Developmental Assets Position - 0.5 FTE PHN position = \$50,986</li> </ul>

## GENERAL EXPENSES & REVENUES



Program: General Expenses & Revenues

<b>SECTION A</b>				
<b>SERVICE AREA</b>	General Expenses & Revenues	<b>MANAGER NAME</b>	Senior Leadership Team	<b>DATE</b>
<b>PROGRAM TEAM</b>	General Expenses & Revenues	<b>DIRECTOR NAME</b>	Senior Leadership Team	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
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), expected agency gapping / vacancies, and general offset revenues.

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>• Ontario Public Health Organizational Standards:               <ul style="list-style-type: none"> <li>○ 2.1 Remuneration of board of health members</li> <li>○ 6.2 Risk Management</li> <li>○ 6.9 Capital Funding Plan</li> </ul> </li> <li>• Section 49, Health Protection &amp; Promotion Act – as it relates to the payment of Board of Health members</li> </ul>

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 expected 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.

## 2016 Planning & Budget Template

Program: General Expenses & Revenues

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 – #5</b>			
N/A			

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
No FTEs		

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Budget</b>	<b>2014 Actual</b>	<b>2015 Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Benefits (Retiree & Other)	\$ 312,274	\$ 312,610	\$ 362,953	\$ 317,104	\$ (45,849)	(14.1%)
Expected Vacancies	(815,163)		(815,163)	(789,938)	25,225	3.1%
Program Supplies	103,000	102,531	103,000	103,000		
Board Expenses	55,500	37,091	55,500	55,000		
Occupancy Costs	1,467,723	1,543,940	1,473,273	1,499,108	25,835	1.8%
Professional Services	183,400	198,520	242,400	183,400	(59,000)	(24.3%)
Furniture & Equipment	100,000	102,563	192,025	140,025	(52,000)	(27.1%)
Other Agency Costs	65,607	99,428	65,887	126,887	60,000	89.7%
Contributions to Reserves / Reserve Funds	450,000	426,077	250,000	250,000		
<b>Total Expenditures</b>	<b>\$ 1,921,891</b>	<b>\$ 2,822,760</b>	<b>\$ 1,930,875</b>	<b>\$ 1,885,086</b>	<b>\$ (45,789)</b>	<b>(2.4%)</b>

## 2016 Planning & Budget Template

Program: General Expenses & Revenues

### SECTION H

#### FUNDING SOURCES:

Object of Revenue	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,892,141	\$ 2,682,910	\$ 1,863,824	\$ 1,818,035	\$ (45,789)	(2.5%)
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	2,050	3,750	3,750		
Other Offset Revenue	26,000	137,800	26,000	26,000		
<b>Total Revenues</b>	<b>\$ 1,921,891</b>	<b>\$ 2,822,760</b>	<b>\$ 1,893,574</b>	<b>\$ 1,847,785</b>	<b>\$ (45,789)</b>	<b>(2.4%)</b>

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Establish the Health Unit as a Living Wage Employer. This will address business needs and enhance the ability to influence others to take on the Living Wage policies.
- Increase the utilization of data-enabled cell phones to increase efficiency and productivity of staff in their day-to-day work.
- This budget supports the work found under the “Operations” portfolio specifically related to the work by the Organizational Structure and Location Committee.

### SECTION J

#### PRESSURES AND CHALLENGES

- Funding pressure and uncertainty is expected as a result of: the Patients First initiative which will have public health funding managed by the Local Health Integration Networks (LHINs); and the desire for the Province to balance it’s budget by 2017/2018.

Program: General Expenses & Revenues

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

The following enhancements have been included in the base program budget:

- \$88,151 Organizational structure position changes
- \$35,000 Organizational structure office space reconfigurations
- \$25,225 Increase relating to the reduction in the expected agency vacancy budget to closer reflect experience
- \$25,000 Additional data-enabled cell phones
- \$35,000 Agency amount to support the implementation of the Nurse Family Partnership.
- \$31,835 Expected amount required for the Health Unit to become a Living Wage Employer

The following reductions have been included in the base program budget:

- (\$286,000) This total reduction is a result of one-time Board of Health increase in 2015 as reported in [Report No. 049b-15](#) and [Report No. 24 - 15FFC](#).



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 January 28

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## 2015 BOARD OF HEALTH REMUNERATION

### **Recommendation**

*It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to receive Report No. 03-16FFC, “2015 Board of Health Remuneration” for information.*

### **Key Points**

- Section 49 of the Health Protection and Promotion Act outlines the reimbursement of Board of Health members.
- 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.

### **Background**

[Section 49 of the Health Protection and Promotion Act](#) (HPPA) speaks to the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), & (11) below relate specifically to remuneration and expenses which 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 meeting rate for 2015 was \$144.16 from January to March, and \$147.04 from April to December 2015.

## 2015 Remuneration and Expenses

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. The remuneration report, attached as [Appendix A](#), includes stipends paid for meetings, reimbursements provided for travel and related expenses that the Health Unit provided to each Board of Health member in 2015.

In addition to the regular Board of Health meetings, in 2015 the Board of Health operated two committees the Finance & Facilities Committee which met 10 times, and the Governance Committee which met 5 times in 2015.

The following is the membership of the 2015 Committees:

### Finance & Facility Committee:

Ms. Trish Fulton (Chair)  
Mr. Jesse Helmer  
Mr. Marcel Meyer

Mr. Ian Peer  
Ms. Joanne Vanderheyden

### Governance Committee:

Mr. Mark Studenny (Chair)  
Mr. Ian Peer  
Mr. Stephen Turner

Ms. Viola Poletes Montgomery  
Mr. Kurtis Smith

Consistent with Section 49(11) of the Health Protection and Promotion Act, City Councilors Stephen Turner, and Jesse Helmer did not receive remuneration for any Board of Health or Committee meetings.

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



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

**MIDDLESEX-LONDON BOARD OF HEALTH  
2015 REMUNERATION REPORT**

<b>Board Member</b>	<b>Board/Committee Meetings</b>	<b>Board Mtg. Travel</b>	<b>Other Mtgs./ Conferences</b>	<b>Other Travel &amp; Accomm.</b>	<b>Total</b>
Ms. Trish Fulton	\$ 2,793.76	\$ 8.17	\$ -	\$ -	\$ 2,801.93
Mr. Jesse Helmer <sup>1</sup>	-	-	-	-	-
Mr. Trevor Hunter	2,499.68	57.82	-	-	2,557.50
Mr. Marcel Meyer	4,411.20	525.36	1,294.88	959.32	7,190.76
Mr. Ian Peer (Chair)	4,815.48	-	-	-	4,815.48
Ms. Viola Poletes Montgomery	2,793.76	104.67	-	-	2,898.43
Ms. Nancy Poole	1,470.40	156.81	-	37.97	1,665.18
Mr. Kurtis Smith	3,234.88	686.98	-	-	3,921.86
Mr. Mark Studenny	2,205.60	257.12	-	-	2,462.72
Mr. Stephen Turner <sup>1</sup>	-	-	-	-	-
Ms. Joanne Vanderheyden	3,976.19	453.71	142.25	-	4,572.15
<b>TOTAL</b>	<b>\$ 28,200.95</b>	<b>\$ 2,250.64</b>	<b>\$ 1,437.13</b>	<b>\$ 997.29</b>	<b>\$ 32,886.01</b>

**Notes:**

1) Remuneration for meetings for City Councillors is included in their annual salary which is paid by the City of London



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 January 28

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## **FINANCE & FACILITIES COMMITTEE – REPORTING CALENDAR**

### ***Recommendation***

*It is recommended that Report No. 04-16FFC re: “Finance & Facilities Committee – Reporting Calendar” be received for information.*

### **Key Points**

- The 2016 Finance & Facilities Committee Reporting Calendar defines the annual activities to be undertaken.
- Duties and responsibilities of the Finance & Facilities Committee are articulated in the Terms of Reference, the Health Protection and Promotion Act, the Ontario Public Health Organizational Standards and other applicable legislation.

### **Background**

The Finance & Facilities Committee serves to provide an advisory and monitoring role for the Board of Health, Medical Officer of Health and the Director of Corporate Services in the administration and risk management of matters relating to the finances and facilities of the organization. In this role, it is important that committee members are aware of the annual reporting requirements and other responsibilities that the committee is tasked with.

The Finance & Facilities Committee Reporting Calendar provides a prudent means of assessing reporting requirements, ensuring compliance with relevant statutes and providing a proactive approach to Board of Health accountabilities and performance.

### **Finance & Facilities Committee Reporting Calendar**

The Finance & Facilities Committee reporting calendar refers to the planned activities required of the Committee. The reporting calendar should be updated annually to include additional accountabilities identified by Finance & Facility Committee members and/or staff.

A draft reporting calendar is attached, as [Appendix A](#). The requirements on the reporting calendar were identified using Finance & Facility Committee Work Plans, the Terms of Reference, the Ontario Public Health Organizational Standards and the Health Protection and Promotion Act.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects and Mr. John Millson, Associate Director, Finance.



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

## Finance & Facilities Committee 2016 Reporting Calendar

Q1 (Jan 1 to Mar 31)	Q2 (Apr 1 to Jun 30)
<ul style="list-style-type: none"> <li>• 2015 Q4 Financial and Factual Certificate Update</li> <li>• Review and Approve Annual Reporting Calendar</li> <li>• Review and Recommend 2016 Board of Health Budget</li> <li>• Public Sector Salary Disclosure</li> <li>• Physical Assets and Facilities Update</li> <li>• Review 2015 BOH remuneration</li> <li>• 2015 Visa and Accounts Payable Payments</li> </ul>	<ul style="list-style-type: none"> <li>• Q1 Financial and Factual Certificate Update</li> <li>• Review and Recommend - Audited 2015 Financial Statements for MLHU</li> <li>• Recommend Budget Parameters &amp; Planning Assumptions for 2017</li> <li>• Review and Recommend 2016 Board of Health Remuneration</li> <li>• Review Funding &amp; Service Level Agreements</li> <li>• Physical Assets and Facilities Update</li> <li>• Living Wage Initiative Update</li> </ul>
Q3 (Jul 1 to Sep 30 )	Q4 – (Oct 1 to Dec 31)
<ul style="list-style-type: none"> <li>• Q2 Financial and Factual Certificate Update</li> <li>• Review and Recommend – Audited Financial Statements for April 1 to March 31 Programs</li> <li>• Review and Recommend Program Budgeting Marginal Analysis (PBMA) Process, Criteria and Weighting</li> <li>• Physical Assets and Facilities Update</li> <li>• Review Funding &amp; Service Level Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Q3 Financial and Factual Certificate Update</li> <li>• Review and Recommend PBMA Proposed Resource Reallocation</li> <li>• Review Insurance Policies</li> <li>• Initiate Terms of Reference Review (biannually)</li> <li>• Physical Assets and Facilities Update</li> <li>• Review Funding &amp; Service Level Agreements</li> </ul>

The items on the reporting calendar are organized around the requirements to uphold public accountability over the use of resources, to manage the budget process efficiently, to communicate and report on the status of the budget, monitoring of facilities, risk management and administration and to align the budget to the strategic priorities of the Board of Health.

### **Accountability**

#### **Audited Financial Statements Review**

The preparation of the financial statements is the responsibility of the Health Unit's management and is prepared in compliance with legislation and in accordance with Canadian public sector accounting standards. The Finance & Facilities Committee meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements. This is typically done in June each year.

In addition, each September it is a requirement of the Board of Health to provide audited financial reports to various funding agencies for programs that are funded from April 1st – March 31st each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose and for their annual settlement process.

### **Board of Health Remuneration**

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. This is to be reviewed by the Finance & Facilities Committee who makes recommendations to the Board of Health each year.

### **Public Sector Salary Disclosure**

The Public Sector Salary Disclosure Act, 1996 makes Ontario's public sector more open and accountable to taxpayers. The act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid \$100,000 or more in a calendar year.

The main requirement for organizations covered by the act is to make their disclosure or if applicable to make their statement of no employee salaries to disclose available to the public by March 31st each year. Organizations covered by the act are also required to send their disclosure or statement to their funding ministry or ministries by the fifth business day of March.

### **Funding & Service Level Agreements**

The Middlesex-London Health Unit receives grant funding, both one-time and ongoing from a variety of different sources. It is incumbent upon the Finance & Facilities Committee to annually, or as deemed necessary, review all service level and funding agreements.

## **Budget Process**

### **Board of Health Budget Cycle**

The Board of Health budget cycle consists of a defined set of tools and key deliverable dates that the management of the Middlesex-London Health Unit are accountable to meet. The budget cycle intends to align planning processes with resource allocation and facilitate meeting the needs of the programs and services.

### **Budget Parameters & Planning Assumptions**

Developing high level planning parameters is an integral part of any budget process. They help guide and inform planning and resource allocation decisions. Ideally the parameters should be linked to the organization's strategic direction, key budget planning assumptions and take into consideration municipal and provincial outlooks.

Strategic and financial targets can also be considered during the Budget Parameters & Planning Assumptions deliberations at the Finance & Facilities Committee.

While the Municipal funders can set targets for the Board, the final decision regarding budget requirements rests with the Board of Health. It is therefore essential that the Board of Health determine its approach to the development of the budget and provide the Municipalities of intended changes to the budget.

### **Reserve and Reserve Funds**

The Board of Health maintains the following Reserve and Reserve Funds: Funding Stabilization Reserve, Dental Treatment Reserve Fund, Sick Leave Reserve Fund, Environmental Reserve – Septic Tank Inspections, Technology & Infrastructure Reserve Fund, and Employment Cost Reserve Fund.

Planned contributions and drawdowns to the reserves or reserve funds will be included in the annual operating budget approved by the Board of Health. Any unplanned drawdowns will be approved by resolution of the Board of Health. Each year a report is provided to the obligated municipalities outlining the transactions of the reserve and reserve funds.

### **Program Budgeting Marginal Analysis**

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.

### **Board of Health Budget**

The Board of Health Budget is presented to the Finance & Facilities Committee through the use of Program Budget Templates which integrates: (A) A summary of the team program, (B) Applicable health standards, legislation or regulations, (C) Components of the team program, (D) Performance/service level measures, (E) Staffing costs, (F) Expenditures, (G) Funding Sources, (H) Key highlights planned, (I) Pressures and challenges, and (J) Recommended enhancements, reductions and efficiencies.

### **Communications**

#### **Quarterly Financial Updates**

Health Unit staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the Middlesex-London Health Unit budget.

#### **Visa & Accounts Payable Updates**

In accordance with Section 5.17 of the Procurement Policy, the Associate Director of Finance is to report annually the suppliers who have invoiced a cumulative total value of \$100,000 or more in a calendar year.

The Finance & Facilities Committee also requested to report annually a summary of purchases made with corporate purchase cards.

## **Facilities, Risk Management & Administration**

### **Factual Certificate**

Health Unit Management completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the Committee has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

### **Physical Asset and Facilities Monitoring**

The Finance & Facilities Committee is responsible for monitoring the Middlesex-London Health Unit's physical assets and facilities. This entails a review of space needs, property leases and acquisitions.

### **Policy Development & Review**

Bylaws and policies represent the general principles that set the direction, limitations and accountability frameworks for the Middlesex-London Health Unit. The Finance & Facilities Committee is responsible for reviewing the governance and administration policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.

These requirements are outlined by the Ontario Public Health Organizational Standards and should be reviewed by the Finance & Facilities Committee at least biannually.

The Senior Leadership Team may also make recommendations for additional finance bylaws, policies or revisions should the need arise.

### **Insurance Coverage Review**

The Finance & Facilities Committee is responsible for an annual review of the types and amounts of insurance carried by the Health Unit. Staff are responsible for preparing a review of the insurance needs of the Health Unit and providing recommendation to the Finance & Facilities Committee in regards to the level and types of insurance the Middlesex-London Health Unit should purchase.

## **Other**

### **Benefits Provider Review**

Group insurance for the Middlesex-London Health Unit is reviewed at the completion of a service agreement. Staff are responsible for preparing a review of the needs of the Health Unit following appropriate market analysis and providing recommendation to the Finance & Facilities Committee.

### **Review Terms of Reference**

The Finance & Facilities Committee Terms of Reference sets out the parameters of how authority is delegated to the committee and how the committee is accountable to the Board of Health.

It is incumbent upon the Finance & Facilities Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office,

duties, frequency of meetings, agenda and minutes, bylaws and review) are still relevant to the needs of the committee.

**Living Wage Certification Update**

The Middlesex-London Health Unit is in the process of becoming a Living Wage Employer. Experience elsewhere indicates that the business impacts would include reduced employee turnover, increased job satisfaction and loyalty, and increased performance. This would also establish the Health Unit as a leader in this area, and enhance the Health Unit's ability to influence others to take on Living Wage policies.



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 January 28

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## **FINANCE & FACILITIES COMMITTEE TERMS OF REFERENCE – REVIEW**

### ***Recommendation***

*It is recommended that report No. 05-16FFC be received for information.*

### **Key Points**

- The Terms of Reference for the Finance & Facilities is to be reviewed biannually. This review is being conducted by the Governance Committee.
- Feedback from the Mr. Graham Scott's board development session suggests potential revisions are necessary to the current Terms of Reference.
- Additional organizational changes at the Middlesex-London Health Unit need to be reflected in the Finance & Facility Committee Terms of Reference.

### **Background**

At the November 5, 2015 meeting, the Finance & Facilities Committee (FFC) directed Health Unit staff to review the committee's Terms of Reference ([Appendix A](#)) and report back on potential revisions as a result. In the following months, other factors have also contributed to the need to review the Terms of Reference – these being Mr. Graham Scott's session regarding "Board of Health Critical Elements for Effective Governance" and the approved changes to the Middlesex-London Health Unit's organizational structure.

### **Critical Elements for Effective Governance Session**

Mr. Scott provided an overview to the Board of Health regarding changing expectations of governance and accountability as well as aspects that are unique to public health boards. Relevant to the Finance & Facility Committee Terms of Reference were the items relating to:

- Importance of appropriate skill and expertise mix on the board and committees;
- Attendance minimums;
- Position descriptions for the committee chair;
- Election of officers and committee members based on expressions of interest by board members;
- Rotation of committee chairs every two years for great continuity of leadership; and
- Review of committee nomination, membership and terms of reference by the governance committee.

## **Changes to the Middlesex-London Health Unit Organizational Structure**

Recommended changes to the Middlesex-London Health Unit organizational structure were approved by the Board of Health at the December 10, 2015 meeting. It is necessary to update the FFC Terms of Reference to reflect the changes to staff that support the committee. These changes include:

- Amend Director of Finance & Operations to Director Corporate Services and Associate Director of Finance.
- Amend Executive Assistant to the Board of Health to Executive Assistant to the Board of Health and Communications.

## **Updates Discussed at Previous FFC Meetings**

The Terms of Reference for the Finance & Facilities was additionally discussed at the November 5, 2015 FFC meeting. It was agreed that the number of FFC meetings should be reduced, if possible and that all current FFC are willing to continue on the committee.

## **Next Steps**

Keeping in mind the feedback provided by Mr. Scott at the board development session and the FFC meeting in November, as well as changes to the Middlesex-London Health Unit organizational structure, the Governance Committee will consider integrating this content into a revised Terms of Reference.

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



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



## FINANCE & FACILITIES COMMITTEE

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### **PURPOSE**

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH/CEO), and the Director of Finance & Operations in the administration and risk management of matters related to the finances and facilities of the organization.

### **REPORTING RELATIONSHIP**

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Finance & Facilities Committee, with the assistance of the Director, Finance and Operations and the MOH/CEO, will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

### **MEMBERSHIP**

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member

Staff support: - Director, Finance and Operations  
- Executive Assistant to the Board of Health

Other Board of Health members are able to attend the Finance & Facilities Committee but are not able to vote.

### **CHAIR**

The Committee will elect a Chair at the first meeting of the year to serve at least one year, and optimally two years.

### **TERM OF OFFICE**

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

## **DUTIES**

The Committee will seek the assistance of and consult with the MOH/CEO and the Director of Finance & Operations for the purposes of making recommendations to the Board of Health on the following matters:

1. Reviewing detailed financial statements and analyses.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.
7. Reviewing annually all service level agreements.
8. Reviewing all funding agreements.

## **FREQUENCY OF MEETINGS**

The Committee will meet monthly between Board of Health meetings, if a meeting is deemed to be not required it shall be cancelled at the call of the Chair of the Committee.

## **AGENDA & MINUTES**

1. The Chair of the committee, with input from the Director of Finance & Operations and the Medical Officer of Health & Chief Executive Officer (MOH/CEO), will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

## **BYLAWS:**

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable.

This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

## **REVIEW**

The terms of reference will be reviewed every 2 (two) years.

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Implementation Date: June 20<sup>th</sup>, 2013

Revision Dates:



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 January 28

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## **PUBLIC SECTOR SALARY DISCLOSURE ACT - 2015 RECORD OF EMPLOYEE'S SALARIES AND BENEFITS**

### ***Recommendation***

*It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to receive Report No. 06-16FFC "Public Sector Salary Disclosure Act – 2015 Record of Employee's Salaries and Benefits" for information.*

### **Key Points**

- The Public Sector Salary Disclosure Act, 1996, requires the Health Unit to disclose salaries and taxable benefits of employees who were paid \$100,000 or more in 2015.
- Attached as [Appendix A](#) is the information that is required to be submitted to the Minister of Finance on or before the 5<sup>th</sup> business day in March 2015.

### **Background**

The Public Sector Salary Disclosure Act, 1996 (the Act) makes Ontario's public sector more open and accountable to taxpayers. The act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid \$100,000 or more in a calendar year.

The Act applies to organizations such as the Government of Ontario, Crown Agencies, Municipalities, Hospitals, Boards of Public Health, School Boards, Universities, Colleges, Hydro One, Ontario Power Generation, and other public sector employers who receive a significant level of funding from the provincial government.

### **Compliance**

The main requirement for organizations covered by the act is to make their disclosure or if applicable to make their statement of no employee salaries to disclose available to the public by March 31<sup>st</sup> each year. Organizations covered by the act are also required to send their disclosure or statement to their funding ministry or ministries by the fifth business day of March.

Attached as [Appendix A](#), is the record of employee's 2015 salaries and benefits for the Middlesex-London Health Unit which will be forwarded to the Minister of Finance prior to March 7<sup>th</sup>, 2015.

It is important to note that the Health Unit pays its salaried employees their annual salary on a bi-weekly basis. This typically is over 26 pay periods, however, every 11 years there is an additional pay period as was the case in 2015. The Health Unit uses accrual based accounting practices and therefore this additional pay period does not negatively impact the operating budget.

This report was prepared by Mr. John Millson, Associate Director, Finance.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

**RECORD OF EMPLOYEES' 2015 SALARIES AND BENEFITS**

Cal Year	Sector	Employer	Surname	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	ADAMS	WALLY	Director, Environmental Health & Chronic Disease & Injury Prevention Services	\$131,348.30	\$806.02
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	ALBANESE	MARY LOU	Program Manager, Environmental Health & Chronic Disease & Injury Prevention Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	BREWER	RUBY	Program Manager, Family Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	DHINSA	SHAYA	Program Manager, Oral Health, Communicable Disease & Sexual Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	DHIR	SUMAN	Denitst, Oral Health, Communicable Disease & Sexual Health Services	\$149,849.76	\$34.98
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	DI CESARE	LAURA	Director, Human Resources & Corporate Strategy	\$131,348.30	\$806.02
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	DOWSETT	KATHERINE	Program Manager, Family Health Services	\$104,064.79	\$648.84
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	FLAHERTY	BRENDAN	Program Manager, Communications	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	GERMAN	JULIE	Nurse Practitioner, Family Health Services	\$105,475.34	\$360.72
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	GREAVES	NANCY	Program Manager, Family Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	HOVHANNISYAN	GAYANE	Associate Medical Officer of Health	\$174,739.91	\$1,012.96
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	LOKKO	HEATHER	Associate Director, Oral Health, Communicable Disease & Sexual Health Services	\$114,597.53	\$708.50

**RECORD OF EMPLOYEES' 2015 SALARIES AND BENEFITS**

Cal Year	Sector	Employer	Surname	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	MACKIE	CHRISTOPHER	Medical Officer of Health & Chief Executive Officer	\$293,467.37	\$1,603.30
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	MILLSON	JOHN	Director, Finance & Operations	\$131,346.32	\$806.02
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	OKORONKWO	CHIMERE	Program Manager, Oral Health, Communicable Disease & Sexual Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	PAVLETIC	DAVID	Program Manager, Environmental Health & Chronic Disease & Injury Prevention Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	PRICE	MARLENE	Program Manager, Oral Health, Communicable Disease & Sexual Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	SEKERCIOGLU	FATIH	Program Manager, Environmental Health & Chronic Disease & Injury Prevention Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	SHUGAR	DEBBIE	Program Manager, Family Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	SQUIRE-SMITH	TRISTAN	Program Manager, Oral Health, Communicable Disease & Sexual Health Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	STOBO	LINDA	Program Manager, Environmental Health & Chronic Disease & Injury Prevention Services	\$106,317.40	\$661.86
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	VAN HARTEN	MARIA	Dental Consultant, Oral Health, Communicable Disease & Sexual Health Services	\$170,852.38	\$1,032.12
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit	VANDERVOORT	SUZANNE	Director (Acting), Family Health Services	\$113,562.10	\$661.86

## RECORD OF EMPLOYEES' 2015 SALARIES AND BENEFITS

Cal Year	Sector	Employer	Surname	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
This record has been approved by: / Ce registre a été approuvé par :							
		John Millson, BA, CPA, CGA			Director, Finance & Operations		
<b>Name / Nom</b>					<b>Position Title / Poste</b>		
		519-663-5317 Ext. 2336			28-Jan-16		
<b>Phone Number / Téléphone</b>					<b>Date / Date</b>		
<i>Prepared under the Public Sector Salary Disclosure Act, 1996 / Préparé en vertu de la Loi de 1996 sur la divulgation des traitements dans le secteur public.</i>							