AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

399 Ridout Street, London – Side entrance
Middlesex-London Board of Health Boardroom
Thursday, February 1, 2017 9:30 a.m. – 4:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – December 7, 2017

4. NEW BUSINESS

4.1 Health Unit Insurance Policy Review (Report No. 001-18FFC)
4.2 2018 Finance & Facilities Reporting Calendar (Report No. 002-18FFC)
4.3 2017 Vendor / Visa Payments (Report No. 003-18FFC)
4.4 Southwest Tobacco Control Area Network Single Source Vendor (Report No. 004-18FFC)
4.5 2018 Proposed Budget – Finance & Facilities Committee Review (Report No. 005-18FFC)

5. OTHER BUSINESS

5.1 2018 Proposed Finance and Facilities Committee Meeting Dates
5.2 Next meeting Thursday, March 1, 2018 at 9:00 a.m. Room 3A

6. ADJOURNMENT

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, December 7, 2017 9:00 a.m.

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

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Ms. Suzanne Vandervoort, Director, Healthy Living
Mr. Jordan Banninga, Manager, Strategic Priorities
Ms. Tammy Beaudry, Acting Supervisor, Finance
Mr. Stephen Turner, Director, Environmental Health & Infectious Diseases
Ms. Heather Lokko, Director, Healthy Start

Chair Fulton called the meeting to order at 9:02a.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Fulton inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Peer seconded by Ms. Vanderheyden, *that the **AGENDA** for the December 7, 2017 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the **MINUTES** of the November 2, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Blind Low Vision: Increased budget Funding (Report No. 041-17FFC)

Ms. Lokko noted that the direction from the Ministry is to enhance and sustain the program.

It was moved by Mr. Helmer, seconded by Mr. Meyer *that the Finance and Facilities Committee:*

1) Receive Report No. 041-17FFC re: "Blind Low Vision Increased Base Budget Funding"; and
2) Recommend that the Board of Health approve the revised Screening, Assessment and Intervention Team budget.

Carried

4.2 Middlesex-London Health Unit (MLHU) Cold Chain Incident (Report No. 042-17FFC)

Mr. Turner gave an update and advised that a new system is being added to the existing program to further reduce liability. He also noted that the purchase of a new fridge has been approved by the Ministry.

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance and Facilities Committee receive Report No. 042-17FFC re: "MLHU Cold Chain Incident" for information.*

Carried

4.3 Certified Dental Assistant Staffing Model Changes (Report No. 043-17FFC)

There was no discussion.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance and Facilities Committee receive Report No. 043-17FFC re: "Certified Dental Assistant Staffing Model Changes" for information.*

Carried

4.4 2018 Budget – PBMA Proposals (Report No. 044-17FFC)

There was a lengthy discussion and many questions asked in regards to PBMA proposals put forth for approval.

For the inMotion proposal, Ms. Vandervoort noted that this initiative has matured over the years and there is no longer a need for a dedicated full time nurse.

For the parenting program proposal, Ms. Vandervoort noted that this is related to the Triple P Program. Many organizations are no longer using this initiative due to conflicting evidence. The Health Unit is looking at alternate approaches with community partners. She noted that there are still parenting sessions included in other Health Unit programs.

There was considerable discussion in regards to the program evaluation/policy analyst/special projects proposal. Dr. Mackie noted that there is a needed capacity for all of the roles. Mr. Turner further explained the need for these roles, noting that it allows the Health Unit to further find efficiencies. There was a request from the Committee to provide additional information from staff including Project Management activities, policy activities as well as the list of prioritized project. This information will be included for the Boards review at their December 14th meeting. A discussion ensued regarding the importance of policy and planning, as well as evaluation assisting the Board in meeting the standards and ensuring money is being spent efficiently. The proposal was changed to making the Program Evaluator proposal a one-time investment, with a proposal for permanent funding coming to the 2019 PBMA process if deemed appropriate.

There was a discussion in regards to front line positions being reduced and support services roles increasing. Dr. Mackie reviewed the roles being considered.

Ms. Fulton asked if Board members wanted more information before voting. She noted that the PBMA process is very systematic and worth supporting. Mr. Meyer asked for a reminder of how proposals are scored and Dr. Mackie provided a review, noting that it is the Board of Health's prerogative to set and revise the scoring parameters for the process. Mr. Helmer noted that with no budget increases coming in, PBMA is helping to reallocate the resources.

Mr. Peer suggested that for the Cannabis Health Promoter role, any expenses for this initiative should be tracked separately so that the Health Unit could show what the program has cost locally.

It was moved by Mr. Helmer , seconded by Mr. Peer *that the Finance and Facilities Committee:*

1) Approve Appendix A, PBMA Disinvestments totaling $711,535
2) Approve the amended Appendix B, PBMA Investments totaling $237,977(adjusted)
3) Approve the amended Appendix C, PBMA One-time Proposals totaling $153,473 (adjusted)

Carried

OTHER BUSINESS

Next meeting: February 1, 2018.

CONFIDENTIAL

At 9:47 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance and Facilities Committee move in-camera to discuss matters regarding identifiable individuals and labour relations.*

Carried

At 10:29 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance and Facilities Committee return to public session.*

Carried

At 10:29 a.m. the Finance and Facilities Committee returned to public session.

ADJOURNMENT

At 10:30 a.m., it was moved by Mr. Peer, seconded by Mr. Helmer, *that the meeting be adjourned.*

Carried

At 10:30 a.m., Chair Fulton *adjourned the meeting*.

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 001-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 February 1

HEALTH UNIT INSURANCE POLICY REVIEW

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 001-18FFC re: "Health Unit Insurance Policy Review" for information.

Key Points

- The Finance & Facilities Committee is responsible for periodically reviewing the Health Unit's insurance policy as part of its risk management practices.
- The last time the policy was reviewed was in the fall of 2016, prior to renewal for 2017.
- The next renewal of the policy will take place March 1, 2018. Insurance is expected to increase by 2.1% in 2018.

In accordance with the 2017 Finance & Facilities Committee (FFC) Reporting Calendar, the FCC planned to review the Health Unit's insurance policy in the fourth quarter of 2017. However, due to staff turnover, the review is taking place at the beginning of Q1 2018. As a result, the 2017 rates received by the MLHU were held by Frank Cowan Company Ltd. until March 1, 2018. The insurance policy review provides the FFC with the necessary information for considering policy changes for this renewal period.

As new rates will not take effect until March 1, blended insurance costs will increase by 1.8% (to $70,905) in 2018. Property insurance market pricing overall, and in particular the Lloyds market, has been affected by recent large catastrophic losses (hurricanes, fires, floods). Since property insurance pricing often subsidizes liability exposures, insurers are seeking rate increases across several lines. In spite of some double-digit increases being sought by insurers, Frank Cowan Company Ltd. was able to keep the premium increase under 5%. The liability premium is up 10%; however, they were able to decrease the excess layer cost by 25%. Medical malpractice is also up 4.5%.

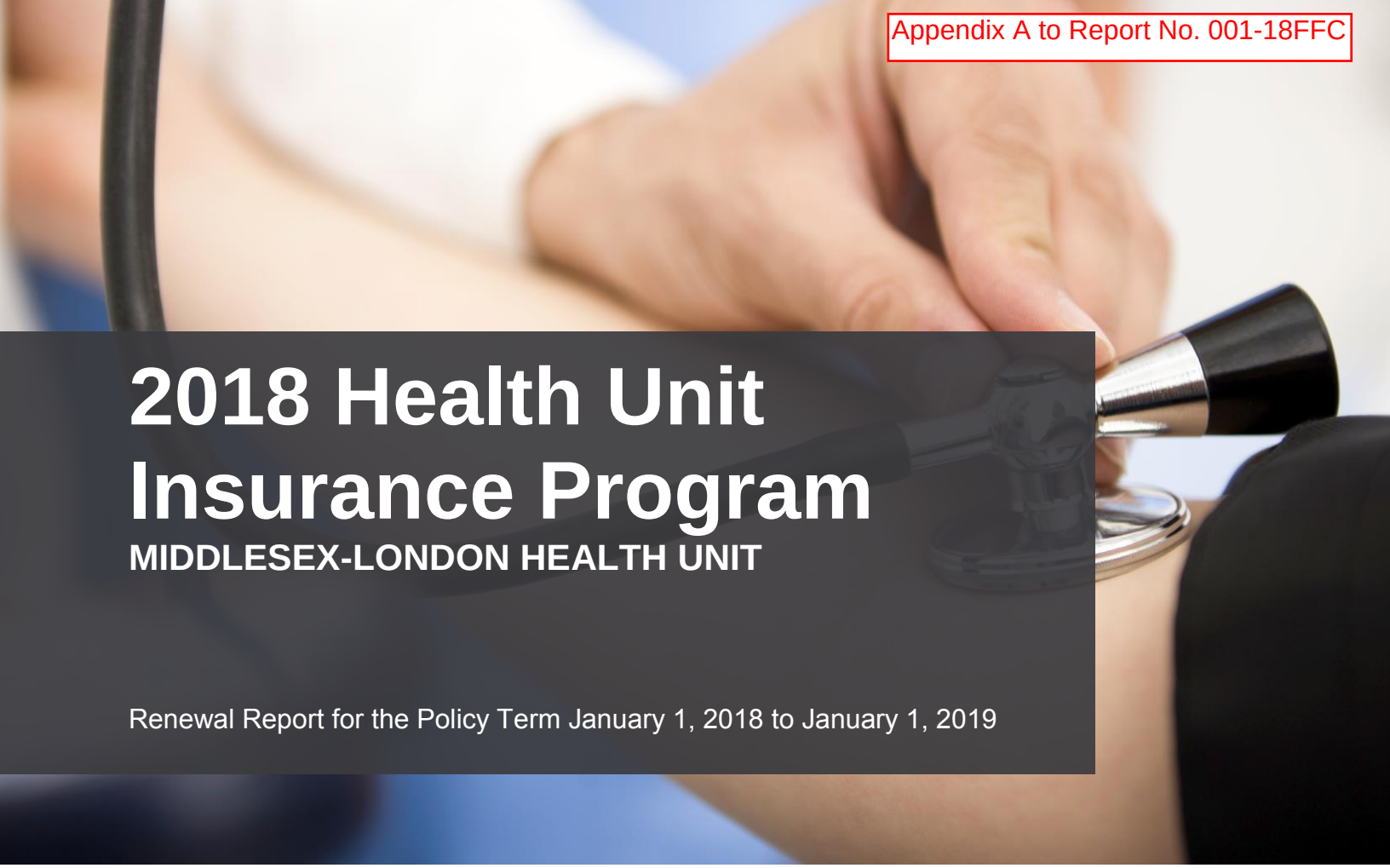
The last insurance policy review was conducted in the fall of 2016, for the 2017 calendar year. Our insurance rates changed modestly from 2015 ($69,737), to 2016 ($69,724), to 2017 ($69,657).

Details of the current insurance policy are attached as Appendix A. Ms. Jessica Jaremchuk, Regional Manager, Frank Cowan Company Ltd., and Mr. Joe Belancic, Health Unit Manager of Procurement and Operations, will assist the Committee in its review.

This report was prepared by the Procurement and Operations Team, Corporate Services Division.

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

Appendix A to Report No. 001-18FFC



2018 Health Unit Insurance Program

MIDDLESEX-LONDON HEALTH UNIT

Renewal Report for the Policy Term January 1, 2018 to January 1, 2019

Prepared by:
Jessica Jaremchuk, BA, LL.B
Regional Manager

Ref 48700/ja 28 November 2017

Frank Cowan Company Limited
75 Main Street North
Princeton, ON
N0J 1V0

Insuring the Public Interest Since 1927

FRANK COWAN COMPANY

About Frank Cowan Company

Frank Cowan Company is a leader in providing specialized insurance programs, including risk management and claims services to municipalities, healthcare, education, community, children's and social service organizations across Canada. Proven industry knowledge, gained through eight decades of partnering with insurance companies and independent brokers, gives Frank Cowan Company the ability to effectively manage the necessary risk, advisory and claims services for both standard and complex issues.

Frank Cowan Company Limited is affiliated with Cowan Insurance Group Ltd., The Guarantee Company of North America and Millennium Credit Risk Management Limited through common ownership under Princeton Holdings Limited.

Frank Cowan Company is a Managing General Agent (MGA) with the authority to write and service business on behalf of strategic partners who share our commitment and dedication to protecting specialized organizations. Because our partners are long-term participants on our program, they understand the nature of fluctuating market conditions and complex claims and are prepared to stay the course.

THE ADVANTAGE OF A MANAGING GENERAL AGENT The MGA model is different than a traditional broker/insurer arrangement in that an MGA provides specialized expertise in a specific, niche area of business. As an MGA we also offer clients additional and helpful services in the area of risk management, claims and underwriting. And unlike the reciprocal model, a policy issued by an MGA is a full risk transfer vehicle not subject to retroactive assessments but rather a fixed term and premium.

We invite you to work with a partner who is focused on providing a complete insurance program specific to your organization that includes complimentary value added services that help drive down the cost of claims and innovative first to market products and enhancements. You will receive personalized service and expertise from a full-service, local and in-house team of risk management, claims, marketing and underwriting professionals.

As a trusted business partner, we believe in participating in and advocating for the causes that affect our clients. For this reason we affiliate with and support key provincial and national associations. In order for Frank Cowan Company to be effective in serving you, we, as an MGA, believe in fully understanding your needs, concerns and direction. Our support is delivered through thought leadership, financial resources, advocacy, services, education and more.

RISK MANAGEMENT SERVICES We are the leader in specialized risk management and place emphasis on helping your organization develop a solid plan to minimize exposure before potential incidents occur. Risk management is built into our offerings for all clients, fully integrated into every insurance program. Our risk management team is comprised of analysts, inspectors and engineers who use their expertise to help mitigate risk. We do everything we can to minimize your exposure before potential incidents occur. This includes providing education, road reviews, fleet reviews, contract analysis and property inspections.

CLAIMS MANAGEMENT SERVICES Our in-house team of experts has the depth of knowledge, experience and commitment to manage the complicated details of claims that your organization may experience. You deal with the public often in sensitive instances where serious accusations can be made. Your claims are often long-tail in nature and can take years to settle. Some claims aren't filed until years after the occurrence or accident. You want a team of professionals on your side that will vigorously defend your reputation. We understand your risks and your exposures and have maintained a long-term commitment to understanding the complex issues your organization may face so that we can better service your unique claims requirements.

Your Insurance Coverage

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Casualty

Coverage Description	($) Deductibles	($) Limit of Insurance
General Liability (Occurrence Form) *Broad Definition of Insured*	5,000	15,000,000 Per Claim No Aggregate
Sexual Abuse Therapy & Counselling Extension Endorsement	Nil	Included
Forest Fire Expense	Nil	1,000,000 1,000,000 Aggregate
Medical Malpractice Liability (Claims Made Form) Retroactive Date: January 1, 2003	5,000	15,000,000
Errors & Omissions Liability (Claims Made Form) Retroactive Date January 1, 2003	5,000	15,000,000 Aggregate
Directors' & Officers' Liability (Claims Made Form)	5,000	5,000,000 Aggregate
Additional Limit of Liability – Insuring Agreement A (Personal Insurance) only		1,000,000 Aggregate
Non-Owned Automobile Liability		15,000,000
Legal Liability for Damage to Hired Automobiles	500	50,000
Environmental Liability (Claims Made Form)	5,000	1,000,000 2,000,000 Aggregate

Follow Form – Excess Liability

Coverage Description		($) Limit of Insurance
Excess Limit		10,000,000
Underlying Policy	**($) Underlying Limit**	
General Liability	15,000,000	
Malpractice Liability	15,000,000	
Errors & Omissions Liability	15,000,000	
Non-Owned Automobile	15,000,000	
Owned Automobile	15,000,000	

Total Limit of Liability ($) 25,000,000

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Crime

Coverage Description	($) Deductibles	($) Limit of Insurance
Employee Dishonesty –Form A (Commercial Blanket Bond)		100,000
Loss Inside the Premises (Broad Form Money & Securities)		10,000
Loss Outside the Premises (Broad Form Money & Securities)		10,000
Audit Expense		100,000
Money Orders and Counterfeit Paper Currency		100,000
Forgery or Alteration (Depositors Forgery)		100,000

Accident

Coverage Description	($) Deductibles	($) Limit of Insurance
Board Members : Persons Insured - Eleven Board Members		
Board Members Accidental Death & Dismemberment		100,000
Paralysis		200,000
Weekly Income – Total Disability		300
Weekly Income – Partial Disability		150
Accidental Death of a Spouse While Travelling on Business		Included

Conflict of Interest

Coverage Description	($) Deductibles	($) Limit of Insurance
Legal Fees Expenses		100,000 Per claim No Aggregate

Legal Expense

Coverage Description	($) Deductibles	($) Limit of Insurance
Legal Defence Cost		100,000 250,000 Aggregate

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Property

Coverage Description	($) Deductibles	Basis	($) Limit of Insurance
Property of Every Description - Blanket	5,000	RC	4,628,175
Valuable Papers	5,000		250,000
Accounts Receivable	5,000		250,000
Extra Expense	5,000		250,000
Media	5,000		250,000
($) Total Amount of Insurance			5,628,175

RC = Replacement Cost ACV = Actual Cash Value VAL = Valued
The Deductible is on a Per Occurrence Basis

Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

Owned Automobile

Coverage Description	($) Deductibles	($) Limit of Insurance
Liability		
Bodily Injury and Property Damage		15,000,000
Accident Benefits		As stated in Section 4 of the Policy
Uninsured Automobile		As stated in Section 5 of the Policy
Direct Compensation – Property Damage		
*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation-property damage.		
Loss or Damage**		
Specified Perils (excluding Collision or Upset)		
Comprehensive (excluding Collision or Upset)		
Collision or Upset		
All Perils	1,000	Included
Endorsements		
#20 - Coverage for Transportation Endorsement		900
#44R - Family Protection Coverage		1,000,000
**** This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.**		

Account Premium

Prior Term	*Total Annual Premium (Excluding Taxes Payable)*	$ 64,588	**Total Annual Premium** (Excluding Taxes Payable)	**$65,876**

Please refer to the insurance contract for all limits, terms, conditions and exclusions that apply. The premium Quoted is subject to a 15% minimum retained (unless otherwise stated).

Cost Analysis

	Expiring Program Term	Renewal Program Term
Casualty		
General Liability	$ 13,491	$ 14,840
Medical Malpractice Liability	26,427	27,616
Errors and Omissions Liability	6,193	6,193
Directors' and Officers' Liability	4,750	4,750
Non-Owned Automobile Liability	200	200
Environmental Liability	1,000	1,000
Crime	1,377	1,377
Board Members Accident	407	407
Conflict of Interest	660	660
Legal Expense	1,751	1,751
Property		
Property	2,262	2,262
Automobile		
Owned Automobile	1,070	1,070
Excess		
Follow Form	5,000	3,750
Total Annual Premium (Excluding Taxes Payable)	$ 64,588	$ 65,876

Changes to Your Insurance Program

Please be advised of the following changes to your insurance program that now apply:

Automobile Policy

- In order to have up to date information for our file in the event of a company audit, please provide a list of drivers along with their driver's license numbers. Also, advise the specific use of the vehicle. Will the Insured let any person take the vehicle home or is it just to be used during business time?

Property Policy

- Building values have been increased in order to reflect inflationary trends.

PROGRAM OPTIONS

1. Crime Coverage – Fraudulently Induced Transfer Coverage

Fraudulently Induced Transfer Coverage is now available. Covers a loss when an Insured under the policy has been intentionally mislead by someone claiming to be a vendor, client or another employee of the company and the Insured has transferred, paid or delivered money or securities to this third party.

For Coverage information and available options refer to the Fraudulently Induced Transfer Endorsement Coverage Highlights Sheet.

2. Terrorism and Associated Coverages

Frank Cowan Company has partnered with XLCatlin, a market leader in writing Terrorism Risk, to offer a suite of Terrorism and Associated Coverages.

You have the option to select one or any combination of the following (Separate Policies):

- Active Assailant Event Insurance
- Chemical, Biological, Radiological and Nuclear (CBRN) Insurance
- Terrorism Property Insurance
- Terrorism Liability Insurance

For Coverage information refer to the Terrorism and Associated Coverage Options.

Application is required to quote.

3. Cyber Risk Policy

Cyber Risk Insurance is available. See attached Highlights Sheet.

A completed application is required should a quote be requested.

Organizations rely on technology to conduct business on a daily basis. Information is one of your organizations' most important assets. You collect and retain sensitive and valuable information; corporate (proprietary), employee and customer information. You are legally liable to keep information secure. A failure in technology or a data breach can have significant consequences. You can suffer reputational damage, financial loss and come under regulatory scrutiny. Standard insurance policies will not respond to these types of losses. Cyber losses can occur from a wide range of events such as human error (lost laptop, USB's, mobile phones), system and software vulnerabilities, information being sent to the wrong party and more.

Cyber Risk Insurance is available and can assist with the expenses and costs associated with the loss of private and confidential information. It can assist in the implementation of your response plan (e.g. forensic, credit monitoring, notification costs).

Description of Coverages

Frank Cowan Company offers a Comprehensive Insurance Program to meet your needs.

"Your Insurance Coverage" provides a summary of current coverages, limits and deductibles included in this proposal.

Highlights of coverage follow providing a summary of coverage. Highlight pages may include description of optional coverages.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

General Liability Highlights

Overview

- Insurers against liability imposed by law for damages because of bodily injury or death to any person resulting from the operations of the Corporation and for damages to or destruction of property of others caused by an occurrence.
- Insurers against liability imposed by law for damages because of Personal Injury sustained by any person caused by false arrest, detention or imprisonment, malicious prosecution, libel, slander, defamation of character, humiliation, invasion of privacy, wrongful eviction, wrongful entry and discrimination.

Features

- Includes as Insured's are trustees, Directors, Executive Officers, Board Members, Commission or Committee Members Employees and Volunteers while performing their duties as such.
- Bodily Injury, Property Damage, Products & Completed operations Liability.
- Professional Liability (Malpractice) included.
- Blanket Tenants' Legal Liability included.
- Advertisers Liability included.
- Employers Liability included.
- Forest Fire Expense.
- Medical Payments.
- Deductible and Reimbursement Agreement.
- If applicable, refer to the attached Additional Insured(s) form.

Hospital Medical Malpractice Liability Coverage Highlights (Claims Made Form)

Overview

- Insures Medical Malpractice Liability imposed by law on a claims made basis for damages because of bodily injury, sickness, disease, mental anguish, mental suffering, mental injury, shock, disability or death sustained by any person arising out of the rendering of or failure to render any professional treatment or service which is rendered on or to the person of an individual in or under the auspices of a hospital or in connection with the dispensing of any prescription, remedy, drugs or medical, surgical or dental supplies or appliances or the handling of or performing post mortem examinations on human bodies.

Features

- Third Party Claims Deductible including all expenses (including Adjusting Expenses) applies on all claims arising out of any one accident or occurrence.
- Claims made policy to cover claims FIRST made during the term of the policy arising from Medical Malpractice, which occurred on or after the retroactive date stated on the schedule of coverage.
- Bodily Injury, Property Damage and Personal Injury.
- Other Extensions
    - Broad Definition of Insured
    - 90 days automatic extended reporting period.
    - Punitive Damages

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Professional Errors and Omissions Liability Coverage Highlights

Defence Costs in Addition to Policy Limits and Settlement Provision

Expanded Defence Costs Coverage

- Coverage for Defence Costs is provided in addition to the Limit of Liability.

Enhanced Policy Conditions

Bankruptcy	Bankruptcy or insolvency will not relieve the Insurer of obligations under the policy.
Coverage Territory	Worldwide coverage.
Duties in event of a Claim	Notice required as soon as practicable no later than 30 Days after termination date of the policy period.
Termination of Policy	Written notice of termination in the event of non-payment of premiums is 15 days by registered letter, or 90 days by registered letter for any other reason.

Limits of Insurance

Separate Coverage wordings and Limits *eliminating* combined Errors & Omissions with CIC endorsement wording or the combined Errors & Omissions and Directors & Officers wording.

Aggregate Limit of Liability excluding Defence Expenses

- Defence expenses are in addition to the Limit of Insurance.
- Extended Reporting Period does not reinstate Limit of Insurance.

Standard Exclusions

Standard exclusions included, found in most liability policies

- Pollution, Data, Fungi, Asbestos, Terrorism, Nuclear and War exclusions are now incorporated.

Bilateral Election of Discovery Period now available

1 year at 100% of the annual premium available if either Insured or Insurer cancels or non-renews the policy.

Broad Definitions

Claim Expanded	Civil proceedings. Arbitration, mediation or alternative dispute resolution proceedings.
Insured Persons Include	Any present or former partner, executive officer, director, stockholder, employee, volunteer, or member of a duly constituted committee**.**

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Not For Profit Entity, Directors' and Officers' Liability Coverage Highlights

Overview

Not for Profit Directors' and Officers' Liability Insurance is more crucial than ever as more Non Profits make headlines in the media. There is increased scrutiny from the general public regarding the finances and management of organizations. This coupled with increased regulation along with the rising frequency and severity of legal actions leaves the Entity and Directors' and Officers' vulnerable as Directors' and Officers' can be held personally liable for their role in an Organization/Entity.

Who Needs Coverage

- Any charitable or Not For Profit Entity
- Not for Profit Directors and Officers
- Members and Volunteers of these organizations.

Why Coverage is Required

Being a member of the Board of Directors or an officer for a not-for-profit organization can expose an individual to unique risks. Directors and officers can be subject to allegations of breach of common law duties breach of duties owed to their stakeholders or members and statutory liabilities imposed by federal or provincial laws. They are required to act in good faith and in the best interest of the organization within the scope of the entities' by-laws and applicable regulations and statutes.

Many not-for-profit organizations have limited resources to indemnify directors and officers or respond to potential litigation, settlements or damage awards, putting the personal assets of directors and officers at risk, as well as the assets of the entity.

Features

- Regulatory and Criminal Defence.
- Defence costs do not erode the Limit of Liability.
- Coverage extends to a spouse of an Insured Person.
- Additional Side A. Coverage: Coverage provides protection to the Insured Persons if the Entity is unable to indemnify (due to statute or insolvency).
- Provisions for Directors' and Officers' when they serve on other non-profit boards (with consent of the Insured Organization/Entity).
- Fiduciary Insurance (for Benefits Programs). Coverage is for allegations in administration of a Benefits program an Entity offers their employees.
- Derivative Demand Coverage: Provides coverage for Investigation Costs when members threaten to bring derivative actions on behalf of the Entity.
- Statutory Liabilities are explicitly covered.
- World-wide coverage.
- No Hammer Clause.
- 90 Day Reporting.
- Extended Reporting/Discovery Period is available and can be purchased when the policy is not being renewed.

Non-Owned Automobile Coverage Highlights

Overview

Non-Owned and hired automobile liability insurance covers bodily injury and property damage caused by a vehicle not owned by the Insured (including rented or borrowed vehicles). Coverage is provided for Third Party Liability arising from the use or operation of any automobile not owned or licensed in the name of the Insured if it results in bodily injury (including death), property damage (if the property was not in possession of the Insured) to a third party.

Features

SEF No. 96 Contractual Liability:

- When renting a vehicle you engage in a contractual relationship with the rental company where you assume liability for the operation of the automobile. It is therefore important that contractual coverage is added to the policy by way of an endorsement known as SEF (Standard Endorsement Form) No. 96. Contractual Liability coverage is automatically provided for all written contractual agreements with our Non-Owned Automobile coverage.

SEF No. 99 Long Term Lease Exclusion:

- When Contractual Liability is provided under the policy there is also an exclusion for Long Term Leased vehicles SEF No. 99. This excludes coverage for vehicles hired or leased for longer than a certain period such as 30 days.

Territory:

- The Non-Owned Automobile policy provides coverage while in Canada and United States.

Termination Clause:

- The standard termination clause has been amended in that the Insured may still provide notice of cancellation at any time, however, the Insurer must provide ninety days' notice of cancellation to the Insured rather than the standard 15 or 30 days.

SEF No. 94 Legal Liability (Physical Damage) to a Hired/Rented Automobile:

- We automatically provide coverage for damage to a vehicle that you have hired or rented. Coverage is provided via endorsement SEF No. 94. We automatically provide 'All Perils' coverage. The limit of coverage will vary per client.

Additional Information

Courts have repeatedly held that when an automobile is used on a person's behalf or under a person's direction, that person (or entity) has a responsibility for the operation of the automobile and may be held liable for damages in the event of an accident even though he or she is not the owner or driver of the vehicle. This common law principle has been supported by a number of court decisions making an employer responsible for the use and operation of an automobile when an employee is operating an automobile (not owned by the employer) while being used for the employer's business.

Environmental Coverage Highlights

Overview

Pollution incidents are a significant risk that can result in serious harm to public health and safety as well as to the environment.

We provide pollution liability insurance for claims for third party bodily injury and property damage. Coverage is provided on a blanket basis resulting from pollution conditions on or migrating from premises owned, occupied, rented or leased by the insured that are discovered and are reported during the policy period. The policy responds to events that are gradual in nature as well as those that are sudden and accidental causing third party damage whether pollutants are released on land, into the atmosphere or in the water.

Features

Defence Costs

- Our Defence costs are over and above the limit of insurance and will respond even if allegations are groundless or false.

Storage Tanks

- Seepage or leakage from both above and below ground storage tanks are covered without being specifically listed on the policy.

Territory

- Worldwide territory.

Limits of Insurance

- Both a 'per incident' and an 'aggregate' limit is applicable.

Additional Information

Environmental exposures pose an imminent and substantial threat to public health, safety or welfare or to the environment. Exposures could stem from: wastewater treatment plants, electric utility plants, construction sites, flood and rainwater runoff or retention basins, underground fuel storage tanks, herbicides, pesticides, and fertilizers, road salts and chemicals used to de-ice roads and bridges, contaminated waste from medical facilities or health clinics, marina's, fire-fighting chemicals or even contaminated swimming pools.

An environmental exposure arising from sewers is covered under our liability.

Crime Coverage Highlights

Overview

Our crime coverage is one of the broadest and most flexible in the industry. An Insured may elect to purchase any or all of the Standard Crime Coverage we have available. In addition to the Standard crime coverage the Insured may elect to also purchase any of our Optional Coverages.

Optional Crime Coverage Includes:

- Extortion Coverage (Threats to persons and property).
- Pension or Employment Benefit Plan coverage.
- Residential Trust Fund Coverage.
- Credit Card Coverage.
- Client Coverage (Third Party Bond)
- Fraudulently Induced Transfer Coverage (otherwise known as Social Engineering). *Separate Coverage Highlights Sheet for Fraudulently Induced Transfer Coverage is available.*

For more information on our Optional Coverage. Refer to our Crime Coverage Options Highlight Sheet

Features of our Standard Crime Coverage

Below is a brief description of the Standard Crime Coverage an Insured may elect to purchase:

Employee Dishonesty – Form A Commercial Blanket Bond

- This protects the employer from financial loss due to the fraudulent activities of an employee or group of employees. The loss can be the result of theft of money, securities or other property belonging to the employer.

Loss Inside and Loss Outside the Premises (Broad Form Money and Securities)

- Covers loss by theft, disappearance, or destruction of the Insured's money and securities inside the Insured's premises (or Insured's bank's premises) as well as outside the Insured's premises while in the custody of a messenger.

Money Orders and Counterfeit Paper Currency

Covers Loss:

- Due to acceptance of a money order that was issued (or is purported to have been issued) by a post office or express company; and
- From the acceptance of counterfeit paper currency of Canada or the United States.

Forgery and Alteration

- Covers loss due to dishonesty from a forgery or alteration to a financial instrument (cheque, draft or promissory note).

Audit Expense

- Coverage for the expenses that are incurred by the Insured for external auditors to review their books in order to establish the amount of a loss. This is a separate limit of insurance.

Computer and Transfer Fraud (Including Voice Computer Toll Fraud)

- Loss caused when money, securities, or other property is transferred because of a fraudulent computer entry or change. The entry or change must be within a computer system that the Insured owns (and on their premises).
- Loss caused when money or securities are transferred, paid, or delivered from the Insured's account at a financial institution based on fraudulent instructions (at the financial institutions premises).
- Voice computer toll fraud covers the cost of long distance calls if caused by the fraudulent use of

Board Members' (Including Councillors') Accidental Death and Dismemberment Coverage Highlights

AD&D and Paralysis Limits	Option 1	Option 2
Accidental Death or Dismemberment (including loss of life and heart attack coverage). Paralysis Coverage – 200% of Accidental Death and Dismemberment Limit. Permanent Total Disability - Accidental Death and Dismemberment Limit.	$100,000	$250,000

Weekly Indemnity	Option 1	Option 2
Total Loss of Time	$300	$500
Partial Loss of Time	$150	$300

Accident Reimbursement - $15,000

Chiropractor	Crutches†
Podiatrist/Chiropodist	Splints†
Osteopath	Trusses†
Physiotherapist	Braces (excludes dental braces)†
Psychologist	Casts†
Registered or Practical Nurse	Oxygen Equipment – Iron Lung
Trained Attendant or Nursing Assistant‡	Rental of Wheelchair
Transportation to nearest hospital†	Rental of Hospital Bed
Prescription drugs or Pharmaceutical supplies‡	Blood or Blood Plasma‡
Services of Physician or Surgeon outside of the province	Semi Private or Private hospital room‡

†Maximum $1,000 per accident. ‡If prescribed by physician

Dental Expenses	
Dental Expenses	$5,000

Occupational Retraining – Rehabilitation	
Retraining – Rehabilitation for the Named Insured.	$15,000
Spousal Occupational Training.	$15,000

Repatriation	
Repatriation Benefit (expenses to prepare and transport body home).	$15,000

Dependent Children – per child	
Dependent Children's Education (limit is per year- maximum 4 years).	$10,000
Dependent Children's Daycare (limit is per year- maximum 4 years).	$10,000

Transportation/Accommodation (When treatment is over 100km from residence)	
Transportation costs for the Insured when treatment is over 100km from home.	$1,500
Transportation and accommodation costs when Insured is being treated over 100km from home.	$15,000

Home Alternation and Vehicle Modification	
Expenses to modify the Insured's home and/or vehicle after an accident.	$15,000

Seatbelt Dividend	
10% of Principal Sum.	$25,000

Funeral Expense	
Benefit for loss of life.	$10,000

Identification Benefit

Benefit for loss of life.	$5,000

Eyeglasses, Contact Lenses and Hearing Aids

When Insured requires these items due to an accident.	$3,000

Convalescence Benefit – Per day

Insured Coverage.	$100
One Family Member Coverage.	$50

Workplace Modification Benefits

Specialized equipment for the workplace.	$5,000

Elective Benefits

Complete Fractures

Skull	$ 5,200	Foot & Toes	$ 2,200
Lower Jaw	$ 2,800	Two or More Ribs	$ 1,900
Collar Bone	$ 2,800	Colles' fracture	$ 2,800
Shoulder Blade	$ 3,500	Potts' fracture	$ 3,400
Shoulder Blade complications	$ 3,700	**Dislocation**	
Thigh	$ 4,600	Shoulder	$ 2,200
Thigh/hip joints	$ 4,600	Elbow	$ 2,200
Leg	$ 3,500	Wrist	$ 2,500
Kneecap	$ 3,500	Hip	$ 4,600
Knee/joint complications	$ 4,000	Knee	$ 3,500
Hand/Fingers	$ 2,200	Bones of Foot or Toe	$ 2,500
Arm (between shoulder & elbow)	$ 4,600	Ankle	$ 2,800
Forearm (between wrist & elbow)	$ 2,800		

Aggregate Limit

Aggregate Limit only applicable when 2 or more board members are injured in same accident.	$ 2,500,000

Coverage Extensions

- Standard coverage is applicable while the Insured is 'On Duty'. Coverage for Accidents that may occur 24/7 may be purchased.
- Accidental Death of a Spouse While Travelling on Business is automatically included when this coverage is purchased. This endorsement provides for Accidental Death of a spouse when the spouse is travelling with an Insured Person on business. Coverage applies while travelling to or from such an event and /or if the loss of life occurs within one year of the accident.
- When Board Members' Accidental Death and Dismemberment Coverage is purchased, the Insured also has the option to purchase Critical Illness Coverage.

Additional Information

- Loss of life payments up to 365 days from date of Accident or if permanently disabled up to 5 years.
- Weekly Indemnity coverage pays in addition to Elective Benefits.
- Weekly Indemnity payments take other income sources into consideration (e.g. automobile, CPP, group plans).
- Coverage is applicable to Insured 80 years of age or under.

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Conflict of Interest Coverage Highlights

Overview

Conflict of Interest can be described as a situation in which public servants have an actual or potential interest that may influence or appear to influence the conduct of their official duties or rather divided loyalties between private interests and public duties.
Conflict of Interest coverage provides protection for the cost of legal fees and disbursements in defending a charge under the Municipal Conflict of Interest Act (or other similar Provincial Legislation in the respective province of the Insured).

Features

Coverage is offered as a stand-alone coverage providing the client a separate limit of insurance that is not combined with any other coverage such as legal expense coverage.

- Per Claim Limit only – No Annual Aggregate.
- Coverage provided on a Reimbursement Basis.

Coverage Description

Coverage is provided for legal costs an Insured incurs in defending a charge under the Provincial Conflict of Interest Act if a court finds that:

- There was no breach by the Insured; or
- The contravention occurred because of true negligence or true error in judgment; or
- The interest was so remote or insignificant that it would not have had any influence in the matter.

Additional Information

Coverage is provided for elected or appointed members of the Named Insured including any Member of its Boards, Commissions or Committees as defined in the 'Conflict of Interest Act' while performing duties related to the conduct of the Named Insured's business.

Conflict of Interest coverage is applicable to only those classes of businesses that are subject to the Municipal Conflict of Interest Act (or other similar Provincial legislation in the respective province of the Insured).

Legal Expense Coverage Highlights

Coverage Features

We offer comprehensive Legal Expense Coverage to protect an Insured against the cost of potential legal disputes arising out of your operations.

- Coverage will pay as costs are incurred.
- Broad Core Coverage.
- Optional Coverage.
- Coverage for Appeals for Legal Defence Costs and any Optional Coverage purchased.
- Unlimited Telephone Legal Advice and access to Specialized Legal Representation in event of legal disputes.
- Additional Optional Coverage available.
- Broad Definition of Insured including managers, employees and volunteers.

Broad Core Coverage

The core coverage provides Legal Defence Costs for:

- Provincial statute or regulation.
- Criminal Code Coverage when being investigated or prosecuted. Coverage is applicable whether pleading guilty or a verdict of guilt is declared.
- Civil action for failure to comply under privacy legislation.
- Civil action when an Insured is a trustee of a pension fund for the Named Insured's employees.

Optional Coverage

In addition to the Core Coverage an Insured can mix and match any of the following Optional Coverage:

- Contract Disputes and Debt Recovery.
- Statutory License Protection.
- Property Protection.
- Tax Protection.

Limits and Deductibles

- Coverage is subject to an Occurrence and an Aggregate Limit.
- The Core Coverage is typically written with no deductible however a deductible may be applied to Optional Coverage.

Exclusions

- Each Insuring Agreement is subject to Specific Exclusions and Policy Exclusions.
- Municipal Conflict of Interest Act (or other similar provisions of other Provincial legislation) is excluded.
  * Conflict of Interest Coverage may be provided under a separate policy for eligible classes of business.

Telephone Legal Advice and Specialized Legal Representation

- General Advice (available from 8 am until 12 am local time, 7 days a week).
- Emergency access to a Lawyer 24 hours a day, 7 days a week.
- Services now automatically include the option of using an appointed representative from a panel of Lawyers with expertise in a variety of areas.

Client Material and Wallet Card

- The 'Legal Expense Important Information' wording attached to each policy explains the steps that are to be taken in event of a claim.
- A wallet card is now attached to the policy which the Named Insured can copy & distribute to each Insured (e.g. managers, employees, etc.).

Property Coverage Highlights

Overview

We recognize Public Entities have a wide variety of property (buildings, equipment and supplies). Our wording is exceptionally broad and can cover property without it being specifically listed. Equipment and Supplies that may be unique to Public Entities may include: sewer maintenance equipment, unlicensed mobile equipment and other maintenance equipment, emergency equipment (e.g. firefighting equipment), generators, computers. Other contents and supplies are also automatically covered under our property wording without being specifically listed such as road salts, herbicides/pesticides, fuels or office contents.

Coverage can be tailored for particular risks or unique exposures e.g. coverage for police dogs, watercraft coverage for rescue operations, buildings in course of construction or property of others may require coverage.

Features

Coverage is typically written:

- On an all risk basis including replacement cost.
- As Property of Every Description – coverage can be scheduled separately if required.
- With no coinsurance, no statement of values, no margins clause or same site restriction.

Additional Coverage Features

- Land/water (pollution) clean-up: provided up to the limit of insurance if caused by an insured peril to insured property, no sublimit.
- Property in Transit is automatically covered and need not be scheduled separately (all property in transit is covered including that which is typically covered under ocean marine policy).
- Unlicensed Equipment (e.g. contractors equipment): Automatically includes replacement cost as the basis of settlement regardless of age (can be ACV or Valued if client requires) this is applicable if insured owns the unlicensed equipment.
- Standard Extensions of Coverage are included (e.g. accounts receivable or valuable papers).
- Water Towers, Standpipes and Water Reservoirs can be specifically insured.
- Coverage for docks and wharves is available.
- Sewer Back up – automatically covered.
- By-laws Coverage –for insured losses.
- Flood and Earthquake – available.
- Worldwide territory.
- Newly acquired.

Business Interruption Coverage

Business Interruption Coverage:

- Extra Expense – automatically covered.
- Other business interruption forms available upon request including:
    - Profits, Gross Revenue, Gross Earnings, Rental Value, Gross Rents forms.

The information in this notice is intended for informational purposes only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage.

Owned Automobile Coverage Highlights

Overview

We can provide mandatory automobile coverage for all licensed vehicles owned and/or leased by the Insured.

Features

Third-Party Liability Coverage:

- Coverage is provided for Third Party Liability (bodily injury and property damage) protecting you if someone else is killed or injured, or their property is damaged. It will pay for claims as a result of lawsuits against you up to the limit of your coverage, and will pay the costs of settling the claims. Coverage is for licensed vehicles you own and/or leased vehicles.

Standard Statutory Accident Benefits Coverage:

- We automatically provide standard benefits if you are injured in an automobile accident, regardless of who caused the accident. Optional Increased Accident Benefits Coverage is available upon written request.

Optional Statutory Accident Benefits Coverage - Available upon request

- Including coverage for: Income Replacement; Caregiver, Housekeeping & Home Maintenance; Medical & Rehabilitation; Attendant Care; Enhanced Medical Rehabilitation & Attendant Care; Death & Funeral; Dependent Care; Indexation Benefit (Consumer Price Index) – Ontario

Direct Compensation Property Damage:

- Covers damage to your vehicle or its contents, and for loss of use of your vehicle or its contents, to the extent that another person was at fault for the accident as per statute.

Physical Damage Coverage:

- Various basis of settlement including: Replacement Cost, Valued Basis and Actual Cash Value.

  Replacement Cost – No deduction for depreciation for repairs or replacement.
  - Available for specified vehicles (up to 25 years of age).
  - Total Loss: the Insured has the option of purchasing a new vehicle, or accepting a cash settlement for the amount it would cost to purchase a new vehicle.
  - Partial Loss: repair estimates are calculated by using all new parts to repair damage.

  Valued Basis:
  - Can be provided on specified vehicles, usually those that are obsolete, would not be replaced, or would be replaced with a used vehicle.

  Actual Cash Value:
  - Actual Cash Value (ACV) coverage is automatically provided for specified vehicles.

Additional Information

Blanket Fleet Endorsement:

- Coverage is provided on a blanket basis under the 21B – Blanket Fleet Endorsement. Premium adjustment is done on renewal. Adjustment is made on a 50/50 or pro rata basis as specified in the endorsement. Mid-term endorsements are not processed on policies with this blanket cover.

Single Loss:

- If a single loss involves both the Automobile and Property Insurance policies, the Property policy deductible is waived only on any insured property attached to the automobile.

  Vehicle Insured:

  2007 Dodge Caravan S/N D4GP24R47B145655 ACV

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Program Options – Highlights of Coverage

Frank Cowan Company offers a Comprehensive Insurance Program to meet your needs.

In addition to "Your Insurance Coverage", enhancements to your coverage are available as outlined under the Program Options page.

Highlights of coverage follow providing a brief description of these options.

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Fraudulently Induced Transfer Endorsement Coverage Highlights

Overview

Fraud today has become much more sophisticated and complex with Fraudulently Induced Transfer Crimes (otherwise known as Social Engineering) trending in today's marketplace. In response to this trend we now offer a Fraudulently Induced Transfer Endorsement as part of our suite of Crime Coverage.

These types of crimes are usually a targeted approach where criminals are after something definite from the target, either money (usually in the form of a wire transfer) or information (such as a list of vendors, routing numbers, etc.). Often times communications are sent to an employee (most often via email, telephone or a combination of the two), which are doctored to appear as if they are sent by a senior officer of the company or by one of its customers or vendors. Essentially criminals prey on human and procedural vulnerabilities. The standard crime coverage does not respond to these types of losses as an employee of the organization has voluntarily parted with the money or securities and would be considered an active participant in the loss.

Example 1
Instructions to an employee supposedly coming from a vendor or customer are often accomplished by informing the employee that they have changed banks and require the company to use the new banking information for future payments.

Example 2
Instructions to an employee supposedly coming from an internal source (e.g. senior staff) to bypass in-house safeguards and redundancies, criminals apply pressure by imposing a time constraint, demanding secrecy or simply flattering the ego of the target by including him or her “in” on an important business transaction.

Fraudulently Induced Transfer coverage is an optional endorsement that may be purchased. Coverage is subject to a satisfactory supplementary application being completed.

Fraudulently Induced Transfer Losses, Cyber Losses and Current Crime Policies

Even though this fraud often involves emails and wire transfers, cyber policies are not designed to cover them:

- Cyber policies cover losses that result from unauthorized data breaches or system failures. Fraudulently Induced Transfer actually depends on these systems working correctly in order to communicate with an organization’s employees and transfer information or funds.
- Crime policies cover losses that result from theft, fraud or deception. As the underlying cause of a loss is 'fraud', a company would claim a loss under its crime policy rather than its cyber policy. Without this endorsement, coverage would be denied under a crime policy due to the Voluntary Parting Exclusion.

Fraudulently Induced Transfer Endorsement Features

- Coverage is provided when an Insured under the policy has been intentionally mislead by someone claiming to be a vendor, client or another employee of the company and the Insured (employee) has transferred, paid or delivered money or securities to this third party.
- Fraudulently Induced Transfer is defined as: The intentional misleading of an employee, through misrepresentation of a material fact which is relied upon by an employee, believing it to be genuine to voluntarily transfer funds or valuable information to an unintended third party.

Limits and Deductible

The Fraudulently Induced Transfer Endorsement is subject to:

- Separate Limits of Insurance (both an Occurrence and Aggregate);
- A separate deductible;
- Limits ranging from $10,000 - $100,000.

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Terrorism and Associated Coverage Options

Frank Cowan Company has partnered with XL Catlin, a market leader in writing Terrorism Risk, to offer a suite of Terrorism and Associated Coverages. **You have the option to select one or any combination of the following coverages:**

Active Assailant Event Insurance	A Chemical, Biological, Radiological and Nuclear (CBRN) Insurance
An Active Assailant Event is a premeditated malicious physical attack, by an Active Assailant (who is physically present) armed with a hand-held weapon that causes direct physical loss and/or bodily injury or death. Coverage responds when three (3) or more persons that are physically present during the attack are affected. The solution is designed to help organizations with the financial impacts of Active Assailant Events. Coverage can be triggered by property damage or bodily injury. Additional special coverage for: • Public Relations Expenses • Relocation Expenses (for the Insured or Employee of the Insured) • Counselling Expenses (for the Insured and Family Members) • Medical Expenses • Job Retraining Expenses (for Employees) • Employee Recruitment Expenses (for the Insured) • Security Expenses (expenses for a security consultant)	The use of Chemical, Biological, Radiological And Nuclear (CBRN) weapons is a growing concern worldwide. Deployment of these weapons would have a devastating impact, potentially causing damage and interruption to businesses located a significant distance away from the CBRN release. These exposures are excluded under the standard property policies. Our product is triggered by property damage or contamination resulting from the release of CBRN material with malicious intent This insurance covers Physical Loss or Damage (including Demolition, Decontamination and Prohibition of Access Orders, Blast Damage) and Business interruption
Maximum Limits: **$10,000,000 any one occurrence and in the aggregate**	**Maximum Limits:** **$25,000,000 any one occurrence and in the aggregate**
Terrorism Property Insurance	**Terrorism Liability Insurance**
Terrorism perils are dynamic in nature, the causes are sometimes unclear but the impact is significant. The risk is evolving, with a diverse range of groups; both foreign and home-grown, capable of launching terrorist attacks. The nature of such perils means they are board-level issues, and must be on any corporate risk register. Our policies cover physical damage to property, business interruption and extra expenses following property damage. This product offers protection from potentially devastating losses, both domestic and abroad that can result from either an act of Terrorism or an Act of Sabotage. Coverage is very broad and uniquely tailored. This policy provides Physical Loss or Damage and Business Interruption caused by Acts of Terrorism or Acts or Sabotage.	Terrorism Liability Insurance provides coverage for financial costs against claims for damages by third parties who are injured in a terrorist attack. Coverage also extends to third party property damage. This is key because these exposures are usually excluded under liability policies. An Act of Terrorism is defined as an act committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.
Maximum Limits: **$50,000,000 any one occurrence and in the aggregate**	**Maximum Limits:** **$25,000,000 any one occurrence and in the aggregate**

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Cyber Risk Insurance Coverage Highlights

Overview

Cyber, network and data exposures impact all companies and thus this solution is suitable for almost any industry. We offer comprehensive Cyber Risk Insurance Coverage to protect an Insured against the cost of a failure in technology or data breach as well as costs involved in restoring the organization's reputation.

The Privacy Liability coverage section will now automatically extend coverage to a 'Service Provider' and/or under a 'Shared Network Arrangement'. We also offer an optional endorsement which will extend coverage to Crisis Management Costs.

Coverage

Media Content Services Liability.

- Media exposures such as defamation and breaches of intellectual property rights arising from your on-line publishing.

Network Security Liability.

- Failure to protect against unauthorized access to; unauthorized use of, or denial of services attack.

Privacy Liability Coverage.

- Consists of various components such as: Privacy Liability, Privacy Notification Costs and Regulatory Proceedings Coverage.
  - Privacy Liability
    - Provides coverage for your liability when you fail to safeguard personal information you have been entrusted with.
  - Privacy Notification Costs
    - Notification costs and credit monitoring after a breach.
  - Regulatory Proceedings Coverage
    - Covers fines and penalties.

Extortion Threat

- Cover to assist you in dealing with the costs of handling/response to a threat from a hacker to attack your information and electronic assets.

Crisis Management Expense

- Costs to assist you after a network compromise to your own system (e.g. public relations costs).

Business Interruption

- Covers the reduction in business income during the period of restoration after compromise to your own system.

Limits and Deductibles

Limits

- A range of limits available up to $5 million (sub limits apply to first party coverage).
- Pays up to the Limit of Insurance for each coverage specified, subject to an Aggregate Limit.

Deductibles

- A separate deductible may apply to each coverage.

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EXHIBIT “A”

Estimate of Values

The information contained herein is confidential, commercial, financial, scientific and/or technical information that is proprietary to Frank Cowan Company and cannot be disclosed to others. Any such disclosure could reasonably be expected to result in significant prejudice to the competitive position of Frank Cowan Company, significant interference with its competitive position and/or cause it undue loss.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 002-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 February 1

FINANCE & FACILITIES COMMITTEE – REPORTING CALENDAR

Recommendation

It is recommended that Report No. 002-18FFC re: "Finance & Facilities Committee – Reporting Calendar" be received for information.

Key Points

- The 2018 Finance & Facilities Committee (FFC) Reporting Calendar provides a framework for activities anticipated to be undertaken in the current year.
- The Committee's duties and responsibilities are articulated in the Terms of Reference, the Health Protection and Promotion Act, the Ontario Public Health Organizational Standards, and other applicable legislation.

Background

The Finance & Facilities Committee serves in an advisory and monitoring role for the Board of Health in relation to the administration and risk management of matters regarding the organization's finances and facilities. In this role, it is important that Committee members are aware of the annual reporting requirements and other responsibilities with which the Committee is tasked.

The FFC Reporting Calendar provides a prudent and effective means of assessing reporting requirements, ensuring compliance with relevant statutes, and initiating a proactive approach to Board of Health accountability and performance.

Finance & Facilities Committee Reporting Calendar

The FFC Reporting Calendar is an account of the planned activities required of the Committee. The Reporting Calendar should be updated annually to include additional accountabilities identified by FFC members and staff.

A draft Reporting Calendar with proposed meeting dates is attached as Appendix A.

This report was prepared the Finance Team, Corporate Services Division.

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

Finance & Facilities Committee
2018 Reporting Calendar

Q1 (Jan 1 to Mar 31)

- 2017 Q4 Financial and Factual Certificate Update
- Review and Approve Annual Reporting Calendar
- Review and Recommend 2018 Board of Health Budget
- Public Sector Salary Disclosure
- Physical Assets and Facilities Update
- Review 2017 BOH remuneration
- 2017 Visa and Accounts Payable Payments

Q2 (Apr 1 to Jun 30)

- Q1 Financial and Factual Certificate Update
- Review and Recommend - Audited 2017 Financial Statements for MLHU
- Recommend Budget Parameters & Planning Assumptions for 2018
- Review and Recommend 2018 Board of Health Remuneration
- Review Funding & Service Level Agreements
- Physical Assets and Facilities Update

Q3 (Jul 1 to Sep 30)

- Q2 Financial and Factual Certificate Update
- Review and Recommend – Audited Financial Statements for April 1 to March 31 Programs
- Review and Recommend Program Budgeting Marginal Analysis (PBMA) Process, Criteria and Weighting
- Physical Assets and Facilities Update
- Review Funding & Service Level Agreements

Q4 – (Oct 1 to Dec 31)

- Q3 Financial and Factual Certificate Update
- Review and Recommend PBMA Proposed Resource Reallocation
- Review Insurance Policies
- Initiate Terms of Reference Review (biannually)
- Physical Assets and Facilities Update
- Review Funding & Service Level Agreements

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

Proposed 2018 FFC Meeting Dates

Thursday	February 1	9:30 a.m. – 4:00 p.m.
Thursday	March 1	9:00 a.m. – 12:00 p.m.
Thursday	April 5	9:00 a.m. – 12:00 p.m.
Thursday	May 3	9:00 a.m. – 12:00 p.m.
Thursday	June 7	9:00 a.m. – 12:00 p.m.
Thursday	July 5	9:00 a.m. – 12:00 p.m.
Thursday	August 2 (if required)	9:00 a.m. – 12:00 p.m.
Thursday	September 6	9:00 a.m. – 12:00 p.m.
Thursday	October 4	9:00 a.m. – 12:00 p.m.
Thursday	November 1	9:00 a.m. – 12:00 p.m.
Thursday	December 6	9:00 a.m. – 12:00 p.m.

Accountability

Audited Financial Statements Review

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

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

Board of Health Remuneration

Section 49 of the Health Protection & Promotion Act (HPPA) speaks to the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), & (11) relate specifically to remuneration and expenses. This is to be reviewed by the Finance & Facilities Committee who makes recommendations to the Board of Health each year.

Public Sector Salary Disclosure

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

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

Funding & Service Level Agreements

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

Budget Process

Board of Health Budget Cycle

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

Budget Parameters & Planning Assumptions

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

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

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

Reserve and Reserve Funds

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

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

Program Budgeting Marginal Analysis

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

Board of Health Budget

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

Communications

Quarterly Financial Updates

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

Visa & Accounts Payable Updates

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

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

Facilities, Risk Management & Administration

Factual Certificate

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

Physical Asset and Facilities Monitoring

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

Policy Development & Review

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

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

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

Insurance Coverage Review

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

Other

Benefits Provider Review

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

Review Terms of Reference

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

It is incumbent upon the Finance & Facilities Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, bylaws and review) are still relevant to the needs of the committee.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 003-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 February 1

2017 VENDOR / VISA PAYMENTS

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 003-18FFC re: "2017 Vendor / VISA Payments" as information.

Key Points

- Appendix A provides a list of vendors that received payments of $100,000 or greater from the Middlesex-London Health Unit in 2017.
- Appendix B provides a summary of purchases made using the corporate purchase cards.

Vendor Payments

In accordance with Section 5.17 of the Procurement Policy, the Manager, Finance is to report annually the suppliers who have invoiced a cumulative total value of $100,000 or more in a calendar year. A list of fifteen vendors who were issued payments in excess of $100,000 in 2017 is attached as Appendix A. The list includes payments associated with employer pension and benefit payments, building and janitorial lease payments, contracts for delivery of speech-and-language services for tykeTALK, and online advertising.

Corporate Purchase Card (Visa) Payments

The Finance & Facilities Committee also receives annually a summary report of purchases made with corporate purchase cards. A summary, by category, of purchases made using the corporate credit cards in 2017 is attached as Appendix B. The total amount purchased via the corporate purchasing cards was $578,733, an increase of $133,345 (29.9%) over last year. The number of transactions was 3,672, an increase of 1,225 (50.1%) transactions. Corporate purchase cards are used frequently to facilitate the efficient payment of goods and services. The top-two expense types in 2017 are Materials and Supplies, in the amount of $202,785 (35%), accounting for 37% of the transactions; and Advertising/Health Promotion, in the amount of $173,339 (30%), accounting for approximately 34% of the transactions. Payments to Facebook for Advertising/Health Promotion accounted for the year's largest spending increase.

This report was prepared by the Finance Team, Corporate Services Division.

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

2017 Vendor Payment Summary > $100,000

Vendor Name	Total Invoiced	Comments
OMERS	$ 3,962,823	Pension payments (includes employee share)
Great-West Life	$ 1,549,350	Employer health benefits (includes LTD paid by employees)
County of Middlesex	$ 938,679	Lease-related payments (50 King Street)
Thames Valley Children's Centre	$ 829,396	Service contracts (tykeTALK / IHP)
University of Western Ontario	$ 501,162	Service contracts (tykeTALK / IHP)
Regional HIV/AIDS Connection	$ 453,783	Needle Exchange Program (majority 100% funded by MOHLTC)
Richmond Block London Corp.	$ 350,630	Lease payments (201 Queens Avenue)
Woodstock General Hospital	$ 319,209	Service contracts (tykeTALK / IHP)
Elgin Audiology Consultants	$ 200,001	Service contracts (IHP)
McKesson Canada	$ 190,825	Distributor for NRT and contraceptives
Workplace Safety and Insurance	$ 186,472	WSIB premiums
Facebook	$ 162,303	Online ads for various programs
GDI Services (Canada) LP	$ 159,049	Cleaning (50 King Street)
CNIB	$ 142,287	Service contracts (blind/low vision)
CANBA Investments Limited	$ 114,728	Lease-related payments (Strathroy office)

Summary of 2017 Corporate Purchase Card Purchases

Expense Category	2016		2017	
	Amount	# of transactions	Amount	# of transactions
Accommodations / Meals	$ 52,230	299	$ 52,448	248
Advertising / Health Promotion	108,247	236	173,339	1,265
Computer Equipment / Supplies	9,496	17	12,118	12
Materials and Supplies	142,830	1,085	202,785	1,353
Medical / Clinic Supplies	7,156	48	5,109	21
Memberships / Agency Fees	34,781	93	22,533	64
Other Expenses	5,334	25	3,039	16
Professional Development	52,689	198	61,994	225
Travel[1]	32,625	446	45,368	468
Total	**$ 445,388**	**2,447**	**$ 578,733**	**3,672**

Notes:

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 004-18FFC

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 February 1

SOUTHWEST TOBACCO CONTROL AREA NETWORK SINGLE SOURCE VENDOR

Recommendation

It is recommended that the Finance & Facilities review and make recommendation that the Board of Health award a single source vendor contract to Rescue: The Behavior Change Agency in an amount up to $151,439.53 as identified in Report No. 004-18FFC re: "Southwest Tobacco Control Area Network Single Source Vendor."

Key Points

- In 2013, the SW TCAN (MLHU) issued an RFP and as a result hired the 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 selected as the successful vendor to complete Phase 2 of the project.
- In 2015, 2016, and 2017, the SW TCAN (MLHU) awarded a single source vendor contract to RSCG after receiving approvals from the Director, Medical Officer of Health, and Board of Health.
- In 2018, the SW TCAN (MLHU) aims to award a single source vendor contract to Rescue: The Behavior Change Agency (formerly RSCG) to advance the project.

Background

According to the most recent Ontario Student Drug Use and Health Survey, 8.6% of Ontario youth use tobacco products (OSDUHS, 2015). 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 Southwest (SW) and Central West (CW) Tobacco Control Area Networks (TCAN) contracted the Rescue Social Change Group (RSCG) to perform a Functional Analysis for Cultural Interventions (FACI™) study to identify attributes of modern-day teen smokers and what influences them. In summary, the 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%).

In 2014, the SW and CW TCANs worked closely with RSCG to use their research recommendations to develop a campaign that directly targets the Alternative peer crowd. In 2015, Phase 3 of the resulting Uprise project was rolled out, including a soft launch of the campaign in the SW and CW TCAN regions, followed by a full roll-out in 2016 and 2017.

Together, the Ontario Tobacco Research Unit (OTRU), Rescue, and Health Unit staff have developed an evaluation strategy for the Uprise project. A project like this takes time to yield results; the goal is not only to become an influencer in the "alternative" peer crowd, but subsequently also to create behavioural change among alternative youth. A logic model, developed with the goal of achieving decreased smoking rates among CW/SW alternative youth by 2020, is attached as Appendix A. Baseline research was collected in 2015, which showed that 31% of alternative youth respondents had smoked a cigarette in the last thirty days, far in excess of the provincial rate of 9%. This helped us to confirm the importance of targeting peer crowds with tailored interventions like this one. Full results can be found in Appendix B. A formative evaluation took place in 2017 to assess indicators to date, such as brand recognition, brand engagement, and intent to remain smoke-free. Results are currently being analyzed by OTRU.

Vendor Procurement

RSCG was the successful bidder in the 2013 and 2014 procurement processes, and was subsequently awarded a single source vendor contract in 2015, 2016, and 2017. In the past four years, RSCG has demonstrated a unique skill set that sets them apart from other research and marketing agencies. Rescue holds a copyright on "social branding," and remains the only company in the world doing this kind of behavioral marketing. Ordinary marketing firms cannot do what Rescue does, as most firms do not have alternative culture collaborators (such as bands or concert venues) who can engage with people in the alternative scene. In essence, Rescue is a behavioural marketing agency, a research and evaluation agency, and a band/concert promoter all rolled into one company. Rescue has expertise in alternative culture that public health does not; therefore, they can ensure that their clients' brands are promoted in a way that is authentic to the target audience.

The Uprise project went province-wide in 2017, and will continue to reach most of the province in 2018 (unfortunately, the Toronto TCAN had to withdraw from the project due to lack of funding for 2018). The SW and CW regions will remain the project managers, and our physical presence at events will remain unique to the SW and CW TCANs. Therefore, if approved, the majority of the contract will be paid by the SW and CW TCANs; only the project's social media aspect will be shared provincially. A draft contract has been discussed with Rescue: The Behavior Change Agency for Phase 6 in the amount of $151,439.53 CAD (inclusive of HST). The chart below outlines how the contract will be cost-shared among the TCANs.

TCAN	Size of Alternative Audience*	Total Cost
Central East	130,000	$11,875
East	88,000	$9,000
Northeast	14,000	$2,667
Northwest	5,800	$1,250
Southwest/Central West	203,000	CW= $75,988.52 (60%) SW= $50,659.01 (40%)
Total	440,800	$151,439.53

*Audience size is based on calculations gleaned from Facebook's ad targeting tool.

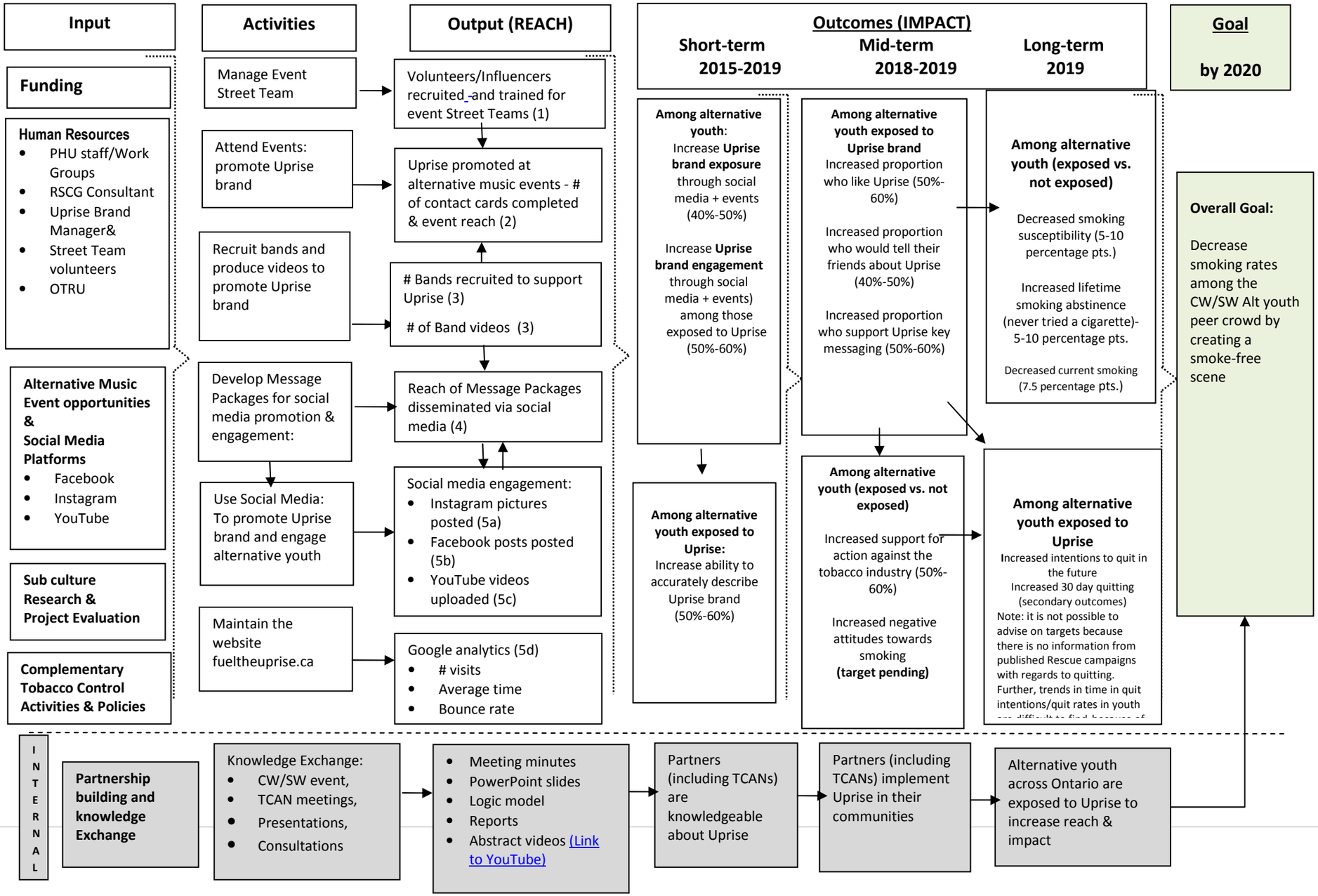
In accordance with Policy G-230 (Procurement) and the associated Procurement Guideline 5.11, it is recommended that Rescue: The Behaviour Change Agency be approved for hire as a single source vendor.

This report was prepared by the SW TCAN Team, Healthy Living Division.

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

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.

Uprise Social Branding Logic Model 2013-2020



Uprise Pilot Project: Summary of Key Findings from OTRU Baseline Survey 2015

Background

According to the 2015 OSDUHS Detailed Drug Use Report, tobacco smoking prevalence rates among high school age youth are 8.6%, and have plateaued since 2011. Tobacco prevention efforts in the past aimed to reach the average teen, but today the average teen is likely to be tobacco-free. In order to lower tobacco use prevalence further, a new tailored approach to understand which segment of the population is smoking, what is influencing smoking behaviour and ways to intervene is needed. The pathways to that understanding and influence involve changing knowledge, attitudes and social norms. As well, it's critical to understand the social characteristics these teens possess that put them at risk for tobacco initiation, and how to mitigate that risk.

2015 marks the third year of the Youth Social Identities (YSI) project; a collaborative of the CW and SW TCANs that is based largely on a successful cultural interventions model developed by Rescue The Behaviour Change Agency (formerly Rescue Social Change Group, herein referred to as Rescue). This model uses constructs from psychological and sociological research as well as commercial marketing theory to create social brands designed to infiltrate youth culture and influence positive attitudes, and ultimately behaviours through the depiction of a tobacco- free 'scene'. The social brand ultimately counters the social norms that the tobacco industry has developed through its targeted marketing strategies to subpopulations of youth and young adults. This model also involves selecting tobacco-free youth from the peer crowd who are influencers among their peers (youth ambassadors or members of music bands), to support and promote the brand at various venues and through interaction with peer crowd members via social media. Over time the brand gains traction within the peer crowd as a respected and influential brand and positively impacts attitudes and promotes a tobacco- free lifestyle.

Phase 1: Formative Research

In 2013, Phase 1 research conducted by Rescue in CW/SW ON identified higher tobacco use rates among youth age 13-18 yrs. who are influenced by the alternative and hip hop youth sub cultures (2.3 times more likely to use tobacco than teens not influenced by the alternative and hip hop peer crowds). Values and social characteristics of these youth were identified to provide further insight into how a tobacco prevention campaign could be developed that would be most effective at reaching and influencing these teens. In our study, 26.5% of teens were influenced by the alternative peer crowd compared to only 9% of the sample who was influenced by the hip hop peer crowd. Subsequently, the alternative peer crowd was chosen

and music events were identified as the venues for the intervention. Alternative youth express themselves through the music they listen to and the bands they admire, thus having a presence at music events is a critical component for developing brand authenticity amongst the peer crowd.

Phase 2: Brand Development

The YSI project team and youth who identify with the alternative peer crowd worked with a marketing company to develop and test various design concepts and social brand Uprise was developed and tested with youth who strongly identify with the alternative peer crowd in Phase 2 in 2014.

Phase 3: Brand Introduction, Evaluation Planning, and Baseline Data Collection

In 2015, Phase 3 of the project, Uprise was introduced through its online presence: fueltheuprise.ca, on various social media platforms, and at four music events in CW/SW Ontario. The YSI Evaluation Work Group consulted with OTRU and Rescue to create an evaluation plan for the Uprise project. Measurement of youth engagement with the brand Uprise via the website and social media platforms was reported previously on the CW and SW TCAN Final Activity Reports in 2015. In this report, we outline the Uprise evaluation framework and highlight findings from the 2015 Baseline Survey.

Evaluation Framework

The CW/SW YSI Evaluation Working Group consulted with OTRU and Rescue to develop an evaluation framework pertaining to the new social brand Uprise. Overall, our evaluation aims to understand:

- The level of engagement with Uprise (among alternative youth non-smokers, ever smokers and smokers;
- Alternative youths' understanding of what Uprise represents and its key messages;
- How Uprise influences attitudes towards tobacco and tobacco use

Key evaluations questions include:

- Percentage of alternative and non-alternative youth sampled;
- Smoking prevalence among the sample;
- Awareness of Uprise;

- Support for Uprise among those who knew about Uprise as well as support shown for Uprise among those newly exposed to the brand;
- Level of influence of Uprise on attitudes and behaviour

Evaluation methods included:

A survey developed in consultation with OTRU and Rescue (see Appendix A, Uprise Baseline Survey). Surveys were paper-based and administered by trained peer researchers. Surveys were uploaded to Key Survey;

- Rescue's I-Base™ Survey, a research instrument designed to measure peer crowd affiliation (see Appendix B, Ontario I Base Survey). It is a proprietary tool created by Rescue Social Change Group and has been used in this study under license. The survey asks respondents to rank photos of teens based on likelihood that they would be included in their peer crowd, in order to ascertain youth social identities. Based on Rescue's analysis and coding of peer groups, OTRU analyzed data with respect to demographics, smoking status, knowledge, attitudes and behaviour (see Appendix C, Uprise Baseline Report).
- Survey questions related to brand awareness were derived from validated tools Rescue has used in more than 50 campaigns.

Baseline Survey (Sept-Dec 2015)

The Uprise baseline survey was administered at:

- Branded music festivals (where trained peer researchers interacted with music goers and handed out Uprise branded merchandise);
- Unbranded events (where Uprise was not present);
- Locations where alternative youth were likely to congregate.

Baseline data collection occurred between Sept. 2015 and Dec. 2015 in CW and SW, Ontario. We targeted music festivals, events and locations that were recommended to us by alternative youth and young adults in order to reach large groups of alternative young people. Trained peer researchers collected baseline surveys from three (3) branded music festivals, one (1) unbranded music event and at fifteen (15) locations where alternative youth congregate. Youth sampled at music festivals (both unbranded and branded) totaled 133. Youth sampled at other venues totaled 412. Public Health staff entered survey data into Keys Survey.

Of note, the URL for Uprise, fueltheuprise.ca went live in July 2015 two months before the baseline survey was administered (Sept. 2015). Thus, the likelihood that a young person would have heard about Uprise over these two months is low.

Uprise Baseline Survey: Key Findings

Limitations

- Findings cannot be generalized to youth beyond those in this sample;
- Due to small sample sizes, particularly in group analyses, comparisons between alt vs non-alt youth need to be made with caution;
- Smoking prevalence among the youth sampled cannot be compared to the provincial prevalence rates due to the difference in sampling (convenience sample vs. population study).
- Surveyors approached youth whose physical likeness or presence at a given location might infer association with the alternative peer crowd.

Respondent Demographic Information

Five hundred and forty-five (545) youth aged 13-18 years living in CW and SW Ontario completed the Uprise Baseline Survey. The average age of respondents was 16.2 years.

About half of the sample identified as male (49.5%) and half as female (47.5%). Approximately four percent (3.7%) identified as 'other'.

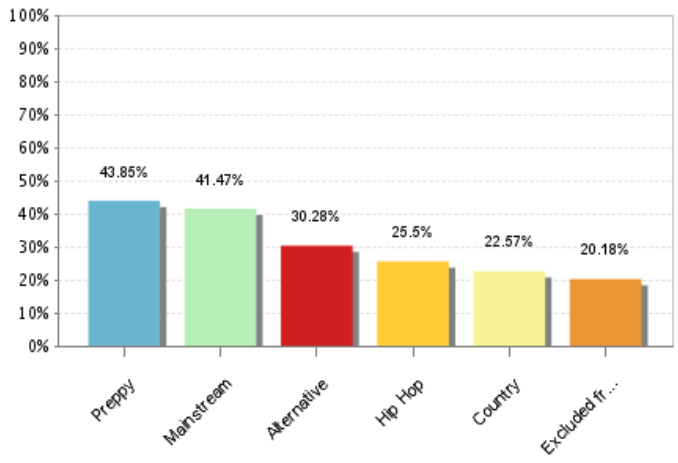
The majority of the respondents identified as being white (73%). Approximately 11.5% identified as Aboriginal.

Peer Groups

Of the 545 surveys that were completed, 165 (30%) were classified as belonging to or being influenced by the alternative peer crowd. 270 (49%) were non-alternative and 110 (20%) provided inadequate information and were excluded from the analysis. Therefore, among those for whom a social identity could be assigned (n=435), 38% were identified as alternative youth. (Refer to Table 1.) Further, respondents could belong to more than one peer crowd, which is a reflection that youth (people in general) have overlapping social identities.

**Note: In this report, we use “alternative youth” and “those influenced by the alternative peer crowd” or “belonging to the alternative peer crowd or sub culture” interchangeably.

Table 1. Respondents’ peer group assignments (n=545)*



** Respondents could belong to more than one peer group. Thus, proportions do not sum to 100.*

Respondent Cigarette Use

Among 510 respondents, 50.4% had tried a cigarette in their lifetime. Among those who had ever tried a cigarette, 62% had smoked cigarette in the past 30 days; approximately 27.4% were daily smokers.

When we compared non-alternative (n=256) and alternative youth (n=158), 50% of non-alternative and 57.5% of alternative youth had tried a cigarette in their lifetime.

Among non-alternative ever smokers, 52% had smoked in the past 30 days, compared with 72% of alternative ever smokers. These findings suggest that the smoking rates among this sample of youth (alternative and non-alternative) far exceed the provincial rates. This confirms that the events/locations we have targeted are ideal to disseminate messaging as they provide access to our target audience (youth with high smoking rates- both alternative and non-alternative youth).

Awareness of Uprise

Overall, 21% (n=116) reported being aware of Uprise. Among the 104 youth who answered the question, 40% reported hearing of Uprise on the day of the event, and nearly 40% reported hearing of Uprise over the past week or month. Among alternative youth, 22% (n=36) were aware of Uprise.

Influence of Uprise

Respondents who had previously heard about Uprise (n=89) were asked about the brand's influence as follows:

- 50% said the brand Uprise had made them stay smoke-free
- 35% said the brand made them think more negatively about the tobacco industry
- 28% said Uprise made them think more negatively about smoking
- 27% said the brand had not influenced them in any of the ways listed
- 12% said it made them want to quit or try quitting
- 9% said it made them want to quit smoking in the future

Support for Uprise

When respondents had not heard about Uprise, we told them about what it meant (supporting a smoke-free scene).

After explaining the purpose of Uprise, 71% (88/124) of alternative youth reported being likely (to various degrees) to support the brand (32% somewhat, 31% very, 8% extremely likely).About 78% (158/202) of non-alternative youth reported being likely (to various degrees) to support the brand (30% somewhat, 34% very, 14% extremely likely).

Table 2. Alternative Youth Support of Uprise (n=124)

Likeliness of support	%	n
Not at all likely	10.48	13
Not very likely	18.55	23
Somewhat likely	32.26	40
Very likely	30.65	38
Extremely likely	8.07	10

Data suggests that there are moderately high levels of support for the brand among the youth (alternative and non-alternative) in this sample.

Likeliness of Telling Friends about Uprise

Among 94 respondents who had heard about Uprise before the survey, about 70% were (to various degrees) likely to tell their friends about the brand (45% somewhat, 16% very and 10% extremely).

Among 124 alternative respondents who had no exposure to Uprise prior to the survey, 58% were (to various degrees) likely to tell their friends about the brand (39% somewhat, 17% very, 2% extremely likely). Among 205 non-alternative youth who had no exposure to Uprise prior to the survey, 64% were (to various degrees) likely to tell their friends about Uprise (39% somewhat, 18% very, 7% extremely likely).

Table 3. Alternative Youth Likeliness of Telling Friends about Uprise (n=124)

Likeliness	%	n
Not at all likely	16.13	20
Not very likely	25.81	32
Somewhat likely	38.71	48
Very likely	16.94	21
Extremely likely	2.42	3

Summary

The Uprise Survey Report indicates that nearly one third (30%) of respondents were influenced by the alternative peer crowd. Given that we were attending music events deemed to be popular with alternative youth, we would have expected this percentage to be higher. Reasons for this could be related to the fact that alternative music appeals to youth from different peer crowds, thus not only alternative youth attend alternative music festivals. As well, those administering the survey self- selected youth to fill out the survey, relying on visual cues to identify alternative youth which is subjective and thus prone to error.

Although the number of alternative youth reached was lower than expected, the smoking rates among all youth surveyed were astounding. Just over 50% of youth ever smoked a cigarette, and among those ever smokers, 62% had smoked a cigarette in the past 30 days. Just fewer

than 30% of youth were daily smokers. These rates far exceed smoking rates observed in other studies amongst Ontario teens where past year smoking rates do not exceed 9% and confirms the importance of targeting subgroups of youth with tailored public health interventions. When those influenced by the alternative peer crowd were examined, past 30 day smoking prevalence jumped to 72%. This is nearly double the prevalence observed in Phase 1 research whereby 42% of youth influenced by the alternative peer crowd reported cigarette use in the past 30 days. It is of note that there were some demographic differences, especially for gender. More females (60%) were captured at the music events, compared to other venues (43%). There were also some difference with race and among those who smoked a cigarette in past 30 days (46% had not smoked a cigarette in past 30 days at music events compared to 34% of those at other venues). It could be that the relatively lower smoking rates in the music event sample is due to the higher % of females in this sample compared to those surveyed in other venues (females generally have lower smoking rates).

Overall, these findings suggest that attending alternative music venues will continue to reach a large proportion of youth tobacco users and those at risk for initiation.

Awareness of the brand Uprise was very low amongst the sample of youth. We would expect this low percentage because the brand is new. This confirms the importance of employing strategies to our work that target sub populations of youth with tailored messages.

Youth in the baseline survey (alt and non-alt) seem to accept and support what Uprise stands for, however many participants appear to be somewhat hesitant in their level of support or likeliness to recommend Uprise to a friend. As Uprise gains credibility within the alternative peer crowd over time, we would expect to see a positive shift in how alternative youth view the brand and an increase in support for Uprise and wanting friends to know about the social brand.

Future Plans

Uprise was fully implemented in 2016, with attendance at 6 alternative music events in CW and SW Ontario. In consultation with OTRU and Rescue, an updated evaluation plan and 5 year logic model has been submitted to the Youth Social Identities committee. The participant survey was revised based on feedback from Rescue and OTRU on the 2015 baseline survey. Our goal with the Uprise Survey is to administer in early 2017 after the completion of the message packages (social media engagement) and events have taken place in 2016. We want to assess whether we are reaching alternative youth at events and through digital and online platforms and to what extent, which platforms are performing well, to what extent alt youth are aware of Uprise

messages, to what extent the brand is gaining social authority within the sub culture and youth are engaging with the brand through participation with online and digital components.

Knowledge exchange presentations which highlighted outputs and outcomes from 2015 were made to tobacco program staff and managers of CW/SW public health units and the provincial TCAN committee (Tobacco managers and YDS) in April and June 2016 respectively.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 005-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 February 1

2018 PROPOSED BUDGET

Recommendation

It is recommended that the Finance & Facilities Committee make recommendation to the Board of Health to:

1) ***Approve the 2018 Operating Budget in the gross amount of $35,384,706 as appended to Report No. 005-18FFC re 2018 Proposed Budget; and further***

2) ***Forward Report No. 005-18 to the City of London and the County of Middlesex for information; and***

3) ***Direct staff to submit the 2018 Operating Budget in the various formats required by the different funding agencies.***

Key Points

- The proposed 2018 Budget and Planning & Budgeting Templates "PBTs" were developed with a 0% 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 2018 Proposed Budget as presented in Appendix B is decreasing by $20,920 or 0.06%

Background

The 2018 Proposed Budget has been developed 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 PBTs to bring together both planning and program information.

Program Budget Marginal Analysis

This is a process that transparently applies pre-defined criteria (Report No. 29-17FFC for 2018 criteria) to prioritize where proposed dis-investments or investments 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 2018 PBMA proposals. The proposals were reviewed by the Finance & Facilities Committee at its December 7, 2017 meeting (Report No. 44-17FFC) and have been incorporated into the proposed 2018 PBTs for approval.

Planning & Budgeting Templates

The PBTs provide both planning & budgeting information and are meant to provide additional program information for the Board to make informed resource allocation decisions. During a full day meeting to be held on February 1, 2018, the Finance & Facilities Committee will review the PBTs for Corporate Services Division, Healthy Living Division, Office of the Medical Officer of Health, Environmental Health & Infectious Disease Division, Healthy Start Division, Office of the Chief Nursing Office, and General Expenses and Revenues.

2018 Proposed Board of Health Budget

As outlined in Report No. 052-17 to the Board of Health, the Health Unit recommended Financial Parameters, including an increase of 0% in provincial and municipal funding for Mandatory Programs and a grant increase of 0% for all other programs. Subsequently, at its meeting on November 16, 2017, the Finance and Facilities Committee considered Report No. 067-17FFC which outlined details of the provincial grant approvals for 2017, including a 0% increase in Mandatory Programs and a total of $428,900 in one-time funding.

Using these approved Financial Parameters, the staff have prepared a draft 2018 budget with a 0% provincial increase and a 0% municipal increase in funding for Mandatory Programs. The proposed budget also includes other known or potential funding sources from the Public Health Agency of Canada (PHAC), MOHLTC – 100%, MCYS – 100%, and other revenues.

Included in Appendix B, is the draft 2018 Proposed Budget Summary (PBTs) 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.

Conclusion

The 2018 proposed budget is $35,384,706 which represents a decrease of 0.06% from the revised 2017 budget. The details of the draft program budgets are incorporated in the PBTs 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 the Finance Team, Corporate Services

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Medical Officer of Health/CEO

2018 PBMA Disinvestment

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	#1-0018	Discontinuation of New Nurse Graduate Initiative	-$ 32,700.00	0.00	0
CS	#1-0026	PSL/IHP Support to Finance	-$ 10,000.00	0.00	0
EHID	#1-0017	Complaints and Service Requests (CSR) Investigation	-$ 39,239.00	-0.40	-146
EHID	#1-0029	Travel Clinic	-$ 13,614.00	0.00	-100
EHID	#1-0034	Eliminate external Fit-Testing	-$ 12,182.00	-0.20	-39
FS	#1-0012	Discontinuation of Rapid Risk Factor Surveillance System	-$ 41,788.00	0.00	-133
HL	#1-0016	Dental Consultant	-$ 52,366.00	-0.25	-25
HL	#1-0019	In-Motion PHN	-$ 106,686.00	-1.00	-53
HL	#1-0027	CYPT Travel Budget	-$ 9,000.00	0.00	-5
HL	#1-0028	Child Health Team Nurse-Parenting	-$ 100,940.00	-1.00	-85
HS	#1-0021	Family Health Clinic Closure	-$ 95,698.00	-0.90	-23
HS	#1-0023	Dedicated RHT Support for HEIA's and PPE	-$ 98,410.00	-1.00	-67
HS	#1-0024	Family Home Visiting	-$ 66,512.00	-1.00	-56
HS	#1-0025	PHN Casual Budget Reduction	-$ 10,000.00	-0.14	0
OMOH	#1-0031	Reduction in General Advertising – We're Here for You	-$ 22,400.00	0.00	-118
		Total	-$ 711,535.00	-5.89	-850

Disinvestment Descriptions

#1-0018 – Discontinuation of New Nurse Grad Initiative

The Nursing Graduate Guarantee was a MOHLTC initiative announced in 2007. Prior to 2015, the funding of the MLHU share was not formalized in the budget and variance funding was used. Since formalizing this into the annual budget (2015), the MOHLTC has changed the criteria in regards to Health Units guaranteeing full-time placement after the completion of the 26-week period. This condition cannot be met therefore it is proposed to cancel the MLHU participation in this initiative.

#1-0026 – PSL/IHP Support to Finance

Over the past number of years, the Finance Department has been providing financial analyst function to the Speech and Language Programs in return the 100% Ministry of Children and Youth Services program allocates $10,000 to cover the resources. The finance department does not hire any external assistance for this work, so is proposing the money be used elsewhere.

#1-0017 – Complaints and Service Requests (CSR) Investigation

The proposal represents a 0.4 FTE disinvestment in public health inspector time by delivering a more risk-based approach to Complaints and Service Requests. This disinvestment proposal will seek to utilize a more structured and evidenced-informed risk assessment process, which will provide a response that is more reflective of the level of risk with lesser emphasis on historical routines. Many 'lower risk' complaints are followed up more for client service reasons which does not draw to a large extent on risk assessment. This new risk-based approach will seek to reduce the amount of time being spent by PHIs responding to health hazard complaints that are low risk / low priority and which could otherwise be addressed through off-site correspondence (telephone, email etc.).

#1-0029 – Travel Clinic

The Travel Clinic is hosted by MLHU and operated independently by Dr. David Colby. It provides pre-travel consultation and immunization to clients. This disinvestment represents the negotiation of a new agreement with the Travel Clinic at MLHU as it relates to the 0.6 FTE Program Assistant that is provided to support the clinic.

#1-0034 – Eliminate external Fit-Testing

Emergency Preparedness currently funds one staff person 0.2 FTE (1 day per week) and $4000 in program supplies to provide a mask fit testing service for external agencies on a cost recovery basis. Over the past three years, the revenue generated by the initiative has not met the cost to run the program, ($8625 shortfall in 2015 / $9910 shortfall in 2016 / estimated to be $12000-14000 over on 2017).

#1-0012 – Discontinuation of Rapid Risk Factor Surveillance System

We propose terminating our participation in the Rapid Risk Factor Surveillance System (RRFSS). The majority of modules support the areas of chronic disease and injury prevention and environmental health. Other areas of the health unit, for instance, those working with children and youth, those in Infectious Disease and Early Years do not regularly benefit from the results of this survey. In 2017 $41,788 was spent for 1080 completed surveys of Middlesex-London residents for a 10-minute interview containing approximately 50 questions.

#1-0016 – Dental Consultant

MLHU with 4 other Health Units (Elgin, Lambton, Perth, and Huron) shared the services of a .7 Dental Consultant. MLHU received .25 FTE of time. The dental clinic will be closing at the end of the year. As a result of these significant changes in the Oral Health program support required for the oral health team can be provided by an AMOH and PHO.

#1-0019 – In-Motion PHN

Disinvestment of 1 FTE PHN "in Motion coordinator" position. This PHN position supports the year-round maintenance of in Motion work and implementation of the October in Motion Community Challenge. There is an opportunity for efficiency related to decreasing need for promotion and support of the in Motion campaign over the lifespan of the campaign: awareness of in Motion has increased and campaign processes and logistics are now well established. In Motion related work can be streamlined and absorbed into the existing physical activity promotion program work of the HCIP staff complement going forward. Reduced need for promotion due to maturity of the campaign.

1-0027 – CYPT Travel Budget

The purpose of this proposal is to disinvest $9000 of annual travel budget money from the Child and Youth Program Teams. Specifically, $5000 from YAT and $4000 from CHT. Over the past 2 years, these teams have been significantly underspent on their travel budget. This is due to the way schools are now prioritized and assigned. For example, the school teams now service fewer schools on a regular basis but service higher needs school. Nurses are also now assigned to schools within a similar geographic location. These two factors have contributed to reduced mileage costs.

#1-0028 – Child Health Team Nurse-Parenting

This proposal is to disinvest a 1.0 FTE PHN relating to Parenting on the CHT. Triple P was initially a personnel resource intense program to implement. Many hours were invested coordinating staff training, promoting the program, scheduling classes and creating a database to track the program. The database is complete and in use, many staff are trained and at this time we will not be engaging in any new or additional Triple P training.

#1-0021 - Family Health Clinic Closure

In May 2017, a proposal was presented to the Finance and Facilities Committee (Report No. 022-17FFC) requesting to keep the Nurse Practitioner position full-time until the end of June with the recommendation of closing the Family Health Clinic at that time. This proposal was based on further consideration of the current context of primary care services in Middlesex-London and the need to align public health resources to ensure maximum impact within our mandate. The Finance and Facilities Committee approved this proposal and the Family Health Clinic was closed on June 30th, 2017.

1-0023 – Dedicated RHT Support for HEIA Assessments & Planning/Evaluation

It is proposed that the Reproductive Health Team reduce its PHN complement by 1.0FTE. Currently, a PHN role has been allocated to completing health equity impact assessments (HEIA's) and supporting the team's program planning and evaluation efforts. Organizational changes have resulted in this role being enhanced in a more systematic way across the HU through capacity building thus decreasing the need for this position. In addition, it has been determined that the organization will no longer focus on stand-alone HEIA's.

#1-0024 – Family Home Visitor Program Efficiency

We are proposing reducing the complement of Family Home Visitors (FHV) by 1.0 FTE. There is currently a 1.0 FTE FHV vacancy and it is proposed that this staffing complement change is achieved through attrition. A complement of 8 FHVs would result in FHVs completing an average of 12 home visits per week. Ministry of Child and Youth Services (MCYS) targets for the HBHC program, indicate that FHVs complete 13 home visits per week. Decreasing the number of FHV positions by 1.0 FTE allows us to maintain the capacity to function within this target.

1-0025 – PHN Casual Budget Reduction

The Early Years Team has a casual budget allocated to public health nurses to support program delivery in Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and early years work. The Reproductive Health Team has a casual budget allocated to prenatal teachers. Both programs have gained efficiencies and require less support from casual staff than previously.

1-0031 – Reduction in General Advertising – We’re HERE for You Campaign

Disinvestment of the MLHU's "We're HERE for YOU" awareness campaign. While graphics and taglines would remain in use on the MLHU website and social media channels, there would no longer be paid advertising space for the campaign, including print, transit, billboard, and YouTube.

2018 PBMA Investment

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	#1-0035	Policy Analyst / Policy Consultant	$ 80,000	1.00	250
CS	#1-0044	Project Management	$ 98,160	1.00	200
CS	#1-0048	Corporate Services Restructuring	$ 9,817	1.00	173
EHID	#1-0038	Leveraged Funding for Needle Recovery	$ 50,000	-	222
		Total	$ 237,977	3.00	845

Investment Descriptions

#1-0035 – Policy Analyst / Policy Consultant
The revised Ontario Standards for Public Health Programs and Services describe policy development as a core component of public health work. Involvement in various aspects of public policy development is also specifically mentioned in the Foundational Standards and the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. MLHU currently has a gap in terms of experience working inside a policy environment. They would closely follow municipal and provincial developments in health and social services (with a minor focus on federal), and be able to offer policy advice on tight timelines across a wide range of healthy public policy issues. They would also provide strategic direction to communications function. There is additional consultation work to be done here, and as such, this amount would be for a partial year of the position.

#1-0044 – Project Management
Continued pressure to respond to changes in public health including the Ontario Standards for Public Health Programs and Services, Accountability Framework and the Expert Panel all add to the limitations currently experienced by the Strategic Projects portfolio and contribute to a project load that is already falling behind intended deliverables on the Balanced Scorecard. This organizational project management bottleneck and the ability to respond to the changing public health landscape could be alleviated with this investment.

#1-0048 – Corporate Services Restructuring
The Corporate Services Division was formed in January 2016 with the overall MLHU organizational structure project and combined IT, Finance, Privacy & Occupational Health and Safety, Strategic Projects and Human Resources into one Division. The initial goal of the alignment was for each team to find ways to collaborate with each other, recognizing the linkages the teams have to each other. After one year of working in the new structure, it was determined that some of the work needed to be realigned so that the right work was within the team and role that it fit with best. This restructuring accomplishes that realignment and allows for increased Corporate Services capacity to support our front-line services.

#1-0038 – Leveraged Funding for Needle Recovery
Currently the Ministry of Health and Long-Term Care's harm reduction program does not fund needle recovery. Within the Middlesex and London, there are numerous models of needle recovery including Needle Exchange sites, a Mobile Van, municipal staff who pick-up loose syringes in parks and parking lots, Downtown London Clean-up Crew, needle bins located across the most affected areas, and some

pharmacies. This proposal would and implement innovative needle recovery models that are in other cities and provinces, and adapt them to the concerns identified locally.

2018 PBMA One-Time Disinvestments/Investments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
CS Disinvestment	#1-0010	Computer Hardware Replacement (desktops) -	-$ 20,000	0.00	-155
Cross-MLHU Investment	#1-0045	Associate Medical Officer of Health	$ 98,765	0.40	257
CS Investment	#1-0041	Managed IT Services	$ -	-3.00	219
FS Investment	#1-0001	Enhancing MLHU Program Evaluation Capacity	$ 44,663	0.50	272
HL Investment	#1-0039	Health Promoter - Cannabis	$ 30,045	0.40	203
		Total	$ 153,473	-1.70	796

One-Time Disinvestments/Investments Descriptions

#1-0010 – Computer Hardware Replacement (desktops)
Current desktop hardware is sufficient for staff that only require desktops, the need to replace to ensure warranty is not necessary with easily replaceable parts and several spare units onsite while some desktops on the list that are under warranty replacement until 2019.

#1-0045 – Associate Medical Officer of Health (AMOH)
This proposal would provide part-time (0.4 FTE) temporary (one year) support to the Vaccine Preventable Diseases, Tuberculosis, Tobacco and Dental health program. In addition, the AMOH will support the Health Care Provider Outreach team and student/resident placements and be in the pool for AMOH calls. There has been a number of high-priority issues in Middlesex-London that require AMOH support: ongoing overlapping outbreaks of HIV, IGAS, Hepatitis C and endocarditis. Adding additional AMOH capacity will allow for more concerted efforts to address these outbreaks.

#1-0041 – Managed IT Services
The Health Unit has a traditional IT infrastructure that provides services across all of the health unit programs and staff. In addition to day-to-day maintenance and IT support, we are required by a number of regulations to protect the confidential personal information our clients. This proposal aims to augment our current technology offering with a Managed IT Services program that could manage the tasks of site assessment; network consistency; and site databases.

#1-0001 – Enhancing MLHU Program Evaluation Capacity
Due to the introduction of the Ontario Standards for Public Health Programs and Services (OSPHPS) and the Accountability Framework (AF) and enhance emphasis on program planning and evaluation, additional Program Evaluation capacity is required. An assessment of the current MLHU Program Evaluator complement suggests that additional Program Evaluator support is required to help MLHU meet its strategic priorities and to better meet the emerging accountabilities in the OPHPS and AF.

#1-0039 – Health Promoter - Cannabis

This investment is to support substance misuse prevention work for 2018, specifically cannabis. While the position will sit on the HCIP team, it will align with and support the work of CDPTC team (cannabis as it relates to smoking) and CH and YA teams (school based substance use prevention messaging) within the HL Division. The additional resource will provide needed support for the substance misuse prevention portfolio, notably as Canada is set to legalize recreational cannabis in July 2018.

Appendix B to Report No. 005-18FFC

Middlesex-London Health Unit

2018
PROPOSED BUDGET SUMMARY

MIDDLESEX-LONDON HEALTH UNIT

MIDDLESEX-LONDON HEALTH UNIT
LIST OF ACRONYMS FOUND IN 2018 PROPOSED BUDGET TEMPLATES

Acronym	Long Form
AA	Accountability Agreement
AODA	Accessibility for Ontarians with Disabilities Act
AOPHBA	Association of Public Health Business Administrators
BBT	Best Beginnings Team
BCI	Brief Contact Intervention
BCP	Business Continuity Plan
BFI	Baby-Friendly Initiative
BLV	Blind Low Vision
BOH	Board of Health
CDTC	Chronic Disease and Tobacco Control
CERV	Community Emergency Response Volunteers
CHNS	Community Health Nursing Specialist
CHT	Child Health Team
CINOT	Children In Need Of Treatment
CNO	Chief Nursing Officer
CQI	Continuous Quality Improvement
CS	Corporate Services
CSRs	Complaints and Service Requests
CUPE	Canadian Union of Public Employees
CW/SW	Central West/South West
CYN	Child & Youth Network
D2Q	Driven to Quit (contest that was run by smokers helpline)
DO	Designated Officer
DT	Dental Treatment
ECA	Electronic Cigarette Act
EEE	Eastern Equine Encephalitis
EFAP	Employee and Family Assistance Program
EH&ID	Environmental Health and Infectious Disease
EHID	Environmental Health and Infectious Disease
EHT	Employer Health Tax
EIDM	Evidence-informed decision making
EM	Emergency Management
EMDC	Elgin-Middlesex Detention Centre
EMOP	Elgin Middlesex Oxford Purchasing Cooperative
EP	Emergency Preparation
EPI/PE	Epidemiology/Program Evaluation
ER	Emergency Room
ERMS	Emergency Response Management Services
ERP	Emergency Response Plan
ESA	Environmentally Sensitive Areas
EFT	Electronic Fund Transfer
EYT	Early Years Team
FASD ONE	Fetal Alcohol Spectrum Disorder Ontario Network of Expertise

Acronym	Long Form
FC	Family Centres
FFC	Finance and Facilities Committee
FHC	Family Health Clinic
FHT	Food Handler Training
FHV	Family Home Visitor
FIN	Finance
FS	Foundational Standard
FS&HE	Food Safety and Healthy Environments
FT	Full-time
FTE	Full Time Equivalent
FWCC	First Week Challenge Contest
H&S	Health and Safety
HARS	MLHU Heat Alert Response System
HBHC	Healthy Babies, Healthy Children
HCIP	Healthy Communities and Injury Prevention Team
HCP	Health Care Provider
HCV	Hepatitis C Virus
HEIA	Health Equity Impact Assessment
HIV	Human Immunodeficiency Virus
HKCC	Healthy Kids Community Challenge
HL	Healthy Living
HPPA	Health Protection and Promotion Act
HPV	Human Papillomavirus
HR	Human Resources
HS	High school
HSO	Healthy Smiles Ontario
HST	Harmonized Sales Tax
HWIS	Heat Warning Information System
IDA	In-depth Assessment
IDC	Infectious Disease Control
IFHP	Interim Federal Health Program
iGAS	Invasive Group A Streptococcal
IH	Infant Hearing
IMS	Incident Management System
iPHIS	Integrated Public Health Information System
ISPA	Immunization of School Pupils Act
IT	Information Technology
IUD/IUS	Intrauterine Device/Intrauterine System
JK/SK	Junior Kindergarten/Senior Kindergarten
JOHSC	Joint Occupational Health & Safety Committee
LCC	Licensed Child Care Centre
LD	Lyme Disease
LDCSB	London District Catholic School Board
LGBTQ	Lesbian, Gay, Bisexual, Trans and Queer
LHSC	London Health Sciences Centre
LIHN	Local Health Integration Network

Acronym	Long Form
LMS	Learning Management System
LOA	Leave of Absence
LTBI	Latent TB Infection
LTC	London Training Centre
MAP	Municipal Alcohol Policies
MAPP	Mutual Aid Parenting Program
MCYS	Ministry of Children and Youth Services
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act
MGO	Marijuana Grow Operations
MLHU	Middlesex-London Health Unit
MOECC	Ministry of the Environment and Climate Change
MOH/CEO	Medical Officer of Health/Chief Executive Office
MOHLTC	Ministry of Health and Long Term Care
MOL	Ministry of Labour
MOU	Memorandum of Understanding
MS	Middlesex
N/A	Not Applicable OR Not Available
NAOSH	North American Occupational Safety and Health
NFP	Nurse Family Partnership
NGO	Non-governmental Organization (not-for-profit)
NP	Nurse Practitioner
NPC	Nursing Practice Council
NRT	Nicotine Replacement Therapy
NutriSTEP	Nutrition Screening for Toddlers and Preschoolers
OEYC	Ontario Early Years Centre
OHIP	Ontario Health Insurance Program
OHSA	Occupational Health & Safety Act
OICC	Outbreak Investigation Coordination Committee
OMERS	Ontario Municipal Employees Retirement System
OMOH	Office of the Medical Officer of Health
ON	Ontario
ONA	Ontario Nurses Association
OOICC	Ontario Outbreak Investigation Coordination Committee
OPHA	Ontario Public Health Association
OPHOS	Ontario Public Health Organizational Standards
OPHS	Ontario Public Health Standards
OSL	Organizational Structure & Location
OTRU	Ontario Tobacco Research Unit
PBMA	Program Budgeting and Marginal Analysis
PCHL	Permanent Childhood Hearing Loss
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector
PHIPA	Personal Health Information Protection Act
PHN	Public Health Nurse
PHO	Public Health Ontario
PHU	Public Health Unit

Acronym	Long Form
PIA	Privacy Impact Assessment
PICO	PICO model for clinical questions - Patient, Population, or Problem, Intervention, Comparison, Outcome
PiP	Prenatal Immigrant Program
PPE	Program Planning and Evaluation
PSAB	Public Sector Accounting Board
PSW	Personal Support Worker
PWID	People Who Inject Drugs
Q&A	Question and Answer
QA	Quality Assurance
QI	Quality Improvement
RFP	Request for Purchase
RHAC	Regional HIV / AIDS Connection
RHT	Reproductive Health Team
ROE	Records of Employment
ROI	Return on Investment
RRFSS	Rapid Risk Factor Surveillance System
SAI	Screening, Assessment and Intervention
SDOH	Social Determinants of Health
SDWS	Small Drinking Water Systems
SFOA	Smoke-Free Ontario Act
SFOS	Smoke-Free Ontario Strategy
SHL	Smokers Help Line
SLSP	Shared Library Services Partnership
SLT	Senior Leadership Team
SOAHAC	Southwest Ontario Aboriginal Health Access Centre
SOHRG	South Western Ontario Human Resource Group
SP	Strategic Projects
SSFB	Smart Start for Babies Program
STIs	Sexually Transmitted Infections
STP	School Travel Plans
SW	South West
SW LHIN	South West Local Health Integration Network
SW TCAN	Southwest Tobacco Control Area Network
SW, R&VBD	Safe Water, Rabies & Vector Borne Disease
TasP	Treatment as Prevention
TB	Tuberculosis
TBD	To be determined
TCAN	Tobacco Control Area Network
TEACH	An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder
TEO	Tobacco Enforcement Officer
TVDSB	Thames Valley District School Board
tykeTALK	Preschool Speech and Language
UNHS	Universal Newborn Hearing Screening
UVR	Ultraviolet Radiation
UWO	University of Western Ontario
VBD	Vector Borne Disease

Acronym	Long Form
VOP	Vulnerable Occupancy Protocol
VPD	Vaccine Preventable Disease
WHMIS	Workplace Hazardous Materials Information System
WNV	West Nile Virus
WSIB	Workplace Safety and Insurance Board
YAT	Young Adult Team
YDS	Youth Development Specialist

MIDDLESEX-LONDON HEALTH UNIT
2018 BOARD OF HEALTH DRAFT BUDGET SUMMARY

REF #		2016 Budget	2017 Budget	2018 Budget	$ increase/ ($ decrease) over 2017	% increase/ (% decrease) over 2017
	Corporate Services Division					
A-1	Office of the Director	$ 413,050	$ 365,792	$ 318,316	$ (47,476)	-13.0%
A-7	Finance	542,263	522,401	453,697	$ (68,704)	-13.2%
A-14	Human Resources	473,321	485,243	669,478	$ 184,235	38.0%
A-21	Information Technology	1,006,146	1,001,200	947,981	$ (53,219)	-5.3%
A-29	Privacy Risk & Governance	161,164	160,727	154,099	$ (6,628)	-4.1%
A-36	Procurement & Operations	266,377	268,991	260,844	$ (8,147)	-3.0%
A-44	Program Planning & Evaluation (includes Library)	-	-	857,409	$ 857,409	
A-51	Strategic Projects	128,604	134,565	248,436	$ 113,871	84.6%
	Total Corporate Services Division	***$ 2,990,925***	***$ 2,938,919***	***$ 3,910,260***	***$ 971,341***	**32.5%**
	Healthy Living Division					
B-1	Office of the Director	$ 235,076	$ 243,153	$ 257,311	$ 14,158	5.8%
B-7	Child Health Team	1,725,158	1,722,715	1,641,728	$ (80,987)	-4.7%
B-14	Chronic Disease & Tobacco Control	1,408,797	1,412,286	1,421,291	$ 9,005	0.6%
B-22	Healthy Communities and Injury Prevention	1,213,799	1,188,331	1,141,295	$ (47,036)	-4.0%
B-30	Oral Health	1,502,181	1,460,638	1,249,924	$ (210,714)	-14.4%
B-37	South West Tobacco Control Area Network	436,500	501,900	436,500	$ (65,400)	-13.0%
B-44	Young Adult Team	1,131,045	1,124,982	1,151,813	$ 26,831	2.4%
	Total Healthy Living Division	***$ 7,652,556***	***$ 7,654,005***	***$ 7,299,862***	***$ (354,143)***	***-4.6%***

MIDDLESEX-LONDON HEALTH UNIT
2018 BOARD OF HEALTH DRAFT BUDGET SUMMARY

REF #		2016 Budget	2017 Budget	2018 Budget	$ increase/ ($ decrease) over 2017	% increase/ (% decrease) over 2017
	Office of the Medical Officer of Health					
C-1	Office of the Medical Officer of Health	$ 470,104	$ 472,335	$ 604,384	$ 132,049	28.0%
C-7	Communications	498,961	532,501	517,194	$ (15,307)	-2.9%
C-16	Office of the Associate Medical Officer of Health	356,004	354,708	346,748	$ (7,960)	-2.2%
C-22	Population Health Assessment & Surveillance (Previously EPI, Library , PP&E)	1,351,436	1,352,555	523,273	$ (829,282)	-61.3%
	Total Office of the Medical Officer of Health	***$ 2,676,505***	***$ 2,712,099***	***$ 1,991,599***	***$ (720,500)***	***-26.9%***
	Environmental Health & Infectious Disease Division					
D-1	Office of the Director	$ 296,956	$ 288,509	$ 283,276	$ (5,233)	-1.8%
D-7	Emergency Management	184,302	185,758	181,317	$ (4,441)	-2.4%
D-14	Food Safety & Healthy Environments	1,804,227	1,822,036	1,814,777	$ (7,259)	-0.4%
D-23	Infectious Disease Control Team	1,766,675	1,754,579	1,772,289	$ 17,710	1.0%
D-30	Safe Water, Rabies & Vector-Borne Disease Team	1,451,435	1,364,603	1,379,946	$ 15,343	1.1%
D-38	Sexual Health Team	2,581,297	3,018,191	3,231,615	$ 213,424	7.1%
D-45	Vaccine Preventable Disease Team	1,890,303	1,776,696	1,771,588	$ (5,108)	-0.3%
	Total Environmental Health & Infectious Disease Division	***$ 9,975,195***	***$ 10,210,372***	***$ 10,434,808***	***$ 224,436***	***2.2%***
	Healthy Start Division					
E-1	Office of the Director	$ 242,759	$ 250,908	$ 260,678	$ 9,770	3.9%
E-6	Best Beginnings Team	3,293,485	3,286,471	3,069,406	$ (217,065)	-6.6%
E-12	Early Years Team	1,550,490	1,573,633	1,601,916	$ 28,283	1.8%
E-18	Reproductive Health Team	1,593,141	1,619,955	1,542,914	$ (77,041)	-4.8%
E-24	Screening Assessment & Intervention	2,855,096	2,855,096	3,191,771	$ 336,675	11.8%
	Total Healthy Start Division	***$ 9,534,971***	***$ 9,586,063***	***$ 9,666,685***	***$ 80,622***	***0.8%***
F-1	***Office of the Chief Nursing Officer***	***$ 406,976***	***$ 415,190***	***$ 419,022***	$ 3,832	0.9%
G-1	***General Expenses & Revenues***	***$ 1,820,822***	***$ 1,888,978***	***$ 1,662,470***	$ (226,508)	-12.0%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	**$ 35,057,950**	**$ 35,405,626**	**$ 35,384,706**	**$ (20,920)**	**-0.1%**

MIDDLESEX-LONDON HEALTH UNIT
2018 BOARD OF HEALTH DRAFT BUDGET SUMMARY

REF #		2016 Budget	2017 Budget	2018 Budget	$ increase/ ($ decrease) over 2017	% increase/ (% decrease) over 2017
	Funding Sources					
	Ministry of Health & Long-Term Care (Cost-Shared)	$ 16,630,229	$ 16,872,197	$ 16,630,229	$ (241,968)	-1.4%
	The City of London	6,095,059	6,095,059	6,095,059	-	0.0%
	The County of Middlesex	1,160,961	1,160,961	1,160,961	-	0.0%
	Ministry of Health and Long Term Care (100%)	4,050,037	4,105,937	4,284,436	178,499	4.3%
	Ministry of Children and Youth Services (100%)	5,296,275	5,296,275	5,632,766	336,491	6.4%
	Public Health Agency of Canada	312,860	312,860	428,261	115,401	36.9%
	Public Health Ontario	106,526	106,526	106,526	-	0.0%
	User Fees	960,877	1,020,685	828,090	(192,595)	-18.9%
	Other Offset Revenue	445,126	435,126	218,378	(216,748)	-49.8%
	TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	**$ 35,057,950**	**$ 35,405,626**	**$ 35,384,706**	**$ (20,920)**	**-0.1%**

CORPORATE SERVICES DIVISION

OFFICE OF THE DIRECTOR

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SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Laura Di Cesare	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Laura Di Cesare	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Director of Corporate Services plays a forward thinking leadership role both for the Division and for MLHU. The Director is required to work closely with the Senior Leadership team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives and manage the deliverables for the various committees of the Board (FFC and Governance).

The Director oversees all of the corporate administrative teams, including Strategic Projects, Operations, Finance, IT, Human Resources & Labour Relations, Privacy, Occupational Health & Safety, and Program Planning and Evaluation (added in 2018).

The Corporate Services Division is responsible for:

- managing all sites, staff and operations;
- ensuring organization adherence to fiscal, legislated, and Board mandated requirements;
- the delivery of various organizational-wide projects as required (i.e. Activity Based Workspaces; location project, PBMA; Employee Well-Being, etc.); and,
- Program Planning and Evaluation, including program reviews and the Program Evaluation Framework

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

- Ontario Public Health Organizational Standards; Ontario Public Health Standards; Health Protection & Promotion Act;
- Municipal Freedom of Information and Protection of Privacy Act; Personal Health Information Protection Act;
- Income Tax Act; Ontario Pensions Act; PSAB standards;
- 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

2018 Planning & Budget Template

Program: Office of the Director – Corporate Services

- Fire Prevention and Protection Act and the Fire Code

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – STRATEGIC PRIORITIES

Director is required to work closely with the Senior Leadership Team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives, and manage the deliverables for various committees of the Board (Finance and Facilities, and Governance).

COMPONENT(S) OF TEAM PROGRAM #2 – BUDGET AND COMPLIANCE

Responsible for managing the Office of the Director budget, which includes allocation for major organizational-wide Employee Development and Mandatory Training as well as the Be Well Initiative.

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1			
Completion of Corporate Services Strategic Priority Projects as identified in the Strategic Plan	75% (16 / 20)	80% (10 / 13)	Maintain
COMPONENT OF TEAM #2			
Year-end budget variance	5.2%	14.6%	Lower
Be Well Initiative ROI	5.7%	5.8%	Maintain

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Program: Office of the Director – Corporate Services

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	2.0	**1.0**
Director	1.0	1.0
HR Generalist	1.0	0.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 197,272	$ 197,272	$ 199,461	$ 132,805	$ (66,656)	(33.4)%
Benefits	47,343	47,528	47,896	29,724	(18,172)	(37.9)%
Travel	2,250	138	2,250	16,120	13,870	>100.0%
Program Supplies	1,250	42	1,250	275	(975)	(78.0)%
Staff Development	100,000	100,595	60,000	84,457	24,457	40.8%
Professional Services	63,000	63,366	53,000	53,000		
Furniture & Equipment	-	-	-	-		
Other Program Costs	1,935	719	1,935	1,935		
Total Expenditures	**$ 413,050**	**$ 409,660**	**$ 365,792**	**$ 318,316**	**$ (47,476)**	**(13.0)%**

2018 Planning & Budget Template

Program: Office of the Director – Corporate Services

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 413,050	$ 409,660	$ 365,792	$ 318,316	$ (47,476)	(13.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 413,050**	**409,660**	**$ 365,792**	**$ 318,316**	**$ (47,476)**	**(13.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Rebranding of Corporate Services to integrate the addition of the Program Planning and Evaluation team and implementation of new structure. Ongoing review of divisional organizational structure to support MLHU programs and services.
- Location Project – Providing leadership and direction to the OSL Committee as the Executive sponsor, and involved in key decision making and formulation of recommendations to SLT, MOH/ CEO, and FFC regarding location analysis and relocation planning.
- "Be Well" initiative – Continue focus on the comprehensive well-being strategy, which includes continuation of wellness communications (i.e. monthly Be Well highlights, updates to the website, monthly calendar of wellness events/programs), promoting challenges to ensure continued active user involvement in the Sprout engagement platform, promoting wellness resources through an Employee Wellness Fair, and regular social activities for employees.
- Policy Review – Leading the review, revision and development of key policies; Providing leadership and oversight in the review of all MLHU Administration and Governance policies.

Program: Office of the Director – Corporate Services

SECTION J

PRESSURES AND CHALLENGES

- Transfer of HR Generalist support role for coordinating Division activities
- Significant changes to the CS Management team (new Manager, Finance; Manager, IT; Manager, Procurement and Operations, and Strategic Projects Manager)
- Employees within the Division are taking on new assignments and learning new roles as a result of structure changes
- Integrating the new Manager Services Provider in IT and working with employees and CUPE to make the transition successful

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0048 – Corporate Services Restructuring – Realignment of HR Generalist to HR Business Partner in Human Resources
- $24,457 – All Corporate Services staff development budget moved to Office of Director
- $14,620 – All Corporate Services travel budgets moved to Office of the Director

CORPORATE SERVICES DIVISION

FINANCE

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Brian Glasspoole	**DATE**
PROGRAM TEAM	Finance	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Finance Team provides financial management oversight required by the Board of Health to ensure compliance with applicable legislation and regulations. This is executed by leading financial planning, financial reporting, treasury services, payroll/benefits administration, and capital asset management. The team provides value through protecting the Health Unit's financial assets, containing costs through reporting and enforcement of policy, introducing system and process improvements, developing and implementing policies and procedures, and providing relevant financial reporting and support to the Board. The team also provides customer support, and acts as a resource for managers and employees throughout the organization, providing reports, answering queries, and educating as necessary.

SECTION C

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

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

Program: Finance

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – 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. 70%) of the services are funded through cost-sharing whereby 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 proportion 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. Two annual audits are supported, including consolidated financial statements for programs with a December 31st year end and those with a March 31st year end.
- Prepare quarterly financial statements for external stakeholders including the City of London, and various ministry departments.
- Prepare the various annual settlements for ministry-funded programs and services.
- Prepare monthly and quarterly reports for internal stakeholders to ensure financial control and proper resource allocation.

COMPONENT(S) OF TEAM PROGRAM #2 – TREASURY SERVICES

- Accounts payable processing requiring accurate data entry and verifying payments, reviewing invoices, issuing cheques / electronic funds transfers (ETFs) ensuring proper authorizations. This also includes verifying and processing corporate card purchases, employee mileage statements and expense reports.
- Accounts receivable processing includes creating, 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, and monthly allocations.
- Issuance of employee and other security badges.

COMPONENT(S) OF TEAM PROGRAM #3 – PAYROLL & BENEFIT ADMINISTRATION

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information.
- 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.
- Administer all group benefit plans which includes reconciling monthly bills, maintenance of employee enrolments, terminations changes, and analyzing annual renewals.

Program: Finance

- Set up and maintain time and attendance system, including annual employee entitlements, maintenance of employee changes, system development changes, and testing.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, and 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.
- Administer employee-paid Canada Savings Bond program.
- Prepare analysis and cost estimates during negotiations.

COMPONENT(S) OF TEAM PROGRAM #4 – CAPITAL ASSET MANAGEMENT

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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
Financial Services			
Number of manual journal entries	2,649	2,425	2,400
Number of vendor invoices paid/processed	10,522	9,837	9,900
Number of MLHU invoices prepared/processed	450	436	400
Number of direct deposits processed (payroll)	9,127	8,868	8,900
Number of manual cheques (payroll) issued	18	12	12

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Program: Finance

SECTION F STAFFING:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	5.5	**5.0**
Accounting & Administrative Assistants	2.0	2.0
Accounting & Budget Analyst	1.0	1.0
Payroll & Benefits Administrator	1.0	1.0
Manager	1.0	1.0
Program Assistant	0.5	0.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salaries & Wages	$ 421,935	$ 392,439	$ 408,812	$ 355,433	$ (53,379)	(13.1)%
Benefits	111,528	104,987	104,789	93,164	(11,625)	(11.1)%
Travel	2,200	309	2,200		(2,200)	(100.0)%
Program Supplies	3,320	1,800	3,320	2,820	(500)	(15.1)%
Staff Development	1,000	1,971	1,000		(1,000)	(100.0)%
Professional Services						
Furniture & Equipment						
Other Program Costs	2,280	1,303	2,280	2,280		
Total Expenditures	**$ 542,263**	**$ 502,809**	**$ 522,401**	**$ 453,697**	**$ (68,704)**	**(13.2)%**

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2018 Planning & Budget Template

Program: Finance

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 542,263	$ 502,779	$ 522,401	$ 453,697	$ (68,704)	(13.2)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		30				
Total Revenues	**$ 542,263**	**$ 502,809**	**$ 522,401**	**$ 453,697**	**$ (68,704)**	**(13.2)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Work with the Organizational Structure & Location (OSL) Committee, providing financial management support to relocation planning.
- Work with Procurement and Operations and IT to implement a procurement module to enhance management of commitments and purchase requisitions.
- Set out requirements and provide end-user expertise to Capital Enterprise Software Upgrades, including replacement of FRX reporting platform, GP and MyTime upgrades – support needs analysis and project planning
- Create and roll out new financial guidelines to accompany financial policies.
- Update both the internal and external website to provide high-level financial information.
- Revise performance/service level measures for Finance team to reflect value added contribution to success of MLHU

SECTION J

PRESSURES AND CHALLENGES

- Low to no growth in 100% provincial programs continues to place pressure on these and other programs.
- No growth in Mandatory Programs funding. In 2017, although 1.5% growth was planned, the ministry did not approve any increase.
- The decision to relocate premises will require financial input. The goal will be to secure appropriate capital funding.
- Many programs have different budget formats and timelines which provide challenges in budget preparation and planning.
- Ministry quarterly reporting formats differ between ministries and programs adding to the complexity of generating the reports.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($ 10,000) - PBMA #1-0026 - Finance has provided accounting services to Speech & Language Programs (PSL/IHP). Ministry of Children & Youth Services (MCYS) allocate $10,000 to cover these costs. This is a proposal to redeploy these funds elsewhere in the organization. $10,000 was removed from planned salaries and benefits.

CORPORATE SERVICES DIVISION

HUMAN RESOURCES

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Lisa Clayton	**DATE**
PROGRAM TEAM	Human Resources	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Human Resources team is responsible for organization-wide HR functions, including: recruiting and onboarding, performance management support, learning & development, employee/labour relations, occupational health & safety as well as policy and process development.
- Our goal is to develop strong relationships, deliver outstanding results, and mitigate risk by identifying and responding to organizational needs, providing sound counsel, and creating effective and valuable programs and solutions internally with our divisional and with union partners.
- The Human Resources team strives to balance the roles of specialist partners and functional compliance with legislated requirements to support an engaged and respectful workplace.
- Externally, we engage with our colleagues to share best practices (e.g. AOPHBA, SOHRG) and represent MLHU with vendors/service providers, on committees and within our geographical and HR professional communities.

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

LEARNING & DEVELOPMENT (Corporate Training):

- Supports the delivery of mandatory legislated and/or professional learning and development.

Program: Human Resources

SECTION D

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

Human Resources has a significant responsibility to support leaders and managers with the tools and knowledge to confidently and effectively manage employees through all stages of their employment relationship with MLHU:

- *Attraction:* recruitment, orientation, HR metrics & reporting.
- *Development:* onboarding & learning, policy & process development/interpretation, job design/evaluation; compensation & benefits; legal compliance.
- *Retention & Culture:* performance management; succession planning, engagement & well-being, organizational structure & design, union relationship management, diversity & inclusion.
- *Separation:* management of all voluntary and involuntary departures (resignations/terminations/retirements).

Human Resources plays a key role in contributing to the organizational culture by working toward a positive union/employer relationship. This can be achieved by fair dealing, interest-based dialogue, collegial opportunities for joint learning, and constructive Collective Agreements negotiation and grievance processes.

COMPONENT(S) OF TEAM PROGRAM #2 – CORPORATE TRAINING

Within the Human Resources team, as a specialist function, learning and development coordinates, develops and/or delivers various types of technical training (software), legislated and/or professionally-mandated education, leadership development and organization-wide learning to support strategic programs and initiatives.

COMPONENT(S) OF TEAM PROGRAM #3 - OCCUPATIONAL HEALTH AND SAFETY (OHS)

Within HR as a specialist function, OHS monitors legislative compliance and organizational risk, facilitates education and activities to enhance the Health Unit's compliance with applicable health and safety legislation, and supports the reduction of the occurrence of health and safety risks and incidents.

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Program: Human Resources

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016 (actual)	2017 (actual)	2018 (estimate)
Component of Team – Human Resources			
Employee Engagement Score	N/A	65%	Increase
Recruitment: # of all positions filled (new metric)		83 (Jan 1- Nov 30/17)	Same
MLHU Turnover: % annualized perm FT/PT rate (new metric)	6.59%	10.91% (Jan 1- Nov 30/17)	Same
Component of Team – Corporate Training (% complete at Dec 11/17)			
Mandatory Training Initiatives	9	9	Same
A. External Legislated Training (3):	86%	98%	Maintain
▪ AODA		99%	
▪ OHSA		99% (Staff); 97% (Mgrs)	
▪ WHIMIS		97%	
B. Internal Health Unit Training (6)			Same
▪ Agency-Wide Documentation Standards		97%	Maintain
▪ Baby Friendly E-Learning		98%	Maintain
▪ Crucial Conversations (rollout underway)		57%	Increase
▪ Financial Policies		97%	Maintain
▪ IT Policies		99%	Maintain
▪ Positive Spaces		98%	Maintain
Management Development Training Initiatives		4	3
▪ Indigenous Cultural Safety Training (rollout underway)		87% (complete/in progress)	Increase
▪ Making Great Leaders		94%	N/A
▪ Managing In A Unionized Environment	97%	100%	Maintain
▪ Leading a Mentally Healthy Workplace (new metric)	N/A	100%	Maintain
COMPONENT OF TEAM - OCCUPATIONAL HEALTH AND SAFETY (as at Dec 14/17)			
# employee-reported injuries/incidents	35	41	Decrease
# hazards identified during worksite inspections & % resolved	27 (92%)	34 (91%)	Improve
# CPR-trained employees (% of FTE's) (new metric)		54 (19%)	Maintain
# assessments by external ergonomist (% of FTE's) (new metric)		2 (.01%)	Increase

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2018 Planning & Budget Template

Program: Human Resources

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	4.8	**7.5**
Human Resources Coordinator	1.0	2.0
Human Resources Partner	1.0	2.0
Corporate Trainer	1.0	1.0
HR Manager	1.0	1.0
Program Assistant	0.3	-
Student Coordinator	0.5	0.5
Health & Safety Coordinator		1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 358,150	$ 364,921	$ 363,794	$ 519,775	$ 155,981	42.9%
Benefits	89,141	101,294	95,419	135,934	40,515	42.5%
Travel	3,020	2,340	3,020		(3,020)	(100.0)%
Program Supplies	2,151	927	2,151	1,175	(976)	(45.4)%
Staff Development	6,457	7,056	6,457		(6,457)	(100.0)%
Professional Services	11,300	9,662	11,300	10,250	(1,050)	(9.3)%
Furniture & Equipment	500		500		(500)	(100.0)%
Other Program Costs	2,602	3,506	2,602	2,344	(258)	(9.9)%
Total Expenditures	**$ 473,321**	**$ 489,706**	**$ 485,243**	**$ 669,478**	**$ 184,235**	**38.0%**

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2018 Planning & Budget Template

Program: Human Resources

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 473,321	$ 489,706	$ 484,161	$ 669,478	$ 184,235	38.0%
PHO – 100%						
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 473,321**	**$ 489,706**	**$ 485,243**	**$ 669,478**	**$ 184,235**	**38.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Transfer and embed the Health & Safety function into the HR team.
- OHS will sponsor NAOSH Week in Q2 2018
- Responding to legislative requirements, re-focus on recognizing and responding to Domestic Violence in the work place.
- Emphasis on internally-led learning & development - *Meyers-Briggs Type Indicator, Crucial Conversations*.
- Re-offering past external learning – *Managing in Unionized Environment, Leading A Mentally Healthy Workplace*
- Support the organization in understanding results and developing plans related to the employee engagement survey.
- Developing French language capacity for frontline employees – *Collège Boreal French* onsite instruction classes.
- Continued focus on supporting “Be Well” as a comprehensive well-being strategy and integration of the EFAP.
- Partner with SDOH team on a Diversity & Inclusion initiative.
- Develop an Alternative Work Arrangement (AWA) pilot and ongoing support for Activity Based Workspaces initiative.
- Policy review and agency-wide coordination of HR policies & processes to adhere with legislated requirements and alignment with MLHU governance mandates and objectives.
- Development of an Onboarding program to drive employee engagement and support a positive organizational culture.
- Continued focus on Student placements - collaboration with UWO, Preceptor Development and Training.
- Create stronger partner & reporting links with Payroll & Benefits - jointly manage impacts/changes resulting from Bill 148 legislation.

2018 Planning & Budget Template

Program: Human Resources

SECTION J

PRESSURES AND CHALLENGES

- Structure and role changes within the Human Resources team and the re-branding of HR staff as partners to the divisions.
- Continuing to build partnerships with unions, and monitoring employee and labour relations activity (leaves and accommodations).
- Significant recruitment activity to respond to organizational changes and needs, leaves, retirements and departures.
- Increasing and continued requests for the development of divisional and organization-wide online training modules.
- Several mandatory training initiatives will compete for time from all employees, whose time is limited by their work assignments.
- Supporting management and employees with various organizational changes, e.g. new management members, location project, Activity Based Workspaces initiative.
- Creating opportunities for collaboration and enhancing the relationship and joint mandates between OHS, Operations and Emergency Preparedness.
- Growing knowledge and awareness, aging equipment and demographics are factors contributing to increased employee requests for ergonomic assessments and tools.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0048 – Corporate Services Restructuring:
  - Creation of new (1.0 FTE) HR Coordinator role in HR team.
  - HR Generalist realigned from Office of the Director to HR Partner role in HR team.
  - Program Assistant for Health & Safety realigned to Health & Safety Coordinator role in HR team.

CORPORATE SERVICES DIVISION

INFORMATION TECHNOLOGY

2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**ACTING MANAGER NAME**	Ben Dalupan	**DATE**
PROGRAM TEAM	Information Technology	**DIRECTOR NAME**	Laura Di Cesare	January 2018

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)

Program: Information Technology

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS

- Business analysis, software development, 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.

2018 Planning & Budget Template

Program: Information Technology

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016	2017 (estimate)	2018 (estimate)
Component of Team #1 Applications			
Desktop Software/hardware upgrades and implementations (Div/Program/Team)*	5		Not applicable
Desktop Software/hardware upgrades and implementations (Organization)*	4		Not applicable
Component of Team #2 Infrastructure			
Application/Database backend system upgrades migrations and implementations (Division/Program/Team)*	9		Not applicable
Core backend infrastructure system hardware/software upgrades/migrations and implementations*	13		Not applicable
% of systems with 'up to date' security patch level			
Client workstations**	100%	85%	increase
Servers**	99%	80%	increase
% of systems with latest antivirus signatures			
Client workstations	100%	85%	same
Servers	100%	90%	same
% of backend systems actively monitored			
Server and networking infrastructure	100%	80%	increase
% of services covered in continuity plan			
Server and networking infrastructure	90%	50%	increase
Telephony	100%	25%	increase
Success rate of system backups			
System backups and offsite replication	N/A	85%	increase
Helpdesk request resolution rate			
Requests addressed by 1st Level Helpdesk	82%	84%	same

Notes:
*These legacy performance metrics will be redefined in 2018.
** Hardware asset management is under review. The full integration of Stronghold MSP agents and processes will provide more accurate measurement for 2018.
*** Stronghold MSP will be implementing a new ticketing system and process in 2018 which will result in revised metrics.

2018 Planning & Budget Template

Program: Information Technology

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	6.5	**3.0**
Helpdesk Analyst	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Network & Telecom Analyst	1.0	1.0
Program Assistant	0.5	0
Program Manager	1.0	0
Supervisor	1.0	0
Software Development Analyst (formerly a Business Analyst)	1.0	0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 455,188	$ 387,044	$ 452,026	$ 189,617	$ (262,409)	(58.1)%
Benefits	117,750	95,880	115,966	48,657	(67,309)	(58.0)%
Travel	1,850	137	1,850		(1,850)	(100.0)%
Program Supplies	10,300	11,868	10,300	10,300		
Staff Development	7,250	6,575	7,250		(7,250)	(100.0)%
Professional Services	45,300	56,498	45,300	350,899	305,599	>(100.0)%
Furniture & Equipment	366,200	359,284	366,200	346,200	(20,000)	(5.5)%
Other Program Costs	2,308	2,605	2,308	2,308		
Total Expenditures	**$ 1,006,146**	**$ 919,891**	**$ 1,001,200**	**$ 947,981**	**$ (53,219)**	**(5.3)%**

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2018 Planning & Budget Template

Program: Information Technology

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,006,146	$ 914,281	$ 1,001,200	$ 947,981	$ (53,219)	(5.3)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		5,610				
Total Revenues	**$ 1,006,146**	**$ 919,891**	**$ 1,001,200**	**947,981**	**$ (53,219)**	**(5.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

Projects approved in 2016 but not started and relevant has been rolled over:

1. Strategic and Operational Improvements
   - 1.1. Network Penetration Security Audit – gap analysis and implementation planning
   - 1.2. Telephone Intake Line Redesign – Needs analysis, assessment of the current phone system, implementation planning
2. Core IT Infrastructure (Server, Networking, Storage, Capital Hardware)
   - 2.1. Storage Area Network Upgrade and Enhancement
   - 2.2. Virtual Server Farm Software Upgrade
   - 2.3. Planned replacement of physical servers (201 Queens and Strathroy)
3. Systems, Capital Enterprise Software
   - 3.1. Replace FRX System – Needs analysis, software review, POC, implementation planning
   - 3.2. Finance Systems GP and MyTime related upgrades – Needs analysis, planning, maintenance
   - 3.3. Public Health Inspection Software Upgrade – Needs analysis, planning

Program: Information Technology

Project Initiatives Planned for 2018

1. Strategic and Operational Improvements
   - 1.1. Stronghold Services MSP Onboarding, integration of MSP technical resources, workflows, service desk and processes
   - 1.2. Electronic Payments – Needs analysis, planning and implementation
   - 1.3. Disaster Recovery and Business Continuity Plan (DR and BCP)
2. Core IT Infrastructure
   - 2.1. Exchange Server on-premises migration to Office365
   - 2.2. Windows 10 Rollout and Replacement Testing and Planning (direct impact on legacy applications – e.g. FRX)
3. Systems, Capital Enterprise Software
   - 3.1. Electronic Client Records (ECR) – Assessment, review of data elements, workflow, process
4. Software Development Lifecycle Management (SDLC)
   - 4.1. Review of all legacy, in-house and adhoc software development efforts
   - 4.2. Line-of-Business (Divisional and Team) software development – Needs analysis, POC, implementation planning
   - 4.3. Electronic Payments – Needs analysis, planning and implementation

SECTION J

PRESSURES AND CHALLENGES

1. Onboarding of the Stronghold Services MSP, coordination of workflows with MLHU IT staff and development of staff regarding new processes, tools, management, etc.
2. Integration and/or replacement of existing tools, agents and functionality as is identified by Stronghold through the discovery process.
3. Managing organizational staff expectations and change management with respect to the changes in the service delivery model.
4. Ministry application and software upgrades that cannot be planned for appropriately along with a volume of legacy and adhoc application development not currently being managed or controlled at the organizational level.

Program: Information Technology

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0041 – IT Managed Contract (one-time) The Health Unit has a traditional IT infrastructure that provides services across all of the health unit programs and staff. In addition to day-to-day maintenance and IT support, we are required by a number of regulations to protect the confidential personal information our clients. This proposal aims to augment our current technology offering with a Managed IT Services program that could manage the tasks of site assessment; network and security consistency; and service delivery systems.
- PBMA # 1-0048 – Corporate Services re-alignment of the Program Assistant to Strategic Projects. Program Manager shifted to a Managed IT Services resource assigned onsite. The following functions shifted to Managed IT Services: Supervisor (eliminated); System Administration functions of the Supervisor; Software Development Analyst.
- $20,000 – PBMA #1-0010 – Computer Hardware replacement (one-time) Current desktop hardware is sufficient for staff that only require desktops, the need to replace to ensure warranty is not necessary with easily replaceable parts and several spare units onsite while some desktops on the list that are under warranty replacement until 2019.

CORPORATE SERVICES DIVISION

PRIVACY, RISK & GOVERNANCE

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Vanessa Bell	**DATE**
PROGRAM TEAM	Privacy, Risk & Governance	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Health Unit's privacy, risk and governance 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 Ontario Public Health Accountability Framework. 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 divisions across the organization when specific issues respecting these areas arise.

SECTION C

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

- Health Protection and Promotion Act
- Municipal Freedom of Information and Protection of Privacy Act
- Personal Health Information Protection Act
- Ontario Public Health Organizational Standards

Program: Privacy Risk & Governance

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: 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 – RISK MANAGEMENT

This component is responsible for the development and implementation of the organizational risk management plan. The risk management plan identifies, assesses and prioritizes risk of the organization and seeks to minimize, monitor or control the probability and impact of these events.

COMPONENT(S) OF TEAM PROGRAM #3 – BOARD OF HEALTH SUPPORT

This component provides the support for the Board of Health and associated committees to facilitate generative governance and an effective Board of Health. This consists of review and recommendations for Board of Health correspondence, coordination of Board of Health orientation and development, coordination of the Board of Health self-assessment, facilitating the Board of Health nomination and appointment processes and other tasks as assigned.

COMPONENT(S) OF TEAM PROGRAM #4 – GOVERNANCE & ADMINISTRATIVE MANUAL REVIEW AND DEVELOPMENT

Policy development and review takes an in depth look at existing Governance and Administrative policies to ensure that appropriate education, monitoring and ongoing review of policies 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.

2018 Planning & Budget Template

Program: Privacy Risk & Governance

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018 (estimate)**
COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY			
# of privacy breach investigations	5	5	Decrease
# of privacy breaches	4	4	Decrease
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA)	27 (88)%	30 (90%)	Increase % complete
# of staff requests for privacy consultations	16	13	Increase
COMPONENT OF TEAM #2 : RISK MANAGEMENT			
Status of MLHU Risk Management Program	In development	In development	Implemented
COMPONENT OF TEAM #3 GOVERNANCE AND ADMINISTRATIVE MANUAL REVIEW AND DEVELOPMENT			
% of Policies that are Up to Date (have been reviewed in the past two years)	54%	29% (32/32 Governance & 10/104 Administrative)	75%
COMPONENT OF TEAM #4 BOARD OF HEALTH SUPPORT			
Board of Health Self-Assessment Completed	Y	Y	Y
Board of Health Development Session Completed	Y	Y Board of Health Program Updates (2)	Y
Board of Health Orientation Session Completed	Y	Y	Y

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
	1.5	**1.5**
Program Manager	1.0	1.0
Program Assistant	0.5	0.5

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2018 Planning & Budget Template

Program: Privacy Risk & Governance

SECTION G EXPENDITURES:						
Object of Expenditure	**2016 Budget**	**2016 Actual**	**2017 Budget**	**2018 Draft Budget**	**$ increase ($ decrease) over 2017**	**% increase (% decrease) over 2017**
Salary & Wages	$ 119,912	$ 96,668	$ 119,287	$ 121,543	$ 2,256	1.9%
Benefits	30,384	29,629	30,572	29,438	(1,134)	(3.7)%
Travel	3,000	1,287	3,000		(3,000)	(100.0)%
Program Supplies	2,708	2,064	2,708	2,458	(250)	(9.2)%
Staff Development	4,500	4,976	4,500		(4,500)	(100)%
Professional Services						
Furniture & Equipment						
Other Program Costs	660	535	660	660		
Total Expenditures	**$ 161,164**	**$ 135,159**	**$ 160,727**	**$ 154,099**	**$ (6,628)**	**(4.1)%**

SECTION H FUNDING SOURCES:						
Object of Revenue	**2016 Budget**	**2016 Actual**	**2017 Budget**	**2018 Draft Budget**	**$ increase ($ decrease) over 2017**	**% increase (% decrease) over 2017**
Cost-Shared	$ 161,164	$ 135,009	$ 160,727	$ 154,099	$ (6,628)	(4.1)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		150				
Total Revenues	**$ 161,164**	**$ 135,159**	**$ 160,727**	**$ 154,099**	**$ (6,628)**	**(4.1)%**

2018 Planning & Budget Template

Program: Privacy Risk & Governance

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

Privacy

- Release and train staff on a Privacy Breach Investigation and Response policy
- Provide continued input into the adoption and use of the MLHU Program and Evaluation Framework, particularly as it relates to the completion of Privacy Impact Assessments (PIAs) for all new collections, uses or disclosures of Personal Information or Personal Health Information (i.e. new programs or significant changes to existing programs).
- Organizational Content Management Strategy

Risk & Governance

- Board of Health Development Planning
- Governance By-law and Policy Program Review and Development
- Coordination of MLHU Administrative Policy Review and Development
- Continued Development of MLHU Risk Management Strategy

SECTION J

PRESSURES AND CHALLENGES

- Long-term absence of Manager in this portfolio may impact the ability to deliver on a number of the initiatives
- Amendments to the *Personal Health Information Protection Act (PHIPA)* under Bill 119 requires mandatory reporting of privacy breaches to the Information and Privacy Commissioners Office and any applicable regulatory college. This requirement is not yet in force because the Regulations to clarify the types of breaches that require this reporting have not yet been drafted.
- Staff requests for privacy consultations can involve significant learning (i.e. understanding a new technology and the threats to privacy that it poses) and/or require data sharing agreements or the development of specific contracted terms.
- Volume of work within these portfolios remains challenging within existing resources.
- Administrative Policy Review requires considerable agency-wide collaboration.
- Municipal election in 2018 could result in a considerable number of new board members that will require orientation

Program: Privacy Risk & Governance

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- PBMA #1-0048 – Corporate Services Restructuring – Realigned Health and Safety function to the Human Resources team enabling the focus on Risk and Governance, which better aligns with privacy.

CORPORATE SERVICES DIVISION

PROCUREMENT & OPERATIONS

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Joe Belancic	**DATE**
PROGRAM TEAM	Procurement & Operations	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- Provides for the procurement of goods and services required of the organization ensuring the Health Unit obtains the best value in compliance with the Procurement Policy.
- Provides oversight for the health unit "Operations" which include facility management services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management.
- Provides for Reception services at 50 King Street which includes greeting and redirecting clients, switchboard and mail services. Receptionists provide for coverage for vaccine distribution. Manages Strathroy office location.

SECTION C

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

The following legislation/regulations are relevant to the work performed in Procurement and Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Occupational Health & Safety Regulations, Workers Safety Insurance Board, AODA, Fair Wage and other relevant contractual legislations.

Program: Procurement & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – PROCUREMENT

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.
- Upon award, provides contract management to ensure Health Unit is not at risk (Insurance & WSIB certificates, WHMIS documents, licenses, etc.). Prepares necessary purchase orders, contracts and agreements.
- Review of contract language to ensure compliance with MLHU policies and procedures for both contract value and liability
- Manage contract life cycle to ensure service levels are maintained and the prevention of contract expirations
- Participates in the Elgin Middlesex Oxford Purchasing Cooperative (EMOP) to enhance or leverage procurement opportunities to lower costs.
- Participate in Ontario Public Buyers Association/Supply Chain Management Association of Ontario to keep up to date on procurement activities and processes
- Utilize and participate in provincial contracts such as office furniture, chairs, courier, photocopier, and cell phone providers to lower costs to the programs and services.
- Perform general purchasing and receiving activities for program areas.

COMPONENT(S) OF TEAM PROGRAM #2 – OPERATIONS

- Manage the Operations staff at King Street and manages the Strathroy Office.
- Space planning – liaisons 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 property leases including any new negotiations, 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 daytime and after-hours security contract at 50 King Street. At Queens Avenue location provides access control cards for employees, and liaises with landlord for issues.
- 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 and evening cleaning at 51 Front Street
- IT Managed Service Provider – Manage contract and performance of Stronghold Services with respect to timelines and service levels.

2018 Planning & Budget Template

Program: Procurement & Operations

- Receives goods at King Street location, and manages and maintains both on-site and off-site storage facilities, keeping inventory of supplies and equipment for corporate use.
- Responsible for the issue of parking cards and maintenance of data base. Enforcement of parking violations.
- Performs general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs, van repairs and maintenance. Responds to Operations Help Desk for maintenance, supplies, deliveries, etc. Liaises with general contractors for various projects (electrical, plumbing, drywall, painting, etc.).
- Identification of assets into data base. Removal and disposal of obsolete/broken equipment through various disposal methods.
- Responsible for routine maintenance and service requests for photocopiers, folding machines, cutters, laminators
- Provides for Reception services at 50 King Street which includes greeting and redirecting clients, switchboard for 50 King Street and Strathroy Offices and mail services. Receptionists provide for coverage for vaccine distribution.

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2016	**2017**	**2018 (estimate)**
Component of Team #1 Procurement			
Number of competitive bid processes (tender, quotation, or proposal	24	21	Not Applicable
Number of competitive bid processes where (3) bids were received	66% (16)	42% (9)	Not Applicable
Number of competitive bid processes where less than (3) bids were received	4% (1)	16% (3)	Not Applicable
Number of competitive bids where option year was accepted	12% (3)	11% (2)	Not Applicable
Number of non-competitive bid process (sole source)	16% (4)	16% (2)	Same
% of non-Labour Spend managed through Competitive Process	TBD	42%	Increase
% Supplier Contracts meeting 85% Service Level	Not Available	Not Available	Benchmarking
Cost savings due to new contract/supplier arrangements or purchasing initiatives	Not Available	Not Available	$100,000
Component of Team #2 Operations			
Number of Operations requests	(Avg. 9 req./day)	323*	Increase
Number of Operations requests completed within 48 hours	N/A	297 (92%)	Increase
Number of Operations requests outstanding for >48 hrs	N/A	26 (8%)	Reduce

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	3.18	**3.18**
Program Assistants	1.18	1.18
Program Manager	1.00	1.00
Receiving & Operations Coordinator	1.00	1.00

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2018 Planning & Budget Template

Program: Procurement & Operations

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salaries & Wages	$ 208,003	$ 208,235	$ 210,283	$ 204,078	$ (6,205)	(3.0)%
Benefits	56,074	56,629	56,408	55,266	(1,142)	(2.0)%
Travel	300	598	300		(300)	(100.0)%
Program Supplies	300	146	300	300		
Staff Development	500	473	500		(500)	(100.0)%
Professional Services						
Furniture & Equipment						
Other Program Costs	1,200	986	1,200	1,200		
Total Expenditures	**$ 266,377**	**$ 267,067**	**$ 268,991**	**$ 260,844**	**$ (8,147)**	**(3.0)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 266,377	$ 267,067	$ 268,991	$ 260,844	$ (8,147)	(3.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 266,377**	**$ 267,067**	**$ 268,991**	**$ 260,844**	**$ (8,147)**	**(3.0)%**

2018 Planning & Budget Template

Program: Procurement & Operations

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Support the opening of the Temporary Overdose Prevention Site and future location of the Supervised Consumption Facility
- Procurement activities required to determine future location of the Health Unit. Assist with competitive bid processes, leasehold and/or building requirements involving architects, construction firms, and legal services. Relocation planning and implementation.
- Project management of Activity Based Work (ABW) project and the procurement of furniture and equipment
- Assist in needs assessment, procurement and Implementation of financial reporting, HR and Procurement Information System to replace FRX
- Creation of Performance Management framework to evaluate external contracts and Service Level Agreements
- Furniture replacement program to support improved ergonomics and Occupational Health and Safety
- Procurement of system to support Electronic Client Records
- Development of supplier performance metrics based on Service Level Agreement
- Creation of a Business Continuity Plan with the support of Emergency Preparedness for the operation of our three facilities
- Implementation of the Intake-line Project.

SECTION J

PRESSURES AND CHALLENGES

- If decision to relocate Health Unit in 2018 occurs, this will impact the Procurement work plan for 2018-2019. Time will need to be dedicated for this project.
- Competitive bid processes may increase or decrease depending on outcome of relocation decision.
- Operations requests may increase/decrease as a result of relocation.
- Learning curve for Procurement and Operations Manager.
- Intake Line Project outcomes may have impacts on Reception duties/positions.
- On-line operations requests are expected to increase as requests issued verbally are not currently tracked.

Program: Procurement & Operations

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- None

CORPORATE SERVICES DIVISION

PROGRAM PLANNING & EVALUATION

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	Jordan Banninga	**DATE**
PROGRAM TEAM	Program Planning & Evaluation	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Program Planning and Evaluation Team provides support for evidence-informed practice across MLHU and project management of strategic initiatives and prioritized projects. The support provided aligns to the components of the Ontario Public Health Foundational Standards. In providing this support, the Program Planning and Evaluation Team also helps teams meet their accountabilities outlined in their respective Ontario Public Health Standards, i.e., Chronic Disease and Injury, Family Health, Infectious Diseases, Environmental Health, and Emergency Preparedness.

SECTION C

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

Health Protection and Promotion Act

Standards for Public Health Programs and Services

- Effective Public Health Practice
- Support for all Program Standards

Program: Program Planning & Evaluation

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: PROGRAM PLANNING AND EVALUATION

In general, program planning and evaluation activities aim to provide information to assist with program decision making, e.g., planning a new program or a new component of a program; assessing the impact, effectiveness or efficiency of existing programs to identify if changes are needed. Support provided in this component is varied, and often includes consideration of program rationale and need, inputs, activities, outputs and outcomes. Specific activities include:

- Identify, adapt and implement an organizational Planning and Evaluation Framework, including the development of a visual, guides, and tools
- Provide team- and project-specific planning and evaluation support, including skills building
- Consult on and provide planning and evaluation deliverables for strategic initiatives and projects prioritized by the Senior Leadership Team, including several program reviews
- Consult on emerging planning and evaluation projects

COMPONENT(S) OF TEAM PROGRAM #2: LIBRARY SERVICES AND RESOURCE LENDING SYSTEM

In general, research and knowledge exchange activities within the organization with an aim to provide services and resources to explore an emerging issue, or to support knowledge exchange with community partners. Specific activities include:

- Perform literature searches and provide library resources, to explore emerging issues. This service is provided to both MLHU and to client health units participating in the Shared Library Services Partnership (SLSP).
- Curate the Resource Lending System (RLS) collection and coordinate the provision of MLHU teaching resources, to support knowledge exchange with community partners and community members
- Participate in knowledge exchange initiatives involving community collaborators and researchers
- Consult on emerging planning and evaluation projects
- Records management and organizational content management

2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (estimate to Nov 26, 2016)**	**2018 (estimate)**
COMPONENT OF TEAM #1: PROGRAM PLANNING & EVALUATION			
Adapt and implement an organizational Planning and Evaluation Framework	Adapt: Complete Implement: In progress	Implement: In Progress	Complete Implementation
# of planning and evaluation (P&E) projects prioritized by SLT and supported by FS staff (% completed)	27 (100%)	36 (24%)	Increase
# of P&E consultations delivered for emerging projects	34	28	Increase
COMPONENT OF TEAM #2: RESEARCH & KNOWLEDGE EXCHANGE			
# (%) of library literature searches delivered within 2-4 weeks of receipt of request	1033/1064 (97%)	773/781 (99%)	Maintain
# (%) of library knowledge resources (e.g., articles, books) delivered within 5 business days	3806/3845 (99%)	2688/2727 (99%)	Maintain
# of Resource Lending System (RLS) resource requests filled	2,112	1,396	Maintain
# of projects involving partnership/collaboration with community researchers	9	-	Maintain

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Program: Program Planning & Evaluation

SECTION F STAFFING COSTS:	2017 Total FTEs	2018 Estimated FTEs
		9.5
Librarians Program Assistant Program Evaluators Program Manager		2.0 0.5 6.0 1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 0	$ 0	$ 0	$ 639,094	$ 639,094	
Benefits				170,684	170,684	
Travel				1,100	1,100	
Program Supplies				44,736	44,736	
Staff Development				100	100	
Professional Services						
Furniture & Equipment						
Other Program Costs				1,695	1,695	
Total Expenditure	**$ 0**	**$ 0**	**$ 0**	**$ 857,409**	**$ 857,409**	

Staff Development of $100 is Library-Shared Services-100% funding

2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 0	$ 0	$ 0	$ 750,883	750,883	
MOHLTC – 100%						
MCYS – 100%						
Public Health Ontario				106,526	106,526	
User Fees						
Other Offset Revenue						
Total Revenue	**$ 0**	**$ 0**	**$ 0**	**$ 857,409**	**$ 857,409**	

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Provide support for emerging strategic initiatives and priorities
- Provide support for planning and evaluation projects prioritized by the Senior Leadership team
- Continue to support strategic initiatives involving external stakeholders initiated in 2017, including the Opioid IMS, HIV Strategy and the Community Drug and Alcohol Strategy
- Develop and deliver a variety of training to support the continued implementation of the Planning and Evaluation Framework, including training workshops for program staff, topic-specific workshops, and online learning modules
- Support efforts to increase organizational capacity for literature review and synthesis in planning and evaluation, in collaboration with internal and external collaborators
- Migrate the MLHU/SLSP library to a unified website and catalogue with the other three Ontario SLSP libraries
- Collaborate with IT, Privacy, Risk and Governance, Procurement & Operations and Strategic Projects on organizational content management

2018 Planning & Budget Template

Program: Program Planning & Evaluation

SECTION J

PRESSURES AND CHALLENGES

- Continued roll-out of agency-wide Planning and Evaluation Framework.
- Increased demand for programs planning and evaluation support.
- Introduction of the Modernized Standards for Public Health Programs and Services which has increased emphasis on program planning and evaluation.
- Introduction of Annual Service Plans with requirements to complete community assessments, identify local population health issues and priority populations, program plans (summary of community need, key partners / stakeholders)
- Requirements to complete Ministry Performance Reports and Annual Reports and Attestations.
- New team leadership and recruitment for vacant positions.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $44,663 - PBMA #1-0001- One-Time Program Evaluator – Due to the introduction of the Ontario Standards for Public Health Programs and Services (OSPHPS) and the Accountability Framework (AF) and enhance emphasis on program planning and evaluation, additional Program Evaluation capacity is required. An assessment of the current MLHU Program Evaluator complement suggests that additional Program Evaluator support is required to help MLHU meet its strategic priorities and to better meet the emerging accountabilities in the OPHPS and AF.

CORPORATE SERVICES DIVISION

STRATEGIC PROJECTS

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2018 Planning & Budget Template

SECTION A				
DIVISION	Corporate Services	**MANAGER NAME**	TBD	**DATE**
PROGRAM TEAM	Strategic Projects	**DIRECTOR NAME**	Laura Di Cesare	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- Strategic Projects (SP) provides support across all MLHU programs and services. The program consists of several areas of responsibility including:
  - Strategic Planning and Monitoring;
  - Project Management and Other Duties.

SECTION C

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

- Health Protection and Promotion Act
- Ontario Public Health Organizational Standards
- Personal Health Information Protection Act
- Municipal Freedom of Information and Protection of Privacy Act

Program: Strategic Projects

SECTION D

Component(s) Of Team Program #1 – Strategic Planning and Monitoring

This component aims 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. Additional roles include 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 #2 – Project Management & Other Duties

This component provides organization support for project management across MLHU. This includes the development of project management methodologies, standardization of tools and providing project coordination and leadership to all divisions and teams. This can include, but is not limited to the development of a project repository, management of specific projects and coaching and consultation for projects being lead by other divisions and teams.

Scoping and implementation of strategic projects and initiatives as determined by the Director, Corporate Services; the MOH/CEO, and the Senior Leadership Team. Current projects / duties include, but are not limited to:

- Non-Union Leadership Team Administration and Development
- Organizational Structure and Location Project – Site Selection, Site Development and Move Planning
- Activity-Based Workspaces
- Intake Lines
- City Hall Next Week

2018 Planning & Budget Template

Program: Strategic Projects

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016	2017 (estimate)	2018 (estimate)
COMPONENT OF TEAM #1 STRATEGIC PLANNING AND MONITORING			
% of Teams with Balanced Scorecards in place	N/A	N/A	100%
MLHU Strategic Initiatives Progress (Complete / On-track) Reported to the Board of Health	Y	Y	Y
COMPONENT OF TEAM #2 PROJECT MANAGEMENT			
% of Strategic Initiatives Complete / On-Track	75%	80% (16/20)	Increase

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	1.2	**2.5**
Project Manager	1.0	1.0
Project Coordinator	0.0	1.0
Program Assistant	0.2	0.5

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2018 Planning & Budget Template

Program: Strategic Projects

SECTION G

EXPENDITURES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 95,043	$ 94,995	$ 98,852	$ 192,272	$ 93,426	94.5%
Benefits	21,525	21,531	22,233	45,505	23,272	104.7%
Travel	1,515	441	1,000		(1,000)	(100.0)%
Program Supplies	1,600	1,345	1,600	1,279	(321)	(20.1)%
Staff Development	441	3,345	1,000		(1,000)	(100.0)%
Professional Services	6,100	8,064	7,500	7,500		
Furniture & Equipment						
Other Program Costs	2,380	601	2,380	1,880	(500)	(21.0)%
Total Expenditures	**$ 128,604**	**$ 130,322**	**$ 134,565**	**$ 248,436**	**$ 113,871**	**84.6%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 128,604	$ 130,322	$ 134,565	$ 248,436	$ 113,871	84.6%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 128,604**	**$ 130,322**	**$ 134,565**	**$ 248,436**	**$ 113,871**	**84.6%**

2018 Planning & Budget Template

Program: Strategic Projects

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- 2015-2020 Strategic Plan Balanced Scorecards to all MLHU teams.
- Continued roll-out of Activity-Based Workspaces
- Organizational Structure and Location Project
  - Continuation of procurement process and potential move
  - Project initiation for "Additional Considerations"
  - Implementation of Intake Line Project
- Development of MLHU Project Management methodology
- Continued support for Administrative and Governance Policy Review

SECTION J

PRESSURES AND CHALLENGES

- All members of the team will be newly recruited in 2018
- The Strategic Projects Team will play an important role in the implementation of the Modernized Standards and Accountability Framework
- Uncertainty regarding next stage of the OSL project
- Strategic Projects serves in an organization-wide role 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

Program: Strategic Projects

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $98,160 PBMA #1-0044 – Project Management Hire - (+1.0 FTE Project Coordinator)
- PBMA #1-0048 – Corporate Services Restructuring - This restructuring accomplishes realignment and allows for increased Corporate Services capacity to support our front-line services +0.3 FTE Program Assistant reallocated.

HEALTHY LIVING DIVISION

OFFICE OF THE DIRECTOR

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Suzanne Vandervoort	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Healthy Living Division includes Child Health Team, Chronic Disease Prevention & Tobacco Control Team, Healthy Communities & Injury Prevention Team, Oral Health Team, Southwest Tobacco Control Area Network Team and Young Adult Team. The division aims to improve, promote and protect the health of our communities and region across the lifespan. Staff in this division partner with community agencies, coalitions, schools and school boards, southwest health units as well as provide direct clinic services for oral health and tobacco. The Healthy Living Division works to influence policy and enforce relevant legislation at the municipal, provincial and federal level to positively shape the health of our communities.

SECTION C

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

Ontario Public Health Standards:

- Chronic Disease Prevention and Well being
- School Health
- Substance Use and Injury Prevention
- Healthy Environments
- Population health Surveillance
- Public Health Practice
- Healthy Equity

- Relevant Legislation:
    - Bill 174, *An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*
    - The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws

- The *Skin Cancer Prevention Act*

- OPHS Protocols
  - Tobacco Protocol, 2018
  - Tanning Beds Compliance Protocol, 2014 (or as Current)
  - Electronic Cigarettes Protocol, 2018
  - Safe Drinking Water & Fluoride Monitoring Protocol, 2018
  - Vision Protocol (not released yet)
  - Healthy Smiles Ontario (HSO) Program Protocol, 2016 (or as Current)
  - Oral Health Assessment and Surveillance Protocol, 2016 (or as Current)

- Child & Family Services Act, 1990
- Duty to Report Legislation
- Thames Valley School Board Partnership Agreement

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 BUDGET

- Responsible for the divisional variance process
- Divisional PBMA process

COMPONENT(S) OF TEAM PROGRAM #2 STRATEGIC PRIORITIES

- Creation and implementation of a divisional balanced scorecard

2018 Planning & Budget Template

Program: Office of the Director – Healthy Living

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018**
COMPONENT OF TEAM #1 BUDGET			
Divisional Variance	4.8%	6.5% Staff vacancies	<5%
Approved PBMA proposals prioritized and implemented	Complete	Complete	Complete
COMPONENT OF TEAM #2 STRATEGIC PRIORITIES			
Completion of Balanced Scorecard activities, tasks and measures.	Complete	Complete	Complete

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	2.0	**2.0**
Director	1.0	1.0
Administrative Assistant to the Director	1.0	1.0

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Program: Office of the Director – Healthy Living

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 171,401	$ 171,401	$ 178,176	$ 190,241	$ 12,065	6.8%
Benefits	42,699	42,790	44,001	46,094	2,093	4.8%
Travel	4,000	1,597	4,000	4,000		
Program Supplies	10,450	5,462	10,450	10,450		
Staff Development	3,125	3,536	3,125	3,125		
Professional Services						
Furniture & Equipment	1,301		1,301	1,301		
Other Program Costs	2,100	1,043	2,100	2,100		
Total Expenditure	**$ 235,076**	**$ 225,829**	**$ 243,153**	**$ 257,311**	**$ 14,158**	**5.8%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 235,076	$ 225,829	$ 243,153	$ 257,311	$ 14,158	5.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenue	**$ 235,076**	**$ 225,829**	**$ 243,153**	**$ 257,311**	**$ 14,158**	**5.8%**

2018 Planning & Budget Template

Program: Office of the Director – Healthy Living

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- The HL Division leadership team will work together to create and implement action plan templates from the Employee Engagement Survey
- Implementation of the Ontario Public Health Standards

SECTION J

PRESSURES AND CHALLENGES

The Healthy Living Division has staff at both 201 Queens Avenue and 50 King Street. This makes collaboration and communication challenging at times. There will also be more efficiencies realized when staff are in the same building. There have been two manager vacancies (4 months each) that required coverage from the leadership team. There have been multiple staff vacancies during 2017.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

HEALTHY LIVING DIVISION

CHILD HEALTH TEAM

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SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Darrell Jutzi	**DATE**
PROGRAM TEAM	Child Health Team	**DIRECTOR NAME**	Suzanne Vandervoort	January, 2018

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 prioritized based on need, readiness and capacity to engage resulting in vulnerable schools receiving more focused PHN time.

SECTION C

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

Ontario Public Health Standards:

- School Health
- Chronic Disease Prevention and Well-Being
- Substance Use and Injury Prevention
- Healthy Growth and Development
- Foundational Standards

Child & Family Services Act, 1990

- Duty to Report Legislation

Thames Valley School Board Partnership Agreement

Program: Child Health Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS

It is undisputed that healthy students are better prepared to learn. Studies demonstrate that promoting student health and well-being can help schools meet their educational goals, such as reduced absenteeism, fewer behavioural problems, and higher school-wide test scores and grades (Centers for Disease Control and Prevention, 2014). A healthy school not only provides educational opportunities but creates a supportive environment for health and well-being. The Child Health Team works with students, parents, teachers, principals, board staff and community partners to plan and implement evidence-based activities that contribute to comprehensive school health. Specifically, we have developed topic based toolkits to support the Ministry of Education's The Foundations for a Healthy School resource and we work in schools to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address key topics.

COMPONENT(S) OF TEAM PROGRAM #2: PROVIDE POPULATION HEALTH INFORMATION

The new School Standard in the 2018 OPHS Standards requires that the board of health provide population health information to school. The Child Health Team will work with the Foundational Standards team, school board staff, administrators and teachers to provide up to date population health information impacting students in their schools. Population health information will be reviewed, collected and distributed to key school board stakeholders.

COMPONENT(S) OF TEAM PROGRAM #3: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS

Providing up to date and evidence-based health information (including facts and best practices) to school boards, schools and teachers helps ensure credible health information is being taught in classrooms and practiced in school settings. The Child Health Team works with multiple teams within MLHU (e.g., Injury Prevention, Communicable Diseases, Immunizations) to collect and disseminate relevant health information to schools and teachers. The team routinely reviews, creates and disseminates these curriculum resources.

COMPONENT(S) OF TEAM PROGRAM #4: PARENTING

Positive parenting is fundamental for optimal child development. Currently, parenting information is provided by the Healthy Start and Healthy Living Divisions. 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:

- Implementing iParent social and mass media information campaign which communicates positive parenting messages and directs parents to resources.
- Development of a 'Parenting in Canada' and other parenting presentation for the Syrian newcomers, and
- MLHU is working with the City of London, as well as other community partners, to create a comprehensive evidence-based parenting strategy for London and Middlesex.

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Program: Child Health Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS			
# of evidence-based resources created to support healthy schools	1	3	Develop a process for tracking implementation and outcomes
# of schools with a comprehensive action plan (Level 2 and 3 schools only-total 78 schools	78	78	78
# of Healthy Living Champion Award	41	52	55
# of Healthy School (or other) Committees	49	51	55
# of Facilitators trained for Let's Get Cooking"	84	52	Maintain
Increase public health communication with schools and parents through social media	NA	NA	Pilot the use of Twitter for CHT
COMPONENT OF TEAM #2: PROVIDE POPULATION HEALTH INFORMATION			
Create/Review partnership declaration and data sharing agreements	NA	NA	2 School Boards
COMPONENT OF TEAM PROGRAM #3: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS			
Create/Update Curriculum Resources for Elementary Schools	NA	NA	Review and revise all substance use resources
COMPONENT OF TEAM #4 PARENTING			
Distribution of School Enterers Magazine	6000 Packages	6000 Magazines	6000 Magazines
Positive Parenting iParent Campaign –	To promote parents communicating with their teens	Produced 7 6-second bumpers to promote via social media in 2018	Estimated Impressions: 750,000; Estimated Clicks: 13,000
# of Newcomer presentations	27	21	Maintain

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Program: Child Health Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	16.0	**15.0**
Program Manager	1.0	1.0
Public Health Nurses	13.5	12.5
Program Assistant	0.5	0.5
Public Health Dietitian	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,287,861	$ 1,161,854	$ 1,290,110	$ 1,226,177	$ (63,933)	(5.0)%
Benefits	318,308	288,838	318,616	305,562	(13,054)	(4.1)%
Travel	22,200	13,952	26,200	22,200	(4,000)	(15.3)%
Program Supplies	58,454	54,479	54,454	54,454		
Staff Development	18,725	11,773	13,725	13,725		
Professional Services	2,000	1,226	2,000	2,000		
Furniture & Equipment						
Other Program Costs	17,610	11,347	17,610	17,610		
Total Expenditures	**$ 1,725,158**	**$ 1,543,469**	**$ 1,722,715**	**$ 1,641,728**	**$ (80,987)**	(4.7)%

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2018 Planning & Budget Template

Program: Child Health Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,712,598	$ 1,529,770	$ 1,710,155	$ 1,629,168	$ (80,987)	
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	12,560	13,699	12,560	12,560		
Total Revenues	**$ 1,725,158**	**$ 1,543,469**	**$ 1,722,715**	**$ 1,641,728**	**$ (80,987)**	(4.7)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Increase use of social media to engage educators and school communities
- Continue the promotion and implementation of the evidence informed toolkits to support school staff in and out of the classroom.
- Continue the promotion of public health in the schools to support health enhancing school policy.
- Preliminary planning with City of London and Middlesex regarding a new parenting strategy
- Engage internal teams who work within the elementary schools to increase and improve communication, planning and collaboration of information, programs, and services within the school setting.

SECTION J

PRESSURES AND CHALLENGES

- Unknown details regarding the vision screening to take place in all elementary schools starting September 2018
- Ongoing and increasing number of requests from schools to support newcomer families in the school setting
- Recruitment for bilingual PHN

Program: Child Health Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($4,000) PBMA #1-0027- Disinvest travel budget due to change in ways schools are prioritized and assigned.
- ($100,940) PBMA #1-0028- (1.0) FTE PHN for Triple P program – resource no longer required as database has been developed and many staff members are now trained.

HEALTHY LIVING DIVISION

CHRONIC DISEASE AND TOBACCO CONTROL

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Linda Stobo	**DATE**
PROGRAM TEAM	Chronic Disease Prevention and Tobacco Control	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

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 literacy, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the *Skin Cancer Prevention Act*; tobacco use prevention, cessation, protection from second-hand smoke and emerging products, and enforcement of the new S*moke-free Ontario Act*; *2017.*

SECTION C

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

- **OPHS:** Population Health Surveillance; Effective Public Health Practice; Health Equity; Chronic Disease Prevention and Well-Being; Healthy Environments
- **Relevant Legislation:**
  - Bill 174*, An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*
  - The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws
  - The *Skin Cancer Prevention Act*
- **OPHS Protocols**
  - Nutritious Food Basket Protocol, 2014 (or as current)
  - Tobacco Protocol, 2018
  - Tanning Beds Compliance Protocol, 2014 (or as current)
  - Electronic Cigarettes Protocol, 2018
- **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 Cigarettes Act*** Program Guidelines and Enforcement Directives

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 municipalities, 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
- promote skin checks and increase capacity within the healthcare community to facilitate the early detection of skin cancer cells
- conduct an inspection of new tanning bed operators and respond to complaints and inquiries
- promote compliance with the *Skin Cancer Prevention Act* through vendor education, inter-agency enforcement activities and public disclosure of results of inspections of tanning bed operators

COMPONENT(S) OF TEAM PROGRAM #2: FOOD SECURITY, FOOD 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 literacy workshops to high risk youth and other priority populations, and the development and validation of a food literacy measurement tool to better assess the impact of food literacy programs on eating behaviours and health outcomes
- annual collection of the Nutritious Food Basket Survey data; advocacy efforts for food insecurity and impact of income on health
- promote/support the development of policies within workplaces and municipalities, and advocacy/enactment of municipal, provincial and federal legislation to support the creation of healthy food environments
- promote healthy eating and increased access to fruits and vegetables
- support the creation of a sustainable, healthy and accessible local food system
- increase awareness of the health risks associated with sugar-sweetened beverages

COMPONENT(S) OF TEAM PROGRAM #3: THE PREVENTION OF TOBACCO USE AND EMERGING PRODUCTS, AND YOUTH ENGAGEMENT

Goal: Decrease the morbidity and mortality from the use of tobacco and emerging products (e-cigarettes, vapes, shisha, etc.) by preventing the initiation of use in youth and young adults

- *One Life One You* - increase the actionable knowledge among youth about 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, community events and advocacy efforts to support legislation
- policy development and partnerships with school boards, post-secondary campuses and municipalities to promote tobacco-free and smoke-free cultures, and to reduce retail density and accessibility
- 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, LGBTQ, etc.)

COMPONENT(S) OF TEAM PROGRAM #5: PROTECTION FROM SECOND-HAND SMOKE AND EMERGING PRODUCTS

Goal: Decrease disease and death from chronic diseases in Middlesex-London through: reduced exposure to second-hand smoke from tobacco, cannabis and shisha; and reduced retail accessibility and promotion of tobacco and other emerging products, including e-cigarettes, cannabis, vapes and shisha.

- Engage with municipal, school board, hospital and enforcement partner agencies to prepare for and promote the enactment of Bill 174, *An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*
- Increase municipal prohibitions on tobacco use (e.g. smoke-free private market and social housing, 100% smoke-free property)
- promote compliance with the *Smoke-Free Ontario Act, 2017* through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement
- Work with municipal partners to implement tobacco and e-cigarette retail licensing and zoning measures to reduce retail density

COMPONENT(S) OF TEAM PROGRAM #6: ENFORCEMENT (*SMOKE-FREE ONTARIO ACT, 2017* AND MUNICIPAL BYLAWS)

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

- 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)
- conduct one round of youth access inspections and at least one display, promotion and handling inspection at all e-cigarette retailers
- decreased exposure to the marketing and promotion of electronic cigarettes through new proposed legislative restrictions

2018 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
% of Middlesex-London adults who reported getting a sunburn in the last 12 months	39.2 (2013 data)	36.6 (2014 data)	Decrease
Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING			
% of Middlesex-London residents 12 years and older reporting eating fruits and vegetables, 5 or more times per day	36.8 (2011/12 data)	39.1 (2013/14 data)	Increase
% of households in Middlesex-London that are food insecure	12.3 (2011-2013)	11.9 (2012-2014)	Decrease
% of adults 18 years and over in Middlesex-London who think that drinking sugar sweetened beverages can affect health	N/A	92.9 (2017)	Increase
Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
% youth (12-19 years) smoking abstinence rate in Middlesex-London (never smokers)	83.8 (2011/12 data)	89.2 (2013/2014 data)	Increase
Component of Team #4 TOBACCO USE CESSATION			
% of adults aged 19 years and over in Middlesex-London that are current smokers (daily or occasional)	21.6 (2011/12 data)	18.3 (2013/14 data)	Decrease
Component of Team #5 PROTECTION FROM SECOND-HAND SMOKE AND EMERGING PRODUCTS			
% of adults aged 18 years and over in Middlesex-London support banning smoking inside multi-unit dwellings	66.3% (2011/12 data)	75.6% (2017)	Increase
# of tobacco and e-cigarette retailers in Middlesex-London	E-Cigarette: 226 Tobacco: 313	E-Cigarette: 201 Tobacco: 298	Decrease
Component of Team #6 ENFORCEMENT (*SMOKE-FREE ONTARIO ACT, 2017* AND MUNICIPAL BYLAWS)			
% of e-cigarette retailers test-shopped once annually	N/A	100	100
% of tobacco vendors in compliance with youth access legislation at last inspection	99.7	99.0	≥90
# of inspections of public places and workplaces	1134	1067	1200

Due to sample size and confidence intervals, trends based on year-to-year comparisons need to be interpreted with caution – long-term trend monitoring is required.

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2018 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	13.9	**13.9**
Program Manager	1.0	1.0
Public Health Dietitians	3.0	3.0
Public Health Nurses	2.5	2.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.3	3.3
Program Assistants	2.0	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	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 935,851	$ 871,758	$ 935,552	$ 935,868	$ 316	0.0%
Benefits	233,714	219,813	229,817	235,850	6,033	2.6%
Travel	31,853	25,961	26,500	23,873	(2,627)	(9.9)%
Program Supplies	142,799	227,765	158,575	169,664	11,089	7.0%
Staff Development	2,400	3,507	2,400	2,400		
Professional Services	19,900	26,291	17,907	12,486	(5,421)	(30.3)%
Furniture & Equipment		3,087				
Other Program Costs	42,280	41,266	41,535	41,150	(385)	(0.9)%
Total Expenditure	**$ 1,408,797**	**$ 1,419,448**	**$ 1,412,286**	**$ 1,421,291**	**$ 9,005**	**0.6%**

2018 Planning & Budget Template

Program: Chronic Disease & Tobacco Control

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 756,997	$ 747,955	$ 769,986	$ 778,991	$ 9,005	1.2%
MOHLTC – 100%	651,800	647,893	642,300	642,300		
MCYS – 100%						
User Fees						
Other Offset Revenue		23,600				
Total Revenue	**$ 1,408,797**	**$ 1,419,448**	**$ 1,412,286**	**$ 1,421,291**	**$ 9,005**	**0.6%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Support SJHC and LHSC hospitals and Western University in their implementation of their smoke-free/vape-free policies, including proposed amendments to City of London smoking bylaws to designate security staff as enforcement officers.
- The enactment and promotion of Bill 174, prohibiting the use of medicinal cannabis and electronic cigarettes in places where smoking is already banned under the *Smoke-Free Ontario Act,* and the enactment of advertising restrictions for vaping products.
- The engagement of municipal partners and enforcement agencies to prepare for the legal retail sale and use of cannabis under Ontario's proposed *Cannabis Act,* and to explore the application of zoning restrictions for the sale of cannabis to the retail sale of tobacco and e-cigarette products.
- Support the implementation of the City of London's amended Licensing Bylaw that requires annual licensing fees/inspections for tanning bed operators, tobacco retailers and e-cigarette retailers, and the implementation of OPHS mandated public disclosure.
- The continued enhancement/evaluation of tobacco cessation services delivered by the Health Unit to reach priority populations.
- The establishment of a governance structure and a strategic plan for the Middlesex-London Food Policy Council, to create a healthy, sustainable and accessible food system in London and Middlesex County.
- Increase public awareness regarding the health risks associated with the consumption of sugar-sweetened beverages and support/promote the implementation of policy changes that would help to improve food environments in Middlesex-London.

SECTION J

PRESSURES AND CHALLENGES

- Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our comprehensive tobacco control program. Challenges are being mitigated by decreasing essential program supply dollars and through an ongoing cost-shared budget investment to offset the shortage in provincial funding.
- The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy ($30,000) is exceeded by community demand for cessation assistance and there have been delays with the release of details regarding MOHLTC's cessation strategy. Therefore, a significant investment is being made to smoking cessation within the cost-shared budget to meet cessation needs of priority populations.
- The number of mandated inspections of tobacco retailers, e-cigarette retailers and schools, along with the complaints received regarding drifting second-hand in multi-unit housing are placing an increased demand on Tobacco Enforcement Officers' capacity, decreasing the number of inspections of workplaces and public places being completed annually. In addition, the requirement for public disclosure of convictions of tobacco sales-related offences will be a challenge.
- The enactment of Bill 174 and Ontario's proposed *Cannabis Act* is going to require additional program support from the Chronic Disease Prevention and Tobacco Control Team and the Healthy Communities and Injury Prevention Team. Program priorities and staff will need to be flexible to respond to imposed legislative, social norm changes and the anticipated increase in call volume from complaints regarding exposure to drifting cannabis smoke.
- The announced provincial funding cuts to the Health Promotion Resource Centres for 2017/2018 will reduce the amount of the centrally supplied evaluation, training and capacity building supports provided to support evidence-informed public health practice. Some services will be discontinued completely, while others may be offered, but on a fee for service model, increasing costs to the health unit. The reduction in tobacco control system enabler services is a disservice to the provincial tobacco strategy.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $30,000 **Nicotine Replacement Therapy (NRT) – 100% MOHLTC** - To maintain the Health Unit's cessation capacity to meet priority populations' needs, the ongoing investment of $86,000 (cost-shared) will be maintained to support the agency-wide purchase and distribution of NRT. It is anticipated that a $30,000 one-time grant from MOHLTC will be available through the 2018 granting process; the request for funding will be submitted as it is required to meet client load.

HEALTHY LIVING DIVISION

HEALTHY COMMUNITIES AND INJURY PREVENTION

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Rhonda Brittan	**DATE**
PROGRAM TEAM	Healthy Communities and Injury Prevention (HCIP)	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The HCIP team promotes active living and workplace wellness, and works to prevent injuries across the lifespan. Injury prevention focus areas include child safety; helmet use and bicycle safety; poisoning and burns, drowning prevention; safe infant sleep, falls across the lifespan; road safety including vulnerable road users; and substance misuse prevention (alcohol, marijuana, and other illicit drugs) including the Community Drug and Alcohol Strategy. The team advocates for healthy community design and healthy public policy and works extensively with other MLHU teams and community partners in accomplishing this work.

SECTION C

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

- Ontario Public Health Standards: Requirements for Programs, Services, and Accountability: Chronic Disease Prevention and Well-Being; Substance Use and Injury Prevention; Healthy Environments (as it relates to healthy built and natural environments) School Health (as it relates supporting school boards and schools with the implementation of health-related curricula and health needs in schools) and Foundational Standards

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY WORKPLACE

- Work primarily with mid to small workplaces/employers with limited resources to support employee wellness programs through consultation and linking these workplaces with other MLHU and/or community programs and services.
- Broadly disseminate healthy workplace and relevant MLHU program information and resources to Middlesex –London workplaces via regular e-newsletter and online presence.
- Consult and advocate for the implementation of healthy policies and guidelines that create healthier environments in workplaces.

- Collaborate with Southwest Workplace Working Group, Ontario Workplace Community of Practice (COP) and the Ontario Workplace Health Coalition (OWHC), internal program experts as well as local organizations to create resources, provide educational opportunities and plan initiatives that help employers create physically and psychologically safe and healthy workplaces

COMPONENT(S) OF TEAM PROGRAM #2 ACTIVE LIVING/PHYSICAL ACTIVITY

- Promote active living including Canadian Physical Activity and 24-Hour Movement Guidelines to the entire community across the life course which includes the adoption of healthy behaviors; reducing sedentary behavior and improving sleep.
- Community and partner consultation and supports e.g., Active and Safe Routes to School, Workplace physical activity promotion.
- Raising awareness / Education/Skill building of those that work in childcare settings about the importance of physical activity, physical literacy and limited sedentary time for healthy growth and development and learning and to increase the use and promotion of physical literacy with children in child care centres; collaboration with SW Physical Activity Promoters Network and the MLHU Early Years Team.
- Partner with London Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs including in Motion (Partner with HKCC in Middlesex County and City of London).

COMPONENT(S) OF TEAM PROGRAM #3 FALL PREVENTION & HEALTHY AGING

- Play a partnership role in the Stepping Out Safely Falls Prevention Coalition
- Member of the SW Ontario Fall Prevention (regional) Network
- Chair the Middlesex-London Fall Prevention Collaborative
- Collaborate with the Middlesex-London Fall Prevention Collaborative to organize activities for Fall Prevention Month in November
- Participate in the Age Friendly London Network and the Community Support and Health Services working group to enhance opportunities for active aging in London
- Providing Step Ahead Exercise Program certification/training to PSW students at 1 college in London.

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

- Member London-Middlesex Road Safety Committee who do educational campaigns e.g. share the road, distracted driving, winter driving etc.;
- Collaborate with City of London and other road safety partners to implement action items from 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

COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY

- Chair, Middlesex-London Child Safety Committee

- Provide child safety information, including videos, newsletters & other resources to caregivers (parents, grandparents, day care workers, community partners etc.)
- Distribute 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 Middlesex County
- Distribution of booster seat use education to caregivers and parents.
- Collaborate with local and provincial partners e.g. Ontario Concussion Work Group, Community Safety and Crime Prevention Advisory committee, Risk Watch, Ontario Childhood Injury Prevention committee, YMCA Safety Village
- Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign
- Provide professional development for community partners and internal staff

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

- Support implementation of the provincial expansion of the Rethink Your Drinking campaign and website including the Low-Risk Alcohol Drinking Guidelines.
- Provide Fanshawe College and Western University with Residence Assistant Training (train the trainer) to increase knowledge of information and resources related to alcohol and other drugs.
- Engagement with key stakeholders in cannabis education and supportive environments to reduce harm.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation.
- Work with municipalities to update their Municipal Alcohol Policies.
- Collaborate on the Middlesex-London Community Drug and Alcohol Strategy.

COMPONENT(S) OF TEAM PROGRAM #7 HEALTHY COMMUNITIES- HEALTHY COMMUNITY DESIGN

- Review & provide recommendations to various land development applications / initiatives regarding healthy community design – Official Plans, Area Plans, Secondary Plans, Subdivision / Site Plans, Master Plans, Environmental Assessments as appropriate.
- Advocate for the continued support for infrastructure that supports physical activity and active transportation in the City of London Middlesex County and its municipalities.
- Increase awareness, support and implementation of healthy community design to planners /developers and public including school communities.
- Participate in the City of London Cycling Master Plan and Middlesex County Cycling Strategy.
- Chair, Active and Safe Routes to School, to promote active and safe school travel.
- Increase the effectiveness and efficiency of School Travel Planning through process evaluation and knowledge sharing with local and regional partners.
- Promotion of Active Transportation with continuation of Give Active Transportation a Go! Campaign

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES			
	2016	**2017**	**2018 (estimate)**
COMPONENT OF TEAM #1 HEALTHY WORKPLACE			
# participants in annual workplace health workshop	130 (SW workshop)	65(MLHU workshop)	MLHU workshop planned
# of workplace e-newsletter editions disseminated	26	24	24
COMPONENT OF TEAM #2 ACTIVE LIVING/ PHYSICAL ACTIVITY			
– # registered participants and # of minutes of Physical Activity submitted for in Motion Community Challenge	10,215 participants 5,218,076 minutes	10,243 participants 4,717,830 minutes	Community wide Challenge to Stop in 2018
# of Elementary Schools with School Travel Plans (STPs)	5 new – 18 active	5 new – 21 active	5 new
COMPONENT OF TEAM #3 FALL PREVENTION & HEALTHY AGING			
# of Step Ahead Exercise Program training for PSW students	48 students trained	30 students trained	Maintain and reassess
COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS			
# of YouTube views with Distracted Driving/Road Safety Campaigns	36,000 – Distracted Driving Lego brick ®	17,100 –"Tony" crossing at lights	"Tony" – Crossing at PXO's to be released
# of secondary school based events r/t road safety and # of students reached	------	3 events 600 students	Increase
COMPONENT OF TEAM #5 CHILD SAFETY			
# of booster seats distributed to families with need	196	84	Reassess
# of bicycle helmets distributed with Helmet on Kids Coalition to children with need	800	600	Maintain
COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE			
# of Municipal Alcohol Policies (MAP) reviewed and consultation/input support provided	None reviewed	6 out of 7 municipalities	Next review 2019
# post-secondary institution Residence Advisors trained re substance misuse	Not done – gap in MLHU staffing	30 RAs (oversee ~1700 students)	maintain
# of partners engaged in Community Drug and Alcohol Strategy	40 (Steering and Pillars)	>50 (Steering and Pillars)	Will shift as move to implementation
COMPONENT OF TEAM #7 HEALTHY COMMUNITIES – HEALTHY COMMUNITY DESIGN			
# of land development / municipal initiatives where official MLHU input provided re healthy community design	5 land development proposals	3 EAs, 1 Community Energy Action Plan	provide recommendations as relevant

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2018 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION F **STAFFING COSTS:**	**2017 Total FTEs**	**2018 Estimated FTEs**
	11.2	**10.6**
Program Manager	1.0	1.0
Health Promoter	0.6	1.0
Public Health Nurses	9.0	8.0
Program Assistant	0.6	0.6

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 915,535	$ 876,318	$ 897,187	$ 865,480	$ (31,707)	(3.5)%
Benefits	230,694	226,171	226,074	215,745	(10,329)	(4.6)%
Travel	11,610	7,888	11,610	11,610		
Program Supplies	43,002	31,417	35,002	30,002	(5,000)	(14.3)%
Staff Development	5,300	4,771	5,300	5,300		
Professional Services			5,500	5,500		
Furniture & Equipment	600	308	600	600		
Other Program Costs	7,058	105,588	7,058	7,058		
Total Expenditures	**$ 1,213,799**	**$ 1,252,461**	**$ 1,188,331**	**$ 1,141,295**	**$ (47,036)**	**(4.0)%**

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2018 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,213,799	$ 1,151,801	$ 1,188,331	$ 1,141,295	$ (47,036)	(4.0)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		100,660				
Total Revenue	**$ 1,213,799**	**$ 1,252,461**	**$ 1,188,331**	**$ 1,141,295**	**$ (47,036)**	**(4.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- HCIP Road Safety program will enhance partnership with LHSC IMPACT program. This will result in enhanced delivery of road safety messaging and programming to teens/young adults.
- Cannabis related work is expected to increase related to expected July 1, 2018 opening of legalized regulated Cannabis market.
- Discontinuation of the in Motion partnership and community wide campaign. Evolution of in Motion tools and resources that community groups can use.
- Middlesex-London Community Drug and Alcohol Strategy will be finalized and the Strategy will move to implementation.
- Workplace newsletters will move to the Upankee platform which will allow for enhanced metrics for reach and impact.
- Team will be assessing and aligning HCIP programs to revised OPHS.

SECTION J

PRESSURES AND CHALLENGES

- Breadth of HCIP program area and competing priorities between multiple programs
- Alcohol and Substance Misuse: Community Drug and Alcohol Strategy CDAS and impending Cannabis legalization have increased program work

2018 Planning & Budget Template

Program: Healthy Communities & Injury Prevention

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($106,686) - PBMA #1-0019 (1.0) FTE Public Health Nurse – Decreased dedicated resources to in Motion campaign and promotion
- $30,045 - PBMA #1-0039 - (one-time) 0.4 FTE Health Promoter- Cannabis to support substance misuse prevention with the legalization of recreational cannabis in July 2018

HEALTHY LIVING DIVISION

ORAL HEALTH

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Misty Deming	**DATE**
PROGRAM TEAM	Oral Health	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

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.

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (2017)

- Healthy Smiles Ontario (HS0) Program, 2016 (or as Current)
- Oral Health Assessment and Surveillance Protocol, 2016 (or as Current)
- Safe Drinking Water & Fluoride Monitoring Protocol (2018)
- Foundational Standards

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 School Screening

School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). Currently, the Oral Health team screens all grade 8's because that is the last opportunity to provide dental screening in schools. A Registered Dental Hygienist, with the support of a Clinical 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 already enrolled in the Healthy Smiles Ontario (HSO) program, assistance is offered to help them access dental services.

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 screening intensities, which determines if additional

Program: Oral Health

grades should receive screening, and the adjustment of programs and services in response to observed trends. Evidence-informed interventions are provided when programs and services are adjusted.
COMPONENT(S) OF TEAM PROGRAM #3 Clinical Services
During 2017, it was decided the Dental Treatment Clinic would no longer offer treatment services. A transition plan was developed to assist current HSO clients in accessing local dental providers. The Dental Treatment Clinic will be closed as of December 15, 2017. Preventive services will continue to be offered. The Registered Dental Hygienist provides preventive services such as cleaning, dental sealants, fluoride and oral health education. Preventive services are provided to children with financial hardship and who are not on any government funded program. Adults can also receive cleanings at the Dental Clinic for a small fee if they are on Ontario Works or have children in the HSO Program.
COMPONENT(S) OF TEAM PROGRAM #4 Fluoride Varnish
Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the Oral Health Manager 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 the delivery of fluoride varnish programs in selected high risk schools, daycares and other childcare settings.

2018 Planning & Budget Template

Program: Oral Health

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
Component of Team #1 School Screening			
# of eligible students screened / % of eligible students screened	16,231 / 81%	15,735 / 80%	Increase / Increase
Percent of publicly-funded schools screened (Accountability Indicator)	100%	100%	Maintain
% of children screened that are identified as requiring urgent care / preventive services only (cleaning, sealants, fluoride varnishes)	4.7% / 12.5%	11% / 21%*	Increase / Increase
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.	11.7% / 14.1%	14% / 18%**	Decrease / Decrease
% of children absent during the school-based dental screening program / % of children excluded from school based screening	5.9% /13.1%	6% / 14%	Decrease / Decrease
Component of Team #3 Clinical Services			
# of HSO Unique Clients	935	1047	NA
# of EESS Clients screened	433	415	Maintain
# of Smile Clean Clients	225	218	Maintain
# of eligible children who received preventive services (cleaning, sealants, fluoride varnish)	315	385	Increase
Component of Team #4 Fluoride Varnish			
# of fluoride varnish applications	1411	2072	Increase

Note:
*The eligibility criteria for the HSO program changed which increased the number of children who qualify for dental services.
**The eligibility criteria for the HSO program changed which increased the number of children who qualify for dental services. This may have caused an increase in the number of children who have two or more decayed teeth in grade 2, which impacts the classification of the school

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2018 Planning & Budget Template

Program: Oral Health

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	14.05	**13.0**
Dental Consultant - 0.2 in 2018 (half of 0.4 FTE AMOH)	0.25	0.2
Program Manager	1.0	1.0
Dentist	0.7	0.7
Dental Hygienists	4.6	4.6
Dental Assistants	7.0	6.0
Program Assistant	0.5	0.5

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,061,360	$ 966,551	$ 1,021,527	$ 893,533	$ (127,994)	(12.5)%
Benefits	256,477	246,859	255,767	217,988	(37,779)	(14.8)%
Travel	21,900	14,641	21,900	16,000	(5,900)	(26.9)%
Program Supplies	84,356	46,741	84,356	48,075	(36,281)	(43.0)%
Staff Development	5,800	3,287	5,800	4,640	(1,160)	(20.0)%
Professional Services	520	265	520	520		
Furniture & Equipment	14,400	5,410	14,400	12,800	(1,600)	(11.1)%
Other Program Costs	57,368	50,067	56,368	56,368		
Total Expenditures	**$ 1,502,181**	**$ 1,333,821**	**$ 1,460,638**	**$ 1,249,924**	**$ (210,714)**	**(14.4)%**

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2018 Planning & Budget Template

Program: Oral Health

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 409,424	$ 347,341	$ 409,323	$ 407,224	$ (2,099)	(0.5)%
MOHLTC – 100%	692,700	674,165	692,700	692,700		
MCYS – 100%						
User Fees	289,312	203,305	247,870	150,000	(97,870)	(39.5)%
Other Offset Revenue	110,745	109,010	110,745		(110,745)	(100)%
Total Revenues	**$ 1,502,181**	**$ 1,333,821**	**$ 1,460,638**	**$ 1,249,924**	**$ (210,714)**	**(14.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continued expansion of the school-based fluoride varnish program
- Continued expansion of the daycare-based dental screening and fluoride varnish programs
- Continued development of community partnerships

SECTION J

PRESSURES AND CHALLENGES

- The new protocol has not yet been released for the 2018-2019 school year.
- IPAC regulations for school screening.

2018 Planning & Budget Template

Program: Oral Health

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($52,366) PBMA #1-0016 0.25 FTE of Dental Consultant – Dental Clinic closing at end of 2017 will reduce the need for consultant
- $49,382 PBMA #1-0045 – (one-time) 0.5 of 0.4 FTE Associate Medical Officer of Health-consultation across oral health programs

HEALTHY LIVING DIVISION

SOUTHWEST TOBACCO CONTROL AREA NETWORK (SW TCAN)

2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Living	**MANAGER NAME**	Donna Kosmack	**DATE**
PROGRAM TEAM	Southwest Tobacco Control Area Network (SW TCAN)	**DIRECTOR NAME**	Suzanne Vandervoort	January 2018

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, 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, ensure communication from the TCAN to the MOHLTC and provincial partners, and 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 -Effective Public Health Practice, Health Equity, Healthy Environments & Chronic Disease Prevention and Wellbeing
- **Protocols under the OPHS**: Tobacco Protocol, 2018 & Electronic Cigarettes Protocol 2016
- **Relevant Acts**: *Health Protection and Promotion Act*, *Smoke-Free Ontario Act*, *Tobacco Control Act*, Municipal by-laws in local PHU areas. **NEW:** *Bill 174, An Act to Amend the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017, and the Smoke-Free Ontario Act, 2017, to repeal two Acts (Smoke-free Ontario Act and the Electronic Cigarettes Act, 2015)*

Program: Southwest Tobacco Control Area Network (SW TCAN)

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 cessation messages and specific opportunities for cessation support for Young Adults – with a focus on YA males

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

- Findings from the social identities research project conducted in 2013 will continued to be used to implement a tobacco prevention strategy targeting alternative youth. Goal: To increase by 5-10% the number of alternative youth age 13-18 yrs. surveyed in SW/CW ON exposed to Uprise who intend to remain smoke-free by 2020. In 2015 42% of alternative youth never tried n=67 of 158.
- Continue to work regionally and provincially to increase public awareness of the influence that smoking in movies has on youth smoking rates. Additionally, will work with the ON Coalition for Smoke-Free Movies to educate MPPs on the issue.

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
- Work regionally to increase compliance of the *Smoke-Free Ontario Act* in workplaces
- In conjunction with the Smoke-Free Housing Ontario Coalition will continue to educate and advocate for additional smoke-free housing in the SW TCAN.

COMPONENT(S) OF TEAM PROGRAM #4 KNOWLEDGE EXCHANGE AND TRANSFER

- SW TCAN Manager chairs the SW TCAN Steering Committee which brings together all 9 SW PHUs for knowledge exchange and transfer
- SW TCAN YDS chairs the Youth Prevention Subcommittee and the TCAN Manager attends the Tobacco-Free Spaces and Policy and Cessation Subcommittees 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.
- SW TCAN is facilitating a situational assessment process in the areas of cessation, protection and prevention in the SW TCAN to inform planning for the 2019 program year.

2018 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016 Actual	**2017 Anticipated**	**2018 Estimate**
COMPONENT OF TEAM #1 TOBACCO CESSATION			
# total of Health Care Providers who are members of the cessation community of practice in each of the 9 TCAN health units	202	456	Increase by 20 HCPs
# of earned/paid media impressions in the SW TCAN promoting provincial campaigns (Wouldurather and the Smokers' Helpline First Week Challenge Contest)	WuR = 246,584 D2Q= 999,650	WuR=376, 991 FWCC=283,667	Maintain
COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE			
# of engagements with Uprise	Facebook likes:824 Materials Distributed at events:1697 Facebook ad impressions: 961,980	Facebook likes:1,416 Materials Distributed at events: 2,155 Facebook ad impressions: 1,520,298	Maintain
The percent of people 18 years and older who support changing movie ratings so that new movies containing onscreen smoking receive an 18A (adult) rating.	Ipsos Results- 2011 Unaided: 22% strongly support and 30% somewhat support Aided: 33% strongly support and 30% somewhat support	Ipsos Results- 2015 Unaided: 28% strongly support and 34% somewhat support Aided: 36% strongly support and 31% somewhat support	Ipsos survey to be repeated in 2018- expecting slight increase in support.
COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT			
% of workplace complaints in the SW TCAN were followed up on and provided a SW TCAN package	100%	100%	100%
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	11	11	11
# of subcommittee meetings (4 committees)	36	32	32
3 situational assessments completed	N/A	N/A	3/3

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2018 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATE FTES**
	2.4	**2.4**
Program Manager	1.0	1.0
Health Promoter (Youth Development Specialist)	1.0	1.0
Program Assistant	0.4	0.4

SECTION G

Expenditures:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 178,397	$ 178,779	$ 180,901	$ 184,063	$ 3,162	1.7%
Benefits	43,727	43,840	44,142	44,576	434	1.0%
Travel	32,303	11,824	8,000	7,000	(1,000)	(12.5)%
Program Supplies	90,702	91,204	159,086	159,581	495	0.3%
Staff Development	1,500	380	1,500	1,500		
Professional Services	45,000	14,230				
Furniture & Equipment						
Other Program Costs	44,871	96,243	108,271	39,780	(68,491)	(63.3)%
Total Expenditure	**$ 436,500**	**$ 436,500**	**$ 501,900**	**$ 436,500**	**$ (65,400)**	**(13.0)%**

2018 Planning & Budget Template

Program: Southwest Tobacco Control Area Network (SW TCAN)

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared						
MOHLTC – 100%	$ 436,500	$ 436,500	$ 501,900	$ 436,500	$ (65,400)	(13.0)%
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenue	**$ 436,500**	**$ 436,500**	**$ 501,900**	**$ 436,500**	**$ (65,400)**	**(13.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- SW TCAN will continue to implement Uprise, a tobacco prevention strategy targeted at the alternative peer crowd. 2017 evaluation preliminary data is showing promising interim results.
- The SW TCAN will assist PHUs to educate and consistently enforce the *Smoke-Free Ontario Act*, 2017 when it is proclaimed (anticipated July 1, 2018).
- 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)

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.
- The announced provincial funding cuts to the Health Promotion Resource Centres for 2017/2018 will reduce the amount of the centrally supplied evaluation, training and capacity building supports provided to support evidence-informed public health practice. Some services will be discontinued completely, while others may be offered, but on a fee for service model. This will present many challenges to the TCAN and will result in increased workload for TCAN staff without increased capacity or funding.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- TCAN meetings will continue to be reduced where possible to save costs.
- Meetings are being planned strategically to allow for staff from partner agencies to travel together to save travel expenses.
- A one-time ECA grant was provided for 2017 which significantly helped with staffing costs, however, funding is not anticipated for 2018.

HEALTHY LIVING DIVISION

YOUNG ADULT TEAM

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2018 Planning & Budget Template

SECTION A				
SERVICE AREA	Healthy Living	**MANAGER NAME**	Anita Cramp	**DATE**
PROGRAM TEAM	Young Adult Team	**DIRECTOR NAME**	Suzanne Vandervoort	January, 2018

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 works in 27 secondary schools and in 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 Healthy 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 that recognizes that health is impacted by multiple levels of influence and thus programs and services need to target the individual, home, school, and social and physical environments. The team works in partnership with four local school boards, 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:

- School Health
- Healthy Growth and Development
- Chronic Disease Prevention and Well-Being
- Substance Use and Injury Prevention
- Foundational Standard

Child & Family Services Act, 1990

- Duty to Report Legislation

2018 Planning & Budget Template

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 include mental health and sexual health including administering pregnancy tests, early contraception, birth control, safe sex practices and healthy relationships. Most situational supports are conducted in schools. The PHN role is to assess the health concern, link the student with necessary community supports, and follow up with the student to further support them to make healthy and sustainable lifestyle changes. This component of the team supports individual health and wellbeing.

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

It is undisputed that healthy students are better prepared to learn. Studies demonstrate that promoting student health and well-being can help schools meet their educational goals, such as reduced absenteeism, fewer behavioural problems, and higher school-wide test scores and grades (Centers for Disease Control and Prevention, 2014). A healthy school not only provides educational opportunities but creates a supportive environment for health and well-being. The YAT works with students, parents, teachers, principals, board staff and community partners to plan and implement evidence-based activities that contribute to comprehensive school health. Specifically, we have developed topic based toolkits to support the Ministry of Education's The Foundations for a Healthy School resource and we work in schools to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address key topics.

COMPONENT(S) OF TEAM PROGRAM #3: PROVIDE POPULATION HEALTH INFORMATION

The new School Standard in the 2018 OPHS Standards requires that the board of health provide population health information to school. The Young Adult Team will work with the Foundational Standards team, school board staff, administrators and teachers to provide up to date population health information impacting students in their schools. Population health information will be reviewed, collected and distributed to key school board stakeholders.

COMPONENT(S) OF TEAM PROGRAM #4: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS

Providing up to date and evidence-based health information (including facts and best practices) to school boards, schools and teachers helps ensure credible health information is being taught in classrooms and practiced in school settings. The Young Adults Team works with multiple teams within MLHU (e.g., Injury Prevention, Communicable Diseases, Immunizations) to collect and disseminate relevant health information to schools and teachers. The team routinely reviews, creates and disseminates these curriculum resources.

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2018 Planning & Budget Template

Program: Young Adult Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS			
# of student receiving one-on-one support from school nurse	2533 supports	2437 supports	2500
Most significant change: Stories of impact.	12	10	10
COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS			
% of schools that YAT staff services on a regular basis (e.g., once a week during the school year).	73% (19/26)	66% (18/27)	74% (20/27)
# of evidence-based resources created to support healthy schools	1 (Healthy Eating)	3 (Connectedness, Sedentary Behaviour, Growth & Development)	Create an award program to support all 4 resources
% of schools that deliver activities using a comprehensive approach	52% (10/19)	83% (15/18)	100%
% of parenting resources that are reviewed and updated to align with the best available evidence,	50%	100%	NA – MLHU Parenting program under review
Increase health communication by adopting new social media strategies.	706 tweets 383 followers, 94 new 16,787 profile visits	713 tweets 516 followers, 133 new 20, 099 profile visits Instagram: 147 followers since July 2017 launch	Continue to improve twitter and Instagram profile and followers
COMPONENT OF TEAM #3: PROVIDE POPULATION HEALTH INFORMATION			
Create/Review partnership declaration and data sharing agreements	NA	NA	2 School Boards
COMPONENT OF TEAM #4: PROVIDE CURRICULUM SUPPORTS TO SCHOOL BOARDS & SCHOOLS			
Create/Update Curriculum Resources		All Sexual Health resources reviewed and revised	Review and revise all substance use resources

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2018 Planning & Budget Template

Program: Young Adult Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	10.5	**10.5**
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Program Assistant	0.5	0.5
Public Health Dietitian	1.0	1.0
Health Promoter	.5	.5

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 857,053	$ 855,983	$ 849,438	$ 877,772	$ 28,334	3.3%
Benefits	214,897	210,759	218,949	222,446	3,497	1.6%
Travel	16,500	6,462	16,500	11,500	(5,000)	(30.3)%
Program Supplies	30,895	19,336	28,395	28,395		
Staff Development	3,650	2,241	3,650	3,650		
Professional Services	4,000	1,295	4,000	4,000		
Furniture & Equipment						
Other Program Costs	4,050	2,767	4,050	4,050		
Total Expenditures	**$ 1,131,045**	**$ 1,098,843**	**$ 1,124,982**	**$ 1,151,813**	**$ 26,831**	**2.4%**

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2018 Planning & Budget Template

Program: Young Adult Team

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,131,045	$ 1,098,843	$ 1,124,982	$ 1,151,813	$ 26,831	2.4%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,131,045**	**$ 1,098,843**	**$ 1,124,982**	**$ 1,151,813**	**$ 26,831**	**2.4%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue to build staff's capacity for evidence-informed decision making (EIDM) and to use MLHU's program planning and evaluation framework.
- Continue to implement 3-month birth control pill starts by school PHNs. Three staff on the team are trained to carry out this task, consider training all PHNs on YAT.
- Increased engagement in social media targeted at youth.
- Create an implementation plan for the evidence-based healthy schools toolkits.
- Begin to work out the process for YAT PHNs to conduct STI testing in schools.
- Work with School Boards to create a Partnership Declaration.

SECTION J

PRESSURES AND CHALLENGES

- YAT manager provided coverage for CHT manager (approx. 4 months)
- Gapping of French PHN

Program: Young Adult Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($5,000) PBMA #1-0027- Disinvest travel budget due to change in way schools are prioritized and assigned

OFFICE OF THE MEDICAL OFFICER OF HEALTH

OMOH

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2018 Planning & Budget Template

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

SECTION A				
DIVISION	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, 2018

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, and OMOH administrative staff.

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

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 Corporate Services 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 support for decision making during meetings of the Board and Committees
- Ensuring the provision of Secretary/Treasurer functions
- Ensuring implementation of decisions of the Board of Health

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 (anticipated)	2018 (estimate)
COMPONENT OF TEAM #1 - OVERALL LEADERSHIP			
Strategic Plan Progress	95% On Track or Completed	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%	<2%	<1%
COMPONENT OF TEAM #3- BOARD OF HEALTH SUPPORT			
Board of Health Members Satisfied or Very Satisfied with Meeting Processes (support during meetings and timeliness and quality of materials)	91%	93.3%	Maintain

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2018 Planning & Budget Template

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

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
	2.3	**3.5**
Medical Officer of Health & Chief Executive Officer	1.0	1.0
Associate MOH - .5 of 0.40 FTE (one-time)	0.0	0.2
Executive Assistants	1.3	1.3
Policy Analyst	0.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 372,386	$ 379,415	$ 374,698	$ 482,662	$ 107,964	28.8%
Benefits	79,298	79,707	79,217	103,302	24,085	30.4%
Travel	6,000	4,185	6,000	6,000		
Program Supplies	5,148	1,712	2,648	2,648		
Staff Development	5,000	4,640	5,000	5,000		
Professional Services		1,624	1,700	1,700		
Furniture & Equipment						
Other Program Costs	2,272	3,963	3,072	3,072		
Total Expenditures	**$ 470,104**	**$ 475,246**	**$ 472,335**	**$ 604,384**	**$ 132,049**	**28.0%**

2018 Planning & Budget Template

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

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 416,083	$ 431,043	$ 418,314	$ 550,363	$ 132,049	31.6%
MOHLTC – 100%	54,021	44,203	54,021	54,021		
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 470,104**	**$ 475,246**	**$ 472,335**	**$ 604,384**	**$ 132,049**	**28.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Implementation of revised public health standards
- Continued work on the location project
- Submission of application for federal exemption for Supervised Consumption Facility and other work championing harm reduction

SECTION J

PRESSURES AND CHALLENGES

- Balance of internal and external demands and priorities

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- $80,000 – PBMA #1-0035 Policy Analyst. The revised Ontario Public Health Standards describe policy development as a core component of public health work. MLHU currently has a gap in terms of leadership experience working inside a policy environment. There is additional consultation work to be done to finalize this role, and as such, this amount would be for a partial year of the position.
- $49,383 – PBMA #1-0045 – Associate MOH (one-time) - Providing part-time (0.5 of 0.40 FTE) temporary (one-year) support to various programs throughout the health unit. Cost split with HSO program.

OFFICE OF THE MEDICAL OFFICER OF HEALTH

COMMUNICATIONS

2018 Planning & Budget Template

Program: Communications – OMOH

SECTION A				
DIVISION	Office of the Medical Officer of Health	**MANAGER NAME**	Dan Flaherty	**DATE**
PROGRAM TEAM	Communications	**DIRECTOR NAME**	Dr. Chris Mackie	January, 2018

SECTION B

SUMMARY OF TEAM PROGRAM

Communications acts as an internal Media and Stakeholder Relations, Advertising, Marketing, Graphic Design and Communications agency for the Health Unit. Its role is to promote and enhance the MLHU brand and profile as a leader in public health 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; the development and maintenance of the Health Unit's website, online content and social media channels and a Healthcare Provider Outreach program that establishes close contacts with local professionals in the healthcare sector.

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.

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1- MEDIA RELATIONS

Through the Media Relations Program, awareness of the Health Unit's programs and services and their value to the residents of London and Middlesex County is enhanced. Communications issues periodic media releases and updates, which highlight program initiatives, services, announcements and achievements. Communications also responds to media requests, then works with staff and prepares spokespeople for interviews. Communications also assists in developing key messages, Q&As, media lines, backgrounders and other resources with staff members, as necessary.

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

The Advertising and Promotion Program supports agency initiatives and services through the development of campaign materials and marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertisements in print, broadcast, online and/or display media. The development of campaign materials is coordinated by the Marketing Coordinator, with support as needed from other Communications Department staff. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Projects are initiated using the *Communications Services Request Form* and projects are tracked using a docket system. Proposals are developed in consultation with program teams, with a focus on target audience, demographics, program goals, budget and success indicators. Communications coordinates the booking of advertising with media companies 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 these 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.healthunit.com/inspections (food premises, public pools and spas; personal service settings and tattoo shop inspections disclosure website) and www.iparent.net (Triple P, parenting workshops, resources, etc.). Additional opportunities for staff interaction with MLHU clients and community members are provided through the MLHU's social media channels (Instagram, Twitter, Facebook, YouTube). Communications also supports the @MLTeens Twitter account, which is audience-specific and program-managed by PHNs and staff who support students, families and secondary schools in London and Middlesex County. Instagram was added as an MLHU social media platform in 2017. Web-based activities also include online contests, response to user submitted comments and feedback posted on social media, as well as the sharing, and responses to, feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

Program: Communications – OMOH

COMPONENT(S) OF TEAM PROGRAM #4 GRAPHIC SERVICES PROCUREMENT
The role of Marketing Coordinator was increased from 0.5 to 1.0 FTE in 2017, thanks to the support of many MLHU teams. This has enabled teams to have increased and more cost effective access to the services of the Marketing Coordinator, including internal graphic design services, as well as coordination with the Health Unit's contracted design firms. Since the creation of the Marketing Coordinator role, teams have benefitted from the Health Unit having an experienced marketing and design professional on staff. In a part-time role, the Marketing Coordinator has been able to support some teams by doing design work in house at no charge. It is expected that the demand for marketing and design support will remain as strong as it was in 2017. The current non-exclusive design contracts in place with Keyframe Communications, Si Design and Kreative! Advertising expired in October, 2017. A decision will be made whether to continue with the system of non-exclusive service agreements that has been in place for several years or if ad hoc arrangements with external design firms are preferred.
COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT
Communications drafts the Health Unit's Annual Report. The MLHU's 2017 Annual Report will be available primarily in an online format, with a limited number of hard copies also being produced. A production schedule, which sets out that the 2017 Annual Report will be delivered on March 16th, 2018, has been shared with SLT. A significant amount of content has already been gathered as part of preparations for Staff Day 2017. Program Managers will be contacted for additional information in early-December, 2017. Design and layout work will be done in-house in order to keep costs low. Hard copy versions of any of the MLHU's previous annual reports may be printed directly from the online pdf versions available on the MLHU website, 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 the MLHU's achievements from the current year, acknowledges staff contributions, recognizes the winner of the Charlene E. Beynon Award, and presents awards to staff for their years of service. Each year, Board of Health members are invited to attend Staff Day.
COMPONENT(S) OF TEAM PROGRAM #7 HEALTHCARE PROVIDER OUTREACH
Since becoming part of Communications, this program is proving its value in increasing awareness of the MLHU's role and brand among London and Middlesex County healthcare providers. Resource binders continue to be popular among practitioners. The monthly eNewsletters now reach in excess of 1,100 email addresses and data has shown these are being opened by more than 45% of recipients within a few days of receipt. Contact lists are managed through the Health Unit's Upaknee account. The MLHU's Healthcare Provider Outreach Lead, Healthcare Provider Outreach Nurse (part of the Early Years team) and 0.5 FTE Program Assistant ensure consistency of message, distribution of program and service area resources and information, providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives and advising of potential communications challenges or opportunities that may exist with this important audience group. In-person visits with healthcare providers are conducted in the fall.

2018 Planning & Budget Template

Program: Communications – OMOH

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018 (est.)**
COMPONENT OF TEAM #1: MEDIA RELATIONS			
Media stories	613*	500*	550 (est.)
COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION			
Advertising Campaigns (Billboards, bus advertising, transit shelters, print, radio, online, etc.)	Campaigns included: *We're HERE for YOU,* Winter Driving, Vector-Borne Disease, Sun Safety, Smoke-Free Movies, Rethink Your Drinking, inMotion, Drowning Prevention, Pedestrian Safety, Distracted Driving.	Campaigns included: *We're HERE for YOU*, Sugary Drinks, Smoke-Free Movies, Drowning Prevention, Smoke-Free Housing, Prenatal Classes, Artificial Tanning, Booster Seats, Breastfeeding, Child Car Seats, Fire Prevention Week, Food Insecurity, Early Years, Little Minds Matter, NFP, Nutri eStep, SCF Consultations, Rethink Your Drinking, Skin-to-Skin.	Campaigns to be developed in consultations with Service Area teams.
Social Media metrics	**Facebook:** 5.11 million impressions **Ad Tube:** 55,224 views; 281,834 impressions **Twitter:** 3,394 tweets; 1,277 new followers	**Facebook:** 6.96 million impressions **AdTube:** 69,980 views; 200,934 impressions **Twitter:** 2,500 tweets; 747 new followers	Maintain
COMPONENT OF TEAM #3: ONLINE ACTIVITIES			
Enhancements to online presence	- "Hair & Esthetics" now part of online inspection reports. - Redesign of Healthcare Provider section of website	- Creation of new MLHU Instagram account. - Refresh online prenatal registration and other new online registration projects.	. Increase

	- New bi-monthly HCP e-newsletter & contact database - Staff participation in six online Twitter chats. -Coordination of Living Wage London website.	- Overhaul of Healthcare Provider section of website. - Creation of new opioids section of website. - On-going QA work on the MLHU website and social media presence.	
COMPONENT OF TEAM #3: HEALTHCARE PROVIDER OUTREACH			
HCP Metrics	N/A	- 187 binders distributed. - 273 meetings with HCPs. - 211 Office Visits. - 5,846 eNewsletter emails sent to HCPs (45% avg. open rate, 18% avg. click-through) - 19,979 resources shared.	. Maintain

*This number is likely higher, but as most news stories airing on CJBK radio are now based on interviews done by CTV, and not CJBK, reporters, it is challenging to estimate the number of MLHU news stories, produced by CTV, that reach the CJBK audience. It is also difficult to count the online stories that result from local media coverage, as many are shared in other markets and communities.

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
	5.2	**5.2**
Program Manager	1.0	1.0
Online Communications Coordinator	1.0	1.0
Executive Assistant	0.7	0.7
Program Assistant	0.5	0.5
Marketing Coordinator	1.0	1.0
Public Health Nurse	1.0	1.0

* A 0.5 FTE Program Assistant was added in mid-October to provide support to the Communications Team through the end of 2017.

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2018 Planning & Budget Template

Program: Communications – OMOH

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 345,040	$ 346,270	$ 383,747	$ 389,989	$ 6,242	1.6%
Benefits	88,831	85,070	96,664	97,515	851	0.9%
Travel	3,485	2,803	3,485	3.485		
Program Supplies	41,860	38,948	28,860	6,460	(22,400)	(77.6)%
Staff Development	2,265	2,000	2,265	2,265		
Professional Services						
Furniture & Equipment	650		650	650		
Other Program Costs	16,830	12,936	16,830	16,830		
Total Expenditures	**$ 498,961**	**$ 488,027**	**$ 532,501**	**$ 517,194**	**$ (15,307)**	**(2.9)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 498,961	$ 488,027	$ 532,501	$ 517,194	$ (15,307)	(2.9)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 498,961**	**$ 488,027**	**$ 532,501**	**$ 517,194**	**$ (15,307)**	**(2.9)%**

2018 Planning & Budget Template

Program: Communications – OMOH

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Implementation of new production schedule for Annual Reports;
- Continuation of the corporate graphic standards refresh started in 2017 will continue, with a particular focus on the implications of a possible re-location and/or provincial restructuring decision.
- On-going effort to seek out and promote stories about the MLHU's programs, services and activities;
- Continued enhancement of the MLHU's Social Media presence, including exploration of new platforms and program-managed accounts.
- Improve customer service by increasing efforts to enhance knowledge of Communications' role and communicate processes effectively to staff members;
- Continued development of the Healthcare Provider Outreach program.
- Announcement of the results of the Organizational Structure and Location process.
- Investigation of feasibility of engaging the services of a media monitoring service to gain a more accurate understanding of media activities related to the Health Unit's programs and services.

SECTION J

PRESSURES AND CHALLENGES

- Continued changes to London's media landscape, including the recent decision to cease operations at *Our London*, and the potential impact on London of potential staff reductions announced by Bell Media, as well as potential changes at AM980 due to a rebranding as *Global News Radio 980 CFPL*, will continue to present challenges in obtaining traditional coverage of MLHU stories and announcements.
- Because of the multi-platform nature of local news reporting it is becoming increasingly difficult to track the number of stories featuring MLHU programs and services. The use of a media monitoring service such as Infomart or Meltwater is beyond the current capacity of the Communications budget.
- The increase in requests for in-house design and marketing support that followed the transition of the Marketing Coordinator role to full-time, has resulted in increased demands on communications resources.

Program: Communications – OMOH

- Despite implementing and enhancing the communications process, and presenting it across all teams, there are still challenges in ensuring it is followed and that Communications is consulted when projects are first considered or initiated, and before resources are developed.
- Despite 0.7 FTE of the Executive Assistant role being assigned to Communications, the majority of their work was focused on Board of Health activities, often leaving the team without the support it needed to be as effective as it could otherwise be.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2017

- ($22,400) – PBMA #1-0031 – Reduction in general advertising

OFFICE OF ASSOCIATE MEDICAL OFFICER OF HEALTH

(OAMOH)

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2018 Planning & Budget Template

SECTION A				
DIVISION	OAMOH	**MANAGER NAME**	Gayane Hovhannisyan	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Gayane Hovhannisyan	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

1. Associate Medical Officer of Health-supports (case and outbreak management, medical directives, etc.) Environmental Health and Infectious Disease Division; provides overall lead and oversight of medical student and resident placement and teaching; has faculty appointment at the Interfaculty Program of Public Health, UWO and teaches at Healthy Communities course; provides on-call coverage and covers for the MOH as needed.
2. Medical Director of Sexual Health (SH) Clinic-provides support (case consultations, medical directives, clinic policies and procedures, forms, etc.) to SH manager and staff, ensures consistent and evidence based practices, physician leadership, ensures alignment of clinic scope to the PH mandate.
3. Clinic physician, SH clinics-direct clinical services to the clients of Family Planning clinics.
4. Director, Population Health Assessment and Surveillance.

SECTION C

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

Legislation: Health Protection and Promotion Act
Primary Accountability:

- Foundational Standard
- Population Health Assessment and Surveillance Protocol

Provide support for:

- Chronic Diseases and Injuries program standards
- Family Health program standards
- Infectious Diseases program standards
- Environmental Health program standards
- Emergency Preparedness program standard

2018 Planning & Budget Template

Program: Office of the Director – Foundational Standard

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Associate Medical Officer of Health (0.6FTE)

- Supports Environmental Health and Infectious Disease Division, e.g. consultations on case and outbreak management, development of new and updating existing medical directives
- Supports Planning and Evaluation
- Provides overall lead and oversight of medical student and resident placement and teaching
- Has faculty appointment at the Interfaculty Program of Public Health, UWO and teaches at Healthy Communities course
- Provides on-call coverage
- Covers for the MOH as needed

COMPONENT(S) OF TEAM PROGRAM #2: Acting Medical Director of Sexual Health Clinic and Clinic Physician (0.2FTE)

- Provides support (case consultations, medical directives, clinic policies and procedures, forms, etc.) to SH manager and staff
- Ensures consistent and evidence-based practices in SH clinics
- Physician leadership
- Ensures alignment of clinic scope and billing practices to the PH mandate
- Direct clinical services to the clients of Sexual Health clinics

COMPONENT(S) OF TEAM PROGRAM #3: Director, Population Health Assessment and Surveillance(0.2FTE)

- Overall leadership for Population Health Assessment and Surveillance
- Budget oversight
- Direct supervisor of three Epidemiologists, and Administrative Assistant

2018 Planning & Budget Template

Program: Office of the Director – Foundational Standard

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016	2017	2018 (estimate)
COMPONENT OF TEAM #1: AMOH			
Medical Directives, review and update	80% up-to-date	80% up-to-date	Maintain or improve
Consults, case and outbreak management	90% within the same day	80% within the same day	Maintain or improve
# of medical students, residents and field epidemiologists supervised	6	7	Maintain
COMPONENT OF TEAM #2: MEDICAL DIRECTOR OF SH CLINICS			
Alignment of clinic scope to Public Health mandate	In-progress	Complete	Alignment with New Standards
Review of clinic flow and roles and responsibilities		Not started	Complete
COMPONENT OF TEAM #3: DIRECTOR, PO			
Adaptation and implementation of planning and evaluation framework	Adaptation complete	Implementation in progress	Implementation complete
Supporting priority projects identified by the SLT	100%	100%	100% (including 70% of PBMA projects)
Budget, end-of year variance		2.1%	<5%

SECTION F STAFFING COSTS:	2017 Total FTEs	2018 Estimated FTEs
	2.0	**2.0**
Administrative Assistant to the Director	1.0	1.0
Associate Medical Officer of Health	1.0	1.0

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Program: Office of the Director – Foundational Standard

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 289,890	$ 292,109	$ 290,508	$ 282,323	$ (8,185)	(2.8)%
Benefits	63,614	58,301	61,700	61,925	225	0.4%
Travel		713				
Program Supplies		76				
Staff Development	2,000	2,181	2,000	2,000		
Professional Services						
Furniture & Equipment						
Other Program Costs	500	826	500	500		
Total Expenditure	**$ 356,004**	**$ 354,206**	**$ 354,708**	**$ 346,748**	**$ (7,960)**	**(2.2)%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 305,089	$ 315,672	$ 313,793	$ 305,833	$ (7,960)	(2.2)%
MOHLTC – 100%	30,915	28,534	30,915	30,915		
MCYS – 100%						
User Fees						
Other Offset Revenue	20,000	10,000	10,000	10,000		
Total Revenue	**$ 356,004**	**$ 354,206**	**$ 354,708**	**$ 346,748**	**$ (7,960)**	**(2.2)%**

2018 Planning & Budget Template

Program: Office of the Director – Foundational Standard

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue monitoring HIV situation and work with key stakeholders:
  - To increase HIV testing by implementing HIV testing in acute care setting;
  - To complete data collection and analysis for the iTRACK special study on injection drug use risk factors;
  - To continue raising awareness among vulnerable populations about HIV and promoting safe injection practices.
- Continue investigating invasive Group A streptococcal outbreak and preventing the spread of infection:
  - Increasing awareness among health care providers and community frontline workers;
  - Develop training module with the SWLHIN and other key stakeholders on wound recognition and care pathways;
  - Enhancing Infection Prevention Practices in shelters.

SECTION J

PRESSURES AND CHALLENGES

Investigating and responding to concurrent outbreaks of HIV, Hep C, and invasive Group A streptococcal disease, as well as opioid surveillance development took considerable Epidemiology, Data analyst and AMOH time and is expected to continue in 2018.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

OFFICE OF ASSOCIATE MEDICAL OFFICER OF HEALTH

POPULATION HEALTH ASSESSMENT & SURVEILLANCE

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SECTION A				
DIVISION	Foundational Standard	**MANAGER NAME**	Epidemiologist Manager: Gayane Hovhannisyan Data Analysis Manager: Sarah Maaten	**DATE**
PROGRAM TEAM	Population Health Assessment & Surveillance	**DIRECTOR NAME**	Gayane Hovhannisyan	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Population Health Assessment & Surveillance (PHA&S) team is comprised of data analysts and epidemiologists. The Data Analysts report to one Epidemiologist. All Epidemiologists report to one of the Associate Medical Officers of Health.

The PHA&S team provides support for measuring, monitoring and reporting on the population's health, including determinants of health and health inequities. The support provided aligns to the components of several Ontario Public Health Standards and helps teams meet their accountabilities outlined in their respective standards.

SECTION C

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

Ontario Public Health Standards – effective Jan 1, 2018
Primary Accountability:

- Foundational Standards:
  - Population Health Assessment
    - Population Health Assessment and Surveillance Protocol

Provide support for all other Foundational and Program Standards:

2018 Planning & Budget Template

Program: Population Health Assessment & Surveillance

SECTION D

COMPONENT(S) OF TEAM

In general, population health assessment and surveillance activities aim to monitor, assess, and report on the status of the health of residents of Middlesex-London, such as demographic information, the prevalence of health behaviours, the occurrence of diseases and other health events, and factors that contribute to health and wellness. This information is used to better understand the local health priorities, to inform program planning that addresses the identified needs. Specific activities include:

- Consult on and provide population health assessment and surveillance data and analysis for programs according to Population Health Assessment and Surveillance Protocol to support planning and evaluation
- Provide team-specific surveillance data and analysis on an ongoing and/or as-needed basis, including data required for Accountability Agreement indicator reporting to the Ministry of Health and Long-Term Care
- Provide support for outbreaks and other emerging investigations
- Consult and develop tools to build infrastructure to collect and maintain local data

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018
# (%) of OPHS Population Health Assessment and Surveillance (PHA&S) Protocol (2016) requirements supported	15/19 (79%)	15/19 (79%)	Proposed: Indicator to change with the new requirements from new PHA&S protocol
# (%) of accountability agreement reporting indicators supported	28/28 (100%)	6/15 (100% of all requests fulfilled)	Proposed: % of indicators where support from PHAS was requested was delivered
# of P&E projects and consultations in which population health assessment & surveillance data were provided	39	40	Proposed: # of projects and in which population health assessment was provided # of projects in which surveillance data were provided
# of databases developed and/or supported by FS staff	24	19	
			Proposed: # of Research Advisory consultations/reviews provided

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Program: Population Health Assessment & Surveillance

SECTION F STAFFING COSTS:	2017 Total FTEs	2018 Estimated FTEs
	13.50	**5.00**
Data Analysts	2.00	2.00
Epidemiologists	3.00	3.00
Librarian	2.00	
Program Assistant	0.50	
Program Evaluator	5.00	
Program Manager	1.00	

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 977,690	$ 949,445	$ 995,633	$ 409,822	$ (585,811)	(58.8)%
Benefits	249,006	246,247	249,851	103,760	(146,091)	(58.5)%
Travel	7,350	3,003	7,350	3,000	(4,350)	(59.2)%
Program Supplies	51,667	50,685	48,997	2,800	(46,197)	(94.3)%
Staff Development	6,350	5,319	6,350	3,000	(3,350)	(52.8)%
Professional Services	56,343	52,218	41,344		(41,344)	(100)%
Furniture & Equipment						
Other Program Costs	3,030	5,276	3,030	891	(2,139)	(70.6)%
Total Expenditure	**$ 1,351,436**	**$ 1,312,193**	**$ 1,352,555**	**$ 523,273**	**$ (829,282)**	**(61.3)%**

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2018 Planning & Budget Template

Program: Population Health Assessment & Surveillance

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,128,072	$ 1,083,829	$ 1,129,191	$ 403,096	$ (726,095)	(64.3)%
MOHLTC – 100%	116,838	116,838	116,838	120,177	3,339	2.9%
MCYS – 100%						
Public Health Ontario	106,526	106,526	106,526		(106,526)	(100.0)%
User Fees						
Other Offset Revenue		5,000				
Total Revenue	**$ 1,351,436**	**$ 1,312,193**	**$ 1,352,555**	**$ 523,273**	**$ (829,282)**	**(61.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Have surge capacity to provide support for emerging outbreaks and issues requiring timely surveillance data
- Provide support under the new Ontario Public Health Standards, including indicator development and measurement
- Work with LHIN to ensure population health assessment requirements are met

2018 Planning & Budget Template

Program: Population Health Assessment & Surveillance

SECTION J

PRESSURES AND CHALLENGES

With the change in reporting structure for the PHA&S team and the Program Planning & Evaluation team, consideration will need to be given to how to effectively work together and deliver services to the programs.

The PHA&S team supported several emerging public health crises in 2017 including the iGAS outbreak, HIV outbreak and escalation of opioid poisonings with data analysis and surveillance activities.
There were additional pressures to the team with a number of staffing changes and secondments in 2017. Between February and June, the FS Director/AMOH was the Acting Medical Officer of Health. All three epidemiologist roles transitioned from one individual to another during 2017 with one new hire, one returning from secondment and one returning from leave.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($41,788) **PBMA#1-0012 Disinvestment: Discontinuation of the Rapid Risk Factor Surveillance System (RRFSS) -** Rapid Risk Factor Surveillance System is an ongoing random digit-dialed telephone survey of adults in Middlesex-London designed to produce local data. Despite the value to some program areas, not all areas are served by this data. Investment in other surveillance systems and, perhaps, developing new ones will be needed to support our population health assessment and surveillance mandate to provide meaningful data for program planning.

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

OFFICE OF THE DIRECTOR

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2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Stephen Turner	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- Oversight of the activities and staff of the EHID 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 Environmental Health and Infectious Disease Division programs include: Vaccine Preventable Disease; Infectious Disease Control; Sexual Health; Emergency Management; Safe Water, Rabies and Vector-Borne Disease; Food Safety and Healthy Environments.

SECTION C

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

- Ontario Public Health Standards
  - Infectious Diseases Prevention and Control
  - Rabies Prevention and Control
  - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
  - Tuberculosis Prevention and Control
  - Vaccine Preventable Disease
  - Food Safety
  - Safe Water
  - Health Hazard Prevention and Management
  - Public Health Emergency Preparedness
- Relevant Legislation
  - Health Protection and Promotion Act
  - Personal Health Information Protection Act
- Protocols
  - Drinking Water Protocol

- Exposure of Emergency Service Workers to Infectious Disease Protocol
- Food Safety Protocol
- Identification, Investigation and Management of health Hazards Protocol,
- Immunization Management Protocol
- Infection Prevention and Control in Child Care Centres
- Infection Prevention and Control in Personal Services Settings Protocol
- Infection Prevention and Control Practices Complaint Protocol
- Infectious Diseases Protocol
- Institutional / Facility Outbreak Prevention and Control Protocol
- Public Health Emergency Preparedness Protocol
- Rabies Prevention and Control Protocol
- Recreational Water Protocol
- Risk Assessment and Inspection of Facilities Protocol
- Sexual Health and Sexually Transmitted Infections, Prevention and Control Protocol
- Tuberculosis Prevention and Control Protocol
- Vaccine Storage and Handling Protocol

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: BUDGET

- Responsible for coordination, review and presentation of Division PBMA submissions
- Responsible for ongoing budgetary monitoring through quarterly variance reviews.

COMPONENT(S) OF TEAM PROGRAM #2: STRATEGIC PRIORITIES

- Update EHID Division Balanced Scorecard
- Develop Team-level Balanced Scorecards reflecting objectives in Division
- Identify opportunities for improved collaboration

COMPONENT(S) OF TEAM PROGRAM #3: TRAVEL IMMUNIZATION CLINIC SERVICE CONTRACT

- Monitors and oversees the Travel Immunization Clinic service contract

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Program: Office of the Director - EHID

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016	2017 (anticipated)	2018 (estimate)
COMPONENT OF TEAM #1: BUDGET			
Year-End Division Variance	N/A	5% (under)	<2%
Division PBMAs Submitted (approved)	N/A	9 (4)	4
COMPONENT OF TEAM #2: STRATEGIC PRIORITIES			
Completion of Division Balanced Scorecard	N/A	Complete	Updated
Progress on Balanced Scorecard Implementation	N/A	>95% Complete	Maintain or Increase

SECTION F STAFFING COSTS:	2017 Total FTEs	2018 Estimated FTEs
	2.6	**2.6**
Director	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Program Assistant (Travel Clinic)	0.6	0.6

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2018 Planning & Budget Template

Program: Office of the Director - EHID

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 214,833	$ 214,337	$ 210,043	$ 206,716	$ (3,327)	(1.6)%
Benefits	53,941	58,201	53,284	51,378	(1,906)	(3.6)%
Travel	2,258	2,147	2,258	2,258		
Program Supplies	6,400	5,111	4,060	4,060		
Staff Development	1,300	1,602	1,300	1,300		
Professional Services	14,400	14,400	14,400	14,400		
Furniture & Equipment						
Other Program Costs	3,824	2,229	3,164	3,164		
Total Expenditure	**$ 296,956**	**$ 298,027**	**$ 288,509**	**$ 283,276**	**$ (5,233)**	**(1.8)%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 291,956	$ 293,131	$ 283,509	$ 278,276	$ (5,233)	(1.8)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	5,000	4,896	5,000	5,000		
Total Revenue	**$ 296,956**	**$ 298,027**	**$ 288,509**	**$ 283,276**	**$ (5,233)**	**(1.8)%**

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2018 Planning & Budget Template

Program: Office of the Director - EHID

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue to refine Team and Division-level Balanced Scorecards
- Complete revisions to all team-level high priority policies and procedures
- Oversight of harm reduction activities and supervised consumption facility implementation

SECTION J

PRESSURES AND CHALLENGES

- Implementation of new requirements under the modernized OPHS
- Ensuring all teams are meeting mandates within current resources

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($13,614) - PBMA #1-0029 - Reduction in Travel Clinic Program Administration costs

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY

2018 Planning & Budget Template

Program: Emergency Management

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Sean Bertleff	**DATE**
PROGRAM TEAM	Emergency Preparedness	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

Effective emergency preparedness, response and recovery ensures that the Health Unit is ready to cope with and recover from threats to public health or disruptions to public health programs and services. This is accomplished through a range of activities carried out in coordination with other partners. The Health Unit will effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with Ministry policy and guidance documents.

SECTION C

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

- Emergency Management & Civil Protection Act, R.S.O. 1990, c. E. 9.
- Ontario Standards for Public Health Programs and Services, Ministry Policy and Guidance Documents (TBA)
- Health Protection and Promotion Act, R.S.O. 1990, c. H. 7
- Incident Management System (IMS) for Ontario Doctrine, 2008
- Occupational Health and Safety Act and Regulations, R.S.O. 1990
- Fire Protection and Prevention Act and Ontario Fire Code (2016)
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC)

Program: Emergency Management

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 ASSESS HAZARDS AND RISKS

a) Maintain an accurate and timely assessment of hazards and risks to public health, and threats to the continuity of public health time critical programs and services
b) Contribute to city, county and local municipal hazard identification and risk assessments to ensure integration of the hazards and risks to public health
c) Create public awareness and education materials to provide information on risks to public health and threats to public health time critical programs and services
d) Ensure compliance with the Ontario Standards for Public Health Programs and Services requirements
e)

COMPONENT(S) OF TEAM PROGRAM #2 EMERGENCY RESPONSE PLAN AND BUSINESS CONTINUITY PLAN

a) Ensure that both documents are accurate, appropriate and up to date
b) Ensure that all Health Unit employees with responsibilities outlined in both documents are trained and able to preform those duties as required including all designated alternates
c) Ensure that external partner agencies are aware of the Health Unit Emergency Response Plan and Business Continuity Plan
d) Ensure that both plans align with the City of London, County of Middlesex and Local Municipal Emergency Plans
e) Develop Incident Management System - Standard Operating Guidelines
f) Continue training and testing related to Fire Safety Plans
g) Ensure compliance with the Ontario Standards for Public Health Programs and Services requirements

COMPONENT(S) OF TEAM PROGRAM #3 EMERGENCY NOTIFICATION

a) Ensure all Incident Management Team members and all Health Unit employees can be contacted and given appropriate instructions during any emergency or continuity of operations event
b) Work in partnership with the City of London to use the Alert London technology as the primary tool used to accomplish Incident Management Team and Health Unit employee notifications
c) Use the Ministry of Health and Long Term Care Emergency Management Communications Tool (EMCT) where appropriate to communicate and share information with public health sector partners
d) Ensure amateur radio system equipment is ready and operational in cooperation with local Amateur Radio Emergency Services.
e) Coordinate with external partner agencies to ensure appropriate notification of the Health Unit employees in response to emergency situations

2018 Planning & Budget Template

Program: Emergency Management

COMPONENT(S) OF TEAM PROGRAM #4 PUBLIC AWARENESS AND EDUCATION
a) Attend as appropriate community based events to provide education on public health emergency preparedness, response and recovery practices b) Support the public awareness and educations activities of the City of London, County of Middlesex and the nine Local Municipalities as appropriate and where able c) Prepare, maintain and distribute appropriate education materials (print and electronic) that educate the public on public health emergency preparedness, recovery and high risk situations
COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY EMERGENCY RESPONSE VOLUNTEERS
a) Recruit, train, educate and deploy as required an appropriate sized team of citizen Community Emergency Response Volunteers (CERV) to support the work efforts of Health Unit programs and services and in the compliance with the Ontario Standards for Public Health Programs and Services
COMPONENT(S) OF TEAM PROGRAM #6 RESPIRATOR FIT TESTING
a) Ensure in cooperation with Non Union Leadership Team members that all appropriate fit testing is conducted for staff that require it in compliance with MLHU Policy # 8-051 Respirator Protection – Fit-testing

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018
COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS			
a) MLHU risk assessment and threat analysis b) Contribute to city, county and municipal HIRAs c) Public awareness and education materials d) Ensure compliance OSPHPS		Identify Risks / Threats (NLT) Participated in 75% Reviewed 100% handouts Complete annual review	Analyze Top ten of each Participate in 100% Update 50% of materials Migrate to 100% of new
COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN AND BUSINESS CONTINUITY			
a) Ensure plans accurate, appropriate and up to date b) Ensure employees with responsibilities are trained c) Ensure that external partner agencies are aware d) Ensure plans align with City, County and Municipalities e) Develop IMS - Standard Operating Guidelines f) Continue training and testing of Fire Safety Plans g) Ensure compliance with the OSPHPS		Draft BCP / Review ERP 34 PHO IMS (7 New) 75% program reviews 75% of exercises Amended IMS Templates Train NLT / Test 50 K & 201 Q Annual Review	Approve BCP / Rewrite ERP 46 PHO IMS (13 New) 100% program reviews 100% exercises Develop SOG Doc Train all staff / Test All Sites Annual Review

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Program: Emergency Management

COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION			
a) IMT members and Health Unit employees b) Partnership with Alert London c) Use MOH&LTC EMCT where appropriate d) Ensure amateur radio system equipment e) Coordinate external notification of health unit		130 (40%) staff in Alert London Ongoing For Opioid Response Monthly test by Vols 100% of partners fan outs	Complete 100% staff Ongoing During Responses Monthly test by Vols 100% of partners fan outs
COMPONENT OF TEAM #4 PUBLIC AWARENESS AND EDUCATION			
a) Attend community based events to provide education b) Support the City, County and Local Municipalities c) Prepare, maintain and distribute education materials		Attended 4 local events Ongoing and EP Week Reviewed 100% materials	Attend 5 events EP Week and Ongoing Update 50% materials
COMPONENT OF TEAM #5 COMMUNITY EMERGENCY RESPONSE VOLUNTEERS			
a) Recruit, train, educate and deploy volunteers		Reviewed CERV program	Update program and train 35 new Volunteers
COMPONENT OF TEAM #6 RESPIRATOR FIT TESTING			
a) Compliance with MLHU Policy # 8-051		Discontinue external program	Update internal program

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTES**	**2018 ESTIMATED FTES**
TOTAL	**1.5**	**1.5**
Program Manager	1.0	1.0
Program Assistant	0.5	0.5

SECTION G
EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 124,726	$ 134,636	$ 126,044	$ 124,026	$ (2,018)	(1.6)%
Benefits	29,488	32,066	29,626	31,203	1,577	5.3%
Travel	3,000	873	3,000	3,000		
Program Supplies	13,648	22,015	13,648	9,648	(4,000)	(29.3)%
Staff Development	1,250	2,362	1,250	1,250		
Professional Services						
Furniture & Equipment						

2018 Planning & Budget Template

Program: Emergency Management

Other Program Costs	12,190	6,923	12,190	12,190		
Total Expenditures	**$ 184,302**	**$ 198,875**	**$ 185,758**	**$ 181,317**	**(4,441)**	**(2.4)%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 42,592	$ 68,148	$ 55,546	$ 61,140	$ 5,594	10.1%
MOHLTC – 100%	126,710	114,199	115,212	120,177	4,965	4.3%
MCYS – 100%						
User Fees						
Other Offset Revenue	15,000	16,528	15,000		(15,000)	(100.0)%
Total Revenues	**$ 184,302**	**$ 198,875**	**$ 185,758**	**$ 181,317**	**$ (4,441)**	**(2.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Complete new Business Continuity Plan, IMS Standard Operating Guidelines and rewrite Emergency Response Plans
- Standardized competency based IMS training (PHO Model) for all Incident Management Team and alternates (100%)
- Exercise program consisting of minimum of MLHU Annual Exercise and participate in 100% of City and County Exercises
- Update 50% of Emergency Preparedness materials and 100% website content
- Participate in more public education opportunities and community events (attend at least one more than 2017)
- Implement new CERV structure, operational guidelines and train 35 new volunteers
- Continue Fire Safety Plan training for all staff and drill all MLHU sites
- Participate in refinements to improved MLHU Life, Health, Safety and Security initiatives
- Participate in Joint Occupational Health and Safety meetings and investigations where required and appropriate

Program: Emergency Management

SECTION J

PRESSURES AND CHALLENGES

- Implementation of OSPHPS with Emergency Preparedness, Response and Recovery as Foundational Standard. Standard compliance is effective January 2018 but ministry policy and guidance documents are not in place / currently under development.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($12,182) – PBMA #1-0034-Discontinuation of external mask fit testing program

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

FOOD SAFETY & HEALTHY ENVIRONMENTS

2018 Planning & Budget Template

SECTION A

DIVISION	EHID	**MANAGER NAME**	David Pavletic	**DATE**
PROGRAM TEAM	Food Safety & Healthy Environments	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

- The Food Safety & Healthy Environments (FS&HE) team aims to prevent and reduce the burden of foodborne illness through education, monitoring and enforcement activities.
- The FS&HE team aims to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of climate change.

SECTION C

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

- Environmental Health Program Standards - Food Safety, Health Hazard Prevention and Management (*Obsolete Jan. 1, 2018)*
- Food Safety Program Standard, 2018 *(Jan. 1, 2018)*
- Healthy Environments Program Standard, 2018 *(Jan. 1, 2018)*
- Food Safety Protocol, 2016 *(Obsolete Jan 1. 2018)*
- Food Safety Protocol, 2018 *(Currently in draft – Jan. 1, 2018)*
- Identification, Investigation and Management of Health Hazard Protocol, 2008 *(Obsolete Jan. 1, 2018)*
- Risk Assessment and Inspection of Facilities Protocol, 2016 *(Obsolete Jan. 1, 2018)*
- Health Hazard Response Protocol, 2018 *(Currently in draft – Jan. 1, 2018)*
- Healthy Environments and Climate Change Guideline, 2018 *(Currently in draft – Jan. 1, 2018)*
- Menu Labelling Compliance Protocol, 2017, Menu Labelling Compliance Protocol, 2018 *(Jan. 1, 2018)*
- Guidance Document for the Provincial Food Handler Training Plan, 2013
- Guidance Document for the Risk Categorization of Food Premises, 2015
- Guidance Document for the Environmental Investigation of Legionella in Health Care Institutional Settings, 2016
- Health Protection and Promotion Act, R.S.O. 1990, c. H.7
- Homes for Special Care Act, R.S.O. 1990, c. H.12

- Reg. 562 Food Premises, Modernized Regulation *(Expected 2018)*
- Reg. 568 Recreational Camps, Modernized Regulation *(Expected 2018)*
- Healthy Menu Choices *Act, 2015, S.O. 2015, c.7- January 2017*
- Food Premises Inspection and Mandatory Food Handler Training Bylaws (City of London and Middlesex County)
- Informal Residential Care Facility Licensing By-Law, CP-21

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, 2016 requirements and Environmental Health Program Standards or as current.
- Monitor all O. Reg. 562 exempted facilities (farmer's markets, residential homes, churches / service clubs / fraternal organizations for special events).
- Enforce Food Premises bylaws (City of London, Middlesex County) for the posting of inspection summaries and mandatory food handler training certification.
- Approve homes for habitation, which were previously used as Marijuana Grow Operations (MGO), based on air quality reports.
- Maintain inventory of Demolition Permits, Land Use Plans, MGOs and Cooling Towers within the city of London and Middlesex County.
- Review planning documents, provide comments and attend community meetings when necessary with regards to planning notices (zoning changes, environmental assessments, infrastructure work etc.). Collaborate with other MLHU team representatives for a comprehensive and coordinated approach when feedback is necessary.
- Collaborate with community partners on Climate Change Adaptation strategies.
- Inspect and help provide supports to Special Risk Residents (Squalor, Hoarding) and Vulnerable Occupancies.
- Maintain inventory and inspect facilities including Seasonal Farm Worker Homes, Recreational Camps and Group Homes / Lodging Homes and provide additional supports to individuals at higher risk of negative health outcomes in these environments.

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

- Investigate, assess the risks and respond to all food safety CSRs (Complaints and Service Requests) including all suspected foodborne illness and lab confirmed foodborne illness related to a food premises in a timely manner (within 24 hours).
- Investigate, assess the risks and respond to all Health Hazard CSRs in a timely manner (within 24 hours).

- Respond to notifications through the Vulnerable Occupancy Protocol (VOP) related to unhealthy and unsafe living conditions in homes considered to be vulnerable occupancies.
- Participate in food recall verification checks when directed by MOHLTC or locally under MOH direction.
- Collaborate with the Infectious Disease Control (IDC) team, other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture, Food and Rural Affairs, Health Canada) during Ontario Outbreak Investigation Coordination Committee (OOICC) meetings or national Outbreak Investigation Coordination Committee (OICC) meetings for managing outbreaks.
- Respond to emergencies and collaborate with Manager of Emergency Preparedness.

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

- Educate / Train food handlers during inspections and consult with food premises operators and staff.
- Provide food handler training courses to specified community groups and administer exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2016).
- Collaborate with the London Training Centre (LTC), a partner agency to MLHU, through a Memorandum of Understanding (MOU). The MOU requires the LTC to provide food handler training to residents in Middlesex County and London, in accordance with the Guidance Document for the Provincial Food Handler Training Plan, 2013.
- Provide food safety and healthy environments seminars and community presentations. Attend health fairs to promote safe food handling practices and promote healthy environments (bed bugs, safe housing).
- Provide education and awareness to the general public regarding environmental exposures to ultraviolet radiation, radon and $PM^{2.5}$.
- Communicate risks to public with respect to environmental hazards through liaison with partner agencies (City of London, MOL and MOECC). Conduct research to provide position statements and comments on potential health hazards for municipal decision making (air quality, noise, odours etc.).
- Make available food safety and healthy environments information for the general public and facility operators on-line www.healthunit.com .
- Respond to all media inquiries related to inspection results or any topics related to Food Safety and Healthy Environments and deliver media releases when appropriate.
- Issue Heat Warnings under the Heat Warning Information System (HWIS), and Cold Weather Alerts.

COMPONENT(S) OF TEAM PROGRAM #4 REPORTING AND DISCLOSURE

- 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.

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Program: Food Safety & Healthy Environments

- Provide public disclosure of inspection results through the DineSafe website, on-site posting or through a request for information.
- Monitor DineSafe website for public inquiries (CSRs), 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.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018 (estimate)
Component of Team #1 Surveillance and Inspection			
High risk food premises inspected once every 4 months ***(Accountability Agreement Indicator)***	99.1%	100.0%	100.0%
Moderate risk food premises inspected once every 6 months ***(Accountability Agreement Indicator)***	99.3%	100.0%	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)	90.6%	89.2%	100.0%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (Posting Requirement)	99.6%	99.8%	100.0%
Food Premises Legal Actions (Part 1 Tickets / Part 3 Summons / Closure Orders)	43 / 1 / 7	15 / 7 / 6	30 / 1/ 6
Notices Reviewed (Marijuana Grow Operations, Demolition Permits, Cooling Tower Registrations, Land Use Plans)	181	126	10 / 126
COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE			
Responses to Suspect foodborne illnesses / Lab Confirmed foodborne illnesses	113 / 3	137 / 2	137 / 3
Responses to Health Hazard CSRs	1130	1213	1213
COMPONENT OF TEAM #3 AWARENESS, EDUCATION AND TRAINING			
Number of Heat Warnings / Number of Cold Weather Alerts	7 / 3	1 / 1	Increase
RRFSS			

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2018 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION F STAFFING COSTS:	2017 Total FTEs	2018 Estimated FTEs
	18.4	**18.0**
Program Manager	1.0	1.0
Public Health Inspectors	16.4	16.0
Program Assistant	1.0	1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,398,670	$ 1,394,848	$ 1,411,581	$ 1,410,892	$ (689)	0.0%
Benefits	344,748	343,157	346,396	341,026	(5,370)	(1.6)%
Travel	33,774	32,759	33,774	32,574	(1,200)	(3.6)%
Program Supplies	10,912	10,320	14,162	14,162		
Staff Development	7,845	8,014	7,845	7,845		
Professional Services						
Furniture & Equipment						
Other Program Costs	8,278	5,376	8,278	8,278		
Total Expenditures	**$ 1,804,227**	**$ 1,794,474**	**$ 1,822,036**	**$ 1,814,777**	**$ (7,259)**	**(0.4)%**

2018 Planning & Budget Template

Program: Food Safety & Healthy Environments

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,711,477	$ 1,687,131	$ 1,722,036	$ 1,714,777	$ (7,259)	(0.4)%
MOHLTC – 100%	80,000	80,000	80,000	80,000		
MCYS – 100%						
User Fees	12,750	27,343	20,000	20,000		
Other Offset Revenue						
Total Revenues	**$ 1,804,227**	**$ 1,794,474**	**$ 1,822,036**	**$ 1,814,777**	**$ (7,259)**	**(0.4)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Collaborate with the Sexual Health Team to address unhealthy living conditions in vulnerable occupancies. Addressing health hazards related to IV drug use in these settings will help control the spread of blood borne infections. Additional, more proactive work, in vulnerable occupancies, including homes under the Informal Care Residential Licensing Bylaw CP-21 will be an area of focus.
- Collaborate with the Healthy Communities team and CDPTC team to provide for a more comprehensive and consistent feedback process in commenting on land use plans, environmental assessments, zoning changes etc.
- Collaborate with Emergency Management work will also be a focus, including having more staff trained in IMS 100 and Basic Emergency Management.
- MOHLTC enforcement of menu labelling inspections to complete added inspection work under the Health Menu Choices Act, 2015.
- Focus more attention on creating public awareness to the hazards associated with UV radiation, Radon and $PM^{2.5}$ which are the top 3 environmental carcinogens and a key focus area under the new Healthy Environments and Climate Change Guideline (draft).
- Complete all compliance inspections under the Healthy Menu Choices Act, 2015 and then maintain with ongoing inspections for new premises and on-complaint basis.
- Upgrade Hedgehog Classic version to allow for enhanced user functionality and reporting writing which will improve effectiveness and efficiencies for PHI work and monitoring of key indicators.

Program: Food Safety & Healthy Environments

- Complete the MLHU Policy & Procedure Review pilot lead by the EH team, by identifying areas for policy development and areas of redundancy. Begin creating policy reflecting new program direction through the modernized standards, protocols, guidelines and EH Regulations.
- Continue work with the ABW pilot in EH, and identify areas for improvement / lessons learned to inform future MLHU planning.
- Implement evidence-informed strategies originally identified through the 'Enhanced Compliance Initiative' project work (2016) and through project work focusing on cultural food preparation (chicken shawarma) anticipated to be completed in 2018. Explore an opportunity to have an MPH student work alongside a PHI lead for this work – utilizing the MLHU PEF.
- Develop and report on new performance indicators with a focus on quality and client service, and to incorporate into the PBT.
- Strengthen the MLHU Heat Alert Response System (HARS) with greater community coordination.

SECTION J

PRESSURES AND CHALLENGES

- In January 2017, PHIs began enforcement of the Healthy Menu Choices *Act, 2015, S.O. 2015, c.7*. This work added to the inspection duties, and Ministry funding was not announced until November 2017, thereby creating challenges for completing inspections for the Dec. 31, 2018 deadline. In 2018, the one-time MOHLTC funding through the PBG process will be utilized to compete the remainder of menu labelling inspections until March 31, 2018. Additional inspections and operator consultations will be required on a complaint driven basis moving forward to bring operators into compliance. Initial compliance inspections for all new premises is an ongoing requirement and added responsibility for the FS&HE team. The Healthy Environments & Climate Change Guideline, 2018 (draft), will bring forward new program requirements for the FS&HE team, including increased focus on Built Environment, Climate Change Adaptation and Exposures to Environmental Hazards. Some of this program work is currently being delivered however additional work will be required to meet the requirements under this guideline which will require additional staff training and time for program planning initiatives.
- The MOHLTC modernizing of the Food Premises Regulation, and other Environmental Health regulations, are anticipated to be completed in 2018. The new regulations will require changes to our inspection database, DineSafe website, MLHU website content, as well as program materials and could require additional resources in time.
- An upgrade to the existing database is anticipated for 2018, which will require training under the new platform and work to complete data conversion and data validation. It is expected that some time will be required in order to achieve competencies with the new program. The Hedgehog Classic version, currently used in EH, is 10 years old and many health units have recently moved to an upgraded system. With the new requirement to enhance the inspection disclosure program, to include additional inspection types, a new database solution should also be considered.

Program: Food Safety & Healthy Environments

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- (39,239) - PBMA #1-0017 - reduce public health inspector time by delivering a more risk-based approach to Complaints and Service Requests.

ENVIRONMENTAL HEALTH & INFECTIOUS DISEASE DIVISION

INFECTIOUS DISEASE CONTROL TEAM

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SECTION A				
DIVISION	EHID	**MANAGER NAME**	Mary Lou Albanese	**DATE:**
PROGRAM TEAM	Infectious Disease Control Team	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The goal of the Infectious Disease Control (IDC) Team is to prevent, reduce 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 (2016)
- Infection Prevention and Control in Licenced Day Nurseries Protocol (2008; or, as current)
- Infection Prevention and Control Practices Complaint Protocol (2015)
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008; or, as current)
- Infectious Diseases Protocol (2016)
- Institutional/Facility Outbreak Prevention and Control Protocol (2016)
- Risk Assessment and Inspection of Facilities Protocol (2008)
- Tuberculosis Prevention and Control Protocol (2008; or, as current)
- Public Health Emergency Preparedness Protocol (2015)

2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION D

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

Required to investigate and follow up 150 reportable diseases to prevent or reduce spread to others. To prevent and determine outbreaks in community. Responses include multiple follow up with individual, family, and HCP regarding the infection; specific medical interventions for themselves and their contacts, and coordination of specimen collection.

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

Responsible for responding to institutional (i.e. hospital, long-term care facility, retirement homes), child care and community outbreaks. Responses includes coordinating with the institution to ensure best-practices are followed to prevent infections, implement control measures, appropriate and timely specimen collection and ongoing communications during outbreak declared over. Specific preventive medications and/or vaccines recommended and/or provided.

COMPONENT(S) OF TEAM PROGRAM #3: Inspections

Inspection of institutional facilities (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. Inspection of 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. Inspections of vaccine handling practices (cold chain inspections) in hospitals, long-term care facilities and retirement home settings where publicly-funded vaccines are stored including cold chain lapses requiring notification of lost publically funded vaccine.

COMPONENT(S) OF TEAM PROGRAM #4 INFECTION PREVENTION AND CONTROL (IPAC) INVESTIGATIONS

Current and modernized Ontario Public Health Standards require public health to investigate infection prevention and control lapses also known as IPAC lapses. When a compliant regarding infection prevention and control practices are made to IDC Team, staff respond to and /or refer to appropriate regulatory bodies, including the regulatory college in accordance with applicable provincial legislation and in accordance with the Infection Prevention and Control Practices Complaint Protocol. With increasing education and awareness of the importance of infection control practices, there have been increased provincial complaints which may translate into MLHU receiving increased complaints requiring extensive investigation.

COMPONENT(S) OF TEAM PROGRAM #5: HEALTH PROMOTION / EDUCATION

Provides educational and consultative services to institutions, health care providers and the public. Staff operate a telephone information line which operates from 830 am to 430pm to address community and stakeholder questions/issues. On-call services are provided on weekends and holidays. Educational workshops provided to hospital and long term care/retirement home and child care settings to maintain their infection prevention and control knowledge. Extensive resources provided on Health Unit website with quarterly communication to HCP in the e-newsletter. TB education provided through physician office presentation and workshop being planned for spring 2018.

2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (anticipated)**	**2018 (estimate)**
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up *# of phone calls resolved through the phone duty intake line (New Indicator)* *# Active TB Suspect/Confirmed (New Indicator)* *# GARS Screened (New Indicator)* *# VPD Reported/Confirmed (New Indicator)*	969 - 35/9 160(160 TST)	970 1695 34/7 193(23 TST) 129/52 (since June 1st)	Same Same Same Same Double
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks (OBs) managed (enteric and respiratory including iGAS) *In hospitals, long term care facilities, retirement homes, child care centers and other community settings.*	180	175	Same
IDC Team Component #3: Inspections			
# of personal services settings inspected / % inspection completion rate	620 (100%)	502/624 (80%) (122 hair only)	Same
Total # of food premise inspections (low, medium, high) % completed	10/20/399 100%	10/20/399 100%	Same
# of cold chain inspections/re-inspections/incidents (New indicator)		67/4/8	Same
Component of Team #4: IPAC Investigations (New Indicator)			
# IPAC Complaints # IPAC Lapses investigated by sector (Health care/alternative health/dental)	- -	8 3	Increase
Component of Team #5: Health Promotion & Education			
# Community Health Promotion and Educational (HCP newsletter, presentations, workshops, posters, fact sheets etc.).	34	45	Increase

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2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	16.0	**16.0**
Program Manager	1.0	1.0
Program Assistant	1.0	1.0
Health Promoter	0.5	0.5
Public Health Nurses	7.0	7.0
Public Health Inspectors	6.5	6.5

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,312,721	$ 1,313,962	$ 1,302,510	$ 1,316,446	$ 13,936	1.1%
Benefits	309,336	308,623	307,451	311,225	3,774	1.2%
Travel	20,753	22,301	20,753	18,500	(2,253)	(10.9)%
Program Supplies	17,105	20,158	17,105	16,750	(355)	(2.1)%
Staff Development	3,600	5,236	3,600	7,500	3,900	108.3%
Professional Services	12,500	20,891	12,500	11,500	(1,000)	(8.0)%
Furniture & Equipment		828				
Other Program Costs	90,660	93,520	90,660	90,368	(292)	(0.3)%
Total Expenditures	**$ 1,766,675**	**$ 1,785,519**	**$ 1,754,579**	**$ 1,772,289**	**$ 17,710**	**1.1%**

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Program: Infectious Disease Control Team

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 763,925	$ 782,769	$ 751,829	$ 804,333	$ 52,504	7.0%
PHAC – 100%	160,430	160,430	160,430	160,430		
MOHLTC – 100%	842,320	842,320	842,320	807,526	(34,794)	(4.1)%
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	**$ 1,766,675**	**$ 1,785,519**	**$ 1,754,579**	**$ 1,772,289**	**$ 17,710**	**1.0%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Health promotion specific to TB to local physicians (looking to host a TB workshop that will provide credits for attendance) and iGAS
- Improving and securing IDC Database to eliminate duplication in documentation and improved accountability
- Improving IPAC response system as per MOHLTC Protocol
- Continue Policy review and update including new medical directives.

SECTION J

PRESSURES AND CHALLENGES

- iGAS Outbreak Management
- Increase IPAC complaints from public requiring investigation.
- Increasing number of suspect TB active cases requiring staff to rule out active disease
- Increasing number of VPD case and contact follow up
- Increasing number of PSS inspections and community complaints due to home based businesses

2018 Planning & Budget Template

Program: Infectious Disease Control Team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- Coordination with Vaccine Preventable Disease Team re documentation and policies

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

SAFE WATER, RABIES & VECTOR BORNE DISEASE TEAM

2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Fatih Sekercioglu	**DATE**
PROGRAM TEAM	Safe Water, Rabies & VBD Team	**DIRECTOR NAME**	Stephen Turner	January 2018

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;
- Preventing the occurrence of rabies in humans;
- Monitoring and controlling West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), and Lyme disease (LD)

SECTION C

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

- **Ontario Public Health Standards: Requirements for Programs, Services, and Accountability:** Foundational and Program Standards, Safe Water, Infectious and Communicable Diseases Prevention and Control
- **Protocols under the OPHS**: Safe Drinking Water and Fluoride Monitoring Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol; Infectious Diseases Protocol - West Nile Virus and Lyme Disease sections
- **Relevant Acts**: Health Protection and Promotion Act, Safe Drinking Water Act
- **Relevant regulations:** O. Reg. 319 (Small Drinking Water Systems); O. Reg. 170 (Drinking Water Systems); O. Reg. 169 (Ontario Drinking Water Quality Standards); O. Reg. 243 (Schools, Private Schools and Day Nurseries); O. Reg. 565 (Public Pools and spas); O. Reg. 557/90 (Communicable Diseases); O. Reg. 567 (Rabies Immunization); O. Reg 199 (Control of West Nile Virus)
- **Other:** West Nile Virus: Preparedness and Prevention Plan for Ontario

2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

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) and guidance 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

COMPONENT(S) OF TEAM PROGRAM #6 VECTOR BORNE DISEASE SURVEILLANCE, CONTROL AND PUBLIC AWARENESS

- Assess standing water sites in Middlesex-London on public property and develop local vector-borne disease control strategies based on this data.
- Detailed surveillance of Environmentally Sensitive Areas (ESAs), as per Ministry of Natural Resources and Forestry, and Ministry of the Environment and Climate Change permit requirements.

2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

- Surveillance of ticks, mosquitos, dead corvids
- Respond to complaints and inquiries from residents regarding WNV, EEE and 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

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017 As of November	2018 (estimate)
COMPONENT OF TEAM #1 DRINKING WATER PROGRAM			
Respond to reports of Adverse Water Quality Incidents (Reg. 170 and Reg. 243)	59	120	50
Complete annual water haulage vehicle inspections	2	3	3
Private well water consultations	284	333	<300
COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM			
% of Class A pools inspected while in operation **(Accountability Agreement Indicator)**	100% (102)	100% (97)	100%
% of spas inspected while in operation (**Accountability Agreement Indicator)**	100% (185)	100% (149)	100%
Class B public pool/wading pool/splash pad/receiving basin inspections	480	508	500
The number of participants to education session for pool and spa operators	127	80	<100
COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM			
The number of beaches monitored and sampled between May and September (sampling reductions to occur in 2014)	1	1	1
COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM			
Respond to reports of Adverse Water Quality Incidents in SDWS	18	17	17

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Program: Safe Water, Rabies & Vector Borne Disease

The number of low and medium SDWS assessed/re-assessed	97	31	35
% 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% (953/967)	99.9% (1060/1059)	100% (1,000-1,100)
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	138	105	>100
COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE			
Identify and monitor significant standing water sites on public property / Mosquito larvae identified in MLHU laboratory	243 sites / 26,454 larvae	243 sites / 12,635 larvae	250 sites / 13,000 larvae
Larvicide treatment in standing water locations where required based on larval identification / 3 larvicide treatments of all catch basins on public property	11.8 ha / 105,134	7.48 ha / 111,460	10 ha / 114,000
Adult Mosquitoes collected / Viral tests completed	23,317 (906)	17,738 (781)	60,000 (1000)
Respond to all dead birds reports received for surveillance	95	102	100
Receive and identify all tick submissions	142	431	450
Conduct active tick surveillance	45 occasions at 28 different sites	49 occasions at 30 different sites	60 occasions at 32 different sites
COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION			
Respond to all concerns/ inquires (VBD)	327	573	>500
Presentation to community events, partners and clients (VBD)	22	23	>20

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2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	14.0	**14.0**
Program Manager	1.0	1.0
Field Technician (VBD)	1.0	1.0
Program Assistant	1.0	1.0
Program Coordinator (VBD)	1.0	1.0
Public Health Inspectors	6.0	6.0
VBD Seasonal Staff	4.0	4.0
Note: 2.0 Student Public Health Inspectors (Seasonal – May to August)		

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 920,948	$ 881,114	$ 860,757	$ 874,267	$ 13,510	1.6%
Benefits	212,824	207,761	195,549	198,001	2,452	1.3%
Travel	46,531	36,860	54,931	54,931		
Program Supplies	27,830	28,092	39,657	39,038	(619)	(1.6)%
Staff Development	6,415	7,282	10,150	10,150		
Professional Services	199,283	151,326	165,955	165,955		
Equipment & Furniture	785	1,152	785	785		
Other Program Costs	36,819	40,076	36,819	36,819		
Total Expenditures	**$ 1,451,435**	**$ 1,353,663**	**$ 1,364,603**	**$ 1,379,946**	**$ 15,343**	**1.1%**

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Program: Safe Water, Rabies & Vector Borne Disease

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,405,735	$ 1,317,065	$ 1,318,903	$ 1,334,246	15,343	1.2%
MOHLTC – 100%	45,700	35,700	45,700	45,700		
MCYS – 100%						
User Fees						
Other Offset Revenue		898				
Total Revenues	**$ 1,451,435**	**$ 1,353,663**	**$ 1,364,603**	**$ 1,379,946**	**$ 15,343**	**1.1%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Partnership with the FoodNet program for enhanced surveillance on private wells in Middlesex-London
- Development of disclosure program for SDWS assessments/monitoring
- Dissemination of the new educational materials for private well owners developed by the MLHU
- Training sessions for SDWS owners/operators developed by the MLHU and three other Southwest Region health units.
- Utilization of the evidence-informed standing water sites surveillance and treatment program to monitor and control WNV activity
- Surveillance of VBD activity in Middlesex-London, including Zika Virus vectors
- Increased active tick surveillance
- Promotion low cost rabies vaccination clinics for pets by partnering with local veterinarians

2018 Planning & Budget Template

Program: Safe Water, Rabies & Vector Borne Disease

SECTION J

PRESSURES AND CHALLENGES

- Amendments in OPHS, protocols and regulations will require a comprehensive review of the current delivery model. Some of the new mandates such as establishing a disclosure of all inspection related activities may result in unanticipated increase of program expenses.
- Presence of Zika virus vector species in the region (Windsor area) prompted the VBD team to increase surveillance efforts to monitor the vector mosquitos in 2017. The surveillance activities will continue in 2018.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

SEXUAL HEALTH

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2018 Planning & Budget Template

SECTION A				
DIVISION	EHID	**MANAGER NAME**	Shaya Dhinsa	**DATE**
PROGRAM TEAM	The Clinic & Sexual Health Promotion	**DIRECTOR NAME**	Stephen Turner	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The goals of the Sexual Health Team are to reduce the burden of communicable diseases and other infectious diseases of public health importance. The team provides clinical sexual health services and harm reduction 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 Outreach Community Program Lead participates in the strategic planning and coordination of care for individuals with HIV and will contribute to the development of program guidelines, standards and procedures. The Outreach Lead will continue to assist with the development of, and provide leadership to, an interdisciplinary and multi-agency care team.

SECTION C

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability: Infectious and Communicable Diseases Prevention and Control

- Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol (2018)

Program: The Clinic & Sexual Health Promotion

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 naloxone kits, and accepts used needles/syringes 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.
Point of Care Testing for HIV is provided to clients in shelters, Elgin-Middlesex Detention Centre and through the Outreach Team to increase awareness of HIV status and to help link clients to care.
Naloxone training for shelters, outreach teams, withdrawal management programs, and community access centres to provide naloxone kits to people at risk for overdose. Middlesex-London Health Unit the Lead in Naloxone distribution for the community (excluding pharmacies).

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

To prevent the spread of sexually transmitted infections, people with laboratory-confirmed sexually transmitted infections (chlamydia, gonorrhea, syphilis, HIV/AIDS, and Hepatitis B & C) 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 and harm reduction campaigns using social media

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

COMPONENT(S) OF TEAM PROGRAM #5 HIV Leadership Strategy
A comprehensive HIV strategy with a focus on People who inject drugs (PWID) developed. The priority of the Leadership team is to stop or decrease the transmission of HIV among PWID. The model aims to increase the quality of life of people living with HIV and reduce HIV rates by preventing secondary transmission of HIV infections. It uses a proactive public health approach to finding people living with HIV, promoting Treatment as Prevention (TasP), linking people to HIV care and treatment programs, and supporting them to adhere to treatment. The team is made up of interdisciplinary "pods" consisting of a nurse and an outreach worker, who together will connect people into care.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2016	2017	2018
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	24,241	Decrease
Total visits to the Sexually Transmitted Infection (STI) Clinic	8,363	10,051	Increase
Total visits to the Family Planning Clinic	London: 6,474 Strathroy: 225	London: 4,239 Strathroy: 219	Dec In London/ Same in Strathroy
Component of Team #2 Harm Reduction			
Total visits to the Needle Exchange Program at Health Unit	2,245	2,305	Increase
Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit	267,427 / 116,045	256,271/117,151	Increase
Number of naloxone kits provided/successful resuscitations	80/6	128/23	Increase
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS/Hepatitis B, Hepatitis C reported and followed-up *Added Hepatitis B and C as now followed as of Jan 2017	1,403/101/ 18/34	2.068/171/48/38/3/198	Increase

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

Component of Team #4 Awareness and Education			
# of presentations, health fairs and clinic tours	59 (short-staffed)	74	Same
# of phone calls to Public Health Nurse for sexual health info	4525	21,176	Increase
Component of Team #5 HIV Leadership Strategy			
# of PWID caseload (including HIV, iGAS, Hep C) # connections made # of times harm reduction education was provided to PWID # of HIV POC Tests completed by MLHU/# positive # of clients who are retained in care # of clients who are adherent to treatment	N/A	103 1,106 964 32/ no positives 63 (13 on caseload who are supported end of life or not consistent with medication) 52	Same/Increase

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	20.0	**21.0**
Program Manager	1.0	1.0
Public Health Nurses	11.1	11.1
Health Promoter	1.0	1.0
Clinical Team Assistants	3.9	3.9
Program Assistant	1.0	1.0
Outreach Worker	1.0	2.0
HIV Community Program Lead	1.0	1.0

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$1,286,114	$ 1,247,590	$ 1,466,292	$ 1,592,292	$ 126,000	8.6%
Benefits	319,727	310,156	367,688	393,785	26,097	7.1%
Travel	9,850	6,348	12,730	15,321	2,591	20.4%
Program Supplies	345,552	325,521	343,752	394,752	51,000	14.8%
Staff Development	4,500	2,195	7,500	7,500		
Professional Services	588,034	726,701	783,784	783,784		
Furniture & Equipment	2,504	1,274	7,049	7,049		
Other Program Costs	25,016	25,527	29,396	37,132	7,736	26.3%
Total Expenditure	**$ 2,581,297**	**$ 2,645,312**	**$ 3,018,191**	**$ 3,231,615**	**$ 213,424**	**7.1%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,802,060	$ 1,720,934	$ 2,034,954	$ 1,867,125	$ (167,829)	(8.2)%
MOHLTC – 100%	454,237	454,237	454,237	720,089	265,852	58.5%
MCYS – 100%						
PHAC – 100%				115,401	115,401	
User Fees	325,000	459,270	529,000	529,000		
Other Revenue		10,871				
Total Revenues	**$ 2,581,297**	**$ 2,645,312**	**$ 3,018,191**	**$ 3,231,615**	**$ 213,424**	**7.1%**

2018 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Process Mapping of the Family Planning Clinic flow.
- Campaign focus on Harm Reduction related to sharing of injection equipment to decrease infectious diseases such as HIV, Hep C, iGas, and Infective Endocarditis
- Continue to work with multi-agencies in a coordinated response to HIV crisis while leveraging existing resources.
- Increase Testing in Acute Care Setting working with local hospitals
- Continue to increase POC testing in shelters and those who are incarcerated for early identification of HIV and link to care.
- As part of the multi-prong approach to decreasing HIV and Hepatitis C rates, continue the development of a sustainable Needle Recovery co-ordinated program.
- Continue collaborating with Young Adult Team to enhance sexual health services to clients in secondary schools.

SECTION J

PRESSURES AND CHALLENGES

- With the new Ontario Public Health Standards Modernization there is reduced expectation around direct clinical services for sexual health; unknown at this time what the impact will be on FPC and STI clinics.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

• $50,000 PBMA #1-0038 - Leveraged funding for Needle Recovery

ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE DIVISION

VACCINE PREVENTABLE DISEASES

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SECTION A				
DIVISION	EHID	**MANAGER NAME**	Tracey Gordon	**DATE**
PROGRAM TEAM	Vaccine Preventable Diseases	**DIRECTOR NAME**	Stephen Turner	January 2018

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.

SECTION C

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

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

- Immunization Management Protocol (2016)
- Vaccine Storage and Handling Protocol (2016)
- Immunization of School Pupils Act,2014
- Child Care and Early Years Act, 2014

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Program: Vaccine Preventable Disease

SECTION D

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

- **Regular clinics:** Immunization clinics are held two days a week at the 50 King Street office and once a month at the Strathroy office for the general public; Health Cards are not required
- **Other clinics:** Clinics to update the vaccinations of refugees, and clinics to respond to community outbreaks or other arising issues are offered when needed.

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

Immunizations are provided in school settings (three times in each elementary school) throughout the school year for the following:

- **Grade 7:** Meningococcal, Hepatitis B and Human Papillomavirus (HPV) vaccines are provided to all Grade 7 students for whom consent is received.

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 continue to be prioritized for the 7 and 17 year olds in the 2017-2018 school year due to logistical challenges associated with Panorama implementation and additional vaccine requirements in ISPA. Parents/legal guardians wanting to complete a non-medical exemption affidavit are required to complete a mandatory education session offered by the Health Unit. Both the exemption affidavit and education certificate must be obtained by the parent/legal guardian for the exemption to be considered valid.

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.

Program: Vaccine Preventable Disease

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.

2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (anticipated)**	**2018 (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	19, 000 / 25,000	decrease
Component of Team #2 School-based Immunization clinics			
% of Grade 7 students who have received meningococcal vaccine in that school year **(Accountability indicator)**	74% (2015/16 school year)	77% (2016/17 school year)	same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year **(Accountability indictor)**	60% (2015/16 school year)	60% (2016/17 school year)	same
% of grade 7 male and female students who completed the series of HPV vaccine in that school year **(Accountability indicator)**	Offered to Grade 8 female students only 51% (2015/16 school year)	51% (2016/17 school year)	same
Component of Team #3 Screening and Enforcement			
% of 7 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. **(Accountability indicator)**	89% (2015/16 school year)	85% (2016/17 school year)	same
% of 17 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. **(Accountability indicator)**	67% (2015/16 school year)	79% (2016/17 school year)	same
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	16,4818 / 7,800	19,000 / 8,000	same
Component of Team #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines			
# of orders received/processed for health care providers' offices	3,793	4,000	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	30/$50,000	uncertain

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2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	17.3	**17.3**
Program Manager	1.0	1.0
Public Health Nurses	7.5	7.5
Casual Nurses	1.5	1.5
Program Assistants	7.3	7.3

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,289,039	$ 1,318,191	$ 1,271,230	$ 1,308,384	$ 37,154	2.9%
Benefits	298,316	292,666	301,018	331,736	30,718	10.2%
Travel	12,200	9,051	12,200	12,200		
Program Supplies	277,268	154,110	178,768	105,788	(72,980)	(40.8)
Staff Development	1,900	106	1,900	1,900		
Professional Services	1,800	1,105	1,800	1,800		
Equipment & Furniture	3,500	2,081	3,500	3,500		
Other Program Costs	6,280	4,895	6,280	6,280		
Total Expenditures	**$ 1,890,303**	**$ 1,782,205**	**$ 1,776,696**	**$ 1,771,588**	**$ (5,108)**	**(0.3)%**

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2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,279,582	$ 1,213,688	$ 1,275,975	$ 1,349,557	$ 73,582	5.8%
MOHLTC – 100%	216,296	216,296	216,296	232,331	16,035	7.4%
MCYS – 100%						
User Fees	321,925	263,415	211,925	117,200	(94,725)	(44.7)
Other Offset Revenue	72,500	88,806	72,500	72,500		
Total Revenues	**$ 1,890,303**	**$ 1,782,205**	**$ 1,776,696**	**$ 1,771,588**	**$ (5,108)**	**(0.3)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Screening and suspension of students under the Immunization of School Pupils Act
- Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act
- Implementation of recommendations from VPD Program Review
- Implementation of education component associated with exemption process under the Immunization of School Pupils Act

2018 Planning & Budget Template

Program: Vaccine Preventable Disease

SECTION J

PRESSURES AND CHALLENGES

- The VPD Team continues to work to meet the screening and suspension requirements legislated under the Immunization of School Pupils Act (ISPA) but will not meet the full mandate this year. The ISPA mandates screening, assessment and suspension activities that are to be initiated for students under the age of 18 years who are enrolled in elementary and secondary schools. The screening and suspension requirements have had to be prioritized for the 7 and 17-year age groups due to increased workload issues caused by the process changes with a new database and expansion of the ISPA to include three new vaccines and additional doses for four other vaccines. The Team was able to carry out screening and suspension activities for one additional birth cohort in the 2016-2017 school year and was able to screen but not suspend some of the other years. Screening and suspension activities for the 2017- 2018 school year are focused on the 7 and 17 year olds and two additional birth cohorts.
- As of September 1, 2017 Health Units are required to provide an education session to parents/legal guardians who are completing a non-medical exemption affidavit for their children. Set up of the program and on-going time commitments to meet with parents/legal guardians has created additional challenges for the team to meet its mandate.
- The VPD Team is not yet able to meet the legislative requirements under the Child Care and Early Act due to the prioritization of ISPA activities. Immunization records for children enrolled in licenced child care settings are received and entered in the electronic database as time and workload permits but no other mandated activities are currently occurring.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

HEALTHY START DIVISION

OFFICE OF THE DIRECTOR

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SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Heather Lokko	**DATE**
PROGRAM TEAM	Office of the Director	**DIRECTOR NAME**	Heather Lokko	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Director, Healthy Start Division is comprised of the Director of Healthy Start and the Program Assistant to the Director. The Director provides strategic leadership and oversight of the division, and the Program Assistant supports the Director in this work. Provision of consultative program support and/or direction to managers and other staff throughout the division is an important part of this role. Involvement in community initiatives, related to Healthy Start populations and priorities, is also undertaken.

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development Standard
- Health Equity Standard
- Effective Public Health Practice Standard

Healthy Babies Healthy Children Protocol, 2018 (Ministry of Children and Youth Services)
Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

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Program: Office of the Director

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1 - ADVANCING STRATEGIC PRIORITIES
The Director leads the development and oversees the implementation of the divisional balanced scorecard to advance the strategic priorities of the organization. Strategic oversight of all programs in the division is provided, as well as ongoing consultative support as needed.
COMPONENT(S) OF TEAM PROGRAM #2 - MANAGING DIVISIONAL BUDGET
The Director oversees the budget for the division, and ensures completion of the quarterly divisional variance process. Additionally, the Director facilitates the process of identifying, examining, and prioritizing PBMA disinvestments and enhancements.
COMPONENT(S) OF TEAM PROGRAM #3 - OVERSIGHT OF DIVISIONAL PROGRAMS & SERVICES
The Director facilitates and provides oversight of the implementation of the Ontario Public Health Standards, Guidelines and Protocols that are most relevant to the Healthy Start Division. This includes provision of overall direction to the Healthy Start planning initiative.

SECTION E
PERFORMANCE/SERVICE LEVEL MEASURES

	2016 (actual)	**2017 (actual)**	**2018 (target)**
COMPONENT #1 ADVANCING STRATEGIC PRIORITIES			
% completion of division-level Balanced Scorecard tasks as outlined each year / % of division-level indicators reported	N/A	90% / 90%	90% / 90%
COMPONENT #2 MANAGING DIVISIONAL BUDGET			
% of divisional quarterly variance processes completed in a timely and accurate manner / end-of-year variance <5%	100% / 4.0%	100% / 3.0% (estimate)	100% / 3.0%
PBMA disinvestment and enhancement proposals identified, rated and prioritized, with manager and staff input throughout the process	Completed	Completed	Completed
COMPONENT #3 OVERSIGHT OF DIVISIONAL PROGRAMS & SERVICES			
% of Accountability Agreement Indicators met	100%	Accountability agreement indicator relevant to Healthy Start (BFI) not required in 2017	Indicators developed / confirmed in accordance with locally determined programs of public health interventions (as per Draft Public Health Indicator Framework)

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Program: Office of the Director

SECTION F **STAFFING COSTS:**	**2017 TOTAL FTEs**	**2018 ESTIMATED FTEs**
	2.0	**2.0**
Director Administrative Assistant to the Director	1.0 1.0	1.0 1.0

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 176,235	$ 162,482	$ 183,064	$ 191,508	$ 8,444	4.6%
Benefits	43,529	40,176	44,849	46,175	1,326	3.0%
Travel	4,000	1,954	4,000	4,000		
Program Supplies	12,750	5,818	12.750	12,750		
Staff Development	3,125	3,027	3,125	3,125		
Professional Services						
Furniture & Equipment	1,300		1,300	1,300		
Other Program Costs	1,820	2,487	1,820	1,820		
Total Expenditures	**$ 242,759**	**$ 215,944**	**$ 250,908**	**$ 260,678**	**$ 9,770**	**3.9%**

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Program: Office of the Director

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 242,759	$ 213,857	$ 250,908	$ 260,678	$ 9,770	3.9%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		2,087				
Total Revenues	**$ 242,759**	**$ 215,944**	**$ 250,908**	**$ 260,678**	**$ 9,770**	**3.9%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Continue with the Healthy Start planning initiative (division-level planning within priority topic areas) to support evidence-informed decision-making, staff capacity-building, and a more cohesive and systemic approach to planning, intervention and evaluation.

SECTION J

PRESSURES AND CHALLENGES

- The Healthy Start planning initiative is an essential and valuable initiative which will require substantial resources. It is possible that the planning process may result in recommendations for substantive program changes.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

None

HEALTHY START DIVISION

BEST BEGINNINGS TEAM

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SECTION A				
DIVISION	Healthy Start	**MANAGER NAMES**	Kathy Dowsett Jenn Proulx Isabel Resendes	**DATE**
PROGRAM TEAM	Best Beginnings Team	**DIRECTOR NAME**	Heather Lokko	January 2018

SECTION B

SUMMARY OF TEAM PROGRAM

The Best Beginnings Team provides evidence-informed programs and services that support healthy child development and enhance effective parenting within vulnerable families with infants and young children. Key program areas include: 1) screening, assessment, home visiting, and service coordination within the Healthy Babies Healthy Children program; 2) outreach to vulnerable families through service provision at eight family shelters in London and Middlesex; and 3) the Nurse Family Partnership (NFP) program, an intensive home visiting program for young, low-income first-time mothers, delivered by Public Health Nurses who begin to visit women in their home early in pregnancy and continue until the child's second birthday.

SECTION C

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development Standard
- Health Equity Standard
- Effective Public Health Practice Standard

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Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

Program: Best Beginnings Team

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA) Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION

The HBHC program provides evidence-informed programs and services to women and 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. All families are screened, and those with identified risk factors are referred into the program. 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. Service coordination ensures families identified with risk can access community 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 families are offered Nicotine Replacement Therapy (NRT) and/or counselling from TEACH trained PHNs. The Best Beginnings team offers a home visiting component within the Reproductive Health Team's Smart Start for Babies (SSFB) program (a Canada Prenatal Nutrition Program) in order to provide SSFB program supports to families who face significant barriers to accessing group sessions in the community.

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

PHNs provide service to 8 women's and children's family shelters in London and Middlesex. Services include screening, assessment, intervention, advocacy, and linking families to community services. PHNs refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.

COMPONENT(S) OF TEAM PROGRAM #3 – NURSE FAMILY PARTNERSHIP

MLHU is the lead organization for the Canadian Nurse Family Partnership Education Project which aims to develop, pilot, and evaluate a Canadian model of education for Public Health Nurses and Supervisors implementing the program. In 2017, Public Health Nurses on the NFP Team received training and began recruiting clients into the program. The Nurse Family Partnership (NFP) is implemented with fidelity to the program's core model elements. Through the development of a therapeutic relationship, nurses work with clients to promote the health and well-being of mother and child. Visits are focused on six domains: personal health, environmental health, life course development, family & friends, and health & human services. An average of 64 home visits are provided over the course of the intervention. Visits generally occur every two weeks, but are more frequent during crucial periods such as the first weeks after the birth of the child, and less frequent as clients transition out of NFP.

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2018 Planning & Budget Template

Program: Best Beginnings Team

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (targets)
Component of Team #1 - HBHC – SCREENING / ASSESSMENT / HOME VISITING / SERVICE COORDINATION			
			MCYS Targets:
% prenatal screens completed out of number of live births	61.2%	21.4%	25%
% postpartum screens completed out of live births	96.6%	88.4%	100%
% Early Childhood screens completed of all children aged 6 wks to 3 yrs	<1%	<1%	5%
% families receiving postpartum In-Depth Assessment (IDA) contact by 48hr / total # IDA contacts	69.9% / ~1,851	67%	100%
% families screened with risk receiving an IDA to confirm risk / total # IDA's	67.4% / ~834	75%	100%
% families confirmed with risk receiving Blended Home Visiting Services	100%	100%	100%
% families confirmed with risk consenting to and receiving home visits with a Family Service Plan	100%	100%	100%
SSFB in-home sessions completed / # pregnant women accessing	25/6	20/5	30/6
Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES			
Number of client assessments completed at shelters	245	196	200
Component of Team #3 – NURSE-FAMILY PARTNERSHIP			
% of all education requirements completed by PHNs	N/A	100%	100%
Number of clients enrolled in NFP program	N/A	50	80
% clients enrolled prior to 16 weeks gestation	N/A	47%	60%
% of core model elements met during program implementation	N/A	100%	100%

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	33.2	**31.3**
Program Manager	3.0	3.0
Public Health Nurse	17.3	17.3
Family Home Visitor	9.0	8.0
Nurse Practitioner	0.5	0.0
Program Assistant	3.4	3.0

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Program: Best Beginnings Team

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 2,336,138	$ 2,258,623	$ 2,330,664	$ 2,274,537	$ (56,127)	(2.4)%
Benefits	605,104	579,816	595,878	579,428	(16,450)	(2.8)%
Travel	71,671	54,898	65,510	45,322	(20,188)	(30.8)%
Program Supplies	122,851	41,872	108,351	26,351	(82,000)	(75.7)%
Staff Development	6,755	6,294	6,755	6,755		
Professional Services	111,043	192,114	138,043	96,993	(41,050)	(29.7)%
Furniture & Equipment	30,200	30,667	30,200	30,200		
Other Program Costs	9,723	9,350	11,070	9,820	(1,250)	(11.3)%
Total Expenditures	**$ 3,293,485**	**$ 3,173,634**	**$ 3,286,471**	**$ 3,069,406**	**$ (217,065)**	**(6.6)%**

SECTION H

FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 661,072	$ 538,180	$ 654,058	$ 526,093	$ (127,965)	(19.6)%
MOHLTC – 100%						
MCYS – 100%	2,483,313	2,483,313	2,483,313	2,483,313		
Public Health Agency						
User Fees						
Other Offset Revenue	149,100	152,141	149,100	60,000	(89,100)	(59.8)%
Total Revenues	**$ 3,293,485**	**$ 3,173,634**	**$ 3,286,471**	**$ 3,069,406**	**$ (217,065)**	**(6.6)%**

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2018 Planning & Budget Template

Program: Best Beginnings Team

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- The Nurse-Family Partnership will continue with client recruitment and community outreach. A newly formed Community Advisory Board will meet to advise and support NFP implementation. The NFP Manager and PHN's will complete any ongoing educational requirements. Program data will inform CQI planning to ensure program implementation with fidelity to the core model elements.
- HBHC will enter the fourth year of Continuous Quality Improvement (CQI) and additional strategies will be developed for ensuring accurate screening, standardized service implementation, and training and education of PHNs and FHVs.
- The MCYS will release the new HBHC protocol in early 2018 and will release a reference document in late 2018.
- In 2018, as part of the HS planning initiative for breastfeeding, Best Beginnings will enhance early access to breastfeeding support.

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 2018 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.
- Best Beginnings/Infant Hearing Program will continue with a model of combined screening at the London Health Sciences Centre, which has significantly increased postpartum HBHC screens completion (bringing numbers closer to MCYS targets), and increased team workload with the higher referral numbers.
- Planned changes to IDA contact processes will also impact the workload in Best Beginnings.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- (95,698) PBMA #1-0021 - Closure of Family Health Clinic in 2017
- ($66,512) PBMA #1-0024 – (1.0) FTE reduction in Family Home Visitor – streamline home visiting to align with targeted capacity

HEALTHY START DIVISION

EARLY YEARS TEAM

2018 Planning & Budget Template

Program: Early Years Team

SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Ruby Brewer	**DATE**
PROGRAM TEAM	Early Years	**DIRECTOR NAME**	Heather Lokko	January, 2018

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 public health services designed to address the physical, emotional, and social growth and development of children from birth to school entry. Multi-strategy approaches are implemented that include providing direct client services and referrals, social marketing, fostering partnership and collaboration, and education and skill building for families and care givers in London and Middlesex County. Topic areas include breastfeeding, growth and development, mental health promotion, positive parenting, infant and child nutrition, infant care, child safety, oral health, immunization, and the early identification of developmental concerns.

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Healthy Growth and Development
- Health Equity
- Effective Public Health Practice

Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990

- Duty to Report Legislation

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

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Program: Early Years Team

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 DIRECT CLIENT SERVICE AND REFERRAL

The Early Years Team offers a variety of direct client services for families with children from birth to school entry. Direct client services are provided through client centred assessment and intervention related to breastfeeding, growth and development, infant mental health, early identification of developmental concerns, parenting and safety.

- Provide direct 1:1 education and support through Infant Growth/Development & Breastfeeding Drop-ins, Breastfeeding Appointments, the Health Connection
- Complete 48-hour low risk postpartum calls

COMPONENT(S) OF TEAM PROGRAM #2 SOCIAL MARKETING

Social marketing strategies for the Early Years Team includes health promotion campaigns with contests, website, social media, resource development and media opportunities. The intent is to increase the proportion of interventions that emphasize individual change. The use of health promotion campaigns including social media mobilizes knowledge and enhances the use of research evidence; informs, educates and empowers people about health issues; assesses public perception; increases rapid access to public health messaging and allows messages to be audience specific and distributed more widely.

- Develop and implement social marketing campaigns to expand reach, foster engagement, and increase access to credible evidence-based health messages related to healthy growth and development (e.g., Safety, Mental Health, Breastfeeding, Let's Grow

COMPONENT(S) OF TEAM PROGRAM #3 PARTNERSHIP AND COLLABORATION

The Early Years Team promotes community capacity building by fostering partnerships and collaborating with community partners in planning, developing, implementing, and evaluating programs and services which positively impact the health of young families.

- Provide leadership and chair the Community Early Years Partnership Committee to develop and implement universal and targeted approaches that fosters infant/child mental health and the ability to meet developmental milestones.
- Partner with community agencies to enhance community capacity related to early years' initiatives (Licenced Child Care Centres, Indigenous-led organizations, Middlesex Children Services Network, London Middlesex Safety Coalition, Mother Reach) and improved breastfeeding outcomes (LHSC Middlesex-London Elgin Breastfeeding Coalition) and actively partner with the Child and Youth Network

COMPONENT(S) OF TEAM PROGRAM #4 EDUCATION AND SKILL BUILDING

Education and skill building initiatives are intended to increase knowledge, confidence, and skills of families and caregivers to ensure optimal childhood developmental outcomes:

- Provide presentations and group sessions to parents and caregivers related to breastfeeding, all aspects of early childhood growth & development and perinatal mood disorder
- Provide current evidence-based information on the MLHU website related to all aspect of infant and child growth and development for families and caregivers, as well learning modules and resources for professionals
- Offer workshops, training and educational opportunities to staff and health care providers
- Facilitate professional led peer support program

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Program: Early Years Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017 (actual)**	**2018 (target)**
Component of Team #1 DIRECT CLIENT SERVICE AND REFERRALS			
Total # families / # families at drop-ins / # families at Health Connection / # families at breastfeeding appointments	4,699 / 2,890 / 1,456 / 353	5,488 / 4,060 / 1,127 / 301	Maintain or increase total # families; < # families at drop-ins & appointments due to implementation of home/community breastfeeding visits
# clients receiving 48-hour low risk calls	798	768	Maintain
Component of Team #2 SOCIAL MARKETING			
# of campaigns / total # of page views / total Facebook reach / total # Facebook link clicks	2 (Resiliency; Let's Grow) / 12,858 / 249,449 / 10,762	2 (Infant Mental Health; Car Seat Safety) / 8624 / 153,758 / 14,045	2 campaigns (Perinatal Mood Disorder; Screen Time)
Component of Team #3 PARTNERSHIP AND COLLABORATION			
Leadership and active participation in Community Early Years Partnership	24 HCP / 29 agencies; Completed annual planning & implemented action plans (Resiliency)	28 HCP / 29 agencies; Completed annual planning & implemented action plans (Little Minds Matter)	Maintain participation; Complete annual planning & implement action plans (Perinatal Mood Disorder)
Child and Youth Network: MLHU services at Family Centre (FC) Communication initiatives (CYN/MLHU)	Completed inventory of services at FC's 1 lunch & learn, 32 CYN e-Blasts, 1 workshop, HUB	MLHU services increased at FC's 90 CYN e-Blasts, FC bimonthly meetings, 3 Internal CYN meetings	Assess and adapt services at FC's to maximize impact Maintain
Collaboration with external committees to increase capacity for healthy growth & development	Not reported	Active participation in 16 committees/collaboratives	Assess participation to maximize impact
Component of Team #4 EDUCATION AND SKILL BUILDING			
# presentations and workshops	115	98	Maintain or decrease
Peer Support # groups / # sessions / # participants	2 / 43 / 28	2 / 84 /	Maintain or decrease

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2018 Planning & Budget Template

Program: Early Years Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	15.30	**15.23**
Program Manager	1.0	1.0
Public Health Nurse	12.8	12.73
Program Assistants	1.5	1.5

SECTION G
EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,170,083	$ 1,143,657	$ 1,195,678	$ 1,220,879	$ 25,201	2.1%
Benefits	291,679	285,422	301,727	304,809	3,082	1.0%
Travel	20,500	21,295	20,500	20,500		
Program Supplies	60,278	54,609	46,278	46,278		
Staff Development	4,500	8,677	7,500	7,500		
Professional Services	300	234	300	300		
Furniture & Equipment						
Other Program Costs	3,150	10,126	1,650	1,650		
Total Expenditures	**$ 1,550,490**	**$ 1,524,020**	**$ 1,573,633**	**$ 1,601,916**	**$ 28,283**	**1.8%**

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2018 Planning & Budget Template

Program: Early Years Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,550,490	$ 1,517,705	$ 1,573,633	$ 1,601,916	$ 28,283	1.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		6,315				
Total Revenues	**$ 1,550,490**	**$ 1,524,020**	**$ 1,573,633**	**$ 1,601,916**	**$ 28,283**	**1.8%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Shifting method of providing newborn breastfeeding support from drop-ins to home visits
- Building Healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network – Infant Mental Health (areas of focus will be Perinatal Mood Disorder and Screen Time) targeting HCPs, service providers and families. This will include the development of podcasts for health care providers.
- Continued collaboration with LHSC to improve postpartum transition to community, particularly for early breastfeeding support
- Continued utilization of social media/website as a strategy for early childhood growth & development and breastfeeding

SECTION J

PRESSURES AND CHALLENGES

- Some uncertainty about how providing early breastfeeding support primarily through home visits (rather than at drop-ins) will actually impact team workload, allocation of FTE, client uptake of support, and demand for early and/or ongoing drop-in services for breastfeeding support, and how it will balance with the other work of the team.
- Allocation of staff time for social marketing campaigns utilizing social media/website

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($5,000) PBMA #1-0025 – PHN Casual Budget Reduction through gained efficiencies in Infant growth/Breastfeeding Drop-ins

HEALTHY START DIVISION

REPRODUCTIVE HEALTH TEAM

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Tracey Gordon	**DATE**
PROGRAM TEAM	Reproductive Health Team	**DIRECTOR NAME**	Heather Lokko	January, 2018

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 be prepared for parenthood.

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability
- Healthy Growth and Development Standard
- Health Equity Standard
- Effective Public Health Practice Standard

Healthy Growth and Development Guideline, 2018 (Ministry of Health and Long-Term Care)
Health Equity Guideline, 2018 (Ministry of Health and Long-Term Care)
Mental Health Promotion Guideline, 2018 (Ministry of Health and Long-Term Care)

Child & Family Services Act, 1990
- Duty to Report Legislation

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)

Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

2018 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 and emotionally prepared one to two years prior to and leading up to conception, to improve pregnancy outcomes. Strategies include:

- Provide preconception health teaching to priority groups (e.g., Elgin-Middlesex Detention Center, Mutual Aid Parenting Program.
- Promote the use of a collaborative preconception planner tool, with women/men and Health Care Providers.
- Provide learning opportunities for students and support classroom teachers, in partnership with the Sexual Health, Child Health, & Young Adult Teams, London Health Sciences Center (LHSC) and local high schools.
- Provide food skills sessions to increase subsidized access to fruits and vegetables through collaboration with community partners

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.

- Provide a variety of prenatal education and skill-building programs (6-week in-person series, weekend in-person series, e-learning, combined e-learning and in-person skill building)
- Offer prenatal education programs for priority populations in collaboration with community partners (i.e., Prenatal Immigrant Program, Indigenous Prenatal Program)
- Participate in policy development related to alcohol and pregnancy

COMPONENT(S) OF TEAM PROGRAM #3: PREPARATION FOR PARENTHOOD

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 relationships impacts future health.

- Provide up-to-date preparation for parenthood information on MLHU website and in programs offered in the community
- Offer “Preparing for Parenthood” session to pregnant women and their support persons.

COMPONENT(S) OF TEAM PROGRAM #4: BREASTFEEDING

The RHT focuses on providing system-level supports for breastfeeding, as it is a significant contributor to healthy growth & development.

- Oversee and contribute to sustained MLHU implementation of the Baby-Friendly Initiative (BFI), an evidence-based strategy that promotes, protects and supports breastfeeding, and effectively increases breastfeeding initiation, duration, and exclusivity.
- Offer training and educational opportunities to staff, health care providers and community partners regarding breastfeeding
- Manage implementation of MLHU’s Infant Feeding Survey, with a focus on enhancing client uptake of the survey in 2018

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Program: Reproductive Health Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016	**2017**	**2018**
COMPONENT OF PROGRAM #1: PRECONCEPTION HEALTH			
Got A Plan Day: # high school students	353	381	Maintain
Presentations: total # of presentations provided / # of presentations provided at Elgin Middlesex Detention Centre	15 / 10	22 / 15	Maintain
COMPONENT OF PROGRAM #2: PRENATAL HEALTH			
Combined e-learning & in-class: # of classes / # of women / # of support persons	5 /52/ 52 (pilot)	49 /475 / 470	Maintain
# of e-learning only registrants	477	857	Maintain
Smart Start For Babies: # of sessions / # of clients	297 / 158	282 / 162	Maintain
Prenatal Immigrant Program: # of sites / # of weeks offered per year / # of clients	N/A	1 / 20 / 18	2 / 45 / 50
OPHA Labour and Birth statement work (chair of provincial workgroup) FASD ONE (Vice chair & Prevention Action Group co-lead)	Labour & birth practices reviewed N/A	Position statement written and accepted Develop resources & recommendations	Dissemination of recommendations Point of care tool disseminated to HCPs
COMPONENT OF PROGRAM #3: PREPARATION FOR PARENTHOOD			
# of sessions / # of women / # of support persons	11 / 86 / 80	12 / 133 / 124	Maintain
COMPONENT OF PROGRAM #4: BREASTFEEDING			
BFI designation 20 hour breastfeeding course for Health Care Providers (HCPs): # of courses offered / # of HCP's attending Infant Feeding Survey (# of women signing onto survey/# of women completing the survey)	Pre-assessment complete 1 / 10 (internal pilot) 684 completed 6 month survey (per year)	Designation achieved 1/20 (internal & external) 132 completed 6 month survey (per half year)	Maintain BFI status 2/40 (internal & external) Achieve 2016 response rate or better

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Program: Reproductive Health Team

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	15.96	**14.89**
Program Manager	1.0	1.0
Public Health Nurses	10.0	9.0
Public Health Nurses (Casual)	0.6	0.53
Public Health Dietitian	1.0	1.0
Program Assistants	2.5	2.5
Contract Staff: (Smart Start for Babies)		
Site Coordinators (0.1 FTE X 7 sites)	0.7	0.7
Registered Dietitian	0.1	0.1
Casual Public Health Nurse	0.06	0.06

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 1,156,254	$ 1,072,010	$ 1,176,421	$ 1,112,018	$ (64,403)	(5.5)%
Benefits	269,194	248,431	277,341	264,703	(12,638)	(4.6)%
Travel	10,246	8,588	10,246	10,246		
Program Supplies	126,587	121,294	125,087	125,087		
Staff Development	4,850	5,162	4,850	4,850		
Professional Services	22,655	22,472	22,655	22,655		
Furniture & Equipment	200		200	200		
Other Program Costs	3,155	3,385	3,155	3,155		
Total Expenditures	**$ 1,593,141**	**$ 1,481,342**	**$ 1,619,955**	**$ 1,542,914**	**$ (77,041)**	**(4.8)%**

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2018 Planning & Budget Template

Program: Reproductive Health Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,432,571	$ 1,312,863	$ 1,459,385	$ 1,382,344	$ (77,041)	(5.3)%
MOHLTC – 100%						
MCYS – 100%						
Public Health Agency	152,430	152,430	152,430	152,430		
User Fees	8,140	13,890	8,140	8,140		
Other Offset Revenue		2,159				
Total Revenues	**$ 1,593,141**	**$ 1,481,342**	**$ 1,619,955**	**$ 1,542,914**	**$ (77,041)**	**(4.8)%**

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Identify location for additional site to facilitate expansion of current Prenatal Immigrant Program; review SSFB curriculum
- Support South London Neighborhood Resource Center with implementation of a postpartum support group for Newcomers
- Increase breastfeeding education opportunities for staff at MLHU and health care providers in the community
- Increase dissemination of key Preconception Health evidence by partnering with internal teams and the community (MNCYN)
- Continue and strengthen LHSC/MLHU collaboration related to best practices and consistent messaging

SECTION J
PRESSURES AND CHALLENGES

- Balancing funding challenges with increased need for targeted programming

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- ($98,410) PBMA #1-0023 – (1.0) FTE - Dedicated RHT Support for HEIA Assessments & Planning/Evaluation – Organization changes have resulted in role being enhanced in a more systematic way across the HU
- ($5,000) PBMA #1-0025 – PHN Casual Budget Reduction through gained efficiencies in prenatal training

HEALTHY START DIVISION

SCREENING, ASSESSMENT AND INTERVENTION

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2018 Planning & Budget Template

SECTION A				
DIVISION	Healthy Start	**MANAGER NAME**	Debbie Shugar	**DATE**
PROGRAM TEAM	Screening, Assessment and Intervention	**DIRECTOR NAME**	Heather Lokko	January 2018

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 – 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 framework from the Ministry of Children and Youth Services (MCYS).

SECTION C

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

These programs are not reflected in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability or in other public health related legislation/regulation, however, they align with and strengthen our effectiveness in the following Ontario Public Health Standards:

- Healthy Growth and Development
- Population Health Assessment

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

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: Screening, Assessment & Intervention Team

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 serves, 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 eligibility to attend school in the Thames Valley Region.

COMPONENT(S) OF TEAM PROGRAM #2 INFANT HEARING PROGRAM

The Infant Hearing Program-SW Region is a prevention and early intervention hearing program. The program consists of the following program components/strategies: universal newborn hearing screening, hearing loss confirmation and audiologic assessment, and follow up support and services for children identified with permanent hearing loss. The goals of the program are to identify all babies who are deaf or hard of hearing; identify and monitor babies born with risk factors for developing hearing loss; provide evidence based amplification and communication interventions to facilitate language development; support parents and community professionals in maximizing positive child outcomes; promote a smooth transition to school; and provide family-centred care that respects and involves parents. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, 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 school.

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 Oxford, Elgin, Middlesex, 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 school.

2018 Planning & Budget Template

Program: Screening, Assessment & Intervention Team

SECTION E **PERFORMANCE/SERVICE LEVEL MEASURES**			
	2016/17 (actual)	**2017/18 (anticipated)**	**2018/19 (target)**
Component of Team #1 tykeTALK (Thames Valley)			
Total number of children receiving service	3101	3100	3100
			MCYS Targets:
% of assessments provided to referred children by 30 months of age	54%	54%	45%
% of all children aged 0-30 months receiving intervention whose families receive parent training as defined by the MCYS Preschool Speech and Language (PSL) Program Guidelines	74%	75%	75%
Wait-time from referral to tykeTALK to initial assessment	5 weeks	7 weeks	12 weeks or less
Wait-time from referral to tykeTALK to beginning of the first intervention	12 weeks	15 weeks	32 weeks or less
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)	91%	90%	90%
% of babies screened who are referred for audiologic assessment	0.8%	1%	2% or less of all babies screened
% of all babies with a refer result from Universal Newborn Hearing Screening (UNHS) who have their audiology assessment by 4 months corrected age	74%	75%	75%
% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS who begin use of amplification by 9 months corrected age	44%	60%	40%
% of babies identified with PCHL as a result of UNHS who begin communication development by 9 months corrected age	39%	70%	40%
Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)			
Average age of children at referral	20 months	18 months	less than 24 months
Wait time from referral to first intervention	1 weeks	2-3 weeks	less than 12 weeks

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2018 Planning & Budget Template

Program: Screening, Assessment & Intervention Team

SECTION F STAFFING COSTS:	2016/2017 TOTAL FTEs	2017/2018 ESTIMATED FTEs
	29.83	**31.83**
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	14.23
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	3.04
Hearing Screeners	3.85	3.85

SECTION G

[1]PROGRAM EXPENDITURES & REVENUES ARE FROM APRIL 1, 2018 TO MARCH 31, 2019

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft[1] Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 2,217,358	$ 2,249,326	$ 2,217,358	$ 2,427,979	$ 210,621	9.5%
Benefit	484,966	498,287	484,966	556,313	71,347	14.7%
Travel	26,654	28,579	26,654	21,962	(4,692)	(17.6)%
Program Supplies	41,721	103,128	41,721	68,415	26,694	64.0%
Staff Development	1,250	879	1,250	285	(965)	(77.2)%
Occupancy Costs	75,243	74,850	75,243	74,635	(608)	(0.8)%
Professional Fees	5,548	3,254	5,548	7,642	2,094	37.7%
Furniture & Equipment	1,720	113,928	1,720	34,000	32,280	>100.0%
Other Program Costs	636	-	636	540	(96)	(15.1)%
Total Expenditures	**$ 2,855,096**	**$ 3,072,231**	**$ 2,855,096**	**$ 3,191,771**	**$ 336,675**	**11.8%**

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2018 Planning & Budget Template

Program: Screening, Assessment & Intervention Team

SECTION H
FUNDING SOURCES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$	
MOHLTC – 100%						
MCYS – 100%	2,812,962	3,010,120	2,812,962	3,149,453	336,491	12.0%
User Fees						
Other Offset Revenue	32,134	52,111	32,134	32,318	184	0.6%
Total Revenues	**$ 2,855,096**	**$ 3,072,231**	**$ 2,855,096**	**$ 3,191,771**	**$ 336,675**	**11.8%**

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Revise/develop and implement evidence-based service delivery pathways within tykeTALK
- Implement online appointment scheduling system for follow-up hearing screening (for babies missed in hospital or with a refer result)
- Review/consider implications of anticipated MCYS revised IHP Protocol for Hearing Screening and Communication Development
- Work with MCYS, as needed, on plans to integrate hearing loss screening into the Newborn Screening Ontario (NSO) program
- Work with Coordinated Service Planning Committee of the Special Needs Strategy to refer eligible families to Service Coordinators

SECTION J
PRESSURES AND CHALLENGES

- In September 2017, MCYS halted planning for the Special Needs Strategy – Integrated Rehabilitation provincially; local planning will resume in Spring 2018, with implementation in September 2019.
- Continued absence of tykeTALK base funding increases threatens ability to maintain current staff levels and meet program targets
- Current budget is not sufficient to meet increasing needs for trained interpreters for families accessing tykeTALK interventions; options will need to be explored to address this need

SECTION K
RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- None

OFFICE OF THE CHIEF NURSING OFFICER

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2018 Planning & Budget Template

SECTION A				
DIVISION	Office of the Chief Nursing Officer	**MANAGER NAME**	Heather Lokko (Chief Nursing Officer)	**DATE**
PROGRAM TEAM	Community Health Nursing Specialist Health Equity Core Team	**DIRECTOR NAME**	Heather Lokko (Chief Nursing Officer)	January, 2018

SECTION B
SUMMARY OF TEAM PROGRAM

The Office of the Chief Nursing Officer was established with restructuring in January 2016. It provides agency-wide support, with two main areas of focus: nursing practice and health equity. Both are significantly linked to the agency's strategic plan. Effective January 2013, boards of health were required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) together work with nurses across the agency to reach this goal, in order to ensure quality outcomes for the community. In 2011, the Ministry provided funding to hire public health nurses (PHNs) with specific expertise in addressing social determinants of health and reducing health inequities in identified priority populations. This initiative enhances public health nursing care and services too hard to reach, vulnerable populations most negatively impacted by various social determinants of health (SDoH). In addition to working on collaborative system-level external initiatives addressing various SDoH for vulnerable populations, the Health Equity Core Team focuses on building internal capacity to enhance efforts to address health equity across the work of the whole organization. The new Ontario Public Health Standards includes a new Health Equity Standard, and this team will continue to move health equity efforts forward to support MLHU in meeting this new Standard.

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

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

- Health Equity Standard
- Effective Public Health Practice Standard

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

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: Office of the Chief Nursing Officer

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – CHIEF NURSING OFFICER / COMMUNITY HEALTH NURSING SPECIALIST

Establishing strong nursing leadership has implications for the quality of nursing practice, service delivery, organizational effectiveness and, ultimately, population health outcomes. This occurs through: 1) Promoting use of research, evidence based practice and innovation in public health and nursing practice; 2) Supporting/advocating for professional development opportunities, which is linked to nurse retention, job satisfaction and positive client health outcomes; 3) Developing a positive work environment, which supports nurse empowerment, work performance and effectiveness, and occupational mental health; 4) Providing accessible and visible leadership that staff can connect with; and 5) Contributing to future development of organization (e.g. strategic planning, visioning, performance). The Chief Nursing Officer and Community Health Nursing Specialist work together to support these goals in a manner that respects excellence in all disciplines and recognizes the integration of nurses within the organization, through providing consultative support regarding nursing practice issues; leading and/or contributing to policy/procedure and medical directive development for public health practice; providing leadership to the Nursing Practice Council; supporting the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice; planning agency-wide professional development opportunities; supporting national/international certifications (i.e., Community Health Nursing, International Certified Lactation Consultants, Certification in Infection Control); fostering, supporting, and maximizing academic partnerships; considering and addressing needs related to continuous quality improvement of nursing practice; promoting competency-based performance evaluation; and engaging in local, regional, and provincial nursing practice strategic initiatives.

COMPONENT(S) OF TEAM PROGRAM #2 – HEALTH EQUITY CORE TEAM

The Health Equity Core Team engages in both internally and externally-facing work. Internal work focuses on implementing the organization's strategic plan objectives and initiatives related to health equity and the social determinants of health. Primary areas of focus in the strategic plan related to health equity/SDOH include knowledge exchange and internal capacity building, assessment and monitoring of MLHU compliance with Health Equity Indicators for Ontario Local Public Health Agencies (HEI), and establishment of a policy development and advocacy framework. This team is working collaboratively with the Foundational Standard Team to embed a health equity lens throughout the organization's new Planning and Evaluation Framework. They are also supporting Human Resources with an organizational assessment related to diversity and inclusiveness. The SDOH Public Health Nurses also engage in system-level work within the community. One PHN has recently begun development of the Indigenous Co-ordinator role which includes supporting the achievement of program outcomes as outlined in the 2018 Health Equity Standard, including relationship building and meaningful engagement with local Indigenous communities and organizations. The other PHN has recently taken on the role of Newcomer Services Coordinator for the agency, and will be involved in system-level work in the community related to refugees and immigrants. The Health Equity Core Team works closely with and provides leadership to the Health Equity Advisory Taskforce, which has agency-wide representation. The Chief Nursing Officer is providing leadership and/or is actively involved in a number of local strategic initiatives related to health equity (e.g., London For All – Early Years and Education implementation committee, Community Health Collaborative, Newcomer Health Settlement Planning Committee).

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Program: Office of the Chief Nursing Officer

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016 (actual)	2017 (actual)	2018 (target)
COMPONENT OF TEAM #1			
% of Nursing Practice Council workplan initiatives with significant progress and/or completed (workplan to be aligned with agency strategic plan and CNO accountabilities)	N/A	80% of NPC 2017 initiatives completed as planned	100% of NPC 2018 initiatives completed as planned
# of consultations regarding nursing practice issues / # of nursing practice issues resolved / # of policies, directives, protocols developed &/or revised	94 / 94 / 24	95 / 91 (CHNS) + 12 (NPC) / 16	Maintain
# of CQI initiatives identified / # of CQI issues addressed and/or underway	N/A	2 / 2	Maintain
COMPONENT OF TEAM #2			
Compliance with of "Health Equity Indicators for Ontario Local Public Health Agencies": % of indicators agency is working towards and/or have been met / degree of progress towards achievement of indicator (minimal, moderate, significant)	N/A	Compliance assessed at 3 of 15 = 20% of indicators having moderate progress, 12 of 15 =80% ranked as does not happen or only minimally)	Enhanced assessment of compliance, with agency working towards 50% of indicators / moderate progress
Degree of progress towards completion of health equity/SDOH initiatives on the strategic plan (minimal, moderate, significant)	N/A	Moderate	Significant

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
	4.0	**4.0**
Community Health Nursing Specialist	1.0	1.0
Health Promoter	0.5	0.5
Program Assistant	0.5	0.5
Public Health Nurses	2.0	2.0

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2018 Planning & Budget Template

Program: Office of the Chief Nursing Officer

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Salary & Wages	$ 301,239	$ 291,614	$ 307,435	$ 320,479	$ 13,044	4.2%
Benefits	72,245	67,485	75,425	75,213	(212)	(0.3)%
Travel	8,800	3,292	8,800	2,000	(6,800)	(77.3)%
Program Supplies	5,592	482	4,430	2,280	(2,150)	(48.5)%
Staff Development	6,050	12,236	6,050	6,000	(50)	(0.8)%
Professional Services						
Furniture & Equipment						
Other Program Costs	13,050	4,008	13,050	13,050		
Total Expenditures	**$ 406,976**	**$ 379,117**	**$ 415,190**	**$ 419,022**	**$ 3,832**	**0.9%**

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 102,889	$ 77,068	$ 111,103	$ 117,022	$ 5,919	5.3%
MOHLTC – 100%	302,000	302,049	302,000	302,000		
MCYS – 100%						
User Fees						
Other Offset Revenue	2,087		2,087		(2,087)	(100)%
Total Revenues	**$ 406,976**	**$ 379,117**	**$ 415,190**	**$ 419,022**	**$ 3,832**	**0.9%**

2018 Planning & Budget Template

Program: Office of the Chief Nursing Officer

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Implementation of an agency-wide medication incident procedure for applicable employees
- Development of a nurse mentorship plan
- Continued leadership of the *Client and Community Partner Experience project*
- Continued work with academia to develop a public health nursing elective at Western
- Development of a learning module and orientation plan for the revised agency-wide Child Abuse Policy
- Continued implementation of agency-wide health equity strategic priorities (i.e., implement staff capacity building plan, further develop and implement plan to monitor HEI compliance by MLHU, disseminate advocacy framework/guide, continue work with Planning and Evaluation Framework based on direction of PEF work group)
- Expand development and implementation of Newcomer Service Coordinator role and Indigenous Co-ordinator role
- Assess implications of new MOHLTC Health Equity Protocol (to be released January 2018)

SECTION J

PRESSURES AND CHALLENGES

- Health equity indicators require engagement of many others across the organization
- The small size of the Core Team can make it challenging to complete all objectives – prioritization is needed
- Nursing CQI planning and implementation will continue, however it is necessary to align with whatever CQI framework and plan is developed for the agency in the upcoming year.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

- None

GENERAL EXPENSES & REVENUES

2018 Planning & Budget Template

SECTION A				
SERVICE AREA	General Expenses & Revenues	**MANAGER NAME**	Brian Glasspoole	**DATE**
PROGRAM TEAM	General Expenses & Revenues	**DIRECTOR NAME**	Brian Glasspoole	January 2018

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/occupancy 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

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 as interest revenue, property searches and miscellaneous revenue.

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2018 Planning & Budget Template

Program: General Expenses & Revenues

SECTION E PERFORMANCE/SERVICE LEVEL MEASURES	2016	2017 (anticipated)	2018 (estimate)
Component of Team #1 – #5			
N/A			

SECTION F STAFFING COSTS:	2017 TOTAL FTEs	2018 ESTIMATED FTEs
No FTEs		

SECTION G

EXPENDITURES:

Object of Expenditure	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Benefits (Retiree & Other)	$ 228,953	$ 383,502	$ 263,013	$ 230,313	$ (32,700)	(12.4)%
Expected Vacancies	(780,851)		(749,155)	(932,963)	(183,808)	24.5%
Program Supplies	103,000	97,613	103,000	103,000		
Board Expenses	55,500	34,893	55,000	45,500	(10,000)	(18.0)
Staff Development	1,800	49,985	1,800	1,800		
Occupancy Costs	1,499,108	1,500,965	1,556,508	1,556,508		
Professional Services	223,400	259,629	223,400	223,400		
Furniture & Equipment	140,025	121,188	105,025	105,025		
Other Agency Costs	99,887	167,085	79,887	79,887		
Contributions to Reserves / Reserve Funds	250,000	6,621	250,000	250,000		
Total Expenditures	**$ 1,820,822**	**$ 2,621,481**	**$ 1,888,978**	**$ 1,662,470**	**$ (226,508)**	**(12.0)%**

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2018 Planning & Budget Template

Program: General Expenses & Revenues

SECTION H

FUNDING SOURCES:

Object of Revenue	2016 Budget	2016 Actual	2017 Budget	2018 Draft Budget	$ increase ($ decrease) over 2017	% increase (% decrease) over 2017
Cost-Shared	$ 1,791,072	$ 2,601,019	$ 1,859,228	$ 1,632,720	$ (226,508)	(12.2)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	2,099	3,750	3,750		
Other Offset Revenue	26,000	18,363	26,000	26,000		
Contribution from Reserves						
Total Revenues	**$ 1,820,822**	**$ 2,621,481**	**$ 1,888,978**	**$ 1,662,470**	**$ (226,508)**	**(12.0)%**

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2018

- Increased security measures at 50 King Street office.
- 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 pressures remain uncertain and budgeting is based on a zero percent increase for 2018 in both mandatory and 100% programs.
- Potential recommendations regarding the Location Project.

Program: General Expenses & Revenues

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2018

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

- ($32,700) PBMA #1-0018 - Discontinuation of NNG initiative