AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

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

Thursday, 7:00 p.m.
2016 February 18

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

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

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

Public Session – January 21, 2016 Board of Health meeting
January 14, 2016 - Finance and Facilities Committee
January 28, 2016 - Finance and Facilities Committee

BUSINESS ARISING FROM THE MINUTES

DELEGATIONS

7:05- 7:25 p.m.	Ms. Trish Fulton, Chair, Finance and Facilities Committee re Item #1 - Finance and Facilities Committee Meeting January 28, 2016.
7:25 – 7:40 p.m.	Mr. John Millson, Associate Director, Finance re Item #2 – 2016 Proposed Budget (Report No.008-16)

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance and Facilities Committee Meeting January 28, 2016 (Report 007-16)	Appendix A Appendix B Appendix C	x	x		To receive information and consider recommendations from the January 28th FFC meeting
2	2016 Proposed Budget (Report 008-16)	Appendix A Appendix B	x	x		To consider the full 2016 Proposed Budget and request Board approval based on FFC recommendations
Delegations and Recommendation Reports						
	City Strategic Investements Congruent with Promoting and Protecting the Health of our Community (Report 009-16)	Appendix A		x		To request that the Board of Health endorse a letter to the City of London supporting strategic investments in the 2016-2019 multi-year budget
	Southwest Tobacco Control Area Network Single Source Vendor (Report 010-16)			x	x	To request that the Board of Health waive the competitive procurement process and award a contract to the Rescue Social Change Group for 2016
	Vector-Borne Disease Program Request for Proposal (Report 011-16)	Appendix A		x	x	To recommend the 2016 Service Provider Contracts for the Vector-Borne Disease Program
Information Reports						
	MLHU Social Media: Activities and Audiences (Report 012-16)	Appendix A Appendix B			x	To provide information on MLHU social media activities and audiences
	Summary Information Report for February 2016 (Report 013-16)				x	To provide a summary of information from Health Unit programs
	Medical Officer of Health Activity Report – February (Report 014-16)				x	To provide an update on the activities of the MOH for February 2016

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, March 3 2016 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, March 10, 2016 @ 7:00 p.m.

CORRESPONDENCE

ADJOURNMENT

PUBLIC SESSION – MINUTES

MIDDLESEX-LONDON BOARD OF HEALTH

2015 January 21

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

OTHERS PRESENT:
Dr. Christopher Mackie, Medical Officer of Health & CEO
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services
Ms. Mary Lou Albanese, Manager, Child Health Team
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Rhonda Brittan, Public Health Nurse, Healthy Communities & Injury Prevention
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Dan Flaherty, Manager, Communications
Dr. Gayane Hovhannisyan, Associate Medical Officer of Health
Ms. Heather Lokko, Director, Healthy Start
Mr. John Millson, Associate Director, Finance
Ms. Patricia Simone, Manager, Emergency Management
Mr. Alex Tyml, Online Communications Coordinator
Ms. Suzanne Vandervoort, Director, Healthy Living

MEDIA OUTLETS: None

Dr. Christopher Mackie, Medical Officer of Health & CEO, called the meeting to order at 7:10 p.m. and welcomed all in attendance to the 2016 inaugural meeting of the Middlesex-London Board of Health.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Dr. Mackie inquired if there were any disclosures of conflict of interest to be declared. None were declared at this time.

APPROVAL OF AGENDA

Dr. Mackie requested the following changes to the agenda items: that the minutes from previous meetings be reviewed and approved following the election of the 2016 Chair and Vice-Chair and that an update on Syrian Newcomers be provided by Dr. Gayane Hovhannisyan, following the scheduled information items on today's agenda.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the **AGENDA** as amended for the January 21, 2016 Board of Health meeting be approved.*

Carried

MEETING PROCEDURES

1) Election of 2016 Board of Health Executive and other Procedures (Report 001-16)

Dr. Mackie opened the floor for nominations for the position of Chair of the Board of Health for 2016.

It was moved by Mr. Turner, seconded by Mr. Meyer *that Mr. Jesse Helmer be nominated for Chair of the Board of Health for the year 2016.*

Carried

Mr. Helmer accepted and agreed to let his name stand.

Dr. Mackie invited further nominations three times. Hearing none, it was moved by Mr. Meyer, seconded by Mr. Studenny,

1) *That nominations for the position of Chair be closed, and*

2) *That Mr. Jesse Helmer be named by unanimous vote as Chair of the Middlesex-London Board of Health for 2016.*

Carried

Chair Helmer then took over the Chair. Chair Helmer opened the floor for nominations for the position of Vice-Chair of the Middlesex-London Board of Health for 2016.

It was moved by Viola Poletes-Montgomery, seconded by Mr. Turner *that Mr. Smith be nominated for the position of Vice-Chair for 2016.*

Mr. Smith respectfully declined.

It was moved by Viola Poletes-Montgomery, seconded by Ms. Poole *that Mr. Hunter be nominated for the position of Vice-Chair for 2016.*

Mr. Hunter respectfully declined.

It was moved by Ms. Fulton, seconded by Mr. Meyer *that Ms. Vanderheyden be nominated for the position of Vice-Chair for 2016.*

Ms. Vanderheyden agreed to let her name stand.

Chair Helmer invited further nominations three times. Hearing none, it was moved by Ms. Fulton, seconded by Mr. Meyer,

3) *That nominations be closed, and*

4) *That Ms. Vanderheyden be named by unanimous vote as Vice-Chair of the Middlesex-London Board of Health for 2016.*

Carried

Chair Helmer invited nominations for members of the Finance and Facilities Standing Committee for 2016. Chair Helmer reviewed the Terms of Reference that state that the Chair of the Board of Health (Mr. Helmer) and Vice – Chair (Ms. Vanderheyden) are to sit on the Finance and Facilities Committee.

The following Board members brought their names forward to stand for the Finance and Facilities Committee: Mr. Marcel Meyer, Mr. Ian Peer, Ms. Trish Fulton.

Chair Helmer invited further nominations three times. Hearing none, it was moved by Mr. Hunter, seconded by Ms. Fulton *that nominations be closed.*

Carried

Therefore, the Finance and Facilities Committee for 2016 will consist of the following Board of Health members:

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

Chair Helmer invited nominations for members of the Governance Standing Committee for 2016. Chair Helmer reviewed the Terms of Reference that state the Chair of the Board of Health (Mr. Helmer) is to sit on the Governance Committee. The following Board members brought their names forward to stand for the Governance Committee: Mr. Kurtis Smith, Mr. Trevor Hunter, Mr. Mark Studenny, Mr. Stephen Turner.

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

Carried

All nominees agreed to let their names stand. Therefore, the Governance Committee for 2016 will consist of the following Board of Health members:

- Mr. Jesse Helmer
- Mr. Kurtis Smith
- Mr. Trevor Hunter
- Mr. Mark Studenny
- Mr. Stephen Turner

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the MINUTES for the December 10, 2016 Board of Health meeting be approved.*

Carried

Mr. Meyer clarified when Mr. Studenny left the meeting.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the CONFIDENTIAL MINUTES for the December 10, 2016 Board of Health meeting be approved.*

Carried

BUSINESS ARISING FROM THE MINUTES - none

COMMITTEE REPORTS

2) Finance and Facilities Committee (FFC) Report, January 14th Meeting (Report No. 002-16)

Committee Chair Ms. Trish Fulton updated the Board of Health on January 14, 2016 Finance and Facilities Committee (FFC) agenda. Ms. Fulton outlined the 2016 Program Budget Templates that were presented for 5 different service areas, in the accompanying packages Appendices A through E.

Board members asked to have the budgets presented all at once, once FFC has the chance to review the final Program Budget Templates at its January 28, 2016 meeting.

It was moved by Ms. Fulton, seconded by Mr. Meyer *that the Board of Health receive for information the FFC January 14, 2016 Report update for information.*

Carried

2016 Budget Process (Report 01-16FFC)

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 to Report No. 01-16FFC.*Carried

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 to Report No. 01-16FFC.*Carried

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 to Report No. 01-16FFC.* Carried

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 to Report No. 01-16FFC.* Carried

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the* F*acilities Committee review the 2016 Planning and Budgeting Templates for Oral Health, Communicable Disease and Sexual Health Services attached as Appendix E to Report No. 01-16FFC.* Carried

It was moved by Ms. Fulton, seconded by Mr. Meyer *that the Board of Health endorse the Finance and Facilities Committee's recommendation to defer approval of these components of the 2016 budget until all budget proposals are available at the February 18, 2016 Board of Health meeting.*

Carried

Ms. Poletes Montgomery commended staff and the Senior Leadership Team for the work and effort that goes into the quality of the Program Budget Templates for the Health Unit's budgeting process. Dr. Mackie thanked the Board of Health for the gracious comments and advised that they would be passed along to staff who had been involved.

3) Governance Committee – Verbal Report

Committee Chair Mark Studenny provided a verbal update to the Board, following the Governance Committee which commenced prior to the Board meeting, at 6:00 p.m.

The following items were summarized from the Governance Committee Meeting:

- Governance Committee reporting calendar.
- The Medical Officer of Health and CEO Performance Appraisal. Ms. Di Cesare advised that the Governance Committee initiated and established a sub-committee for the review process. The report will come to the Board of Health for review and approval in April.
- Critical Elements of Board Governance. Ms. Di Cesare summarized this information report which will be used as a guidance document and included in work going forward.
- Governance Committee Terms of Reference. Ms. Di Cesare advised that the Committee directed staff to make changes to the Terms of Reference, based on recommendations from Mr. Graham Scott.
- Board of Health Nomination and Appointment Process.
- Self-Assessment and Evaluation. Ms. Di Cesare advised that the tool will be revised and initiated. The tool will go out to Board members at the February 18, 2016 Board of Health meeting. Results will be presented to Governance Committee in April.

Dr. Mackie added that the Committee recommended changes to the Board of Health self-assessment tool, which will need to be approved by the Board once finalized. Dr. Mackie outlined some of the changes that will be made, which include adding items to prioritize Board of Health work and adding a Likert Scale for each question.

It was moved by Mr. Studenny, seconded by Mr. Hunter, *to initiate the Board of Health Assessment tool, with changes outlined by Dr. Mackie above.*

Carried

The next meeting of the Governance Committee will be at 6:00 pm on Thursday, April 18, 2016.

Chair Helmer made a note that the nomination of the Secretary-Treasurer was not included in the election proceedings. Chair Helmer requested a motion to nominate Dr. Christopher Mackie, Medical Officer of Health and CEO as Secretary Treasurer to the Board of Health for 2016.

It was moved by Ms. Poole, seconded by Ms. Fulton *that Dr. Christopher Mackie be named Secretary-Treasurer of the Board of Health for the year 2016.*

Carried

4) Cannabis: A Public Health Approach (Report No. 003-16)

Ms. Mary Lou Albanese, Manager, Child Health Team and Ms. Rhonda Brittan, Public Health Nurse, Healthy Communities and Injury Prevention introduced Appendix A to Report 003-16, Cannabis: A Public Health Approach. Following the presentation, Ms. Albanese opened the floor for questions.

Discussion ensued about the following items: healthcare savings costs as a result of legalization, costs associated with establishing the capacities of a legalized system, control of production within a legal framework, health risks associated with use and how the recommendations for this report compare to other Health Units Provincially and where they might lead, if approved by the Board.

Ms. Rhonda Brittan advised that strict regulation and control in the context of legalization would provide better control over messages to youth regarding use and health harms..

Dr. Mackie advised that this recommendation aligns well with other public health institutions and is within the broad framework that the Federal Government has set out. The Health Unit's advocacy will focus on preventing the harms associated with Cannabis use and by bringing this report and its recommendations to the Association of Local Public Health Agencies (alPHa) the MLHU hopes to be well prepared to mitigate any health harms associated with Cannabis use as the Federal Government moves towards legalization. Putting this policy forward would allow public health to be a part of the conversation in regulating and controlling Cannabis use in the context of legalization.

It was moved by Mr. Turner, seconded by Mr. Hunter *that the Board of Health*:

1. *authorize staff to advocate for an evidence-based public health approach to Cannabis in the context of legalization, including strict regulation for the non-medical use of cannabis, as well as its production, distribution, product promotion and sale; and*
2. *establish baseline data and mechanisms to monitor local use of cannabis in the coming years; and*
3. *forward this report and appendices to the Association of Local Public Health Agencies, the Ontario Public Health Association, Ontario Boards of Health, the Ontario Minister of Health and Long-Term Care, the federal Minister of Health, and other elected officials as appropriate.*

Carried

5) Patients First – Proposed Changes to Public Health & Ontario's Health System (Report 004-16)

Dr. Mackie clarified that this was an information report and summarized the role that the Local Health Integration Network (LHIN) would play in public health funding. Dr. Mackie advised that the Board's authorities would not change.

Discussion ensued about the following:

- Changes to the public health funding model
- The boundaries and jurisdictions served by the Local Health Integration Network and how that might affect the funding and direction of the Middlesex-London Board of Health.

It was moved by Mr. Meyer, seconded by Ms. Fulton *that the Board of Health receive Report No. 004-16: "Patients First – Proposed Changes to Public Health & Ontario's Health System" for information.*

Carried

6) Columbia Sportswear Donations (Report 005-16)

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

Dr. Mackie summarized the work that has been done by Ms. Simone and the Community Emergency Response Volunteers (CERV) team to process these items for newcomers and at-risk clients.

It was moved by Mr. Turner, seconded by Ms. Vanderheyden *that Report No. 005-16 re Columbia Sportswear Donations be received for information.*

Carried

7) Medical Officer of Health Activity Report – January (Report 006-16)

It was moved by Mr. Peer, seconded by Ms. Poletes Montgomery *that Report No. 006-16 re Medical Officer of Health Activity Report – January be received for information.*

Carried

OTHER BUSINESS

Dr. Gayane Hovhannisyan provided an update to the Board of Health on the status of Syrian Newcomers arriving in London, advising that community agencies supporting Newcomers are currently overwhelmed. In order to respond to concerns expressed by community agencies, the Health Unit activated its Incident Management System (IMS) earlier this week to assist in proving immunizations to the Newcomers housed at three interim lodging sites.

Discussion ensued about the Syrian Newcomer resettlement process. Dr. Mackie added that the Health Unit will continue to work closely with community agencies to ensure Newcomers' health needs are being addressed in a timely manner.

CORRESPONDENCE

It was moved by Mr. Peer, seconded by Mr. Smith *that the Board of Health receive correspondence items a) through e).*

Carried.

Upcoming meetings

Finance and Facilities Committee – Thursday, January 28, 2016, 9:00 a.m.
Board of Health – Thursday, February 18, 2016 7:00 p.m.

Dr. Mackie requested that the Board of Health review and approve the meeting schedule for 2016.

Mr. Meyer noted the proposed change to March Board of Health meeting and moved to approve the schedule for 2016, with that change.

It was moved by Mr. Meyer, seconded by Ms. Poole, *that the Board of Health approve the 2016 proposed meeting dates.*

Carried

ADJOURNMENT

At 8:57 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

JESSE HELMER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

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

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, 2016 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.

Dr. Mackie clarified that 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, and identified that a decision on the February FFC meeting would be requested at the end of this meeting.

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 discussion ensued about e-books, staff development programming, administrative policies, and related issues.

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

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).

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 (OMOH) 2016 Planning and Budget Template that contained in Appendix D to Report No. 01-16FFC and answered questions.

Discussion ensued about adapting to the City of London's multi-year budget process, how much of MLHU's social media engagement is local, other program costs, and the 211 information service. Dr. Mackie committed to bringing forward a report on social media engagement and to ensuring that other program costs within the OMOH are reviewed and transparently reflected in other areas within the MLHU budget where appropriate.

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 programs funded by provincial grants that are meant to cover 100% of program costs, and the costs associated with distributing harm reduction equipment.

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 11th, 2016 meeting would not be held due to quorum. Remaining components and Program Budget Templates will be reviewed at the January 28th, 2016 meeting. Any remaining items 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

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2016 January 28 9:00 a.m.

COMMITTEE MEMBERS PRESENT:
Ms. Trish Fulton (Committee Chair)
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden
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. Wally Adams, Director, Environmental Health & Infectious Diseases
Ms. Mary Lou Albanese, Manager, Child Health Team
Ms. Tammy Beaudry, Accounting and Budget Analyst
Ms. Laura Di Cesare, Director, Corporate Services
Ms. Kathy Dowsett, Manager, Best Beginnings East
Ms. Anita Cramp, Manager, Young Adult Team
Ms. Tracey Gordon, Manager, Reproductive Health
Ms. Nancy Greaves, Manager, Best Beginnings Central
Dr. Gayane Hovhannisyan, Associated Medical Officer of Health
Ms. Donna Kosmack, Manager, South West Tobacco Control Area Network
Ms. Heather Lokko, Director, Healthy Start
Ms. Sarah Maaten, Manager, Foundational Standard
Mr. John Millson, Associate Director, Finance
Mr. David Pavletic, Manager, Food Safety & Healthy Environments
Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies & Vector-Borne Disease
Ms. Deb Shugar, Manager, Screening, Assessment & Intervention
Ms. Linda Stobo, Manager, Chronic Disease & Tobacco Control
Ms. Suzanne Vandervoort, Director, Healthy Living

At 9:00 a.m., Dr. Christopher Mackie welcomed everyone in attendance and reviewed the 2016 Terms of Reference for the FFC which indicate that the Chair must be nominated before the meeting proceeds.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Dr. Mackie inquired if there were any disclosures of conflict of interest to be declared. None were declared.

2. APPROVAL OF AGENDA

Dr. Mackie made the following amendments to the agenda:

- Family Health Services Program Budget Template to be presented first.
- Addition of agenda item 4.5 2015 Record of Employee's Salaries and Benefits (Report No. 06-16FFC)
- Election of the Chair for the Finance and Facilities Committee for 2016

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the **AGENDA** of the January 28, 2016 Finance and Facilities Committee meeting be approved with amendments.*

Carried

Dr. Mackie opened the floor for election of the Chair for the Finance and Facilities Committee for 2016.

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that Ms. Trish Fulton be nominated for Chair of the Finance and Facilities committee for 2016.*

Ms. Fulton agreed to let her name stand. No other nominations were forthcoming.

By unanimous vote, Ms. Fulton was *elected as Chair of the Finance and Facilities Committee for 2016*.

Ms. Fulton took over as chair at 9:01 a.m. and commended the Directors and the Managers for the time and effort put into the Program Budget Templates.

3. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the **MINUTES** from the January 14, 2016 Finance and Facilities Committee meeting be approved.*

Carried

4. NEW BUSINESS

4.1 2016 Budget Process – Part II (Report No. 02-16FFC)

Service Area #1 Family Health Services

Ms. Suzanne Vandervoort, Acting Director, Family Health Services reviewed the Family Health Services 2016 Planning and Budget Templates that are attached as Appendix B to Report No. 02-16FFC .

Discussion ensued about the e-learning pilot, enhancing collaboration with London Health Science Centre, the placement of two Public Health Nurses in the hospital for follow up with new parents, and the total the timeline for referral in the Screening, Assessment and Intervention program (about 4 months).

After discussion, it was moved by Mr. Meyer, seconded by Mr. Helmer *that the Finance & Facilities Committee review the 2016 Planning and Budget Templates for Family Health Services attached as Appendix B.*

Carried

Service Area #2 – Environmental Health & Chronic Disease Prevention Services

Mr. Wally Adams, Director, Environmental Health & Chronic Disease Prevention Services reviewed the Environmental Health and Chronic Disease Prevention Services 2016 Planning and Budget Template that is attached as Appendix A to Report No. 02-16FFC and answered questions.

Discussion ensued about the Nutritious Food Basket Survey, the availability of Food Handlers Certification training and testing services in Strathroy, MLHU mental health promotion work and a program review of road safety which will be done to address risk factors and identify how MLHU staff can best continue this work.

The Committee took a brief break at 11:12 a.m. with the meeting resuming again at 11:17 a.m. to review the remaining Environmental Health and Chronic Disease Prevention budget templates.

After discussion, it was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for Environmental Health & Chronic Disease Prevention Services attached as Appendix A.*

Carried

A lunch break was taken at 11:46 a.m., with the meeting resuming again at 12:11 p.m.

Service Area #3 – General Expenses and Revenues

Mr. John Millson, Associate Director, Finance, reviewed the General Expenses and Revenues 2016 Planning and Budget Template that is contained in Appendix C to Report No. 02-16FFC and answered questions.

Mr. Millson clarified this Program Budget Template and the amount of cost shared revenue for 2015.

After discussion, it was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for General Expenses and Revenues attached as Appendix C.*

Carried

It was moved by Mr. Peer, seconded by Mr. Helmer *that the Finance and Facilities Committee approve the components of the 2016 budget with amendments, and bring the recommendations to the February 18, 2016 Board of Health meeting.*

Carried

4.2 2015 Board of Health Remuneration (Report No. 03-16FFC)

Dr. Mackie provided context to this report, advising that this is a benchmark used to compensate Board of Health members. Dr. Mackie reminded the Committee that according to the Health Protection and Promotion Act that governs local public health in Ontario, MLHU cannot compensate salaried city councillors unless they are Chair of the Board of Health. He also noted that the compensation rate for County of Middlesex councillors is proposed to increase by 1.5%.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance & Facilities Committee review and recommend that the Board of Health to receive Report No. 03-16FFC, "2015 Board of Health Remuneration" for information.*

Carried

4.3 Finance and Facilities Committee Reporting Calendar (Report No. 04-16FFC)

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Board of Health receive the Finance and Facilities Committee – Reporting Calendar for information*.

Carried

4.4 Review of Terms of Reference (Report No. 05-16FFC)

Discussion ensued around the appointment of Chair for a two-year term. Ms. Di Cesare clarified this item and advised that wording will be adjusted. Dr. Mackie added that this does not contradict the Finance and Facilities Terms of Reference.

Mr. Peer identified the value of continuity of the chair role during the budget process. Mr. Helmer agreed and inquired if budgets could be completed earlier, within the calendar year. Dr. Mackie described the provincial budget approval processes, and how they impacted the ability to and value of completing the MLHU budget process earlier.

It was moved by Mr. Peer seconded by Mr. Helmer *that the Board of Health receive the Finance and Facilities Committee Terms of Reference review for information.*

Carried

4.5 2015 Record of Employee's Salaries and Benefits (Report No. 06-16FFC)

Dr. Mackie provided a summary and context to this report, noting that there was an increase in the number of staff on this list due in part to 2015 being a 27-pay year.

It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance & Facilities Committee make a 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.*

Carried

5. CONFIDENTIAL - No confidential items.

6. OTHER BUSINESS

6.1 Next Meeting:

Dr. Mackie advised that a March meeting has not occurred in the past and discussion ensued around this item.

Ms. Fulton summarized the discussion and noted that if the Committee does not hear back from staff, a March meeting will not be held and the next meeting will be April 7, 2016.

7. ADJOURNMENT

Ms. Fulton thanked staff for the superb quality and effort put into the Program Budget Templates for 2016.

It was moved by Ms. Vanderheyden, seconded by Mr. Helmer *that the Finance and Facilities Committee meeting be adjourned.*

At 12:47 p.m. Ms. Fulton *adjourned the meeting.*

Carried

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TRISH FULTON
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 007-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 February 18

FINANCE AND FACILITIES COMMITTEE: JANUARY 28, 2016 MEETING

The Finance and Facilities Committee (FFC) met at 9:00 a.m. on January 28 (Agenda). The Committee approved minutes from January 14, 2016 available on the Health Unit website. The following items were discussed at the meeting and recommendations made:

Reports	Summary	Recommendations for Board of Health's Consideration
2016 Budget Process – Part II Report 02-16FFC	The Committee and other Board members in attendance discussed the 2016 Planning and Budget Templates for the following services areas:	
	Environmental Health and Chronic Disease Prevention Services (Appendix A to Report No. 02-16FFC)	It was moved it was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for Environmental Health and Chronic Disease Prevention Services attached as Appendix A to Report No. 02-16FFC.*
	Family Health Services (Appendix B to Report No. 02-16FFC)	It was moved by Mr. Meyer, seconded by Mr. Helmer *that the Finance & Facilities Committee review the 2016 Planning and Budget Templates for Family Health Services attached as Appendix B to Report No. 02-16FFC.*
	General Expenses and Revenues (Appendix C to Report No. 02-16FFC)	It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance and Facilities Committee review the 2016 Planning and Budget Templates for General Expenses and Revenues attached as Appendix C to Report No. 02-16FFC.*

		It was moved by Mr. Peer, seconded by Mr. Helmer *that the Finance and Facilities Committee approve the components of the 2016 budget with amendments and bring the recommendations to the February 18, 2016 Board of Health meeting.*
2015 Board of Health Remuneration Report No. 03-16FFC	• 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. • 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.	It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance & Facilities Committee review and recommend that the Board of Health receive Report No. 03-16FFC, "2015 Board of Health Remuneration" for information.*
Finance and Facilities Committee Reporting Calendar Report No. 04-16FFC	• 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.	It was moved by Mr. Meyer, seconded by Mr. Peer *that the Board of Health receive the Finance and Facilities Committee – Reporting Calendar for information.*
Review of Terms of Reference Report No. 05-16FFC	• 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.	It was moved by Mr. Peer seconded by Mr. Helmer *that the Board of Health receive the Finance and Facilities Committee Terms of Reference review for information.*
2015 Record of Employee's Salaries and Benefits Report No. 06-16FFC	• 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	It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 06-16FFC "Public Sector*

	of Finance on or before the 5th business day in March 2015.	*Salary Disclosure Act – 2015 Record of Employee's Salaries and Benefits" for information*.

Staff will review if a March meeting is required and report back to the Finance and Facilities Committee. If a March meeting is not required, the next FFC meeting will be April 7, 2016.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 008-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 February 18

2016 PROPOSED BUDGET

Recommendation

It is recommended that the Board of Health:

1) ***Approve the 2016 Operating Budget in the gross amount of $34,865,737 as appended to Report No. 008-16 re: 2016 Proposed Budget; and further***

2) ***Forward Report No. 008-16 to the City of London and the County of Middlesex for information; and***

3) ***Direct staff to submit the 2016 Operating Budget in the Ministry of Health and Long-Term Care's Program Based Grant format, or whatever format the provincial funder requires.***

Key Points

- The proposed 2016 budget and Planning & Budgeting Templates were developed with an estimated 2% increase in Mandatory Program funding from the MOHLTC, and a 0% change from the City of London and the County of Middlesex. The budget also includes other known or potential funding sources from the Public Health Agency of Canada (PHAC), Ministry of Health and Long-Term Care (MOHLTC – 100%), Ministry of Children & Youth Services (MCYS – 100%), and other revenues.
- The overall 2016 Proposed Budget as presented in Appendix B is decreasing by $546,710 or 1.5% year over year due to the upload of dental claims administration to the MOHLTC.

Background

The 2016 Proposed Budget has been developed is using an integrated approach where program planning and budgeting activities are aligned to mitigate against risk of unplanned expenditures and to support optimal allocation of resources to key initiatives. This approach uses a combination of "Program Budgeting and Marginal Analysis" [PBMA] and Planning & Budgeting Templates to bring together both planning and program information.

Program Budget Marginal Analysis

This is a process that transparently applies pre-defined criteria (See Report No. 19-15FFC for 2016 criteria) to prioritize where proposed decreases or increases could be made, to facilitate "reallocation of resources based on maximizing the value of services across the four principles of the Ontario Public Health Standards [OPHS] (Need, Impact, Capacity, and Partnerships/Collaboration)." Attached as Appendix A, are the recommended PBMA proposals for dis-investment, re-investment and one-time investments. The proposals were reviewed by the Finance & Facilities Committee at its December 3, 2015 meeting (Report No. 31-15FFC) and have been incorporated into the proposed 2016 planning & budgeting templates for Board of Health approval.

Planning & Budgeting Templates

The Planning & Budgeting Templates provide both planning & budgeting information and are meant to increase transparency and provide additional program information for the Board to make informed resource allocation decisions. Over two Finance & Facilities Committee meetings the members reviewed the Planning & Budget Templates for Human Resources & Corporate Strategy; Information Technology; Oral Health, Communicable Disease and Sexual Health Services; Office of the Medical Officer of Health; Finance & Operations; Family Health Services; Environmental Health & Chronic Disease Prevention Services and General Expenses and Revenues.

2016 Proposed Board of Health Budget

At its meeting on October 1, 2015, the Finance a Facilities Committee reviewed Report No. 023-15FFC re 2016 Board of Health Budget – Financial Parameters. The report noted that the City of London is implementing a multi-year budget for the 2016-2019 term and the Board of Health Unit has been requested to consider a 0% or no change in funding over this period.

The Committee recommended that staff prepare a draft 2016 budget with a 0% municipal increase and a 2% increase in provincial funding for Mandatory Programs. A 2% provincial increase would provide $325,612 in additional resources, however, it is expected that the MOHLTC will reduce the grant by $252,064 for the uploading of the management of Children In Need of Treatment claims. The budget also includes other known or potential funding sources from the Public Health Agency of Canada (PHAC), MOHLTC – 100%, MCYS – 100%, and other revenues.

Attached as Appendix B, is the 2016 Proposed Budget Summary that provides gross expenditures for the various programs and also provides a summary of revenue sources given the planned changes in the sources of funding.

As can be seen the Health Unit expenditures are planned to decrease overall by $546,710 or 1.5% primarily due to the uploading the dental claims administration of the Health Smiles Ontario and Children In Need of Treatment programs.

Conclusion

The 2016 proposed budget is $34,865,737 which represents a reduction of $546,710 or 1.5% from the revised 2015 budget. The details of the program budgets are incorporated in the planning & budgeting templates attached as Appendix B. A request for 0% or no change in funding was provided to the County of Middlesex and a request was submitted to the City of London with an estimated impact of 0% for the 2016-2019 period, assuming continued implementation of the provincial funding formula.

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

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

2016 Proposed PBMA Investments

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0005	MLHU Wellbeing	$ 55,000.00	0.00	223
Cross-MLHU	1-0006	Data Analyst Enhancement	$ 30,548.00	0.40	228
Cross-MLHU	1-0008	Data-enabled Cell Phones for MLHU Staff	$ 25,000.00	0.00	232
Cross-MLHU	1-0048	Living Wage Employer Certification (see business case on page 4)	$ 31,835.00	0.00	222
EHCDP	1-0003	In Motion Physical Activity Community Challenge	$ 10,000.00	0.00	211
EHCDP	1-0022	Nicotine Replacement Therapy Supply and Distribution for Priority Populations	$ 54,000.00	0.00	225
EHCDP	1-0050	Smoke-Free Ontario Inflationary Pressures Enhancement	$ 5,400.00	0.00	211
FHS	1-0010	Program Planning and Evaluation Support	$ 89,822.00	1.00	271
FHS	1-0019	Healthy Babies Healthy Children and Infant Hearing Screen at London Health Sciences Centre	$ 39,693.00	1.30	277
FHS	1-0051	Healthy Babies Healthy Children Inflationary Pressures Enhancement	$ 37,500.00	0.00	258
OHCDSH	1-0007	Program Assistant Support for Sexual Health Team	$ 6,249.00	0.10	171
OHCDSH	1-0025	Program Assistant Support for Oral Health Team	$ 31,242.00	0.50	206
OHCDSH	1-0040	Funding Support for Counterpoint Needle Program at Regional HIV/AIDS Connection	$ 75,000.00	0.00	194
OMOH	1-0047	Associate Medical Officer of Health Enhancement	$ 36,000.00	0.20	255
		Total	$ 527,289.00	3.50	3184

Investment Descriptions

1-0005 – MLHU Wellbeing
This proposal expands the work that was started in 2015 with committed funding towards MLHU Employee Wellbeing on a permanent basis. In order to accomplish the HU mission of promoting and protecting the health of our community we need to be promoting and protecting the health of our employees who are responsible for helping the organization to achieve this mission. In addition to aligning with our organizational values, this proposal also aligns with our Strategic Plan, in particular, the Employee Engagement and Learning Quadrant with the objective of strengthening positive organizational culture.

1-0006 – Data Analyst Enhancement
Health status and surveillance data as well as findings from applied public health research are key sources of evidence to inform planning and evaluation. This proposal would add Data Analyst support to increase the internal organizational capability to create and process data. The expansion of this role will also help the intended outcome of supporting analysis for organization-wide strategic projects and engaging in public health applied research.

1-0008 – Data Enabled Cell Phones for MLHU Staff
Health Unit staff have the need and the capacity to utilize data-enabled cell phones to increase efficiency and productivity in their day-to-day work. The MLHU contract for cell phones is up for renewal in June 2016, allowing for the negotiation of data-enabled cell phones for staff. Initial support may be requested from the MLHU Information Technology (IT) department for set up and training on the use of new devices. Criteria will be developed to determine which staff will be prioritized for data-enabled devices.

1-0048 - Living Wage Employer Certification
This proposal would allow the organization to become designated as a Living Wage Employer, increasing the health equity impact of Health Unit programs, establishing the Health Unit as a leader in this area, and enhancing the Health Unit's ability to influence others to take on Living Wage policies.

1-0003 – In Motion Physical Activity Community Challenge
This proposal requests ongoing funding to support and promote the In Motion Physical Activity Challenge. We partner with Middlesex County and the City of London in discussions with media, confirmation and purchasing of media sites, purchasing of promotional materials, updating of the in Motion website, updating and printing of all print materials, discussion with stakeholders and Champions and recruitment of new partners to further expand the reach of the Challenge to build community capacity.

1-0022 – Nicotine Replacement Therapy Supply and Distribution for Priority Populations
This proposal intends to 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. We project that for 2016 we require an additional ongoing $54,000 investment to support the agency-wide purchase and distribution of NRT to cover the shortfall due to the lack of Ministry grant funding. Other costs of cessation service delivery, and pharmacy administration across the Health Unit has been integrated into program budget operating expenses.

1-0050 – Smoke-Free Ontario Inflationary Pressures Enhancement
Inflationary pressures and increased costs due to negotiated wages and benefits require a budget enhancement of $5,400 to meet program budgetary needs and to maintain current service levels.

1-0010 – Program Planning and Evaluation Support
The proposed change is the addition of 1.0 FTE permanent program evaluator to the Family Health Service Epidemiology / Program Evaluation team. The impact will be additional support for program planning and evaluation by providing support to logic model development for programs, conducting needs assessments, evaluations and enhancing evidence-informed decision making. These resources also contribute to building capacity and a culture of program planning and evaluation in FHS.

1-0019 – Healthy Babies Healthy Children and Infant Hearing Screen at London Health Sciences Centre
This proposal is requesting an investment to fund Public Health Nurses (PHNs) to complete both the Healthy Babies Healthy Children (HBHC) and the Infant Hearing Screening together with postpartum families at the London Health Sciences Centre (LHSC) on weekdays, weekends and Statutory Holidays.

1-0051 – Healthy Babies Healthy Children Inflationary Pressures Enhancement
Inflationary pressures and increased costs due to negotiated wages and benefits require a budget enhancement of $37,500 to meet program budgetary needs and to maintain current service levels.

1-0007 – Program Assistant Support for Sexual Health Team
This proposes that a Program Assistant would be available to support Sexual Health Programming at MLHU for an additional 0.1 FTE, to bring the PA support for the team to a total of 0.5 FTE. This proposed enhancement would benefit MLHU's Sexual Health Programming in a number of ways, and will result in greater effectiveness and efficiencies for the Sexual Health Promotion Team and the Sexual Health Team manager.

1-0025 – Program Assistant Support for the Oral Health Team
The Oral Health Team is requesting an investment of 0.5 FTE Program Assistant support. It is expected that this proposal will enable the team to continue to effectively and efficiently provide programs and services to our community. This position will support the Oral Health team to follow up on clients of the school-based dental screening program by completing clients' records, corresponding with parents/guardians, and preparing documentation for Children's Aid Society (CAS) referrals. The PA will support the dental clinic team to schedule appointments, oversee inventory and equipment maintenance, and maintain records (logs).

1-0040 – Funding Support for the Counterpoint Needle Exchange Program at Regional HIV/AIDS Connection
This proposal would allow the Health Unit to maintain service provision at current levels. Services specific to Counterpoint Needle Exchange Program would continue to be provided by RHAC, but would be funded by MLHU rather than by RHAC's other funding sources on an in-kind basis. Resources in this proposal would also result in an increase in service, specifically the provision of weekend needle exchange outreach services.

1-0047 –Associate Medical Officer of Health Enhancement
The Associate Medical Officer of Health (AMOH) position includes leadership roles in implementing evidence-based practices and ensuring delivery of quality programs. Currently, there is a high demand for these roles, including needs that sometimes go unmet due to limited AMOH time (0.8 FTE). This demand will be increasing with the implementation of the new strategic plan. There is also a need to have full-time backup for the MOH. This proposal would increase the AMOH role from 0.8 FTE to 1.0 FTE.

The Business Case for Paying a Living Wage

"Living wage" refers to an hourly wage that allows employees and their families to meet their basic needs. Living Wage policies have been in place since the mid 1990s and are now working in some 140 municipalities and counties in the United States, including Boston, Detroit, Chicago, Los Angeles and New York City, as well as in many cities in the UK. In 2010, the City of New Westminster, B.C., became the first Canadian municipality to enact a comprehensive Living Wage policy, while many private employers are signing up to become Living Wage Employers throughout Canada.

There is now a large body of research which documents the positive economic and social effects of paying a Living Wage. There are many obvious benefits to workers who receive a living wage, especially when it boosts working poor people and their families out of poverty. But what does living wage mean for employers?

1. **Decreased employee turnover; cost savings for staff hiring and training**
   - A study of employers in Los Angeles found lower rates of labour turnover, absenteeism and overtime rates and higher rates of training amongst 75 living wage contractors when compared to 210 similar non-living wage firms. Staff turnover rates at firms covered by living wage polices averaged 17% lower than at firms that were not (Fairris and Reich 2005).

   - A leading study of the San Francisco airport by researchers at the University of California found that after the airport boosted wages, turnover among contracted security screeners plummeted from 95% to 19% as their hourly wage rose from $6.45 to $10.00 an hour. The airport saved thousands of dollars per worker in new employee recruitment and training costs (Reich, Hall and Jacobs 2005).

   - In 2004, Barclays Bank in London specified that its cleaning contractees in Canary Wharf provide a better pay and benefits package that included pension contributions, sick pay, bonuses, an increased holiday entitlement and training to an industry recognized standard. Barclays deemed the increased costs to be completely commercially viable by attracting higher quality employees and improving cleaning standards. Indeed, the new policy resulted in a dramatic drop in absenteeism and turnover, from 30% to 4%, along with rising performance and customer satisfaction levels. In 2007, Barclays expanded the living wage rate for cleaners to all its City offices (cited in SERTUC, n.d.: 6).

   - KPMG London halved its turnover rate after it introduced a living wage policy for all its in-house and contract staff. Other benefits were seen as well: "No one abused the new sick pay scheme and absenteeism is very low. We get the benefit of reduced training costs and increased staff continuity. It is a much more motivated workforce¨ Head of Corporate Services, Guy Stallard (cited in SERTUC, n.d.: 6).

   - A Harvard Business Review article found that wholesale retailer Costco's higher wage rate than other retailers resulted in less turnover. Turnover is unusually low, at 17% overall, compared to 44% a year at Wal-Mart which is close to the industry average. The study also found greater productivity and lower levels of employee theft at Costco (Cascio 2006).

2. Improved job quality, productivity and service delivery; lower absenteeism

- More than 80% of employers involved in the London Living Wage Program (LLW) believed that the LLW had enhanced the quality of the work of their staff. Employees (almost 75%) also reported increases in work quality as a result of receiving the LLW. (London Economics, 2009)

- In the aforementioned San Francisco Airport Study, after the airport implemented a Living Wage Policy, quality improved dramatically, as did morale: 35% of employers reported improvements in work performance, 47% reported better employee morale, 44% reported fewer disciplinary issues, and 45% reported that customer service had improved (Reich, Hall and Jacobs 2005).

- An investigation of the decision by Queen Mary University of London to bring its cleaning service in-house and become a living wage employer found that it stimulated improvements in job quality, productivity and service delivery, with very little increase in costs (Wills, Kakpo and Begum 2009).

- The state of Maryland found that encouraging living wages boosted competition for state contracts by expanding the pool of "good" firms that could compete on a level playing field (cited in Los Angeles Times editorial, July 6, 2010).

3. Benefits the broader economy by stimulating consumer spending

- A 2009 Goldman Sachs report confirms that increasing the income of people with lower wages has a proportionately larger stimulating effect on the economy than increasing the income of those on high incomes. Low earners tend to spend more of their increased income than those on much higher incomes, because those on low-incomes have more essential spending needs to be met by any income increases. Higher income populations deliver only 3-5 cents increased spending per additional dollar of wealth (Goldman Sachs 2009).

- A 2008 study by economists at the Federal Reserve Bank of Chicago, which examined 23 years of household spending data, found that an increase in the minimum wage leads households with a minimum wage worker to significantly increase their spending over the next year: for every dollar increase in the minimum wage, families with minimum-wage workers tend to increase spending by more than $800 per quarter (Aaronson et al. 2008).

- Vancity emphasized the positive role that living wages play in the local economy when they agreed to become a Living Wage Employer in 2011- *"We want to be part of a community that invests in the long-term prosperity of individuals and the economy. Paying a living wage to our employees and service providers will help make families stronger and communities healthier."* Tamara Vrooman, President and Chief Executive Officer, Vancity

4. Greater corporate social responsibility and firm reputation

- Private firms are becoming increasingly aware that commitment to corporate responsibility is essential to their public image. Private companies and public institutions are conscious of their "brand¨ image, but lofty mission statements mean little if the public becomes aware that they hide the exploitation of low paid staff.

- 70% of employers involved in the London Living Wage Program (LLW) felt that being publicly recognized as paying a Living Wage had increased consumer awareness of their organization's commitment to be an ethical Employer

- A statement from KPMG London on why they became a Living Wage Employer states: "Research suggests that most people want to work for a company whose values are consistent with their own and that a majority of young people believe in the power of responsible business practice to improve profitability. Thus corporate responsibility is increasingly a key factor in attracting and retaining a talented and diverse workforce. Our last annual People Survey showed that almost all of our people believe KPMG is socially responsible and makes a positive contribution to the communities in which we operate."

- Being a service contractor who pays a living wage helps gain recognition from large firms and public bodies who have developed ethical purchasing policies as part of their contracting process.

- Eclipse Awards, a Living Wage Employer based in Strathcona, Vancouver has been nominated as a Top 10 Finalist for Best Employer in BC in 2011 partly because of their pioneering commitment to being a Living Wage Employer.

- Being able to advertise that you pay a living wage satisfies the growing consumer demand for ethical consumption (Turcotte 2010)

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2016 Proposed PBMA One-time Investments

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0032	Nurse Family Partnership	$ 35,000.00	0.00	286
Cross-MLHU	1-0001	Mental Health and Wellbeing Promotion Strategy	$ 36,953.00	0.50	285
Cross-MLHU	1-0012	Leadership and Management Development Program	$ 40,000.00	0.00	201
EHCDP	1-0021	Increasing Food Systems Capacity	$ 45,000.00	0.50	224
OHCDSH	1-0024	Public Health Nurse for Tuberculosis	$ 50,000.00	0.50	265
		Total	$ 206,953.00	1.50	1261

One-time Investment Descriptions

1-0032 – Nurse Family Partnership
This PBMA investment would provide the funds necessary to allow nurses and nurse supervisors to receive the NFP training and cover associated travel costs and start up licensing fees. $350,000 from the Local Poverty Reduction Fund has also been received to help cover the costs associated with developing a Canadian training model and researching the training and determining the impact of NFP in Ontario.

1-0001 – Mental Health and Wellbeing Promotion Strategy
This proposal requests a temporary 0.5 FTE Program Evaluator for 2016 to conduct a literature review on evidence-based strategies to promote connectedness throughout the lifespan. This will enable the Health Unit to develop a comprehensive mental health well-being strategy with specific outcomes and indicators.

1-0012 – Leadership and Management Development Program
The Leadership & Management Development Program seeks to develop the skills and expertise of the Health Unit management team and provide ongoing workforce development. This initiative is aimed at directly addressing one of the top five least favourable categories as identified by employees in the 2014 engagement survey around managing performance and continues to be ongoing area of concern.

1-0021 – Increasing Food Systems Capacity
This proposal would continue a previous PBMA investment that increased the capacity of the Health Unit by 0.5 FTE Registered Dietitian/Public Health Dietitian so that MLHU is better positioned to take an ecological approach - addressing the environmental, economic, social and nutritional factors - to impact food-related issues in our communities, including food insecurity, consumption of nutrient-poor foods, rates of overweight/obesity and related chronic diseases.

1-0024 – Public Health Nurse for Tuberculosis

Despite the Infectious Disease Control Team's workload redistribution process, further Public Health Nurse (PHN) time dedicated to tuberculosis (TB) clinics is needed. Unfortunately, the current complement within the team does not allow for further nursing time to be committed to TB without this enhancement

2016 Proposed PBMA Disinvestments

Dept.	No.	Proposal	Value	FTE	Score
EHCDP	1-0027	Adjusting Vector Borne Disease Budget to Reflect Current Status	-$ 40,801.00	0.00	0
EHCDP	1-0029	Proper Allocation for Program Assistant for E-Cigarette Act	-$ 24,824.00	0.00	0
FHS	1-0034	Health Connection and Early Years Team Program Assistant Reduction	-$ 30,000.00	-0.50	-41
FHS	1-0035	Decrease Operations Budget from Family Health Services Administration	-$ 10,000.00	0.00	-21
FHS	1-0036	Decrease Casual Public Health Nurse Budget	-$ 15,000.00	-0.15	-86
FHS	1-0037	Reproductive Health Team Program Assistant Reduction	-$ 30,659.00	-0.50	0
FHS	1-0038	Breast Pump Loan Program	-$ 5,000.00	0.00	0
FHS	1-0039	Let's Grow Reduction	-$ 23,000.00	-0.40	-76
FHS	1-0041	Community Mobilization of Developmental Assets	-$ 50,986.00	-0.50	-75
HRLR	1-0043	Reduction of Casual Reception Administration Budget	-$ 10,000.00	0.00	-16
OHCDSH	1-0042	Eliminate Involvement in Dental Claims Administration	-$ 24,900.00	-0.15	-34
OHCDSH	1-0028	Reduce Casual Public Health Nursing in the Sexual Health Clinic	-$ 16,427.00	-0.20	-87
OMOH	1-0046	Modify Executive Assistant to the Board of Health and Program Assistant to Communications	-$ 10,000.00	-0.20	0
		Total	-$ 291,597.00	-2.60	-436

Disinvestment Descriptions

1-0027 - Adjusting Vector Borne Disease Budget to Reflect Current Status
The Vector Borne Disease (VBD) program delivery has evolved and changed significantly over the last several years with no corresponding re-evaluation of the allocation of budget funds. Some aspects of the VBD program are currently being funded from other cost-shared budget lines and the budgets should be adjusted to more accurately reflect our actual program delivery and spending practices.

1-0029 – Proper Allocation for Program Assistant for E-Cigarette Act
Tobacco program requirements continue to increase in particular with the introduction of the new e-cigarette Act and the monitoring and enforcement requirements. Additional Program Assistant (PA) time will be required to manage the workload. The current number of PA staff is sufficient to manage the workload along with the addition of further tobacco monitoring, enforcement, paperwork and programming allowing 0.5 FTE cost shared salary dollars for a PA in EHCDP Service Area to be replaced by 0.5 FTE Smoke-Free Ontario 100% dollars.

1-0034 – Health Connection and Early Years Team Program Assistant Reduction
This proposal reduces Program Assistant support for Health Connection and the Early Years Team by 0.50 FTE. This would be done by redirecting calls that do not require public health nursing to free up 0.25 FTE from Health Connection and reducing general support capacity on the Early Years Team by 0.25FTE.

1-0035 – Decrease Operations Budget from Family Health Services Administration
The administrative (or central budget for FHS) will decrease the purchase of material and supplies and program resources but will have no impact on service delivery. Each team has their own budget line.

1-0036 – Decrease Casual Public Health Nursing Budget
This proposal decreases the casual budget by $15,000 for prenatal teachers. 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.

1-0037 – Reproductive Health Team Program Assistant Reduction
The Reproductive Health Team is proposing to reduce the program assistant FTE allocation from 2.5 to 2.0 FTE due to a shift in graphic design work being completed by external graphic professionals, rather than by internal program assistants, communication campaigns are relying more heavily on electronic venues and presentations offered by PHN's on the team are now developed by the PHN's themselves.

1-0038 – Breast Pump Loan Program
Based on the evidence demonstrated in the literature review, and a chart audit which demonstrated that loaning electric breast pumps was only effective in maintaining breast feeding for 14% of mothers who used Healthy Babies Healthy Children, we intend to tighten the criteria for the breast pump loan program and decrease costs by $5,000. This will enable PHNs 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.

1-0039 – Let’s Grow Reduction
This proposal eliminates 0.4 FTE of a Program Assistant which will no longer allow for registrants of the Let's Grow program to receive e-alerts. The program information will be sustained and there will be a need to find other strategies that will direct parents to the MLHU Let's Grow website newsletters to access the issues appropriate to their child's stage of development. Administrative duties over and beyond entry of registration into the database and sending emails will need to be integrated into the Early Years Team.

1-0041 – Community Mobilization of Developmental Assets
This proposal reduces 0.5 FTE of a Public Health Nurse (PHN) assigned to the Community Mobilization component of the Search Institute's Developmental Asset Framework. Due to incompatibility between the trademarked Developmental Asset framework and MLHU's mandate, the program will not be implemented by MLHU in Middlesex-London. Evidence-informed strategies to achieve the intended outcomes will continue in its place.

1-0043 – Reduction of Casual Reception Administration Budget

This budget line was initially introduced in order to fund casual staffing including but not limited to the backfilling of reception staff in the Strathroy office. Although there still exists a need to backfill reception in London on occasion (vacation, sick, in-service meetings, etc.) this budget amount can be reduced due to the elimination of the Strathroy reception.

1-0042 – Eliminate Involvement in Dental Claims Administration

There are a number of ministry changes that will impact the Oral Health team – specifically the move to 3rd party dental claims administration. With the move to HSO 2.0, health units will no longer be responsible for dental claims submission and this proposal would allow for a 0.2FTE reduction in Dental Consultation support.

1-0028 – Reduce Casual Public Health Nursing in the Sexual Health Clinic

A program review of Sexual Health Clinic Services was completed in 2015 with recommendations identified. One of the recommendations is to change the scope of the clinic to align more completely with our public health mandate. It is anticipated that this change will reduce the number of clients accessing service in our family planning clinics and as a result, there is less need for casual PHN support in the clinic.

1-0021 – Modify the Executive Assistant to the Board of Health and Program Assistant for Communications Roles

Administrative support work for the Communications program handles sensitive and confidential information, and has in the past provided ad hoc coverage to the Executive Assistant (EA) to the Medical Officer of Health (MOH). This position needs to be able to work at a high level and partner with the EA to the MOH in a more formal and deliberate way. This proposal would create a new administrative position that supports both the Board of Health and the Communications program, and eliminate the Executive Assistant to the Board of Health and Program Assistant to Communications positions. Combining these two positions would address these issues. Additional support time would be reallocated to part-time Program Assistant staff.

MIDDLESEX-LONDON HEALTH UNIT
2016 PROPOSED BUDGET SUMMARY

Appendix B

REF #		2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Budget	$ increase/ ($ decrease) over 2015	% increase/ (% decrease) over 2015
	Oral Health, Communicable Disease & Sexual Health Services						
A-1	Office of the Associate Medical Officer of Health	$ 505,948	$ 542,293	$ 674,903	$ 752,839	$ 77,936	11.5%
A-7	Vaccine Preventable Diseases	1,732,962	1,849,717	2,154,838	2,061,353	(93,485)	-4.3%
A-13	Infectious Disease Control	1,399,852	1,413,290	1,492,937	1,596,639	103,702	6.9%
A-20	The Clinic & Sexual Health Promotion	2,351,566	2,277,982	2,549,331	2,671,827	122,496	4.8%
A-27	Oral Health	2,327,919	2,316,572	2,501,623	1,525,955	(975,668)	-39.0%
	Total Oral Health, Comm. Disease & Sexual Health Services	***$ 8,318,247***	***$ 8,399,854***	***$ 9,373,632***	***$ 8,608,613***	***$ (765,019)***	**-8.2%**
	Environmental Health & Chronic Disease Prevention Services						
B-1	Office of the Director	$ 549,449	$ 521,368	$ 572,561	$ 582,859	$ 10,298	1.8%
B-8	Chronic Disease Prevention and Tobacco Control	1,270,585	1,296,966	1,286,866	1,420,570	133,704	10.4%
B-16	Food Safety	1,377,777	1,303,411	1,336,103	1,345,304	9,201	1.3%
B-22	Healthy Communities and Injury Prevention	1,216,373	1,259,735	1,197,141	1,212,695	15,554	1.3%
B-30	Health Hazard Prevention and Management/Vector Borne Disease	1,238,138	1,207,489	1,276,268	1,215,447	(60,821)	-4.8%
B-38	Safe Water and Rabies Team	790,920	783,733	813,552	819,898	6,346	0.8%
B-44	Southwest Tobacco Control Area Network	436,500	436,647	436,500	436,500	-	0.0%
	Total Environmental Health & Chronic Disease Prevention Services	***$ 6,879,742***	***$ 6,809,349***	***$ 6,918,991***	***$ 7,033,273***	***$ 114,282***	**1.7%**
	Family Health Services						
C-1	Office of the Director	$ 778,139	$ 670,608	$ 755,067	$ 814,478	$ 59,411	7.9%
C-7	Reproductive Health Team	1,387,192	1,370,088	1,508,892	1,502,547	(6,345)	-0.4%
C-13	Early Years Team	1,601,224	1,605,247	1,607,163	1,557,731	(49,432)	-3.1%
C-21	Screening, Assessment and Intervention Team	2,751,860	2,751,860	2,871,048	2,871,048	-	0.0%
C-27	Best Beginnings Team	3,306,791	3,264,218	3,313,898	3,412,420	98,522	3.0%
C-35	Child Health Team	1,477,254	1,468,333	1,642,380	1,689,282	46,902	2.9%
C-42	Young Adult Team	1,143,579	1,096,752	1,132,614	1,095,297	(37,317)	-3.3%
	Total Family Health Services	***$ 12,446,039***	***$ 12,227,106***	***$ 12,831,062***	***$ 12,942,803***	***$ 111,741***	***0.9%***

MIDDLESEX-LONDON HEALTH UNIT
2016 PROPOSED BUDGET SUMMARY

Appendix B

REF #		2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Budget	$ increase/ ($ decrease) over 2015	% increase/ (% decrease) over 2015
	Office of the Medical Officer of Health						
D-1	Office of the Medical Officer of Health & Travel Clinic	$ 554,718	$ 559,150	$ 567,154	$ 531,446	$ (35,708)	-6.3%
D-6	Communications	381,122	366,189	363,397	363,449	52	0.0%
D-14	Emergency Planning	172,172	208,031	181,172	184,302	3,130	1.7%
	Total Office of the Medical Officer of Health	***$ 1,108,012***	***$ 1,133,370***	***$ 1,111,723***	***$ 1,079,197***	***$ (32,526)***	***-2.9%***
	Human Resources & Corporate Strategy						
E-1	Human Resources & Labour Relations	$ 963,032	$ 899,440	$ 1,068,124	$ 1,115,222	$ 47,098	4.4%
E-8	Privacy/Occupational Health & Safety	201,189	203,321	181,497	184,665	3,168	1.7%
E-13	Strategic Projects	133,987	128,164	135,287	128,604	(6,683)	-4.9%
	Human Resources & Labour Relations	***$ 1,298,208***	***$ 1,230,925***	***$ 1,384,908***	***$ 1,428,491***	***$ 43,583***	***3.1%***
F-1	***Finance & Operations***	***$ 834,832***	***$ 747,929***	***$ 749,884***	***$ 735,149***	***$ (14,735)***	***-2.0%***
G-1	***Information Technology Services***	***$ 1,111,040***	***$ 1,080,769***	***$ 1,111,372***	***$ 1,140,125***	***$ 28,753***	***2.6%***
H-1	***General Expenses & Revenues***	***$ 1,921,891***	***$ 2,822,760***	***$ 1,930,875***	***$ 1,898,086***	***$ (32,789)***	***-1.7%***
	TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	**$ 33,918,011**	**$ 34,452,062**	**$ 35,412,447**	**$ 34,865,737**	**$ (546,710)**	**-1.5%**
	Funding Sources						
	Ministry of Health & Long-Term Care (Cost-Shared)	$ 16,273,273	$ 16,096,817	$ 16,899,277	$ 16,972,825	$ 73,548	0.4%
	The City of London	6,095,059	6,095,059	6,095,059	6,095,059	-	
	The County of Middlesex	1,160,961	1,160,961	1,160,961	1,160,961	-	
	Ministry of Health and Long Term Care (100%)	3,997,228	4,062,053	4,281,779	3,708,759	(573,020)	-13.4%
	Ministry of Children and Youth Services (100%)	5,189,733	5,235,338	5,296,275	5,296,275	-	0.0%
	Public Health Agency of Canada	152,430	152,162	270,151	271,732	1,581	0.6%
	Public Health Ontario	119,910	115,975	107,475	107,475	-	
	User Fees	647,197	843,080	964,710	918,710	(46,000)	-4.8%
	Other Offset Revenue	282,220	690,617	336,760	333,941	(2,819)	-0.8%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	**$ 33,918,011**	**$ 34,452,062**	**$ 35,412,447**	**$ 34,865,737**	**$ (546,710)**	**-1.5%**

MIDDLESEX-LONDON HEALTH UNIT
2016 PROPOSED BUDGET SUMMARY
By Object of Expenditure

	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Budget	$ increase/ ($ decrease) over 2015	% increase/ (% decrease) over 2015
Expenditure						
Salary & Wages	$ 21,857,134	$ 21,590,915	$ 22,896,257	$ 23,217,269	$ 321,012	1.40%
Benefits	5,430,845	5,383,185	5,729,873	5,852,614	122,741	2.14%
Expected Agency Gapping	(815,163)	-	(815,163)	(789,938)	25,225	-3.09%
Travel	443,643	374,441	433,069	418,072	(14,997)	-3.46%
Program Supplies	1,821,517	1,753,157	1,780,992	1,736,399	(44,593)	-2.50%
Board Expenses	55,500	37,091	55,500	55,500	-	0.00%
Staff Development	143,576	110,989	206,848	218,248	11,400	5.51%
Professional Services	2,051,486	1,898,575	2,246,648	1,315,635	(931,013)	-41.44%
Occupancy Costs	1,467,273	1,543,940	1,473,273	1,499,108	25,835	1.75%
Furniture & Equipment	524,313	568,941	661,114	556,399	(104,715)	-15.84%
Other Expenses	487,887	764,751	494,036	536,431	42,395	8.58%
Contributions to Reserve Funds	450,000	426,077	250,000	250,000	-	0.00%
TOTAL MIDDLESEX-LONDON HEALTH UNIT	**$ 33,918,011**	**$ 34,452,062**	**$ 35,412,447**	**$ 34,865,737**	**$ (546,710)**	**-1.5%**

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

OFFICE OF THE ASSOCIATE DIRECTOR
AND
ASSOCIATE MEDICAL OFFICER OF HEALTH

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Oral Health, Communicable Disease, and Sexual Health (OHCDSH)	**MANAGER NAME**	Heather Lokko	**DATE**
PROGRAM TEAM	Office of the Associate Director and the Associate Medical Officer of Health	**DIRECTOR NAME**	Heather Lokko	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

Oversight of program and service delivery, performance, human resources, and finance are provided by the Associate Director, with program and medical expertise provided by the Associate Medical Officer of Health. The Associate Medical Officer of Health provides leadership/support to both the OHCDSH Service Area and the EHCDP Service Area. The team - an Administrative Assistant to the Associate Director, an Epidemiologist and a Program Evaluator - report to the Associate Director.

This team supports the activities of the entire OHCDSH Service Area. The administrative assistant supports the Associate Director and the work of the service area. The Epidemiologist provides consultation to OHCDSH and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning, while the Program Evaluator supports teams in the service area with planning and evaluation.

SECTION C

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

Ontario Public Health Standards and associated protocols:

- Foundational Standards;
- Infectious Diseases Prevention and Control;
- Sexual Health, Sexually Transmitted Infections and Blood-borne Infections;
- Tuberculosis Prevention and Control;
- Vaccine Preventable Diseases;
- Child Health - Oral Health components;
- Food Safety - Food-borne illness components.

2016 Planning & Budget Template

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

SECTION D

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

Epidemiological information and support is provided to the staff and management of the OHCDSH Service in order to establish the need for and impact of programs, as well as to inform planning and support the delivery of effective public health programs. Activities include accessing, analysing, and interpreting a variety of information, including:

- Data required to be reported to the Health Unit by community partners (e.g., reportable disease information, immunization information)
- Local, provincial and national surveillance and survey data
- Other data relevant to the work of public health

A full-time Program Evaluator position was added to this team in 2015. The Program Evaluator assesses the needs for program evaluation with the OHCDSH Service Area, provides planning and evaluation consultation to the teams, and facilitates/ participates in planning and program evaluation activities. These activities assist front-line staff /managers, by informing program planning, enhancing evidence-informed decision-making, and supporting delivery of effective public health programs.

COMPONENT(S) OF TEAM PROGRAM #2: Surveillance and Population Health Assessment; Outbreak/Investigation Support

Some activities in this program area include:

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

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

COMPONENT(S) OF TEAM PROGRAM #3: Research and Knowledge Exchange

This function includes education and consultation for staff members, community health providers and health professional students. Activities include teaching in Health Unit Community Medicine Seminars, supervising students, providing email updates to health care providers, and guest lecturing at post-secondary institutions and conferences.

2016 Planning & Budget Template

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

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (anticipated)**	**2016 (estimate)**
Component of Team #1 Program Planning and Evaluation			
# of Program Evaluation consultations provided	5	5	Increase
# of ad hoc requests for epidemiological assistance to support evidence-informed program planning	25	26	Increase
Component of Team #3 Surveillance and Population Health Assessment; Outbreak/Investigation Support			
# of outbreak/investigations supported	10	9	Same
Component of Team #4 Research and Knowledge Exchange			
# of lectures and presentations	29	31	Same

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	4.8	**5.0**
Associate Medical Officer of Health	0.8	1.0
Associate Director	1.0	1.0
Program Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.0	1.0

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2016 Planning & Budget Template

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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 339,105	$ 349,418	$ 491,128	$ 535,765	$ 44,637	9.1%
Benefits	75,930	75,340	92,862	126,161	33,299	35.9%
Travel	2,500	7,310	2,500	2,500		
Program Supplies	2,994	731	2,994	2,994		
Staff Development	2,000	2,144	2,000	2,000		
Professional Services						
Equipment & Furniture						
Other Program Costs	83,419	107,350	83,419	83,419		
Total Expenditures	**$ 505,948**	**$ 542,293**	**$ 674,903**	**$ 752,839**	**$ 77,936**	**11.6%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 333,278	$ 330,589	$ 435,633	$ 513,569	$ 77,936	17.9%
PHAC – 100%			6,600	6,600		
MOHLTC – 100%	172,670	172,670	172,670	172,670		
MCYS – 100%						
User Fees						
Other Offset Revenue		39,034	60,000	60,000		
Total Revenues	**$ 505,948**	**$ 542,293**	**$ 674,903**	**$ 752,839**	**$ 77,936**	**11.6%**

2016 Planning & Budget Template

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

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Program planning and evaluation support will be prioritized for the TB program

SECTION J

PRESSURES AND CHALLENGES

- Reorganizing as part of the Foundational Standard team will present both opportunities and challenges

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Associate Medical Officer of Health Enhancement - $36,000

The Associate Medical Officer of Health (AMOH) position includes leadership roles in implementing evidence-based practices and ensuring delivery of quality programs. There is a high demand for these roles, including needs that sometimes go unmet due to limited AMOH time (0.8 FTE). This demand will be increasing with the implementation of the new strategic plan. There is also a need to have full-time backup for the MOH. This proposal would increase the AMOH role from 0.8 FTE to 1.0 FTE.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

VACCINE PREVENTABLE DISEASES

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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases Sexual Health (OHCDSH)	**MANAGER NAME**	Marlene Price	**DATE**
PROGRAM TEAM	Vaccine Preventable Diseases	**DIRECTOR NAME**	Heather Lokko	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

The Vaccine Preventable Diseases (VPD) Team focuses on reducing or eliminating the incidence of vaccine preventable diseases. This is achieved by providing immunization clinics in school, community and clinic settings; reviewing and updating students' immunization records as required by legislation; and providing education and consultation to health care providers and the general public about vaccines and immunization administration. The VPD Team also manages the distribution of publicly-funded vaccines to health care providers and inspects the refrigerators used to store publicly-funded vaccines to ensure that vaccines are being handled in a manner that maintains their effectiveness and reduces or prevents vaccine wastage. The Team is also responsible for the investigation and follow-up of vaccine-related reportable diseases.

SECTION C

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

Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard

- Immunization Management Protocol (2013)
- Infectious Diseases Protocol (2013)
- Vaccine Storage and Handling Protocol (2014)
- Immunization of School Pupils Act
- Child Care and Early Years Act

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak)

- **Regular clinics:** Immunization clinics are held once a month at the Strathroy office and three days a week at the 50 King Street office for the general public; no Health Cards or appointments are required (although appointments are available at the 50 King Street office).

- **Other clinics:** Clinics to update the vaccinations of refugees and to respond to community outbreaks are offered when needed.

COMPONENT(S) OF TEAM PROGRAM #2 School-Based Immunization Clinics

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

- **Grade 7:** Meningococcal and hepatitis B vaccines are provided to all Grade 7 students for whom consent is received.
- **Grade 8:** Human papillomavirus (HPV) vaccine is given to all Grade 8 female students for whom consent is received.
- **High School:** Vaccines required under the revised Immunization of School Pupils Act are offered to eligible students.

COMPONENT(S) OF TEAM PROGRAM #3 Screening and Enforcement

The immunization records of students in elementary and secondary schools are reviewed and parents/guardians are contacted if information is missing; students may be suspended from school if the information or an exemption affidavit is not obtained. Assessment and suspension requirements under the Immunization of School Pupils Act (ISPA) will be prioritized for the 7 and 17 year olds in the 2015-2016 school year due to logistical challenges associated with Panorama implementation and recent additions to the vaccination requirements in ISPA.

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

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

COMPONENT(S) OF TEAM PROGRAM #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines

The Health Unit orders publicly-funded vaccines from the Ontario Government Pharmacy and health care providers (HCP) order and pick-up these vaccines from the Health Unit. During the ordering process, the following steps are undertaken to ensure that vaccines are handled appropriately: 1) HCP's submit temperature logs to show they are maintaining their vaccine storage refrigerators between 2º and 8ºC; and 2) ordering patterns are assessed to ensure that HCP's are storing no more than a two-month supply of vaccines.

COMPONENT(S) OF TEAM PROGRAM #6 Cold Chain Inspection and Incident Follow-up

Annual inspections are conducted for all health care providers' offices who order and store publicly-funded vaccines to ensure the vaccines are being handled appropriately, remain potent, and are not wasted. Locations include new/existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations inspected by the Infectious Disease Control Team). If there is a power failure or problem with the refrigerator storing publicly-funded vaccines such that temperatures have gone outside the required 2º and 8ºC, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.

COMPONENT(S) OF TEAM PROGRAM #7 Investigation and Follow-up of Vaccine-preventable Reportable Diseases

Reports of vaccine-preventable reportable diseases (e.g. measles, mumps, pertussis, etc.) are followed-up to determine the source of disease acquisition and identify anyone who was potentially exposed to the infected person. This is done for the following purposes:

- *Prevent transmission:* Follow-up for the person with the infection and their contacts may include education and counselling; recommendations for chemoprophylaxis, immunization, isolation, and/or advice to seek medical attention.
- *Report to the Ministry:* The Ministry of Health and Long-Term Care is notified of the investigation through iPHIS, an electronic

infectious disease database. This system allows for the analysis of information on these reportable diseases.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
Component of Team #1 Immunization clinics (regular, high risk populations, outbreak)			
# of client visits/ vaccines given at the Immunization Clinic	12,722 / 16, 964	17,000/ 22,000	same
Component of Team #2 School-based Immunization clinics			
% of Grade 7 students who have received meningococcal vaccine in that school year (**accountability indicator**) / # of students vaccinated at school-based clinics	71%/ 3,001	70%/ 3,000	same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year (**accountability indictor**) / # of students vaccinated at school-based clinics	89%/ 2,564	90%/2600	same
% of grade 8 female students who completed the three-dose series of HPV vaccine in that school year (**accountability indicator**) / # of students vaccinated at school-based clinics	55%, 1,213	55%/ 1,200	same
Component of Team #3 Screening and Enforcement			
% of 7 year olds and 17 year olds who have up to date immunization for tetanus, diphtheria, pertussis and polio	N/A due to Panorama implementation	N/A due to Panorama implementation	95%
% of 7 year olds and 17 year olds who have up to date immunization for measles, mumps and rubella	N/A due to Panorama implementation	N/A due to Panorama implementation	95%
% of 7 year olds and 17 year olds who have up to date immunization for meningococcal disease	N/A due to Panorama implementation	N/A due to Panorama implementation	95%
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	12,600 / 4,488	14,000/ 5,500	same
Component of Team #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines			
# of orders received/processed for health care providers' offices	3,793	3,800	same
Component of Team #6 Cold chain inspections and Incident Follow Up			
# of fridges storing publicly funded vaccine that received an annual inspection / % completion (**accountability Indicator**)	401 / 99.8%	400/100%	same

# of cold chain incidents / cost of vaccine wastage	35 / $63,985.	35/ $65,000.	uncertain
Component of Team #7 Investigation and follow up of vaccine-preventable reportable diseases			
# of reportable diseases reported and investigated / # confirmed (*measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox)*	141 / 56	150/ 60	uncertain

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	17.94	**17.94**
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Casual Nurses	2.14	2.14
Program Assistants	7.3	7.3

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 1,303,817	$ 1,321,877	$ 1,474,317	$ 1,412,911	$ (61,406)	(4.2)%
Benefits	293,127	302,933	340,303	345,994	5,691	1.7%
Travel	14,500	13,575	14,200	12,200	(2,000)	(14.1)%
Program Supplies	97,768	186,222	302,268	276,768	(25,500)	(8.4)%
Staff Development	1,900	1,480	1,900	1,900		
Professional Services	1,800	1,306	1,800	1,800		
Equipment & Furniture	12,250	14,601	12,250	3,500	(8,750)	(71.4)%
Other Program Costs	7,800	7,723	7,800	6,280	(1,520)	(19.5)%
Total Expenditures	**$ 1,732,962**	**$ 1,849,717**	**$ 2,154,838**	**$ 2,061,353**	**$ (93,485)**	**(4.3)%**

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2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSH

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease)	% increase (% decrease)
Cost-Shared	$ 1,224,120	$ 1,112,014	$ 1,339,953	$ 1,305,723	$ (34,230)	(2.6)%
MOHLTC – 100%	374,417	374,417	374,460	361,205	(13,255)	(3.5)%
MCYS – 100%						
User Fees	61,925	278,581	367,925	321,925	(46,000)	(12.5)%
Other Offset Revenue	72,500	84,705	72,500	72,500		
Total Revenues	**$ 1,732,962**	**$ 1,849,717**	**$ 2,154,838**	**$ 2,061,353**	**$ (93,485)**	**(4.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Screening and suspension of students under the Immunization of School Pupils Act remains
- Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act (ISPA)
- Continued implementation of Panorama

SECTION J

PRESSURES AND CHALLENGES

- Duplication resolution for Panorama
- Full implementation of ISPA will require ongoing additional Ministry funding, which is not certain

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- No PBMA proposals for the VPD team. Salary reductions are related to reduction in Panorama implementation funding.
- Program supplies and User Fees both reducing due to less Zostavax activity and TB skin testing

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

INFECTIOUS DISEASE CONTROL

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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases Sexual Health (OHCDSH)	**MANAGER NAME**	Tristan Squire-Smith	**DATE:**
PROGRAM TEAM	Infectious Disease Control	**DIRECTOR NAME**	Heather Lokko	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control

- Food Safety Protocol (2013)
- Infection Prevention and Control in Personal Services Settings Protocol (2008)
- Infection Prevention and Control in Licenced Day Nurseries Protocol (2008)
- Infection Prevention and Control Practices Complaint Protocol (2008)
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008)
- Infectious Diseases Protocol (2013)
- Institutional/Facility Outbreak Prevention and Control Protocol (2008)
- Risk Assessment and Inspection of Facilities Protocol (2008)
- Tuberculosis Prevention and Control Protocol (2008)
- Public Health Emergency Preparedness Protocol (2008)

2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Reportable Disease Follow-up and Case Management

The IDC team is responsible for following up certain reportable diseases (e.g. meningitis, hepatitis, tuberculosis, enteric diseases) to prevent or reduce spread to others and determine if an outbreak is occurring. Responses include counselling for the individual with the infection; counseling or specific medical interventions for their contacts, and coordination of specimen collection when necessary.

COMPONENT(S) OF TEAM PROGRAM #2 : Outbreak Management

The IDC Team is responsible for responding to institutional (i.e. hospital, long-term care facility, retirement homes) outbreaks as well as outbreaks in child care centres and in the community. Typical responses include coordinating with the affected institution to ensure best-practices are followed with respect to infection prevention and control measures, specimen collection and communications. As appropriate, specific preventive medications and/or vaccines are recommended and/or provided. The IDC Team also coordinates the local response to outbreaks that extend beyond the Middlesex-London jurisdiction.

COMPONENT(S) OF TEAM PROGRAM #3: Inspections

The IDC Team inspects institutional settings (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. The team inspects funeral homes and personal services settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) to ensure appropriate infection control practices are being implemented, and provides consultative support regarding infection control practices as needed. In addition, the IDC Team conducts inspections of vaccine handling practices (cold chain inspections) in hospitals, long-term care facilities and retirement home settings where publicly-funded vaccines are stored.

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

The IDC Team engages in educational activities and provides consultative services to institutions and the public. The team answers questions from the public and Health Care Providers about infectious diseases on the telephone information line which operates during regular business hours. Further, a Public Health Nurse/Inspector provides on-call services on weekends and holidays. Educational workshops are provided for those who work in hospital and long term care/retirement home and child care settings. Updates on infectious diseases and infection control issues are sent via email distribution list on a regular basis. The IDC team is working towards offering a TB-specific workshop for front-line physicians for the first time in 2016.

2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up *Totals consist of active tuberculosis, campylobacter, salmonella, E. Coli O157:H7, invasive Group A Streptococcus, hepatitis C, hepatitis A, influenza, listeriosis, West Nile Virus, legionella, Lyme disease*	1,000	1,000	Same
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks (OBs) managed *Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centers and other community settings*	170	180	Same
IDC Team Component #3: Inspections			
# of personal services settings inspected / % inspection completion rate	617 / 100%	620 / 100%	Same
# low risk food premises inspected / # medium risk food premises inspected / # high risk food premises inspected / Total # inspections / % inspection completion rate	10 / 10 / 133 / 429 / 100%	10 / 10 / 130 / 420 / 100%	Same
Component of Team #4: Food Handler Training			
# of Food Handler Training (FHT) sessions / # of participants / # of participants that passed exam	26 / 328 / 321	0 (FHT model changes)	Will not report on this indicator
Component of Team #5: Health Promotion & Education			
# of telephone consultations / # of email consultation / # of walk-in consultations	250 / 140 / 16	189 / 86 / 12	Same
# of presentations on infectious disease related topics (inclusive of presentations, meetings & displays).	75	27	Same

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2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	15.5	**15.5**
Program Manager	1.0	1.0
Program Assistant	1.0	1.0
Public Health Nurses	7.0	7.0
Public Health Inspectors	6.5	6.5

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 1,105,339	$ 1,098,620	$ 1,182,467	$ 1,261,454	$ 78,987	6.7%
Benefits	257,322	253,637	273,804	298,519	24,715	9.0%
Travel	13,253	15,593	13,253	13,253		
Program Supplies	3,105	3,889	3,105	3,105		
Staff Development	1,100	8,383	1,100	1,100		
Professional Services	9,500	17,132	9,500	9,500		
Furniture & Equipment		571				
Other Program Costs	10,233	15,465	9,708	9,708		
Total Expenditures	**$ 1,399,852**	**$ 1,413,290**	**$ 1,492,937**	**$ 1,596,639**	**$ 103,702**	**7.0%**

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2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSH

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 631,827	$ 645,265	$ 617,560	$ 719,681	$ 102,121	16.5%
PHAC – 100%			111,121	112,702	1,581	1.4%
MOHLTC – 100%	768,025	768,025	761,256	761,256		
MCYS – 100%						
User Fees						
Other Offset Revenue			3,000	3,000		
Total Revenues	**$ 1,399,852**	**$ 1,413,290**	**$ 1,492,937**	**$ 1,596,639**	**$ 103,702**	**7.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Expansion of disclosure website to include all PSS inspections
- Health promotion specific to TB to local physicians (looking to host a TB workshop that will provide credits for attendance)
- Exploration of intake/triage model within the new division and across the organization, which may have implications for the IDC team
- Collaboration with the program evaluator to examine the TB program
- Potential to streamline the liaison with the City to include at-home tattoo operator licensing inspections

SECTION J

PRESSURES AND CHALLENGES

- Increasing numbers of TB cases (active & latent)
- New organizational structure creates opportunities and challenges, particular regarding the PHI role on IDC.

Program: Infectious Disease Control – OHCDSH

SECTION K **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**
Public Health Nurse for Tuberculosis - $50,000 (One-Time Investment) Despite the Infectious Disease Control Team's workload redistribution process, further Public Health Nurse (PHN) time dedicated to tuberculosis (TB) clinics is needed.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

THE CLINIC & SEXUAL HEALTH PROMOTION

2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Oral Health, Communicable Disease and Sexual Health (OHCDSH)	**MANAGER NAME**	Shaya Dhinsa	**DATE**
PROGRAM TEAM	The Clinic & Sexual Health Promotion	**DIRECTOR NAME**	Heather Lokko	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

The goals of the Sexual Health Team are to 1) prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and 2) promote health sexuality. The team provides clinical sexual health services and needle exchange program services. Services are confidential, non-judgmental, client-focused and easily accessible in both London and Strathroy. The team conducts follow-up on reportable sexually transmitted infections. They raise awareness, provide education, and/or engage in advocacy on topics such as contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies.

The Community Drug Strategy Lead facilitates the development of a community drug strategy in London and Middlesex County, working collaboratively with a broad range of stakeholders.

The Social Determinants of Health Public Health Nurses work to address the determinants that impact health, such as poverty, and support the work of the agency-wide Health Equity workgroup to enhance internal individual and organizational capacity to embed health equity in all our programs and services.

SECTION C

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

Ontario Public health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)

- Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol (2013)

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services

The Clinic offers both Family Planning and Sexually Transmitted Infections (STI) Clinics for clients who need low cost birth control, morning after pill, cervical cancer screening, pregnancy testing, STI testing and treatment, and sexual health education. The Clinic sells low cost birth control and provides free treatment for sexually transmitted infections. IUD/IUS insertions are also available.

COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction

The Needle Exchange Program provides clean needles/syringes and other injection equipment such as safer inhalation and the award-winning Naloxone program, and accepts used needles and other equipment. This program maintains anonymity of those accessing service. The needle exchange site at the Health Unit is a satellite site of the Counterpoint Needle Exchange program which is co-sponsored by the Regional HIV / AIDS Connection (RHAC), who administers the program, and the Health Unit, who provides the funds.

COMPONENT(S) OF TEAM PROGRAM #3 Sexually Transmitted Infection Follow-up

Laboratory-confirmed cases of sexually transmitted infections (chlamydia, gonorrhea, syphilis and HIV/AIDS) are reported to the Health Unit. A Public Health Nurse begins the follow-up process by contacting the client (if they were diagnosed at an MLHU Clinic), or by contacting the ordering health care provider (if the client was tested elsewhere). The nurse will ensure the client has been counselled and treated, and ask for contact information for the clients' sexual contacts and/or encourage the client to notify their own contacts. Case contacts are encouraged to be tested and treated either at an MLHU STI clinic or at another health care provider. Information on the client and their contacts are entered into the MOHLTC's electronic Integrated Public Health Information System (iPHIS) database.

COMPONENT(S) OF TEAM PROGRAM #4 Awareness and Education

The team develops presentations, communication campaigns, resources and health fairs on various sexual health topics, as well as one-on-one telephone consultation to clients. Other sexual activities include:

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

COMPONENT(S) OF TEAM PROGRAM #5 Community Drug Strategy

Engaging the Community to identify a comprehensive and co-ordinated approach to more effectively reduce the harms of substance use for everyone in Middlesex-London. The community drug strategy will set a common direction and priorities, share knowledge and best practices, clarify roles and responsibilities, ensure accountability and identify concrete actions for intersectoral collaboration. In 2016, it is expected that this program will be shifted to the Healthy Communities Team in the Healthy Living division.

COMPONENT(S) OF TEAM PROGRAM #6 Social Determinants of Health

The health unit has 2.0 FTE Social Determinants of Health Public Health Nurses working with internal and external partners to address the factors that impact health and to decrease barriers in accessing public health programs and services. The SDOH Public Health Nurses supports the efforts of the MLHU-wide Health Equity Work Group (previously the 'SAG') to enhance individual and organizational capacity to embed health equity into all programs and services. Previously, 1.0 FTE was situated in FHS and 1.0 in OHCDSH. In 2016, both SDHO PHN's will be reporting to the Chief Nursing Officer and will have a separate PBT going forward.

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
Component of Team #1 Clinic Services			
% of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators)	100%	100%	100%
# of birth control pills dispensed (including emergency contraception)	29,340	26,300	Same
Total visits to the Sexually Transmitted Infection (STI) Clinic	8,363	8,200	Increase
Total visits to the Family Planning Clinic	London: 6,474 Strathroy: 225	London: 5, 300 Strathroy: 225	Same/decrease
Total visits for IUD/IUS insertions only / total visits for IUD/IUS insertions, consults, removals and follow-up	220/Not tracked	170/530	Same
Component of Team #2 Harm Reduction			
Total visits to the Needle Exchange Program at Health Unit	600	1,390	Increase
Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit	91,259 / 18,947	139,380 / 62,220	Increase
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up	1,403 / 101 / 18 / 34	1,366 / 147 / 17/ 36	Same
Component of Team #4 Awareness and Education			
Sexual Health Campaigns	3	3	Same
# of presentations, health fairs and clinic tours	59	59	Same or decrease
# of phone calls to Public Health Nurse for sexual health info	4525	16,847	Same/Increase
Component of Team #5 Community Drug Strategy			
Development of a Community Drug Strategy	N/A	Lead hired; process launched	Finalize strategy; start to implement

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTES**	**2016 ESTIMATED FTES**
	18.6	**18.5**
Program Manager	1.0	1.0
Public Health Nurses (permanent)	10.8	10.6
Health Promoter	1.5	1.5
Clinical Team Assistants	3.9	3.9
Program Assistant	0.4	0.5

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 1,275,572	$ 1,211,675	$ 1,329,909	$ 1,365,810	$ 35,901	2.7%
Benefits	300,683	307,012	318,966	330,561	11,595	3.6%
Travel	9,850	6,086	9,850	9,850		
Program Supplies	345,552	298,026	345,552	345,552		
Staff Development	4,500	3,570	4,500	4,500		
Professional Services	384,341	303,820	513,034	588,034	75,000	14.6%
Furniture & Equipment	2,504	2,855	2,504	2,504		
Other Program Costs	28,564	144,938	25,016	25,016		
Total Expenditure	**$ 2,351,566**	**$ 2,277,982**	**$ 2,549,331**	**$ 2,671,827**	**$ 122,496**	**4.8%**

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSH

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 1,647,266	$ 1,477,655	$ 1,719,844	$ 1,842,340	$ 122,496	7.1%
MOHLTC – 100%	415,752	415,752	544,487	544,487		
MCYS – 100%						
User Fees	288,548	260,510	285,000	285,000		
Other Revenue		124,065				
Total Revenues	**$ 2,351,566**	**$ 2,277,982**	**$ 2,549,331**	**$ 2,671,827**	**$ 122,496**	**4.8%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Continued implementation of recommendations of team Program Review.
- Moving the Community Drug Strategy forward using the Four Pillars approach which is a co-ordinated, comprehensive approach that balances public health and order to create a safer and healthier community.
- Merge “Top 10 Reasons to Get Tested” campaign with STI Guinness campaign part 2 to post-secondary schools
- Teen Pregnancy Prevention Strategies Rapid Review with MLHU KB’s between Jan-Jun 2016 as part of McMaster/NCCMT’s Knowledge Broker Mentoring Program.
- Collaborating with Young Adult Team to enhance sexual health services to client’s in secondary schools.

SECTION J

PRESSURES AND CHALLENGES

- Changes resulting from the program review continue to be implemented and vary in ease of implementation.

Program: The Clinic & Sexual Health Promotion – OHCDSH

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Reduce Casual Public Health Nursing in the Sexual Health Clinic ($16,427)
A program review of Sexual Health Clinic Services was completed in 2015 with recommendations identified. One of the recommendations is to change the scope of the clinic to align more completely with our public health mandate. It is anticipated that this change will reduce the number of clients accessing service in our family planning clinics and as a result, there is less need for casual PHN support in the clinic.

Increase in Administrative Assistant Support for the Sexual Health Team $6,249
This proposes that a Program Assistant would be available to support Sexual Health Programming at MLHU for an additional 0.1 FTE, to bring the PA support for the team to a total of 0.5 FTE. This proposed enhancement would benefit MLHU's Sexual Health Programming in a number of ways, and will result in greater effectiveness and efficiencies for the Sexual Health Promotion Team and the Sexual Health Team manager.

Funding Support for Counterpoint Needle Program at Regional HIV/AIDS Connection $75,000
This proposal would allow the Health Unit to maintain service provision at current levels. Services specific to Counterpoint Needle Exchange Program would continue to be provided by RHAC, but would be funded by MLHU rather than by RHAC's other funding sources on an in-kind basis. Resources in this proposal would also result in an increase in service, specifically the provision of weekend needle exchange outreach services.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

ORAL HEALTH PROGRAM

2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases, Sexual Health (OHCDSH)	**MANAGER NAME**	Chimere Okoronkwo	**DATE**
PROGRAM TEAM	Oral Health	**DIRECTOR NAME**	Heather Lokko	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

The overall goal of the Oral Health Team is to enable an increased proportion of children to have optimal oral health. The Team achieves this through identifying those at risk of poor oral health outcomes and ensuring they have appropriate information, education and access to oral health care (both treatment and essential clinical preventive health services).

SECTION C

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

Ontario Public Health Standards (OPHS) addressed include: Child Health, Foundational Standard.

- Children in Need of Treatment (CINOT) Protocol (2008)
- Oral Health Assessment and Surveillance Protocol (2008)
- Preventive Oral Health Services Protocol (2008)
- Protocol for the Monitoring of Community Water Fluoride Levels (2008)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 School Oral Health Screening

School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). A Dental Hygienist, with the support of a Dental Assistant, checks children's teeth to determine whether they have urgent dental needs, such as cavities. Follow-up with those identified with dental needs is completed to ensure dental care (treatment and prevention) is provided. For those who cannot afford dental care or who are receiving Ontario Works, publicly-funded treatment is offered at the 50 King Street Dental Office or at a community dental office under Healthy Smiles Ontario (HSO).

COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, Reporting and Quality Improvement

Oral health trends and the associated risk factors within the community are monitored and reported in the Annual Oral Health Report. The intended outcomes include the classification of schools according to different risk ratings, which determine if additional grades

should receive screening, and the adjustment of programs and services in response to observed trends. Evidence-informed interventions are pilot tested when programs and services are adjusted.
COMPONENT(S) OF TEAM PROGRAM #3 Oral Health Promotion
Information and education on oral health topics, such as brushing, flossing, healthy eating, and first dental visits are delivered in school and community-based settings, as well as via the website, email and telephone.
COMPONENT(S) OF TEAM PROGRAM #4 Clinical Services
The 50 King Street Dental Office offers a full dental clinic that provides a range of treatment (e.g., fillings and extractions) and preventive services (e.g., cleaning, sealants and fluoride). Treatment and preventive services are provided to children registered with the publicly-funded dental program, Healthy Smiles Ontario. Preventive services are also provided to children who cannot afford this type of care from a community dentist. Adults can also receive cleanings at the Dental Office for a small fee if they are on Ontario Works or have children in the Healthy Smiles Ontario Program.
COMPONENT(S) OF TEAM PROGRAM #5 Fluoride Varnish
Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the dental consultant at the Health Unit, for monitoring purposes. Regular application of fluoride varnish is an evidence-based preventive strategy that can positively impact oral health outcomes, particularly in high risk settings. The team will continue to pilot the delivery of fluoride varnish programs in selected high risk schools, determine how to most effectively scale up the pilot, and proceed with further implementation. Fluoride varnish programming is also being introduced to childcare settings and other appropriate venues.
COMPONENT(S) OF TEAM PROGRAM #6 Processing of Dental Claims
Based on the program design of the new integrated Healthy Smiles Ontario (HSO) program which will be funded 100% by the Province, it is expected that processing of dental claims by health units will be discontinued as of February 2016.

2016 Planning & Budget Template

Program: Oral Health – OHCDSH

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (anticipated)**	**2016 (estimate)**
Component of Team #1 School Screening			
# of eligible students screened / % of eligible school children screened	15,797 / 84%	16,171 / 83%	Increase
Percent of publicly-funded schools screened (Accountability Indicator)	100%	100%	Same
% of children screened that are identified as requiring urgent care / preventive services (cleaning, sealants, fluoride varnishes)	4.0% / 9.9%	3.9% / 10.7%	Same/Decrease
Component of Team #2 Monitoring, Reporting and Quality Improvement			
% of schools classified as "High Risk" / % of schools classified as "Medium Risk" based on dental screening in Grade 2 students.	11.2% / 9.6%	11% / 12%	Same / Decrease
% of children absent during the school-based dental screening program / % of children excluded from school based screening	6.1% / 10.7%	6% / 11%	Decrease
Component of Team #3 Oral Health Promotion			
# of oral health presentations	65	25	Same
Component of Team #4 Clinical Services			
# of CINOT clients / # of clients on other publicly-funded programs	220 / 450	200 / 400	Same (except all will be HSO)
# of eligible clients who received preventive services (cleaning, sealants, fluoride varnish)	550	450	Increase
Component of Team #5 Fluoride Varnish			
# of high-risk children who receive fluoride varnish through pilot program	106	400	Increase
Component of Team #6 Processing the dental claims			
# of HSO / CINOT claims processed	3,500 / 1,500	3,800 / 1,000	N/A
% of HSO / CINOT claims processed within the relevant time frame.	80% / 30%	80% / 50%	N/A

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2016 Planning & Budget Template

Program: Oral Health – OHCDSH

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	15.7	**16.05**
Dental Consultant (0.80 shared among five health units)	0.4	0.25
Program Manager	1.0	1.0
Program Assistant	0	0.5
Dentist	1.0	1.0
Dental Hygienists	4.8	4.8
Dental Assistants	5.0	5.0
Dental Claims Analyst	1.0	1.0
Dental Claims Assistants	2.0	2.0
Health Promoter	0.5	0.5

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 1,060,034	$ 1,055,283	$ 1,088,204	$ 1,096,371	$ 8,167	0.8%
Benefits	237,705	245,581	254,495	271,728	17,233	6.8%
Travel	24,900	20,390	21,900	21,900		
Program Supplies	76,576	53,508	84,356	84,356		
Staff Development	5,800	10,317	5,800	5,800		
Professional Services	874,999	894,740	1,001,588	520	(1,001,068)	(99.9)%
Furniture & Equipment	18,600	16,395	18,600	18,600		
Other Program Costs	29,305	20,358	26,680	26,680		
Total Expenditures	**$ 2,327,919**	**$ 2,316,572**	**$ 2,501,623**	**$ 1,525,955**	**$ (975,668)**	**(39.0)%**

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Program: Oral Health – OHCDSH

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 1,213,025	$ 1,127,306	$ 1,216,814	$ 821,214	$ (395,600)	(32.5)%
MOHLTC – 100%	751,567	826,567	907,956	327,888	(580,068)	(63.9)%
MCYS – 100%						
User Fees	242,084	237,714	247,145	247,145		
Other Offset Revenue	121,243	124,985	129,708	129,708		
Total Revenues	**$ 2,327,919**	**$ 2,316,572**	**$ 2,501,623**	**$ 1,525,955**	**$ (975,668)**	**(39.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Continued expansion of the school-based fluoride varnish program for Pre-Kindergarten, Junior Kindergarten, Senior Kindergarten, and Grades 1 & 2 children in selected schools.
- Pilot implementation of dental screening and the provision of fluoride varnish to children 0 – 4 years of age in daycare settings, pre-school programs and other childcare settings.
- Implementation of a number of strategies to address the shortfall in the Dental Clinic.

SECTION J

PRESSURES AND CHALLENGES

- Deficit in the Dental Clinic due to continued shortfall in revenue receipts in contrast to increasing costs.
- Uncertainty surrounding the implementation of the newly integrated Healthy Smiles Ontario (HSO) program.

Program: Oral Health – OHCDSH

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Program Assistant Support for the Oral Health Team - $31,242

Due to HSO 2.0, funding is no longer available for program administrator support required for the Oral Health Team. This investment of 0.5 FTE Program Assistant will enable the team to continue to effectively and efficiently provide programs and services to our community. This position will support the Oral Health team to follow up on clients of the school-based dental screening program by completing clients' records, corresponding with parents/guardians, and preparing documentation for Children's Aid Society (CAS) referrals, as well as scheduling appointments, overseeing inventory and equipment maintenance, and maintaining records.

Eliminate Involvement in Dental Claims Administration

There are a number of ministry changes that will impact the Oral Health team – specifically the move to 3rd party dental claims administration. With the move to HSO 2.0, health units will no longer be responsible for dental claims submission and this proposal would allow for a 0.15FTE reduction in Dental Consultation support (to sustain 0.25FTE dental consultant at MLHU).

Reductions in Professional Services and related revenues is due to HSO 2.0 and health units no longer processing dental claims.

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR

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

SECTION B

SUMMARY OF TEAM PROGRAM

- Oversight of the activities and staff of the EHCDP service area in all areas including program and service delivery, performance, human resources, and finance, is provided by the Director and supported by the Executive Assistant. The Epidemiologist and Program Evaluators provide consultation to EHCDP and the overall health unit in program planning, population needs assessments, health assessment and surveillance, and program evaluation to help ensure that programs are evidence-informed.

SECTION C

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

- Ontario Public Health Standards Principles of Need, Impact and the Foundational Standard components of Population Health Assessment, Surveillance, Research and Knowledge Exchange and Program Evaluation are supported by the Epidemiologist/Program Evaluator team. The Ontario Public Health Organizational Standards of Leadership, Community Engagement and Responsiveness, and Management Operations within EHCDP and across the organization are supported by the Director in collaboration with the SLT.

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING

The objective of this component is to increase capacity among public health practitioners for effective program planning, evaluation and evidence informed decision making. Targeting public health staff and managers, activities of this component include planning and delivering training sessions to enhance use of research evidence and conducting program evaluations. It also involves the development of a larger plan, with associated processes, for capacity building in MLHU staff.

2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

COMPONENT(S) OF TEAM PROGRAM #2 PROGRAM PLANNING SUPPORT
The objective of this component comes directly from the OPHS Foundational Standard. We aim to increase awareness among public health practitioners, policy-makers, community partners, health care providers, and the public of the best available research regarding the factors that determine the health of the population and support effective public health practice. The Epi/PE team will conduct activities that support public health practitioners and other key stakeholders in accessing and interpreting various forms of evidence to establish need for their programs and identify effective public health intervention strategies.
COMPONENT(S) OF TEAM PROGRAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE
The objective of this component comes directly from the OPHS Foundational Standard. To increase awareness among the public, community partners and health care providers of relevant and current population health information. The target audiences include public health practitioners, the public, community partners and health care providers. Activities for this component include disaggregating local health data by social determinants of health and ensuring that Rapid Risk Factor Surveillance System (RRFSS) data is analyzed and interpreted so that all sources of local health assessment information can be distributed to the target audiences. Additionally, identification of new sources of local data and diverse methods will be investigated.
COMPONENT(S) OF TEAM PROGRAM #4 PROGRAM EVALUATION SUPPORT
The objective of this component comes directly from the OPHS Foundational Standard. To Increase awareness among public health practitioners of the effectiveness of existing programs and services, as well as of factors contributing to their outcomes. Activities for this component include collaborating with public health practitioners to conduct process and outcome evaluations of their programs.
COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE
The objective of this component comes directly from the OPHS Foundational Standard. To establish and maintain effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. Working with community researchers and academic partners, activities for this component include developing partnerships and participating in research opportunities.

2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING			
Average monthly % of EHCDP staff responsible for program planning and evaluation who attend Evidence Club meetings	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
COMPONENT OF TEAM #2 PROGRAM PLANNING SUPPORT			
% of EHCDP staff responsible for program planning and evaluation who integrate various forms of evidence including research, professional experience, political climate and community context to inform decision making.	69%^	84%*	Increased
COMPONENT OF TEAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE			
% of EHCDP staff responsible for program planning and evaluation who review surveillance data to understand the extent of issue or problem.	66%^	77%*	Increased
COMPONENT OF TEAM #4 PROGRAM EVALUATION SUPPORT			
% of EHCDP staff responsible for program planning and evaluation who review evaluation reports to assess who is accessing and benefiting from our programs and services.	53%^	58%*	Increased
COMPONENT OF TEAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE			
% of projects involving partnerships with community researchers, academic partners and other organizations. (Indicator to be developed)	24% (11/46)	21% (5/24)	Increased

^Based on 51% response rate
*Based on a 83% response rate (45/54)

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Program: Director, Epidemiology & Program Evaluation – EHCDP

SECTION F **STAFFING COSTS:**	**2015 Total FTEs**	**2016 Estimated FTEs**
	4.75	**4.75**
Director	1.0	1.0
Administrative Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.75	1.75

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditure	**$ 549,449**	**$ 521,368**	**$ 572,561**	**$ 582,859**	**$ 10,298**	**1.8%**

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2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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						
Total Revenue	**$ 549,449**	**$ 521,368**	**$ 572,561**	**$ 582,859**	**$ 10,298**	**1.8%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Increased emphasis to support Strategic Plan initiatives related to the Strategic Priority of Program Excellence
- 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.

SECTION J

PRESSURES AND CHALLENGES

- Organizational structural changes anticipated at the Service Area level that may impact the EPI/PE Team
- Periods of reduced PE capacity due to injury and maternity leave.
- 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.

2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

None

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

CHRONIC DISEASE PREVENTION AND TOBACCO CONTROL

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2016 Planning & Budget Template

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

SECTION B

SUMMARY OF TEAM PROGRAM

- The Chronic Disease Prevention and Tobacco Control Team aims to improve, promote and protect the health of our community through the prevention of chronic disease. Program areas include: food security, food skills development, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the *Skin Cancer Prevention Act*; tobacco use prevention, cessation and enforcement; promotion and enforcement of the *Electronic Cigarette Act.*

SECTION C

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

- **OPHS:** Foundational Standard; Chronic Disease Prevention
- **Relevant Legislation:**
  - Health Protection and Promotion Act
  - *Smoke-Free Ontario Act (SFOA)* and *Ontario Regulation 48/06*
  - City of London Smoking Near Recreation Amenities and Entrances Bylaw
  - The *Skin Cancer Prevention Act*
  - Bill 45 – *The Making Healthier Choices Act* (The *Electronic Cigarette Act,* Menu Labelling and further amendments to SFOA)
  - *Electronic Cigarette Act* and Ontario Regulation 337/15
- **OPHS Protocols**
  - Nutritious Food Basket Protocol, 2014
  - Tobacco Compliance Protocol, 2008
  - Tanning Beds Compliance Protocol, 2014
- **Relevant Funding Agreements and Directives**
  - Ministry of Health and Long-Term Care ***Smoke Free Ontario*** Program Guidelines and Enforcement Directives
  - Ministry of Health and Long-Term Care ***Electronic Cigarette Act*** Program Guidelines and Enforcement Directives

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

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

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (anticipated)**	**2016 (estimate)**
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
% of tanning bed operators inspected twice annually for compliance with the *Skin Cancer Prevention Act*	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)
Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING			
% of Middlesex-London residents aged 12 years and older reporting eating recommended amount of vegetables and fruit	35.6% (2013 data)	38.5% (2013/14)	40% (2015 data)
Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
# of Youth Engaged/Reached in Programming through partnerships/projects	4,750	5,000	5,250
# of Attendees at annual Smoke-free Movie Night in the Park	>2,000	<2,000 (inclement weather)	2,500
% of youth who have never smoked a whole cigarette (**Accountability Agreement Indicator)**	83.6% (2009/10)	92.2% (2013/14 data)	Ministry Set Target - TBD
Component of Team #4 TOBACCO USE CESSATION			
% 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)
Component of Team #5 PROTECTION AND ENFORCEMENT			
% 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 **(Accountability Agreement Indicator)**	99.1%	99%	≥ 90%
# of inspections of public places and workplaces	1,891	1,575	1,900
Component of Team #6 E-CIGARETTE ACT (ECA) PROMOTION AND ENFORCEMENT			
% 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

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	12.7	**13.4**
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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%)
Total Expenditure	**$ 1,270,585**	**$ 1,296,966**	**$ 1,286,866**	**$ 1,420,570**	**$ 133,704**	**10.4%**

2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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				
Total Revenue	**$ 1,270,585**	**$ 1,296,966**	**$ 1,286,866**	**$ 1,420,570**	**$ 133,704**	**10.4%**

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.

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

SECTION J

PRESSURES AND CHALLENGES

- 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 program materials and through a $5,400 PBMA investment to offset the shortage in provincial funding. The challenges for youth prevention are being mitigated by decreasing program materials and leveraging partnerships. The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy is not sufficient to meet 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 meet the demand in our community. 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

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2016 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION A				
SERVICE AREA	EHCDP	**MANAGER NAME**	David Pavletic	**DATE**
PROGRAM TEAM	Food Safety	**DIRECTOR NAME**	Wally Adams	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

- The Food Safety team aims to prevent and reduce the burden of food-borne illness through education, monitoring and enforcement activities, including restaurant inspections.

SECTION C

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

- Environmental Health Program Standards (Food Safety) and Food Safety Protocol, 2015
- Health Protection and Promotion Act (HPPA)
- Reg. 562 Food Premises
- Food Premises Inspection and Mandatory Food Handler Training Bylaw (City of London and Middlesex County)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 SURVEILLANCE AND INSPECTION

- Maintain inventory of all food premises.
- Conduct annual risk assessments of all food premises.
- Inspect all food premises including year-round, seasonal, temporary and pre-operational (City of London licensing) and conduct re-inspections, legal action(s) as required in accordance with the Food Safety Protocol, 2015 requirements and Environmental Health Program Standards with the exception of food premises considered to be 'very' low risk.
- Monitor all O. Reg. 562 exempted facilities (farmers markets, residential homes, churches / service clubs / fraternal organizations for special events).
- Enforce bylaws (City of London, Middlesex County) – posting inspection summaries / mandatory food handler training certification.

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)
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

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	**2015 (anticipated)**	**2016 (estimate)**
Component of Team #1 Surveillance and Inspection			
High risk food premises inspected once every 4 months ***(Accountability Agreement Indicator)***	100.0 % (1,410)	100% (1,400)	100.0%
Moderate risk food premises inspected once every 6 months ***(Accountability Agreement Indicator)***	99.5% (1,696)	100% (1,700)	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)	89.9%	90.9%	100.0%
COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE			
**Suspect / Lab Confirmed food-borne illness calls responded to within 24 hours*	*Estimated 100% (164)*	*Estimated 100% (150)*	100.0%
RRFSS			
***Percentage of Adults (18+) who feel the food in restaurants is safe to eat in their community – 2013*	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.

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

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2016 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditures	**$ 1,377,777**	**$ 1,303,411**	**$ 1,336,103**	**$ 1,345,304**	**$ 9,201**	**0.7%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	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						
Total Revenues	**$ 1,377,777**	**$ 1,303,411**	**$ 1,336,103**	**$ 1,345,304**	**$ 9,201**	**0.7%**

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2016 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- 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.
- 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.
- 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 & ID division), to improve upon efficiencies, enhance program delivery and explore internal work processes.
- Collaborate more closely with the LTC to improve upon the delivery of Food Handler Training to residents in Middlesex-London.

SECTION J

PRESSURES AND CHALLENGES

- 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.

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 2016 about the results of this work.

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

HEALTHY COMMUNITIES AND INJURY PREVENTION (HCIP)

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2016 Planning & Budget Template

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

SECTION B

SUMMARY OF TEAM PROGRAM

- The HCIP team promotes physical activity and workplace wellness, and works to prevent injuries in a number of areas including child safety, helmet and bike safety, car safety, poisoning and burns, falls across the lifespan, road safety, and vulnerable road users. The team also advocates for healthy community design that supports increased physical activity. The team also provides programs addressing substance misuse (alcohol, marijuana, and other illicit drugs).

SECTION C

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

- Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 WORKPLACE WELLNESS

- 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.
- Advocates healthy policy implementation in workplaces
- 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

COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY

- 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.
- Play a lead role in the Middlesex-London in Motion Partnership and the implementation of the in Motion Community Challenge
- 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.
- 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

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 pf the ReThink Your Drinking website.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation

Program: Healthy Communities and Injury Prevention – EHCDP

- 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

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (anticipated)**	**2016 (estimate)**
COMPONENT OF TEAM #1 WORKPLACE WELLNESS			
Annual workshop for southwest workplaces	165 Attended	130 Attended	Scheduled for May 2016
Physical Activity Grant and policy development	10	7	7
COMPONENT OF TEAM #2 PHYSICAL ACTIVITY			
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
COMPONENT OF TEAM #3 SENIORS AND FALLS/HEALTHY AGING			
Reduce fall-related ER visits in older adults aged 65 + (**Accountability Agreement Indicator – targets TBD)**	N/A	N/A	N/A
COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS			
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
COMPONENT OF TEAM #5 CHILD SAFETY			
Distribution of Booster Seats	460	354 Purchased and 250 distributed	Remaining 154 will be distributed
Distribution of helmets(Helmet on Kids Coalition) to vulnerable	1,850	1,000 (decrease in funding available)	1,000 (pending funding)
COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE			
% of population (19+) that exceeds the Low-Risk Drinking Guidelines **(Accountability Agreement Indicator – targets TBD)**	N/A	N/A	N/A
COMPONENT OF TEAM #7 HEALTHY COMMUNITIES PARTNERSHIP			
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

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2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention – EHCDP

SECTION F **STAFFING COSTS:**	**2015 Total FTEs**	**2016 Estimated FTEs**
	11.6	**11.2**
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditures	**$ 1,216,373**	**$ 1,259,735**	**$ 1,197,141**	**$ 1,212,695**	**$ 15,554**	**1.3%**

2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	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				
Total Revenue	**$ 1,216,373**	**$ 1,259,735**	**$ 1,197,141**	**$ 1,212,695**	**$ 15,554**	**1.3%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Continuation of the Booster Seat education campaign
- Continuation of the in Motion Community Challenge with additional $10,000; Increase overall participation of community with focus on children and older adults.
- Increase the knowledge and use of active transportation in community with communication campaign using multimedia/multi-strategy components based on literature review results
- Completing two injury prevention program reviews – road safety and falls prevention in the older adult to develop a 3 to 5 year strategic plan

SECTION J

PRESSURES AND CHALLENGES

N/A

Program: Healthy Communities and Injury Prevention – 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

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

SECTION B

SUMMARY OF TEAM PROGRAM

- To prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors in the environment.
- The Vector Borne Disease (VBD) program is a comprehensive program to closely monitor and control West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), which are spread by mosquitoes, and Lyme disease (LD), which is spread by ticks. This comprehensive surveillance and control program consists of larval mosquito surveillance and identification, larviciding, adult mosquito trapping, dead bird collection, human surveillance, source reduction, public education, responding to public inquiries, and tick surveillance.

SECTION C

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

- OPHS Standards: Foundational; Health Hazard Prevention and Management; Infectious Diseases Prevention and Control
- Protocols under the OPHS: Identification, Investigation and Management of Health Hazards; Population Health Assessment and Surveillance; Public Health Emergency Preparedness; Risk Assessment and Inspection of Facilities; Infectious Diseases – West Nile Virus and Lyme Disease Chapters
- Relevant Acts: Health Protection and Promotion Act; Environmental Protection Act; Occupational Health and Safety Act; Homes For Special Care Act
- Relevant Regulations: O. Reg 568 Recreational Camps; O. Reg 636 Homes For Special Care; O. Reg 199 West Nile Virus Control
- Relevant Bylaws: Property Standards; Idling Control; Vital Services; Clearing of Land.
- Other: West Nile Virus: Preparedness and Prevention Plan for Ontario

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

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 SPECIAL PROJECTS HEALTH HAZARD PROGRAM

- Marijuana Grow-up Operations (review/comment on referrals from the City of London)
- Demolition Permits Compliance Inspections
- Cooling Towers Surveillance, Maintenance and Compliance
- Climate Change Vulnerability and Adaptation; Ambient Air Quality; Extreme Temperatures (Issue Heat and Cold Alerts)
- Radon Education & Awareness
- Special Risk Residents (Squalor, Hoarding)
- General Toxicology/Risk Assessment & Special Projects: UHI (Urban Heat Island) & HARS (Heat Alert Response Systems); Lead Exposure Shooting Range; Contaminated sites decommissioning/remediation.

COMPONENT(S) OF TEAM PROGRAM #2 GENERAL EH PROGRAM WORK / INVESTIGATIONS

- Responding to Complaints, Service requests, and Referrals (sewage, garbage, nuisance, flooding, insects/pests, rats/vermin, bats, sanitation, landlord non-compliance issues, no heat, no water, poor indoor air quality, mould, etc.)

COMPONENT(S) OF TEAM PROGRAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM

- Review Environmentally Sensitive Land Use Planning applications
- Review applications to remediate and reclaim contaminated sites

COMPONENT(S) OF TEAM PROGRAM #4 COMPLIANCE & INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM

- Inspect facilities that are under the authority of the HPPA and/or its regulations (Boarding and Lodging Homes and Recreational Camps) at least once per year and additionally as necessary.
- Inspect facilities that are not under the authority of the HPPA (Residential Homes, Homes for Special Care) upon request/referral from relevant licensing bodies (City of London, Ministry of Health and Long Term Care, Ministry of Community and Social Services) and additionally as necessary
- Inspect Seasonal Farm Worker Housing at least once per year and additionally as necessary

COMPONENT(S) OF TEAM PROGRAM #5 EMERGENCY RESPONSE SUPPORT

- Work with Manager of Emergency Preparedness in the OMOH to respond to emergencies
- Provide technical guidance as needed in response to emergencies

COMPONENT(S) OF TEAM PROGRAM #6 VECTOR BORNE DISEASE SURVEILLANCE

- Assess all areas of Middlesex-London where standing water sites are found on public property and develop local vector-borne management strategies based on this data.
- Source reduction and standing water remediation when possible
- Detailed surveillance of Environmentally Sensitive Areas (ESAs), as per Ministry of Natural Resources and Ministry of Environment

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

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

- Respond to complaints and inquiries from residents regarding West Nile Virus (WNV), Eastern Equine Encephalitis (EEE) and Lime Disease (LD).
- Assess private properties when standing water concerns are reported and oversee remedial actions
- Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE
- Distribute educational /promotional materials
- Issue media releases when positive VBD activity is identified.

2016 Planning & Budget Template

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

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (anticipated)**	**2016 (estimate)**
COMPONENT OF TEAM #1 SPECIAL PROJECTS HEALTH HAZARDS PROGRAM			
Marijuana Grow-Op remediation/ Demolition Permit Inspections/ Cooling Towers Assessed	100% (216)	100% (109)	100%
COMPONENT OF TEAM #2 GENERAL EH PROGRAM WORK/INVESTIGATIONS			
Respond to all Complaints/Requests/Referrals within 24 hours (estimate)	100% (1212)	100% (1241)	100%
COMPONENT OF TEAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM			
Land Use Planning Applications – review/comment	100% (123)	100% (50)	100%
COMPONENT OF TEAM #4 COMPLIANCE & INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM			
Inspections of Facilities	100% (276)	100% (291)	100%
COMPONENT OF TEAM #5 EMERGENCY RESPONSE SUPPORT			
Emergency Responses	4	1	4
COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE			
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) catch basins treated	16.1 hectares of standing water 100% (103,495) catch basins treated	20 hectares of standing water 100% (103,000) catch 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)
COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION			
Respond to all concerns/ inquires	100% (341)	100% (519)	100% (400)
Presentation to community events, partners and clients	15	19	19

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2016 Planning & Budget Template

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

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	13.2	**13.2**
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

SECTION G

Expenditures:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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%
Total Expenditures	**$ 1,238,138**	**$ 1,207,489**	**$ 1,276,257**	**$ 1,215,447**	**$ (60,821)**	**(4.8)%**

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2016 Planning & Budget Template

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

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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						
Total Revenues	**$ 1,238,138**	**$ 1,207,489**	**$ 1,276,257**	**$ 1,215,447**	**$ (60,821)**	**(4.8)%**

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

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

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

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2016 Planning & Budget Template

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

SECTION B

SUMMARY OF TEAM PROGRAM

- The Safe Water and Rabies Team focuses on preventing/reducing the burden of water-borne illness related to drinking water and preventing/reducing the burden of water-borne illness and injury related to recreational water use. The Team also prevents the occurrence of rabies in humans.

SECTION C

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

- **OPHS Standards:** Foundational; Safe Water; Rabies Prevention and Control
- **Protocols under the OPHS**: Drinking Water Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol
- **Relevant Acts**: Health Protection and Promotion Act, Safe Drinking Water Act
- **Relevant regulations:** O. Reg. 319/08 (Small Drinking Water Systems); O. Reg. 170/03 (Drinking Water Systems); O. Reg. 169/03 (Ontario Drinking Water Quality Standards); O. Reg. 243/07 (Schools, Private Schools and Day Nurseries); O. Reg. 565/90 (Public Pools); O. Reg. 428/05 (Public Spas); O. Reg. 557/90 (Communicable Diseases); O. Reg. 567/90 (Rabies Immunization)

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Program: Safe Water & Rabies Team – EHCDP

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 DRINKING WATER PROGRAM

- Responding to Adverse Water Quality Incidents in municipal systems
- Issuing Drinking/Boil Water Advisories as needed
- Conducting water haulage vehicle inspections
- Providing resources (test kits and information) to private well owners

COMPONENT(S) OF TEAM PROGRAM #2 RECREATIONAL WATER PROGRAM

- Inspection of public pools (Class A and Class B)
- Inspection of public spas
- Inspection of non-regulated recreational water facilities (wading pools and splash pads)
- Offering education sessions for public pool and spa operators
- Investigating complaints related to recreational water facilities

COMPONENT(S) OF TEAM PROGRAM #3 BEACH MANAGEMENT PROGRAM

- Testing beaches in recreational camps in Middlesex-London
- Conducting annual environmental assessment of all public beaches in Middlesex –London
- Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards

COMPONENT(S) OF TEAM PROGRAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM

- Risk assessment of Small Drinking Water Systems (SDWS)
- Monitoring the test results of SDWS regularly
- Responding to Adverse Water Quality Incidents in SDWS

COMPONENT(S) OF TEAM PROGRAM #5 RABIES PREVENTION AND CONTROL

- Investigating human exposures to animals suspected of having rabies
- Confirming the rabies vaccination status of the animals (suspected of having rabies)
- Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis
- Liaising with Canada Food Inspection Agency for the testing of animals for rabies
- Rabies prevention awareness programs

Program: Safe Water & Rabies Team – EHCDP

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (As of Nov 15)**	**2016 (estimate)**
COMPONENT OF TEAM #1 DRINKING WATER PROGRAM			
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
COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM			
% of Class A pools inspected while in operation **(Accountability Agreement Indicator)**	100% (102)	100% (95)	100%
% of spas inspected while in operation (**Accountability Agreement Indicator)**	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
COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM			
The number of beaches monitored and sampled between May and September	1	1	1
COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM			
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 **(Accountability Agreement Indicator)**	None were due	No high risk SDWS in Middlesex-London	No high risk SDWS in Middlesex-London
COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL			
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification **(New Accountability Agreement Indicator)**	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%)

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Program: Safe Water & Rabies Team – EHCDP

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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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)%
Total Expenditures	**$ 790,920**	**$ 783,733**	**$ 813,552**	**$ 819,898**	**$ 6,346**	**0.8%**

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Program: Safe Water & Rabies Team – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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				
Total Revenues	**$ 790,920**	**$ 783,733**	**$ 813,552**	**$ 819,898**	**$ 6,346**	**0.8%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Maintaining collaborative partnership with the FoodNet program on private wells in Middlesex and London.
- Rolling out the enhanced pool and spa operator training program.
- Finalizing and disseminating educational materials for private well owners.
- Engaging with community partners to support organizing the 2016 Children's Water Festival in London.
- Working on special project on improving health and safety practices in recreational water facilities.

SECTION J

PRESSURES AND CHALLENGES

- Integration with components of the Health Hazard team will create both opportunities and challenges.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

None

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

SOUTHWEST TOBACCO CONTROL AREA NETWORK (SW TCAN)

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

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

SECTION B

SUMMARY OF TEAM PROGRAM

- The SW TCAN coordinates the implementation of the Smoke-Free Ontario Strategy (SFOS) in the Southwestern region of Ontario. Through regular meetings of the SW TCAN Steering Committee and subcommittees the SW TCAN staff engage all partners (9 Public Health Units, and SFOS resource centers and NGOs) in the development of a regional action plan based on local need. The TCAN staff manage the budget, and act as project managers to carry out the regional plan and report to the MOHLTC on progress. TCAN staff are members of provincial SFO task forces and ensure communication from the TCAN to the MOHLTC and provincial partners and to help guide the progress of the Smoke-Free Ontario Strategy provincially.

SECTION C

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

- **OPHS Standards:** Foundational; Chronic Disease Prevention
- **Protocols under the OPHS**: Tobacco Compliance Protocol, 2008
- **Relevant Acts**: *Health Protection and Promotion Act*, *Smoke-Free Ontario Act*, *Tobacco Control Act*, Municipal by-laws in local PHU areas. NEW: The *Electronic Cigarettes Act* is set to come into effect Jan 1st, 2016 and additionally there will be further amendments to SFOA as per the *Making Healthier Choices Act*

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

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 TOBACCO CESSATION

- Increase capacity of PHUs to work with heath care providers to speak to their patients/clients about tobacco use.
- Increase the capacity for PHUs to develop, implement, promote and evaluate local cessation clinics
- Increase cessation messages and specific opportunities for cessation support for Young Adults

COMPONENT(S) OF TEAM PROGRAM #2 TOBACCO PREVENTION AND YOUTH ENGAGEMENT

- Increase the number of youth and young adults exposed to provincial tobacco prevention campaigns
- 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 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

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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 TOBACCO CESSATION			
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, Wouldurather Quit the Denial etc.)	WuR =176, 084 D2Q= 575, 173 **Total: 751,257**	WuR = 246,584 D2Q= 999,650 **Total: 1,246,234**	WuR :Maintain or exceed D2Q: 0 (funding cut)
COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE			
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
COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT			
The number of regional meetings with Tobacco Enforcement Officers	6	6	6
The number of workplace packages distributed in follow-up to complaints	**606 kits** 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
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	11	11	11
# of training opportunities organized by the SW TCAN	8	3	TBD

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

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

SECTION G

Expenditures:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditure	**$ 436,500**	**$ 436,647**	**$ 436,500**	**$ 436,500**	**$ 0**	**0.0%**

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

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	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				
Total Revenue	**$ 436,500**	**$ 436,647**	**$ 436,500**	**$ 436,500**	**$ 0**	**0.0%**

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

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

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

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

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Director of Family Health Services area is comprised of the Director of Family Health Services and Chief Nursing Officer (CNO), the Program Assistant to the Director/CNO, an Epidemiologist, Program Evaluator and Community Health Nursing Specialist. The team supports the activities of the entire Family Health Services area. In addition, the mandate of the Chief Nursing Officer is the responsibility of the Director of Family Health Services. 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.

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Nursing Act, 1991 College of Nurses of Ontario

Program: Office of the Director

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, e.g. 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, e.g. Rapid Risk Factor Surveillance System (RRFSS), Research Advisory Committee (RAC), Community Health Status Report (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.

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Program: Office of the Director

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014 (actual)	**2015 (actual)**	**2016 (target)**
COMPONENT OF TEAM #1 EPIDEMIOLOGY & PROGRAM EVALUATION			
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
COMPONENT OF TEAM #2 CNO & CHNS - NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP			
Providing Nursing Practice Quality Assurance • Two annual All Nurse meetings • # of practice consultations	2 68	2 89 (as of Nov26/2015)	2 90
Nursing Leadership • Mentoring new nurse graduates (NNG) in the Nursing Graduate Guarantee program • # of presentations to undergraduates in post-secondary • # of meetings with academia	7 NNG hired 3 3	6 NNG hired 3 4	6 NNG hired as funding allows 3 3
Supporting Organizational Effectiveness • # of policy and procedural development	16	27	20

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Program: Office of the Director

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTES**	**2016 ESTIMATED FTES**
	6.25	**7.1**
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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%)
Total Expenditures	**$ 778,139**	**$ 670,608**	**$ 755,067**	**$ 814,478**	**$ 59,411**	**7.9%**

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Program: Office of the Director

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised 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		
Total Revenues	**$ 778,139**	**$ 670,608**	**$ 755,067**	**$ 812,391**	**$ 59,411**	**7.9%**

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

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

SECTION B
SUMMARY OF TEAM PROGRAM

The Reproductive Health Team (RHT) enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and are 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).

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

2016 Planning & Budget Template

Program: Reproductive Health Team

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), Mutual 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 an 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 received Baby-Friendly designation in 2015 and will maintain this designation in future years.

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

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Program: Reproductive Health Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2014 (actual)	2015 (actual)	2016 (target)
COMPONENT OF TEAM #1: PRECONCEPTION HEALTH			
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
COMPONENT OF TEAM #2: PRENATAL HEALTH			
6 - Week Series, Weekend Series, and e-Learning - # 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
Breastfeeding - # of classes provided & # of women/support persons attending breastfeeding session	• 10 classes: 63 women/46 supports	• 10 classes with 100 women/ 89 supports	• Maintain
Food Skills Program (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
COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD			
# of sessions offered & # of women/support persons attending	• 14 & 87/81	• 13/165/160	• 11 - maintain
COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE			
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
COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH			
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

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Program: Reproductive Health Team

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	16.0	**15.5**
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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		
Total Expenditures	**$ 1,387,192**	**$ 1,370,088**	**$ 1,508,892**	**$ 1,502,547**	**$ (6,345)**	**(0.4%)**

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Program: Reproductive Health Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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				
Total Revenues	**$ 1,387,192**	**$ 1,370,088**	**$ 1,508,892**	**$ 1,502,547**	**$ (6,345)**	**(0.4%)**

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Implementation of high risk prenatal education program
- Full implementation of previously piloted combined e-learning with skill building prenatal universal program
- 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.
- Partnering opportunities for food skills program and high risk prenatal program

SECTION J
PRESSURES AND CHALLENGES

- Personnel changes within a large number of staff continue to put pressure on this team.

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

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.
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.

Program: Early Years Team

FAMILY HEALTH SERVICES

EARLY YEARS TEAM

2016 Planning & Budget Template

Program: Early Years Team

SECTION A				
SERVICE AREA	FHS	**MANAGER NAME**	Ruby Brewer	**DATE**
PROGRAM TEAM	Early Years Team	**DIRECTOR NAME**	Suzanne Vandervoort Acting Director	January, 2016

SECTION B
SUMMARY OF TEAM PROGRAM

The goal of the Early Years Team is to improve the health and developmental outcomes for children by providing a range of services designed to address the physical, 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.

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

Ontario Public Health Standards: Child Health, Chronic Disease and Injury Prevention, Foundational Standard
Child & 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).

Program: Early Years Team

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

2016 Planning & Budget Template

Program: Early Years Team

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 augment 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.

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Program: Early Years Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	**2015 (actual)**	**2016 (target)**
Total # clients receiving direct 1:1 service	**5,079 clients**	**5,928 clients**	**6,223 - increase 5%**
Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT			
• 1:1 counselling and support an Infant Growth/ Development & Breastfeeding Drop-ins (Drop-ins), Breastfeeding Appointment (BFO) and Health Connection (HC)	• 4,349 visits received 1:1 @ WBCs; HC 730; InfantLine 335	• 1:1 @ Drop–ins 1,568, @ HC 656, @ BFO 271, 48 hr. calls 1,023	• 1:1 services increase 5%.
• Social Marketing and social media/website initiatives.		• Facebook Ads-20	• Increase social media
• Partnerships with LHSC and La Leche League			• Increase partnerships
Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT			
• 1:1 support, skill building, developmental screening at Drop-ins, HC and community locations.	• 3445 screens; HC 943	• 1:1 @ Drop-ins 2225, HC 710, screens 139	• 1:1 – service increase 5%.
• Presentations to families, health care providers(HCP) and licensed child care centre (LCC)		• Presentations–284	• Presentations >5%.
• Campaign -'Building Healthy Brains to Build A Healthy Future' campaign, social media & website		• 18 new web pages, post ads, 4 contests	• Phase 1 & Phase 2 Campaign
Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT			
• 1:1 parent education, counseling and support at Drop-ins and Health Connection (HC).	• 4,173 @ WBCs, Calls: 1,168 Infantline, 1,032 HC	• 1:1- 278 clients.	• 1:1 service increase 5%
• Group presentation/education sessions including car seat safety and Triple P	• 90 presentations, Lets Grow 14,548	• 133 group sessions	• Increase group sessions.
• Social media & MLHU website including Parenting-Infant Car Seat Winter Safety & Child Safety	• summer safety campaign	• Facebook Post Ads & contests	• Increase social media.
Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY			
• Direct 1:1 education, counseling, support and NutriSTEP screening.	• NutriSTEP promo. 100 screens, 3 events	• 1:1 @ Drop-ins 369 HC 124, NutriSTEP 6	• 1:1 service increase 5%.
• Presentations.		• 14 presentations	• Increase
• Social media campaigns.		• Physical Literacy	• 1 campaign

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Program: Early Years Team

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	16.3	**15.4**
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditures	**$ 1,601,224**	**$ 1,605,247**	**$ 1,582,741**	**$ 1,557,731**	**$ (25,010)**	**(1.6%)**

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Program: Early Years Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 1,601,224	$ 1,601,137	$ 1,582,741	$ 1,557,731	$ (25,010)	(1.6%)
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		4,110				
Total Revenues	**$ 1,601,224**	**$ 1,605,247**	**$ 1,582,741**	**$ 1,557,731**	**$ (25,010)**	**(1.6%)**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- 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.
- 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.
- 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
- Building healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network
- Enhanced collaboration with LHSC to improve postpartum discharge transition to community support particularly early breastfeeding appointments

2016 Planning & Budget Template

Program: Early Years Team

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

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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Family Health Services	**MANAGER NAME**	Debbie Shugar	**DATE**
PROGRAM TEAM	Screening, Assessment and Intervention	**DIRECTOR NAME**	Suzanne Vandervoort	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

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

SECTION C

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

This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :

- Foundational Standard
- Child Health Program

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

Program: Screening, Assessment and Intervention

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 audiological 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.

2016 Planning & Budget Template

Program: Screening, Assessment and Intervention

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014/15 (actual)	2015/16 (anticipated)	2016 (target)
Component of Team #1 tykeTALK (Thames Valley)			
			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
Number of children seen for assessment and/or intervention	3,241	3,250	3,250
Component of Team #2 Infant Hearing Program – SW Region			
% 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 audiological 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%
Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)			
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

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Program: Screening, Assessment and Intervention

SECTION F STAFFING COSTS:	2014/2015 TOTAL FTEs	2015/2016 ESTIMATED FTEs
	29.83	**29.83**
MLHU Staff:		
Program Manager	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
Contract Staff :		
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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					
Total Expenditures	**$ 2,751,860**	**$ 2,751,860**	**$ 2,871,048**	**$ 2,871,048**		

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2016 Planning & Budget Template

Program: Screening, Assessment and Intervention

SECTION H
FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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%	2,706,420	2,751,860	2,812,962	2,812,962		
User Fees						
Other Offset Revenue	35,440		48,086	48,086		
Total Revenues	**$ 2,751,860**	**$ 2,751,860**	**$ 2,871,048**	**$ 2,871,048**		

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Implementation of the regional plans for the provincial Special Needs Strategy for Coordinated Services and Integrated Rehabilitation
- 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
- Streamline data entry processes in order to enter data in a more timely fashion
- Collaborate with HBHC to better integrate hearing and post-partum screens in the hospital
- Signing of the MCYS Data Sharing Agreement and implementing the plan for obtaining consent

SECTION J
PRESSURES AND CHALLENGES

- 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
- System changes as a result of the Special needs Strategy will require significant change management

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- 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)
- MLHU signing of the MCYS Data Sharing Agreement will avoid duplication of data entry between HBHC and IHP.

FAMILY HEALTH SERVICES

BEST BEGINNINGS TEAM

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

SECTION B

SUMMARY OF TEAM PROGRAM

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

- **The Healthy Babies Healthy Children (HBHC) Program** focuses on high risk families during pregnancy and 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).
- **The Family Health Clinic** 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).
- **The Smart Start for Babies (SSFB) Program** 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.
- **Eight Homeless/Family Shelters** receive public health nursing services on a regular basis including direct care, counselling, consultations, community referrals, HBHC referrals, and group support.

Program: Best Beginnings Team

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

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.

2016 Planning & Budget Template

Program: Best Beginnings Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014 (actual)	**2015 (actual)**	**2016 (targets)**
Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION			
			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 In-depth 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%
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at homeless/family shelters	227	195	200
Number of client visits to Nurse Practitioner (NP) at Family Health Clinics	1,566	1,485	1,500
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
Component of Team #3 – PRENATAL SUPPORT & EDUCATION (SSB)			
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

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2016 Planning & Budget Template

Program: Best Beginnings Team

SECTION F: **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	35.61	**35.91**
HBHC Staff - Ministry of Children & Youth Services 100%:		
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	2.5	2.5
	27.5	**27.5**
Ministry of Health & Long-Term Care & Middlesex London (cost share):		
Program Manager		
Public Health Nurse	0.5	0.5
Nurse Practitioner	3.25	3.55
Program Assistant	1.0	1.0
	1.0	1.0
	5.75	**6.05**
Ministry of Health & Long Term Care 100%:		
SDOH Public Health Nurse	**1.0**	**1.0**
SSFB Contract Staff: Public Health Agency Canada		
Site Coordinators (0.1 FTE x 7 site coordinators)	0.7	0.7
Program Assistant	0.5	0.5
Registered Dietitian	0.1	0.1
Casual Public Health Nurse	0.06	0.06
	1.36	**1.36**

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2016 Planning & Budget Template

Program: Best Beginnings Team

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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		
Total Expenditures	**$ 3,306,791**	**$ 3,264,218**	**$ 3,313,898**	**$ 3,412,420**	**$ 98,522**	**3.0%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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				
Total Revenues	**$ 3,306,791**	**$ 3,264,218**	**$ 3,313,898**	**$ 3,412,420**	**$ 98,522**	**3.0%**

2016 Planning & Budget Template

Program: Best Beginnings Team

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 FHVs 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 that 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

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

SECTION B

SUMMARY OF TEAM PROGRAM

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.

SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

2016 Planning & Budget Template

Program: Child Health Team

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
- Implementing 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:

- implementing 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

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.

2016 Planning & Budget Template

Program: Child Health Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014 (actual)	**2015 (actual)**	**2016 (target)**
Component of Team #1: HEALTHY EATING			
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 Let's Get Cookin"	49 (new initiative in 2014)	42	Same number of registrants better suited to implement the program
COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION			
# of schools with Active and Safe Routes to school plans	8	14	increase
Component of TEAM #3: GROWTH AND DEVELOPMENT			
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
COMPONENT OF TEAM # 4 MENTAL HEALTH PROMOTION			
# of Healthy School Committees	56	71	increase
COMPONENT OF TEAM #5: PARENTING (FHS WIDE OUTCOME INDICATOR)			
# 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 sexuality	1 campaign – for parents to find strategies for talking about sexuality	N/A

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Program: Child Health Team

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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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		
Total Expenditures	**$ 1,477,254**	**$ 1,468,333**	**$ 1,642,380**	**$ 1,689,282**	**$ 46,902**	**2.9%**

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2016 Planning & Budget Template

Program: Child Health Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Revenues	**$ 1,477,254**	**$ 1,468,333**	**$ 1,642,380**	**$ 1,689,282**	**$ 46,902**	**2.9%**

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

None

FAMILY HEALTH SERVICES

YOUNG ADULT TEAM

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

SECTION B

SUMMARY OF TEAM PROGRAM

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.

SECTION C

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

Ontario Public Health Standards:

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

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Young Adult Team

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

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2014 (actual)	2015 (actual)	2016 (target)
COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS			
# of student receiving one-on-one support from school nurse	2,063	2,473 supports	2,500
Most significant change: Stories of impact.	N/A	N/A	1 story from each PHN
COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS			
# 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 deliver activities addressing one specific health topic using 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 evidence-informed decision making (e.g., find and critique literature, determine the local context and feasibility, create logic models and program planning and evaluation)	N/A	N/A	75%
COMPONENT OF TEAM #3 SUBSTANCE USE: TOBACCO CESSATION			
# 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.

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2016 Planning & Budget Template

Program: Young Adult Team

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	11.5	**11.0**
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

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditures	**$ 1,143,579**	**$ 1,096,752**	**$ 1,132,614**	**$ 1,095,297**	**$ (37,317)**	**(3.3%)**

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2016 Planning & Budget Template

Program: Young Adult Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised 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				
Total Revenues	**$ 1,143,579**	**$ 1,096,752**	**$ 1,132,614**	**$ 1,095,297**	**$ (37,317)**	**(3.3%)**

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- 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).
- Increase awareness of Foundations of a Healthy School among teachers and principals.
- Collaborate closely with school mental health champions
- 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.
- Increased engagement in social media targeted at youth.

SECTION J
PRESSURES AND CHALLENGES

- Teacher labour disruptions have been an issue in recent years and may continue to be.

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- PBMA Disinvestment: Community Mobilization of Developmental Assets Position - 0.5 FTE PHN position = $50,986

OFFICE OF THE MEDICAL OFFICER OF HEALTH

OMOH & TRAVEL CLINIC

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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Office of the Medical Officer of Health (OMOH)	**MANAGER NAME**	Dr. Chris Mackie	**DATE**
PROGRAM TEAM	Office of the Medical Officer of Health (OMOH)	**DIRECTOR NAME**	Dr. Chris Mackie	January, 2016

SECTION B

SUMMARY OF TEAM PROGRAM

Provides support to the Board of Health and Board Committees as well as overall leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, OMOH administrative staff, and the travel clinic.

SECTION C

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

Health Promotion and Protection Act

- Overall compliance
- Requirement to have a full time medical officer of health.

Ontario Public Health Standards**:**

- Foundational Standard
- Organizational Standard

2016 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - Overall Leadership and Strategy

- Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team
- Ensuring decisions are guided by relevant research ("evidence-informed")

COMPONENT(S) OF TEAM PROGRAM #2 - Financial Management

- Developing and implementing annual budget in partnership with the Director of Finance and the Senior Leadership Team

COMPONENT(S) OF TEAM PROGRAM #3 - Board of Health Support

- Preparing materials for meetings of the Board of Health and Board Committees
- Providing Secretary/Treasurer functions
- Ensuring implementation of decisions of the Board of Health

COMPONENT(S) OF TEAM PROGRAM #4 – Travel Immunization Clinic Service Contract

- Monitors and oversees the Travel Immunization Clinic service contract

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 - OVERALL LEADERSHIP			
Strategic Plan Progress	77% Completed 15% In Progress 8% Delayed	100% On Track or Completed	100% On Track or Completed
COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT			
Budget Change – Municipal Funding	0%	0%	0%
Year-End Variance	<1%	<1%	<1%
COMPONENT OF TEAM #3 - BOARD OF HEALTH SUPPORT			
Board of Health Members Satisfied or Very Satisfied with Meeting Process (timeliness and quality of materials and support during meetings)	90%	91%	Maintain or Improve

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2016 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	3.1	**2.9**
Medical Officer of Health & Chief Executive Officer	1.0	1.0
Executive Assistant	1.5	1.3*
Program Assistant (Travel Clinic)	0.6	0.6

* 0.2 FTE work transferred to other service areas

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 413,128	$ 435,201	$ 417,423	$ 401,316	$ (16,107)	(3.9)%
Benefits	87,510	94,414	89,651	88,050	(1,601)	(1.8)%
Travel	7,000	3,294	6,000	6,000		
Program Supplies	10,448	2,098	8,448	8,448		
Staff Development	3,300	3,060	5,300	5,300		
Professional Services	19,400	16,274	16,400	14,400	(2,000)	(12.2)%
Furniture & Equipment		730	10,000	5,000	(5,000)	(50.0)%
Other Program Costs	13,932	4,079	13,932	2,932	(11,000)	(80.0)%
Total Expenditures	**$ 554,718**	**$ 559,150**	**$ 567,154**	**$ 531,446**	**$ (35,708)**	**(6.3)%**

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2016 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 490,846	$ 491,786	$ 508,133	$ 472,425	$ (35,708)	(7.0)%
MOHLTC – 100%	58,872	62,468	54,021	54,021		
MCYS – 100%						
User Fees						
Other Offset Revenue	5,000	4,896	5,000	5,000		
Total Revenues	**$ 554,718**	**$ 559,150**	**$ 567,154**	**$ 531,446**	**$ (35,708)**	**(6.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Strengthening and implementing the MLHU Strategic Plan
- Championing implementation of new organizational structure
- Leading through process of identifying and analyzing options for future London location
- Supporting development and implementation of new planning and evaluation framework
- Continuing to advance MLHU's work with municipal partners on social determinants of health such as poverty

SECTION J

PRESSURES AND CHALLENGES

- Balance of internal and external demands
- Transition to administrative relationship with LHIN

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- Modify the Executive Assistant to the Board of Health and Program Assistant for Communications Roles ($0, 0 FTE) – this modification, which combines the two roles into one, will include a reallocation of specific work, budget and FTE that had previously been associated with OMOH and Communications, to other areas.

OFFICE OF THE MEDICAL OFFICER OF HEALTH

COMMUNICATIONS

2016 Planning & Budget Template

Program: Communications – OMOH

SECTION A				
SERVICE AREA	Office of the Medical Officer of Health	**MANAGER NAME**	Dan Flaherty	**DATE**
PROGRAM TEAM	Communications	**DIRECTOR NAME**	Dr. Chris Mackie	January, 2016

SECTION B

SUMMARY OF TEAM PROGRAM

Acts as an internal Media Relations, Advertising, Marketing, Graphic Design and Communications agency for the Health Unit. Role is to promote and enhance the MLHU brand and profile as a public health leader in London and Middlesex County, and across Ontario. This is done through a communications support program that includes: strategic and risk communications initiatives, media relations support and training, the development and coordination of targeted advertising, marketing and promotional campaign materials; development and maintenance of the website, online content and social media channels. In 2016, Communications will also coordinate the MLHU's Healthcare Provider Outreach program to streamline communication with healthcare providers in London and Middlesex County.

SECTION C

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

OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards.

Program: Communications – OMOH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 MEDIA RELATIONS

Media Relations enhances public awareness of MLHU programs and services and their value to London and Middlesex County residents. Communications issues periodic media releases, which highlight program initiatives, services, announcements and achievements. The team also responds to media requests and works with staff to prepare spokespeople for interviews. Communications also assists in developing key messages, Q&As, media lines, backgrounders and other resources as necessary.

COMPONENT(S) OF TEAM PROGRAM #2 ADVERTISING AND PROMOTION

Advertising and Promotion support agency initiatives and services through campaign materials and marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertising in print, broadcast, online and/or display media. The Marketing Coordinator coordinates the development of campaign materials. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Campaigns are developed in consultation with Health Unit teams, focusing on target audience, demographics, program goals and budget. Communications coordinates advertising bookings and liaises with contracted graphic design firms as necessary.

COMPONENT(S) OF TEAM PROGRAM #3 ONLINE ACTIVITIES

Communications maintains, updates and coordinates all MLHU online activities. The goal of online activities is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources, such as www.dinesafemiddlesexlondon.ca (food premises disclosure website – re-designed in 2015), www.healthunit.com/inspections (public pools and spas; Personal Service Settings and tattoo shops inspections disclosure website – launched in 2015)and www.iparent.net (Triple P, parenting workshops, resources, etc.). Additional opportunities for interaction with MLHU clients and community members are provided through the MLHU's social media channels (Twitter, Facebook, YouTube). A new program-managed Twitter account (@MLTeens through which PHNs and staff support students, families and secondary schools in London and Middlesex) was launched in 2015. Additional web-based activities include online contests, response to user comments and feedback posted on social media, as well as responding to feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

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

Communications enters into three-year non-exclusive service agreements with local graphic design agencies to provide marketing and design services to the MLHU. The current agreements (with Keyframe Communications, Kreative! Advertising and Si Design) were signed in October 2014 and expire in October, 2017. Although four service providers had signed the most recent agreements, one contract was ended when Jason Micallef of Imantis Advertising was hired as the MLHU's Marketing Coordinator. Jason has since provided some in-house graphic design support to MLHU teams. The need for marketing and design support is expected to remain as strong in 2016.

2016 Planning & Budget Template

Program: Communications – OMOH

COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT
Communications drafts the MLHU's Annual Report drawing on the knowledge of service areas and teams for content which includes notable achievements and highlights from the previous year. The Annual Report is produced in an online format and is available for download through the MLHU website (www.healthunit.com/annual-reports) making it easily available at any location with Internet access. Hard copy versions of the any of the MLHU's previous Annual Report may be printed directly from the online pdf versions as needed.
COMPONENT(S) OF TEAM PROGRAM #6 STAFF RECOGNITION
Communications coordinates the planning of the MLHU's Annual Staff Day event. The Staff Day Planning Committee is chaired by the Communications Manager and includes representation from all Service Areas. Staff Day celebrates MLHU's achievements from the current year, acknowledges staff contributions and presents awards to staff for their years of service.
COMPONENT(S) OF TEAM PROGRAM #7 HEALTHCARE PROVIDER OUTREACH
This new component of the program will see the MLHU's Healthcare Provider Outreach coordinator work as a member of the Communications Team, ensuring consistency of message, dissemination of program and service information and providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives.

2016 Planning & Budget Template

Program: Communications – OMOH

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015	2016 (estimate)
COMPONENT OF TEAM #1: MEDIA RELATIONS			
Media stories	950	868	800 (est.)
COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION			
Campaigns	- Bus & transit shelter ads - Billboards - Radio ads - Print ads - YouTube ads - Facebook ads	- We're HERE for YOU - Sun Safety - iParent - inMotion, - Booster Seats - Lyme Disease - West Nile Virus (billboards, buses, transit shelters, print, YouTube)	Continued development of *We're HERE for YOU*, iParent, etc. Other campaigns to be developed in consultations with Service Area teams.
Social Media metrics	**FB:** 2.6m impressions **AdTube:** 23,838 views; 209,311impressions **Twitter:** 2,280 tweets; 1,823 new followers	**Facebook:** 5.0m impressions **AdTube:** 86,897 views; 1,028,918 impressions **Twitter:** 4,213 Tweets; 1,750 new followers	Same or greater
COMPONENT OF TEAM #3: ONLINE ACTIVITIES			
Enhancements to online presence	On-going development & improvement to websites and social media; creation of new online resources and content; increasing capacity among staff.	- New disclosure websites for PSSs, Pools & Spas, and overhaul of DineSafe website - Investigating new social media platforms; creation of MLTeens Twitter account. - Capacity building at the team level. - More than 50 new videos on the MLHU YouTube channel.	On-going quality assurance work on the MLHU website and development of social media presence; investigation of new platforms; development of overhauled online prenatal registration system.

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2016 Planning & Budget Template

Program: Communications – OMOH

SECTION F STAFFING COSTS:	2015 TOTAL FTEs	2016 ESTIMATED FTEs
	3.3	**3.2**
Program Manager	1.0	1.0
Online Communications Coordinator	1.0	1.0
Program Assistant	0.8	0.0
Marketing Coordinator	0.5	0.5
EA to Communications and the Board of Health	0.0	0.7

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 231,740	$ 217,131	$ 241,161	$ 239,714	$ (1,447)	(0.6)%
Benefits	56,712	54,955	60,916	62,415	1,499	2.5%
Travel	1,485	1,024	1,485	1,485		
Program Supplies	73,260	76,488	42,660	42,660		
Staff Development	1,165	300	1,165	1,165		
Professional Services						
Furniture & Equipment	1,400	786	650	650		
Other Program Costs	15,360	15,505	15,360	15,360		
Total Expenditures	**$ 381,122**	**$ 366,189**	**$ 363,397**	**$ 363,449**	**$ 52**	**0.01%**

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2016 Planning & Budget Template

Program: Communications – OMOH

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 381,122	$ 366,189	$ 363,397	$ 363,449	$ 52	0.01%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 381,122**	**$ 366,189**	**$ 363,397**	**$ 363,449**	**$ 52**	**0.01%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Phase three of the "We're HERE for YOU" Agency Awareness Campaign (spring, summer and fall);
- Increased effort to seek out and promote stories about the MLHU's programs, services and activities;
- Continued enhancement of the MLHU's Social Media presence;
- Potential to increase role of the Marketing Coordinator;
- Enhance knowledge of Communications' role and communicate processes effectively to staff members;
- Review of Corporate Graphic Standards;
- Strengthening of the Healthcare Provider Outreach program as a result of the organizational structure review.

SECTION J

PRESSURES AND CHALLENGES

- Continued decreases in media opportunities in London and Middlesex County have created greater challenges to obtaining coverage of MLHU stories and announcements (as evidenced by the reduced number of MLHU-related stories in the traditional media in 2015). This includes Bell Media staff reductions (including the elimination of CTV London's Health Reporter and Steve Garrison's position at NewsTalk 1290 CJBK, both of which provided numerous opportunities to tell MLHU stories), and newsroom changes at Blackburn Radio.
- New organizational structure in 2016 may create pressures for Communications.

2016 Planning & Budget Template

Program: Communications – OMOH

- Addition of the Healthcare Provider Outreach Coordinator to the Communications Team. This will provide additional opportunities to communicate information about MLHU programs and services with a primary audience.
- Expected increase in demand for in-house design and marketing support.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Modify the Executive Assistant to the Board of Health and Program Assistant for Communications Roles ($0, 0 FTE) – this modification, which combines the two roles into one, will include a reallocation of specific work, budget and FTE that had previously been associated with OMOH and Communications, to other areas.

OFFICE OF THE MEDICAL OFFICER OF HEALTH

EMERGENCY PLANNING

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SECTION A				
SERVICE AREA	Office of the Medical Officer of Health	**MANAGER NAME**	Patricia Simone	**DATE**
PROGRAM TEAM	Emergency Preparedness	**DIRECTOR NAME**	Dr. Christopher Mackie	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

This program ensures that the Health Unit can effectively respond to public health emergencies and emergencies with public health impacts, and monitors, assesses and responds to urgent public health matters. The program also works with neighbouring stakeholders to achieve strong sustainable emergency planning while strengthening the capacity to monitor and respond to urgent public health threats, and also develops proactive and preventive strategies for urgent threats and emergencies.

SECTION C

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

- Emergency Management & Civil Protection Act, R.S.O. 1990, c. E. 9.
- Ontario Public Health Standards – Public Health Emergency Preparedness Protocol (2015), Requirements #1 to #8.
- Canadian Standards Association – Z94.4-11 “Selection, use and care of respirators”
- Occupational Health and Safety Act and Regulations, R.S.O. 1990
- 2015 Fire Code
- Dangerous Goods Transportation Act, R.S.O. 1990
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC)
- Health Protection and Promotion Act, R.S.O. 1990, c. H. 7
- Incident Management System (IMS) for Ontario Doctrine, 2008
- MLHU Policy # 8-051, “Respirator Protection – Fit-testing”.

Program: Emergency Planning – OMOH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 AWARENESS, EDUCATION, TRAINING AND EXERCISE

a) Recruit, maintain databases, train, educate citizens to register for Community Emergency Response Volunteers (CERV) who in emergency situations will be mobilized to support the work efforts of MLHU staff. CERV are valuable resources in potential mass immunization clinics and are trained to assist in shelter management situations.
b) Attendance at an average of six fairs annually leverages opportunities for risk populations to gain literature and education on emergency planning practices.
c) Oversees the Fit-testing Program for MLHU staff, volunteers and fee for service model to public ensuring compliance with MLHU Policy # 8-051 "Respirator Protection – Fit-testing", CSA Z94.4-11 "Care and Use of Respirators" and best practices of Ministry of Labour orders.
d) Oversees the Designated Officer Program ensuring first responder agencies comply with the Exposure of Emergency Serve Workers to Infectious Diseases Protocol (MOHLTC).

COMPONENT(S) OF TEAM PROGRAM #2 DETERMINANTS OF HEALTH/OUTREACH TO VULNERABLE SECTOR IN EMERGENCIES

a) Consult with and support visiting home nurse teams, infection control networks, and infant and early years staff on emergency planning practices and products for home use.
b) Consult with and support NGO's and victim support teams to reach high risk clients.
c) Ensure public health representation on city and municipal and stakeholder planning groups ensuring evacuation preparedness.
d) Implement Health Equity Impact Assessment
e) Add updated 'Breastfeeding in Emergencies' brochure to website and translate to Large Print and Braille

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015	2016 (estimate)
COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS			
a) External Emergency Planning meetings with community stakeholder groups	75	75	70-75
b) Printed material production, distribution and/or presentations to community partners.	34	35	35-45
COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN/BUSINESS CONTINUITY			
Update of Emergency Response Plan (ERP)	Ongoing	Ongoing	Ongoing

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Program: Emergency Planning – OMOH

COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION			
Testing of and Use of Notification systems	Systems tested	committee to install ERMS	*Systems tested on schedule
COMPONENT OF TEAM #4 EDUCATION AND TRAINING			
Community Emergency Response Volunteers (CERV) available	165	185	response from 100
Number of clients fit-tested in public clinics	623	800	900
COMPONENT OF TEAM #5 PROMOTING EMERGENCY PLANNING OUTREACH			
Provision of 'kit' items to health unit clients, and presentations to external agencies.	24	20-30	20-30

SECTION F STAFFING COSTS:	2015 TOTAL FTEs	2016 ESTIMATED FTEs
TOTAL	**1.7**	**1.7**
Program Manager	1.0	1.0
Program Assistant	0.7	0.7

SECTION G
EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 118,461	$ 127,689	$ 122,444	$ 124,726	$ 2,282	1.9%
Benefits	27,873	29,999	28,640	29,488	848	3.0%
Travel	3,750	2,770	3,000	3,000		
Program Supplies	13,648	22,382	13,648	13,648		
Staff Development	1,250	1,925	1,250	1,250		
Professional Services						
Furniture & Equipment						
Other Program Costs	7,190	23,266	12,190	12,190		
Total Expenditures	**$ 172,172**	**$ 208,031**	**$ 181,172**	**$ 184,302**	**$ 3,130**	**1.7%**

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2016 Planning & Budget Template

Program: Emergency Planning – OMOH

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 30,462	$ 43,772	$ 35,225	$ 38,355	$ 3,130	8.9%
MOHLTC – 100%	126,710	126,710	130,947	130,947		
MCYS – 100%						
User Fees						
Other Offset Revenue	15,000	37,549	15,000	15,000		
Total Revenues	**$ 172,172**	**$ 208,031**	**$ 181,172**	**$ 184,302**	**$ 3,130**	**1.7%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Updating of EP/CERV/Fit-testing/DO web pages
- Creation of emergency/social media monitoring protocol
- Reassessment of municipal evacuation centres through public health lens
- Recruit key personnel for input into emergency exercise in June, (mass vaccination scenario)
- Rewrite MLHU Fire Plan, seek approval from SLT and dispense
- Write Transportation of Dangerous Goods Policy
- Recruit and begin to train new CERV team, for September 2016
- Complete 3 new brochures: Safe Food Handling, Automated External Defibrillators, Colour Code Nomenclature Course

SECTION J

PRESSURES AND CHALLENGES

- Program being moved into a different work group will likely require additional meetings and risk scheduling conflicts
- Encouraging the IMS team to complete level 200 training

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

None

HUMAN RESOURCES & CORPORATE STRATEGY

HUMAN RESOURCES & LABOUR RELATIONS

2016 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION A				
SERVICE AREA	Human Resources & Corporate Strategy	**MANAGER NAME**	Laura Di Cesare	**DATE**
PROGRAM TEAM	Human Resources & Labour Relations	**DIRECTOR NAME**	Laura Di Cesare	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

- The HRLRS Team is comprised of the Human Resources, Library Services, Reception functions and Corporate Training.
- Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization.
- The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle.
- Library Services supports MLHU employees and is also one of 4 hub libraries in the province.
- Reception Services
- Corporate Training

SECTION C

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

HUMAN RESOURCES:

- Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013

LIBRARY:

- Foundational Standard – supports evidenced based program delivery and knowledge exchange

CORPORATE TRAINING:

- Supports the delivery of mandatory legislated training.

Program: Human Resources & Labour Relations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HUMAN RESOURCES

Human Resources responsibilities include all components related to an employee's "life-cycle" while at MLHU. These responsibilities include

a) *Workforce Planning (e.g.* recruitment; succession planning; HR Metrics and reporting to support strategic and operational initiatives);
b) *Workforce Engagement (e.g. o*rientation; employee training and development initiatives; rollout of new agency-wide initiatives);
c) *Workforce Maintenance (e.g.* Collective Agreement negotiations and grievance management; job design and evaluation; benefits and pension administration; performance management; policy development/administration); and
d) *Workforce Separation (e.g.* management and administration of resignations, retirements and terminations).

COMPONENT(S) OF TEAM PROGRAM #2 - LIBRARY SERVICES

MLHU public health librarians develop and maintain print and electronic resources to serve the information needs of public health practitioners.

They offer training and help with accessing and using the products and services of the library in addition to providing reference services, interlibrary loans, and bibliographic database searching. As part of the Shared Library Services Partnership (SLSP) launched by Public Health Ontario, the MLHU Library provides the same library services to 5 additional health units including Chatham-Kent Health Unit, Elgin-St. Thomas Public Health, Haldimand Norfolk Health Unit, Niagara Region Public Health, and Windsor-Essex County Health Unit.

COMPONENT(S) OF TEAM PROGRAM #3 – RECEPTION

Reception services provided includes, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street receptionists also provide coverage for the vaccine clerk.

COMPONENT(S) OF TEAM PROGRAM #4 – CORPORATE TRAINING

Corporate Training supports and delivers employee training and development including technical training (software), government legislated, leadership development, and corporate learning.

2016 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015**	**2016 (estimate)**
Component of Team #1 – Human Resources			
Employee Engagement Score	64% engaged/highly engaged	68%	Same or increased
Internal Client Satisfaction Survey	Initiated	81%	Same or increased
Component of Team # - Library Services			
Internal Client Satisfaction Survey	Initiated	70%	Same or increased
Combined MLHU and Shared Libraries Statistics			
% of reference questions acknowledged within 1 day and completed within an agreed upon timeline	99.34%	99.26%	Same or increased
% of Comprehensive Literature Searches completed within four weeks	95.10%	94.55%	Same or increased
% of Article Retrieval/document delivery completed within five days	97.44%	98.98%	Same or increased
% of Book delivery completed within ten days	98.04%	99.68%	Same or increased

Component of Team #3 - Reception			
Internal Client Satisfaction Survey	Initiated	86%	Same or increased
% of calls to MLHU answered by Reception	(Avg. 85.5 calls/day) 12%	(Avg. 84 calls/day) 15.7%	Same

Component of Team #4 – Corporate Training			
Mandatory Training Initiatives	8	9	Same
% of completion of legislated mandatory training (AODA and OHSA)	n/a	86%	Same or increased

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2016 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	9.68	9.68
Director	1.0	1.0
HR Officer	2.0	2.0
HR Coordinator	2.0	2.0
Student Education Program Coordinator	0.5	0.5
Librarian	2.0	2.0
Program Assistant	1.18	1.18
Corporate Trainer	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 699,095	$ 656,493	$ 712,571	$ 702,247	$ (10,324)	(1.4%)
Benefits	166,362	155,730	162,477	174,899	12,422	7.6%
Travel	5,120	3,514	6,370	6,370		
Program Supplies	68,376	63,386	52,377	52,377		
Staff Development	6,557	5,465	91,557	106,557	15,000	16.4%
Professional Services	11,300	8,318	36,300	66,300	30,000	82.6%
Furniture & Equipment	500	730	500	500		
Other Program Costs	5,722	5,804	5,972	5,972		
Total Expenditures	**$ 963,032**	**$ 899,440**	**$ 1,068,124**	**$ 1,115,222**	**$ 47,098**	**4.4%**

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2016 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 843,122	$ 783,465	$ 960,649	$ 1,007,747	$ 47,098	4.9%
PHO – 100%	119,910	115,975	107,475	107,475		
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 963,032**	**$ 899,440**	**$ 1,068,124**	**$ 1,115,222**	**$ 47,098**	**4.4%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Implementation of new organizational structure
- Management Development Program – Management 360 assessments and coaching, Managing in a Unionized Environment Management Training
- Meyers-Briggs Type Indicator internally facilitated sessions for team building
- Comprehensive Well-being strategy and plan
- Implementing the psychological standard for mental health, including management training
- Rollout of new EAP Provider – communication plan and promotion of new services
- Hosting the Association of Public Health Business Administrators (AOPHBA) annual conference in London in September
- Policy review and agency-wide coordination of HR policies and processes, such as flex time, attendance, etc.
- Full implementation of Learning Management System for processing online training and tracking staff development
- Staff compensation education
- Aligning library services more closely with the work of epidemiologists and program evaluators to support an evidence and practice-based planning framework for the health unit

2016 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION J

PRESSURES AND CHALLENGES

- Ensuring change management principles are utilized in the implementation of the new organizational structure
- Staffing and role changes within the Human Resources team and the re-branding of HR staff as business partners
- Building a relationship with the new Labour Relations Officer for CUPE
- Several mandatory training initiatives will compete for time from all employees which is limited by their regular work assignments
- Growing requests for the development of online training modules for staff training organization-wide
- Managing library service demands
- Managing the change of the librarians joining a newly created team within the health unit and developing strong bonds with the new team

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 casual staff budget
- $55,000 Comprehensive well-being program for staff

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

- $40,000 Managing in a Unionized Environment - Leadership and Management Development Program

The following efficiencies have been implemented in the library program:

- Collaborative purchasing across the 4 SLSP libraries to enhance coverage and avoid duplication of journal titles
- Ordering journals directly from publishers rather than a subscription management intermediary to avoid administrative fees and possibly negotiate better pricing.

HUMAN RESOURCES & CORPORATE STRATEGY

PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Human Resources & Corporate Strategy	**MANAGER NAME**	Vanessa Bell	**DATE**
PROGRAM TEAM	Privacy and Occupational Health and Safety	**DIRECTOR NAME**	Laura Di Cesare	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

The Health Unit's privacy and occupational health and safety programs facilitate compliance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA) and the Occupational Health and Safety Act. This is achieved by supporting the Board of Health and the Senior Leadership Team in the continued development and maturation of each program through the identification, monitoring and/or resolution of prioritized organizational risks. The program also supports service areas across the organization when specific issues respecting these areas arise.

SECTION C

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

- Municipal Freedom of Information and Protection of Privacy Act
- Personal Health Information Protection Act
- Occupational Health and Safety Act
- Fire Prevention and Protection Act and the Fire Code
- Ontario Public Health Organizational Standards (OPHOS)
  - Item 6.2 re.: Risk Management;
  - Item 6.14 re.: Human Resources Strategy

2016 Planning & Budget Template

Program: Privacy and Occupational Health and Safety – HRLR

SECTION D **COMPONENT(S) OF TEAM PROGRAM #1: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY**
Facilitate activities to enhance the Health Unit's compliance with the applicable privacy laws and reduce the occurrence of privacy risks and incidents.
COMPONENT(S) OF TEAM PROGRAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY
Facilitate activities to enhance the Health Unit's compliance with applicable health and safety legislation and reduce the occurrence of health and safety risks and incidents.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	**2015**	**2016 (estimate)**
COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY			
# of privacy breach investigations	4	1	1
# of privacy breaches	0	1	0
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA)	20 (70%)	29 (79%)	30 (80%)
COMPONENT OF TEAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY			
# of hazards identified, and % resolved	27 (92%)	66 (89)%	Same
% of staff who received the annual influenza vaccination	73% (December 30, 2014)	73% (as of December 7, 2015)	Same or increased
% of staff provided with mandatory OHS Training for Workplace Violence (WV and Domestic Violence (DV)	14%	100% - Groups highest risk for WV 90% - All staff on WV / DV Policy 100% - Mandatory Basic Awareness Training for Managers	100% - Mandatory Basic Awareness Training for Workers

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2016 Planning & Budget Template

Program: Privacy and Occupational Health and Safety – HRLR

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	1.66	**1.66**
Program Manager	1.00	1.00
Program Assistant	0.50	0.50
Public Health Nurse	0.16	0.16

SECTION G

EXPENDITURES:

Object of Expenditure	**2014 Revised Budget**	**2014 Actual**	**2015 Revised Budget**	**2016 Draft Budget**	**$ increase ($ decrease) over 2015**	**% increase (% decrease) over 2015**
Salary & Wages	$ 126,631	$ 133,692	$ 131,240	$ 133,176	$ 1,936	1.5%
Benefits	30,190	28,072	30,889	32,121	1,232	4.0%
Travel	3,000	2,398	3,000	3,000		
Program Supplies	3,208	2,083	3,208	3,208		
Staff Development	14,500	14,158	4,500	4,500		
Professional Services	23,000	22,055	8,000	8,000		
Furniture & Equipment	0		0			
Other Program Costs	660	863	660	660		
Total Expenditures	**$ 201,189**	**$ 203,321**	**$ 181,497**	**$ 184,665**	**$ 3,168**	**1.8%**

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2016 Planning & Budget Template

Program: Privacy and Occupational Health and Safety – HRLR

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 201,189	$ 203,321	$ 181,497	$ 184,665	$ 3,168	1.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 201,189**	**$ 203,321**	**$ 181,497**	**$ 184,665**	**$ 3,168**	**1.8%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Safety Planning: development and delivery of training curriculum for Managers responding to internal domestic violence disclosures;
- Workplace Violence Program Sustainability:
  - identification and training of internal "Level 1" instructor for new employees and/or two-year refresh(majority of staff);
  - identification of certified Level 2 (external instructor) for new employees and two-year refresh (high-risk job categories)
- Ergonomics Education and Awareness Program.
- Orient MLHU to the proposed amendments to the *Personal Health Information Protection Act* under Bill 119.
- Promoting the adoption of a process to assess the privacy impact of all new initiatives that involve the collection, use and disclosure of personal or personal health information.

SECTION J

PRESSURES AND CHALLENGES

- Volume of work within these portfolios remains challenging within existing resources.
- Significant organizational change projected for 2016

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- None

HUMAN RESOURCES & CORPORATE STRATEGY

STRATEGIC PROJECTS

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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Human Resources & Corporate Strategy	**MANAGER NAME**	Jordan Banninga	**DATE**
PROGRAM TEAM	Strategic Projects	**DIRECTOR NAME**	Laura Di Cesare	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

- Strategic Projects (SP) provides support across MLHU programs and services. The portfolio consists of five areas of responsibility: (1) Operational planning support & CQI; (2) Records management; (3) Policy development & review; (4) Strategic planning and implementation of strategic priorities, and; (5) Strategic projects.

SECTION C

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

- HPPA Compliance (manage Public Health Funding & Accountability Agreement compliance process)
- OPHS (Organizational Standards)
- PHIPA (Records Management)

Program: Strategic Projects – HRLR

SECTION D

Component(s) Of Team Program #1 - operational planning support & CQI

Activities in this component are intended to enhance service delivery and reduce organizational risk by (a) monitoring and reporting on the Accountability Agreement indicators; (b) monitoring compliance with the OPHS/Organizational Standards and other requirements; (c) supporting the activities of and participation on the Foundational Standard Community of Practice; and (d) applying QI approaches that will improve processes and reduce waste.

Component(s) Of Team Program #2 - Records management

Records management activities are intended to meet the OS requirements (6.12), as well as enhance service delivery and reduce organizational risk by (a) clarifying what records should kept and discarded (i.e., classification & retention schedule); (b) supporting staff to responsibly store and dispose of personal information and business records; (c) store records in a manner that protects privacy, and supports MLHU's ability to be transparent and prepared for legal action; (d) reducing the administrative burden associated with record keeping; and (e) reducing waste.

Component(s) Of Team Program #3 - policy development & review

Policy development and review takes an in depth look at existing administrative policies to: 1) determine if a policy is still needed or if it should be combined with another administrative policy; 2) determine whether the purpose and goal of the policy is still being met; 3) determine if changes are required to improve the effectiveness or clarity of the policy and procedures; and 4) to ensure that appropriate education, monitoring and ongoing review of the policy is occurring. This program is consistent with MLHU's commitment to providing a consistent approach to effective, open and supportive systems of governance and management.

Component(s) Of Team Program #4 – Strategic Planning

Activities in this component aim to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan and balanced scorecard as well as participating and supporting workgroups associated with the strategic priorities and reporting on the progress/performance to the Senior Leadership Team and the Board of Health.

Component(s) Of Team Program #5 - Strategic projects

Scoping and implementation of strategic projects and initiatives as determined by the Director of Human Resources & Corporate Strategy, the MOH/CEO, and the Senior Leadership Team. Current projects include, but are not limited to: coordinating the Health Unit's Program Budgeting and Marginal Analysis; Employee Engagement; Board of Health Orientation and Self-Assessment; ERMS Messenger Service; Organizational Structure and Location (non-structural considerations and future location analysis).

2016 Planning & Budget Template

Program: Strategic Projects – HRLR

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015**	**2016 (estimate)**
COMPONENT OF TEAM #1 ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI			
% of Accountability Agreement reporting deadlines achieved	100%	100%	100%
COMPONENT OF TEAM #2 RECORDS MANAGEMENT			
% of records kept for proper retention period (self-report, sample)	100%	100%	100%
COMPONENT OF TEAM #3 ADMINISTRATIVE POLICY REVIEW			
% of policies that are up to date (have been reviewed in the past two years)	17.5%	30%	50%
COMPONENT OF TEAM #4 STRATEGIC PLANNING			
Annual reporting to BOH on Strategic Planning progress	Annual	Annual	Semi-annual
COMPONENT OF TEAM #5 STRATEGIC PROJECTS			
Implementation and Progress Reporting for Major Projects:		Corporate Strategic Plan; PBMA; Management and Leadership Development Program; ERMS Messenger System; Employee Engagement	Organizational Structure and Location, PBMA, Strategic Plan Balanced Scorecard, Employee Engagement, Other projects as identified.

SECTION F **STAFFING COSTS:**	**2015TOTAL FTES**	**2016 ESTIMATED FTES**
	1.2	**1.2**
Program Manager Program Assistant	1.0 0.2	1.0 0.2

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2016 Planning & Budget Template

Program: Strategic Projects – HRLR

SECTION G

EXPENDITURES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 99,101	$ 94,853	$ 99,101	$ 95,043	$ (4,058)	(4.1)%
Benefits	24,150	23,985	24,150	21,525	(2,625)	(10.9)%
Travel	1,515	970	1,515	1,515		
Program Supplies	1,600	563	1,600	1,600		
Staff Development	441	445	441	441		
Professional Services	4,800	5,621	6,100	6,100		
Furniture & Equipment	0	0	0			
Other Program Costs	2,380	1,726	2,380	2,380		
Total Expenditures	**$ 133,987**	**$ 128,164**	**$135,287**	**$ 128,604**	**$ (6,683)**	**(4.9)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 133,987	$ 128,164	$ 135,287	$ 128,604	$ (6,683)	(4.9)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 133,987**	**$ 128,164**	**$ 135,287**	**$ 128,604**	**$ (6,683)**	**(4.9)%**

2016 Planning & Budget Template

Program: Strategic Projects – HRLR

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Collaboration on a program planning and evaluation framework incorporating strategic priorities and balanced scorecard components as well as continuous quality improvement tools.
- Implementation of organizational structure changes, location analysis and relocation planning.
- Key policy revisions including: Jordan's Principle and the Corporate Code of Conduct. Jordan's principle requires that indigenous clients be offered service regardless of jurisdictional payment issues.
- Implementation of the Strategic Plan Balanced Scorecard and associated metrics and reporting.

SECTION J

PRESSURES AND CHALLENGES

- Strategic Projects serves in an organization-wide role with 1.2 FTEs available to move forward initiatives. Prioritization of projects is necessary as there are many potential organization initiatives that could be done, but capacity must be allocated to the ones with the greatest organizational need.
- Many of the projects tasked to Strategic Projects require cross-MLHU collaboration and change management to be employed. These challenges need to be managed effectively to ensure successful task completion.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- None

FINANCE AND OPERATIONS

FINANCE AND OPERATIONS

2016 Planning & Budget Template

Program: Finance & Operations

SECTION A				
SERVICE AREA	Finance & Operations	**MANAGER NAME**	John Millson	**DATE**
PROGRAM TEAM	Finance & Operations	**DIRECTOR NAME**	John Millson	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

- This service provides the financial management required by the Board of Health to ensure compliance with applicable legislation and regulations. This is accomplished through providing effective management and leadership for financial planning, financial reporting, treasury services, payroll administration, procurement, capital assets, and contract management. This service provides value through protecting the Health Unit's financial assets, containing costs through reporting and enforcement of policy, systems and process improvements, developing and implementing policies and procedures, and providing relevant financial reporting and support to the Board.
- This service also provides oversight for the health unit "Operations" which include facility management type services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management, and the management of all building leases and property matters.

SECTION C

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

The following legislation/regulations are relevant to the work performed in Finance & Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation.

2016 Planning & Budget Template

Program: Finance & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – FINANCIAL SERVICES

Financial Planning:

- Develop long term funding strategies for senior management and Board of Health and provide ongoing monitoring.
- Develop, monitor and report annual operating budgets. Health Unit programs are funded through a complex mix of funding. The majority (approx.. 72%) of the services are funded through cost-sharing where by the Board of Health approves the operating budget, the ministry provides a grant, and the remaining amount is requested from the City of London and Middlesex County on a proportionate of population basis. The remaining programs and services are funded 100% by the province, whereby the Board of Health approves an operating budget based on a predetermined grant from the province. Many programs have different budget formats and timelines which provide challenges in budget preparation and planning.
- Manage two annual audits including preparation of consolidated financial statements for both programs with a December 31st year end and those with a March 31st year end.
- Prepare quarterly financial statements for external stakeholders including municipalities and various ministry departments. In terms of ministry quarterly reporting the formats differ between ministries and programs adding to the complexity of generating the reports.
- Prepare the various annual settlements for the ministry funded programs and services.
- Prepare monthly and quarterly reports for internal stakeholders to ensure financial control and proper resource allocations.

Treasury Services:

- Accounts payable processing includes verifying payments, issuing cheques, reviewing invoices, and ensuring proper authorizations exist for payment. This also includes verifying and processing corporate card purchases, employee mileage statements and expense reports.
- Accounts receivable processing includes reviewing and posting invoices, monitoring and collections activities.
- Cash management function includes processing cash payments and point of sale transactions, and preparing bank deposits. This also includes minor investment transactions to best utilize cash balances.
- General accounting includes bank reconciliations, quarterly HST remittances, general journal entries, monthly allocations.

Insurance & Risk Management:

- Purchase appropriate and adequate insurance and draft contractual conditions for third party contracts to protect the human, physical and financial assets of the health unit.
- Request insurance certificates required for various funding agreements and contracts.

2016 Planning & Budget Template

Program: Finance & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – FINANCIAL SERVICES

Payroll & Benefit Administration:

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information including employee set-up and maintenance.
- Process mandatory and voluntary employee deductions, calculating and processing special payments and retroactive adjustments.
- Set up and maintain the payroll system in compliance with collective agreements and legislative requirements for all pay, benefits, deductions and accruals.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, OMERS annual 119 Report.
- Prepare and remit payments due to third parties resulting from payroll deductions and employer contributions within strict deadlines to avoid penalties and interest. Payments are reconciled to deductions or third party invoices.
- Administers employee paid Canada Savings Bond program, where staff can purchase bonds through payroll deductions.

Procurement:

- Provide accurate and timely procurement advice to internal programs and services (customers).
- Procurement of goods and services in a fair, transparent, and open manner through Request for Tenders, Quotes, and Proposals, and at all times ensuring value for money.
- Participates in the Elgin Middlesex Oxford Purchasing Cooperative (EMOP) to enhance or leverage procurement opportunities to lower costs.
- Utilize and participate in provincial contracts such as courier, photocopier, and cell phone providers to lower costs to the programs and services.
- Performs general purchasing and receiving activities for program areas.

Capital Asset Management:

- Tangible Capital Assets – ongoing processes for accounting of capital assets and ensuring compliance with PSAB 3150.
- Ensures the proper inventory and tracking of corporate assets for insurance and valuation purposes.

Contracts & Agreements:

- Contract management including various agreements to ensure the Health Unit is meeting its obligations and commitments. Contracts and agreements are reviewed for program effectiveness and Board of Health liability.

2016 Planning & Budget Template

Program: Finance & Operations

COMPONENT(S) OF TEAM PROGRAM #2 – OPERATIONS
• Space planning – liaison with program areas to ensure facilities meet program requirements. This may involve leasehold improvements, furniture and equipment purchasing, and relocation of employees. • Coordinates management response to monthly Joint Occupational Health & Safety Committee (JOHSC) inspection reports. • Manages the three main property leases including renegotiations and dispute resolution (50 King Street, 201 Queens Ave in London, and 51 Front Street in Strathroy) • Security – manages and maintains the controlled access and panic alarm systems, and the after-hours security contract. • Custodial Services – manages and maintains the contract for janitorial services for two locations. This includes day-time and evening cleaning for the 50 King Street office. • Manages and maintains both on-site and off-site storage facilities, keeping track of supplies, equipment and corporate records. • Performs general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
Component of Team #1 Financial Services			
Number of manual journal entries per FTE	2,649	2,500	2,000
Number of vendor invoices paid/processed per FTE	9,326	8,500	7,000
Number of MLHU invoices prepared/processed per FTE	348	400	400
Number of direct deposits processed (payroll)	9,127	9,000	9,000
Number of manual cheques (payroll) issued	18	12	12
Number of competitive bid processes	27	25	30
Component of Team #2 Operations			
Number of meeting room set-up/take-downs	160	160	160
Average time to set-up/take-down meeting room	1.8 hours	1.8 hours	1.8 hours

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Program: Finance & Operations

SECTION F STAFFING COSTS:	2015 TOTAL FTEs	2016 ESTIMATED FTEs
	8.5	**8.0**
Director	1.0	1.0
Administrative Assistant to the Director	0.5	0.5
Accounting & Budget Analyst	1.0	1.0
Accounting & Payroll Analyst	1.0	1.0
Accounting & Administrative Assistants	3.0	2.5
Procurement and Operations Manager	1.0	1.0
Receiving & Operations Coordinator	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salaries & Wages	$ 571,335	$ 572,465	$ 588,264	$ 572,805	$ (15,459)	(2.6)%
Benefits	147,242	153,093	150,120	150,844	724	0.5%
Travel	2,900	1,944	2,900	2,900		
Program Supplies	3,620	2,812	3,620	3,620		
Staff Development	1,500	1,094	1,500	1,500		
Professional Services	104,755	13,837				
Furniture & Equipment		730				
Other Program Costs	3,480	1,954	3,480	3,480		
Total Expenditures	**$ 834,832**	**$ 747,929**	**$ 749,884**	**$ 735,149**	**$ (14,735)**	**(2.0)%**

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Program: Finance & Operations

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 802,475	$ 715,572	$ 717,527	$ 735,149	$ 17,622	2.5%
MOHLTC – 100%	32,357	32,357	32,357		(32,357)	(100.0)%
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 834,832**	**$ 747,929**	**$ 749,884**	**$ 735,149**	**$ (14,735)**	**(2.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Working with the Organizational Structure & Location (OSL) Committee, complete the location analysis and assist in the relocation planning.
- Implement new organizational structure in the various financial and operations systems.
- Assist in the smooth transition to Health Smiles 2.0 as the province uploads the payment of dental claims.
- Investigate and implement a procurement module to enhance management of commitments and purchase requisitions.
- Review and revise the procurement policy with including the Living Wage initiative if approved by the Board.
- Replace FRx reporting system (internal management reports) which is at its “End of Life” and is not supported any longer by Microsoft.
- Continue implementation of process efficiencies/improvements through development of SharePoint processes.
- Update both the internal and external website to provide high-level financial information.

2016 Planning & Budget Template

Program: Finance & Operations

SECTION J

PRESSURES AND CHALLENGES

- Low growth in 100% provincial programs continues to place pressure on programs.
- Any location decisions will require financial analysis and resources.
- "Patients First – A proposal to strengthen patient-centred health care in Ontario" – will have implications to public health with formalizing links with the Southwest LHIN. Early indication is that funding for public health will be transferred to the LHINs.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- No PBMA proposals for consideration.
- MOHLTC has moved to 3rd party dental claims administration therefore health units are no longer responsible for paying for dental claims. This will eliminate 0.5 FTE position and $32,357 in funding.

INFORMATION TECHNOLOGY SERVICES

INFORMATION TECHNOLOGY

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2016 Planning & Budget Template

SECTION A				
SERVICE AREA	Information Technology	**MANAGER NAME**	Mark Przyslupski	**DATE**
PROGRAM TEAM	Information Technology	**DIRECTOR NAME**	John Millson	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

Information Technology (IT) Services is a centralized service providing for the information technology needs of the programs and staff of MLHU.

SECTION C

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

- Ontario Public Health Organizational Standards:
  - 3.2 Strategic Plan
  - 6.1 Operational Planning improvements
  - 6.2 Risk Management
  - 6.12 Information Management
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- Personal Health Information Protection Act (PHIPA)

2016 Planning & Budget Template

Program: Information Technology

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS

- Business analysis, project management, computer software selection/implementation.
- Improving business processes to improve program delivery, improve efficiency or increase capacity.
- "Standard" applications including e-mail, common desktop applications, ministry specific applications, web/intranet services, database services, telephone/voice applications etc.

COMPONENT(S) OF TEAM PROGRAM #2 INFRASTRUCTURE

- Personal computers (desktop and laptop) and mobile devices.
- Server computers, data storage, backup and backup power.
- Wired and wireless network devices and physical cabling.
- Inter-site network/data transmission and communication.
- Internet and eHealth application access.
- Telephony devices—telephone handsets, voicemail servers, phone switches, etc

COMPONENT(S) OF TEAM PROGRAM #3 SECURITY

- Standards & policy development and documentation.
- Data security technologies and approaches including encryption.
- E-mail security/filtering.
- Password policies and procedures.
- Investigation and audit of various systems to ensure security of data.
- Firewalls and remote access.

COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS

- Helpdesk—client support.
- Network logon account management.
- Monitoring and responding to system problems.
- Personal computer loading and configuration management.
- Computer and software upgrades and deployment.
- Security updates installation.
- E-mail support and troubleshooting.
- Technology asset tracking/management.
- Preventative maintenance.
- Data backup/restore.
- Trending, budgeting & planning of future technology needs.

2016 Planning & Budget Template

Program: Information Technology

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2014	**2015 (anticipated)**	**2016 (estimate)**
Component of Team #1 Applications			
Desktop Software/hardware upgrades and implemenations (Service Area/Program/Team)	6	5	Same
Desktop Software/hardware upgrades and implementations (Organization Wide)	4	4	Same
Component of Team #2 Infrastructure			
Application/Database backend system upgrades migrations and implementations (Service Area/Program/Team)	8	9	Same
Core backend infrastructure system hardware/software upgrades/migrations and implementations	11	13	decrease
COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS			
Total Helpdesk requests			
Requests addressed by 1st Level Helpdesk	57%	82%	Same
Resolution/closure within 2-5 days / 5-10 days / 10-20 days)	57% / 71% / 80%	72% / 84% / 92%	Same

SECTION F **STAFFING COSTS:**	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
	8.1	**8.5**
Program Manager	1.0	1.0
Supervisor	1.0	1.0
Administrative Assistant	0.5	0.5
Business Analyst	1.0	1.0
Data Analyst	1.6	2.0
Network & Telecom Analyst	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Helpdesk Analyst	1.0	1.0

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Program: Information Technology

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	$ 544,540	$ 538,700	$ 521,668	$ 571,819	$ 50,151	9.6%
Benefits	139,162	134,093	130,116	150,718	20,602	15.9%
Travel	3,500	849	2,500	2,500		
Program Supplies	8,000	4,637	6,250	6,250		
Staff Development	10,000	3,203	8,750	8,750		
Professional Services	48,300	28,355	45,300	45,300		
Furniture & Equipment	352,000	366,675	394,000	352,000	(42,000)	(10.7%)
Other Program Costs	5,538	4,257	2,788	2,788		
Total Expenditures	**$ 1,111,040**	**$ 1,080,769**	**$ 1,111,372**	**$ 1,140,125**	**$ 28,753**	**2.6%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 1,111,040	$ 1,080,769	$ 1,111,372	$ 1,140,125	$ 28,753	2.6%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,111,040**	**$ 1,080,769**	**$ 1,111,372**	**$ 1,140,125**	**$ 28,753**	**2.6%**

2016 Planning & Budget Template

Program: Information Technology

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Microsoft Office upgrade to version 2016
- Email infrastructure upgrade to version 2016
- Wireless Services RFP
- Virtualization of the telephony infrastructure
- Change to the topology of the HedgeHog health inspection software to improve efficiency in the short term
- Internet Explorer browser upgrade
- Continuation of business continuity planning and implementation

SECTION J

PRESSURES AND CHALLENGES

- Activities related to the organization structure changes and location analysis
- Discovery process to identify a potential replacement for the HedgeHog health inspection system as it does not seem to meet our needs and poses continues supportability challenges
- Implementing the 5-year capital plan within current resource allocation with potential requirement to access funds in the Technology & Infrastructure Reserve Fund

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- Enhancements – 0.4 FTE Data Analyst - to increase the internal capacity to create and process data.

Note: In 2015, the corporate trainer position was moved to Human Resources & Corporate Strategy.

GENERAL EXPENSES & REVENUES

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

2016 Planning & Budget Template

Program: General Expenses & Revenues

SECTION A				
SERVICE AREA	General Expenses & Revenues	**MANAGER NAME**	Senior Leadership Team	**DATE**
PROGRAM TEAM	General Expenses & Revenues	**DIRECTOR NAME**	Senior Leadership Team	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

General Expenses & Revenues is a centralized budget managed by the Senior Leadership Team related to Board of Health meetings, general Health Unit property costs, risk management & audit, post-employment benefits, employee assistance program (EAP), expected agency gapping / vacancies, and general offset revenues.

SECTION C

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

- Ontario Public Health Organizational Standards:
  - 2.1 Remuneration of board of health members
  - 6.2 Risk Management
  - 6.9 Capital Funding Plan
- Section 49, Health Protection & Promotion Act – as it relates to the payment of Board of Health members

2016 Planning & Budget Template

Program: General Expenses & Revenues

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - BOARD OF HEALTH & COMMITTEES

This program budget supports the remuneration of board of health members as described in Section 49 of the Health Protection and Promotion Act. Remuneration includes meeting stipend, travel costs and payments for professional development opportunities

COMPONENT(S) OF TEAM PROGRAM #2 - FACILITIES / OCCUPANCY COSTS

This component supports the resource allocation for health unit offices which includes the following expenditure categories:

- Leasing costs
- Utilities – Hydro, telephone & other communications costs, and water,
- Janitorial contracts
- Security contracts.
- General office & equipment maintenance and repairs.
- Management of the multi-purpose photocopiers.
- General office supplies (copy paper, batteries, forms etc.) & postage and courier costs.

COMPONENT(S) OF TEAM PROGRAM #3 – INSURANCE, AUDIT, LEGAL FEES AND RESERVE FUND CONTRIBUTIONS

This component supports the insurance needs of the organization, annual audit fees, legal and other professional services and provides the budget for reserve fund contributions.

COMPONENT(S) OF TEAM PROGRAM #4 – POST-EMPLOYMENT & OTHER BENEFITS AND VACANCY MANAGEMENT

This component supports the allocation of resources for general employee benefits (listed below) and is the area where the health unit budgets for 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.

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2016 Planning & Budget Template

Program: General Expenses & Revenues

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015 (anticipated)	2016 (estimate)
Component of Team #1 – #5			
N/A			

SECTION F

STAFFING COSTS:	**2015 TOTAL FTEs**	**2016 ESTIMATED FTEs**
No FTEs		

SECTION G

EXPENDITURES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
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	(54,000)	(22.3%)
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	68,000	101.7%
Contributions to Reserves / Reserve Funds	450,000	426,077	250,000	250,000		
Total Expenditures	**$ 1,921,891**	**$ 2,822,760**	**$ 1,930,875**	**$ 1,898,086**	**$ (32,789)**	**(1.7%)**

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www.healthunit.com

2016 Planning & Budget Template

Program: General Expenses & Revenues

SECTION H

FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	$ increase ($ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	$ 1,892,141	$ 2,682,910	$ 1,901,125	$ 1,868,336	$ (32,789)	(1.7%)
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		
Total Revenues	**$ 1,921,891**	**$ 2,822,760**	**$ 1,930,875**	**$ 1,898,086**	**$ (32,789)**	**(1.7%)**

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 its budget by 2017/2018.

2016 Planning & Budget Template

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 initiatives in 2015 as reported in Report No. 049b-15 and Report No. 24 - 15FFC.

An amount of $13,000 was reclassified from the Office of the Medical Officer of Health in 2016 as these costs are better aligned with agency wide expenditures.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 009-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 February 18

CITY STRATEGIC INVESTMENTS CONGRUENT WITH PROMOTING AND PROTECTING THE HEALTH OF OUR COMMUNITY

Recommendation

It is recommended that the Board of Health:

1) ***Receive report No. 009-16 re: City Strategic Investments Congruent with Promoting and Protecting the Health of our Community; and***
2) ***Submit a letter to City of London Administration supporting specific Strategic Investments in the 2016 – 2019 Multi-Year Budget for the City of London that are relevant to the Middlesex London Health Unit's mandate.***

Key Points

- The City of London is engaged in a multi-year budgeting process which includes proposed strategic investments that are congruent with public health interests in promoting and protecting the health of our community through healthy community design, road safety, active transportation and addressing the social determinants of health.
- From a process perspective, there are many positive aspects of this multi-year budgeting exercise including robust community engagement; the lack of discussion of opportunities for disinvestment may hamper the City's ability to meet its budget targets and maximize it's impact.
- Many of the strategic investments proposed in the City budget are relevant to the Middlesex-London Health Unit's mandate and have the potential to benefit current and future generations, including those in: Building a Sustainable City; Strengthening our Community; and Growing our Economy.

Background

The mission of the Middlesex-London Health Unit (MLHU) is to promote and protect the health of our community. It does this through its many programs and services under the Ontario Public Health Standards. The MLHU promotes healthy community design by supporting built and natural environments that are conducive to physical, mental and social well-being. Urban planning that supports complete and integrated communities where individuals of all ages have a sense of belonging and are able to engage in physically active lifestyles is an important means of sustaining and improving overall health. The MLHU has been active in providing recommendations for various municipal plans and projects, including the draft London Plan, London's Downtown Plan, Cycling Master Plan, and the Shift Rapid Transit initiative.

The MLHU promotes road safety through several initiatives. As a member of the London-Middlesex Road Safety Committee, the MLHU has supported the development and current implementation of the London Road Safety Strategy (LRSS).The MLHU is the lead organization for 3 of the 38 action items set out in the LRSS; Share the Road education, distracted driver education campaign and the Active and Safe Routes to School program.

Active transportation is an important means of increasing physical activity with corresponding health, safety, environmental and economic benefits. The MLHU is a member of the Active and Safe Routes to School (ASRTS) partnership whose goal is to improve children's health, safety and the environment through

comprehensive health promotion strategies. These strategies include the overarching program, School Travel Planning, which promotes safe and active forms of travel to and from school.

Addressing the Social Determinants of Health (SDOH), such as education, income, poverty, mental health and addictions, is integral to the health of every Londoner. MLHU addresses these determinants through its programs, services, community partnerships and dedicated staffing. The MLHU has been involved in the Child & Youth Network priority areas – Make Literacy a Way of Life, End Poverty, Healthy Eating & Healthy Physical Activity and Creating a Family-Centred Service System. The MLHU is also playing a lead role in the Mayor's Task Force on Poverty and is providing leadership in a community-wide drug strategy.

City of London Strategic Investment Recommendations

MLHU staff reviewed the 2016 – 2019 Multi-Year Budget for the City of London and recommend that consideration of several strategic investments be supported since they are congruent with promoting and protecting the health of our community through healthy community design, road safety, active transportation and addressing the social determinants of health. See Appendix A for this list, and the full list of the City's business cases for strategic investments here. Other strategic investments seem to have significant value as well, but are not as closely tied to the MLHU mandate.

Conclusion/Next Steps

The Multi-Year Budget for the City of London 2016 – 2019 is an opportunity for strategic future investments that support the City of London Strategic Plan, is congruent with the MLHU mission and will benefit current and future generations of Londoners.

This report was prepared by Bernadette McCall, Alyssa Penny, and Emily Van Kesteren, Public Health Nurses, Healthy Communities and Injury Prevention.

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

Appendix A to Report No. 009-16

City of London Strategic Investments Relevant to Middlesex-London Health Unit's Mandate

Building a Sustainable City

- Business Case #1- Library's Ten Year Capital Plan
- Business Case #4- Thames Valley Corridor Plan
- Business Case #5- Road Safety Strategy
- Business Case #6 - Rapid Transit Implementation Strategy
- Business Case #7- State of Infrastructure Report

Strengthening our Community

- Business Case #13- London Strengthening Neighbourhoods Strategy
- Business Case #14 – Ontario Works Service Plan: Low Income Supports Enhancement
- Business Case #15- Mental Health & Addictions Strategy
- Business Case #16- Poverty, Homelessness, Housing Plan
- Business Case #17- Winter Maintenance Strategy

Growing our Economy

- Business Case #18- London Community Foundation's 'Back to the River Project'
- Business Case #20 - London's Downtown Plan – Small Scale Projects
- Business Case #21 – Regenerating Public Housing Plan
- Business Case # 22- Dundas Place

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 010-16

TO: Chair and Members of the Finance and Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2016 February 18

SOUTHWEST TOBACCO CONTROL AREA NETWORK SINGLE SOURCE VENDOR

Recommendation

It is recommended that the Board of Health waive the competitive procurement process and award a contract estimated at $89,947 to Rescue Social Change Group as detailed in Report No.010-16 re: "Southwest Tobacco Control Area Network Single Source Vendor" be received for information.

Key Points

- In 2013, The SW TCAN (MLHU) issued an RFP and as a result hired Rescue Social Change Group (RSCG) to conduct research on youth social identities in the SW and CW TCAN regions.
- In 2014, the CW TCAN (Hamilton Public Health) issued an RFP and RSCG was again selected as the successful candidate to complete phase 2 of the project by working with young people in our TCAN Regions to create branding for the Alternative Peer Crowd identified in the research done in 2013 as the peer crowd to be the most susceptible to tobacco use. This contract was extended in 2015.
- An informal search confirms that there does not appear to be any other consultant in North America that can provide the required service at a level of sophistication that is comparable with that of RSCG.
- In 2016, The SW TCAN (MLHU) will again award a single source vendor contract to RSCG to advance the project and continue the work being done with the Alternative Peer Crowd to infuse tobacco free messages into their cultural identity.

Policy Application

In accordance with Section 3.2(2) (iii) of the Procurement Policy (Policy 1-070), the requirement for competitive bid solicitation for goods, services and construction may be waived under joint authority of the appropriate Director and Medical Officer of Health and replaced with negotiations by the Director and Finance if only one source of supply would be acceptable and cost effective. Further if the value of the contract is greater than $50,000 subsection (4) of the policy states the Board of Health must approve the contract unless it due to an emergency.

Project Background

According to the most recent Ontario Student Drug use and Health Survey, 8.6% of Ontario youth use tobacco products (OSDUHS, 2015). While this low youth prevalence rate merits admiration, it also presents new challenges for future prevention efforts. To date, tobacco prevention efforts have been targeting the average teen, but today the average teen in Ontario is likely to be tobacco-free. Therefore, tobacco prevention efforts need to be tailored to reach the small subpopulations of Ontario teens who continue to use tobacco. The South West (SW) and Central West (CW) Tobacco Control Area Networks (TCAN) contracted RSCG to perform a Functional Analysis for Cultural Interventions (FACI™) study to identify features of modern-day teen smokers and what influences them. In summary, the CW-SW research found that youth influenced by the Alternative and Hip Hop peer crowds were 2.3 times more likely to use tobacco products than youth not influenced by these peer crowds (49.2% vs 18.6%).

The CW-SW Project Team has taken the research recommendations and developed a campaign that directly targets the Alternative peer crowd rather than a general campaign that targets all "youth." Phase 2 (Brand Development) of this project is complete; seven young adult consultants from the Alternative peer crowd were brought on to work with the project team and professional mentors to develop, test, and select an overarching brand and vision for the Alternative Peer Crowd Strategy. In 2015 phase 3 of the project was rolled out which saw a soft launch of the campaign in the SW and CW TCAN regions. Phase 4 of the project, to begin in 2016 will include full implementation of the project and a robust evaluation process.

Single / Sole Source Justification

Rescue Social Change Group has been the successful bidder in both 2013 and 2014 procurement processes and was awarded a sole source contract in 2015. After working with RSCG for the past 3 years they have demonstrated that they possess a unique skill set that sets them apart from other research and marketing agencies. Additionally, they have developed a history working with the CW and SW TCANs that would be hard to translate to another company and would require additional time and resources to educate another vendor to enable them to work on phase 4 of this project. Further, discussions with tobacco control leaders from across North America have confirmed that there does not appear to be any other consultant in North America that can provide the required service at a level of sophistication that is comparable with that of RSCG.

Phase 4 of the project will require an enhanced presence on social media, and an increase in physical presence at events. It is estimated phase 4 of the project will costs $89,947.00 CAD. This expenditure will be cost shared between the SW and CW TCANs which represent 16 public health units.

Conclusion

Due to the nature of this project, the expertise and specific knowledge of Rescue Social Change Group can provide to the project, it is recommended that the competitive procurement process be waived and the Board of Health approve contract estimated at $89,947 to Rescue Social Change Group to fully implement the project and provide a robust evaluation.

This report was prepared by Ms. Donna Kosmack, SW TCAN Manager.

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

This report addresses the following requirement(s) of the Ontario Public Health Standards (2014): Foundational Standard 1, 2 & 4; Chronic Disease Prevention 1, 7, 11, 12.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 011-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 February 18

VECTOR BORNE DISEASE PROGRAM - REQUEST FOR PROPOSAL

Recommendation

It is recommended:

1. ***That G.D.G. Environnement be awarded the contract for the Vector Borne Disease Program – Part A - Larval Mosquito Surveillance & Control in the amount of $129,870.00 (before taxes); and further***
2. ***That Entomogen Incorporated be awarded the contract for the Vector Borne Disease Program – Part B - Mosquito Identification and Viral Testing in the amount of $22,080.00, (before taxes).***

Key Points

- A Request for Proposal (RFP) was issued to deliver services for the Vector Borne Disease program and resulted in decreased annual costs of $44,265.
- Two major reasons for the decrease in cost: 1) Competition between service provider bids 2) Increased reliance on seasonal VBD staff to monitor and treat standing water sites.
- The amounts can be accommodated in the approved 2016 Vector Borne Disease program budget.

Background

As a result of West Nile Virus activity in Middlesex-London in 2015, and in accordance with the Ministry of Health and Long-Term Care's *West Nile Virus: Preparedness and Prevention Plan for Ontario*, and *Regulation199/03 (Control of West Nile Virus)* under the *Health Protection and Promotion Act*, the Middlesex-London Health Unit will perform surveillance and larviciding activities to control the West Nile Virus (WNV) in mosquito populations in Middlesex-London in 2016.

Similar to past years, the Health Unit will need to contract the services of a qualified pest control management company to perform surveillance and larviciding activities for standing water sites in both catch basins and surface waters. In addition, contracted services for identification of adult mosquitoes and viral testing are also needed. The contracts for these services expired in November, 2015.

In accordance with Section 4.1.3 (4) of the MLHU Procurement Policy (Policy 1-070), Board of Health authorization is required for the awarding of contracts greater than $100,000 even when the lowest bid is being recommended.

Request for Proposal

On January 7, 2016, staff issued a Request for Proposals (RFP) for both larval mosquito surveillance and control (Part A), and mosquito identification and viral testing (Part B). Notice of the procurement opportunity was provided to six known service providers and advertised on the Health Unit's website.

Bidders had the option of bidding on Part A, Part B or both; the RFP closed on Tuesday, January 19, 2016 and a total of three submissions were received. One proponent bid on Part A, one proponent bid on Part B, and one proponent bid on both parts.

An evaluation committee consisting of members from the Environmental Health Team and the Operations Team evaluated all bids using a predetermined set of evaluation criteria which included personnel, experience, qualification, methodology, cost, timelines, reports, products, software programs, resources, and value added benefits.

For Part A, the evaluation committee recommends the contract be awarded to G.D.G. Environnement in the amount of $129,870.00 (exclusive of HST). This firm had the highest evaluation score and the lowest bid for Part A. (See Appendix A)

For Part B, the evaluation committee recommends the contract be awarded to Entomogen Incorporated in the amount of $22,080.00 (exclusive of HST). This firm had the highest evaluation score and the lowest bid for Part B. (See Appendix A)

Both contracts are for a (1) one year period with the Health Unit having sole discretion for an optional second year. If the extension option is exercised, there will be no additional cost for Part B. However for Part A, there will be a 1% increase in the contract price for the second year. The contracts will stipulate that future years' services will be contingent on MLHU receiving funding approvals for the program.

2016 Vector Borne Disease Budget Impact

Included in the proposed 2016 budget is an amount of $616,000 to deliver the Vector Borne Disease (VBD) program. The proposed budget for these two contracts is $198,890. Including the HST rebate, these two contracts will cost $154,625, which is $44,265 less than the previous year. There are two major reasons for the decrease in cost: 1) Competition between service provider bids, and; 2) Increased reliance on seasonal VBD staff to monitor and treat standing water sites. A portion of the cost savings will be directed to increase public education and awareness activities in the VBD program. There are anticipated increases in demand for information about Lyme disease, and also about the Zika virus due to recent media activity related to this emerging mosquito-borne illness.

Conclusion

As a result of the Request for Proposal process undertaken, staff members are recommending that the Board of Health award contracts to G.D.G. Environnement in the amount of $129,870 and Entomogen Incorporated in the amount of $22,080 exclusive of taxes.

This report was prepared by Ms. Melody Couvillon, Manager, Procurement & Operations and Mr. Fatih Sekercioglu, Manager, Environmental Health.

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

RFP16-01: Vector Borne Disease Program
Financial Summary

	Canadian Centre for Mosquito Management Inc. P. O. Box 5, Norwood Grove Winnipeg, Manitoba R2H 3B8	Entomogen Incorporated #9-140 Welland Avenue St. Catharines, Ontario L2R 2N6	G.D.G. Environnement 430 St-Laurent Street Trois-Rivieres, Quebec G8T 6H3
Financials A	**$157,850.00**	**$0.00**	**$129,870.00**
Financials B	**$0.00**	**$22,080.00**	**$23,920.00**
Payment Schedule	**5 equal payments**	**Net 30**	**Not Shown**
% Increase in Option Year 2015	**0%**	**0%**	**1%**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 012-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie,
Medical Officer of Health

DATE: 2016 February 18

MLHU SOCIAL MEDIA: ACTIVITIES AND AUDIENCES

Recommendation

It is recommended that Report No. 012-16 re: MLHU Social Media be received for information.

Key Points

- MLHU Twitter followers and Facebook fans have steadily increased by approximately 1,500 each per year. The 28 Facebook ad campaigns done in 2015 generated over 5 million impressions; during the same time period 4,213 tweets generated over 1.7 million impressions.
- As of last month, the MLHU had 8,563 Twitter followers, 4,110 (48%) of whom were from London and Middlesex County; during the same period, the Health Unit had 4,372 fans on Facebook of whom 67% were from London, as well as 584,000 views (more than 7,400 in January alone) and 316 subscribers to the agency's YouTube channel.
- Between 2013 and 2015, the percentage of website visits from mobile devices grew from 24.45%, to 34.73%, then to 46.33%.

Background

The Middlesex London Health Unit began using social media in October of 2009 to communicate wait times at the H1N1 immunization clinics that were being held in London and Middlesex County. This allowed residents to make informed decisions about where to get their vaccinations and how long they could expect to wait there. Local media were the first to follow the Health Unit on Twitter, and as a result of their reporting many others soon joined the MLHU's growing audience. It became clear early on that there was great potential to share public health information with audiences in a quick and efficient way.

Within a year, the MLHU had expanded its social media presence, creating a new YouTube channel where it could share videos that could be watched from anywhere, by anyone at any time. The hiring of an Online Communications Coordinator in October 2011, created a dedicated resource, not only for the Health Unit's website, but to enhance the MLHU's social media presence. Since then, the agency's social media activity has seen tremendous growth and close collaboration with Health Unit staff on the development of messages and strategies aimed at reaching specific audience segments. This included using Facebook as a marketing platform; creating advertising content and links to contests which promoted MLHU initiatives, activities and programs.

When the redesign of www.healthunit.com began in 2012, a decision was made to integrate the Health Unit's social media channels into the finished website; and to expand the MLHU's Facebook presence, from just advertising to being an active member of the community. The new Facebook page was launched on April 3rd, 2013 to coincide with the introduction of the MLHU's completely rebuilt website.

Social media is now an important part of the Health Unit's communications strategy. The recent creation of a new program-managed social media account (*Hey Teens!* @MLTeens on Twitter), supported closely by Communications, is expanding the possibilities for engaging specific audiences through social media. Communications continues to collaborate with many MLHU teams to develop content for established social media channels and also to advise staff about how to respond to questions, comments and feedback received through social media.

Communications will continue to investigate the opportunities that other, emerging, social media platforms may present. Details of the MLHU's social media activities, including some audience data and highlights, are detailed below and in the Appendices.

Highlights

In the time they've been live, the MLHU's social media accounts have become valuable resources for Middlesex-London residents seeking public health information online, whether they use mobile phones, tablets or desktop computers.

In the past three years, the MLHU's Twitter followers and Facebook fans have steadily increased by approximately 1,500 new followers and fans each year. In 2015, 28 Facebook post ad campaigns generated over 5 million impressions on Facebook users' timelines. During the same time period 4,213 tweets generated over 1.7 million impressions on Twitter users' timelines (see Appendix A).

Through social media, the Health Unit's programs and services have been able to connect with their audiences, generating interaction and participation (sharing information, asking questions and starting conversations). These interactions provide MLHU programs with ideal opportunities to educate, collaborate, encourage participation and advocate for change (see Appendix B).

Audience Analysis

The Communications Team has also been able to gather useful audience data including their location and the devices they use to access content. Analysis of this data shows a steady increase in website traffic from mobile devices, which is associated with referral sources via social media, and also how Middlesex-London residents are accessing public health resources and information online. A 2013 review of website traffic data for healthunit.com showed that 24.45% of all website sessions were through mobile devices (phones and tablets); in 2014 that number grew to 34.73%, and further to 46.33% by 2015.

As of January 2016, the MLHU had 8,563 Twitter followers, of whom 4,110 (48%) were from London and Middlesex County. During the same period, the Health Unit had 4,372 fans on Facebook, of whom 67% were from London, as well as 584,000 views (more than 7,400 in January alone) and 316 subscribers to the agency's YouTube channel.

Local interaction also made up a significant proportion of online activity on the MLHU's website last year. For the period between January 1, 2015 and December 31st, 2015, there were 228,543 web sessions from London. A session is defined as a group of interactions that take place on a particular website within a given time frame. A single session can contain multiple page views.

The report was prepared by Mr. Dan Flaherty, Manager and Mr. Alex Tyml, Online Communications Coordinator, Communications Team.

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

Appendix A – Social Media Metrics

Who follows the Middlesex-London Health Unit?
Parents, educators, young adults, physicians, media, government and social service agencies, health organizations, businesses, etc.

Audience Location - Twitter (January 2016)
8,563 (total number of followers)
4,110 (48%) followers from London and Middlesex County

Audience Location – Facebook (January 2016)
4,372 (total number of fans)
2,937 (67%) fans from London, Ontario

Audience Location – MLHU Website (January 1, 2015 – December 31, 2015)
228,543 (58%) sessions from London, Ontario

A session is a group of interactions that take place on a website within a given time frame. A single session can contain multiple page views. For more information about how a session is defined in Google Analytics, please visit: https://support.google.com/analytics/answer/2731565?hl=en.

Total Number of Twitter Followers
Average number of new Twitter followers per year = 1,682

December 31, 2013 = 4,803 (news followers = 1,474)
December 31, 2014 = 6,626 (new followers = 1,823)
December 31, 2015 = 8,376 (new followers = 1,750)

Total Number of Facebook Fans
Average number of new Facebook fans per year = 1,449

December 31, 2013 = 1,450 (news fans = 1,450)
December 31, 2014 = 2,618 (news fans = 1,168)
December 31, 2015 = 4,347 (new fans = 1,729)

Percentage of mobile website sessions (phones and tablets)
2012 = 0%
2013 = 24.45%
2014 = 34.73%
2015 = 46.33%

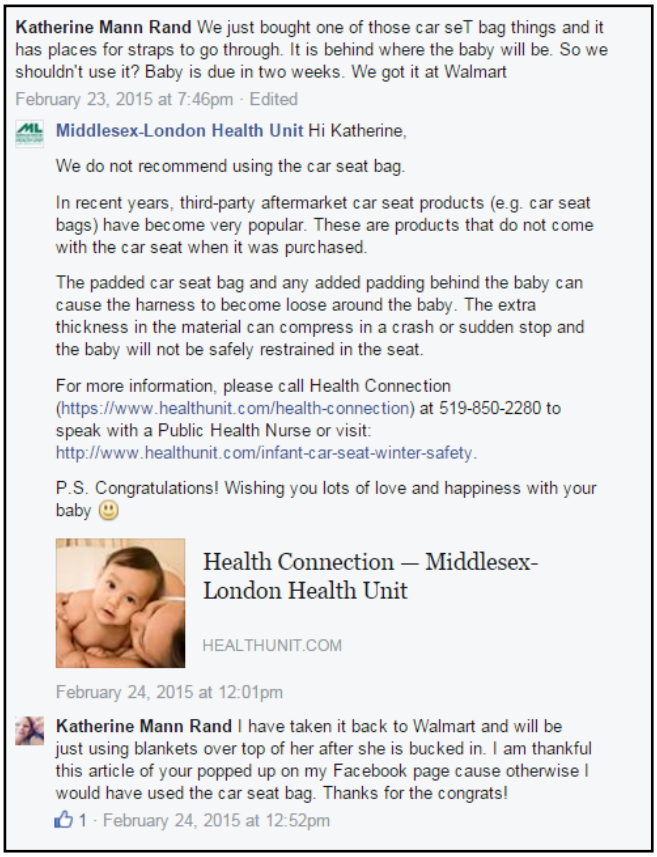
Appendix B – Social Media Examples

Education

Examples of using social media to educate

Infant car seats

In recent years, third-party aftermarket products for car seats have become popular with families. These are products that did not come with the car seat when it was purchased (e.g. padded car seat bags, added padding behind the baby and harness strap covers and head support cushions).



Exposure to UV Radiation

UV radiation can cause permanent DNA damage, increasing the risk of developing skin cancer. The use of tanning equipment before age 35 increases the risk of melanoma.

Marie Redgrift Anyone who loves to tan knows the risks, chooses to tan and will take the risk.
I love a good tan. I tan a few times before vacation and regardless of what this add said.. It does protect me from burning bc my melanin gets activated to protect me when I'm away.
I wear SPF 30 when I'm traveling and SPF 15 when in Canada ..
A small fact to add to this is - ppl who are healthy and follow all the rules and feel safe .. Also get cancer.

2 · June 8, 2015 at 8:08pm

Middlesex-London Health Unit Hi Marie,

Thanks for adding your comments. You make some important points, which many people can probably relate to and understand.

However, it's difficult for us to hear that a tan provides protection from burning, because this can lead to a false sense of security and inadequate sun safety behaviours.

Tans offer minimal protection against burning (similar to a sunscreen with an SPF of 3, depending on skin type), and a tan offers no protection against genetic damage to skin cells. Ultimately, tanned skin is damaged skin.

Furthermore, the use of artificial tanning equipment is unsafe. UVR-emitting tanning devices have been classified as carcinogenic to humans by the International Agency for Research on Cancer (http://www.iarc.fr/.../iarcnews/2009/sunbeds_uvradiation.php), causing all major types of skin cancer.

Also, studies have shown that up to 50% of cancers could be prevented by changing behavioural risk factors (https://www.mycanceriq.ca/About/YourRisk). If cancer still develops, however, screening and early detection are especially important and can save lives.

We all want to enjoy the outdoors, but it's important to practice sun-safe behaviours like seeking shade, wearing hats, clothing, sunglasses with UV protection and sunscreen.

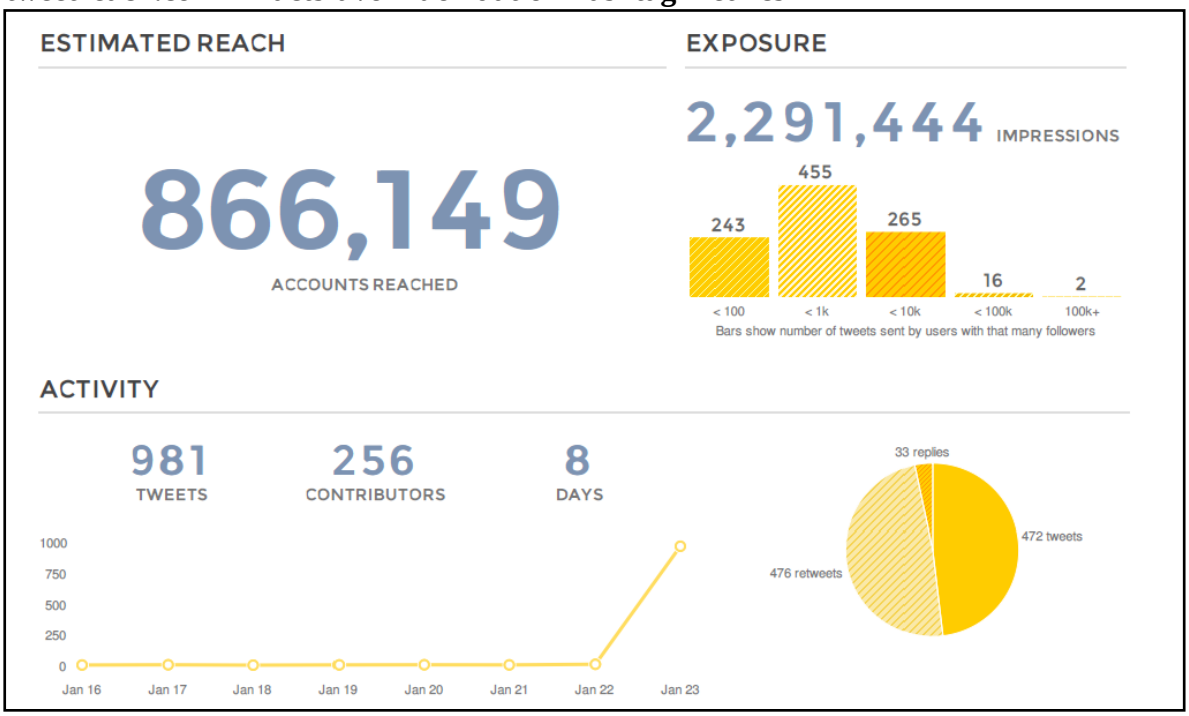
Sunbeds and UV Radiation
Web Portal for International Cancer Research: Cancer Epidemiology and Genetic Databases,...
IARC.FR

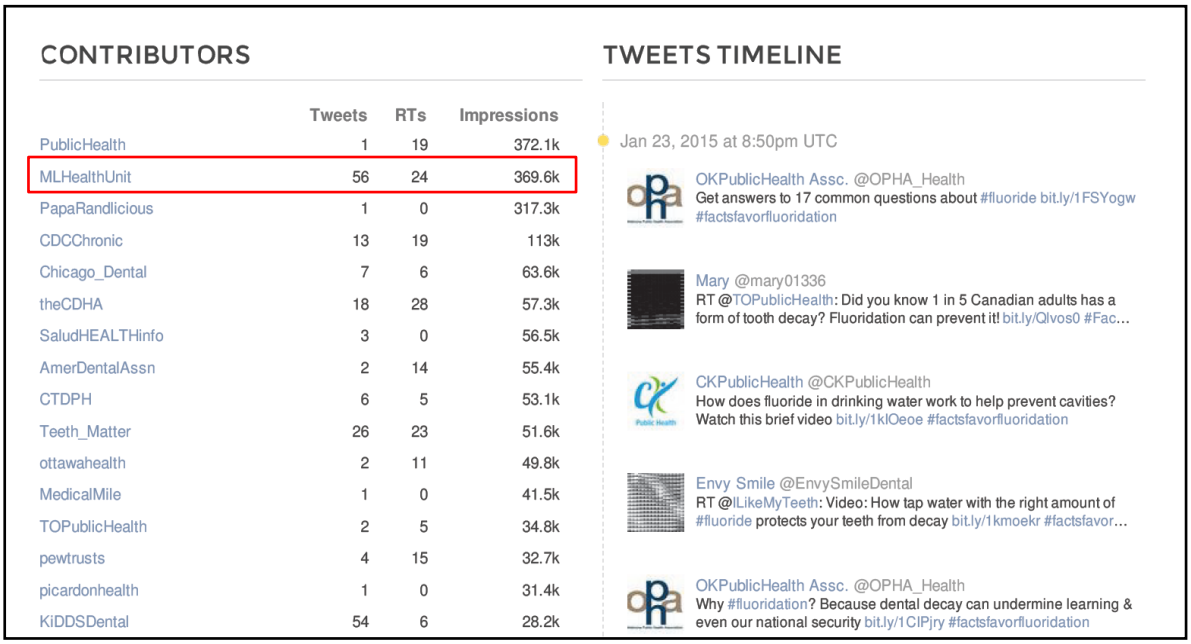
4 · June 10, 2015 at 7:08am

Collaboration
Example of using social media to collaborate

Celebrating 70 years of community water fluoridation
On Friday, January 23, 2015, the Middlesex-London Health Unit collaborated with the Ontario Association of Public Health Dentistry, Ontario public health units, Children's Dental Health Project, and international health organizations to celebrate 70 years of community water fluoridation on Twitter using the hashtag #factsfavorfluoridation.

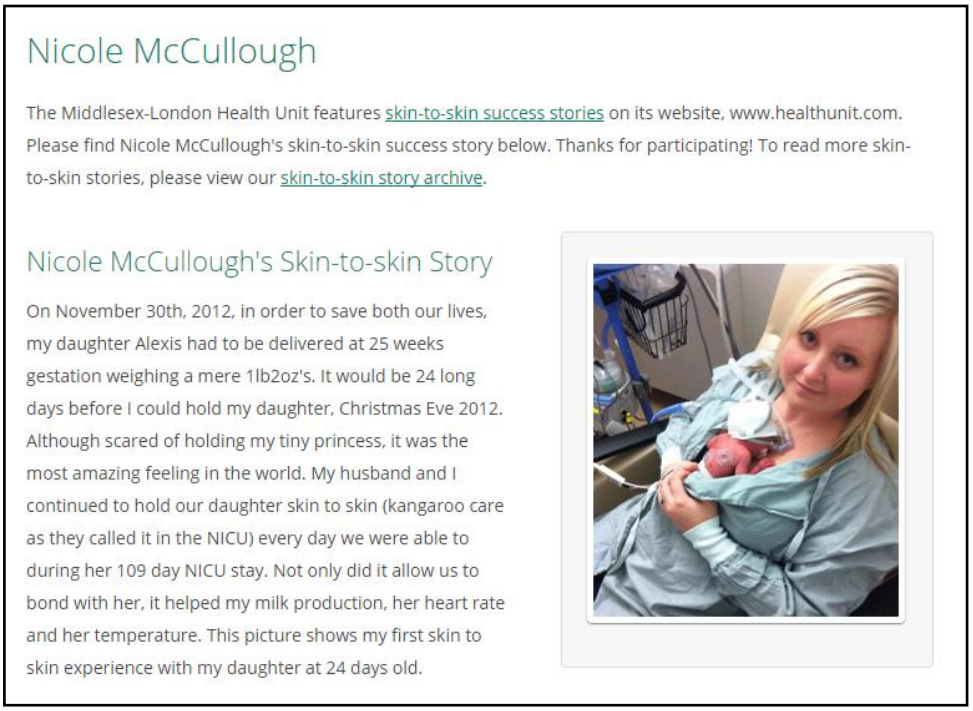
tweetreach.com - #factsfavorfluoridation hashtag metrics





Encourage participation
Example of using social media to encourage participation

Sharing skin-to-skin stories
The MLHU encourages parents and caregivers to share their experiences of holding babies skin-to-skin. Twenty skin-to-skin stories are featured on the MLHU's website and social media channels.



Advocate for change
Example of using social media to Advocate for change

The fight for smoke-free movies
The *Ontario Coalition for Smoke-Free Movies* is made up of 39 organizations, including the Middlesex-London Health Unit, which strongly supports 5 actions to reduce youth exposure to on-screen smoking: (1) give new movies containing tobacco an adult rating (i.e. 18A), (2) require strong anti-smoking ads prior to movies depicting tobacco use in all distribution channels, (3) certify no payoffs for displaying tobacco, (4) stop identifying tobacco brands (5) and require films with tobacco imagery assigned a youth rating to be ineligible for government film subsidies.

Russell Moran Guys. Not to be negative but I think excessive violence or hyper sexualisation is more of a problem for a developing mind. We've had excellent public understanding of the risks of smoking for about as long as I've been alive and it's truly the persons choice to smoke or not. Plenty try out of curiosity and decide not to smoke either because of the risks or other very mature reasons. Last I heard statistically teen smoking was on the decline except for roughly 16 year old girls almost exclusively. As long as memory serves correctly and the trend has not totally flipped. And if nothing else it falls on the parents to teach their children to make informed decisions and to teach them to know the difference between fantasy and real worlds. Howeveri also feel a reduction in the prevalence of smoking in Hollywood in general wouldn't be a bad thing.
February 20 at 9:18am · Edited

Middlesex-London Health Unit Hi Russell,

Thanks for sharing.

You're right. Smoking rates have declined due to many factors over the past few decades (e.g. more research and a better understanding of the health risks associated with tobacco use, smoking restrictions in public places like workplaces and restaurants, increased tax on tobacco products, changes in the social acceptability of smoking, parental guidance, etc.). Also, violence, substance abuse and nudity displayed in movies can negatively impact young people. This is all true.

However, movies already receive higher ratings based on violence, substance abuse, and nudity, but tobacco use is not currently an element that is considered in the Ontario movie rating system.

Essentially, the more kids see smoking, the more likely they are to start smoking themselves. This is the major reason why we'd like the Ontario Film Review Board to classify any new films containing tobacco content with an Ontario rating of 18A.

Restricting tobacco use and exposure in youth-rated movies (G, PG and 14A ratings) is about protection, not censorship. If smoking were displayed in movies, it would receive an adult rating just like violence, coarse language and other types of substance misuse.

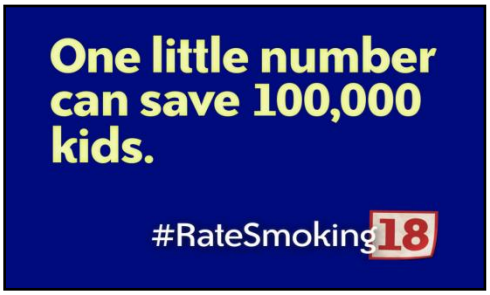
Join the fight! Help us protect children and youth from smoking in movies: http://www.healthunit.com/smoke-free-movies

Smoke-Free Movies — Middlesex-London Health Unit
Learn how you can join the fight for...
HEALTHUNIT.COM

1 · February 27 at 7:53am

Russell Moran Wow. Thank you for the educated reply!!!!! I honestly appreciate the campaign 1000X more now. Thank you for taking the time to make a difference for all of us

1 · February 27 at 9:23am



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 013-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 February 18

SUMMARY INFORMATION REPORT FOR FEBRUARY 2016

Recommendation

It is recommended that Report No. 013-16 re: Information Summary Report for February 2016 be received for information.

Key Points

- In December 2013, the Ontario government announced its intent to integrate six dental benefits and/or programs for children and youth from low income families into one program with simplified eligibility requirements and enrolment processes, and improve access for eligible children and youth. The newly integrated Healthy Smiles Ontario Program was launched on January 1, 2016.
- With the enactment of amendments to the *Smoke-free Ontario Act* and the enactment of the *Electronic Cigarettes Act*, changes are required to the Ontario Public Health Standards and the Tobacco Compliance and Electronic Cigarettes Compliance Protocols. Health Units have been asked by the Ministry of Health to proceed with program implementation as of January 1, 2016 while the revisions undergo final Minister's approval.
- Under the Ontario Public Health Standards Tanning Beds Compliance Protocol, 2014, inspections of tanning bed operators to monitor compliance with the *Skin Cancer Prevention Act* are required on a complaint-basis only. The effectiveness of legislation is substantially increased with routine enforcement activity; as such, Health Unit staff aim to complete two routine inspections of each tanning bed operator in Middlesex and London in 2016.
- *One Life One You*, as part of collective provincial action by members of the Ontario Coalition for Smoke-Free Movies, plans to request meetings with local MPPs to provide education on the impact that tobacco impressions in movies has on tobacco use initiation by young people.

Background

This report provides a summary of information from Health Unit programs. Additional information is available on request.

Changes related to the newly integrated Healthy Smiles Ontario Program

As of January 1, 2016, the Ontario Government integrated six oral health programs and services into one program called Healthy Smiles Ontario (HSO). The province also withdrew the management of dental claims by public health units by appointing a third party administrator that will manage the dental claims centrally for the entire province. The third party administrator is Accerta. HSO is a free oral health program for eligible children and youth 17 years and under. The program is funded 100% by the province. In integrating the six oral health programs, the province withdrew two mandated protocols in the Ontario Public Health Standards (OPHS). These are Children in Need of Treatment (CINOT) and CINOT Expansion protocols, and the Preventive Oral Health services protocol. However, a new requirement for HSO has been added to the Child Health Standard. The HSO protocol includes the core services offered under the program, health and program promotion, preventive services stream, and emergency and essential services stream. The main impact of the change for the Health Unit has been the loss of management of dental claims.

The Health Unit will continue to deliver the same oral health programs and services as before because the withdrawn protocols are currently embedded in the new HSO requirement.

Health Unit Implementation of the Changes to the *Smoke Free Ontario Act (SFOA)* and *Electronic Cigarette Act (ECA)*

As of January 1st, 2016, amendments to the *SFOA* prohibit the sale of flavoured tobacco products, including flavoured cigarettes, cigars, cigarillos, chewing tobacco and tobacco shisha. Menthol-flavour tobacco and clove-flavoured cigarettes are exempt from the legislation until January 1st, 2017. The amendments also provide greater restrictions on the promotion of tobacco products at retail and doubled the fines for sales-to-minors' offences. The *SFOA* mandates that hospital grounds and certain government property become smoke-free, and provide Tobacco Enforcement Officers with expanded powers of entry and seizure authority. Effective January 1st, 2016, the sale and supply of electronic cigarettes (e-cigarettes) to persons under the age of 19 years are prohibited under the *ECA*. Sections of the *ECA* that proposed a prohibition on the use of e-cigarettes in places where smoking is already illegal remain under review by the Government, and have not yet been proclaimed. The Health Unit has expanded its comprehensive tobacco control program to include these new requirements under the Ontario Public Health Standards.

Enforcement and Promotion of the Skin Cancer Prevention Act in 2016

The *Skin Cancer Prevention Act (SCPA)* came into effect May 1st, 2014 to prohibit the sale of artificial tanning services to people under the age of 19 years, and to provide restrictions on the marketing of artificial tanning services to young people. Tanning bed operators are required to register with the Health Unit, they must ask for government identification from anyone who appears under the age of 25, and they must post health warning and age restriction signs. In 2014, the Health Unit received one-time funding from the Ministry of Health and Long-Term Care for the implementation of this new program, which funded the Health Unit's "No Safe Tan" campaign, the provision of education to tanning bed operators, and the completion of two rounds of inspections to ensure operator compliance. Under the Tanning Beds Compliance Protocol, 2014, inspections are required on a complaint-basis only; therefore, the Ministry does not dedicate funding to activities related to the ongoing promotion and enforcement of the *SCPA*. Due to competing program priorities, the lack of dedicated staffing and the absence of public complaints, tanning bed operators were not inspected in 2015. The effectiveness of legislation without mandated, routine inspections is not strong . As such, the Health Unit intends to conduct at least two inspections of artificial tanning service providers in Middlesex and London in 2016. Unless one-time provincial funding can be attained through the Health Unit's 2016 Program Based Grant budget process, staffing resources for these inspections will be drawn from the Chronic Disease Prevention and Tobacco Control team.

One Life One You to Meet with Local MPPs to Discuss Impact of Onscreen Smoking

With the release of the most recent edition of its report, *Smoke-free Moves: From Evidence to Action*, the World Health Organization (WHO) is calling for governments to ensure that movies that portray tobacco use and tobacco brands have an adult rating. The youth of the MLHU-supported *One Life One You* group, as part of collective provincial action by members of the Ontario Coalition for Smoke-Free Movies, will be requesting to meet with local MPPs over the next few months to provide education on the impact that tobacco impressions in movies has on tobacco use initiation by children and youth, and the potential population health gains that could be made through legislated changes to the film rating system in Ontario. According to the WHO, movies showing the use of tobacco products have enticed millions of young people to start smoking. This global report reaffirms research done by the Ontario Tobacco Research Unit that in Ontario alone, at least 185,000 children and teens will be recruited to smoking cigarettes from exposure to onscreen smoking.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 014-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 February 18

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – FEBRUARY

Recommendation

It is recommended that Report No. 014-16 re Medical Officer of Health Activity Report – February be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the January Medical Officer of Health Activity Report to February 5, 2016.

Throughout the month of January, many Middlesex-London Health Unit staff were involved in assisting in the effort to assure Syrian Newcomers and their families receive need vaccines. This prompted the MOH to implement the Incident Management System (IMS). The Team promptly set up clinics at the 50 King St. Health Unit location as well as at facilities where the Newcomers are being temporarily housed.

The MOH was honoured to deliver opening remarks at the Baby Friendly Initiative (BFI) celebration on February 4th. Our Baby-Friendly Public Health Nurse Lead, Laura Dueck was instrumental in coordinating staff to assist the Health Unit to obtain Baby Friendly designation after a successful 4 year effort. All staff were invited to this celebration where the designation plaque was presented by Kathy Venter from the Breastfeeding Committee for Canada.

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

January 7	Attended the YOU Governance meeting Met with Sean Quigley, Executive Director at Emerging Leaders to discuss collaboration with the London Poverty Research Centre at King's (LPRC) Along with the Senior Leadership Team, met with Brenda Marchuk, Community Health Nursing Specialist to thank her for filling the role of Acting Chief Nursing Officer in 2015
January 11	Met with Bertha Garcia, LHSC to discuss the Poverty Panel
January 12	Met with Nadine Reeves, Communications Lead, Childreach
January 13	Attended a meeting of the Collaborative Steering Committee at London Health Sciences Centre (LHSC)
January 14	Attended the January Finance and Facilities Committee meeting Met with Peggy Sattler, MPP for West London to discuss the Poverty Panel Had an interview with Kate Dubinski for the London Free Press regarding poverty
January 18	Attended a meeting of the Mayor's Advisory Panel on Poverty (MAPOP), hosted by the Southwest Ontario Aboriginal Health Access Centre (SOAHAC)
January 19	Was interviewed by CBC Windsor's Afternoon Drive in regards to the Poverty Panel Participated in an interview with Randy Richmond, London Free Press in regards to the Community Drug Strategy

January 20	Participated in a teleconference as a member of the planning committee for the TOPHC 2016 Conference. This annual conference is hosted jointly by Public Health Ontario, the Ontario Public Health Association (OPHA), and the Association of Local Public Health Agencies (alPHa). Was interviewed by Rushika Chauhan, Rogers TV Fanshawe Learns on Sugary Drinks
January 21	Met with Kate Huner in regards to poverty Attended Board of Health meetings
January 22	Participated in a meeting with partner organizations in regards to Living Wage Met with Holly, Youth Opportunity Unlimited to discuss an upcoming event
January 25	Attended a meeting of London's Homeless Prevention System Implementation Team Met with MAPOP Chairs Participated in a teleconference with other South West Medical Officers of Health to discuss the Local Health Integration Network's (LHIN) announcement of the creation of a joint HQO/SW LHIN Clinical Quality Table
January 26	Attended the annual Mayor's State of the City Address Participated in Change Management training for the MLHU Leadership Team
January 27	Attended the South West LHIN Health System Leadership Council (HSLC) meeting in Stratford Participated in a teleconference meeting for MOH's in regards to Patients First Discussion Paper Was interviewed by Al Coombs, CJBK radio for Bell Let's Talk Day
January 28	Attend the Youth Opportunities Unlimited Board meeting Attended the Finance and Facilities meeting
January 29	Attended London City Budget meeting Hosted a meeting of the Mayor's Advisory Panel on Poverty (MAPOP)
February 1	Met with Brian Lester, CEO Regional HIV/AIDS Connection to discuss Managed Alcohol Program (MAP)
February 2	Met with David Sylvester, Principal, Kings College University regarding Living Wage
February 3	Attended the Centre for Research on Health Equity and Social Inclusion (CRHESI) Governance Board meeting
February 4	Attended the 10th Annual Breakfast for YOU

This report was prepared by Lynn Guy, Executive Assistant to the Medical Officer of Health.

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

This report addresses Ontario Public Health Organizational Standard 2.9 Reporting relationship of the Medical Officer of Health to the Board of Health