



**PUBLIC MINUTES**  
**Finance and Facilities Committee**  
**50 King Street, Room 3A**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**2016 July 7, 9:00 a.m.**

---

**COMMITTEE**

**MEMBERS PRESENT:** Ms. Trish Fulton (Committee Chair)  
Mr. Marcel Meyer  
Mr. Ian Peer  
Mr. Jesse Helmer  
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)  
Ms. Laura Di Cesare, Director, Corporate Services  
Mr. John Millson, Associate Director, Finance  
Dr. Chimere Okoronkwo, Manager, Oral Health  
Ms. Suzanne Vandervoort

At 9:00 a.m., Chair Fulton called the meeting to order.

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

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

**2. APPROVAL OF AGENDA**

It was moved by Mr. Helmer, seconded by Mr. Peer *that the [AGENDA](#) for the July 7, 2016 Finance and Facilities Committee meeting be approved.*

Carried

**3. APPROVAL OF MINUTES**

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the [MINUTES](#) from the June 8, 2016 Finance and Facilities Committee meeting be approved.*

Carried

**4. CONFIDENTIAL**

At 9:02 a.m. Chair Fulton invited a motion to move in camera to discuss items regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

It was moved by Mr. Helmer, seconded by Mr. Peer *that the Finance and Facilities Committee move in camera to discuss items regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 11:35 a.m. it was moved by Ms Vanderheyden, seconded by Mr Helmer *that the Finance and Facilities Committee rise and return to public session to report that progress had been made on items*

*regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 11:35 a.m. the Finance and Facilities Committee returned to public session.

**5. NEW BUSINESS**

**5.1 Proposed 2017 PBMA Process, Criteria & Weighting ([Report No. 023-16FFC](#))**

It was moved by Ms. Vanderheyden, seconded by Mr. Peer, *that the Finance and Facilities Committee recommend that the Board of health approve the 2017 PBMA criteria and weighting that is proposed in Appendix A to Report No. 023-16FFC.*

Carried

**6. OTHER BUSINESS**

Chair Fulton inquired if an August meeting was required by staff and advised the Committee that she would be away for the next scheduled Finance and Facilities Committee meeting in August.

Dr. Mackie advised that the Committee can remove the next meeting date (August 4<sup>th</sup>) date from their calendar at this time and that staff will advise if an alternate date is required in August.

**7. ADJOURNMENT**

Chair Fulton invited a motion to adjourn the meeting.

It was moved by Mr. Peer, seconded by Mr. Helmer *that the meeting be adjourned.*

Carried

At 11:38 a.m. Chair Fulton *adjourned the meeting.*

---

TRISH FULTON  
Committee Chair

---

DR. CHRISTOPHER MACKIE  
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 September 1

---

## Q2 FINANCIAL UPDATE & FACTUAL CERTIFICATE

### **Recommendation**

*It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 027-16FFC re: “Q2 Financial Update & Factual Certificate” and appendices for information.*

### **Key Points**

- The 2016 approved budget assumes a 2% increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care.
- The annual grant request was submitted to the Ministry of Health & Long-Term Care on February 29, 2016 and included one-time funding requests totaling \$154,731.
- One of the one-time requests has been declined, and MLHU is seeking funding through another process. Ministry grant approvals are expected in late summer (Q2) or early fall (Q3).
- Included in this financial update is a signed factual certificate which provides assurance that the financial and risk management functions are being performed.

### **Background**

The 2016 operating budget was approved by the Board of Health on February 19, 2016 ([Report No. 008-16](#)). The approved budget includes a \$250,000 contribution to the Technology and Infrastructure Reserve Fund and assumes a 2% increase in Mandatory Programs funding from the Ministry of Health & Long-Term Care (MOHLTC). In addition, as part of the grant submission, one-time funding of \$154,731 was requested for the implementation of the Electronic Cigarettes Act, Nicotine Replacement Therapy, and Organizational Structure and Location (OSL) initiatives. Subsequently, the \$70,000 request for the OSL initiatives has been declined through this process and a new submission to the new Community Health Capital Program has been made.

### **Financial Highlights**

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

Table 1 below provides a comparison by division of the updated year end variance forecasts. In addition to the information provided in the Q1 Financial Update ([Report No. 018-16FFC](#)), the estimates have increased as expected due to additional favourable variances across divisions.

**Table 1 – Anticipated Quarterly Variances by Division**

<b>Division</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Change</b>
Environmental Health & Infectious Disease	\$ 60,743	\$ 114,045	\$ 53,302
Healthy Living	117,295	102,498	(14,797)
Healthy Start	73,748	127,411	53,663
Office of the Medical Officer of Health	-	-	-
Corporate Services	25,984	68,644	42,660
Foundational Standards	35,300	35,300	-
General Expenses & Revenues	(49,800)	(89,800)	(40,000)
<b>Total anticipated variances before agency gapping budget</b>	<b>\$ 263,270</b>	<b>\$ 358,098</b>	<b>\$ 94,828</b>

The \$94,828 increase matches expectations, and is due to the following:

- \$ 167,772 1) Additional position vacancies across all programs.
- 20,500 2) Revised TB & Hep A outbreak management costs from Q1
- (6,000) 3) Reduced demand for Zostavax (Shingles) vaccine as clients waiting for details of publicly funding the vaccine.
- (14,714) 4) NRT purchases expected (demand related) in Q4
- (32,730) 5) Dental Treatment deficit
- (30,000) 6) Additional legal costs (total variance of \$60,000)
- (10,000) 7) Additional cell phone hardware upgrade costs (total variance of \$25,000)
- \$ 94,828 8) Total net increase from Q1 reported variance**

Overall, the net favourable variance has increased to \$386,082 from \$263,270 as identified in the Q1 financial update and will contribute to the overall expected annual gapping budget of \$789,938. The Health Unit is projecting a breakeven position by the end of 2016 assuming the Province provides the expected 2% funding increase for Mandatory Programs and the one-time funding requests. These projections would be substantially affected by the following factors:

- 1) If the MOHLTC provides a grant increase significantly different than the 2%. For example, in 2015 the MOHLTC provided MLHU with a 3.6% in Mandatory Program funding. A 3.6% increase in 2016 would translate to an approximate surplus of \$260,000.
- 2) If MLHU is unsuccessful in obtaining a planning grant through the Community Health Capital Program, this would create a deficit of \$70,000.
- 3) If in the second half of the operating year, additional expected gapping is not realized.

Ministry grant approvals are not expected until late summer (Q2) or early fall (Q3).

### **Factual Certificate**

Attached as [Appendix B](#) is a signed factual certificate. This certificate is signed by senior administrators of the Health Unit responsible for ensuring certain key financial and risk management functions are being performed to the best of their knowledge. The certificate is revised as appropriate on a quarterly basis and submitted with each financial update.

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



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

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

As at June 30, 2016

**APPENDIX A**

	2016 YTD ACTUAL (NET)	2016 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2016 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
<b><i>Environmental Health &amp; Infectious Disease Division</i></b>									
Office of the Director	\$ 128,611	\$ 120,750	\$ (7,861)	-6.5%	\$ 233,214	\$ 240,614	\$ 7,400	3.1%	Difference between salaries of directors + benefits for MLOA manager
Emergency Management	90,808	84,946	(5,862)	-6.9%	169,302	169,302	-	0.0%	No anticipated variance by the end of the operating year.
Food Safety & Healthy Environments	848,047	853,912	5,865	0.7%	1,690,177	1,701,489	11,312	0.7%	\$14,312 anticipated favorable variance for additional food handler training/assessment, less \$3,000 for additional program supplies.
Safe Water & Vector-Borne Disease	606,857	760,213	153,356	20.2%	1,497,825	1,542,090	44,265	2.9%	\$44,265 savings in service contract for the Vector Borne Disease Program as a result of renewal in 2016.
Infectious Disease	763,351	752,640	(10,711)	-1.4%	1,564,793	1,523,293	(41,500)	-2.7%	Unanticipated costs associated with TB and HepA outbreaks [wages/benefits (\$10,000); Taxis/Meds (\$20,000); Translators (\$6,000); Printing (\$1,000), TB conference (\$3,000), ergonomics accommodation (\$1,500) ]
Vaccine Preventable Disease	575,107	573,685	(1,422)	-0.2%	1,392,677	1,386,677	(6,000)	-0.4%	Zostavax demand down (rev & vaccine) net savings of 6,000
Travel Clinic	23,741	18,543	(5,198)	-28.0%	36,942	36,942	-	0.0%	No anticipated variance by the end of the operating year.
Sexual Health	1,021,580	1,161,225	139,645	12.0%	2,217,729	2,316,297	98,568	4.3%	\$44,000 favourable variance due to position vacancies; (\$5,400) anticipated shortfall for clinic supplies; \$59,968 additional revenue in Family Planning Clinic / STI Clinic OHIP billings.
<b><i>Total Environmental Health &amp; Infectious Disease Division</i></b>	<b>\$ 4,058,102</b>	<b>\$ 4,325,914</b>	<b>\$ 267,812</b>	<b>6.2%</b>	<b>\$ 8,802,659</b>	<b>\$ 8,916,704</b>	<b>\$ 114,045</b>	<b>1.3%</b>	
<b><i>Healthy Living Division</i></b>									
Office of the Director	\$ 110,767	\$ 114,048	\$ 3,281	2.9%	\$ 227,275	\$ 227,275	\$ -	0.0%	No anticipated variance by the end of the operating year.
Child Health	737,203	850,349	113,146	13.3%	1,604,544	1,694,544	90,000	5.3%	LOA and partial vacant PHN position for 6 months.
Chronic Disease and Tobacco Control	652,198	691,981	39,783	5.7%	1,396,882	1,379,578	(17,304)	-1.3%	NRT expenditures-(14,714) if we receive 30,000 from MOHLTC-will be (44,714 if we don't receive NRT grant + living wage increase for youth leaders ((2,590)
Healthy Communities and Injury Prevention	492,065	609,095	117,030	19.2%	1,185,699	1,213,799	28,100	2.3%	\$28,100 anticipated variance due to vacant manager of HCIP, and the replacement at a lower salary.
Oral Health	504,069	662,374	158,305	23.9%	1,337,441	1,319,711	(17,730)	-1.3%	\$15,000 favourable variance due to vacancies in a part-time dental hygienist and program assistant position, (\$32,730) for projected Dental Treatment deficit.
Southwest Tobacco Control Area Network	83,211	218,524	135,313	61.9%	436,197	436,197	-	0.0%	No anticipated variance by the end of the operating year.
Young Adult Health	521,588	567,576	45,988	8.1%	1,111,613	1,131,045	19,432	1.7%	\$19,432 anticipated variance due to a maternity leave and replacement of a PHN position at a lower salary.
<b><i>Total Healthy Living Division</i></b>	<b>\$ 3,101,101</b>	<b>\$ 3,713,947</b>	<b>\$ 612,846</b>	<b>16.5%</b>	<b>\$ 7,299,651</b>	<b>\$ 7,402,149</b>	<b>\$ 102,498</b>	<b>1.4%</b>	
<b><i>Healthy Start Division</i></b>									
Office of the Director	\$ 115,547	\$ 121,800	\$ 6,253	5.1%	\$ 240,559	\$ 242,759	\$ 2,200	0.9%	Various balances in travel, other program costs offset by increase in equipment costs
Office of the Chief Nursing Officer & Social Determinants of Health	170,408	203,160	32,752	16.1%	404,889	404,889	-	0.0%	No anticipated variance by the end of the operating year.
Nurse Family Partnership			-	#DIV/0!	35,000	35,000	-	0.0%	No anticipated variance by the end of the operating year.

	2016 YTD ACTUAL (NET)	2016 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2016 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Best Beginnings	1,509,148	1,581,774	72,626	4.6%	3,064,263	3,154,798	90,535	2.9%	\$46,389 in salary- FHV (LOA) 2 PHN, lower mgmt. costs, Jul 11 - gapping for HBHC manager of \$4,012 per pay, lower transportations cost due to gapping of positions - \$16,664
Early Years Health	773,086	778,045	4,959	0.6%	1,550,490	1,550,490	-	0.0%	No anticipated variance by the end of the operating year.
Reproductive Health	645,237	693,021	47,784	6.9%	1,346,383	1,381,059	34,676	2.5%	Favourable variance due to maternity leaves and vacant positions
Screening Assessment and Intervention (SAI)	378,956	705,741	326,785	46.3%	2,822,962	2,822,962	-	0.0%	No anticipated variance by the end of the operating year.
<b>Total Healthy Start Division</b>	<b>\$ 3,592,382</b>	<b>\$ 4,083,541</b>	<b>\$ 491,159</b>	<b>12.0%</b>	<b>\$ 9,464,546</b>	<b>\$ 9,591,957</b>	<b>\$ 127,411</b>	<b>1.3%</b>	
<b>Office of the Medical Officer of Health</b>									
Office of the Medical Officer of Health	\$ 176,994	\$ 208,907	\$ 31,913	15.3%	\$ 416,083	\$ 416,083	\$ -	0.0%	No anticipated variance by the end of the operating year.
Communications	225,748	250,312	24,564	9.8%	498,961	498,961	-	0.0%	No anticipated variance by the end of the operating year.
<b>Total Office of the Medical Officer of Health</b>	<b>\$ 402,742</b>	<b>\$ 459,219</b>	<b>\$ 56,477</b>	<b>12.3%</b>	<b>\$ 915,044</b>	<b>\$ 915,044</b>	<b>\$ -</b>	<b>0.0%</b>	
<b>Corporate Services Division</b>									
Office of the Director	\$ 172,139	\$ 202,994	\$ 30,855	15.2%	\$ 405,050	\$ 405,050	\$ -	0.0%	No anticipated variance by the end of the operating year.
Finance	255,356	272,153	16,797	6.2%	519,763	542,263	22,500	4.1%	Vacant Program Assistant position, and recoveries from Screening Assessment & Intervention program.
Human Resources & Labour Relations	264,575	229,526	(35,049)	-15.3%	486,416	457,400	(29,016)	-6.3%	Paid leave of absence and relocation expense.
Information Technology	417,802	498,446	80,644	16.2%	943,158	990,518	47,360	4.8%	Vacant Business Analyst and Program Assistant position for part of the year, partially offset by (\$15,000) in additional IT external support.
Privacy & Occupational Health & Safety	54,862	84,870	30,008	35.4%	141,364	169,164	27,800	16.4%	Unpaid leave of absence until the beginning of Q2.
Procurement & Operations	131,014	127,582	(3,432)	-2.7%	254,199	254,199	-	0.0%	No anticipated variance by the end of the operating year.
Strategic Projects	63,984	64,525	541	0.8%	128,604	128,604	-	0.0%	No anticipated variance by the end of the operating year.
<b>Total Corporate Services Division</b>	<b>\$ 1,359,732</b>	<b>\$ 1,480,096</b>	<b>\$ 120,364</b>	<b>8.1%</b>	<b>\$ 2,878,554</b>	<b>\$ 2,947,198</b>	<b>\$ 68,644</b>	<b>2.3%</b>	
<b>Foundational Standard Division</b>									
Office of the Director	\$ 202,635	\$ 162,451	\$ (40,184)	-24.7%	\$ 333,671	\$ 323,671	\$ (10,000)	-3.1%	(\$10,000) in lecture revenue that will not be realized.
Program Planning & Evaluation	575,959	598,087	22,128	3.7%	1,156,109	1,192,209	36,100	3.0%	\$36,100 favourable variance due to position vacancies and new staff at lower salaries.
Library & Resource Lending	58,615	67,043	8,428	12.6%	231,928	241,128	9,200	3.8%	\$9,200 favourable variance expected due to vacant program assistant position in Q1.
<b>Total Foundational Standard Division</b>	<b>\$ 837,209</b>	<b>\$ 827,581</b>	<b>\$ (9,628)</b>	<b>-1.2%</b>	<b>\$ 1,721,708</b>	<b>\$ 1,757,008</b>	<b>\$ 35,300</b>	<b>2.0%</b>	
<b>General Expenses &amp; Revenues</b>									
<b>General Expenses &amp; Revenues</b>	<b>\$ 1,244,206</b>	<b>\$ 930,193</b>	<b>\$ (314,013)</b>	<b>-33.8%</b>	<b>\$ 2,675,844</b>	<b>\$ 2,586,044</b>	<b>\$ (89,800)</b>	<b>-3.5%</b>	\$10,200 favourable for insurance; \$30,000 for one-time renovations for OSL recommendations completed in 2015, \$15,000 for 6-months of living wage implementation; offset by (\$50,000) in Employment Insurance top-up for maternity / parental leaves; (\$60,000) for extraordinary legal costs; (\$25,000) for cell phone hardware purchases; an (\$10,000) for office chairs.
<b>Total Board of Health net Expenditures Before Expected Gaping</b>	<b>\$ 14,595,474</b>	<b>\$ 15,820,491</b>	<b>\$ 1,225,017</b>	<b>7.7%</b>	<b>\$ 33,758,006</b>	<b>\$ 34,116,104</b>	<b>\$ 358,098</b>	<b>1.0%</b>	
Less: Expected Agency Gapping Budget		- 394,969	(394,969)		(431,840)	(789,938)	(358,098)		\$431,840 represents the required amount of agency gapping in Q3-Q4 to meet budget requirements.
<b>TOTAL BOARD OF HEALTH NET EXPENDITURES</b>	<b>\$ 14,595,474</b>	<b>\$ 15,425,522</b>	<b>\$ 830,048</b>	<b>5.4%</b>	<b>\$ 33,326,166</b>	<b>\$ 33,326,166</b>	<b>\$ -</b>	<b>0.0%</b>	

**Middlesex-London Health Unit**  
**FACTUAL CERTIFICATE**

**To: Members of the Board of Health, Middlesex-London Health Unit**

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at June 30, 2016:

1. The Middlesex-London Health Unit is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
  - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
  - Ontario Employer Health Tax; and
  - Federal Harmonized Sales Tax (HST).Further, they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is in compliance with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not changed its accounting policies or principles since January 1, 2015.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2015 has been filled. (due by June 30<sup>th</sup> each year).
9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed and we are currently awaiting the decision of the Vice-Chair.
10. The Western Fair has issued a Third Party claim including the Health Unit involving an alleged infection with Q-fever bacteria while at Western Fair in 2011. The claim is being defended by City Legal Services as they were the insurer at the time. City Legal Services has indicated that there is no exposure to a financial claim for the Health Unit.
11. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health

Standards, the Ontario Public Health Organizational Standards and as reported to the Board of Health through reports including, but not limited to:

- Quarterly Financial Updates;
- Annual Audited Financial Statements;
- Annual Reporting on the Accountability Indicators;
- Annual Planning and Budget Templates; and
- Information and Information Summary Reports.

Dated at London, Ontario this 1<sup>st</sup> day of September, 2016

---

Dr. Christopher Mackie  
Medical Officer of Health & CEO

---

John Millson  
Associate Director, Finance

---

Laura Di Cesare  
Director, Corporate Services





TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 September 1

---

## IN-KIND SUPPORT TO 100% PROGRAMS

### **Recommendation**

*It is recommended that the Finance & Facilities Committee receive report No. 028-16 FFC re: “In-Kind Support to 100% Programs” for information.*

### **Key Points**

- Included in the approved 2016 operating budget are a number of initiatives that are being supported by Cost-Shared funding.
- Approximately \$1,025,882 of support is provided directly or indirectly to 100% programs using an allocation based on program FTEs.

### **Background**

Since the early 2000’s a number of programs have been added to Public Health’s mandate to address emerging public health concerns such as West Nile Virus (WNV) and Secure Acute Respiratory Syndrome (SARS); to expand current Mandatory Programs; and/or or to address other provincial initiatives.

Initially, new programming implementation was funded 100% through provincial grants after which it was transferred to a cost-sharing arrangement with municipalities. Examples are the Vector-Borne Diseases (formerly WNV) and Small Drinking Water Systems. However, since the mid 2000’s the experience has been that new public health initiatives have been implemented and have maintained 100% provincial funding (e.g. Social Determinants of Health Nurse, Chief Nursing Officer, Healthy Smiles Ontario, etc.). As part of new funding initiatives, public health units are usually limited as to what types of costs may be attributed to the programs. Therefore health units are often left in a position to accommodate increased demands and costs in regards to corporate support services like corporate training, office space, postage, records management, human resource costs, Information Technology (IT) costs, payroll costs (bank fees, and post-retirement benefits for example), and other costs associated with managing the programs.

Overall our community has benefitted from the increased resources achieved through these new programs or initiatives. However, not only is the health unit limited in its “chargebacks,” but also the funding for these programs often does not increase after they are initiated and eventually inflationary pressures start impacting the ability for the grant to fund wages and benefits. At this point the Health unit is required to either reduce services or support the initiatives using other funding available to them (Mandatory Programs funding).

In the development of the 2016 operating budget, the Board of Health approved two such PBMA proposals: Proposal 1-0050; re: “Smoke Free Ontario Inflationary Pressure Enhancement” for \$5,400, and Proposal 1-0051; re: “Healthy Babies Healthy Children Inflationary Pressure Enhancement” for \$37,500. As part of the approval the Finance & Facilities Committee requested staff to provide a summary, at a future meeting, of the 100% programs and the level to which the Health Unit supports these programs.

## **Allocation of Costs to 100% programs**

[Appendix A](#) shows the level of support provided to 100% programs either directly through the use of Mandatory Program funding or through costs that are not currently allocated to the program. The allocation method used for the analysis looked at corporate support services (Human Resources, Finance, Payroll, Information Technology, Communications, occupancy costs, legal, photocopying, etc.) and calculated a cost per FTE using 2015 actual costs. The allocation is an attempt to approximate the true cost of operating the programs. Taking this into account, approximately \$1,025,882 was provided to subsidize funding of 100% funded programs (\$12,045 direct expenditures; \$1,013,837 in-kind support). The estimated direct subsidization for 2016 is \$115,013.

## **Conclusion**

Over the past decade, the Provincial Government has increased the mandate and funding to Middlesex-London Health Unit by providing 100% funding for new initiatives. However, many of these programs require additional funding over and above the provincial allocation to support and maintain the expected level of service. As we enter into the 2017 budget planning process, the Board of Health and staff will have to make decisions with respect to supporting these programs with increased cost-shared funding or reducing services.

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



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

**Analysis of Cost-Shared Program Support to 100% Programs**

Program	Grant Funder	2015 Grant	Program FTE's <sup>1</sup>	2016 Expected Unallocated Direct Costs <sup>2</sup>	2015			Total
					Unallocated Direct Costs <sup>3</sup>	Unallocated Indirect Costs <sup>4</sup>	Allocated Costs <sup>5</sup>	
Healthy Smiles Ontario	MOHLTC	941,600	3.00			58,069	(16,000)	42,069
Infectious Diseases (SARS)	MOHLTC	1,166,800	10.30	55,000		199,370	(61,500)	137,870
Public Health Nursing Initiatives	MOHLTC	392,100	4.00	4,200		77,425	-	77,425
Enhanced Safe Water Initiative	MOHLTC	35,700	0.30			5,807	(255)	5,552
Enhanced Food Safety Initiative	MOHLTC	80,000	0.70			13,549	-	13,549
Smoke Free Ontario (SFO) - Protection and Enforcement	MOHLTC	367,500	3.90	5,400		75,490	(36,750)	38,740
SFO - Prosecutions	MOHLTC	25,300	0.00			-	-	-
SFO - Youth Engagement	MOHLTC	80,000	1.00			19,356	-	19,356
SFO - Tobacco Control Area Network	MOHLTC	285,800	2.40			46,455	(28,580)	17,875
SFO - Tobacco Control Area Network - Prevention	MOHLTC	150,700	0.00			-	-	-
SFO - Control Coordination	MOHLTC	100,000	0.90			17,421	-	17,421
SFO - Electronic Cigarettes Act	MOHLTC	39,500	0.40			7,743	-	7,743
Preschool, Speech and Language - tykeTALK	MCYS	1,818,374	2.40			46,455	(9,750)	36,705
Infant Hearing Program	MCYS	835,886	1.91			36,971	(12,675)	24,296
Blind-Low Vision	MCYS	158,702	0.12			2,323	-	2,323
Smart Start for Babies Program	PHAC	152,430	0.10			1,936	-	1,936
Healthy Babies Healthy Children	MCYS	2,558,961	27.00	37,500		522,620	(86,740)	435,880
Library Shared Services	PHO	107,475	1.00			19,356	-	19,356
FoodNet Canada Program	PHAC	145,525	1.20			23,228	(3,000)	20,228
Vector-Borne Disease Program	MOHLTC	616,000	5.51			106,653	(20,819)	85,834
Small Drinking Water Systems	MOHLTC	31,867	0.50	12,913	12,045	9,678	-	21,723
		<b>\$ 10,090,220</b>	<b>66.64</b>	<b>\$ 115,013</b>	<b>\$ 12,045</b>	<b>\$ 1,289,905</b>	<b>-\$ 276,068</b>	<b>\$ 1,025,882</b>

1) Total budgeted FTEs for Middlesex-London Health Unit is 283.09

2) These amounts are included in the 2016 BOH approved budget (Mandatory Program allocations).

3) These amounts were approved by the BOH in 2015 to support 100% programs.

4) These are the estimated indirect costs that are not allocated to 100% programs for Corporate Support (HR, Finance, IT, rent, utilities, audit fees, legal fees, etc.)

5) These costs are corporate support costs allocated directly to the program in accordance to the funding agreement.



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 September 1

---

## 2017 BOARD OF HEALTH BUDGET – FINANCIAL PARAMETERS

### **Recommendation**

*It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to approve the following assumptions for planning the 2017 budget:*

- 1) 2% increase in provincial funding for Mandatory Programs; and*
- 2) 0% increase in municipal funding for Mandatory Program; and further*
- 3) 0 % grant increase for all other programs.*

### **Key Points**

- On July 21<sup>st</sup> the Board of Health approved the 2017 PBMA process, criteria and weighting for PBMA proposals.
- Financial parameters are also required in developing the operating budget.
- The province remains committed to funding public health units on a funding formula basis.
- The City of London's 2016-2019 approved operating budgets includes a 0% change to the level of funding for the Middlesex-London Health Unit.

### **Background**

In the health system, it is generally accepted that resources are scarce. This concept is built into the Board of Health's budget process by using the Program Budget Marginal Analysis (PBMA) process. The PBMA process is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service impact. At the July 21<sup>st</sup> meeting, the Board approved the process, criteria and weighting in which proposals will be reviewed as explained in [Report No. 023-16FFC](#), re: "Proposed 2017 PBMA Process, Criteria and Weighting".

### **2017 Budget – Financial - Parameters**

Establishing high-level planning parameters is an integral part of any budget development process. They help guide and inform planning and resource allocation decisions. A number of factors are considered when recommending budget parameters including the Health Unit's strategic direction, provincial funding guidance, and municipal funding considerations.

#### Provincial Funding

Beginning with 2015 grant approvals, the Ministry of Health and Long-Term Care (MOHLTC) approved Mandatory Program grants based on a [new funding model](#) as a result of implementing recommendations of the Funding Review Working Group. The report recommended funding allocations for public health units based on population and equity measures. It identified MLHU as one of the lowest provincially funded public health units on a per capita basis. By implementing the recommendations the MOHLTC is committed to funding public health units to a "model share" over time (on a go forward basis). That is, as Mandatory Program grants are being approved; funding increases will go to the identified public health units (eight in 2015) whose funding share is lower the "model share". In 2015, MLHU received a 3.6% increase in its

Mandatory Program grant as a result. As part of the 2016 planning process the Board of Health approved a budget that included a 2% increase in provincial funding for Mandatory Programs. This was a balanced estimate that considered provincial guidance to plan for 0%, projections from the new funding model, uncertainty of the outcomes of the uploading of dental treatment programs, and the desire for the Province to balance its annual budget by 2017/2018. It is expected that the MOHLTC will provide grant approvals in the late Summer (Q3) or early Fall (Q4).

In regards to 100% provincially funded programs, these programs historically have not received annual increases. For the Ministry of Children & Youth Services programs, the granting process is different in that the Minister approves a preliminary grant and then requests public health units to submit program budget and service outcomes based on the preliminary grant.

### Municipal Funding

Earlier in 2016 the City of London approved a multi-year budget covering the 2016 – 2019 operating year. During this four year period, if there is no significant changes, business plans are updated and Council is provided an annual progress update. The City's multi-year budget was approved on March 10, 2016 with a 4 year average tax levy target between 2.2% and 2.9%. Included in City's budget was a 0% change to their contribution to the [Middlesex-London Health Unit](#). This is consistent with previous year's requests. In fact the municipal level of contribution to the Middlesex-London has remained relatively the same since 2005, with a \$119,000 reduction which occurred in 2012.

The County of Middlesex approves their budget in March each year and has not historically provided budget target guidance in the past.

### **Conclusion**

Establishing high-level planning parameters is an integral part of any budget process. They help guide and inform planning and resource allocation decisions and prioritize options for management to bring forward recommendations to the Finance and Facilities Committee and the Board of Health. For the 2017 operating budget development process it is recommended that the Board of Health approve a 2% provincial grant increase, a 0% municipal increase for Mandatory Programs, and 0% grant increase for all other programs.

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



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



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 September 1

---

## MIDDLESEX-LONDON HEALTH UNIT – MARCH 31<sup>ST</sup> DRAFT FINANCIAL STATEMENTS

### **Recommendation**

*It is recommended that the Finance & Facilities Committee recommend that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London Health Unit, March 31<sup>st</sup>, 2016 as appended to Report No. 030-16FFC.*

### **Key Points**

- Attached as [Appendix A](#) are the draft Consolidated Financial Statements for the Middlesex-London Health Unit relating to the programs with an operating year from April 1, 2015 to March 31, 2016.

### **Background**

A requirement of the Board of Health is to provide audited financial reports to various funding agencies for programs that are funded from April 1<sup>st</sup> to March 31<sup>st</sup> each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose. The agencies use this information for confirmation and as a part of their settlement process.

The following 100% funded programs are included in the audited consolidated financial statements attached as [Appendix A](#):

#### Ministry of Children & Youth Services:

- Blind-Low Vision
- Preschool Speech and Language (tykeTALK)
- Infant Hearing Screening

#### Ministry of Health & Long-Term Care:

- Healthy Communities Partnership Fund (payable to MOHLTC only)
- Panorama Implementation Project

#### Public Health Ontario:

- Library Shared Services

#### Government of Canada:

- Smart Start for Babies Programs
- FoodNet Canada

The above programs represent approximately \$3.5 million of the Middlesex-London Health Unit's total operating budget of \$34.9 million.

These programs are also reported in the main audited financial statements of the Middlesex-London Health Unit which was approved by the Board of Health in June 2016. However the main audited statements included the program revenues and expenditures of these programs for the period of January 1<sup>st</sup> to December 31<sup>st</sup>, 2015, which does not coincide with the reporting requirements of the funding agencies. Therefore, a separate audited statement is required.

## Financial Review

The consolidated balance sheet can be found on page 2. Its purpose is to provide the current value of assets (cash and prepaid expenses) which are balanced with current liabilities (deferred revenue which is brought forward into the next operating year and is the accumulated amount that must be repaid to the funding agencies with the exception of the Shared Library Services).

The consolidated statement of operation can be found on page 3. Its purpose is to provide information regarding how programs are funded and how these revenues are used in fulfilling the requirements of the programs. The following are key points that can be taken from this statement:

- 1) Revenue – the majority of the revenue (98.3%) is comprised of grants from the funding agencies (Province of Ontario, Government of Canada, and Public Health Ontario).
- 2) Expenditures – the majority of program costs, \$3,207,998 (92.4%) relate to personnel costs. Program resources and public awareness account for \$136,165 (3.9%), and the remaining expenses (such as travel, office supplies, equipment, telephone, rent, etc.) account for \$129,069 (3.7%).

Combined the programs completed the operating year with a surplus of \$7,608 of which \$7,508 (98.7%) can be carried forward into the next operating year for purchasing resources for the Shared Library Services.

A breakdown by program can be found on pages 8 and 9 of [Appendix A](#).

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



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

**DRAFT** Consolidated Financial Statements of

**MIDDLESEX-LONDON HEALTH UNIT  
MARCH 31ST PROGRAMS**

Year ended March 31, 2016



# INDEPENDENT AUDITORS' REPORT

To the Chair and Members, Middlesex-London Board of Health

We have audited the accompanying consolidated financial statements of Middlesex-London Health Unit March 31st Programs, which comprise the consolidated balance sheet as at March 31, 2016, the consolidated statement of operations and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

## *Management's Responsibility for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

## *Auditors' Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## *Opinion*

In our opinion, the consolidated financial statements present fairly, in all material respects, the consolidated financial position of Middlesex-London Health Unit March 31st Programs as at March 31, 2016, and its consolidated results of operations and its consolidated cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

September 1, 2016

London, Canada

# MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS

Consolidated Balance Sheet

## DRAFT

March 31, 2016, with comparative information for 2015

	2016	2015
<b>Assets</b>		
Current assets:		
Prepaid expenses	\$ 11,855	\$ 12,155
Due from Middlesex-London Health Unit	109,361	111,409
	<b>\$ 121,216</b>	<b>\$ 123,564</b>

## Liabilities

Current liabilities:		
Due to funding agencies (note 3)	\$ 53,248	\$ 66,155
Deferred revenue	67,968	57,409
	<b>\$ 121,216</b>	<b>\$ 123,564</b>

The accompanying notes are an integral part of these consolidated financial statements.

On behalf of the Middlesex-London Health Unit:

\_\_\_\_\_  
Mr. Jesse Helmer, Chair  
Board of Health

\_\_\_\_\_  
Dr. Christopher Mackie, MD, MHSC, CCFP, FRCPC  
Chief Executive Officer and Medical Officer of Health

# MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS

Consolidated Statement of Operations

## DRAFT

Year ended March 31, 2016, with comparative information for 2015

	2016 Budget	2016 Actual	2015 Actual
<b>Revenue:</b>			
Programs revenue, funding agencies (note 4)	\$ 3,422,292	\$ 3,422,292	\$ 3,441,419
Interest income	-	570	872
Other income	57,978	57,978	43,668
	<u>3,480,270</u>	<u>3,480,840</u>	<u>3,485,959</u>
<b>Expenditures:</b>			
<b>Personnel costs:</b>			
Salaries and wages	717,324	713,442	681,426
Contract services	1,945,810	1,935,722	1,888,747
Allocated benefits	551,128	558,834	502,606
	<u>3,214,262</u>	<u>3,207,998</u>	<u>3,072,779</u>
<b>Operating costs:</b>			
Office and supplies	10,100	11,708	12,236
Office equipment, computers	1,681	3,755	13,064
Professional development	3,050	1,433	1,581
Travel	37,887	30,489	32,322
Public awareness	1,500	3,324	46,967
Program resources	130,383	132,841	190,766
Audit	5,063	6,561	6,621
Rent	55,136	58,483	50,049
Board fees and expenses	520	500	-
Telephone	19,688	16,140	18,246
Equipment	-	-	17,061
Equipment maintenance	1,000	-	-
	<u>266,008</u>	<u>265,234</u>	<u>388,913</u>
Net surplus (note 2)	-	7,608	24,267
Due to funding agencies, beginning of year (note 3)	-	66,155	227,920
Repayments during the year	-	(20,515)	(186,032)
Due to funding agencies, end of year (note 3)	\$ -	\$ 53,248	\$ 66,155

The accompanying notes are an integral part of these consolidated financial statements.

# MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS

Consolidated Statement of Cash Flows

## DRAFT

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operating activities:		
Net surplus	\$ 7,608	\$ 24,267
Changes in non-cash operating working capital:		
Prepaid expenses	300	6,428
Deferred revenue	10,559	41,168
	18,467	71,863
Financing activities:		
Due from Middlesex-London Health Unit	2,048	114,169
Repayments to funding agencies	(20,515)	(186,032)
	(18,467)	(71,863)
Change in cash, being cash, end of year	\$ -	\$ -

The accompanying notes are an integral part of these consolidated financial statements.

# MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS

## DRAFT Notes to Consolidated Financial Statements

Year ended March 31, 2016

---

The Middlesex-London Health Unit March 31st Programs (the "Programs") are 100% funded by the Province of Ontario, the Government of Canada, and Public Health Ontario and are delivered by Public Health Units in partnership with local and social service agencies.

### 1. Significant accounting policies:

#### (a) Basis of accounting:

Revenue and expenditures are reported using the accrual basis of accounting with the exception of employees' sick leave and vacation benefits which are charged against operations in the year in which they are paid.

Government transfers are recognized in the consolidated financial statements as revenue in the period in which events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met and reasonable estimates of the amounts can be made. Government transfers not received at year end are recorded as grants receivable due from the related funding organization in the consolidated balance sheet.

#### (b) Capital assets:

The historical cost and accumulated amortization of capital assets are not recorded in the consolidated financial statements. Capital asset additions and the related grant income are reflected in the consolidated statement of operations as incurred and earned respectively.

#### (c) Deferred revenue:

Funds received for expenses of future periods are deferred and recognized as income when the costs for which the revenue is received are incurred.

#### (d) Use of estimates:

The preparation of these consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the year. Actual results could differ from those estimates.

# MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS

## DRAFT Notes to Consolidated Financial Statements (continued)

Year ended March 31, 2016

### 2. Surplus repayments:

The Programs funding agreements with funding agencies (the "Agencies") provide for repayment of any Programs surpluses to the Agencies. Programs deficits are the responsibility of the Programs and must be funded through efficiencies in future years. As such, surpluses net of any deficits from prior years are recorded on the consolidated balance sheet as accounts payable to the Agencies.

### 3. Due to funding agencies:

Due to funding agencies consists of the following:

	2016	2015
Ministry of Children and Youth Services:		
Blind-low vision	\$ 239	\$ 201
Preschool speech and language	525	294
Infant hearing	154	83
	918	578
Ministry of Health and Long-Term Care:		
Healthy communities	12,723	53,238
Panorama Project	-	(19,900)
	12,723	33,338
Public Health Ontario:		
Shared library services	38,119	30,611
Government of Canada:		
Smart start for babies	1,488	1,628
	\$ 53,248	\$ 66,155

**MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS**  
**DRAFT** Notes to Consolidated Financial Statements (continued)

Year ended March 31, 2016

**4. Program revenue, funding agencies:**

Program revenue, funding agencies consists of the following:

	2016	2015
Ministry of Children and Youth Services:		
Blind-low vision	\$ 158,702	\$ 160,870
Preschool speech and language	1,818,374	1,659,657
<u>Infant hearing</u>	<u>835,886</u>	<u>888,498</u>
	2,812,962	2,709,025
Ministry of Health and Long-Term Care:		
Healthy communities	-	98,235
<u>Panorama project</u>	<u>203,900</u>	<u>217,155</u>
	203,900	315,390
Public Health Ontario:		
Shared library services	107,475	119,910
Government of Canada:		
Smart start for babies	152,430	152,430
<u>FoodNet Canada program</u>	<u>145,525</u>	<u>144,664</u>
	297,955	297,094
	<u>\$ 3,422,292</u>	<u>\$ 3,441,419</u>

**MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS**  
**DRAFT** Schedule - Consolidated Balance Sheet

Year ended March 31, 2016

	Blind-low vision	Preschool speech and language	Infant hearing	Smart start for babies	Healthy communities	Shared library services	Total
<b>Balance Sheet:</b>							
<b>Assets:</b>							
Receivable from Middlesex-London Health Unit	\$ 239	\$ 66,721	\$ 154	\$ (8,595)	\$ 12,723	\$ 38,119	\$ 109,361
Prepaid expenses	-	1,772	-	10,083	-	-	11,855
<b>Total assets</b>	<b>\$ 239</b>	<b>\$ 68,493</b>	<b>\$ 154</b>	<b>\$ 1,488</b>	<b>\$ 12,723</b>	<b>\$ 38,119</b>	<b>\$ 121,216</b>
<b>Liabilities:</b>							
Due to funding agencies	\$ 239	\$ 525	\$ 154	\$ 1,488	\$ 12,723	\$ 38,119	\$ 53,248
Deferred revenue	-	67,968	-	-	-	-	67,968
<b>Total liabilities</b>	<b>\$ 239</b>	<b>\$ 68,493</b>	<b>\$ 154</b>	<b>\$ 1,488</b>	<b>\$ 12,723</b>	<b>\$ 38,119</b>	<b>\$ 121,216</b>



# MIDDLESEX-LONDON HEALTH UNIT MARCH 31ST PROGRAMS

## DRAFT Schedule - Consolidated Statement of Operations

Year ended March 31, 2016

	Blind-low vision	Preschool speech and language	Infant hearing	Smart start for babies	Healthy communities	Panorama project	Shared library services	FoodNet Canada program	Total
<b>Revenues:</b>									
Program revenue, funding agencies	\$ 158,702	\$ 1,818,374	\$ 835,886	\$ 152,430	\$ -	\$ 203,900	\$ 107,475	\$ 145,525	\$ 3,422,292
Interest income	38	230	71	129	-	-	102	-	570
Other income	-	22,699	35,279	-	-	-	-	-	57,978
	158,740	1,841,303	871,236	152,559	-	203,900	107,577	145,525	3,480,840
<b>Expenditures:</b>									
<b>Personnel costs:</b>									
Salaries and wages	13,527	183,798	122,325	64,193	-	161,679	61,561	106,359	713,442
Contract services	104,837	1,232,469	581,585	13,831	-	-	-	3,000	1,935,722
Allocated benefits	32,003	327,800	107,139	8,585	-	42,321	14,075	26,911	558,834
Total salaries, wages and benefits	150,367	1,744,067	811,049	86,609	-	204,000	75,636	136,270	3,207,998
<b>Services and supplies:</b>									
Office and supplies	-	2,588	8,750	332	-	-	38	-	11,708
Office equipment, computers	-	1,545	1,412	798	-	-	-	-	3,755
Professional development	-	227	546	40	-	-	-	620	1,433
Travel	6,979	9,071	9,875	1,468	-	-	685	2,411	30,489
Public awareness and promotion	-	3,324	-	-	-	-	-	-	3,324
Program resources and supplies	-	17,426	25,663	60,085	-	-	23,682	5,985	132,841
Audit	1,297	1,999	1,998	1,267	-	-	-	-	6,561
Rent	-	47,268	9,615	1,600	-	-	-	-	58,483
Board fees and expenses	-	-	-	500	-	-	-	-	500
Telephone	59	13,557	2,257	-	-	-	28	239	16,140
Total services and supplies	8,335	97,005	60,116	66,090	-	-	24,433	9,255	265,234
Total expenditures	158,702	1,841,072	871,165	152,699	-	204,000	100,069	145,525	3,473,232
Net surplus (deficit) (note 2)	38	231	71	(140)	-	(100)	7,508	-	7,608
Due to funding agencies, beginning of year (note 3)	201	294	83	1,628	53,238	(19,900)	30,611	-	66,155
Repayments, during the year	-	-	-	-	40,515	(20,000)	-	-	20,515
Due to funding agencies, end of year (note 3)	\$ 239	\$ 525	\$ 154	\$ 1,488	\$ 12,723	\$ -	\$ 38,119	\$ -	\$ 53,248



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 September 1

---

## MINISTRY OF TRANSPORTATION GRANT

### **Recommendation**

*It is recommended that the Finance & Facilities Committee review and make recommendation to the Board of Health to receive Report No. 031-16FFC; re: “Ministry of Transportation Grant” for information.*

### **Key Points**

- The Ministry of Transportation as part of its Road Safety Community Partnership Program provides financial assistance to community organizations for initiatives that positively influence the behaviour of road users.
- Middlesex-London Health Unit, on behalf of the London Middlesex Road Safety Committee, has received a \$12,250 grant for the Pedestrian Crossover Campaign.
- The campaign will include education about the new crossovers through printed material, radio, newspaper, and social media.

### **Background**

The Ministry of Transportation as part of its Road Safety Community Partnership Program provides financial assistance to community organizations for initiatives that positively influence the behaviour of road users.

Middlesex-London Health Unit (MLHU), on behalf of the London Middlesex Road Safety Committee (LMRSC), has received a \$12,250 grant that will be used by the LMRSC to assist in the development of a comprehensive education campaign relating to new pedestrian crossovers (PXOs) that are being installed within the City of London. Matching funds, including cash and in-kind services, are being provided by the LMRSC and City of London.

The City has approved the implementation of a PXO Program, which includes the installation of 23 new PXOs within London. Bill 31: Making Ontario’s Roads Safer Act, grants municipalities the authority to install new types of pedestrian crossovers on low speed, low volume roads.

The public education campaign will inform pedestrians on how to properly use a pedestrian crossover and will target pedestrians, cyclists and drivers. The campaign will be promoted through print materials, radio, newspaper, and social media and is part of a comprehensive strategy that also includes enforcement and engineering components.

The LMRSC has been active for 17 years. Partners include the City of London, Middlesex County, London Police, Ontario Provincial Police, MLHU, London Health Sciences Centre (LHSC), Canadian Automobile Association, London Block Parent and Young Drivers of Canada. It is currently co-chaired by MLHU and LHSC. The [London Road Safety Strategy 2014](#) is the guiding document.

This report was prepared by Ms. Rhonda Brittan, Manager of Healthy Communities and Injury Prevention, and Mr. John Millson, Associate Director of Finance.



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