AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, March 15, 2018, 7:00 p.m.
399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

Ms. Joanne Vanderheyden (Chair)
Ms. Patricia Fulton (Vice Chair)
Ms. Maureen Cassidy
Mr. Michael Clarke
Mr. Jesse Helmer
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

February 15, 2018 - Board of Health
February 22, 2018 – Special meeting of the Board of Health
March 7, 2018 – Special meeting of the Board of Health

Receive: March 1, 2018 - Finance & Facilities Committee Meeting

DELEGATIONS

7:05 – 7:15 p.m.	Finance & Facilities Committee verbal update re Item #1 – March 1, 2018 Finance & Facilities Committee meeting.

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance & Facilities Committee Meeting March 1, 2018 (Report No. 013-18)	March 1, 2018 FFC Agenda March 1, 2018 FFC Minutes	x	x		To receive information and consider recommendations from the March 1, 2018 Finance & Facilities Committee meeting.
Recommendation Reports						
2	HBHC Variance and Meeting Client Needs (Report No. 018-18)	Appendix A		x		To request the use of anticipated variance to meet client needs within the Healthy Babies Healthy Children program.
3	Annual Service Plan (Report No. 014-18)	Appendix A		x		To provide an update on the new Ministry reporting document and approve the 2018 Annual Service Plan and Budget Submission.
Information Reports						
4	Reconciliation Plan for Board of Health (Report No. 015-18)				x	To consider developing an organizational plan for reconciliation with Indigenous Peoples.
5	Summary Information Report for March (Report No. 016-18)	Appendix A Appendix B Appendix C			x	To provide an update Health Unit programs and services for March 2018.
6	Medical Officer of Health/Chief Executive Officer Activity Report for March (Report No. 017-18)				x	To provide an update on the activities of the MOH/CEO.

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting: Thursday, April 5, 2018 @ 9:00 a.m.
- Next Board of Health Meeting: Thursday, April 19, 2018 @ 7:00 p.m.
- Next Governance Committee Meeting: June 21, 2018 @ 6:00 p.m.

CORRESPONDENCE

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding labour relations, identifiable individuals, advice that is subject to solicitor-client privilege and potential litigation affecting the Middlesex-London Health Unit, a proposed or pending acquisition of land by the Middlesex-London Board of Health, to consider confidential minutes from the February 15 and February 22 Board of Health meetings and to receive confidential minutes from the March 1 Finance and Facilities Committee meeting.

ADJOURNMENT

CORRESPONDENCE

a) Date: 2018 February 06
Topic: Association of Local Public Health Agencies (alPHa) Annual General Meeting and call for 2018 Resolutions
From: Susan Lee, Manager, Administrative & Association Services, Association of Local Public Health Agencies (alPHa)

To: Board of Health Members, Health Unit Directors/Senior Managers

Background:
The Association of Local Public Health Agencies (alPHa) announced its 2018 Annual General Meeting and Conference for June 10, 11 and 12 in Toronto. The communication also included a call for 2018 alPHa Resolutions, Distinguished Service Awards and a call for Board of Health Nominations to the 2018-19 and 2019-20 alPHa Board of Directors.

Recommendation:
Receive.

b) Date: 2018 February 14 [Received 2018 February 21]
Topic: City of London Resolution
From: Cathy Saunders, City Clerk
To: Middlesex-London Health Unit Board

Background:
This correspondence certified that the London City Council consents to the Middlesex-London Health Unit's proposal to lease real property for the purposes of consolidating its London operations and performing mandatory functions under the Health Protection and Promotion Act.

Recommendation:
Receive.

c) Date: 2017 December 7 [Received 2018 February 16]
Topic: Resolution to Repeal Section 43 of Criminal Code
From: Haliburton Kawartha Pine Ridge District Health Unit
To: Board of Health Members

Background:
The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit passed a resolution supporting the repeal of Section 43 of the Criminal Code of Canada and to write to the Minister of Justice indicating the Board's position and urging swift action on the matter. This resolution is in line with the Ontario Public Health Standards and the position of the Ontario Public Health Association.

Recommendation:
Receive.

d) Date: 2018 February 28
Topic: Improving the Odds: Championing Health Equity in Ontario, 2016 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario
From: Dr. David Williams, Chief Medical Officer of Health

To: Board of Health members

Background:

Improving the Odds: Championing Health Equity in Ontario is the annual report of the Chief Medical Officer for Ontario, which recommends urgent action across different sectors and all levels of government to give all Ontarian a chance to be as healthy as possible. The report includes tools available to address growing inequity in parts of the population and makes the case that public health units have the expertise and interconnectivity to champion health equity at the local level. The full report can be found by following this link:
http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_18/cmoh_18.pdf

Recommendation:

Receive

e) Date: 2018 March 7
Topic: Federal Funding for Non-Smoker's Rights Association and Physicians for a Smoke-Free Canada
From: Coalition Québécoise pour le Contrôle du Tabac (CQCT)
To: Medical and Public Health Organizations, and Provincial Tobacco Control Coalitions

Background:

The Non-Smoker's Rights Association and Physicians for a Smoke-free Canada may be forced to cease operation due to lack of funding. The loss of these organizations would be a major setback for coordinated public health action and for the continued efforts required to address federal and provincial tobacco control policy. Canada is a signed member of the World Health Organization's *Framework Convention on Tobacco Control (FCTC)*, which emphasizes the important role that civic action and advocacy play in achieving health objectives of Convention and its protocols. Through their work, these tobacco-specific, non-governmental agencies in particular have prevented massive human suffering and are responsible for mobilizing a coordinated tobacco control movement around the world that moved beyond focusing on individual smoking behaviours towards comprehensive policy-oriented approaches, including regulations and controls on tobacco industry. The CQCT is asking for public health and tobacco control agencies and individual medical professionals to provide their endorsement to the letter that they will be submitting to the Federal Health Minister, all Members of Parliament and health reporters across the country in an effort to reinstate grant funding to support the work of these important agencies.

Recommendation:

Endorse.

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, February 15, 2018, 7:00 p.m.

MEMBERS PRESENT:	**Ms. Patricia Fulton (Vice-Chair)** Ms. Maureen Cassidy (arrived at 7:04 p.m.) Mr. Trevor Hunter Mr. Marcel Meyer Mr. Ian Peer Mr. Kurtis Smith
REGRETS:	**Ms. Joanne Vanderheyden (Chair)** Mr. Michael Clarke Ms. Tino Kasi Mr. Jesse Helmer
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder) Ms. Mary Lou Albanese, Manager, Infectious Disease Control Mr. Jordan Banninga, Manager, Strategic Projects Ms. Laura Di Cesare, Director, Corporate Services Ms. Shaya Dhinsa, Manager, Sexual Health Mr. Joe Belancic, Procurement and Operations Manager Mr. Dan Flaherty, Communications Manager Ms. Becky Griffiths, McKenzie Lake Lawyers Ms. Marlene Haines, Nursing Student Ms. Ellen Hobin, London Public Library Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network Ms. Heather Lokko, Director, Healthy Start Ms. Bernie McCall, Public Health Nurse Mr. John McNair, McKenzie Lake Lawyers Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases Mr. Alex Tyml, Online Communications Coordinator Ms. Suzanne Vandervoort, Director, Healthy Living
MEDIA:	Mr. Jonathan Sher, *London Free Press*

Vice-Chair Fulton called the meeting to order at 7:01 p.m.

Ms. Fulton said that as Vice-Chair she would serve as Chair for this evening's meeting, since Ms. Vanderheyden could not be present.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Smith, *that the **AGENDA** for the February 15, 2018 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Hunter, seconded by Mr. Meyer, *that the MINUTES of the January 18, 2018 Board of Health meeting be approved.*

Carried

It was moved by Mr. Hunter, seconded by Mr. Meyer, *that the MINUTES of the January 18, 2018 Governance Committee meeting be received.*

Carried

It was moved by Ms. Fulton, seconded by Mr. Meyer, *that the MINUTES of the February 1, 2018 Finance & Facilities Committee be received.*

Carried

Mr. Peer took over as Chair so that Ms. Fulton could provide an update from the February 1, 2018 Finance & Facilities Committee meeting.

Ms. Fulton thanked the Committee and Board members who attended the full-day meeting on February 1, as well as Mr. Peer and Mr. Clarke, for their thoughtful comments on the 2018 budget.

Ms. Cassidy arrived at 7:04 p.m.

DELEGATIONS AND COMMITTEE REPORTS

Ms. Fulton introduced and provided context for the following reports:

Health Unit Insurance Policy Review (Report No. 001-18FFC)

It was moved by Mr. Meyer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 001-18FFC re: "Health Unit Insurance Policy Review" for information.*

Carried

2018 Finance & Facilities Reporting Calendar (Report No. 002-18FFC)

It was moved by Mr. Meyer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 002-18FFC re: "Finance & Facilities Committee – Reporting Calendar" for information.*

Carried

2017 Vendor / Visa Payments (Report No. 003-18FFC)

It was moved by Mr. Meyer, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 003-18FFC re: "2017 Vendor / Visa Payments" for information.*

Carried

Southwest Tobacco Control Area Network (TCAN) Single Source Vendor (Report No. 004-18FFC)

Ms. Kosmack answered questions about the contract and the kinds of work that Rescue staff provide to the Health Unit.

Discussion ensued on the services Rescue provides to other health units as part of this contract; why no other agencies are doing the kind of work that Rescue does; what Rescue is able to achieve in terms of public health; and how they can help the Health Unit achieve its mandate via unique targeting of ads to alternative youth.

It was moved by Mr. Meyer, seconded by Ms. Cassidy, *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."*

Carried

2018 Budget – FFC Review (Report No. 005-18FFC)

Ms. Fulton provided context and answered questions pertaining to this report and to the full-day budget meeting.

Discussion ensued on the following items:

- What a change to the public health standards might mean for the Health Unit's budget this year and in the future.
- How next year's budget templates will be different due to a new Ministry reporting structure and the resulting implementation of new budget templates.
- Additional full-time staff positions being added to the budget for 2018.
- Contracted IT services and the cost savings associated with switching to this service.

It was moved by Ms. Fulton, seconded by Ms. Cassidy, *that the Board of Health:*

1) *Approve the amended 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. 005-18FFC 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.*

Carried

VERBAL UPDATE – Temporary Overdose Prevention Site and Supervised Consumption Facilities

Ms. Dhinsa provided a verbal update on the status of the Temporary Overdose Prevention Site (TOPS), which opened on Monday, February 12. The update included details on the following items:

- History of the application process to the Ministry for the TOPS.
- Training and orientation provided to all staff and partners participating in operating the TOPS.
- Summary of how daily operations, security, and flow have been going thus far.
- Protocols currently in place for safety and emergencies.
- Number of clients who have accessed the site so far in four days of operation: 53.
- Positive nature of interactions with clients; nurses and staff have identified positive relationships forming.
- That smudging ceremony conducted in the space before it opened by the Southwest Ontario Aboriginal Health Access Centre, and the ongoing services offered by that organization at the TOPS.

Discussion ensued on the following items:

- Whether there were any repeat clients and how client attendance is monitored.
- How much time clients spend in the space, and the space's overall flow and use.
- The positive experience that clients have had with on-site security.
- Process for evaluation, when it will occur, and next steps.

- How the wider community is reacting to the TOPS.
- Status of an application to the federal government for a permanent Supervised Consumption Facility (SCF); staff are still putting it together and reviewing the details.

Mr. Peer commended Health Unit staff on the speed with which the TOPS became operational, especially considering the tight timeline, with just one month between the January 12 application and opening the doors on February 12.

It was moved by Mr. Peer, seconded by Mr. Hunter, *that the Board of Health receive the verbal update on the Temporary Overdose Prevention Site for information.*

Carried

INFORMATION REPORTS

Temporary Overdose Prevention Site Update (Report No. 007-18)

It was moved by Mr. Peer, seconded by Mr. Hunter, *that the Board of Health receive Report No. 007-18 re: "Update – Temporary Overdose Prevention Site" for information.*

Carried

Inspection of Hair-Cutting Establishments (Report No. 008-18)

It was moved by Ms. Cassidy, seconded by Mr. Smith, *that the Board of Health receive Report No. 008-18 re: "Inspection of Hair-Cutting Establishments" for information.*

Carried

Summary Information Report for February 2018 (Report No. 009-18)

Dr. Mackie summarized the report and provided context.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the Board of Health receive Report No. 009-18 re: "Summary Information Report for February 2018" for information.*

Carried

Medical Officer of Health / Chief Executive Officer Activity Report, February (Report No. 010-18)

It was moved by Ms. Cassidy, seconded by Mr. Hunter, *that the Board of Health receive Report No. 010-18 re: "Medical Officer of Health Activity Report, February" for information.*

Carried

CORRESPONDENCE

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

Carried

OTHER BUSINESS

Ms. Fulton noted that Board members are required to complete the Self-Assessment by March 1, and the annual attestation on paper at their seats this evening.

Ms. Fulton reviewed the next meeting dates for the Finance & Facilities Committee, the Board of Health, and the Governance Committee.

- Next Finance & Facilities Committee meeting: Thursday, March 1, 2018 @ 9:00 a.m.
- Next Board of Health meeting: Thursday, March 15, 2018 @ 7:00 p.m.
- Next Governance Committee meeting: March 15, 2018 @ 6:00 p.m.

CONFIDENTIAL

At 7:39 p.m., it was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health move in-camera to consider matters regarding identifiable individuals, a proposed or pending acquisition of land by the Middlesex-London Board of Health, and the confidential minutes of the January 18, 2018 Board of Health meeting and of the February 1, 2018 Finance & Facilities Committee meeting.*

Carried

All guests in attendance, except the Board of Health, Dr. Mackie, Ms. Milne, Ms. Di Cesare, Mr. Banninga, Mr. Belancic, Ms. Griffiths, Mr. McNair, Ms. Lokko, Ms. Vandervoort, and Mr. Turner, left the meeting.

At 8:54 p.m., the Board of Health returned to public session.

It was moved by Mr. Peer, seconded by Mr. Hunter, *that the Board of Health report that progress was made in-camera and request that Middlesex County provide their consent to the Health Unit by end of business day on Thursday, February 22, 2018.*

Carried

ADJOURNMENT

At 8:58 p.m., it was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

TRISH FULTON
Vice-Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

SPECIAL MEETING OF THE BOARD OF HEALTH
PUBLIC SESSION – MINUTES
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, February 22, 2018, 6:00 p.m.

MEMBERS PRESENT:	**Ms. Joanne Vanderheyden (Chair)** Ms. Maureen Cassidy Mr. Jesse Helmer Mr. Trevor Hunter Mr. Marcel Meyer Mr. Ian Peer Mr. Kurtis Smith
REGRETS:	**Ms. Patricia Fulton (Vice-Chair)** Mr. Michael Clarke Ms. Tino Kasi
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Lynn Guy, Executive Assistant (Recorder) Ms. Laura Di Cesare, Director, Corporate Services Mr. Jordan Banninga, Manager Program Planning and Evaluation Mr. Joe Belancic, Manager Procurement and Operations Mr. Dan Flaherty, Manager Communications
MEDIA:	Mr. Marek Sutherland, CTV Mr. Christian D'Avino, 980 CFPL

Chair Vanderheyden called the meeting to order at 6:01 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

Dr. Mackie asked for the Board to approve the addition of two walk-on items: Report No. 011-18 re: "Maintaining and Improving Health Unit Services to Middlesex County Residents"; and a PowerPoint presentation pertinent both to the Location Project and the Middlesex County Public Health Services Review.

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the above noted agenda items be added to the agenda.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Peer, *that the amended **AGENDA** for the February 22, 2018 Special Meeting of the Board of Health meeting be approved.*

Carried

Walk-On Reports

Dr. Mackie opened the Location Project discussion by providing for attendees a PowerPoint presentation. He noted that the presentation was necessary in order to clarify some misconceptions that have been brought to light in regard to this project.

Dr. Mackie advised that the project's next phase will involve assessing MLHU's service delivery in the County in comparison to community needs and other potential service models. Dr. Mackie introduced Jordan Banninga, Manager, Planning and Evaluation, to further discuss the Services Review. Mr. Banninga noted that a review of County services has been something that the Health Unit has wanted to do for quite some time, but, due to other public health emergencies, such a review had been delayed. His team will be facilitating the review. Mr. Banninga indicated that there will be client and partner consultations, as well as a literature review, environmental scans, intake line review, and the implementation of activity-based workspace.

Discussion ensured on the following items:

It is anticipated the County Services Review will be completed during the summer, with implementation to begin in the fall of 2018. The Board was reminded that the Program Planning and Evaluation Team will attempt to work closely with County staff to determine both the issues at hand and who the key people are that we need to talk to and request help from in seeking solutions. The Health Unit is fully committed to maintaining strong services that meet the needs of County residents.

Mr. Meyer suggested that perhaps there hadn't been enough information forthcoming from either the Health Unit or the County, which may have led to some misunderstandings. There is concern that moving to a new downtown location will not improve services for the County. Concern was expressed that County residents could get overlooked for services, even as the County Council believes services should be increased.

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health formally commit to:*

a) maintaining office space in Middlesex County to ensure appropriate services for County residents;
b) maintaining services to County residents at current levels or greater, and specifically not reducing services provided to County residents in any way related to either the Health Unit's relocation of London-based operations or to the planned review of services provided to County residents; and;
c) leveraging space and operational improvements created by the Health Unit's location project to improve services to residents of both Middlesex County and the City of London.

Carried

CONFIDENTIAL

At 6:35 p.m., it was moved by Ms. Cassidy, seconded by Mr. Meyer, *that the Board of Health move in-camera to consider matters regarding a proposed or pending acquisition of land by the Middlesex-London Board of Health and identifiable individuals.*

Carried

All guests in attendance except the Board of Health, Dr. Mackie, Ms. Guy, Ms. Di Cesare, Mr. Banninga, and Mr. Belancic, left the meeting.

At 7:14 p.m., the Board of Health returned to public session.

OTHER BUSINESS

Chair Vanderheyden noted that progress had been made in-camera.

Board members discussed the need to set another Board of Health special meeting date, following the March 6 County Council meeting. A meeting date was set for Wednesday, March 7, at 8:00 a.m.

ADJOURNMENT

At 7:17 p.m., it was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the meeting be adjourned*.

Carried

JOANNE VANDERHEYDEN
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, March 1, 2018, 9:00 a.m.

MEMBERS PRESENT:	**Ms. Patricia Fulton (Chair)** Mr. Marcel Meyer Ms. Joanne Vanderheyden
REGRETS:	Ms. Tino Kasi Mr. Jesse Helmer
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. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Ms. Heather Lokko, Director, Healthy Start Ms. Tammy Beaudry, Accounting and Budget Analyst Mr. Brian Glasspoole, Manager Finance Mr. Stephen Turner, Director, Environmental Health and Chronic Diseases Mr. Joe Belancic, Manager, Procurement and Operations Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies and Vector-Borne Disease

Chair Fulton called the meeting to order at 9:05 a.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

With the addition of a verbal update on the Annual Service Plan as Item 4.7, it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the amended **AGENDA** for the March 1, 2018 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the **MINUTES** of the February 1, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

2017 Fourth Quarter Budget Variance Report and Factual Certificate (Report No. 006-18FFC)

Mr. Glasspoole opened the discussion by reminding attendees that the unaudited operating surplus for the Health Unit is anticipated to be approximately $688,000.

Staff provided additional details and information where requested.

There was no discussion regarding the Factual Certificate.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 006-18FFC re: "2017 Fourth Quarter Budget Variance Report and Factual Certificate" for information.*

Carried

Financial Controls Checklist (Report No. 007-18FFC)

Mr. Glasspoole provided some key points for this report, noting that the MLHU staff ensures that all measures are taken to meet the necessary requirements of accurate reporting, and that resources are being used correctly. The Financial Controls Checklist is the minimum of what is required.

There was a discussion regarding staffing restraints for certain times of the year, such as year-end, the annual audit, and scheduled vacations.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 007-17FFC re: "Financial Controls Checklist" for information.*

Carried

2017 Board of Health Remuneration (Report No. 008-18FFC)

Mr. Meyer noted that there was an increase in payments to Board members due to Location Project meetings.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report 008-18FFC re: "2017 Board of Health Remuneration" for information.*

Carried

Public Sector Salary Disclosure Act – 2017 Record of Employee Salaries and Benefits (Report No. 009-18FFC)

There was no discussion on this item.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report 009-18FFC re: "Public Sector Salary Disclosure Act – 2017 Record of Employee Salaries and Benefits" for information.*

Carried

Vector Borne Disease Program: Contract Award (Report No. 010-18FFC)

Mr. Turner spoke to the report and noted that costs are slightly higher this year.

Mr. Sekercioglu told the Committee that constant contact with municipalities ensures that problem sites are treated. He also noted that currently seventy-two County locations are treated three times each year.

Ms. Vanderheyden suggested doing more advertising in relation to this positive program.

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

1. *Receive Report 010-18FFC re: "Vector Borne Disease Program: Contract Award" for information;*
2. *Approve award of the contract for the Vector Borne Disease Program, Part A – Larval Mosquito Surveillance and Control to G.D.G. Canada in the amount of $88,195 (before taxes); and*
3. *Approve award of the contract for the Vector Borne Disease Program, Part B – Mosquito Identification and Viral Testing to G.F.G. Canada in the amount of $22,666.25 (before taxes).*

Carried

Janitorial Services – Contract Award (Report No. 011-18FFC)

Mr. Belancic noted that the living wage issue was considered when the contract was drafted. There was discussion in regard to the definitions of minimum wage and living wage.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee recommend that the Board of Health receive Report 011-18FFC re: "Janitorial Services – Contract Award," and award the following one-year contract for janitorial services to:*

1. *GDI Integrated Facility Services: $136,674 – for leased premises located at 50 King Street and 399 Ridout Street, London, Ontario; and*
2. *GDI Integrated Facility Services: $16,722 – for leased premises located at the Kenwick Mall, 51 Front Street, Strathroy, Ontario.*

Carried

VERBAL UPDATE – Annual Service Plan

Mr. Glasspoole noted that this item will be formally presented to the Board at its March 15 meeting and will require the Chair's signature. He provided a brief update of which data are captured in the Plan. It was noted that the submission date is today, and, with permission from the Ministry, it will be submitted today without the Board Chair's signature.

The Ministry expects that it will take two to three operating cycles to phase in this initiative.

Dr. Mackie advised that this new process provides the Ministry with a degree of enhanced accountability and transparency.

Chair Fulton thanked everyone who was tasked with completing the Annual Service Plan. She added that it's unfortunate that the document doesn't get out to the public, as it contains a lot of good information.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance and Facilities Committee receive the verbal update regarding the Annual Service Plan and refer it to the March 15 Board of Health meeting for approval.*

Carried

OTHER BUSINESS

Next meetings:

- Board of Health (special meeting): March 7, 8:00 a.m.
- Board of Health: March 15, 7:00 p.m.
- Governance Committee: The March 15 meeting is cancelled.
- Finance & Facilities Committee: April 5, 9:00 a.m.

CONFIDENTIAL

At 10:00 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance & Facilities Committee move in-camera to discuss matters regarding a proposed or pending acquisition of land and to consider confidential minutes of the February 1, 2018 Finance & Facilities Committee meeting.*

Carried

At 10:27 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance & Facilities Committee return to public session.*

Carried

At 10:27 a.m. the Finance & Facilities Committee returned to public session.

ADJOURNMENT

At 10:28 a.m., it was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the meeting be adjourned*.

Carried

At 10:28 a.m., Chair Fulton *adjourned the meeting*.

TRISH FULTON	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Special Meeting
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Wednesday, March 7, 2018 8:00 a.m.

MEMBERS PRESENT:	**Ms. Joanne Vanderheyden (Chair)** Ms. Maureen Cassidy Mr. Jesse Helmer Mr. Trevor Hunter Mr. Marcel Meyer Mr. Ian Peer Mr. Kurtis Smith Ms. Tino Kasi Mr. Michael Clarke
Regrets:	Ms. Patricia Fulton **(Vice-Chair)**
OTHERS PRESENT:	Dr. Christopher Mackie, Secretary-Treasurer Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Ms. Laura Di Cesare, Director, Corporate Services Mr. Dan Flaherty, Communications Manager Mr. Alex Tyml, Online Communications Coordinator Mr. Dan Flaherty, Manager, Communications Mr. Jordan Banninga, Manager, Planning and Evaluation Mr. Joe Belancic, Manager, Procurement & Operations Mr. John McNair, McKenzie Lake LLP
MEDIA:	Ms. Jennifer Bieman, London Free Press Mr. Daryl Newcombe, CTV London Mr. Jake Jeffrey, 980 CFPL Mr. Travis Dolynny, CBC London

Chair Vanderheyden called the meeting to order at 8:09 a.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. Cassidy, seconded by Mr. Hunter, *that the **AGENDA** for the March 7, 2018 Board of Health meeting be approved.*

Carried

CONFIDENTIAL

At 8:10 a.m., it was moved by Ms. Kasi, seconded by Mr. Clarke, *that the Board of Health move in-camera to discuss a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

All guests in attendance left except Dr. Mackie, Ms. Milne, Ms. Di Cesare, Mr. Banninga, Mr. Belancic and Mr. McNair.

At 9:02 a.m., it was moved by Mr. Hunter, seconded by Mr. Clarke, *that the Board of Health rise and return to public session.*

Carried

At 9:02 a.m. the Board of Health returned to public session.

Chair Vanderheyden welcomed those attending back into the meeting and advised that progress had been made on items in-camera.

Ms. Vanderheyden advised that Confidential Report No. 012-18, Location Project - County Consent had been considered by the Board of Health and that a press conference will be held at eleven o'clock this morning to stipulate the next steps that will be taken by the Board of Health in this process.

Next meeting of the Board of Health will be Thursday, March 15th at 7:00 p.m.

ADJOURNMENT

At 9:04 a.m., it was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

JOANNE VANDERHEYDEN	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 013-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 March 15

FINANCE AND FACILITIES COMMITTEE MEETING – March 1

The Finance & Facilities Committee met at 9:00 a.m. on Thursday, March 1, 2018. A summary of the discussion can be found in the draft minutes.

The following reports were reviewed at the meeting, with recommendations made to the Board of Health:

Reports	Recommendations for Information and Consideration
2017 Fourth Quarter Budget Variance Report and Factual Certificate **(Report No. 006-18FFC)**	It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 006-18FFC re: "2017 Fourth Quarter Budget Variance Report and Factual Certificate" for information.* Carried
Financial Controls Checklist **(Report No. 007-18FFC)**	It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 007-17FFC re: "Financial Controls Checklist" for information.* Carried
2017 Board of Health Remuneration **(Report No. 008-18FFC)**	It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report 008-18FFC re: "2017 Board of Health Remuneration" for information.* Carried
Public Sector Salary Disclosure Act – 2017 Record of Employee Salaries and Benefits **(Report No. 009-18FFC)**	It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report 009-18FFC re: "Public Sector Salary Disclosure Act – 2017 Record of Employee Salaries and Benefits" for information.* Carried
Vector Borne Disease Program: Contract Award **(Report No. 010-18FFC)**	It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance and Facilities Committee recommend that the Board of Health:* 1. *Receive Report 010-18FFC re: Vector Borne Disease Program: Contract Award for information;* 2. *Approve award of the contract for the Vector Borne Disease Program, Part A-Larval Mosquito Surveillance and Control, to G.D.G. Canada in the amount of $88,195 (before taxes); and* 3. *Approve award of the contract for the Vector Borne Disease Program, Part B – Mosquito Identification and Viral Testing, to G.F.G. Canada in the amount of $22,666.25 (before taxes).* Carried

Janitorial Services – Contract Award **(Report No. 011-18FFC)**	It was moved by Mr. Meyer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee recommend that the Board of Health receive Report 011-18FFC re: Janitorial Services – Contract Award and award the following one-year contract for janitorial services to:* 1. *GDI Integrated Facility Services: $136,674 – for leased premises located at 50 King Street and 399 Ridout Street, London, Ontario; and* 2. *GDI Integrated Facility Services: $16,722 – for leased premises located at the Kenwick Mall, 51 Front Street, Strathroy, Ontario.* Carried
Verbal Update – Annual Service Plan	It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance and Facilities Committee receive the verbal update regarding the Annual Service Plan and refer it to the March 15 Board of Health meeting for approval.* Carried

The Committee moved in-camera to discuss matters regarding a proposed or pending acquisition of land and consider confidential minutes of the February 1, 2018 Finance & Facilities Committee meeting.

The next meeting will be on Thursday, April 5, 2018, at 9:00 a.m., in Room 3A, 50 King Street.

This report was prepared by the Office of the Medical Officer of Health.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 018-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 March 15

HBHC VARIANCE AND MEETING CLIENT NEEDS

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 018-18 re "HBHC Variance and Meeting Client Needs" for information; and***
2) ***Approve the use of anticipated variance to meet client needs within the HBHC program.***

Key Points

- A final CaNE education cohort in being offered in April 2018, presenting a unique opportunity to better position MLHU to meet anticipated demand for the Nurse-Family Partnership program.
- Healthy Babies Healthy Children continues to face PHN capacity challenges, and temporary part-time support would enable the team to more effectively meet HBHC program requirements
- Anticipated variance within the Best Beginnings budget for 2018 is $114,028.

Background

The Best Beginnings Team screens all families at the time of pregnancy and again at birth to identify those who are at risk for having a child with less-than-optimal growth and development. For families at risk, home visiting services are offered to pregnant women and families with young children through the Healthy Babies Healthy Children (HBHC) program, and the more intensive Nurse-Family Partnership (NFP) program. HBHC is a mandated Ministry of Children and Youth Services program which remained in effect within the new Ontario Public Health Standards, and the NFP program is being implemented through the Canadian Nurse-Family Partnership Education (CaNE) project (see Board of Health Report No. 019-17). Due to capacity issues, the HBHC program initiated a wait list on April 19, 2017 in consultation with the Ministry of Children and Youth Services (see Board of Health Report No. 028-17).

CaNE Update

Evaluation of the CaNE project is progressing well with our third-party evaluator. The Nurse-Family Partnership Team is providing intensive home visiting support to 49 clients, as well as facilitating Smart Start for Babies Teen sessions. A Community Advisory Board has recently been formed, with commitment from many key community partners, and the NFP program was formally launched in December 2017. A significant step was taken when the international licensing body granted approval for MLHU to maintain its NFP license and to continue offering the NFP program beyond CaNE's December 2018 end date.

It is anticipated that NFP PHN's will be at their maximum caseload capacity (80 clients) by mid-2018. Based on an assessment completed prior to implementing NFP, it is estimated that there are approximately 200 young women each year in London and Middlesex County who are eligible for the NFP program. As awareness of the program continues to spread and referral sources become more firmly established, MLHU's capacity to provide NFP services to all eligible, consenting young mothers will be stretched.

Through the CaNE project, intensive education (on-line and in-person) will be offered for a second and final cohort of nurses in April 2018. This presents MLHU with a unique opportunity to increase its complement of NFP PHN's.

HBHC Program Challenges

Up until a few years ago, the Best Beginnings Team relied on casual PHN's to help meet program needs, using some of its annual anticipated variance. Since moving organizationally to a temporary contract staffing model, the team has not used casual PHN's. In mid-2016, two changes were made to try to address capacity challenges: 1) the In-Depth Assessment Contact (IDAC), which had previously been completed by telephone after mothers were discharged from hospital, was completed in the hospital once discharge times were confirmed; and 2) prenatal clients who screened 'with risk', whom had previously been contacted by telephone by an HBHC PHN, were mailed a package of information with encouragement to call MLHU if any concerns arose. While these changes did address some of the team's capacity concerns, neither reflect best practices in the delivery of the program.

Since the initiation of the wait list in HBHC (see Board of Health Report 028-17), the team had a wait list for two weeks in April 2017, and from July 28 to October 30 2017, with 211 postpartum clients (average 1.5-week wait), 74 prenatal clients and 40 early ID clients (average 3-week wait, with up to 9 weeks). A wait list was reinitiated in February 2018, with 20 postpartum clients (average 1 week wait), 14 prenatal clients and eight early ID clients (average 2 week wait). There is a PHN currently on paid medical leave. Over the last year, the team has taken a number of steps to increase efficiencies.

HBHC 2018 Anticipated Variance and Proposed Plan

From 2015 and 2017, variance in Best Beginnings salaries and benefits ranged from $119,900 to $140,000. The total estimated variance in salaries and benefits for 2018 is a minimum of $114,028 (see Appendix A).

In order to take advantage of the NFP education being held in April, to position MLHU to better meet the anticipated demand for NFP, and to address the ongoing capacity challenges with the broader HBHC program, the following plan is being proposed:

- Post for a temporary contract full-time PHN in Best Beginnings, to focus on Nurse-Family Partnership work, from April to December 2018.
    - For salary and benefits, this would require between $51,854.40 and $63,093.80 of the existing Best Beginnings Team budget, depending on the successful candidate for the position.
- Secure temporary contract part-time PHN support within the regular stream of the HBHC program, from April to December 2018.
    - For salary and in lieu of benefits, this would require between $25,927.20 and $31,546.50 of the existing Best Beginnings Team budget, depending on the successful candidate for the position.
- Submit a PBMA enhancement proposal for the Best Beginnings Team for consideration in the 2019 budget planning process.

Conclusion

With approval of use of anticipated 2018 variance to hire temporary staff, the Best Beginnings Team has an opportunity to increase its capacity to offer the Nurse-Family Partnership program, and to more effectively meet HBHC program requirements in London and Middlesex County.

This report was prepared by the Best Beginnings Team, Healthy Start Division.

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

Estimated 2018 Variance for Best Beginnings Team

Best Beginnings – Wages and Benefits – Account 150 (100%)				
Position	**Vacancy Reason & Replacement Details**	**Duration of Vacancy**	**Salary & Benefits Breakdown**	**Total**
Program Assistant (full-time)	Retirement	January 1 to December 31	Salary: 49, 662 Benefits: 14, 791	65,454
Public Health Nurse (full-time)	Long-term disability Replaced with lower wage PHN	January 1 to June 15	Salary: 3,478 Benefits: 3,432	6,910
Public Health Nurse (full-time)	Temporary secondment to another team Replaced with lower wage PHN	January 1 to June 30	Salary: 8,373 Benefits: 6,669	15,042
Public Health Nurse (full-time)	Maternity leave of absence Replacement PHN also took maternity leave, and left prior to end of contract	February 10 to May 31	Salary: 15,325 Benefits: 2,832	18,157
Public Health Nurse (full-time)	Maternity leave of absence	August 1 to Dec 31	Salary: 4,973 Benefits: 3,267	8,240
Public Health Nurse (full-time)	Financial compensation from ONA for hours worked for union	January 1 to December 31	~ 6,000	6,000
Public Health Nurse (casual)	Casual contract extension	June to September 7	Salary: (12, 320)	(12,320)
Best Beginnings – Wages and Benefits – Account 870 (Cost-Shared)				
Public Health Nurse (Part-time SLN)	Delay in recruitment – process underway	February 15 to April 30	6,545 (includes salary and in lieu of benefits)	6,545
Total				**$114,028**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 014-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 March 15

2018 ANNUAL SERVICE PLAN AND BUDGET SUBMISSION

Recommendation

It is recommended that the Board of Health:

1) ***Approve the 2018 Annual Service Plan and Budget Submission (the "Annual Service Plan") in the gross amount of $20,683,800 as appended to Report No. 014-18; and***

2) ***Direct staff to submit a signed copy of the 2018 Annual Service Plan to the Ministry of Health and Long-Term Care.***

Key Points

- The Ministry of Health and Long-Term Care (MOHLTC) has introduced the Annual Service Plan and Budget Submission (hereafter "Annual Service Plan"), a comprehensive annual report to be prepared by the Board of Health to communicate to the Ministry its program plans and budgeted expenditures for the coming year.
- The 2018 Annual Service Plan includes budget information and program plans previously outlined in the 2018 Proposed Budget Summary for Ministry-funded programs only (both cost-shared and 100-percent-funded programs).

Background

The 2018 Annual Service Plan has been introduced to align local public health services funding and delivery with the Ontario Public Health Standards; it replaces the Programs-Based Grants Budget Submission. The Annual Service Plan is organized according in similar order to the Foundational and Program Standards under the newly rolled-out Public Health Standards. The Board of Health is now required to provide both narrative program plan details and budgeted financial data.

The Board of Health is also asked to identify local priorities within each program area and to provide a summary of the data used to support program delivery decisions based on an assessment of community needs, while also meeting all requirements under the Standards. In addition, the Board of Health is required to include budget information and program plans on cost-shared and 100% Ministry-funded programs only. Information supplied as part of the Health Unit's Annual Service Plan are based on the Board-approved budget for 2018.

The Ministry's deadline to submit the 2018 Annual Service Plan was March 1, 2018. The Ministry accepted a draft copy from MLHU on that date, provided that a signed copy be filed within a reasonable time frame.

Key Features of the New Reporting Format

The Annual Service Plan includes a Community Assessment, wherein the Board of Health has an opportunity to describe the communities being served, to identify strategic program and service delivery decisions, current priorities, opportunities, and challenges. In addition, this section of the Plan allows the Board to highlight information regarding local health issues, priority populations, community assets and needs, political climate, and public engagement.

The Board of Health can use the Annual Service Plan to outline for the MOHLTC how it will operationalize the directions and priorities as set out in its strategic plan. The Annual Service Plan is designed so that the Board may describe in detail the specific programs and services being delivered within the context of the Ontario Public Health Standards.

The Board has the opportunity to:

- Identify gaps in service delivery and describe how they are being addressed via local assets and partnerships;
- Demonstrate how programs and services align with the priorities of the communities being served, as identified in population health assessments;
- Demonstrate how population health information is used to identify local health needs and priority populations for each program area;
- Identify the approach used to establish program delivery priorities; and
- Outline the use of funds for each program or service, and ensure that resources are allocated in a manner appropriate to each program and related services.

The 2018 Annual Service Plan, as filed with the MOHLTC, is attached as Appendix A. The Plan provides detail on budgeted spending for cost-shared and 100% Ministry-funded programs in the gross amount of $20,683,800.

Conclusion

The 2018 Annual Service Plan and Budget Submission was introduced by the MOHLTC to align local public health services funding and delivery with the Ontario Public Health Standards, and to ensure that the Board of Health is providing programs and services in a manner that addresses the health needs identified within the communities that it serves. The 2018 Annual Service Plan includes budget information and program plans that were previously outlined in the 2018 Program and Budget Templates (PBTs).

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

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

Ministry of Health and Long-Term Care

2018
Annual Service Plan and Budget Submission

To be completed by
Board of Health for the Middlesex-London Health Unit

Table of Contents

Part 1 - Introduction and Instructions

1.1 Introduction

The Annual Service Plan and Budget Submission (the “Annual Service Plan”) is prepared by boards of health to communicate their program plans and budgeted expenditures for a given year. Information provided in the Annual Service Plan will describe the programs and services boards of health are planning to deliver in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the "Standards"), based on local needs and budgets at the program level. It is expected that the Annual Service Plan include board of health generated objectives and measures for monitoring achievements. The Annual Service Plan must reflect the requirements in the Standards.

As part of the Annual Service Plan, boards of health will describe the needs of the population they serve using the most recent available data. There is an opportunity for boards of health to provide high-level indices of the population they serve along with more specific data for unique sub-populations with common indicators of risk. This information is critical to prioritizing programs and services for the community as a whole and ensuring identified populations receive tailored support as required. The knowledge gained from implementation of the Foundational Standards will inform the preparation, implementation, and monitoring of the Annual Service Plan.

The Standards allow for greater flexibility in program delivery in several program standards including, but not limited to, Chronic Disease Prevention and Well-Being; Healthy Growth and Development; School Health; and, Substance Use and Injury Prevention. In the Annual Service Plan, boards of health will identify local priorities within each individual program area, and provide a summary of the data used to support their assessment of community need and their program delivery decisions, while also meeting all requirements under the Standards.

Please note that boards of health are required to include budget information and program plans on Ministry of Health and Long-Term Care (the ministry) funded programs only (both cost-shared and 100% funded programs), and must include 100% of budgeted expenditures (municipal and provincial portions) for these programs. Additionally, details provided in the Annual Service Plan should be based on the board of health's existing funding/budget and assume no change to the provincial base allocation (see Schedule A of your board of health's most recent Accountability Agreement). Any funding required over the existing provincial allocation must be requested in the Base and/or One-Time Requests worksheets provided in the Annual Service Plan.

The deadline to submit the 2018 Annual Service Plan and Budget Submission is March 1, 2018.

In order to assist boards of health in completing the Annual Service Plan, instructions and a glossary of terms have been provided in this worksheet.

1.2 Instructions

The Annual Service Plan is organized according to the order of the Foundational and Program Standards in the Standards. Boards of health are required to provide details on all programs and services planned under each Standard. Beginning in 2018, the Annual Service Plan template replaces the Program-Based Grants Budget Submission template, and now require that boards of health provide both narrative program plan details and budgeted financial data. For a list of admissible expenditures that can be included in the budget, refer to the current Public Health Funding and Accountability Agreement.

The Annual Service Plan includes multiple worksheets that have been colour-coded. In each worksheet, cells that require input have been colour-coded blue. Cells that are pre-populated with data previously inputted are colour-coded white.

The Annual Service Plan worksheets are organized as follows:

Table of Contents - The Table of Contents is organized according to the order of the Standards, followed by budget worksheets, base and one-time request worksheets, board of health membership, and key contacts and certification by the board of health. Each heading has been linked to the appropriate worksheet.

Part 1 - Introduction and Instructions

Part 1 - Introduction and Instructions - Provides an overview of the intent of the Annual Service Plan, instructions on how to complete the worksheets, a glossary to ensure consistency in the definition of specific terms, and sample examples of programs and public health interventions.

Part 2 - Community Assessment - Boards of health are required to provide a high-level description/overview of the community(ies) within their public health unit. Length of inputted content has been limited to the space provided (up to 4,000 characters).

Part 3 - Program Plans - This group of worksheets requires boards of health to provide a narrative and a summary budget for each program the board of health plans to deliver under each Standard.

The Program Plan worksheets are organized as follows:

3.0 - List of Programs - Boards of health are required to list all programs planned under each Program Standard before completing the Program Plan worksheets. The program names inputted on this form will pre-populate onto each Program Plan worksheet and applicable Budget worksheets. Boards of health can list up to ten (10) programs under each Program Standard, with the exception of Chronic Disease Prevention and Well-Being, which has space for twenty (20) programs. The number column to the left of the program name has been linked to the section of the program plan applicable to that program.

The List of Programs must also include any ministry funded "related" public health programs and services that support a specific Standard(s), with the exception of the MOH / AMOH Compensation Initiative. Related programs include, but are not limited to: the Chief Nursing Officer Initiaitve, *Electronic Cigarettes Act* : Protection and Enforcement, Enhanced Food Safety and Enhanced Safe Water Initiatives, Harm Reduction Program Enhancement, Healthy Smiles Ontario Program, Infection Prevention and Control Nurses, Infectious Diseases Control Initiative, Needle Exchange Program Initiative, Small Drinking Water Systems, Smoke-Free Ontario Strategy: Prosecution, Smoke-Free Ontario Strategy: Protection and Enforcement, Smoke-Free Ontario Strategy: Tobacco Control Coordination, and Vector-Borne Diseases Program.

Some public health programs, including related programs, may support all or multiple Standards. Boards of health are required to allocate these programs across all of the applicable Standards. If there is duplication of narrative details in the program plans, boards of health may avoid duplication in the narrative details by indicating the location in the Annual Service Plan where the information has already been provided.

If a related program is budgeted entirely as a funding source under Foundational Standards (e.g., Social Determinants of Health Nurses) in the Allocation of Expenditures worksheet, boards of health are required to provide a narrative description of their activities for that related program in the applicable Foundational Standards worksheets.

Part 1 - Introduction and Instructions

3.1 to 3.13 Program Plans - There is a worksheet for each Standard and sub-Section of a Standard, where appropriate. In each Program Plan worksheet, boards of health are required to provide summary narrative details on community needs/priorities, key partners/stakeholders, and programs/services that boards of health plan to deliver in 2018, including a list and descriptions of all public health interventions within each program (space for up to 10 public health interventions has been provided).

Each program includes a summary budget and sources of funding. Boards of health are not required to input data in these summaries as this data will pre-populate from budget data inputted by the board of health in the Budget worksheets. As noted above, boards of health must identify any ministry funded "related" program as a Program under the appropriate Program Standard and include a list and descriptions of all public health interventions within that "related" program.

Part 4 - Budget Allocation and Summaries - Includes a set of worksheets to allocate staffing and other expenditures for each Standard and program identified in the program plans, including "related" programs. Boards of health are required to identify sources of funding in the allocation of expenditures worksheet. This includes mandatory programs (cost-shared) as well as provincially funded “related” programs. Please see the Budget Summary worksheet for a list of provincially funded programs that are required to be reflected as programs and funding sources (or Schedule A of your most recent Accountability Agreement).

The Budget worksheets are organized as follows:

4.1 Staff Allocation to Standards - Boards of health are required to input the total number of full-time equivalents (FTEs) and total budget for each position in the blue coloured cells. Boards of health will then be required to allocate these FTEs to the applicable Standard until all unallocated FTEs have been allocated and there is no validation error in the Unallocated FTEs column. Cells across a position row will remain yellow until the total FTE amount for that position has been allocated correctly. Boards of health are also required to input the total FTEs and total budget for the medical officer of health position and each administrative position in this worksheet. Note that boards of health are not required to allocate the medical officer of health position and administrative positions across the Standards.

4.2 Staff Allocation to Programs - Total FTEs per position will pre-populate from worksheet 4.1 for each Standard. Boards of health are required to input the total FTEs for each program in that Standard.

4.3 Allocation of Expenditures - No data input is required for salaries/wages as this data will pre-populate from worksheet 4.2. Boards of health are required to enter a total percentage (%) of benefits for the entire organization (entered once under Foundational Standards). This % amount will calculate a portion of benefits for each program under each Standard automatically. All other expenditure categories require the input of data to allocate expenditures across each program as appropriate. Costs associated with the office of the medical officer of health, administration and other overhead/organizational costs are to be input into a table at the end of this worksheet as an indirect cost and are not to be allocated across the Standards or Programs. Formula cells related to benefits have been left unlocked should boards of health need to adjust the proportion of benefits per program to be more reflective of the actual costs.

4.4 Budget Summary - This worksheet summarizes budget data at 100% (municipal and provincial portions) and the provincial share. The budget summary is not a budget request for additional funding. Any requests for additional base or one-time funding must be included in the Base and/or One-Time Requests worksheets.

Part 1 - Introduction and Instructions

Part 5 - Base and One-Time Funding Requests - Any requests for additional base and/or one-time funding must be identified in the base and one-time funding requests worksheets in this Workbook. Each worksheet includes a limit of 10 requests each for base and one-time. A Summary worksheet automatically populates total base and one-time funding requested.

Funding requests for the MOH/AMOH Compensation Initiative and one-time funding requests for capital and infrastructure improvement projects should **not** be included in the Annual Service Plan.

Part 6 - Board of Health Membership - Details on board of health membership.

Part 7 - Key Contacts and Certification by the Board of Health - Details on key contacts and signatures required for the Annual Service Plan and Budget Submission template.

1.3 Glossary

Standard - The categories used in the Standards to describe the full range of public health programs and services that are required to be delivered by boards of health in Ontario.

Section - A sub-section of a Standard. Used only for those Standards where appropriate.

Program - A logical grouping of public health interventions related to a specific program. May be disease specific, topic specific, or population/age specific, or other.

Public Health Intervention - An organized set of public health actions to deliver a program or service. May be delivered in single or multiple locations.

Examples of a possible intervention per Program and per Standard are provided as follows:

Standard - Health Equity
Section - N/A
Program - Social Determinants of Health Nurses
Public Health Intervention - Modifying programs to address health equity

Standard - Chronic Disease Prevention and Well-Being
Section - N/A
Program - Healthy Living
Public Health Intervention - Healthy living workshops and education

Standard - Food Safety
Section - N/A
Program - Food Handler Certification
Public Health Intervention - Food-handler training courses

Standard - Healthy Environments
Section - N/A
Program - Health Hazards
Public Health Intervention - Engagement and advocacy

Part 1 - Introduction and Instructions

Standard - Healthy Growth and Development
Section - N/A
Program - Healthy families
Public Health Intervention - Prenatal education

Standard - Immunization
Section - N/A
Program - HPV Immunization
Public Health Intervention - Vaccine distribution

Standard - Infectious and Communicable Diseases Prevention and Control
Section - N/A
Program - Communicable Diseases
Public Health Intervention - Follow up on all reportable communicable diseases

Standard - Safe Water
Section - N/A
Program - Enhanced Safe Water
Public Health Intervention - Surveillance of recreational water facilities

Standard - School Health
Section - Oral Health
Program - Healthy Smiles Ontario
Public Health Intervention - Oral health screening

Standard - Substance Use and Injury Prevention
Section - Substance Use
Program - Alcohol and Substance Misuse
Public Health Intervention - Health promotion, communication and education

Part 2 - Community Assessment

Please use this section to provide a high-level description of the community(ies) within your public health unit. This information should provide sufficient detail to enable the ministry to understand program and service delivery decisions and appreciate unique priorities, opportunities, and challenges. This will provide the broad context in which all programs and services are delivered. Program specific contextual factors including priority population considerations may be provided here and/or within the individual program sections. This section may include information regarding local population health issues, priority populations (including Indigenous populations), community assets and needs, political climate, and public engagement.

Also, please include discussion of any unique challenges, issues or risks faced by your community(ies) which are influencing the work of your board of health.

Maximum 4,000 characters *Length = 3994*

Part 2 - Community Assessment

Middlesex-London (M-L) is a mix of rural and urban communities. Eighty-three percent of residents live in the city of London. The most commonly reported ethnic origins are English, Canadian, and Scottish, and 80.1% of residents report English as a mother tongue. Demographics have shifted in recent years with the population becoming more diverse; in 2016, 17.0% of residents identified as a visible minority, compared to 13.7% in 2011. The top visible minority groups are Arab, South Asian, and Black. Immigrants make up 20.3% of the population. Recent immigrants make up 2.6% of the population, and the largest proportion were from Syria (10.5%), India (8.5%), and China (8.0%).

There are three First Nations communities in M-L: Chippewas of the Thames First Nation, Oneida Nation of the Thames, and Munsee-Delaware Nation. Approximately 2.5% of the ML population identify as Aboriginal in census data, however recent estimates derived from Indigenous-led health studies indicate that as many as 30,000 people of Indigenous origin live in the area (6.6%). The average age of the Aboriginal population in M-L (31.6 years) is lower than that of the rest of the population (40.4 years). Compared to the non-Aboriginal population, Aboriginal populations in Canada face a number of health disparities due to inequities in the distribution of social determinants of health. In London, Aboriginal people make up a disproportionate amount of the local homeless population; 29% of respondents identified as Indigenous or having Indigenous ancestry.

The top three leading causes of death in the M-L area are cardiovascular diseases, respiratory diseases, and injuries. However, the greatest number of potential years of life lost are from injuries, followed by cancers, cardiovascular disease, and then respiratory diseases. The rates of opioid-related emergency department visits and hospitalizations in M-L in 2016 were higher compared to the province, however death rates were similar.

The proportion of M-L residents in low income was 21.5% higher in 2015 (17.2%) compared to in 2005 (13.5%). The low-income rate was higher among those under 18 years of age. While the number of households in M-L has increased by 11.5% between 2006 and 2016, the median total income of households has changed -1.2% over the same period. The overall unemployment rate is 7.4%, lower than previous years. The rate is 17.5% for those aged 15 to 24 years.

In 2015, 2,670 unique individuals accessed emergency shelter in London. Between 2011 and 2016, the average length of stay in emergency shelters increased by 21% to 41 nights. London has a Homeless Prevention System and a number of community assets to provide emergency and longer-term housing for those in need. In a 2017 survey of homeless individuals in London: 58% experienced homelessness for six months or more in the past year, 50% reported homelessness was caused by an experience of abuse or trauma, and 33% reported housing loss due to substance misuse. Among individuals with unstable housing and those who inject drugs, diseases such as HIV, hepatitis C, invasive group A streptococcal infections, and infective endocarditis, as well as opioid misuse and overdoses are primary areas of concern.

Teenage pregnancy rates in M-L are higher compared to Ontario. Pregnant teens have higher reported rates of smoking, drug use, alcohol use, anxiety, and depression compared to other maternal age groups, as well as lower rates of breastfeeding intention. With regards to risk factors for health child development, M-L has a significantly higher percentage of infants whose mother is a single parent, whose family is in need of newcomer support, whose family has concerns about money, and for which there is no designated primary care provider for the mother and/or infant.

There are many successful partnerships between agencies in the M-L community whose collaborative efforts lead to greater impact in addressing health issues facing our local community.

Board of Health for the Middlesex-London Health Unit

Part 3 - Program Plans

3.0 - List of Programs

Chronic Disease Prevention and Well-Being

#	Program Name	#	Program Name
1	Tobacco Cessation	11	
2	One Life One You- CDP & Youth Engagement	12	
3	Food Systems	13	
4	Food Insecurity/Food Literacy/Food Skills	14	
5	Active Living	15	
6	Ultraviolet Radiation/Sun Safety	16	
7		17	
8		18	
9		19	
10		20	

Food Safety

#	Program Name
1	Food Safety - Surveillance and Inspection
2	Food Safety - Management and Response
3	Food Safety - Awareness, Education, Training and Certification
4	Food Safety - Reporting and Disclosure
5	Enhanced Food Safety Funding
6	
7	
8	
9	
10	

Healthy Environments

#	Program Name
1	Healthy Environments - Surveillance and Inspection
2	Healthy Environments - Management and Response
3	Healthy Environments - Awareness and Education
4	
5	
6	
7	
8	
9	
10	

Healthy Growth and Development

#	Program Name
1	Nurse-Family Partnership
2	Preconception Health
3	Prenatal Health
4	Preparation for Parenthood
5	BFI
6	Sexual Health Awarenesss and Education
7	Early Years Direct Client Service & Referral
8	Early Years Partnership & Collaboration
9	Early Years Education & Skill-Building
10	HBHC & Infant Hearing Screening

Immunization

#	Program Name
1	Immunization Clinics
2	Cold Chain Inspection and Incident Follow-up
3	Screening and Enforcement
4	Education and Consultation
5	Vaccine Inventory and Distribution of Publically-Funded Vaccines
6	
7	
8	
9	
10	

Infectious and Communicable Diseases Prevention and Control

#	Program Name
1	Rabies Prevention and Control
2	Vector-Borne Disease
3	Reportable Disease Follow up and Case Management
4	Outbreak Management
5	Inspections
6	Infection Prevention and Control Investigations
7	Health Promotion and Education
8	Sexual Health Clinic Services
9	Sexually Transmitted Infection follow-up
10	HIV Leadership

Safe Water

#	Program Name
1	Drinking Water
2	Recreational Water
3	Small Drinking Water Systems
4	Enhanced Safe Water Initiative
5	
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School Health

School Health - Oral Health

#	Program Name
1	School-based Dental Screening Program
2	Healthy Smiles Ontario
3	Fluoride Varnish and Fluoride Monitoring
4	Smile Clean
5	
6	
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School Health - Vision

#	Program Name
1	
2	
3	
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School Health - Immunization

#	Program Name
1	Screening and Enforcement
2	School Based Immunization Clinics
3	Education and Consultation
4	
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School Health - Other

#	Program Name
1	Healthy Schools
2	Situational Supports
3	Parenting
4	Curriculum Supports
5	
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Substance Use and Injury Prevention

Substance Use

#	Program Name
1	Harm Reduction
2	Alcohol and Other Drugs
3	SFO - Tobacco Control Coordination
4	SFO - Protection & Enforcement
5	SFO Prosecution
6	SFO Youth Engagement (Youth Tobacco Use Prevention)
7	Electronic Cigarette Act
8	Cannabis
9	SFO Tobacco Control Area Network Coordination - SWTCAN
10	SFO Tobacco Control Area Network Prevention - SWTCAN

Injury Prevention

#	Program Name
1	Road Safety
2	Childhood Injury Prevention
3	Fall Prevention and Healthy Aging
4	
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Foundational Standards

3.1 Population Health Assessment

A. Description

MLHU's Population Health Assessment and Surveillance Team (PHAST) plans to determine the local data needs of program teams and access data systems and repositories (e.g. iPHIS, intelliHEALTH, CCHS, RRFSS) to provide relevant health assessment and surveillance information to support timely decision making. Standardized reporting tools (e.g. PHO snapshots) will be used to avoid duplication of analytic work. To address data gaps, we have reallocated resources to develop or acquire new data sources (e.g. local oversampling of OSDUHS). Analysis and interpretation will be provided for large scale projects, and consultations with staff and managers to support ongoing planning and decision making. Using tools and processes established within the newly developed Planning and Evaluation Framework (PEF) at MLHU, data products and information will be provided in a meaningful, clear and consistent way to those who use them. Service will be provided mainly to program managers and staff. Projects, such as the Community Health Collaborative Indicator Project, will be done with our partners such as SWLHIN, Western University, London Health Sciences Centre (LHSC), City of London and others with common data needs. Through these and other assessment and surveillance activities the board of health will be informed about the public health need in the community. This work supports the Program Budgeting Marginal Analysis process, an annual budget reallocation process that incorporates assessment and surveillance data to ensure impactful programs and services are delivered to the Middlesex-London community.

B. Objectives

1. Conduct, interpret and use surveillance to communicate information on risks to relevant audiences.
   Outcome: Monitor and detect important health issues and emerging priorities in the local population.
2. Assess current health status, health behaviours, demographics, preventive practices, risk and protective factors, health care utilization relevant to public health.
   Outcome: Data from sources that informs health status are analyzed and interpreted.
3. Provide population health information, including social determinants of health and health inequities to programs to help identify needs of the local population and identify priority populations.
   Outcome: Populations experiencing disproportionate burden of illness are identified and effective programming is developed to reduce the burden.
4. Provide population health, social determinants of health, health inequity information and other relevant sources of information to public, partners and health care providers.
   Outcome: Community partners and public are aware of local health needs.
5. Continue engagement with the SWLHIN.
   Outcome: Coordinate common population health assessment work and goals.

C. Key Partners / Stakeholders

PHAST will work with MLHU's Program Planning and Evaluation (PPE) and Health Equity Core (HECT) teams to provide population health assessment and surveillance (PHAS) services and contribute to effective public health practice across the organization. Further, PHAST will collaborate with the program teams in Healthy Start, Healthy Living, and Environmental Health & Infectious Diseases divisions to support their program-specific PHAS requirements.

The SWLHIN is a key partner with whom PHAST will coordinate to deliver PHAS services relevant for the M-L region, which corresponds to the SWLHIN London Middlesex sub-region. Other external partners include: community service providers who share data with MLHU (e.g., LHSC, London CAReS, school boards); other groups with expertise in analytical approaches relevant for public health (e.g., APHEO colleagues, Western University); and agencies providing provincial leadership in surveillance and assessment (e.g., PHO, MOHLTC).

D. Indicators of Success

% of Accountability Agreement indicators where support from the population health assessment and surveillance team was requested was delivered

# of projects in which population health assessment was provided

# of projects in which surveillance data were provided

# of Research Advisory consultations/reviews provided

E. Description of Related Programs

The staff complement of PHAST is 2.0 FTE data analysts and 3.0 FTE epidemiologists. PHAST funding includes:

1. As part of the Communicable Disease and Sexual Health Services 100% funding provided each year by the MOHLTC (Infectious Diseases Control Initative), funding for 1.0 FTE epidemiologist position, to support epidemiological and PHAS activities related to infectious diseases and environmental health.
2. The remainder of the PHAST budget is funded through MLHU's cost-shared budget.

Foundational Standards

3.2 Health Equity

A. Description

Health equity (HE) features prominently on MLHU's strategic plan, with a number of internally-focused initiatives. A staff learning needs assessment related to HE competencies resulted in an approved 3-yr HE capacity building plan for MLHU staff, with further development and implementation underway in 2018. After high-level analysis of the "Health Equity Indicators for Ontario Local Public Health Agencies" using criteria to help prioritization, a number of prioritized indicators will be further analyzed to assess current compliance and areas of action determined; one of the indicators relates to routine data analysis of health outcomes by demographic/ socioeconomic variables. A health equity lens will be embedded into the MLHU Planning and Evaluation Framework and associated tools that will be finalized in 2018 (e.g., HE concept guide & primer, clear process for identifying priority populations). An organizational diversity and inclusion assessment will be completed, with recommendations identified. Consultative support re: health equity action will be provided to all teams, as needed. Efforts to strengthen advocacy skill and action will continue through internal policy implementation and education. The Newcomer Services Coordinator will work to enhance internal approaches to work with newcomers, and engage in community collaboration. Leadership in collaborative system-level assessment and recommendations for newcomer health settlement will be provided. The new Indigenous Lead will focus on strengthening relationships with Indigenous communities and organizations and First Nations, and will collaboratively develop an organizational reconciliation strategy. There will also be engagement in a number of collaborative efforts aimed at reducing health inequities.

B. Objectives

Objectives of this work are to:

1. Increase staff and organizational capacity related to public health competencies, specifically in the areas of advocacy, Indigenous health and public health sciences for the year 2018.
2. Complete assessment, identify recommendations, and begin implementation of recommendations related to prioritized health equity indicators related to Roles #1, 4, 5 from the “Health Equity Indicators for Ontario Local Public Health Agencies” document.
3. Complete process of embedding a health equity lens into the MLHU Planning & Evaluation Framework and provide education and consultative support as needed across the agency, to ensure program staff consider health equity during planning and evaluation of programs (including effectively identifying and engaging priority populations)
4. Respond to all consultative requests
5. Engage external body to complete organizational diversity and inclusion; determine plan for implementation of recommendations provided
6. Implement internal advocacy policy and use of accompanying process planning guide
7. Engage in selected intersectoral community collaborations related to newcomers, Indigenous Populations, and health inequities reduction
8. Engage Indigenous communities in ways that are meaningful to them

C. Key Partners / Stakeholders

Internal partners include Human Resources; Directors (from Healthy Start, Healthy Living, Environmental Health and Infectious Disease); Health Equity Advisory Taskforce and its workgroups, with members representing various disciplines and all divisions as well as the CNO; Planning and Evaluation Team; epidemiologists; Newcomer Services Committee, with representation across program areas (this committee will be formed in 2018); Nursing Practice Council

External partners include newcomer service providers and collaborative groups; Indigenous-led organizations and neighbouring First Nations; external consultants (organizational assessment, staff education sessions); LHIN (newcomer health settlement system-level work); Western University

D. Indicators of Success

BOH-reported indicators include: 1) % of 'Health Equity Indicators for Ontario Local Public Health Agencies' indicators agency is working towards and/or have been met, and the degree of progress towards achievement of indicator(s) (minimal, moderate, significant); and 2) degree of progress towards completion of health equity/SDOH initiatives on the strategic plan (minimal, moderate, significant).

Additional indicators include: # of sessions/online modules provided to staff; # of staff participating in HE capacity building initiatives; # and result(s) of HE consultation requests; and #, type and outcomes of internal and external collaborations.

E. Description of Related Programs

Not applicable

Foundational Standards

3.3 Effective Public Health Practice

A. Description

The Program Planning and Evaluation (PPE) Team provides support forprogram planning, evaluation and evidence-informed decision-making across MLHU.

The PPE Team implements this standard in the following ways:

- The development and use of a comprehensive planning, implementation and evaluation framework that integrates the best available research, evaluation evidence and contextual factors such as local population health issues, priority populations, community assets and needs, political climate, public engagement and available resources;
- Assisting programs with documentation of their implementation planning and the information that was used to inform them;
- Establishing indicators for the routine monitoring of program activities and outcomes;
- Development of an organizational continuous quality improvement framework and strategy;
- Building program planning and evaluation capacity through individual skills and knowledge development;
- Enhancing a support organizational environment for program planning and evaluation;
- Engaging in knowledge exchange activities with numerous stakeholders;
- Fostering relationships with researcher, academic partners, and others who support public health research and knowledge exchange activities;
- Developing measures for client, community, community partner and stakeholder experience;
- Routine continuous quality improvement activities and recommendations;
- Exploration of external review, such as accreditation

B. Objectives

The objectives of the Program Planning & Evaluation Team are:

- Ensure that public health programs and services are reflective of local health issues, the best available evidence, and the local context;
- Continually modify public health programs and services to address issues relating to program effectiveness;
- Make the community aware of the factors that determine the health of the population;
- Conduct research and knowledge exchange that is reflective of effective partnerships;
- Use communication strategies that reflect local need and appropriate communication modalities;
- Inform the public of ongoing public health program improvements;
- Make the community aware of inspection results to support making evidence-informed choices;
- Ensure that program improvement enhance client and community partner experience.

C. Key Partners / Stakeholders

The Program Planning & Evaluation Team will work with MLHU's Population Health Assessment & Surveillance Team (PHAST) and Health Equity Core (HECT) teams to provide program planning, evaluation and continuous quality improvement services across the organization. Further, Program Planning and Evaluation will collaborate with the program teams in Healthy Start, Healthy Living, and Environmental Health & Infectious Diseases divisions to support their program-specific Effective Public Health Practice requirements.

External partners include: community service providers who share data with MLHU (e.g., LHSC, London CAReS, school boards); other groups with expertise in evidence-informed decision making approaches relevant for public health (e.g., COPPHE, OPHLA, colleagues, NCCMT, Western University); and agencies providing provincial leadership in planning and evaluation (e.g., PHO, MOHLTC).

D. Indicators of Success

Status of the Organizational Planning and Evaluation Framework
# of planning and evaluation (P&E) projects prioritized by the Senior Leadership Team and supported by Program Planning & Evaluation staff (% completed)
# of P&E consultations delivered for emerging projects
(%) of library literature searches delivered within 2-4 weeks of receipt of request
(%) of library knowledge resources (e.g., articles, books) delivered within 5 business days
of Resource Lending System (RLS) resource requests filled
# of projects involving partnership/collaboration with community researchers

E. Description of Related Programs

The Community Health Nursing Specialist (CHNS) & Chief Nursing Officer (CNO) support effective public health practice; they provide nursing practice leadership, promote CQI, support professional development, liaise with academic/community partners, further organizational effectiveness, and promote full development & use of nursing capacity/competencies, through specific activities (for nurses & others) such as: provide consultative support for nursing practice issues; contribute to policy/procedure/medical directive development; lead Nursing Practice Council; support implementation of BPG's, legislation, regulations, & competencies; plan agency-wide professional development opportunities; support certifications; support/maximize academic partnerships (e.g., support students, contribute to development of public health nursing elective course at Western University); consider and address needs related to CQI in nursing practice (e.g., medication incident procedure; Client and Community Partner experience project); promote competency-based performance evaluation; and engage in various local, regional, and provincial nursing practice strategic initiatives.

PHNs in the Health Care Provider Outreach (HCP) program also support this Standard, using an agency wide integrated and coordinated approach to improve collaboration between primary care and public health.
They support the work of MLHU teams to determine local HCP needs and optimal outreach strategies. They enhance the practice of local HCPs through the delivery of timely, credible, reliable, evidence-based information, services, and resources through monthly e-Newsletters, annual office visits, resource binder, website, workshops, and other educational opportunities.

Foundational Standards

3.4 Emergency Management

A. Description

Until such time as the new provincial guidance documents are received (tied to the new Ontario Public Health Standards), we progress using the 2015 Emergency Management Protocol requiring that the board of health shall; Identify and assess the relevant hazards and risks to the public's health; Develop a continuity of operations plan to sustain the ongoing functioning of time-critical services during business disruptions; Develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified hazards for which the board of health and medical officer of health will have a lead role in responding to, consistent with an Incident Management System; Develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies; Increase public awareness regarding emergency preparedness activities in cooperation with community partners; Ensure the provision of emergency preparedness and response education and training for board of health staff; Ensure that its officials are oriented on the board of health's emergency response plan in accordance with the Public Health Emergency Preparedness Protocol, and; Exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedure.

B. Objectives

Maintain an assessment of hazards and risks to public health, and threats to the continuity of public health time critical programs and services. Develop and maintain both an emergency response and business continuity plans for the MLHU, train all staff with responsibilities outlined in both plans, ensure external stakeholders are aware of the plans and their contents, ensure alignment with the city and county emergency plans and develop and train staff to the Incident Management System model of operations. Conduct both emergency response and business continuity exercises to validate plans and build staff confidence. Work in partnership with the City of London to employ the Alert London technology for incident management team and all MLHU staff emergency notifications. Work with the Ministry of Health and Long Term Care to use the Emergency Management Communications tool to share information during any incident with the Ministry and other health sector partners. Coordinate with external agencies to ensure their notification procedures include the MLHU. Attend community events to provide education on public health emergency preparedness, response and recovery practices. Support the public awareness and education activities of the city and the county. Prepared, maintain and distribute appropriate public health emergency education tools and products. Recruit, train and maintain an appropriate sized team of Community Emergency Response Volunteers.

C. Key Partners / Stakeholders

All MLHU Divisions, Programs and Services will participate in components of emergency preparedness, response and recovery planning, training and exercising. External partners include the Emergency Management functions of the City of London, the County of Middlesex and all Local Area Municipalities. Additional external partners include the Ministry of Health and Long Term Care Emergency Management Branch. The Office of the Fire Marshall and Emergency Management. Public Health Ontario Emergency Preparedness. The London Police Service. The London Fire Service. London-Middlesex Paramedic Services. Neighbouring Health Units and the Ontario Public Health Emergency Management Network. London and area Hospitals and Health Sector Partners. Western University and Fanshawe College.

D. Indicators of Success

Reports on emergency and continuity plan development (including attachments and risk specific plans) and annual updates including an incident management system standard operation guidelines. Staff engagement in plan development, staff training and exercises (including at the division level, MLHU corporate and in support of the city and county exercises). Post exercises and post events after action reporting will be conducted including reporting to the board of health. Public awareness and education activities will be conducted with reporting to the board of health. Finally, an annual emergency

management program compliance report will be prepared for the board of health outlining all activities conducted within the year to ensure compliance with the Ontario Public Health Standards.

E. Description of Related Programs
Not Applicable

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Go to List of Programs

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Length = 1725

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address risk and protective factors for chronic disease prevention and well-being; and,
b) Your board of health's determination of the local priorities for programs of public health interventions that addresses risk and protective factors for chronic disease prevention and well-being with consideration to the required list of topics identified in the Standards.

Smoking Prevalence and Quit Intentions: 18.3% of adults (19+) in Middlesex-London (M-L) are current smokers (daily and occasional)(CCHS 2013/14). For pregnant/postpartum women in M-L, the smoking in pregnancy rate was 13% at first prenatal visit and 11.4% at admission in 2015; 22% admitted to hospital to give birth resided with a smoker in 2015 (BORN Ontario data). Youth (12 - 19 yrs) smoking abstinence rate in Middlesex-London (never smokers) is 89.2% (CCHS). In addition to population level surveillance data (CCHS, OSDUHS), the Quit Clinic evaluation will provide us with formative and summative evaluation data.
Ultraviolet Radiation Exposure: 36.6% of adults in M-L aged 18 yrs plus reported getting a sunburn in the last 12 months. The Health Unit will monitor melanoma cancer rates; males in M-L had significantly higher incidence rates of melanoma than males in ON (Ontario Cancer Registry - 2005 to 2007).
Food Systems, Food Insecurity and Food Literacy: 39.1% of M-L adults report eating fruits and vegetables 5 or more times per day (CCHS 2013/14); 11.9% of households in M-L are food insecure (CCHS 2012-2014); 92.9% of M-L adults 18 years and older think that drinking sugar sweetened beverages can affect health (RRFSS). The 2016 Community Food Assessment provides insights and assets that will be used to inform program developments. The LDCP Food Literacy project (MLHU is co-lead) is developing and validating a food literacy/food skills tool which will be used in the future to evaluate local programming.
Active Living: CCHS (2013/14) the proportion of M-L residents who were active in their leisure time at 24.1% was significantly lower than the proportion in Ontario and the lowest in the province.

Length = 1796

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Internal Partners: Child Health and Young Adult Teams; Environmental Health – Food Safety, Health Hazards, Climate Change; Oral Health Team; Infectious Disease Control Team; Reproductive Health, Best Beginnings and Nurse Family Partnership Teams.
External Partners: City of London; County of Middlesex and the eight lower tier Municipalities; Healthy Kids Community Challenge partnerships; London's Child and Youth Network (Ending Poverty Priority and Healthy Eating and Healthy Physical Activity Priority); the Ontario Dietitians in Public Health; St. Joseph's Healthcare; London Health Sciences Centre; Middlesex Hospital Alliance; Southwest Community Care Access Centre; Canadian Cancer Society – Elgin London Middlesex; CCS- Smokers' Helpline; Centre for Addiction and Mental Health; You Can Make It Happen Working Group; Ontario Coalition for Smoke-free Movies; Western University; Fanshawe College; Brescia University College; London and Area Food Bank; United Way London and Middlesex; Canadian Mental Health Association; London Intercommunity Health Centre; Middlesex-London Food Policy Council; Covent Garden Market; Farmers' & Artisans' Market at the Western Fair; On the Move Organics; Southdale Farmers' and Artisan's Market; Youth Opportunities Unlimited; Southwest Regional Cancer Program; South Central Ontario Region Economic Development Corporation; Sustain Ontario; Ontario Food Collaborative; group homes and other community-based programs targeting at-risk youth; Western Fair District; London Training Centre; London Community Resource Centre; PHO; M2K Coalition; Dietitians of Canada; EatRight Ontario; Old East Village Grocer; Smoking and Health Action Foundation; London Community Foundation; Ontario Sun Safety Working Group; ReForest London; YMCA; Leave the Pack Behind

C. Programs and Services

Program: **Tobacco Cessation**

Description

Length = 1750

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Tobacco cessation is essential to reduce the morbidity and mortality associated with tobacco use. Lung cancer is the second leading cause of death in Middlesex-London for 2005-2007 according to Ontario Mortality Data extracted in 2011. In 2014, 19.6% of Ontarians aged 12 years or over reported past 30-day use of various tobacco products (including cigarettes, cigars, pipes, snuff or chewing tobacco, excluding waterpipe and electronic cigarettes). This represents 2.3 million tobacco users (CCHS 2014). In Middlesex-London, just over 18% of adults aged 19 years and over reported that they were current smokers (CCHS 2013/2014). The burden of tobacco addiction and tobacco-related illness and the impact of interventions are not distributed equally across all populations within the Middlesex-London region; smoking status varies by gender (more males than females), age (higher proportion of young adult smokers), socioeconomic status (lower income, lower education), mental illness and co-addictions (other substances and gambling). Priority populations: LGBTQ; outpatients and discharged patients from St. Joseph's Healthcare, London Health Sciences Centre (including London Regional Cancer Centre) through established referral mechanisms; low Income; individuals with mental illness; clients of the Health Unit's clinical services; youth and young adults; and, preconception, pregnant and breastfeeding women and their partners. The program aims to increase healthcare provider capacity and strengthen relationships to create a network of person-centred and equitable cessation services in our community, and aims to create environments that promote and support quitting through mass media-based and social-media based education and policies.

Objective

Length = 796

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Decrease tobacco-related disease and death in Middlesex-London through the provision of cessation services targeted to priority populations
• to increase the number of quit attempts by tobacco users by increasing access to free NRT and increasing awareness of cessation services and campaigns in 2018
• to increase the number of healthcare providers in Middlesex-London that integrate at least one of the 5As into their current or daily practice by the end of 2018
• to increase the number of policies within workplaces, healthcare facilities and municipalities that promote and support cessation
• to increase capacity of cessation staff by the end of 2018 to implement the recommendations from the 2014 best practice summary for engaging LGBTQ youth/young adults within Middlesex-London in 2018

Indicators of Success

Length = 1085

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

of registrants from Middlesex-London in the WouldURather Contest and the First Week Challenge
• Social Media Metrics - # of impressions, # of interactions, # of engagements
• 80-100 individuals will have engaged in a quit attempt through STOP on the Road per year
• # of STOP clients integrated into Quit Clinic from STOP on the Road workshop
• # of Quit Clinic clients from referrals from healthcare partners
• # clients seen in the Quit Clinic
• # clients completing Quit Clinic evaluation
• % of clients with a successful quit attempt / reduction in tobacco use
• # STOP clients requiring more assistance
• # of healthcare/hospital organizations engaged in smoking cessation best practice/policies
A robust evaluation of the Clinic began in 2017 and will continue in 2018/2019, with three overarching evauation questions being addressed through monitoring and evaluation methods: (1) Utilization: are the services being utilized and to what extent (2) Coverage: Are priority populations/target populations being reached? (3) Impact: Were the intended health behaviours improved?

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	180,150
Benefits	46,839
Travel	2,749
Professional Services	750
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	104,166
Total	**$334,654**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	334,654
Total	**$334,654**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Program: Tobacco Cessation

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = *37*	*Length =* *862*
Direct Services - Tobacco Quit Clinic	1.5 FTE TEACH-trained Public Health Nurses deliver behavioural interventions, combined with the provision of nicotine replacement therapy to priority populations, including: LGBTQ; outpatients and discharged patients from St. Joseph's Healthcare and London Health Sciences Centre (including London Regional Cancer Centre) through established referral mechanisms; low income/low SES who lack access to tobacco cessation services and NRTs; individuals living with mental health challenges; clients of the Health Unit's Sexual Health clinic; and, preconception, prenatal and breastfeeding women and their partners. PHNs working in secondary schools are also providing smoking cessation counselling and dispensing NRT (when appropriate). PHNs from the Nurse Family Partnership and Best Beginning Teams also provide counselling and dispense free NRT when appropriate.
Length = *48*	*Length =* *494*
Healthcare Provider Outreach - Capacity Building	Promotion of the "You Can Make it Happen" campaign and distribution of materials, promoting the implementation/integration of 3, 4 or 5As into healthcare practice so that clients are screened for their tobacco use at every point of entry into the healthcare system. The Health Unit coordinates the Middlesex-London Cessation Community of Practice to facilitate knowledge exchange and capacity building within tobacco cessation healthcare champions, and provides training/workshop opportunities.
Length = *91*	*Length =* *371*
Public Awareness and Health Education - Social Media and Mass Media Communication Campaigns	Promote and disseminate new and existing cessation campaign materials and information, such as WouldURather, CCS - First Week Challenge, provincial tobacco cessation campaigns, National Non-Smoking Week, and World No Tobacco Day, leveraging collaborative efforts to increase the number of quit attempts, using earned media, social media platforms and mass media channels.
Length = *86*	*Length =* *692*
Partnerships - STOP on the Road Workshops and collaborative cessation service delivery	In partnership with CAMH, the Health Unit delivers 8 to 10 STOP on the Road workshops annually, providing clients with a psycho-educational group session (two - three hours) and a 5-week kit of NRT. Clients are provided the option of becoming a rostered client with the Health Unit Quit clinic for ongoing counselling and combination NRT therapy. To reach different priority populations and/or to complement smoke-free policy implementation (e.g. smoke-free hospital grounds, smoke-free university campus, workplace smoke-free grounds, etc), the Health Unit will offer STOP on the Road workshops off-site at the affected location/organization where smoke-free policies are being implemented.
Length = *44*	*Length =* *817*
Advocacy, Policy and Supportive Environments	Support and strengthen existing partnerships with local hospitals, long-term care facilities, STOP Family Health Teams, STOP CHCs, STOP Nurse Practitioner-led clinics and other healthcare/community health agencies to facilitate the coordination of systematic referrals to ensure seamless non-judgmental services, supports and follow up for Ontarians who want to quit and are seeking support to do so. Promote the implementation of workplace policies that support employees in their quit and promote the implementation of policies within healthcare organizations that embed best practice smoking cessation services. Take advantage of opportunities that arise to advocate for healthy public policies that positively influence tobacco control strategy goals and objectives (tobacco product pricing, marketing, packaging)
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Program: One Life One You- CDP & Youth Engagement

Description *Length = ###*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

One Life One You (OLOY) is a group of -eight highschool-aged Youth Leaders who meet weekly under the guidance of a Health Promoter, PHN or Registered Dietitian (topic dependent) to discuss health issues and trends that are of concern to youth in our community. They plan and implement interactive educational activities/events and health promotion strategies, using a "by youth for youth" model. While many activities of OLOY are related to tobacco, they also address other topics of interest including energy drinks, artificial tanning, sugary drinks, mental health and well-being, and problem gambling. Our model for youth engagement is a paid model; hourly pay for youth in leadership positions helps to legitimize the role of young people within the organizaiton, creates a basis for the Health Unit to hold youth accountable, formally recognizes the value of young people's time and commitment, broadens the economic diversity of your participants and increases the visibility of youth leaders (UW of Greater Toronto, 2005). The literature suggests that money incentives and remuneration are compelling initiating factors for young people, especially those who require personal income because of life circumstances (Borisova, 2005). While prevalence of tobacco use among youth has declined over the last decade, youth and young adults continue to experiment, smoke occasionally and become regular smokers. Approximately 30% of Ontario students in grades 10 to 12 were susceptible to tobacco use uptake in 2012/13, and the 2017 OSDUHS confirms that e-cigarette use is increasing and that youth are using and experimenting with multiple substances (alcohol, cannabis and Opioid Pain Relievers).

Objective *Length = ###*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

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:
• to increase from 2016 the number of parents and caregivers who are aware of the causal relationship between child and youth exposure to tobacco imagery in movies and their initiation of tobacco use, and ways that they can take action by end of 2018
• to 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 that support healthy public policy in 2018
• to increase the number of policies and partnership with school boards, post-secondary campuses and municipalities that promote tobacco-free and smoke-free cultures
• to increase the number of education and advocacy-related activities that would support and promote the implementation of the Ontario Coalition for Smoke-Free Movies' policy recommendations

Indicators of Success *Length = ###*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

• # of visits to local MPPs to provide education on the causal link between child and youth exposure to tobacco impressions in movies and tobacco use initiation
• Social Media Metrics - # of impressions, # of interactions, # of engagements
• increase in the number of community partnership-run movie nights that show the "smoking in movies" PSA
• # of Smoke-Free Movie nights in Middlesex-London and an increase in the # of people indicating increased awareness and readiness to take action
• increase in the # of young adults in Middlesex-London who enter into the "Don't Start and Win" category
• increase in the number of tobacco, vape and cannabis-free policies implemented in Middlesex-London high schools
• the creation of a comprehensive tobacco, e-cigarettte and cannabis school tool-kit in alignment with the Foundations for a Healthy School (in collaboration with Young Adult Team)
• OLOY to host at least five events in parks and playgrounds to promote tobacco- and vape-free restrictions

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	52,116
Benefits	13,550
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	4,775
Total	**$70,441**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	70,441
Total	**$70,441**

Funding sources are populated with budget data provided in the budget worksheets

Program: One Life One You- CDP & Youth Engagement

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 37	*Length = 1216*
Public Awareness and Health Education	Participation and promotion of local, regional and provincial health education and public awareness activities that are of interest to youth in our community, including but not limited to: Smoke-free Movies: in partnership with the Ontario Coalition for Smoke-free Movies, participate in public education campaigns, utilzing smoke-free movie nights, interactive events/guerilla marketing techniques, social media and mass media channels. That's Risky Campaign: in partnership with the Central East TCAN, utilize social media channels and grassroots activities to profile the risk between second-hand smoke exposure and breast cancer with young adults. Know What's In Your Mouth: targeted grassroots activities and social media messaging/campaign to promote dangers of smokeless tobacco to young athletes and their parents. Sugary Drinks: in partnership with other youth-serving agencies, promote the health risks associated with consumption of sugary drinks and the benefits of water. Smoke-free Parks and Playgrounds: grassroots events in parks and playgrounds, promoting smoking and vaping restrictions. WouldURather: promote and disseminate campaign materials with an emphasis on "Don't Start and Win" category.
Length = 44	*Length = 648*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Advocacy, Policy and Supportive Environments	Civic Engagement: As directed by the Middlesex-London Board of Health, OLOY will engage with local MPs and MPPs to increase awareness and understanding about health issues and healthy public policy options that are of interest and concern to youth in Middlesex-London, including the issue of smoking in youth-rated movies. Advocacy: Advocate for the implementation of tobacco, vape and cannabis-free policies in Middlesex-London high schools, and the incorporation of the policy in School Codes of Conduct, and promotion of the policy, in partnership with Healthy Schools Committees and the Health Unit's Young Adult Team (PHNs working in schools).
Length = *48*	*Length =* *977*
Collaboration, Partnership and Capacity Building	Youth Week Celebrations: in partnership with other youth-serving and youth-driven agencies and organizations, OLOY assists in the planning and implementation of the City of London's Youth Week Celebration. PRIDE Festival: OLOY is an integral part of the Health Unit's Positive Space Committee and engage in grassroots activities, disseminating information at the Pride Festival and marching in the parade with the Health Unit float. All youth leaders complete positive space training. Tobacco, E-Cigarette and Cannabis Comprehensive School Kit: working collaboratively with the Young Adult, OLOY will assist in the development and testing of activities, ideas and content that will be incorporated into Toolkit designed to support The Foundations for a Healthy School resource, following the framework, which includes: curriculum teaching and learning; school and classroom leadership; student engagement; social and physical environment; and school and community partnerships.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Program: Food Systems

Description *Length = ###*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

A healthy community food system is “a food system in which food production, processing, distribution and consumption are integrated to enhance ... environmental, economic, social and nutritional health” (Eames-Sheavly, M., J. Wilkins. (n.d.)). “Evidence is beginning to quantify an increasing number of food-related problems in our communities. Hunger and poor nutrition have risen, diet-related diseases have proven resistant to traditional educational approaches, and consumption of low-nutrient fast food is increasing, resulting in the escalating incidence of obesity and diet-related diseases like diabetes. ... Pressures to increase agricultural production have resulted in concerns about water quality and ecosystem health.” (Xuereb, M., Desjardins, E., 2005, p. 5). “Community food system planning provides an integrated response to the seemingly disparate food-related problems affecting public health. A healthy community food system approach goes beyond individual dietary behaviour, and examines the broader context in which food choices occur" (Ibid.) This approach follows an ecological framework, considering the social, economic and environmental conditions that determine health. This program focuses on the community food system, engaging stakeholders across the food chain, from production to consumption and waste management, in helping create a healthy community food system in London and Middlesex County.

Objective *Length = 833*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Goal: To support efforts toward a safe, healthy, and accessible local Middlesex-London food system that is socially, economically and environmentally sustainable.
- to increase the number of workplace, organizational, municipal, provincial and federal policies that support the creation of healthy food environments
- to create a local forum for discussing local food issues and to support collective community action
- to increase the number schools participating in the "Fresh from the Farm" initiative
- bylaws established to promote urban agriculture and small scale farming
- to increase awareness of the health risks associated with sugar-sweetened beverages
- to increase access to local foods through education and local food procurement policies
- to increase the number of community harvest programs within Middlesex-London

Indicators of Success *Length = 728*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

- Social Media Metrics - # of impressions, # of interactions, # of engagements
- the establishment of the Middlesex-London Food Policy Council and its strategic plan
- # of policies implemented that support the creation of healthy food environments
- # of schools participating in the "Fresh from the Farm" initiative
- # of community harvest programs
- % of adults 18 years and over in Middlesex-London who think that drinking sugar sweetened beverages can affect health
- % of adults 18 years and over in Middlesex-London that support the removal of sugary drinks from municipal facilities' vending machines and snack concessions
- # of policies that support local food procurement and promote increased access to local foods

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	109,551
Benefits	28,483
Travel	1,375
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	11,470
Total	**$150,879**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	150,879
Total	**$150,879**

Funding sources are populated with budget data provided in the budget worksheets

Program: Food Systems

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 37	*Length = 680*
Public Awareness and Health Education	Ontario Food Collaborative Strategic Messaging Committee - to develop and implement provincial/consistent messaging related to food waste prevention and sustainable diet messaging; continued efforts in partnership with the City of London and the County of Middlesex to promote the health risks associated with sugary drinks and the need for policies that make the healthy choice the easy choice; the development and promotion of the Get Fresh Eat Local map, in partnership with the County of Middlesex; increased awareness and knowledge of the local food environment and its influence on health; the importance of restrictions on food and beverage marketing to children and youth.
Length = 44	*Length = 481*
Advocacy, Policy and Supportive Environments	Local food procurement; urban and small scale agriculture; community harvest program development; workplace nutrition environmental support and policy development; the implementation of changes to the food environment in municipally-run facilties (vending machines, concession stands); creation of a collective/community kitchen hub; take advantage of opportunities that arise to advocate for healthy public policies that positively influence food systems and the food environment.
Length = 49	*Length = 731*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Collaboration, Partnerships and Capacity Building	Middlesex-London Food Policy Council: the Health Unit provides administrative and functional/coordination support to the Council and its Working Groups. The Council is a forum for discussing local food issues, empowers citizens to be involved in food system decisions, fosters coordination between sectors in the food system, evaluates and works to influence policy, and supports programs and services that address local needs. Ontario Food Collaborative Strategic Messaging Committee: the Health Unit is an active member of the Ontario Food Collaborative exploring the development of food waste prevention and sustainable diet messaging. Marketing To Kids Coalition: the Board of Health is a signed member agency of the Coalition.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Program: **Food Insecurity/Food Literacy/Food Skills**

Description *Length = ###*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Chronic diseases influence many of the primary causes of death and disability in Ontario. Dietary risk factors are some of the most important contributors to mortality (LDCP, A Call to Action for Healthy Eating, 2017). The growing prevalence of large-scale and fast food retail outlets along with the modernization of the food system have altered the food supply related to availability, affordability and quality. Access to low-cost, energy dense and nutrient poor food and beverages is high, while access to healthy, culturally appropriate food can be challenging for many households. In general, food is affordable for M-L residents with adequate incomes; a family of four with average income spends only about 11% of their income after-tax on food. Individuals and families with low incomes spend up to 36% of their income on food, not because food costs too much, but because incomes are too low. In 2017, the Nutritious Food Basket highlight that people with low incomes cannot afford to eat healthy after meeting other essential needs for basic living (MLHU, Cost of Healthy Eating, 2017). Additionally, there has been a decline in domestic food preparation skills due to a lack of acquisition of cooking skills from family members and/or school environments. There are several factors that drive individual food choices including food availability, taste, price, marketing, convenience, social norms and cues. The foods that people prepare are influenced by social, economic, and cultural contexts that are constantly changing. This program utilizes the LDCP Food Literacy Framework, with its five categories (Food and Nutrition Knowledge; Self-Efficacy and Confidence; Food Decisions; Food Skills; and Ecologic Factors including SDOH and food systems).

Objective *Length = ###*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

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
- to increase the number of community partners/food skill providers who are aware and apply the 5 categories of food literacy to community food programming
- to increase the number of community-based programs with an evidence-informed food literacy component in Middlesex-London
- to increase access to and consumption of local healthy foods
- to increase % of Middlesex-London residents 12 years and older reporting eating fruits and vegetables, 5 or more times per day
- to decrease % of households in Middlesex-London that are food insecure
- to increase the number of organizational, workplace, provincial and federal healthy public policies that increase access to nutritious, culturally appropriate foods
- to improve food literacy: preparation skills, self-efficacy, food/nutrition knowledge and dietary behaiour
- Increased awareness, knowledge and comfort/familiarity with farmers' markets for program for Harvest Bucks' participants and family members

Indicators of Success *Length = 976*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

- Social Media Metrics - # of impressions, # of interactions, # of engagements
- # of food literacy workshops to at-risk youth and pregnant females, or young families with at least one child, 16 to 25 years of age, with at least one SDOH risk factor, and newcomers
- # of consultation/training sessions about the Food Literacy framework with community partners/food skill program providers
- 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
- the annual collection of the Nutritious Food Basket Survey data (or a similar measurement of household food insecurity) to inform advocacy efforts related to food insecurity, income security and healthy public policy
- # of programs distributing Harvest Bucks into food literacy/food skills programming
- dollar value of Harvest Bucks distributed ($)
- # of Harvest Buck recipients
- Total % redemption of Harvest Bucks

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	169,680
Benefits	44,117
Travel	1,993
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	16,631
Total	**$232,421**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	232,421
Total	**$232,421**

Funding sources are populated with budget data provided in the budget worksheets

Program: Food Insecurity/Food Literacy/Food Skills

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 27	*Length = 819*
Surveillance and Assessment	Nutritious Food Basket/Household Food Insecurity: collection and analysis annually to establish a measure of the cost of basic healthy eating and food affordability by comparing the local cost of the food basket and rental costs to various individual and family income scenarios. Harvest Bucks Evaluation: annual evaluation of the Harvest Bucks program. Community Food Assessment (CFA) Anaylsis: food literacy was identified as an area of required focus/attention within Middlesex-London. The CFA will continue to inform the Health Unit and our partnerships on program developments/enhancements. Locally Driven Collaborative Project on Food Literacy: co-lead agency - the development and validation of an evaluation tool to to better assess the impact of food literacy programs on eating behaviours and health outcomes
Length = 37	*Length = 917*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
Public Awareness and Health Education	Participate, promote and disseminate public education campaign materials that promote income-based solutions to food insecurity, including a basic income guarantee, the living wage, and social assistance rates tied to inflation. The health unit is integrally involved in the London for All (described below under collaboration and partnerships), and as a partner, will support support public awareness and health education campaign activities using social media platforms and earned media opportunities, as they arise. Website content and food literacy materials will be developed to increase food knowledge, nutrition knowledge and nutrition literacy and to improve dietary behaviour.The Health Unit will leverage collaborative efforts (e.g. Cent$less Campaign, London for All, Nutrition Month, Middlesex-London Food Policy Council, Harvest Bucks), using earned media, social media platforms and mass media channels.
Length = 43	*Length =* 821
Advocacy, Policy and Supportive Development	Integration of food literacy component into community garden programs; increasing the number of collective kitchens/community kitchens to support community-based food literacy programming; the creation/promotion of incentives for local businesses to offer commercial kitchens for food literacy programming; in partnership with the London and Area Food Bank, promote and support implementation of programs that promote healthy food donations; support the development and implementation of policies, programs and services that support community gardens, urban agriculture and smale-scale farming initiatives that can enhance food literacy and help to address food insecurity; take advantage of opportunities that arise to advocate for healthy public policies that positively influence food systems and the food environment.
Length = 46	*Length =* 824
Collaboration, Partnerships, Capacity Building	London For All - active participant in the food literacy sub-group to action the recommendations made by the Mayor's Poverty Panel; Harvest Bucks Program - the Health Unit is the administrative lead of this community partnership that integrates the provision of fresh fruit and vegetable vouchers for redemption at Farmer's Markets into food literacy/food skills/community health programming; the Health Unit is the co-lead of the LDCP Measuring Food Literacy in Public Health Collaborative; Child and Youth Network - Ending Poverty Sub-Committee; Members of the ODPH Food Literacy, Advocacy and Food Insecurity Working Groups; members of the Middlesex-London Food Policy Council Food Literacy Working Group - working to establish a coordinated system of food literacy programming in Middlesex County and the City fo London.
Length = 15	*Length =* 326
Direct Services	The provision of food literacy workshops, in partnership with community agencies that provide direct service to priority populations. The provision of training sessions and consultation sessions providing instruction and education about the Food Literacy framework. The collation and distribution of the monthly meal calendar.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Program: Active Living

Description *Length = ###*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Promotion of Active Living follows a social ecological approach including interventions and activities at the at the individual, community, and public policy levels. It incorporates the sharing of evidence based information for specific populations, creating supportive environments, working in partnership with community stakeholders and advocating for healthy community design. Only 15% of Canadian Adults achieve the recommended level of physical activity according to the Canadian Physical Activity Guidelines. Meeting the Canadian Physical Activity Guidelines provides health benefits and can reduce chance of developing several chronic diseases. Sedentary behavior is a relatively new public health issue. On average, Canadian adults spend 9.8 hours of their daily waking hours being sedentary. Research shows that sedentary behaviour is associated with chronic disease and other poor health outcomes (PHAC). The 24-Hour Movement Guidelines demonstrates that physical activity, sedentary behavior and sleep are closely interrelated.

Objective *Length = 793*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase community knowledge of evidence and information related to active living including 24 hour Movement Guidelines and increase community capacity to action this information
With community partners, to increase opportunities for physical activity in the community with consideration of the SDOH e.g. across SES levels
To improve daycare providers' knowledge and practice of implementing physical literacy principles with children
To increase the number of schools with school travel plans and the number of elementary school aged children using active transportation to travel to and from school
To increase the use of active transportation options for people travelling to and from work
To advocate for built environments that remove barriers and encourage and support active living

Indicators of Success *Length = 383*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Social media metrics
# of Elementary Schools with School Travel Plans (STPs)
# of land development / municipal initiatives where official MLHU input provided re healthy community design
# of school participating in in Motion challenge
Monitoring of CCHS surveillance data over time
Formal evaluation of School Travel plans is being conducted in 2018 by HEAL lab Western University

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	266,966
Benefits	69,411
Travel	3,367
Professional Services	1,595
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	12,458
Total	**$353,797**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	353,797
Total	**$353,797**

Funding sources are populated with budget data provided in the budget worksheets

Program: Active Living

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 23	*Length = 364*
Education and Awareness	Provide evidence based information and resources re physical activity; reducing sedentary behavior and improving sleep e.g. Canadian Physical Activity and 24-Hour Movement Guidelines to the community across the life course e.g. MLHU website, social media, presentations, via healthcare provider and workplace newsletters, via school team, via community partners
Length = 23	*Length = 600*
Supportive Environments	Increase the use and promotion of physical literacy with children in child care centres As a partner in London Child and Youth Network – Healthy Eating Healthy Physical Activity (CYN HEHPA) Committee, work with partners to promote active living opportunities. Continue to promote in Motion physical activity challenge in workplaces and schools. Promote active living in area workplaces through MLHU Health at Work 4 All. Promote active transportation with continuation of Give Active Transportation a Go! Campaign Chair, Active and Safe Routes to School, to promote active and safe school travel.
Length = 24	*Length = 565*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries	
3.5 Chronic Disease Prevention and Well-Being	
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
Length = *19*	*Length =* *153*
Policy and Advocacy	Promote and advocate for the adoption of policy that enables and promotes active living: i.e. workplace, school, childcare setting, and municipal policy
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Program: **Ultraviolet Radiation/Sun Safety**

Description *Length = 985*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The UVR and sun safety program works in collaboration with staff members from many different teams across the Health Unit to increase public protection from both artificial and natural sources of ultraviolet radiation and to decrease the burden of disease resulting from overexposure to ultraviolet radiation. The Health Unit has represented the southwest public health region on the Ontario Sun Safety Working Group (OSSWG) for the last 10 years, working collaboratively to create and disseminate the Sun Safety Toolkit for Ontario Public Health Units. This toolkit aims to support public health professionals to promote the new Sun Safety Recommendations by educating their colleagues in schools, day camps, child care centres, and to the public at large to ensure a consistent message across the province, which will support public action in sun protection behaviours. In addition, the promotion and the enforcement of the Skin Cancer Prevention Act is a component of this program.

Objective *Length = 883*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Goal: To decrease the rates of melanoma and other types of skin cancer
• to increase the adoption of sun protective behaviours
• to increase the development and implementation of policies within municipalities, workplaces, schools and childcare facilities that protect people from exposure to UVR
• to increase awareness and understanding of the risks associated with artificial tanning
• to promote the age restrictions under Skin Cancer Prevention Act to youth, young adults and parents to reduce youth access to artificial tanning services
• to promote skin checks and to increase capacity with the healthcare community to facilitate early detection of skin cancer cells
• to increase compliance with the Skin Cancer Prevention Act through vendor education/inspections, inter-agency enforcement activities and public disclosure of results of inspections of tanning bed operators

Indicators of Success *Length = 741*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

• Social Media Metrics - # of impressions, # of interactions, # of engagements
• Health Unit participation in the OSSWG evaluation of the Skin Cancer Prevention Act - once the results are released, the Health Unit will consider the findings to inform changes to the enforcement component of this program
• # of policies implemented by municipalities, workplaces, schools and childcare facilities that protect people from exposure to UVR
• % of adults in M-L aged 18 yrs plus reporting getting a sunburn in the last 12 months (surveillance strategy yet to be developed).
• The Health Unit will monitor melanoma cancer rates accessing the Ontario Cancer Registry
• # of schools that implemented the Canadian Cancer Society's Sun Sense Program

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	65,794
Benefits	17,106
Travel	756
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	6,308
Total	**$89,964**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	89,964
Total	**$89,964**

Funding sources are populated with budget data provided in the budget worksheets

Program: Ultraviolet Radiation/Sun Safety

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 37	*Length = 484*
Public Awareness and Health Education	Implementation of the "Enjoy the Sun Safely Phase 2" campaign to increase knowledge and adoption of sun safety behavoiurs particularly in families with children 0 to 12 years of age; the dissemination of the OSSWG Sun Safety Factsheets and Toolkit and the translation of OSSWG Sun Safety factsheets into Arabic and Standard Chinese; the promotion of the risks associated with artificial tanning to youth, young adults and parents using social media and targeted mass media approaches.
Length = 44	*Length = 897*
Advocacy, Policy and Supportive Environments	"Sunhats for Babies and Toddlers Project", in partneship with the Healthy Start Division: distribute a sun hat paired with factsheets (Sun Safety for Children and Sunscreen) to high risk families with young children. CCS' Sun Sense Program: promote the progam within the Child Health Team; UV Bead Kits: The dissemination of UV Bead Kits (beads, cords and lesson plans) to elementary schools in partnership with the Child Health Team; Policy development and promotion: utilzing existing relationships and partnerships within the Health Unit, promote and support the development of policies that protect from overexposure to UVR (school programing, workplace health promotion program, built environment and healthy community design). Advocacy: Take advantage of opportunities that arise to advocate for healthy public policies that positively influence and reduce exposure to ultraviolet radiation.
Length = 49	*Length = 402*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.5 Chronic Disease Prevention and Well-Being

Collaboration, Partnerships and Capacity Building	Healthcare provider outreach to promote skin checks and to increase capacity with the healthcare community to facilitate early detection of skin cancer cells. Exploring opportunities to integrate shade policy work into the City of London Trees and Forest Advisory Committee and the work that we under climate change, the built environment and healthy community design portfolios within the Health Unit.
Length = *11*	*Length =* *608*
Enforcement	Conduct a routine inspection and education visit of every tanning bed operator in Middlesex-London annually to review operator obligations; respond to all complaints received regarding non-compliance; support the City of London in the implementation of a licensing bylaw that requires all tanning bed operators to pay an annual licensing fee; develop a system for public disclosure of inspection results for tanning bed operators; participate in the OSSWG Health Unit Enforcement survey; consider the results of the OSSWG Health Unit enforcement survey to inform any changes to this component of the program.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

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2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

Length = 655

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address food safety; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses food safety.

The city of London and Middlesex County is a mix of urban and rural communities which provide a variety of diversity within the geographical area, as it relates to food safety risks and challenges. There are approximately 2,500 year-round food premises operating within Middlesex-London. In addition to year-round facilities, there are many other types of facilities requiring assessments and inspections including seasonal facilites, special event vendors, farmers markets etc. The city of London and Middlesex County have local bylaws which regulate the posting of food safety inspection summaries (DineSafe) and mandatory food handler certification.

Length = 1127

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

External Partners: The London Training Centre (LTC) is a partner agency to MLHU in the delivery of the food handler training program. This program is delivered in accordance with the Provincial Training Plan. The Middlesex-London Health Unit (MLHU) maintains training with a special focus on volunteers, some people with English as a Second Language (ESL) and not-for-profit groups serving vulnerable populations. MLHU has had the LTC as a partner agency since the enacting of the local bylaw requiring mandatory food handler certification, and over the years, MLHU has disinvested much of this service while maintaining a service which focuses on our priority populations. The city of London is a partner agency through the city licensing program. All food premises within the city of London require a valid business license which facilitates a food safety inspection alongside building and fire inspections. Internal partners include staff who work in managing outbreaks through case interviewing and staff who work in the community with populations that are not typically clients who recieve food safety interventions.

C. Programs and Services

Program: **Food Safety - Surveillance and Inspection**

Description

Length = 381

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program aims to create an inventory of all food premises within London and Middlesex County, for the purposes of risk categorization and inspection work. Inspections are conducted in accordance with the Food Safety Protocol, 2018, the Menu Labelling Protocol, 2018 and local bylaws pertaining to the Food Premises Inspection and Mandatory Food Handler Training Certification.

Objective

Length = 516

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The program aims to reduce the burden of foodborne illness in Middlesex-London through inspection work, enforcement of legislation and on-site education provided to the operators of food premises. Local trends which may warrant food safety interventions are considered for targetted food safety awareness and education messaging. Through the delivery of this program, MLHU intends to acheive better regulatory compliance and a better perspective on the factors that may have influence in causing foodborne illness.

Indicators of Success

Length = 429

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

There are 2 Accountability Agreement Indicators linked to this program; high risk food premises inspected once every 4 months and moderate risk food premises inspected once every 6 months. The Food Premises Inspection and Mandatory Food Handler Training Bylaws (1 in city of London, 8 in Middlesex County) are monitored to determine compliance with posting inspection summaries and mandatory food handler training certification.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	650,828
Benefits	169,215
Travel	19,870
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	7,255
Total	**$847,168**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	847,168
Total	**$847,168**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

Program: Food Safety - Surveillance and Inspection

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 75	*Length =* 461
Food Premises Inspections (year round), Posting & Mandatory FHC Inspections	Public Health Inspectors conduct compliance inspections as per the required frequency set out in the Food Safety Protocol, 2018. Food safety inspections are prioritized according to the risk categorization. Food Premises within London and Middlesex County are inspected for compliance to local Bylaws which address the requirements for posting DineSafe inspection summaries and Mandatory Food Handler Certification when hazardous food products are prepared.
Length = 25	*Length =* 245
Special Event Inspections	Special Events are inspected according to a risk assessment that is applied to all events, taking into consideration such factors as the number of vendors, the risk level of the food served, previous compliance history, population served etc.
Length = 59	*Length =* 389
City of London Business Licensing Inspections (food safety)	All food premises within the city of London are required to have a municipal business license. Public Health Inspectors work with the Fire Department and Building Inspectors to jointly inspect these premises for compliance with associated legislation. Oftentimes, operator consultations and review of building plans precede the pre-operational inspection to help ensure a smooth process.
Length = 40	*Length =* 278
Inventory and Annual Risk Categorization	All food premises within Middlesex-London are maintained in a database and are risk assessed as per the provincial risk categorization tool. In addition, an inventory is maintained for facilities associated with other government jurisdiction when MLHU has had some involvement.
Length = 14	*Length =* 89
Re-Inspections	In addition to compliance inspections, food premises are re-inspected as per MLHU policy.
Length = 43	*Length =* 106
Healthy Menu Choices Act (HMCA) Inspections	All food premises which have greater than 20 premises provincially receive a HMCA compliance inspection.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Food Safety - Management and Response**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

Description *Length = 687*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The MLHU has a system in place to receive and respond to reports that identify a potential risk or concern to food safety in the city of London and Middlesex County. Such reports are risk assessed and responded to in a timely fashion. When reports of suspected and / or lab confirmed foodborne illness lead to outbreak scenarios, investigations are conducted to identify the source and measures are taken to protect the public from further illness. Food Premises that serve vulnerable populations (long term care homes, nursing homes, day nurseries) are notified when specific food items are recalled. Inspection approaches focus on improving compliance with food safety legislation.

Objective *Length = 264*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The priority objective of this program is to receive, risk assess and respond to potential threats to food safety in a timely fashion. Another key objective is to improve legislative compliance at food premises which serves to reduce the risk of foodborne illness

Indicators of Success *Length = 25*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

24/7 On Call and Response

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	164,862
Benefits	42,864
Travel	2,258
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	1,934
Total	**$211,918**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	211,918
Total	**$211,918**

Funding sources are populated with budget data provided in the budget worksheets

Program: Food Safety - Management and Response

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 25	*Length = 525*
24/7 On Call and Response	MLHU maintains a 24/7 on-call system to receive and respond to reports within 24 hours from the general public pertaining to threats to food safety. Such concerns may include suspected and confirmed foodborne illnesses or outbreaks, unsafe food handling practices and events at food premises pertaining to fires and floods. All calls are risk assessed and receive a response that reflects the level of risk including either a site visit, investigation or information provided over the phone by a public health professional
Length = 26	*Length = 192*
Compliance and Enforcement	PHIs conduct compliance strategies during food premises inspections including education, compliance assistance and in some instances enforcement through legal actions (Part 1, Part 3 summons).
Length = 23	*Length = 303*
Supporting Food Recalls	MLHU provides support for food recalls when a request is made by the MOHLTC, to send notice to high risk facilities and conduct on-site food product verification checks. An email distribution is maintained for high risk institutional facilities for the purpose of communicating food recall information.
Length = 0	*Length = 0*

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3.6 Food Safety

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Program: **Food Safety - Awareness, Education, Training and Certification**

Description *Length = 679*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Food Safety awareness and education is provided and available to all residents in the city of London and Middlesex County. Food Safety information is made available on the MLHU website. MLHU staff provide food safety presentations within the community and provide food handler training geared towards individuals who work as volunteers or represent not for profit groups serving vulnerable populations. The London Training Centre is a partner agency to MLHU (through creation of an MOU), and deliver the food handler training program in accordance with MOHLTC standards. Food Safety messaging focuses on how to reduce the risks associated with unsafe food handling practices.

Objective *Length = 547*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Providing effective and current food safety information to residents in Middlesex-London serves to reduce the risks of foodborne illness. Another key objective is to identify food items that are high risk due to preparation processes, and provide practical application of food safety principles through education and awareness, to help reduce the risks. These approaches require a greater understanding into the manner in which different foods are prepared; providing effective and relevant food safety messaging is an objective of this program.

Indicators of Success *Length = 123*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Food Safety information provided on the MLHU website is reviewed on a regular frequency as per organizational expectations.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	109,483
Benefits	28,466
Travel	2,606

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	146,887

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

Professional Services	-		
Expenditure Recoveries & Offset Revenues	(20,000)		
Other Program Expenditures	26,332		
Total	**$146,887**	**Total**	**$146,887**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Food Safety - Awareness, Education, Training and Certification

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 33	*Length =* 313
Community Awareness and Education	The MLHU provides food safety education on the health unit website, which has resources available for download. MLHU staff also provide community presentations and attend various community events to promote food safety and address any concerns raised by our local community as it may relate to food safety risks.
Length = 39	*Length =* 555
Food Handler Training and Certification	Food Handler Training program is administered jointly by the MLHU and the London Training Centre (LTC), a partner agency of MLHU. The program is delivered in accordance with the Provincial Food Handler Training Plan. The majority of courses are instructed by the LTC. MLHU maintains course instruction with a special focus on volunteer agencies and not for profit groups. In addition, tests are adminstered by the MLHU for individuals who have been previously certified or who have recieved training through other means and wish to
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Food Safety - Reporting and Disclosure**

Description *Length =* 286

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program serves the residents of the city of London and Middlesex County. Since 2009, the DineSafe food disclosure program has provided inspection summaries on-line through the DineSafe website and bylaws had been passed which allow for the on-site posting of inspection summaries.

Objective *Length =* 231

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

The main objective of DineSafe is to provide the general public with information pertaining to inspection results and compliance with the Food Premises Regulation and local bylaws pertaining to mandatory food handler certification.

Indicators of Success *Length = 165*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

DineSafe signs to be posted for all food premises inspections completed and the DIneSafe website to be available with up to date inspection information at all times.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	51,120
Benefits	13,291
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	645
Total	**$65,056**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	65,056
Total	**$65,056**

Funding sources are populated with budget data provided in the budget worksheets

Program: Food Safety - Reporting and Disclosure

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 27	*Length = 664*
DineSafe disclosure program	The DineSafe disclosure program consists of a website and an on-site posting system. The DineSafe program provides summaries of inspection results in a concise manner which allows the general public to make informed dining decisions on food premises located within the city of London and Middlesex County. It is a green (pass), yellow (conditional pass) and red (closed) system. The website provides more detail as it relates to critical and non-critical infractions, actions taken, legal actions and inspection history. The on-site posted sign provides a
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

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3.6 Food Safety

Length = 0

Length = 0

Length = 0

Length = 0

Program: Enhanced Food Safety Funding

Description Length = 251

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The enhanced food safety - haines initiative funding is used to assist MLHU in reaching a 100% completion rate for all food premises within Middlesex-London as well as completing additional re-inspections as necessary to achieve regulatory compliance.

Objective Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success Length = 123

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

The funding made available is used to complete 300 High Risk food premises inspections and 30 food premises re-inspections.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	63,887
Benefits	16,357
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$80,244**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	244
Enhanced Food Safety - Haines Initiative (100%)	80,000
Total	**$80,244**

Funding sources are populated with budget data provided in the budget worksheets

Program: Enhanced Food Safety Funding

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 52	Length = 278

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.6 Food Safety

High Risk Food Premises Inspections / Re-Inspections	Public Health Inspectors (PHI) conduct food safety inspections at premises which are risk categorized and inspected accordingly. High Risk food premises are inspected 3 times per calendar year, once in each third of the year and are re-inspected in accordance with MLHU policy.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Program:

Description *Length =* *0*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Objective *Length =* *0*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success *Length =* *0*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

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3.7 Healthy Environments

Length = 955

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy environments; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses healthy environments with consideration of the required list of topics identified in the Standards.

Public health interventions aimed at reducing exposures to health hazards and promoting the development of healthy built and natural environments are delivered to the residents of London and Middlesex County. The Middlesex-London Health Unit serves a large population of both urban and rural communities which requires delivery of quite an array of public health programming in the area of healthy environments. The rural areas in Middlesex County require inspections of recreational camps and seasonal farm worker housing whereas in the city of London, there are many group homes, boarding / lodging homes and other types of homes considered to be vulnerable occupancies - a local priority for MLHU as interventions aim to reduce health hazards and the spread of infection. MLHU communicates extreme weather events which help to facilitate community action for cooling / warming centres, increasing hours for recreational water facilities and shelters.

Length = 957

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Public health interventions aimed at reducing exposures to health hazards and promoting the development of healthy built and natural environments are delivered to the residents of London and Middlesex County. The Middlesex-London Health Unit serves a large population of both urban and rural communities which requires delivery of quite an array of public health programming in the area of healthy environments. The rural areas in Middlesex County require inspections of recreational camps and seasonal farm worker housing whereas in the city of London, there are many group homes, boarding / lodging homes and other types of homes considered to be vulnerable occupancies - a local priority for MLHU as interventions aim to reduce health hazards and the spread of infection. MLHU communicates extreme weather events which help to facilitate community action for cooling / warming centres, increasing hours for recreational water facilities and shelters.

C. Programs and Services

Program: **Healthy Environments - Surveillance and Inspection**

Description

Length = 769

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU maintains an inventory of facilities which receive public health inspections as well as an inventory of reported health hazards within London and Middlesex County. Inspections include seasonal farm worker housing, lodging / boarding homes upon commencement of operation, provincially licensed group homes (on request) and homes which reside under the municipal informal care group home licensing program. MLHU has identified a local need to inspect and provide more supports to vulnerable occupancies. There are group homes within London that are maintained and operated without much regulatory oversight, a priority population for the Healthy Environments work given the degree of health hazards discovered during inspection and reported complaint follow-ups.

Objective

Length = 294

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objective of the program is to reduce exposures to known health hazards through health hazard investigation and inspection work. MLHU has identified areas requiring more extensive public health interventions and will be focusing attention in these areas to achieve more impactful outcomes.

Indicators of Success

Length = 85

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

MLHU reports the number of facilties / homes which receive public health inspections.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	269,895
Benefits	70,173
Travel	8,469
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	3,225
Total	**$351,762**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	351,762
Total	**$351,762**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

Program: Healthy Environments - Surveillance and Inspection

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 64	*Length =* 573
Inspections of Group Homes / Lodging Homes / Informal Care Homes	Provincially licensed group homes are inspected on request from operating agencies, and inspections apply to all living quarters, common areas and kitchen. The Food Premises Regulation applies in homes where there are greater than 9 individual residing. Lodging homes are inspected upon operation and Informal Care Group Homes are inspected upon licensing and then on a complaint basis, however more proactive work will be conducted at these locations due to demonstrated need for public health interventions (health hazards, food
Length = 43	*Length =* 70
Inspections of Seasonal Farm Worker Housing	Seasonal Farm Worker Homes are inspected annually in Middlesex County.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Healthy Environments - Management and Response**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

Description *Length = 369*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

All reports of potential health hazards in the city of London and Middlesex County received by the MLHU are risk assessed and responded to. Particular attention is focused on vulnerable populations including vulnerable occupancies. Staff members receive reports through a variety of mediums including social media, email, phone calls and clients presenting in person.

Objective *Length = 163*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

This program aims to mitigate or eliminate potential health hazards thereby producing healthier living conditions for the residents of London and Middlesex County.

Indicators of Success *Length = 88*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Number of reports to the Middlesex London from residents in London and Middlesex County.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	77,967
Benefits	20,271
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	968
Total	**$99,206**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	99,206
Total	**$99,206**

Funding sources are populated with budget data provided in the budget worksheets

Program: Healthy Environments - Management and Response

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 58	*Length = 306*
Receive and Respond to reports of potential health hazards	Reports of potential health hazards are directed to the MLHU through a variety of mediums including social media, email, phone and in-person. Reports made are risk assessed and responded to accordingly. Particular attention is focused on providing enhanced follow up pertaining to vulnerable occupancies.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Length = 0 *Length = 0*

Program: **Healthy Environments - Awareness and Education**

Description *Length = 122*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Healthy environments awareness and education is provided to the general public in the city of London and Middlesex County.

Objective *Length = 155*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

This program aims to provide the general public with knowledge to make informed healthy choices as it relates to protecting themselves from health hazards.

Indicators of Success *Length = 82*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

The number of cold weather alerts and heat alerts and warning issued by the MLHU.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	64,114
Benefits	16,670
Travel	1,629

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	83,219

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.7 Healthy Environments

Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	806		
Total	**$83,219**	**Total**	**$83,219**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Healthy Environments - Awareness and Education

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = *31*	*Length =* *391*
Provide Awareness and Education	MLHU provides healthy environments awareness and education to the general public by providing information on the health unit website, delivering community presentations and attendingin environmental workshops, participating on various external advisory committees, responding to requests for public health direction on potential health hazards from various community groups and stakeholders.
Length = *28*	*Length =* *714*
Extreme Temperature Alerting	Heat Warnings are issued when temperatures are forecasted to reach the temperature identified within the Harmonized Heat Warning Information System Guideline. Public health messaging accompanies the warning and facilitates community action in response to the extreme heat. MLHU provides an alert early in the season when temperatures are heating up but do not necessarily reach threshold, along with the Heat Warning and the Extended Heat Warning. Cold Weather alerts are issued when temperatures are forecasted to reach -15C at any time during the day or night. These alerts facilitate some community action and MLHU utilizes these opportunities to communicate public health messaging for protective measures.

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Length = 1796

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address healthy growth and development; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses healthy growth and development with consideration of the required list of topics identified in the Standards.

There are between 4000-5000 births each year in M-L. M-L data showed statistically significantly higher risk than ON in: infant's mother is a single parent; no designated primary care provider for mother/infant; infants with families in need of newcomer support (highest in ON); infants with families who have concerns about money; parent or partner with mental illness; parent or partner with disability; and involvement of Child Protection Services (PHO Risk Factors for HCD, 2015). M-L has high chlamydia & gonorrhea rates in individuals <30 yrs of age. Teen pregnancy rates are higher in M-L than ON, as is the % of women <35 yrs reporting drug use in pregnancy. Smoking during pregnancy is higher in all age groups, especially in women <25 yrs. M-L has a higher percentage of women reporting anxiety/depression during pregnancy. 91% of mothers from M-L initiated breastfeeding while in hospital (63% breastfeeding exclusively); the most rapid drop in any breastfeeding occurred by 2 months postpartum & in exclusivity from birth to 2 wks and between 4-5 months. HBHC postpartum screening (93% of mothers) resulted in 57% "identified with risk" and 43% "not identified with risk". Reported alcohol exposure prior to pregancy is higher in M-L, and is increasing. 27% of London and 19% of Middlesex County SK students were vulnerable on at least one EDI domain (2012). London has 2 postsecondary institutions with a total of ~51,000 students. London receives more GARs per capita than any other Canadian city, with ~1300 GARs/yr (prior to 2016 was ~250 GARs/yr). Breastfeeding, growth & development, healthy pregnancies, healthy sexuality, pregnancy counselling, mental health promotion, preconception health, preparation for parenting, and positive parenting are topics addressed by MLHU.

Length = 941

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

The Sexual Health Team collaborates internally with the Young Adult Team and the Child Health Team. Externally the team works with community partners who work with high risk youth such as youth justice programs and the college and university student bodies to provide presentations or to develop campaigns that may targe this population.

The Healthy Start division collaborates in program delivery and community mobilization initiatives with OEYC's (EarlyON Centres), Child and Youth Network Family Centres, childcare providers, Children's Aid Society, health care providers, community resource centres (e.g., South London Community Resource Centre, Muslim Resource Centre for Social Support and Integration), hospital partners, Indigenous-led organizations, neighbouring First Nations,City of London, County of Middlesex. We also partner with Western University and Fanshawe College to support student learning, and research initiatives.

C. Programs and Services

Program: **Nurse-Family Partnership**

Description

Length = 1797

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU is leading the Canadian Nurse Family Partnership Education (CaNE) Project which aims to develop, pilot, and evaluate a Canadian model of education for Public Health Nurses and Supervisors implementing the Nurse-Family Partnership (NFP) program. NFP is an evidence-based intensive home visiting program delivered by PHNs with socially and economically disadvantaged pregnant women and first-time mothers (and is a particularly good fit for lone parents), 21 yrs of age and under. It improves pregnancy and child health outcomes, and develops economic self-sufficiency. The NFP program is implemented with fidelity to the program's core model elements. Through the development of a therapeutic relationship, nurses partner with clients and build on family strengths to promote the health and well-being of mother and child. Visits focus on 6 domains and an average of 64 home visits are provided over the course of the intervention. Visits generally occur every 2 weeks (more frequently during crucial periods and less frequently during transition out of NFP). The CaNE project involves the NFP International and the Prevention Research Centre for Family and Child Health at University of Colorado (consultant); McMaster University (3rd-party evaluator); City of Hamilton, Public Health Services (clinical lead); MLHU, City of Toronto (Public Health Division), and Regional Municipality of York Public Health Branch (educational participants and NFP implementers). It is funded by The Local Poverty Reduction Fund, MCYS, and MOHLTC. MLHU has received permission to retain its NFP license and intends to continue program implementation beyond the CaNE project (ends in December 2018). A Middlesex-London NFP Community Advisory Board with wide, relevant representation has been established.

Objective

Length = 1718

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

NFP is identified by the Public Health Agency of Canada in their Best Practices Portal. The following outcomes have been shown in one or more of the NFP randomized controlled trials: 18% reduction in preterm births, 21% more NFP infants are breastfed compared to similar populations, 19% more likely to be up-to-date on immunizations at 6 months of age, 48% reduction in child abuse and neglect, 56% reduction in emergency room visits for injuries and ingestions, 59% reducation in arrests of children at age 15 years of age, and 67% reduction in behavioural and intellectual problems in children at age 6. The NFP program also improves the maternal life course (economic self-sufficiency, reduced mortality, and academic achievement). NFP program goals are to 1) improve pregnancy outcomes by helping women engage in preventative health practices such as obtaining prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances; 2) improve child health and development by working with parents to develop and practice positive parenting strategies; and 3) improve the economic self-sufficiency of the family by partnering with parents to develop a vision for their own future, plan future pregnancies, continue their education, and find work. Clients must enroll in NFP prior to 28 weeks gestation, although the ideal goal is to engage clients by 16 weeks gestation. Families continue working with the PHN until the child's second birthday. As the family transitions out of the NFP program, attention is paid to ensuring families are well-linked to community programs, services and resources, and are referred to the HBHC program as needed.

Indicators of Success

Length = 1740

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

In the CaNE project, we are conducting a mixed methods evaluation using a range of data sources (home visit encounter data, interviews/focus groups with PHNs/supervisors, documents, workshop feedback forms) to document acceptability of the curriculum to key stakeholders and to describe and document how NFP is being implemented in the public health units. The primary evaluation question is: Following completion of the NFP Canada Nurse Education program, are Ontario public health nurses and supervisors able to implement and deliver the NFP program with fidelity to the core model elements, with a specific focus on the following fidelity indicators: 1) public health nurse and supervisor caseloads; 2) duration of the program; 3) service dosage to the program; 4) content of home visits; and 5) client eligibility? We will be providing basic descriptive data about # of clients referred (& by what source), enrolled (and discharged) and % of home visit encounters completed. Throughout the study, we will also be looking at weeks gestation at time of first home visit, average length of time in program, number of home visits, average % of time PHNS (as a whole) spend on each content domain, the average number of team meetings, average number of minutes spent in meeting/supervision, etc. These data will be averaged across the 3 participating health units and aggregated; due to small sample size there will be no linear regressions or other statistical tests. A number of secondary research questions will also be addressed in this pilot. To our BOH, we are reporting % of ducation requirements completed, # of clients enrolled, % of clients enrolled prior to 16 weeks gestation, % of core model elements met during implementation.

Program Budget Summary

Funding Sources Summary

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Object of Expenditure	Amount
Salaries and Wages	356,853
Benefits	92,782
Travel	5,391
Professional Services	35,000
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	57,741
Total	**$547,767**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Source	Amount
Mandatory Programs (Cost-Shared)	547,767
Total	**$547,767**

Funding sources are populated with budget data provided in the budget worksheets

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Program: Nurse-Family Partnership

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = *13*	*Length =* *1750*
Home Visiting	The Nurse Family Partnership is a home visiting intervention delivered by Public Health Nurses who begin to visit women in their home early in pregnancy and continue until the child's second birthday. An average of 64 home visits are provided over the course of the intervention with visits generally occurring every two weeks with some exceptions. Visits occur weekly for the first four weeks of the program and the first six weeks postpartum, and monthly when the baby reaches 21 months of age until discharge from the program at 24 months. There are six program domains which provide structure for completing nursing assessments, interventions and evaluations of client care. These include: personal health, maternal role, environmental health, social supports, life course development and health and human services. Personal health includes prenatal health and addresses clients' health maintenance practices, nutrition and exercise, substance use and mental health. Maternal role focuses on clients' development of the maternal role and their acquisition of the knowledge and skills to promote the health and development of infants and toddlers, including breastfeeding and positive parenting. Life course development attends to the clients' goals related to planning for future pregnancies, completion of their education and obtaining employment. Environmental health addresses issues such as access to basic needs including housing. Health and human services captures systems navigation and referrals to other service providers and community supports as needed. Behaviour change is facilitated through the development of a therapeutic nurse-client relationship, a client-centered approach to practice, and use of Motivational Interviewing.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Program: **Preconception Health**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Description *Length = 1320*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Preconception health initiatives at MLHU are intended to promote the overall health of individuals prior to pregnancy. Initiatives focus on preconception health awareness and education, health care provider (HCP) outreach, food skills education, internal coordination, and provincial collaboration and advocacy. Preconception health activities are targeted toward all people of reproductive age. In addition, identified priority populations include secondary school students, individuals involved with the justice system, and women living under the LICO. Credible, up-to-date, comprehensive preconception health information is available on our website to anyone with internet access. Social media initiatives reach reproductive-aged populations engaged with social media. Those individuals involved in the justice system may be more likely to engage in risky behaviours and have risk factors that could negatively impact reproductive health outcomes (e.g., substance use, risk sexual behaviours, poor nutrition, etc.), and often experience health inequities. Health care providers are the “preferred and trusted source” for health information (OPHA, 2014); it is important to provide information and resources to HCPs to support consistent messaging, and encourage discussion and provision of preconception health care.

Objective *Length = 1732*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Since nearly 50% of pregnancies in North America are unplanned (PHAC, 2017) and the first weeks of gestation are critical for embryonic growth & development, our objectives include increasing the proportion of individuals who have a reproductive plan, and who reach optimal preconception health prior to conception and during interception. PHAC's goals for preconception care inform and guide MLHU planning: “Preconception care involves any intervention that can identify and modify medical, psychosocial, behavioural or environmental risks to reproductive health and future pregnancies...is based on the principles of Family-Centred Maternity and Newborn Care...and includes all women and men of reproductive age. Preconception care is part of a continuum of care that promotes an overall commitment to health during the reproductive years, including the interconception period” (2017). Food skills sessions offered to priority preconception women (monthly for 12 months) are intended to increase food skills/literacy and increase access to and consumption of vegetables and fruit, to improve healthy eating behaviours prior to conception to ultimately improve birth outcomes related to good nutrition during pregnancy. Preconception health sessions are provided to priority groups to enhance awareness of the importance of preconception health and to increase and knowledge of strategies that clients can take to improve preconception health. Universal strategies are used to increase awareness and knowledge among the general reproductive-aged population. The objectives of provincial level engagement are to strengthen preconception health knowledge and resource utilization, and engage in preconception health advocacy efforts.

Indicators of Success *Length = 567*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported indicators include # of high school students participating in 'Got A Plan?' Day, total # of preconception presentations provided, and # of presentations provided at Elgin Middlesex Detention Centre. We are also monitoring # of Baby Steps to a Healthy Pregnancy booklets requested by Health Care Providers. At this time, we are not planning a formal evaluation, however, we hope to engage in a more comprehensive preconception health planning process in 2019; part of this planning process will include the identification of key indicators for monitoring.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	76,193
Benefits	19,810
Travel	579
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	8,835
Total	**$105,417**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	105,417
Total	**$105,417**

Funding sources are populated with budget data provided in the budget worksheets

Program: Preconception Health

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 42

Preconception Health Awareness & Education

Length = 58

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1106

In-person sessions are provided to priority groups to enhance awareness of the importance of preconception health and to increase and knowledge of strategies that clients can take to improve preconception health. Presentations are provided to incarcerated women at the Elgin-Middlesex Detention Centre (3 sessions/month), and to youth involved in the justice system at the London Family Court Clinic (several sessions/year). Preconception presentations are also provided to students within the doula and RPN programs at Fanshawe College. Preconception health information is shared at health fairs in workplaces, and in particular, at health fairs held at Western University and Fanshawe College for the post-secondary population. To support the learning of secondary school populations and teachers, the team offers the ‘Got a Plan?’ Day at LHSC Victoria Hospital in collaboration with London Health Sciences Centre, the MLHU Young Adult Team, and local community agencies (4 days/year). Other universal strategies to increase awareness and knowledge include use of Twitter, Facebook, and our MLHU website.

Length = 1250

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Preconception Planner Tool & Health Care Provider Outreach	The value of providing health care providers with preconception health-related education and resources, information about available MLHU/community resources, and of reinforcing the importance and increasing the use of screening and assessment tools for women during preconception has been recognized. In response, the preconception planner tool was developed at MLHU in 2014, in consultation with clients and health care providers. The tool is intended to increase awareness of preconception health considerations, support preconception health assessment, and facilitate discussion between clients and health care providers about preconception health. Efforts to promote the tool will continue this year. The 'Baby Steps to a Healthy Pregnancy' booklet was created to support health care providers in integrating preconception health discussions with clients within their practice. It continues to be requested for inclusion in the health care provider binder distributed through the MLHU HCP Outreach team. Additional health care provider outreach is planned for this year, using a variety of strategies (e.g., workshop/webinar/podcast, articles in e-newsletter (which is part of MLHU's broader HCP Outreach strategy), enhanced website information).
Length = 20	*Length =* 850
Food Skills Sessions	Food skills sessions are offered by a PHN and RD to women of reproductive age, during preconception or pregnancy, who are living under the LICO. The principles of adult learning are embedded in this program, which focuses on enhancing awareness, knowledge, food skills in the following areas: health benefits of vegetable/fruit consumption, economic ways to buy and prepare fresh produce, food safety and storage, food preparation & cooking, recipe adaptation, pre/inter-conception health strategies, and community/MLHU resources. Participants are provided with kitchen utensils that support healthy eating, foods prepared during the sessions, multivitamin supplements, fresh produce, and Harvest Bucks redeemable for fresh vegetables and fruits at local markets (which are toured as part of the program). Women attend monthly sessions for 12 months.
Length = 21	*Length =* 474
Internal Coordination	A relatively new internal committee has been formed. The goal of this committee is to bring together representatives from different program areas at MLHU to share, work together, and create synergy to enhance our programs in the area of preconception health. For 2018, the plan is to complete an internal scan of preconception messaging across MLHU team activities to build internal preconception health awareness and commitmen, and promote preconception health integration.
Length = 35	*Length =* 519
Provincial Collaboration & Advocacy	MLHU participates in the OPHA Preconception Health Task Group. This group is focused on working collaboratively with nurses and other health care professionals at a provincial level to strengthen preconception health knowledge, enhance preconception resources, and engage in advocacy efforts around preconception health. Currently, a unique physician billing code for preconception health does not exist. One of the group's 2018 priorities will focus on advocacy and work around this preconception health billing code.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Prenatal Health**

Description

Length = 1793

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU offers a number of prenatal health programs. Universal education programs include a variety of options for clients to choose from, including both on-line and in-person, with the goal of preparing expectant parents for pregnancy-related changes, childbirth, breastfeeding, and parenthood. Universal prenatal in-person or combined on-line/in-person programs attract primarily post-secondary educated primiparous clients. Efforts to maintain a high-quality website ensure credible, up-to-date, comprehensive prenatal health information is available to anyone with access to the internet. Social media initiatives reach the diverse, reproductive-aged populations engaged with social media. MLHU also offers more targeted prenatal health programming through the Canadian Prenatal Nutrition Program in Middlesex-London, with 1) Smart Start for Babies (SSFB) and 2) Prenatal Immigrant Program PIP). Although CPNP is federally funded, these two programs are significantly augmented with MOHLTC funds. The goal of CPNP is to reach pregnant women living in conditions of risk that are known to increase the likelihood of unfavourable outcomes for themselves and their infants. These conditions of risk include: poverty, teenage pregnancy, social or geographic isolation with poor access to services, recent arrival to Canada, alcohol or substance abuse, and family violence. CPNP also increases availability of culturally sensitive prenatal support for Aboriginal women within the local community. The SSFB program has teen-only and regular sessions. All SSFB clients experience risk factors identified above. The PIP program is offered specifically to Arabic-speaking newcomers, who experience multiple challenges and risk factors (as mentioned, London is a significant newcomer reception centre).

Objective

Length = 602

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Employing a population health promotion approach, the objectives of prenatal health programs are to increase the incidence of babies born with healthy birth weights, improve the health and safety of pregnant women and their infants, promote/support the initiation and duration of breastfeeding, increase accessibility to services and community supports for pregnant women, support preparation for parenthood, and build partnerships within communities. PIP also intends to increase understanding of and ability to navigate Ontario's health care system. Program duration varies, and is outlined below.

Indicators of Success

Length = 1757

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported universal prenatal education indicators include # of combined e-learning & in-class sessions; # of combined e-learning & in-class women participants; # of combined e-learning & in-class support person participants; # of e-learning only registrants. Additional indicators used include: demographics (primip/multip, education level, age); facilitator feedback (communication, learning environment, group participation, respect, inclusivity); access and use of e-learning program among in-person participants; awareness of particular community/MLHU resources; and feedback on the in-person sessions (content, pace, skill-building, social connections, self-efficacy). BOH-reported SSFB indicators include # of SSFB sessions and # of SSFB clients. Additional indicators used include demographics (Aboriginal self-identification, newcomer to Canada, difficulty paying for basic necessities, access to health care provider, family/friend support); birth weight; gestational age; breastfeeding intention, initiation, and duration (prior to exiting program); use of tobacco and exposure to second hand smoke; involvement with HBHC and other community supports. BOH-reported PIP indicaters include # of sites offering PIP; # of weeks PIP offered/yr; and # of PIP clients. Additional indicators are currently being identified. We are in the midst of a significant prenatal health planning process, including assessment of existing program capacity and reach, literature review, community stakeholder assessment (re: prenatal services); and population health assessment. This planning process will result in prenatal health programming recommendations for 2019, and revision of key indicators for monitoring our programming and understanding its impact.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	810,494
Benefits	210,728
Travel	6,120
Professional Services	20,455
Expenditure Recoveries & Offset Revenues	(8,140)
Other Program Expenditures	47,932
Total	**$1,087,589**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,087,589
Total	**$1,087,589**

Funding sources are populated with budget data provided in the budget worksheets

Program: Prenatal Health

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 29	*Length = 1065*
Universal Prenatal Education	A variety of prenatal education options are provided to the general population, including the following: 1) e-learning only; 2) combined e-learning and 4-weeks in-person skill-building sessions; 3) 6-weeks in-person education and skill-building sessions; 4) weekend (2 consecutive Saturdays) in-person education and skill-building sessions. Universal prenatal education intends to increase knowledge and skill related to informed decision-making, preterm labour, health literacy, labour and birth, healthy birth practices, skin-to-skin, postpartum adjustment, parenthood, perinatal mental health, preparing for breastfeeding, emergent literacy, and newborn characteristics, care and safety. Awareness of prenatal education among health care providers and pregnant women/families is primarily promoted through online strategies, as well as through MLHU's Health Care Provider Outreach program. Connection and collaboration with hospital partners has been strengthened to ensure consistent messaging is provided to clients by both public health and hospital partners.
Length = 26	*Length = 1211*
Prenatal Immigrant Program	London received a significant influx of Syrian newcomers early in 2016. At the time, a focus group was conducted with a group of women who were pregnant and/or trying to conceive to assess their health needs. After this needs assessment, a prenatal program for Arabic-speaking Syrian newcomers was established. This tailored, client-centred, culturally relevant and sensitive prenatal education and skill-building program covers topics such as parenting, labour and birth, breastfeeding, food skills & literacy, informed decision-making, mental wellness, community and health unit resources and services, and health care access/navigation. Women are welcome to attend these weekly sessions throughout their pregnancy. Efforts are made to enhance connections, promote a sense of belonging, and build a circle of support during pregnancy and beyond. Participants are linked into other MLHU programs and services as needed, and encouraged to access other community resources. This program has relied on the development of new and/or the enhancement of existing community partnerships, as it has been and continues to be a truly collaborative effort. The program is faciliated by a PHN and RD, with an interpreter.
Length = 29	*Length = 1037*
Smart Start for Babies (SSFB)	Although SSFB is s federally-funded program, it is significantly supported by MOHLTC funds in Middlesex-London. SSFB is a free prenatal and nutrition education program for pregnant women and teens and their support persons who face barriers to accessing healthy food. Clients can begin sessions at any stage of pregnancy, although they are encouraged to begin as early as possible.They can self-refer to the program. At each session, healthy food, grocery store vouchers, bus tickets and free prenatal vitamins are offered. A PHN and/or Registered Dietitian provide information and facilitate discussion on the following health topics: healthy lifestyles, healthy pregnancies, fetal development, attachment, healthy relationships, life skills, labour & birth, postpartum care of mother (physical & emotional), breastfeeding, newborn care, preparation for parenthood, sexual health and contraception, healthy eating, food literacy, food safety, menu planning and eating on a budget, mindful eating, emergent literacy, and infant safety.

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Length = 27	Length = 894
Indigenous Prenatal Program	The Southwest Ontario Aboriginal Health Access Centre is collaborating with MLHU in the provision of a prenatal program for Indigenous women. MLHU supports curriculum development and group facilitation through the provision of health information, while SOAHAC directs and/or provides the majority of the curriculum development and facilitation to ensure the program will meet client needs and realize positive outcomes. Talking points are developed collaboratively on topics such as the following: breastfeeding, breathing & relaxation, fatherhood, infant & child safety, labour & birth, emergent literacy, perinatal mood disorders, baby care products, feeding baby & child, growth & development, informed decision-making, physical activity, healthy eating, sexual health. Support persons and older children are welcome to attend the 3-hr sessions, which are offered every other week at SOAHAC.
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0

Program: **Preparation for Parenthood**

Description Length = 831

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

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. Efforts to maintain a high-quality website ensure credible, up-to-date, comprehensive preparation for parenthood information is available to anyone with access to the internet. Social media initiatives reach the diverse, reproductive-aged populations engaged with social media. As described in the 'Prenatal Health' program, preparation for parenthood is a topic which is integrated into all of MLHU's prenatal education programs (universal and targeted). In addition, MLHU offers a stand-alone Preparation for Parenthood in-person session open to any pregnant woman and/or her support person.

Objective Length = 580

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

A strong relationship between parents enhances parenting skills which improves the emotional, academic and social competence of children; this culminates into healthier children (Gottman, 2007). Preparation for parenthood information and in-person sessions intend to increase awareness of the importance and potential impact of the parental relationship and the transition to parenthood, and build knowledge and skills in expectant parents to support an effective and positive transition to parenthood. The stand-alone in-person education/skill-building is a one-time session.

Indicators of Success Length = 425

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported indicators for Preparation for Parenthood include # of stand-alone sessions, # of women and # of support persons attending stand-alone sessions. Additional indicators include preconceived notions of the class, awareness of potential relationship impacts due to transition to parenthood, self-efficacy related to conflict management, demographics (mother, partner, support person), and satisfaction with session.

Program Budget Summary

Funding Sources Summary

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Object of Expenditure	Amount
Salaries and Wages	92,757
Benefits	24,117
Travel	662
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	4,668
Total	**$122,204**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Source	Amount
Mandatory Programs (Cost-Shared)	122,204
Total	**$122,204**

Funding sources are populated with budget data provided in the budget worksheets

Program: Preparation for Parenthood

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = *34*	*Length =* *557*
Preparation for Parenthood Session	A variety of areas related to transition to parenthood are discussed with program participants, such as communication, intimacy, parenting styles, inlaw relationships, budgeting, coparenting, healthy conflict resolution, postpartum mood disorders, common relationship challenges experienced during the postpartum period, changes in lifestyle and use of time. This is a very interactive and skill-based session. A number of tools are shared with participants to support their ongoing communication and preparation for parenthood beyond this session.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Program: **BFI**

Description

Length = *1672*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

The Baby-Friendly Initiative (BFI) is an evidence-based strategy that promotes, protects and supports breastfeeding. It has been shown to effectively increase breastfeeding initiation, duration and exclusivity rates and is considered the minimum standard of care for prenatal/postpartum women and children. Current BFI-related activities include: 1) Managing the maintenance of our BFI designation; 2) Offering breastfeeding educational opportunities to healthcare providers and community partners; 3) Managing the implementation of MLHU's Infant Feeding Surveillance System (MLIFSS), with a focus on enhancing client uptake of the survey; and 4) Supporting the planning and implementation of breastfeeding best practices and BFI at the local and provincial level. MLHU BFI designation maintenance activities target all MLHU staff, with a particular focus on direct care staff, and Board members. Healthcare Provider and community partner education efforts target hospital nurses, physicians, midwives, community nurses, nurse practitioners, and other primary care practitioners, as well as partners that include doulas, early childhood educators, Aboriginal Health staff, and post-secondary education students. Participation in the Infant Feeding Surveillance System Survey is offered to women who give birth at London Health Sciences Centre-Victoria Hospital and Strathroy Middlesex General Hospital and live in London and Middlesex-County. Provincial level work is aimed at supporting public health and other healthcare organizations (Hospitals, CHCs, AHACs, FHTs, etc.) in implementing breastfeeding best practices and the Baby-Friendly Initiative across the province.

Objective *Length = 1639*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The goal of our BFI work focuses on providing system-level support for infant feeding best practices. Breastfeeding is a significant contributor to healthy growth and development, and the BFI further ensures families are supported to make informed infant feeding decisions and if needed, to formula feed in a safe and nurturing way. The objectives include: 1) MLHU staff, Board members students and volunteers, and clients are aware of our BFI policy; 2) MLHU staff, students and volunteers are knowledgeable about the importance of breastfeeding and the BFI, with our direct care provider staff having advanced education in supporting breastfeeding; 3) Pregnant women and families accessing MLHU's prenatal services have sufficient knowledge about the importance and process of breastfeeding, and that they feel they have had sufficient opportunity to discuss infant feeding decisions; 4) Prenatal and Postpartum families have knowledge about key best practices that support breastfeeding and infant feeding more broadly (eg. Skin-to-skin care, cue-based feeding, responsive feeding, rooming-in); 5) Clients are aware of the Canadian recommendations around breastfeeding, and understand the importance of making an informed decision if they decide/need to use infant formula, and if they do use formula, clients are supported to formula feed safely and in a nurturing way; 6) All families who access MLHU services are aware of where and how they can receive support for infant feeding; and 7) Community partners and healthcare providers are aware of the Baby-Friendly Initiative and the WHO Code, as well as breastfeeding best practices.

Indicators of Success *Length = 1440*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Indicators of success would include the following: 1) MLHU staff, students and volunteers consistently adhere to MLHU's BFI organizational policy; 2) MLHU staff, students, volunteers and Board of Health receive orientation to the BFI policy and education about the importance of breastfeeding and BFI; 3) MLHU's prenatal and early parenting curricula and resources reflect infant feeding/breastfeeding best practices; 4) The Middlesex-London Infant Feeding Surveillance System (MLIFSS) gathers adequate data that can be analyzed to assess local breastfeeding practices; 5) Mothers and families have timely access to breastfeeding support services in Middlesex-London; and 6) Professional practice within MLHU reflects BFI requirements and breastfeeding best practice.

Data elements that will be used to monitor the BFI program include: 1) the documentation and tracking of new staff completion of BFI orientation and education requirements; 2) the level of compliance to BFI best practices in the biannual resource and curricula audit; 3) the documentation and tracking of BFI/breastfeeding education by staff, particularly direct care provider staff; 4) the formal evaluation of the MLIFSS that provides data on local breastfeeding initiation, exclusivity, and duration rates; and 5) the uptake (ie. Registration #, # sessions) of community healthcare provider breastfeeding/BFI education opportunities hosted and/or facilitated by MLHU.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	120,124
Benefits	31,232
Travel	909
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	6,418
Total	**$158,683**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	158,683
Total	**$158,683**

Funding sources are populated with budget data provided in the budget worksheets

Program: BFI

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 32

MLHU BFI Designation Maintenance

Length = 52

Health Care Provider and Community Partner Education

Length = 51

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 648

Maintaining BFI designation includes providing and ensuring all new staff, students, volunteers and the Board, receive an orientation to BFI. It also includes the sharing of, and provision of relevant education to staff in order to maintain knowledge and competence in supporting families with breastfeeding/infant feeding. Monitoring of, and consulting around prenatal and early parenting course curricula, resources, teaching materials, and media information to ensure they comply with BFI best practices. The BFI and related policies are reviewed on an annual basis. MLHU website information is reviewed and maintained to ensure its currency.

Length = 555

Healthcare Provider and Community Partner Education includes: 1) facilitating and offering the BFI 20-Hour Breastfeeding Course 2/year; 2) hosting breastfeeding/BFI workshops (eg. Informed-Decision making); 3) participating in the stakeholder review for the RNAO Breastfeeding Best Practice Guideline; 4) participating in the stakeholder review of the Breastfeeding Protocols for Health Care Providers (Toronto Public Health); and 5) sharing breastfeeding information, resources and learning opportunities through our Healthcare Provider Outreach Program.

Length = 867

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Middlesex-London Infant Feeding Surveillance System	MLIFSS consists of a 6-month retrospective survey of breastfeeding practices that is asked of all mothers who consent to participating. Consent is gathered in the hospital, with all mothers who speak/understand English and who live in Middlesex-London, being asked if they are interested in participating. Using the program BFI Online, consenting mothers are contacted when their infant is 6 months old, and asked questions from a brief survey (5 minutes). This information is entered into the BFI Online program, and then mothers who are still breastfeeding are also contacted at 12 months and again at 18 months. An annual analysis of some basic indicators is done each fall. This information is reported to the Breastfeeding Committee for Canada (who is the assessing body for the BFI in Canada), and has been used by MLHU to direct breastfeeding program planning.
Length = 50	*Length =* 474
Local & Provincial BFI / Breastfeeding Initiatives	Local and Provincial Breastfeeding Initiatives include participation in the Provincial Infant Feeding Surveillance Workgroup, the Ontario Public Health Association Breastfeeding Promotion Network, Baby-Friendly Initiative Ontario as well as the BFIO Executive, and also the BFI Strategy for Ontario Implementation Committee. Local initiatives have included the annual Skin-to-Skin social media campaign in May, and the World Breastfeeding Week campaign that runs in October.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Sexual Health Awarenesss and Education**

Description *Length =* 1095

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

One of the goals incorporated into this standard is for youth to have knowledge of contraception, healthy sexuality, healthy fertility, and healthy pregnancies. The Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018 under the Infectious Disease Standard also refers to the Healthy Growth and Development Standard.

Young and young adults under the age of 30 years are a prioirty population for sexual health services and sexual health promotion efforts, given the high rates of chlamydia and gonorrhea reported in this age group, and the possible long-term impacts (e.g., PID) if these STIs are not prevented and/or properly treated. The more specific population that has been prioritized is youth between the ages of 15-24 years of age. **
Could be recorded under ICDPC (Infectious and Communicable Diseases Prevention and Control) as a program but ICDPC is full**

Objective *Length =* 858

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The Sexual Health program collaborates with the Young Adult Team on topics based on assessment of local needs i.e. pregnancy counselling and healthy sexuality. The goal is to decrease unintended pregnancy by providing low cost birth control which includes emergency contraception and education about different forms of contraception. Healthy sexuality is already a part of the school curriculum and the sexual health team supports the Young Adult Team and Child Health Team in presentation development and delivery that alignes with the curriculum.

Recognizing the chlamydia and gonorrhea disproportionately affects those in the younger age groups, the sexual health team plans campaigns and presentations (i.e. Toys, Lubes and Condoms Show, Guinness World Record STI testing, health fairs) to increase sexual health awareness and promote STI/BBI testing.

Indicators of Success *Length =* 554

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

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2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

2017. Sexual Heath Family Planning Clinic database collects number of visits of clients between the ages of 15-24 years of age that attended clinic for; pregnancy testing. There were 4,237 visits in London and 189 visits in the county for 2017. 8,719 packages of low cost birth control including ECP were sold to youth between the ages of 16-24 years. There were 1,046 Paps provided to youth between the ages of 15-24 years of age. There were overall 1,280 pregnancy tests completed in 2017 and 132 were positive. Tests are not broken down by age.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	289,673
Benefits	75,315
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$364,988**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	364,988
Total	**$364,988**

Funding sources are populated with budget data provided in the budget worksheets

Program: Sexual Health Awarenesss and Education

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 22	*Length =* 157
Family Planning Clinic	The Family Planning Clinic offers low cost birth control, emrgency contraceptives, cervical cancer screening, pregnancy testing, and sexual health education.
Length = 23	*Length =* 350
Presentations/Education	Continue to work with Young Adult Team (YAT) and Child Health Team (CHT) to ensure messaging/presentations re: sexual health provided in school environment is consistent. Sexual Health Promotion Team provides presentations to priority populations in the community including college and univiersity, and the YAT and CHT focus on the school population.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Program: **Early Years Direct Client Service & Referral**

Description

Length = 1408

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

A number of direct client services are offered for families with children from birth to school entry. A comprehensive breastfeeding planning process highlighted the importance of planned, early, face-to-face breastfeeding support (e.g., home visits) with a consistent provider during the early postpartum period, with telephone/ technological supports being more impactful after the first few months. Local data confirmed concerns regarding early discontinuation of any/exclusive breasteeding, indicating existing breastfeeding supports may not be sufficient. In 2018, MLHU will contact all consenting breastfeeding mothers, and begin offering early intensive breastfeeding support primarily through home visits, with later non-intensive support provided through drop-ins and telephone support. Education and support related to growth and development, infant mental health, early identification of developmental concerns, parenting and safety are provided through universally-available drop-in and telephone support services. While open to all postpartum families, drop-ins are strategically located through the city/county in community partner locations which increase accessibility for more vulnerable families. In response to community demand and the recent influx of newcomers, a postpartum group for Arabic-speaking newcomers, offered collaboratively with community partners, will be launched this year.

Objective

Length = 1506

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The goal of early years direct client service is to improve children's health and developmental outcomes by providing parents with information, service, and support to enable them to optimize the physical, emotional, and social growth and development of their children from birth to school entry. Multiple strategies are used to increase accessibility of support through the early years. Early years direct services objectives include: 1) support breastfeeding and increase duration and exclusivity rates; 2) increase parent awareness of the importance of infant mental health and enhance use of skills and strategies to optimize infant mental health; 3) support early identification of developmental concerns and referral for follow up with concerns; 4) increase understanding and use of positive parenting strategies; 5) increase knowledge of normal growth and development; 6) increase awareness and use of strategies to ensure infant/child safety; 7) improve nutritional health in the early years; 8) support postpartum adjustment and healthy transition to parenthood (promote mental wellness); 9) screen for perinatal mood and anxiety disorder where appropriate and make necessary referrals; and 10) increase awareness of various community resources. Additional objectives specific to the postpartum program for Arabic-speaking newcomers include: 1) increase food skills/literacy, and increase access to healthy food; 2) decrease infant/child exposure to second-hand smoke; and 3) increase peer support

Indicators of Success

Length = 734

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported indicators for early years direct client service include total # families recieiving direct service, # families at drop-ins, # families calling Health Connection, # families at breastfeeding appointments (and will include # of home visits starting later this year). Additional indicators include age of child, time spent, and primary and secondary reasons for interaction. We are currently finalizing a new set of indicators for all teams providing breastfeeding support, which we will begin using this year (as a continuation of our breastfeeding planning work). No formal evaluation of early years services is planned for 2018. The postpartum group for Arabic-speaking newcomers is also currently finalizing indicators.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	877,570
Benefits	228,168
Travel	13,940
Professional Services	300
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	42,439
Total	**$1,162,417**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	1,162,417
Total	**$1,162,417**

Funding sources are populated with budget data provided in the budget worksheets

Program: Early Years Direct Client Service & Referral

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 40

Breastfeeding Home Visits / Appointments

Length = 17

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 1433

This service, which will be implemented early-mid 2018, intends to increase early access to in-home breastfeeding support, particularly for women experiencing breastfeeding challenges. Breastfeeding women who are 'identified with risk' by HBHC screening in hospital will continue to receive their breastfeeding follow-up support through the HBHC program. Those breastfeeding women who are 'not identified with risk' or who do not complete the HBHC screen, will be contacted by phone to assess need for breastfeeding support. Those experiening challenges will be offered a breastfeeding home visit; those not currently experiencing challenges will be offered one follow-up phone call within several days (and be encouraged to call Health Connection if challenges arise). A combination of in-home and telephone support will be provided during the early postpartum period, based on assessment of need. If clients prefer not to have the PHN in their home, the visit will be booked elsewhere in the community. For some clients, one home visit will be sufficient, while others may need additional visits. More than 2 home visits may be completed with the use of criteria and manager consultation. This will be a Monday - Friday service. Prior to implementation of breasfeeding home visits, early breastfeeding support will continue to be provided at Infant Growth & Development / Breastfeeding Drop-Ins and breastfeeding-only appointments.

Length = 523

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Health Connection	This telephone service is provided by a PHN and program assistant during regular business hours. Information and support is provided to clients and community partners. Topics include pregnancy, postpartum (including perinatal mental health), illness, breastfeeding, sleep (including safe sleep), nutrition, early child development, behaviour, infant and early childhood mental health, safety, car seat safety, positive parenting, and referral to community supports and services. Assistance through email is also available.
Length = 52	*Length =* 744
Infant Growth & Development / Breastfeeding Drop-Ins	Currently, drop-ins provide intensive support for women experiencing challenges, in addition to addressing any of the topics / objectives outlined above. Once we shift to provision of intensive breastfeeding support through home visits, the drop-ins will focus on 1) addressing specialty breastfeeding needs (mostly > 6 weeks postpartum), 2) supporting women who are using formula to feed their babies (any age), 3) connecting families to various community resources, 4) providing screening & referral as needed (growth & development for baby, mental health for mothers), 5) providing information and support regarding growth & development, nutrition, mental wellness (maternal & infant), safety, positive parenting, transition to parenthood,
Length = 16	*Length =* 1247
Precious Moments	This new program will be launched in 2018. It is a 3-month postpartum program for Arabic-speaking newcomer mothers of infants less than 4 months of age. Interpretation is provided at each session where facilitators do not speak Arabic. The program aims to provide information regarding infant care, parenting in a new culture, as well as increase connectedness of participants to other mothers and supports available in the community. Participants in the group choose from a selection of topics they feel are most relevant to their situations. At each session one of the topics is discussed and whenever possible Arabic resources are provided to the mothers. Unstructured time is included allowing mothers to connect with others and to discus individual concerns with the PHN or community partners in attendance. Following each session mothers are asked for feedback regarding the relevance of the discussion and for input regarding further needs. For future sessions in 2018, Arabic-speaking community partners will assume responsibility for facilitating the group with the support of MLHU PHNs. PHNs will attend monthly and will create an evidence-based curriculum resource which facilitators can use to inform discussions of the topics chosen.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Early Years Partnership & Collaboration**

Description *Length =* 1540

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU provides leadership to and/or participates in a number of collaborative initiatives, such as the Southwest Child Passenger Safety Group, Middlesex Children Services Network, Towards an Integrated Mental Health System group, and the Strathroy Perinatal Committee. We also collaborate with partners such as Licenced Child Care Centres, and Indigenous-led organizations & neighbouring First Nations. There are priority early years collaborative initiatives where we provide leadership and strive to align goals: Community Early Years Partnership; Healthcare Providers' Champion Table; and Mother Reach Coalition. The focus for 2018 is perinatal mental health (PMH): Mother Reach is reforming and will work to identify/address PMH needs; the HCP Champion Table will focus on producing PMH resources for primary HCPs; the Community Early Years Partnership will plan and implement actions related to PMH. We also actively engage in the Child and Youth Network, which has 4 priorities: Literacy; Healthy Eating/Physical Activity; Ending Poverty; and Family-Centred Service Systems. We have recently discontinued provision of Triple P parenting programming (mostly group programming), as we have many community partners that provide a variety of parenting programs and group supports. In addition, we hope to engage this year in a broader planning process with the City, County and community partners to determine a more cohesive, intentional approach to parenting programs in our catchment area, as part of the Early ON Centres planning work.

Objective *Length =* 687

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

The goal of the early years' partnership & collaboration work is to achieve optimal newborn, child, parental and family health by using collective impact initiatives to achieve OPH Standards. Creating new and strengthening existing community partnerships provides opportunities for collaboration, finding a common understanding of the problem, sharing a vision for change, identifying opportunities for shared measurement, providing mutually reinforcing activities, coordinating efforts, enhancing communication, sharing resources, and learning from each other. Typically, community partnerships and collaborative initiatives require longer-term commitment and investment for success.

Indicators of Success *Length = 294*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported indicators include: leadership and active participation in Community Early Years Partnership and HCP Champions Table (including # of HCPs and # of agencies), CYN/MLHU communication initiatives, and MLHU service provision at Family Centres. No formal evaluation is planned for 2018.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	275,417
Benefits	71,608
Travel	4,305
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	11,640
Total	**$362,970**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	362,970
Total	**$362,970**

Funding sources are populated with budget data provided in the budget worksheets

Program: Early Years Partnership & Collaboration

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 23	*Length = 1254*
Child and Youth Network	The Child and Youth Network is led by the City of London, and has over 140 partners. There are four priority areas of action: Ending Poverty, Literacy, HEAL, and Family Centred Service System. There is also a group working on collective measurement, determining common indicators that could be used across the community by many partners. Various teams and individuals across MLHU actively participate in all components of the Child & Youth Network: Ending Poverty (e.g., Harvest Bucks program); Literacy (e.g., Baby's Book Bag; 2000 Words social media campaign); Healthy Eating Physical Activity (e.g., Healthy Kids Community Challenge; Active and Safe Routes to School); Shared Measurement Committee; and Family-Centred Service System. By the end of 2018, there will be a total of 7 Family Centres in London. We participate on governance and planning committees and provide a variety of MLHU programs in Family Centres. A PHN is focused part-time on coordination and communication regarding CYN involvement and activities, education of MLHU and CYN partners, and participation on planning committees. Our 2018 goal with Family Centres is to realign and revision our role, balancing MLHU team capacities/goals, Family Centre goals, and community needs.
Length = 90	*Length = 1644*
Early Years Community Partnership (CEYP) & Health Care Provider Champions Network (HCPCN)	The HCPCN is composed of local Pediatricians, Family Physicians, Child Psychologists Nurse Practitioners, Midwives and PHNs who meet quarterly. These 31 members focus on promoting early childhood development and mental health initiatives with other health care providers in M-L. They are currently working on creating Perinatal Mental Health Pod Casts for HCPs that highlight guidelines, treatment options, and local resources. Other committee activities include developing on-line modules, creating web-based resources and hosting workshops for health care providers. Information and education is distributed through the Middlesex London Health Unit's HCP newsletter, office visits and email distribution lists. The CEYP consists of 29 community partners/agencies from M-L, who collaborate, share resources, educate each other and plan campaigns in order to promote optimal early childhood development for children from birth to school entry. "Building Healthy Brains to Build a Healthy Future" building block campaign will continue in 2018; the group chose to maintain focus on Infant and Early Childhood Mental Health, with the additional strategies to promote Perinatal Mental Health. Efforts will also align with the HKCC, whose current theme "Power off and play" fits well with the promotion of positive mental health for families. Strategies include education/skill building workshops for professionals/partners to maximize reach, presentations for parents/families upon request, web-based education for families and professionals, dissemination/development of resources for parents and professionals and electronic toolkit development.
Length = 42	*Length = 235*
Mother Reach Coalition of Middlesex-London	Mother Reach was very active for many years, but it has been some time since it was active. Efforts will be made to revitalize the coalition, revision its purpose, identify common goals for collective action, and develop action plans.
Length = 0	*Length = 0*

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0

Program: Early Years Education & Skill-Building

Description *Length = 770*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Awareness, education, and skill-building efforts related to the early years is primarily focused on provision of presentations and workshops, development of resources, website, and social media. Efforts to maintain a high-quality website ensure credible, up-to-date, comprehensive early years information is available to anyone with access to the internet. Social media initiatives reach the diverse, reproductive-aged populations engaged with social media. Presentations are provided to families within the community (city and county) based on need identified by families/community partners, and staff capacity. Workshops/presentations are also offered for internal staff, health care providers, licensed childcare providers, and other early years community partners.

Objective *Length = 479*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Awareness, education and skill-building efforts targeted to families in the Middlesex-London area aim to 1) increase awareness of MLHU programs and services and various community supports, 2) support parents in creating safe and supportive environments to promote healthy growth and development in their children. Awareness and education efforts for community partners and health care providers aim to provide information and resources to support parents during the early years.

Indicators of Success *Length = 302*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported indicators include: # of campaigns, total # of page views, total Facebook reach, total # Facebook link clicks, # presentations and workshops. Additionally, client / community partner feedback will be sought after presentations and workshops. At this time, no formal evaluation is planned.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	147,079
Benefits	38,241

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	193,672

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Travel	2,255		
Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	6,097		
Total	**$193,672**	**Total**	**$193,672**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Early Years Education & Skill-Building

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 24	*Length =* 312
Website and Social Media	MLHU maintains a high-quality website with credible, up-to-date, comprehensive early years information for families and community partners. Facebook and Twitter are also used for awareness-raising. In 2018, we plan to implement a social media campaign with community partners, focused on perinatal mental health.
Length = 26	*Length =* 687
Presentation and Workshops	Presentations are provided to families within the community (city and county) based on need identified by families/community partners, and staff capacity; topics covered fall within the themes of growth and development, parenting, safety, and maternal and infant mental well-being. Workshops/presentations are also offered for internal staff, health care providers, licensed childcare providers, and other early years community partners. These focus on the priority themes identified by the Community Early Years Partnership and the Health Care Provider Champions Table (perinatal mental health, infant mental health) and the theme of the Healthy Kids Community Challenge (screen time).
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **HBHC & Infant Hearing Screening**

Description

Length = 516

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.8 Healthy Growth and Development

Public Health Nurses provide universal screening to new mothers and their babies for the Healthy Babies Healthy Children and Infant Hearing Programs. A combined screening model is used in the hospital to streamline access to health unit services that support healthy child development. MOHLTC funds are used for 2 part-time public health nurses who work alternating weekends and statutory holidays, which supports the universal component of both programs by enabling screening to occur 7 days/week in the hospital.

Objective *Length = 641*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The goal of the Screening Liaison Program is to complete universal screening of all new mothers and their infants and facilitate referrals for those families identified as requiring additional follow-up or services. The Healthy Babies Healthy Children Program identifies families who may be at risk for compromised healthy child development or parenting and refers them to home visiting services for further assessment and support. The Infant Hearing Program identifies babies who are deaf or hard of hearing and those who are born with risk factors for developing hearing loss and refers them to follow-up supports and services as needed.

Indicators of Success *Length = 438*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

BOH-reported indicators for in-hospital screening of the Healthy Babies Healthy Children and Infant Hearing Programs include: % postpartum HBHC screens completed out of live births; % of families that are referred to HBHC home visiting services for In-Depth Assessment; % of all newborns residing in the region who receive a hearing screen before 1 month corrected age; and % of babies screened who are referred for audiologic assessment.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	84,049
Benefits	21,853
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$105,902**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	105,902
Total	**$105,902**

Funding sources are populated with budget data provided in the budget worksheets

Program: HBHC & Infant Hearing Screening

Public Health Intervention

Input a title for each public health intervention under this Program (maximum of 100 characters)

Length = 31

HBHC & Infant Hearing Screening

Length = 0

Description

Briefly describe the public health intervention (maximum of 1,800 characters)

Length = 202

A combined screening model is used to complete both the Healthy Babies Healthy Children and Infant Hearing screens with postpartum mothers and their newborn babies prior to discharge from the hospital.

Length = 0

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Length = 1356

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address immunization; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses immunization with consideration of the required list of topics identified in the Standards.

A. Community Need and Priorities: There are over 19,000 school age children enrolled form JK to Grade 12 in the Middlesex-London Health Unit area and over 13,000 children from 1 to 4 years of age currently attending Child Care Centers in London and surounding areas. As well we coordinate the distribution and storage of publically funded vaccine to over 400 health care providers and organizations who administer vaccine to the public. MLHU provides over 9100 vaccines in the school program on a yearly basis and administers publically funded vaccine to clients at health unit based clinics held 10 hours a week. Local priorities: The vaccine preventable diseases 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 consulation to health care providers and the general public regarding vaccines and immunization administration. The VPD team manages the distribution of publically funded vaccines to health care providersand inspects refrigerators used to store publically funded vaccines to ensure that vaccines are being handled in a manner that maintains their effectiveness and reduces or prevents vaccine wastage.

Length = 744

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Key internal partners that we collaborate with would include: Child Health Team to assist at school based immunization clinics; Young Adult Team to assist with ISPA related issues; Sexual Health Team to jointly provide vaccines to high risk clients; Infectious Disease Team in the event of outbreaks and follow up of vaccine preventable diseases. External partners include the local school boards in relation to school based immunization clinics and ISPA related processes. Other partners include Health Care Providers who administer vaccines to clients: we provide consultative support, vaccine distribution, cold chain monitoring, and education. Other external partners are LHSC, parents, Child Care Centers, and Intercommunity Health Center.

C. Programs and Services

Program: **Immunization Clinics**

Description

Length = 630

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The program involves regular, high risk and outbreak clinics. At the health unit we do offer a clinic for clients who do not have a family doctor, clients aged infant to 18 years, and to those without a health card. The clinic is by appointment and walk-ins are also accepted. The clinic is held in London every Tuesday and Thursday from 1 to 6:00pm and in the county the first Wednesday of each month. In the event of an influx of students around suspension times, we will do add-on clinics. We also offer additional clinics to update the vaccinations of refugees and to respond to community outbreaks or other community needs.

Objective

Length = 217

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The expected objective of the program to ensure that all elgible persons including priority populations and those experiencing barriers to care, have access to provincilally funded immunization programs and services.

Indicators of Success

Length = 423

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Currently are setting up an evaluation of our clinic services being offered at the health unit. Determining if they have HCPs, who are the HCPs that are not vaccinating and then finding out some fo the HCP perceived barriers to not immunizing their clients. Indicators of success are: Number of clients who are accessing the MLHU clinic that meet outlined criteria; higher percentage of HCPs are immunizing their clients.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	226,888
Benefits	58,991
Travel	6,000
Professional Services	1,800
Expenditure Recoveries & Offset Revenues	(194,700)
Other Program Expenditures	98,470
Total	**$197,449**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	197,449
Total	**$197,449**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Program: Immunization Clinics

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 81	*Length =* 250
Clinic services offered in London and in the County on a weekly and monthly basis	Clinic is offered every Tuesday and Thursday from 1:00 to 6:00pm in London and in Strathroy the first Wednesday of each month. The clinic is set up to meet the gap for those who do not have a HCP, no OHCN, or need vaccines under the ISPA legislation.
Length = 70	*Length =* 239
Respond to identified pressures or to the context of community changes	We would offer clinics to Newcomers as needed based on an increase or influx. Specialized clinics would be set up in collaobration with communiyt partners. In the event of outbreaks, the team would repsond and offer vaccines as necessary.
Length = 39	*Length =* 261
Additional school clinics to meet ISPA.	Additional clinics are scheduled at the time of suspensio to meet the increased demand that may not be met through clients going to their HCP. The clinics offer another way for parents to ensure that their children are up to date for all ISPA required vaccines.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Cold Chain Inspection and Incident Follow-up**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Description *Length = 585*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

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

Objective *Length = 343*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objectives of the program are to ensure that all vaccines are monitored, stored and maintained according to vaccines are stored and maintained at optimum temperatures. Vaccine wastage is kept to a minimum and folow up of cold chain incidneces are undertaken in a timely manner as outlined in the Vaccine Storage and Handling Protocol 2018.

Indicators of Success *Length = 554*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Indicators of Success include:
% of inspected vaccine storage locations that meet Vaccine storage and handling protocol 2018
% of vaccine wastage on a yearly basis

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	192,672
Benefits	50,095
Travel	1,076
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$243,843**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	243,843
Total	**$243,843**

Funding sources are populated with budget data provided in the budget worksheets

Program: Cold Chain Inspection and Incident Follow-up

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 22	*Length = 243*
Cold Chain Inspections	Currently are responsible for inspecting 230 HCP offices and 70 pharmacies. PHNs are repsonsible for inspecting the locations on a yearly basis to ensure proper handling and storage of vaccines as per the Vaccine Storage and Handling Protocol.
Length = 9	*Length = 247*
Education	Provide HCP and other publically funded vaccine administrators with up to date information and guidelines. Provide infomormatin sessions outlining new changes as necessary. Support and consult as necessary on vaccine storage questions or concerns.
Length = 23	*Length = 158*
Policies and Procedures	Current policies and procedures will be updated to meet the new Vaccine Storage and Handling Protocol 2018. Follow set out procedures and train any new staff.
Length = 17	*Length = 206*

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Quality Assurance	Quality assurance measures include monitoring of vaccines logs, inventory review, cold chain inspections, and periodic check-ins. Train and enaure all vaccine handlers are up to date with current protocols.
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

Program: Screening and Enforcement

Description *Length =* *1371*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The immunization records of students in elementary and secondary schools are reviewed and parent/guardians are notified 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 ISPA, will continue to only be prioritized for 7 and 17 year olds in the upcoming 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. There are approximatley 19,720 students registered in the MLHU area.
Due to staffing constraints, no screening is being undertaken in the area of the CHild Care and Early Years Act. Appproximately 13,542 children currently in Child Care Centers in MLHU area. Developoing a startegy to start obtaining information through an ICON campaign.

Objective *Length =* *266*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The expected objectives of the program are that children in Grades 2, 3, 4 and 11 have up to date immunizations according to the Publically funded immunization schedule for Ontario. Parents of children in Child Care Centers will send in reords through ICON in 2018.

Indicators of Success *Length =* *468*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Screening is undertaken at a minimum for 7 and 17 year olds. % of 7 and 17 year olds up to date for ISPA vaccines
%of records that are sent in by parents with children in Child care Centers.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	214,980
Benefits	55,895
Travel	-

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	168,244
Infectious Diseases Control Initiative (100%)	102,631

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	-		
Total	**$270,875**	**Total**	**$270,875**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Screening and Enforcement

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 47	*Length =* 325
Screening of elementary and highschool students	Continue to screen grade 2, 3, 4, and Grade 11 students in accordance with the Immunization of Schools Act. This involves sending out letters and contacing parents via email and telephone. Five screening rounds are undertaken to ensure workload management due to high number of letters (approximately 3500 letters per round).
Length = 23	*Length =* 211
ISPA Education Sessions	Offer mandatory vaccine education to parents looking for exemptions for their school aged children to meet the requirement to attend school if they choose to not vaccinate. One -on-one as well as group sessions.
Length = 32	*Length =* 257
Bookmarks for Child Care Centers	Creating bookmarks to hand out to Child Care Centers to increase the number of records that come in through ICON. The goal is to reduce the amount of workload required to move to meeting the Child Care and Early Years Act. This area will not be met in 2018.
Length = 37	*Length =* 112
Clinics for school aged ISPA vaccines	Two weeks prior to each of the five suspension days, clinics will offered to reduce barriers for immunization.
Length = 16	*Length =* 186
No Info letters	During the summer, no info letters are sent out to grades not screened during the school program to increase compliance with legislation and reduce workload during school year screening.
Length = 36	*Length =* 256
Collaboration with Teams within MLHU	New initiative looking at ways to collaborate with Child Health Team, Young Adult team and Oral Health to coordinate services being offered in the school settings. IN the planning phase at present with the goal of implementing a strategy by September 2018.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Education and Consultation**

Description *Length =* 351

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

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 proivde a response to incoming inquiries when appropriate, or directs callers to a Public Health Nurse for further information and/or consultation.

Objective *Length =* 305

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

The objectives of the program are to increase Health Care Provider knowledge, confidence and competency in administering vaccines in their practice. Being accessible and supporitve are key to the success of this initiative. Currently we field 19,000 calls through triage and 8,000 consultations via email.

Indicators of Success *Length = 357*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Indicators of success: % of HCP in MLHU that administer vaccines to their clients
Provide one education session yearly to those who administer vaccines

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	59,154
Benefits	15,380
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	1,959
Total	**$76,493**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	76,493
Total	**$76,493**

Funding sources are populated with budget data provided in the budget worksheets

Program: Education and Consultation

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 11	*Length = 322*
Triage line	Phone line where the public and HCP can phone in to for support and consultation. The initial call is answered by a PA who will assist and forward any vaccine related calls onto a public health nurse. The line is open Monday to Friday 8:30 to 4:30pm. Calls are returned for the most part on the same or next business day.
Length = 16	*Length = 222*
Needs Assessment	Survey to be conducted through MLHU Health Care Provider Outreach Program to understand HCP education needs in relation to vaccines. This will inform an upcoming education session that we are looking to offer in the fall.
Length = 17	*Length = 126*
Education Session	HCP have learning needs related to immunization scheduling and feeling confidnet in administering vaccines in their practices.
Length = 31	*Length = 151*
Health Care Provider Newsletter	Newsletter that is sent out the second Wednessday of every month. Updates to immunizations or key messages can be included as a part of the newsletter.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Length = 0

Length = 0

Length = 0

Length = 0

Program: **Vaccine Inventory and Distribution of Publically-Funded Vaccines**

Description

Length = 597

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Health Unit orders publically-funded vaccines from the Ontario Government Pharmacy and health care providers (HCP) order and pick up the vaccines from the Health Unit. During the ordering process, the following steps are undertaken to ensure that vaccines are handled appropriately: 1. HCPs submit temperature logs to show they are maintaining their vaccine storage refrigerators between 2 and 8 Celcius; and 2. ordering patterns are assessed to ensure that HCP's are storing no more than a two-month supply of vaccines. On a yearly basis approximately 4,000 orders are processed and sent out.

Objective

Length = 364

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The expected objectives of the program is that temperature logs are submitted prior to each vaccine order and are in the acceptable range. This will reduce the incidences for vaccine wastage and amounts. The monitoring of the amount of vaccine that is ordered and stored at any given time (no more than 2 months supply), ensures vaccine is used in a timely manner.

Indicators of Success

Length = 737

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

% of HCP that only store two months inventory (as determined by ordering patterns and inventory levels at cold chain inspections
% of HCP that submit temperature logs prior to ordering vaccines
% of vaccines that are kept with in recommended temperature range

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	26,797
Benefits	6,967
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$33,764**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	33,764
Total	**$33,764**

Funding sources are populated with budget data provided in the budget worksheets

Program: Vaccine Inventory and Distribution of Publically-Funded Vaccines

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 47	*Length = 402*

2018 Public Health Program Plans and Budget Summaries

3.9 Immunization

Review temperature logs with each vaccine order	*Length =* 35	The Vaccine inventory clerk reviews temperature logs from each ordering agency. If the temperature are within range, the vaccine order is filled and released to the agency. If the temperatures indicate outside of acceptable range, a PHN will contact agency and determine if a cold chain incident has occurred and take appropriate action. Vaccine will not be released until protocols have been followed.	*Length =* 190
Monitor usage and ordering patterns	*Length =* 29	Ensure that agencies and HCPs do not order more than two months supply. This will reduce the amount of wastage should a cold chain incident occur and reduce wastage for vaccines that expire.	*Length =* 76
Yearly cold chain inspections	*Length =* 23	Cold chain inspections are conducted in each location at least once yearly.	*Length =* 161
Policies and procedures	*Length =* 0	Ensure that policies and procedures are kept up to date and are followed. This will ensure consistnecy in practice and follow up of incidents. Current policies	*Length =* 0

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Length = 1745

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address infectious and communicable diseases; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses infectious and communicable diseases.

PHIs investigate all cases where there has been an animal/person contact with Middlesex-London (ML)region which have been increasing steadily each year. Significant increase in tick submissions from the public. Evident WNV activity in MLHU.

a) # reportable disease case followup-970; # of phone calls intake line-1695; # active Suspect TB-34; # active confirmed TB-7; # VPD Reported-260; # confirmed/potential outbreaks (enteric and respiratory)-175; # of annual inspections-1054; # IPAC complaints-8; # IPAC investigated-3; # Community health promotion/education-45; b) Reportable disease data that is collected from various sources. Internal data base is reviewed by the BOH to determine/address local priorities in ICD.

The burden of STI/BBIs in the ML region provides the context in which The Clinic offers services. Rates are calculated using local and provincial disease counts retrieved from the iPHIS ie: Chlamydia was the most commonly reported STI in the ML region with a total of 2,068 cases in 2017 compared to 1,525 in 2016. Death rates have been fluctuating in ML since 2005. The highest rate of opioid toxicity related deaths was seen in 2012. MLHU declared a public health emergency in June 2016 to raise awareness for key stakeholders and the community about increases of infectious diseases affecting vulnerable populations and, more specifically, PWID. The most recent data from 2015 and 2016 indicates that the rate of opioid-related deaths in ML has been similar to that of Ontario. The increase in deaths and spread of infectious diseases prompted the development of the Outreach Team and the opening of the Temporary Overdose Prevention Site and the planned submission for a permanent supervised consumption facility.

Length = 943

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Internal Stakeholders: Vaccine Preventable Disease, Environmental health, Sexual Health, Health Care Provider Outreach, School Health Team, Young Adult Team, Child Health Team

External Stakeholders: MOHLTC, CFIA, MOECC, OMAFRA, PHO, Ontario Association of Veterinary Technicians (OAVT), London Health Sciences Centre, LTC Facilities, Retirement Facilities, Health Care Providers, Regional HIV / AIDS Connection, London Intercommunity Health Centre, Cross Cultural Learning Centre, Mission Services, Salvation Army, Canadian Mental Health Association, Southwest Ontario Health Access Centre, London CAReS, Addiction Services Thames Valley, Local Police Departments, Local Fire Departments, Shelters, Withdrawal Management Programs, AIDS Service Organization, Outreach Teams, Community Health Centres, Infectious Disease Care Program, Elgin-Middlesex Detention Centre, Ontario Disability Programs, Municipality of London and Middlesex County.

C. Programs and Services

Program: **Rabies Prevention and Control**

Description

Length = 62

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Prevent the occurance of Rabies in Middlesex-London residents

Objective

Length = 504

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Throughout the year, 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; initiating rabies prevention awareness programs; sending reminders to stakeholders (healthcare providers, police department) to report related incidents.

Indicators of Success

Length = 300

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Percentage of suspected rabies exposures reported with investigation initiated within one day of public health unit notification. Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated. Number of rabies awareness activities planned and implemented.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	40,848
Benefits	10,620
Travel	2,204
Professional Services	192
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	937
Total	**$54,801**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	54,801
Total	**$54,801**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Program: Rabies Prevention and Control

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 93	*Length =* 86
Percentage of suspected rabies exposures reported with investigation initiated within one day	All reported animal exposures are to be investigated within 24 hours of notification.
Length = 80	*Length =* 126
Provision of rabies post exposure prophylaxis (PEP) treatment to those need it.	When a healthcare provider decides to administer the PEP, the delivery of the vaccine and RIG are completed in a timely manner
Length = 28	*Length =* 116
Rabies awareness activities	Rabies awareness activities such as the promotion of the low-cost rabies clinics are accomplished through the year.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Vector-Borne Disease**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Description *Length = 172*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Vector-Borne Disease Program aims at monitoring and controlling West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), and Lyme disease (LD) in Middlesex-London.

Objective *Length = 780*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Through the season (May-October) every year: 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; Surveillance of ticks, mosquitos, dead corvids; Respond to complaints and inquiries from residents regarding WNV, EEE and LD; Assess private properties when standing water concenrns 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

Indicators of Success *Length = 509*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

The total number of standing water sites on public property
The total number of Larvicide treatment in standing water locations where required based on larval identification / 3 larvicide treatments of all catch basins on public property
The total number of Adult Mosquitoes collected / Viral tests completed
The total number of dead bird reports received for surveillance
The total number of tick submissions and active tick surveillance
The total number of educational sessions/special events participated

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	305,870
Benefits	60,975
Travel	27,380
Professional Services	154,928
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	66,847
Total	**$616,000**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Vector-Borne Diseases Program (Cost-Shared)	616,000
Total	**$616,000**

Funding sources are populated with budget data provided in the budget worksheets

Program: Vector-Borne Disease

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 73	*Length = 80*
Identify and monitor significant standing water sites on public property	Annual review of the current databse for standing water sites on public property
Length = 73	*Length = 58*
Larvicide treatment in standing water locations and roadside catch basins	Standing water sites and roadside catch basins are treated
Length = 53	*Length = 137*
Adult mosquitoes collected and viral tests conducted	Adult mosquitoes collected by the MLHU staff and the mosquitos and shipped for testing for WNV, EEE and Zika virus at the accredited lab
Length = 52	*Length = 58*

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Dead bird reports received for surveillance purposes	Dead bird sightings are mapped to see trends in the region
Length = 33	*Length = 78*
Conduct active tick surveillance	Several field activities organized through the season to minitor tick activity
Length = 87	*Length = 100*
Participate in several educational sessions and special events across Middlesex-London	In order to raise awareness and educate the public, several venues are explored through the season.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

Program: **Reportable Disease Follow up and Case Management**

Description *Length = 731*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Public health nurses and public health inspectors are available 830am to 430pm on weekdays and on call on weekends to respond to any report or concern about any of the reportable diseases as identified by MOHLTC in the Middlesex London geographic region. This also includes all vaccine preventable diseases. Response involves investigation, follow up and case management to prevent transmission of the infectious disease. Prioritiy populations are those that are at higher risk e.g. vulnerable populations such as underhoused individuals. This program is based on the Infectious Disease Protocol from the MOHLTC. Other supporting resources such as Appendix A and Appendix B are assets when managing reportable disease cases.

Objective *Length = 387*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

1. To minimize the number of reportable diseases in the Middlesex London Community. 2. To mitigate and contro the transmission of reportable diseases in Middlesex London community. 3. To successful connect with contacts of clients with reportable diseases. 4. To provide treatment and follow up information as required. 5. Surveillance of reportables internal database and iPHIS.

Indicators of Success *Length = 223*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of cases of reportable disease follow up; # of phone calls resolved through the phone duty intake line; # Active TB suspects and confirmed; # targeted screening for TB; # vaccine preventable disease reported/confirmed.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	530,610
Benefits	137,959
Travel	4,510

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	288,436
Infectious Diseases Control Initiative (100%)	477,989

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Professional Services	5,355		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	87,991		
Total	**$766,425**	**Total**	**$766,425**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Reportable Disease Follow up and Case Management

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 90	*Length =* 150
Assignment of reportable diseases to either public health nurse or public health inspector	Each indiviudal public health professional develops an expertise in certain reportable diseases enabling them to effective follow up and case manage.
Length = 50	*Length =* 385
IDC Phone intake line and week end on call system.	Monday to Friday from 830 to 430pm a staff on the IDC Team is on phone duty to receive and respond to community calls. One person is on call every weekend from 430pm on Friday to 830am on Monday to address any reportable diseases that MLHU is notified about. This information is on all our notifications to internal and external stakeholders to facilitate communication and reporting.
Length = 91	*Length =* 344
Specific, secure fax line for external stakeholders to report diseases and for lab results.	External partners are provided with list of reportable diseases and secure fax line to report suspect and confirmed infectious diseases. The line is monitored from 830am to 430pm Monday to Friday. Lab results are sent through the secure fax line . This secure fax number is provided to our external stakeholders to facilitate communication.
Length = 35	*Length =* 212
Surveillance of reportable diseases	Staff enter all cases into database and iPHIS for surveillance. Daily Surveillance Report is prepared and distributed to key stakeholders to notify them about the current cases being monitored in our community.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Outbreak Management**

Description *Length =* 495

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Member of the Infectious Disease Team, public health nurses and public health inspectors are assigned long term care homes, retirement homes and child care facilities to monitor enteric and respiratory outbreak cases. For potential community outbreaks each individual staff assigned to the various reportable diseases is responsible for monitoring the number and trends in the community. These are discussed with the Manager, AMOH and epidemiologist to monitor potential commmunity outbreaks.

Objective *Length =* 446

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

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Timely notification from our community partners regarding potential outbreaks. To monitor the number of potential and confirmed outbreaks in facilities and community To mitigate the transmission and control of disease to potential contacts. To provide timely treatment and follow up information when required. To educate and ensure that outbreak measures are in place. To monitor the outbreak timelines. To document internally and in iPHIS.

Indicators of Success *Length = 145*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of confirmed/potential outbreaks managed (enteric, respiratory and community) ; length of each outbreak; pathogens confirmed for each outbreak.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	132,522
Benefits	34,456
Travel	1,210
Professional Services	935
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	1,889
Total	**$171,012**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	80,912
Infection Prevention and Control Nurses Initiative (100%)	90,100
Total	**$171,012**

Funding sources are populated with budget data provided in the budget worksheets

Program: Outbreak Management

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 69	*Length = 256*
LTC, retirement homes and child care facilities assigned to IDC Team.	Each PHN and PHI is assigned facilities to monitor and support during outbreaks. Public Health staff work with facility staff to determine, manage and control each outbreak. Public health staff work with faciltiy staff to determine when outbreak is over.
Length = 62	*Length = 201*
Provide educational material and regular updates to facilities	Annually and as required educational and reporting materials provided to facilities to support them through outbreak management. Staff attend outbreak management meeting at their assigned facilities.
Length = 55	*Length = 218*
Monitoring and distribution of a daily Outbreak Report	All outbreaks are monitored and tracked in the internal database and iPHIS. A daily Outbreak report is sent out to over 200 community partners to increase their awareness of the outbreak situation in Middlesex London.
Length = 39	*Length = 217*
Community Influenza Surveillance Report	Weekly, IDC staff, epidemiologist and AMOH prepare a weekly community influenza report that is distributed to community agencies, all facilities and media to notify them of the influenza situation in Middlesex London.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

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Length = 0

Length = 0

Length = 0

Length = 0

Program: Inspections

Description

Length = 566

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

According to the Infectious Disease Protocol and the Health Promotion and Protection Act, Public Health units are expected to inspect facilities that provide food e.g. long term care facilites, hospitals, group homes, child care facilities, before and after school programs and personal service settings. Using a risk based approach facilities are either high, medium or low requiring either one, two or three annual inspections. Public Health Inspectors also complete cold chain inspections in the long term care homes and hospital setting for which they inspect.

Objective

Length = 575

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To inspect all required facilities according to the MOHLTC protocol. To ensure compliance with the infectious disease protocol, food safety protocol, and Best Practice Guidelines for Personal Service Settings. To control the risk of transmission of infectious diseases .To educate owner/operators and staff of the inspected facilities on the infection control practices required in each of the specific service settings. To raise awareness of the general public of infection control requirements. To notify the public of inspection results by posting them on MLHU website.

Indicators of Success

Length = 154

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of personal service settings inspected; total # of food premise inspections(low, medium and high); # of cold chain inspections/reinspections/ incidents.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	269,177
Benefits	69,986
Travel	2,420
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	3,777
Total	**$345,360**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	105,923
Infectious Diseases Control Initiative (100%)	239,437
Total	**$345,360**

Funding sources are populated with budget data provided in the budget worksheets

Program: Inspections

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 19	Length = 114

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3.10 Infectious and Communicable Diseases Prevention and Control

Annual inspections	Length = 52	Compliance inspections completed as per protocol. Reinspection required when non-compliance/violations are found.	Length = 95
Maintaining and updating facilities list in Hedgehog	Length = 48	Program assistant and staff ensure that updated/current list of premises entered into Hedgehog.	Length = 194
Inspection reports posted on health unit website	Length = 0	Upon completion of documentation in hedgehog, inspection report results are uploaded to the MLHU website for public to view the finds. Actions taken by the PHI are also reported on the website.	Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0

Program: **Infection Prevention and Control Investigations**

Description *Length = 730*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Through the IDC phone line or website, members of the public are able to notify the health unit of infection prevention and control concerns in the community. Upon receiving the concern/complaint, staff are assigned to the investigation. Using the IPAC protocal and the PHO tools and resources the staff proceed with the necessary steps to determine if the complaint qualifies as a potential IPAC Lapse. Throughout the process staff will consult with Manager, AMOH and when necessary PHO. If an IPAC laspe is determine, the disclosure protocol is followed and report is posted on the MLHU website. Management and follow up steps are clearly identified and communicated to the individual/premise/clinic that was investigated.

Objective *Length = 333*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Effective and efficient management and mitigation of public health risks associated with infection prevention and control lapses. To respond and investigate IPAC complaints in a timeline manner. To notify the public of a lapse according to the IPAC Disclosure protocol. To educate stakeholder and public about IPAC best practices.

Indicators of Success *Length = 122*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

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IPAC complaints received and investigated; # IPAC Lapses by sector; # reported to regulatory body or regulatory college.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	151,769
Benefits	39,460
Travel	1,430
Professional Services	1,005
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,232
Total	**$195,896**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	195,896
Total	**$195,896**

Funding sources are populated with budget data provided in the budget worksheets

Program: Infection Prevention and Control Investigations

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 61	Length = 166
Phone and online system for public to notify re IPAC concerns	Respond to person submitting the complaint and follow up each complaint as per protocol. Investigate as required using PHO IPAC tools and best practice documents.
Length = 47	Length = 144
Notification of regulatory body when available.	As per protocol, regulatory body notified of the complaint/concern. Investigation requirements determined in consultation with regulatory body.
Length = 26	Length = 107
Invesigation of complaint.	Following IPAC protocol and resources e.g. PIDAC Checklist, staff investigate and document their findings.
Length = 21	Length = 186
Consultation with PHO	Following investigation, consultation with Manager, AMOH and when required the PHO IPAC Team for risk assessment and expert opinion to determine whether considered an IPAC lapse or not.
Length = 21	Length = 95
IPAC Lapse Disclosure	Upon determination of a lapse, Ministry is notified and the report is uploaded to MLHU website.
Length = 51	Length = 228
Case report and sharing of findings with clients.	Report is shared with client with specific recommendations, corrections and required follow up. Staff will continue to follow case until such time that all corrections are completed and there is no longer a risk to the public.
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0

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Program: **Health Promotion and Education**

Description

Length = 846

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Provision of education to the general public to increase awareness related to infection prevention and control measures including respiratory etiquette, hand hygiene and other infection control practices. Adapting and utilization of provincial/national educational resources and developing local resources. Providing regular educational updates to health care provides and other key community stakeholders through various medium such as paper resources, newsletter, workshops etc. Participate at community tables to provide the voice for infectious disease prevention and control and to identify knowledge needs. To maintain and update health unit website as a source of health promotion and education to the general public. To provide child care providers with a safe and healthy child care manual to support the Child and Early Years Act.

Objective

Length = 352

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase the knowledge of the general public about infection prevention and control. To increase the knowledge of Health Care Providers regarding mandatory reporting requirements and management of infectious diseases. To provide information and resources in many formats and repeatedly over time to meet the needs and reach various target groups.

Indicators of Success

Length = 169

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

#community health promotion and education processes. # of resources available; # of resources translated; process established for material review and quality assurance.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	157,423
Benefits	40,930
Travel	1,430
Professional Services	1,105
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,232
Total	**$203,120**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	203,120
Total	**$203,120**

Funding sources are populated with budget data provided in the budget worksheets

Program: Health Promotion and Education

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 33	*Length = 200*
Health Care Provider e-newsletter	In collaboration with the Health Care Provider outreach team, articles on infectious disease matter of importance are inserted into the e-newsletter for distribution to over 700 health care providers.
Length = 27	*Length = 106*
Health Care Provider Binder	Paper resources are provided for the Health Care Provider binder that is updated and distributed annually.
Length = 52	*Length = 148*
Review and update of paper and electronic resources.	Ongoing need assessment of general public and key stakeholders of educational needs and gaps. Development of resources to meet the needs and gaps.
Length = 9	*Length = 213*

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Workshops	Need assessment of educational needs of Long Term Care, child care and health care providers. Planning and implementation of workshop to meet their needs and to educate regarding new infectious disease practices.
Length = 14	*Length = 232*
Notifications	Specific communiations and notifications are prepared and distributed to stakeholders to inform them of new practices and updates e.g. IPAC in Clinical offices or letter to school re child in the school with a communicable disease.
Length = 13	*Length = 173*
Presentations	TB presentations to health care providers based on their identified educational needs. New immigrant LTBI presentations on monthly bases at Cross Cultural Learning Centre.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

Program: **Sexual Health Clinic Services**

Description *Length = 1113*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Sexual Health Clinic offers both Family Planning and Sexually Transmitted Infections (STI) Clinics for priority populations 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. It is important to provide screening of STBBIs to individuals with one or more of the following risk factors: Having sexual contact with: person(s) with a known STBBI; multiple persons; and anonymous persons, a previous STI diagnosis; being a man who has sex with other men; having a new sexual contact; being sexually active; being a person who injects drugs; being a person whose misuses alcohol or illicit drugs (e.g., opioids,amphetamines, cocaine, ecstasy); being street involved and/or unstably housed (e.g., homeless); engaging in sex work; history of trauma (e.g., partner violence, sexual/physical abuse); and not using contraception or sole use of non-barrier contraception.

Objective *Length = 172*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Create supportive environments to promote healthy sexual practices, access to sexual health services, and harm reduction programs and services for priority populations; and

Indicators of Success *Length = 211*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of cients attending Family Planning Clinic or STI Clinic, # of low cost contraceptives, # of positive pregnancy tests, # of positive STBBI tested, diagnosed and treated, # of IUDS/IUS inserted, # of pap tests.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	753,124
Benefits	195,812

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	876,839
Infectious Diseases Control Initiative (100%)	106,389

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Travel	9,850		
Professional Services	197,670		
Expenditure Recoveries & Offset Revenues	(529,000)		
Other Program Expenditures	355,772		
Total	**$983,228**	**Total**	**$983,228**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Sexual Health Clinic Services

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 10	*Length =* 398
STI Clinic	The Sexually Transmitted Infections (STI) Clinic operates on a drop-in basis. At the STI Clinic, you'll find a safe, non-judgemental atmosphere where you can have an open discussion about your sexual health. You don't need an appointment or a health card. Free testing, treatment and counselling for STIs, free pregnancy testing, emergency contraception (the morning after pill) and free condoms.
Length = 22	*Length =* 311
Family Planning Clinic	At the Family Planning Clinic birth control, pregnancy testing and birth control counselling, emergency contraception, and Pap tests are provided. Clients are counselled about birth control options (which can include IUS/IUDs and insertion), most of which can be purchased at The Clinic at an affordable price.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Sexually Transmitted Infection follow-up**

Description *Length =* 886

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

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.

Objective *Length =* 597

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

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The Sexual Health Program aims to prevent and control sexually transmitted and blood-borne infections (STBBIs) and to promote healthy sexuality and safer sexual practices for priority populations, cases and contacts. This is done by providing access to sexual health services, and harm reduction programs and services for priority populations; completing STI follow-up and case management and contact tracing to ensure the appropriate treatment and education in provided, conduct population health assessment and surveillance regarding infectious and communicable diseases and their determinants.

Indicators of Success *Length = 446*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

There is a clinic database that identifies number of tests ordered in the Sexual Health clinics and number of positive results and the number of positive STBBI cases reported to the Middlesex-London Health Unit are indicators of the risks for clients. Conducting surveillance and epidemiological analysis, including the monitoring of trends over time, emerging trends, and priority populations in accordance with the Infectious Disease Protocol.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	242,726
Benefits	63,109
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$305,835**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	305,835
Total	**$305,835**

Funding sources are populated with budget data provided in the budget worksheets

Program: Sexually Transmitted Infection follow-up

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 15	*Length = 262*
Contact Tracing	Begin contact tracing and contact notification as soon as possible after the index case is contacted. Ensure obtain history of any symptoms of contact, provide disease-specific education and aware of risk of STBBIs. Also provude testing and treatment options.
Length = 15	*Length = 864*
Case Management	Contact the case as soon as possible to decrease the risk of transmission. The confirmation of diagnosis and treatment from the health care provider may be required if client was tested by health care provider. Discuss with the case all risk factors relevant to the infection and route oft ransmission during the period of infectivity. The discussion may also includeclient-centered education regarding STBBIs and risk reduction counseling. Discuss with the case the importance of notifying sexual contacts and contacts the case has shared drug-using
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

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	Length = 0		Length = 0
	Length = 0		Length = 0

Program: HIV Leadership

Description Length = 697

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

A comprehensive HIV strategy with a focus on People who inject drugs (PWID) was developed. The priority of the Leadership team was and 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.

Objective Length = 559

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To create an environment where clients feel they are supported enough to reach the goals they have in their treatment continuum.
The team will participate in locating, engaging, educating, and ultimately linking people to care, treatment and basic needs programs (i.e. housing, LIHC, IDCP etc.).
The end goal of the team is to help decrease the spread of HIV and support a client through their continuum of care to a point of where they feel comfortable enough to be discharged into the care of treatment teams within the community and hospital settings.

Indicators of Success Length = 321

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Indicators for the outreach team is number of PWID caseload (including HIV, iGAS, Hep C), number of connections made; number of times harm reduction education was provided to PWID; number of HIV POC Tests completed by MLHU; number of clients who are retained in care and number of clients who are adherent to treatment.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	230,462
Benefits	61,601
Travel	2,880
Professional Services	586,114
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	61,925
Total	**$942,982**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	292,382
Needle Exchange Program Initiative (100%)	400,600
Harm Reduction Program Enhancement (100%)	250,000
Total	**$942,982**

Funding sources are populated with budget data provided in the budget worksheets

Program: HIV Leadership

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 13	Length = 741

2018 Public Health Program Plans and Budget Summaries

3.10 Infectious and Communicable Diseases Prevention and Control

Outreach Team	*Length =* 16	The role of the Outreach Teams is to receive referrals from the Sexual Health Team, Infectious Disease Team and other community organizations. The role of the team is to provide services to vulnerable/marginalized clients and communities who are infected or at risk for HIV/AIDS. The Public Health Nurse will liaise and work collaboratively with outreach team members and community organizations to identify and develop creative strategies to address the challenging health issues, behaviours, needs and barriers faced by at-risk	*Length =* 1363
Leadership Team	*Length =* 0	The HIV leadership team was convened in response to public health emergency in People who inject drugs (PWID). The HIV Leadership Team recognizes the urgent need to develop a collaborative, multi-agency comprehensive HIV support, prevention, and coordinated treatment strategy that addresses the recent increase of HIV rates with a focus on People who inject drugs (PWID). The priority of the Leadership team is to explore and rapidly implement strategies with an aim to stop or decrease the transmission of HIV among PWID	*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0
	Length = 0		*Length =* 0

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Length = 705

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address safe water; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses safe water.

Middlesex-London region is a good mix of urban and rural communities. The Middlsex-London Health Unit (MLHU) focuses on providing information to private citizens who operate their own private drinking water supplies (e.g., private wells) to promote awareness of how to safely manage their own drinking water systems. Training programs for pool and spa operators as well as SDWS owners and operators have been consiredered a priority also. Ensuring the timely inspections of public pools, public spas and non regulated recreational water facilities constitutes another area of focus. Responding to adverse water quality incidents is another public health intervention to ensure public health is protected.

Length = 145

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Ministry of Health and Long-Term Care; Public Health Ontario, Ministry of the Environment and Climate Change, City of London, County of Middlesex

C. Programs and Services

Program: **Drinking Water**

Description

Length = 131

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Drinking Water Program aims at preventing/reducing the burden of water-borne illness related to drinking water in Middlesex-London.

Objective

Length = 807

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Throughout the year, timely and effective detection, identification, and response to drinking water contaminants and illnesses, their associated risk factors, and emerging trends, including levels of fluoride outside the recommended range; ensuring water-borne illness risks are mitigated; members of the public who use private drinking water supplies (e.g., private wells) are aware of how to safely manage their own drinking water systems; the public is aware of drinking water safety, including the potential risk of illnesses related to unsafe drinking water. The level of fluoride in community water is reported to the Oral Health Manager for monitoring purposes. The Oral Health Manager monitors fluoride levels in the community water as per the Safe Drinking Water and Fluoride Monitoring Protocol.

Indicators of Success

Length = 153

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Percentage of Adverse Water Quality Incidents (Reg. 170 and Reg. 243) responded within 24 hours; the number of annual water haulage vehicle inspections;

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	153,793
Benefits	39,986
Travel	8,541
Professional Services	744
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	3,630
Total	**$206,694**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	206,694
Total	**$206,694**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Program: Drinking Water

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 69	*Length =* 124
Responding to Adverse Water Quality Incidents in municipal systems	Adverse water quality incidents are responded promptly- within 24 hours And and on-call system 24/7 has been established.
Length = 44	*Length =* 59
Conducting water haulage vehicle inspections	Water haulage vehicle inspections are conducted regularly.
Length = 70	*Length =* 101
Providing resources (test kits and information) to private well o	Several water depots are established for water test kit drop off/pick ups across the Middlesex County
Length = 76	*Length =* 171
Notifying and discussing adverse water results with the private	With the information received from PHO labs every business day, residents whose water samples show microbiological contamination is contacted by Public Health Inspectors.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Recreational Water**

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Description *Length = 156*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Recreational Water Program aims at preventing/reducing the burden of water-borne illness and injury related to recreational water use in Middlesex-London.

Objective *Length = 328*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Owners/operators of recreational water facilities and owners/operators of small drinking water systems operate in a safe and sanitary manner; the public is aware of potential risk of illnesses and injuries related to recreational water facilities; public exposure to recreational water-related illnesses and hazards is reduced.

Indicators of Success *Length = 269*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Percentage of Class A and B pools inspected while in operation; Percentage of spas inspected while in operation; Percentage of wading pool/splash pad/receiving basin inspections while in operation; Number of participants to training sessions for pool and spa operators

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	303,071
Benefits	78,798
Travel	16,806
Professional Services	1,464
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	7,143
Total	**$407,282**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	407,282
Total	**$407,282**

Funding sources are populated with budget data provided in the budget worksheets

Program: Recreational Water

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 65	*Length = 65*
Inspection of public pools (Class A and Class B) and public spas	Inspection of public pools (Class A and Class B) and public spas
Length = 90	*Length = 64*
Inspection of non-regulated recreational water facilities (wading pools and splash pads)	Inspections are conducted as per the Recreational Water Protocol
Length = 60	*Length = 90*
Offering training sessions for public pool and spa operators	Training sessions offered throughout the year to increase compliance with the Regulation.
Length = 0	*Length = 0*

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0
	Length = 0		Length = 0

Program: Small Drinking Water Systems

Description *Length = 197*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Small Drinking Water Systems Program aims to prevent/reduce the burden of water-borne illness in the provision of safe drinking water from Small Drinking Water Systems (SDWSs) in Middlesex-London.

Objective *Length = 461*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Throughout the year, timely and effective detection, identification, and response to drinking water contaminants and illnesses, their associated risk factors, and emerging trends, ensuring water-borne illness risks are mitigated in SDWSs; SDWS owners and operators are aware of how to safely manage their drinking water systems; the public is aware of drinking water safety, including the potential risk of illnesses related to unsafe drinking water from SDWSs.

Indicators of Success *Length = 140*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

The number of low and medium SDWS assessed/re-assessed. Percentage of Adverse Water Quality Incidents responded within 24 hours (Reg 319).

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	59,168
Benefits	15,384
Travel	-

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	42,685
Small Drinking Water Systems Program (Cost-Shared)	31,867

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Professional Services	-		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	-		
Total	**$74,552**	**Total**	**$74,552**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Small Drinking Water Systems

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 54	*Length =* 57
Risk assessment of Small Drinking Water Systems (SDWS)	Risk assessments of SDWSs conducted as per the Regulation
Length = 45	*Length =* 55
Monitoring the test results of SDWS regularly	SDWS test results are monitored through the LRMA system
Length = 53	*Length =* 66
Responding to Adverse Water Quality Incidents in SDWS	Adverse Water Quality Incidents are followed up in a timely manner
Length = 57	*Length =* 86
Offering training opportunities to SDWS owners/operators	Develop training manual and organize training sessions for SDWS owners and operators.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Enhanced Safe Water Initiative**

Description *Length =* 274

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The funding provided with this initiaitve enables the MLHU to meet the requirements of the Safe Water program so that Middlesex-London residents have access to safe drinking water and use recreational facilities that are regularly monitored by yhe Public Health Inspectors.

Objective *Length =* 79

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.11 Safe Water

Through the year, ensuring the requirements of the Safe Water Program are met.

Indicators of Success

Length = 115

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Develop resources, raise safe drinking water awareness , hire contract staff to provide assistance in inspections.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	17,184
Benefits	1,654
Travel	-
Professional Services	8,627
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	8,235
Total	**$35,700**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Enhanced Safe Water Initiative (100%)	35,700
Total	**$35,700**

Funding sources are populated with budget data provided in the budget worksheets

Program: Enhanced Safe Water Initiative

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 94	*Length = 295*
Develop and print an enhanced pool /spa operator training manual and other training materials	Pool /spa operator training manual and other training materials that reflects the new regulatory and policy changes in the Recreational Water program. Pool and spa operator training manual/training materials are shared with the pool/spa operators as well as with other health units in Ontario.
Length = 70	*Length = 261*
Raise awareness and promote well water testing in Middlesex County.	Maintain three newly added venues for public access to submit their samples across the Middlesex County. Make arrangements regarding transportation of the samples to the PHO lab. Communication campaign to encourage residents to test their private well water.
Length = 59	*Length = 139*
Offer a contract position to a public health professional	Contracted staff will support the field work and ensure that MLHU meets the requirements of the relevant Ministry protocols and guidelines.
Length = 0	*Length = 0*
Length = 0	*Length = 0*

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Length = 857

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address oral health; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses oral health.

In 2013/14, only 64% of families living in Middlesex-London had dental insurance. 71% of families reported visiting a dentist within the last year. 46% of families reported having oral or facial pain within the last month.

During the 2016-2017 school year, 1751 (11%) students were found to have urgent dental needs and 3433 (20%) students would benefit from preventive services (dental cleaning, dental sealants, fluoride application). 24 (18%) of elementary schools were classified as medium intensity and 18 (14%) of elementary schools were classified as high intensity.
During the initial implementation of HSO (2016 and 2017), 20,950 Middlesex-London residents qualified financially for the HSO program, 74% of those eligilble were enrolled in HSO, 64% of those enrolled have utilized the HSO program.

The above data informs the oral health programs.

Length = 800

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Internal Collaboration:
The Oral Health team will collaborate with the following internal teams to increase the oral health status of children and youth by identifying children at risk of poor oral health outcomes, promoting the Healthy Smiles Ontario program and ensuring parents have the appropriate information, education and access to oral health care: Child Health, Young Adult, Vaccine Preventable Disease, Communications, Best Beginnings and Early Years.

External Collaboration:
London Cross Cultural Learning Centre
London Child and Youth Network
Healthcare providers including dentists, physicians, nurses and others.
School Boards
Local daycares
Western University's Children's Dental Clinic
Fanshawe College - Dental Hygiene Program
Southwest Ontario Aboriginal Health Access Centre

C. Programs and Services

Program: **School-based Dental Screening Program**

Description

Length = 1445

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Publically-funded elementary schools, some faith based private schools and schools located in neighbouring Indigenous Nations participate in the school-based dental screening program. Students in JK, SK and Grade 2 are screened in accordance with the Oral Health Assessment and Surveillance Protocol (2016). Based on the screening results of the Grade 2 students at each school, the school is categorized into the following levels of screening intensity: low, medium and high as per the protocol. An increase in screening intensity level requires additional grades to be screened: Low = JK, SK, Gr 2; Medium = JK, SK, Gr 2, 8; High = JK, SK, Gr 2, 4, 6, 8. The Oral Health team screens all grade 8's, regardless of screening intensity of the school, because that is the last opportunity to provide dental screening in schools. The parents of the students in these grades who decline to have their children screened advise the school administrators who then pass this information on to MLHU staff. Children whose parents have consented to screening but who are absent on the day of the screening may be screened on a subsequent screening day. Student level data is collected by Registered Dental Hygienists, with the support of a Clinical Dental Assistant, and stored in the ministry application OHISS. The need for urgent dental care or preventive dental services is recorded and parents are advised by sending forms home with eligible children.

Objective

Length = 269

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objective of the school-based dental screening program is to identify children who are at risk for poor oral health outcomes. The anticipated outcomes are to increase families access to oral health services and increase the oral health status of children and youth.

Indicators of Success

Length = 653

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

and % of eligible students screened
% of pubically-funded schools screened (Accountability Indicator from MOHLTC)
% of children screened that are identified as requiring urgent dental care
% of children screened that are identified as requiring preventive services (dental cleaning, dental sealants, fluoride application)
% of schools classified as High Risk based on dental screening results of Gr 2's
% of schools classified as Medium Risk based on dental screening results of Gr 2's
% of children absent during the school-based dental screening program
% of children excluded from the school-based dental screening program
Decay/Missing/Filled rate

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	269,695
Benefits	73,141
Travel	12,500
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	21,916
Total	**$377,252**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	377,252
Total	**$377,252**

Funding sources are populated with budget data provided in the budget worksheets

Program: School-based Dental Screening Program

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 16	*Length =* 299
Dental Screening	Dental screening is provided in publically-funded elementary schools, some faith based private schools and schools located in neighbouring Indigenous Nations. Children are identified as requiring urgent dental care or preventive services and parents are notified by sending letters home from school.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Healthy Smiles Ontario**

Description *Length =* 1689

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU offers dental screening and preventive services to eligibile children at the 50 King Street Dental Clinic.
Dental screening is provided for children and youth under the age of 18 and are a resident of Middlesex London. A Registered Dental Hygienist provides a dental screening to determine if the child has urgent dental needs or would benefit from preventive services. If the child qualifies for urgent dental care and the family has difficulty accessing dental services due to financial hardship, the child is enrolled into the HSO-EESS program where they can access dental treatment from a local dental provider. If the child qualifies for preventive services and the family has difficulty accessing dental services due to financial hardship, a preventive services appointment is offered to the family at the 50 King Street Dental Clinic.
A Registered Dental Hygienist, with the support of a Clinical Dental Assistant, provide preventive services such as dental cleaning, dental sealants, fluoride application and oral health education to eligible children. Required Ministry forms are completed by the family as per the Healthy Smiles Ontario Protocol (2016).
Registered Dental Hygienists are required to follow up on children who were identified as having urgent dental conditions as per the HSO Protocol (2016).
MLHU offers appointments to families who would like to apply for HSO-Core at the 50 King Street Dental Clinic. Staff assist families in completing the required forms. Assistance is offered to families in locating a local dental provider if required.
MLHU conducts oral health promotion and promotes the HSO Program to clients and internal and external stakeholders.

Objective *Length =* 442

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objective of the HSO Program is to identify children who are at risk for poor oral health outcomes and offer the HSO Program to eligibile children. The HSO program provides dental treatment and preventive services to families who have difficulty accessing dental services due to financial hardship. The anticipated outcomes are to increase families access to oral health services and increase the oral health status of children and youth.

Indicators of Success *Length =* 365

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of dental screenings provided for HSO-EESS
and % of children screened that were eligible for HSO-EESS
of eligible children who received preventive services (dental cleaning, dental sealants and/or fluoride application)
% of eligible children from the school-based dental screening program who received preventive services
Completed Annual Oral Health Report

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	465,694
Benefits	126,183
Travel	3,500
Professional Services	520
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	96,803
Total	**$692,700**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Healthy Smiles Ontario Program (100%)	692,700
Total	**$692,700**

Funding sources are populated with budget data provided in the budget worksheets

Program: Healthy Smiles Ontario

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 27	Length = 463
Dental Screening - HSO-EESS	Children are screened to determine their eligibility for the HSO program including dental treatment and preventive services. If children are deemed eligibile based on difficulty accessing dental services due to financial hardship and clinical findings, families are enrolled into the appropriate HSO program using Ministry required forms as per the HSO Protocol (2016). Navigation is provided to families who require assistance in finding a local dental provider
Length = 29	Length = 237
Preventive Services - HSO-PSO	Preventive services such as dental cleaning, dental sealants, fluoride application and oral health education are provided to eligible children based on clinical findings and difficulty accessing dental services due to financial hardship.
Length = 15	Length = 289
Case Management	Registered Dental Hygienists are required to follow up on all urgent dental conditions identified during school screening as per the HSO Protocol (2016). As per the HSO Protocol (2016), staff are required to follow up on HSO-EESS clients to ensure the child has recieved the required care.
Length = 17	Length = 235
Client Navigation	Staff assist parents with HSO Enrollment by assessing the families eligibility and completing the required forms. Staff support clients in accessing the HSO program by assisting families in locating a local dental provider if required.
Length = 21	Length = 132
HSO Program Promotion	MLHU promotes the HSO program to internal and external stakeholders including clients, community partners and health care providers.
Length = 24	Length = 300
Monitoring and Reporting	Oral health trends and the assoicated risk factors within the community are monitored and reported in the Annual Oral Health Report. As required, programs and services are adjusted in response to observed trends. Evidence-informed interventions are provided when programs and services are adjusted.
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0

Program: **Fluoride Varnish and Fluoride Monitoring**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Description *Length = 930*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Fluoride strengthens teeth to prevent and repair cavities.
Regular application of fluoride varnish is an evidence-based preventive strategy that can positively impact oral health outcomes, particularly in high risk settings. The Oral Health team delivers the fluoride varnish program to high risk elementary schools, daycares and other childcare settings within the Middlesex London region.
A Registered Dental Hygienist provides dental screening for children at select childcare settings. If the child would benefit from fluoride varnish and consent given by parent, a Certified Dental Assistant applies fluoride varnish.
A Certified Dental Assistant provides fluoride varnish applications to eligible children whose parents consented at select schools.
The level of fluoride in community water is reported to the Oral Health Manager for monitoring purposes as per the Safe Drinking Water and Fluoride Monitoring Protocol (2018).

Objective *Length = 297*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objective of the fluoride varnish program is to strengthen children's teeth to prevent and repair cavities.
The objective of the fluoride monitoring program is to monitor the fluoride levels in the community water systems as per the Safe Drinking Water and Fluoride Monitoring Protocol (2018).

Indicators of Success *Length = 265*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of children who received a fluoride varnish application
% of eligible children who received fluoride varnish appplications
# of fluoride varnish applications provided
Decay/Missing/Filled rate at participating schools
# of children screened with urgent conditions

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	79,857
Benefits	21,585
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,712
Total	**$104,154**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	104,154
Total	**$104,154**

Funding sources are populated with budget data provided in the budget worksheets

Program: Fluoride Varnish and Fluoride Monitoring

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 70	*Length = 287*
Dental Screening + Flouride Varnish Application in Childcare Settings	A Registered Dental Hygienist with parental permission screens children in select childcare settings to assess for urgent dental conditions or fluoride varnish eligibility. If the child is eligible, a Registered Dental Hygienist or Clinical Dental Assistant would apply fluoride varnish.
Length = 50	*Length = 126*
Fluoride Varnish Application in Elementary Schools	A Clinical Dental Assistant with parental permission apply fluoride varnish to eligible children in select elementary schools.
Length = 19	*Length = 147*
Fluoride Monitoring	The Oral Health Manager monitors fluoride levels in community water systems as per the Safe Drinking Water and Fluoride Monitoring Protocol (2018).
Length = 0	*Length = 0*
Length = 0	*Length = 0*

Length = 0 | Length = 0

Length = 0 | Length = 0

Length = 0 | Length = 0

Length = 0 | Length = 0

Length = 0 | Length = 0

Program: Smile Clean

Description *Length = 412*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU offers dental cleanings for eligible adults at the 50 King Street Dental Clinic.
A Registered Dental Hygienist, with the support of a Clinical Dental Assistant, provides dental cleanings for eligible adults. Eligibility for the Smile Clean Program requires adults to be on the Ontario Works Program, have a child in the HSO program and/or have difficulty accessing dental services due to financial hardship.

Objective *Length = 116*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objective of the Smile Clean Program is to increase low-income adults access to preventive oral health services.

Indicators of Success *Length = 42*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of adults who received a dental cleaning

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	13,496
Benefits	3,599
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	452
Total	**$17,547**

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	17,547
Total	**$17,547**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.1 Oral Health

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Smile Clean

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = *11*	*Length =* *200*
Smile Clean	The Smile Clean program provides dental cleaning for adults who are on Ontario Works, have a child who is on the HSO program and/or have difficulty accessing dental services due to financial hardship.
Length = *0*	*Length =* *0*

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Length = 753

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address school health immunization; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses school health immunization with consideration of the required list of topics identified in the Standards.

Community Need and Priorities: There are over 19,000 school age children enrolled form JK to Grade 12 in the Middlesex-London Health Unit area and over 13,000 children from 1 to 4 years of age currently attending Child Care Centers in London and surounding areas. MLHU provides over 9100 vaccines in the school program on a yearly basis and administers publically funded vaccine to clients at health unit based clinics held 10 hours a week. Local priorities: The vaccine preventable diseases 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.

Length = 417

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Key internal partners that we collaborate with would include: Child Health Team to assist at school based immunization clinics; Young Adult Team to assist with ISPA related issues. External partners include the local school boards in relation to school based immunization clinics and ISPA related processes. Other partners include Health Care Providers who administer vaccines to clients, parents, Child Care Centers.

C. Programs and Services

Program: **Screening and Enforcement**

Description

Length = 1371

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The immunization records of students in elementary and secondary schools are reviewed and parent/guardians are notified 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 ISPA, will continue to only be prioritized for 7 and 17 year olds in the upcoming 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. There are approximatley 19,720 students registered in the MLHU area.
Due to staffing constraints, no screening is being undertaken in the area of the Child Care and Early Years Act. Appproximately 13,542 children currently in Child Care Centers in MLHU area. Developoing a startegy to start obtaining information through an ICON campaign.

Objective

Length = 266

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The expected objectives of the program are that children in Grades 2, 3, 4 and 11 have up to date immunizations according to the Publically funded immunization schedule for Ontario. Parents of children in Child Care Centers will send in reords through ICON in 2018.

Indicators of Success

Length = 468

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Screening is undertaken at a minimum for 7 and 17 year olds. % of 7 and 17 year olds up to date for ISPA vaccines
%of records that are sent in by parents with children in Child care Centers.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	246,772
Benefits	64,161
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$310,933**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	310,933
Total	**$310,933**

Funding sources are populated with budget data provided in the budget worksheets

Program: Screening and Enforcement

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 47	*Length =* 325
Screening of elementary and highschool students	Continue to screen grade 2, 3, 4, and Grade 11 students in accordance with the Immunization of Schools Act. This involves sending out letters and contacing parents via email and telephone. Five screening rounds are undertaken to ensure workload management due to high number of letters (approximately 3500 letters per round).
Length = 37	*Length =* 112
Clinics for school aged ISPA vaccines	Two weeks prior to each of the five suspension days, clinics will offered to reduce barriers for immunization.
Length = 36	*Length =* 256
Collaboration with Teams within MLHU	New initiative looking at ways to collaborate with Child Health Team, Young Adult team and Oral Health to coordinate services being offered in the school settings. IN the planning phase at present with the goal of implementing a strategy by September 2018.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Program: School Based Immunization Clinics

Description

Length = 557

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

We currently offer Menactra, Hep B, and HPV at school clinics in all elementary schools to all eligible students (approximately 4500). We offer a catch -up program for Grade 8 students for the mentioned vaccines for those who missed the opportunity in Grade 7. The team goes out to all schools three times a year and currently vaccinates approximately 3300 (60%) students for a total number of 9600 injections. Looking to collaborate this year with school teams to increase knoweldge and confidence in vaccines among teachers, parents and the school board.

Objective

Length = 272

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objectives of the program is to promote and provide provincially funded vaccines to all eligible students in our catchment area. Ensure parents, teachers and the school board have the knowledge and confidence in the vaccines being offered through school based clinics.

Indicators of Success

Length = 224

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Indicators for success include: increase from 60% the percentage of students vaccinated for Hep B; increase from 51% the number of students vaccinated for HPV; increase from 70% the number of students vaccinated for Menactra

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	237,393
Benefits	61,722
Travel	5,124
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	15,620
Total	**$319,859**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	319,859
Total	**$319,859**

Funding sources are populated with budget data provided in the budget worksheets

Program: School Based Immunization Clinics

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 39	*Length = 312*
Offer school based immunization clinics	Hand out consents and information packages to all Grade 7 students in our catchment area. Set up clinics and go out three times a year to offer multiple opportuhnities to students and complete series for those vaccines requiring more than one dose. Offer catch-up opportunities for students in Grade 8 as needed.
Length = 32	*Length = 225*
Collaboration with school teams.	Developing a strategy to work better together to ensure a seamless service provision in regards to school based clinics, education to parents and staff and confidence in the program at all levels. Still in the planning phase.
Length = 53	*Length = 101*
Education and awareness building in high risk schools	Need to undertake an assessment of local needs. Presently do not have the capacity to undertake this.

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Program: Education and Consultation

Description

Length = 0

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Objective

Length = 0

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Indicators of Success

Length = 0

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Program Budget Summary	
Object of Expenditure	Amount

Funding Sources Summary	
Funding Source	Amount

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.3 Immunization

Salaries and Wages	46,863
Benefits	12,184
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	1,419
Total	**$60,466**

Budget Summary is populated with budget data provided in the budget worksheets

Mandatory Programs (Cost-Shared)	60,466
Total	**$60,466**

Funding sources are populated with budget data provided in the budget worksheets

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Length = 1287

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address school health; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses school health with consideration of the required list of topics identified in the Standards.

A) Key data and information MLHU uses to demonstrate our communities need for public health interventions to address school health includes:
- Evidence summaries such as the Connect the Dots report and Children Count.
- Ministry of Education documents such as the Foundations for a Healthy School.
- Ministry of Health and Long-term Care School Health Guidance Documents (current).
- Reserach supporting comprehesive school health.

In addition MLHU uses provincial and local level children and youth data such as:
-Ontario Student Drug Use and Health Survey (OSDUHS)
-Canadian Community Health Survey (CCHS)
-COMPASS
- Local school board climate survey data

B) MLHU determines local priorities for programs of public health interventions based on:
-Alignment with local school board priorities (e.g., partnership declaration common goals, objectives and service plan, topics outlined in the Foundations for a Healthy School)
-Annual assessment of the schools needs using our School Engagement Assesst Tool which includes public health nurse interview with key school staff
-Community health issues as identified by community partners (e.g., Healthy Kids Community Challenge, Active and Safe Routes to School)
-Research: Literature reviews on health topics identified in the standards.

Length = 836

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Internal:
Vaccine Preventative Disease Team
Sexual Health Team
Oral Health Team
Chronic Disease, Tobacco and Injury Prevention Teams
Communications Department

External Partners:
Thames Valley District School Board Superintedants, Learning Coordiantors, Principals, Vice-principals, teachers, social workers, and educational assistants
London District CatholicSchool Board Superintedants, Learning Coordiantors, Principals, Vice-principals, teachers, social workers, and educational assistants
Conseil scolaire Viamonde Principals, Vice-principals, and teachers.
Conseil scolaire catholique Providence Principals, Vice-principals, and teachers.
Some private and first nations schools
City of London and County of Middlesex Child and Youth Services
HKCC Coordinators
Western University
Elign and Oxford Public Health
Parent Volunteers

C. Programs and Services

Program: **Healthy Schools**

Description

Length = 1017

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

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 and Youth Program teams at MLHU work with students, parents, teachers, principals, board staff and community partners to plan and implement evidence-based activities that contribute to comprehensive school health and ultimately the health and well-being of all students in schools. Specifically, we use the Ministry of Education's Foundations for a Healthy School resource to guide our work and influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address key topics.

Objective

Length = 803

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The objectives of the healthy school program work with school staff to pick one or two priority health topics and develop and implement an action plan for the school year which seeks to:
-improve student awareness, knowledge and skills relating to priority health topics through formal and informal learning opporutnties.
-provide students with opportunities to contribute to and give input on classroom and school level decisions
-engage students in the planning and implemenation of healthy schools initiatives
-create positive social and physical environments that support health and well-being, including healthy school policies and structuring the physical environment to support health
-engage parents and community partners to enhance learning opportunties relating to the priority health topic

Indicators of Success

Length = 515

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Entries of MLHU staff into our Community as a Client Database.
Percent of schools that plan and implement a comprehesive school action plan for a specified health topic.
Online resource document downloads
Social media metrics
Percent of eligible schools participating in the Healthy Living Champions Award program
Number of schools participating in Active and Safe Routes to School programs
Number of trained volunteers for the Let's Get Cookin program
Number of Let's Get Cookin programs run throughout the year

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	663,966
Benefits	174,126
Travel	13,207
Professional Services	1,550
Expenditure Recoveries & Offset Revenues	(12,560)
Other Program Expenditures	15,381
Total	**$855,670**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	855,670
Total	**$855,670**

Funding sources are populated with budget data provided in the budget worksheets

Program: Healthy Schools

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 67	*Length =* 499
Increasing Fruit and Vegetable consumption: A school-based toolkit	The purpose of this resource is to provide educators and parents with strategies to increase vegetables, fruit and water consumption among school-aged children. Strategies target multiple levels of influence including students' and parents' attitudes and knowledge, classroom and school level social and physical environments as well as school policies. Prioritized schools received support from a public health nurse, health promoter or dietitian to plan and implment activities from the toolkit.
Length = 52	*Length =* 436
Reducing Sedentary Behaviour: A school-based toolkit	The purpose of this resource is to provide educators with strategies to reduce sedentary behaviour. Strategies target multiple levels of influence including students' and parents' attitudes and knowledge, classroom and school level social and physical environments as well as school policies. Prioritized schools received support from a public health nurse, health promoter or dietitian to plan and implment activities from the toolkit.
Length = 54	*Length =* 528
Improving School Connectedness: A school-based toolkit	The purpose of this resource is to provide educators with strategies to increase connectedness and student sense of belonging to their school. Strategies target multiple levels of influence including attitudes and knowledge as well as the social and physical environments. Prioritized schools received support from a public health nurse or dietitian to plan and implment activities from the toolkit. Prioritized schools received support from a public health nurse or dietitian to plan and implment activities from the toolkit.
Length = 62	*Length =* 515
Promoting Healthy Growth & Development: A school-based toolkit	The purpose of this resource is to provide educators and parents with strategies to promote healthy growth and development that can lead to reducing risky sexual behaviour among children and youth. Strategies target curriculum, teaching and learning, as well as student engagement and home, schol and community partnerships. As part of the toolkit program, some schools offer in collaboration with public health nurses small group programs targeting youth who are at higher risk for healthy growth and development.
Length = 46	*Length =* 415
Reducing Substance Use: A school-based toolkit	The purpose of this resource is to provide educators and parents with strategies to reduce subtance misuse. Strategies target multiple levels of influence including students' and parents' attitudes and knowledge, classroom and school level social and physical environments as well as school policies. Prioritized schools received support from a public health nurse to plan and implment activities from the toolkit.
Length = 16	*Length =* 550
Let's Get Cookin	Let's Get Cookin' trains volunteers from school communities and other agencies to teach children and youth grade 5 and up basic cooking skills. The program is based on a "train the trainer" model to facilitate reach and capacity. Program volunteers typically consist of parents, grandparents, teachers, educational assistants, other school volunteers, and youth workers. All volunteers are required to participate in a half day training before offering the program.
Length = 12	*Length =* 327
Social Media	To improve the comprehensiveness of health communication messages in schools by engaging youth and school staff in social media. Social media post are designed to enhance and supplement message delivered in school, improve awareness and education of target health topics and improve comprehensiveness of health communication.
Length = 29	*Length =* 728
Healthy Living Champion Award	The Healthy Living Champions Award (HLC) engages elementary school communities in Middlesex-London to create opportunities for children to be active, make healthier food choices and be in a supportive school environment that makes it easier for them to embrace healthy living. The award complements the comprehensive Healthy Schools work carried out in city and county schools by Public Health Nurses, a Dietitian and a Health Promoter.
Length = 32	*Length =* 510
Active and Safe Routes to School	Public health nurses participate in the development and implementation of School Travel Pans at specific schools based on community need and level of engagement. The goals are to increase the safety and number of children using active modes of transportation to and from schools. This work involves helping to establish and facilitate a school travel planning committee, develop, implement, and evaluate the impact of a school travel plan through parent and student surveys, traffic counts, and an action plan.
Length = 0	*Length =* 0

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Program: Situational Supports

Description *Length = 633*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The purpose of situational supports is to provide youth, school staff (e.g., teachers, prinicpals, social workers) and parents with consulting health services. Example topics addressed through this service include providing upto date information of community services, referral processes, hygiene, sexual health information and services and reviewing health-related school policies. Most situational supports are conducted in schools and some occur over the telephone. The goal of this service is to assess the health concern, link the individual with necessary community supports, and follow up to further support next steps .

Objective *Length = 158*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To listen to and assess the health concern
Link the individual with relevant community supports and or resources
Follow up with the individual if necessary

Indicators of Success *Length = 788*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Number of situations supports conducted in secondary schools with students and a list of the most common health topics addressed.
Number of situations supports conducted in secondary schools with school staff and a list of the most common health topics addressed.
Number of situations supports conducted in secondary schools with parents and a list of the most common health topics addressed.
Number of situations supports conducted in elementary schools with students and a list of the most common health topics addressed.
Number of situations supports conducted in elementary schools with school staff and a list of the most common health topics addressed.
Number of situations supports conducted in elementary schools with parents and a list of the most common health topics addressed.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	507,877
Benefits	130,801
Travel	6,831
Professional Services	1,150
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,093
Total	**$648,752**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	648,752
Total	**$648,752**

Funding sources are populated with budget data provided in the budget worksheets

Program: Situational Supports

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 65	*Length = 574*
One-on-one situation supports with students in secondary schools	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
Length = 31	*Length = 255*
Teacher/Principal Consultations	The purpose of situational supports for school staff is to provide information and resources to help support health-related needs of students. The PHN role is to assess the health concern, link school staff with necessary resources or community supports.
Length = 20	*Length = 287*
Parent Consultations	The purpose of situational supports for parents of children in elementary schools is to provide information and resources to help support thier childs health-related needs. The PHN role is to assess the health concern and link the parent with necessary resources or community supports.

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Program: Parenting

Description

Length = 679

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Public health staff working in schools are in a unique position to connect with parents of school-aged children and youth to enhance parental capacity and provide parents with strategies to improve parenting practice and child well-being. Universal parenting messages on health topics listed in the School Health Standard are provided to parents of school-aged children via school newsletters, public health information packages for all parents of children starting Kindergarten are distributed through the schools each year, parenting information sessions or workshops are conducted as needed, and universal social media parenting campaigns are promoted throughout the year.

Objective

Length = 682

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Revise and distribute positive parenting messages on the topics listed in the School Health Standard via school health newsletters at least once per school year.
Revise and distribute positive parenting messages and information on public health to all parents with children entering the school system via a School Enterer's Package during Kindergarten registration.
Conduct positive parenting sessions in collaboration with schools.
Colloborate with settlement service agencies to provide parenting information to newcomer families with school-aged children on an as needed basis.
Develop and promote positive parenting messaging through an online social media campaign in 2018.

Indicators of Success

Length = 310

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Number of School Enterers Packages distributed to families with children entering the school system.
Number of positive parenting information sessions provided to newcomer families with children in school.
Number social media impressions and clicks in response to the positive parenting social media campaign.

Program Budget Summary	
Object of Expenditure	Amount

Funding Sources Summary	
Funding Source	Amount

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Salaries and Wages	452,429	Mandatory Programs (Cost-Shared)	585,838
Benefits	119,211		
Travel	10,237		
Professional Services	2,050		
Expenditure Recoveries & Offset Revenues	-		
Other Program Expenditures	1,911		
Total	**$585,838**	**Total**	**$585,838**

Budget Summary is populated with budget data provided in the budget worksheets

Funding sources are populated with budget data provided in the budget worksheets

Program: Parenting

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 23	*Length =* 344
School Enterers Package	This package is a comprehensive resource that contains information on public health programs and services, as well as positive parenting information, relevant for families with children starting school for the first time. This package is developed by the health unit and distributed to all schools to deliver to the families registered for JK.
Length = 33	*Length =* 417
Parenting presentations/workshops	Presentations or workshops are delivered to parents of school-aged children in school communities on topics identified in the School Health standard on an as need basis. London schools continue to receive a high number of newcomer families. The health unit works in collaboration with settlement service agencies to provide information and links to community resources to newcomer parents of school-aged children.
Length = 40	*Length =* 331
Positive Parenting Social Media Campaign	To improve the comprehensiveness of health communication messages in schools by engaging parents of school-aged children. Social media posts and videos are designed to enhance and supplement message delivered in school, improve awareness and education of target health topics and improve comprehensiveness of health communication.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Curriculum Supports**

Description *Length =* 238

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.12 School Health

3.12.4 Other

Provide 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.

Objective *Length = 527*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Review and revise curriculum supports relating to each topic outlined in the school health standard annually (e.g., every June/July in prepartion for upcoming school year) in collaboration with teachers.

Assess gaps in curriculum supports annually.

Create and/or update all reach and teach kits and have kits readily available for teacher sign out.

Ensure curriculum supports are available for download of MLHU website.

Work with school board learning coordinators and leads to disseminate curriculum supports to teachers.

Indicators of Success *Length = 132*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Percent of resources that were reviewed and updated annually (expectation is 100%)
Number of curriculum resources website downloads

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	542,457
Benefits	141,231
Travel	7,425
Professional Services	1,250
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,275
Total	**$694,638**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	694,638
Total	**$694,638**

Funding sources are populated with budget data provided in the budget worksheets

Program: Curriculum Supports

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 12	*Length = 207*
Facts Sheets	Provide facts sheets on all health topics addressed in the School Health Standard as a curriculum support. Facts sheets provide teachers with a quick reference tool for creating health-related lesson plans.
Length = 29	*Length = 189*
Presentation and Lesson Plans	Provide brief powerpoint presentations for each health topics addressed in the School Health Standard as a curriculum support. Teachers can download this resource and use a a teaching aid.
Length = 50	*Length = 170*
Classroom Support - Q&A and Reach and Teach Kits	To enhance classroom learning through the creation and dissemination of reach and teach kits and providing opporutnities to have a PHN be a guest speaker in the classoom.
Length = 0	*Length = 0*

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Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Length = 1723

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) Data and information which demonstrates your communities' needs for public health interventions to address substance use; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses substance use with consideration of the required list of topics identified in the Standards.

Cannabis: 19% of gr 7-12 students smoked cannabis in past year; 37% of gr 12 students used cannabis in past yr; 13% of gr 7-12 students used alcohol and cannabis on same occasion (ON Rates - OSDUHS 2017). 45% of ON adults report cannabis use in lifetime; 14.5% used cannabis in past 12 months; 45% of cannabis users report moderate or high risk of problems (ASSIST-CIS 4+) (CAMH Monitor 2015). Tobacco and Emerging Products: For youth 12 -18 yrs, smoking prevalence is ~9% in ML (CCHS, 2011/12). 7% of gr. 7 to 12 students report smoking cigarettes in past yr; 11% used an e-cigarette in the last year, 2% used daily, and 6% used waterpipe at least once in past yr (ON-OSDUHS 2017). In 2014, young adult smoking prevalence in ON was 10% for those 18-19, 17% for those 20-24 and 23% for those 25-29 (OTRU, Feb 2016). Youth influenced by "alternative" and "hip hop" peer crowds are 2.3x more likely to use tobacco products than youth not influenced by these peer crowds (49.2% vs 18.6%) (TCAN FACI™ research). Youth prevention and young adult "prevescalation" remain priorities because most young adults initiate prior to age 19 and 95% of ever-daily smokers under age of 30 became daily smokers by age 21 (OTRU, Feb 2016). In CA, 49% of under-aged youth got them from a retail source (CTADS 2015). Alcohol: 27% of ML adults 19 plus exceeded low risk drinking guidelines in 2013/14 (CCHS); 17% of ON students gr 7-12 report binge drinking in past month (OSDUHS 2017). Opioids: 2015 and 2016 data shows rates of opioid-related deaths in M-L similar to ON (5 to 6 per 100,000). Opioid toxicity hospitalizations have been increasing over time in M-L & ON. In recent years, the M-L rate has increased at a higher pace than ON.

Length = 1771

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Internal Partners: Child Health and Young Adult Teams; Environmental Health – Food Safety, Health Hazards; Oral Health Team; Sexual Health and Infectious Disease Control Teams; Reproductive Health; HIV Outreach
External Partners: City of London; County of Middlesex and the eight lower tier Municipalities; St. Joseph's Healthcare; London Health Sciences Centre; Middlesex Hospital Alliance; CCS- Smokers' Helpline; Centre for Addiction and Mental Health (STOP & TEACH); You Can Make It Happen Provincial Steering Committee; Ontario Coalition for Smoke-free Movies; Western University; Fanshawe College; United Way London and Middlesex; Canadian Mental Health Association; London Intercommunity Health Centre; HIV Aids Connection; Southwest Regional Cancer Program; Public Health Ontario; Smoking and Health Action Foundation; London Police Service; Middlesex County OPP; Strathroy-Caradoc Police Services; Thames Valley District School Board; London Catholic District School Board; Middlesex-London private school boards; Ministry of Finance; the other six Tobacco Control Area Networks; Smoke-free Housing Ontario Coalition; Fire Marshall's Office; local fire departments and Fire Prevention Officers; Addiction Services Thames Valley; Enforcement Managers Network; Young Adult Community of Practice; Provincial Freeze the Industry Steering Committee; Ontario Tobacco Research Unit, SW TCAN partner health units; Provincial TCAN staff; Ontario Campaign for Action Against Tobacco; Leave the Pack Behind; Program Training and Consultation Center; University of California San Francisco; CCO- Aboriginal Tobacco Program; and, Provincial Young Adult Prevention Advisory Group, Mission Services, Regional HIV/AIDS Connection, SW Ontario Aboriginal Health Centre, SW LHIN

C. Programs and Services

Program: **Harm Reduction**

Description

Length = 1493

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU declared a public health emergency in June 2016 in order to raise awareness of key stakeholders and the community in general about outbreaks affecting vulnerable populations and, more specifically, PWID.
The goal is to reduce the burden of chronic diseases of public health importance and improve well-being. Harm Reduction is also under the program standard for Infectious Disease and the Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2018. The priority population under substance misuse is for people who use drugs. Harm reduction equipment will be available at no cost according to provincial eligibility criteria for people who use drugs.
Further to Partners part B above: Harm Reduction Needle Exchange Program is a partnership between MLHU and Regional HIV/AIDS Connection. There are other partners who also provide harm reduction materials My Sisters Place and Men's Mission which are shelters and Pharmacies in the city and county. The Eligible organizations that provide naloxone are; shelters, outreach teams, AIDS Service Organization, Withdrawal Management Programs, Community Health Access Centres including Indigenous, and Police and Fire. The Temporary Overdose Site is a partnership with MLHU and RHAC and the support of community organizations such as London Intercommunity Health Centre, Addiction Services Thames Valley, London CAReS, Southwest Ontario Health Access Centre, and Candian Mental Health Association.

Objective

Length = 416

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

The goal of the Harm Reduction Program is to decrease the spread of STBBI's. The goal of the naloxone program is to reduce the number of overdose deaths by providing naloxone to those at risk for overdose and their friends and family. The goal of the Temporary Overdose Prevention Site is to prevent overdoses. Another objective would be to provide safer injection education and community resources and referrals.

Indicators of Success

Length = 436

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

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3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Indicators to evaluate the TOPS is developed by the Ministry and is reported monthly. Quarterly reports for naloxone are due to the MOHLTC in which all eligible organizations listed under interventions including police and fire are responsible for reporting. There is reporting due to the Ministry from RHAC who is the lead organization for the needle exchange program and MLHU and My Sister's Place provides monthly reports to RHAC.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	81,921
Benefits	21,299
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	4,244
Total	**$107,464**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	107,464
Total	**$107,464**

Funding sources are populated with budget data provided in the budget worksheets

Program: Harm Reduction

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 22	*Length =* 233
Harm Reduction Program	MLHU provides funding to the Regional HIV/AIDS Connection who supports the Counterpoint Needle Exhchange Program. The Middlesex-London Health Unit hosts 2 satelitte harm redcution sites. My Sister's place also has a sateliite site.
Length = 20	*Length =* 385
The Naloxone Program	MLHU trains eligible organizations according to the Ministry's criteria i.e. AIDS Service Organization, Shelters, Withdrawal Management Programs, Outreach Teams, and Community Access Health Centres to dispense naloxone. MLHU will also develop service agreements with elgible organizations, provide quarterly reports to the Ministy. MLHU also trains and provides naloxone to clients.
Length = 41	*Length =* 289
Temporary Overdose Prevention Site (TOPS)	MLHU is the lead applicant and RHAC is the co-applicant of TOPS. TOPS is lcoated at RHAC. Hours of operation are Monday to Friday 10-4 and Saturday and Sunday 11-4. Temporary exemption granted for 6 months. Supervised Consumption Facility application to be submitted in the next month.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Program: **Alcohol and Other Drugs**

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Description *Length = 1254*

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

*Note cannabis is a separate program.
The substance prevention portfolio focuses on the preventing use, preventing early onset of use and preventing and minimizing substance related harms. Efforts focus on education, dissemination of evidence based information, and influencing policy. Alcohol is the most prevalent substance used by teens: 43% of students report drinking alcohol in the past year (grades 7-12;) 68.3% in Grade 12 17% report binge drinking in the past month (grades 7-12); 14% report drinking hazardously in the past year (grades 9-12) (ODSUS 2017). In 2015, MLHU in collaboration with community partners began the process to develop a long term, comprehensive Community Drug and Alcohol Strategy based on the four pillars approach of prevention, treatment, harm reduction and enforcement. Focus is all drugs excluding tobacco. CDAS partnership is made up of over 30 community organizations representing diverse sectors and persons with lived expertise. Draft recommendations span the four pillars and are grounded in 13 guiding principles that including: evidence informed, community strength based, non-stigmatizing, locally relevant, inclusive. Community consultation is occurring and the final strategy will be released in 2018.

Objective *Length = 485*

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase public awareness of both short term and long term alcohol related harms - ongoing
To increase awareness and shift attitudes of young adults related to alcohol and drugs - ongoing
To increase public awareness of Low Risk Alcohol Drinking Guidelines - ongoing
To complete the development of the full comprehensive community drug and alcohol strategy (CDAS) and move to implementation - 2018
To maintain the action-focused engagement and action focused of CDAS partnership

Indicators of Success *Length = 333*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of residence advisor students trained
# of engaged CDAS partners
# of Municipal Alcohol Policies where evidence based feedback for minimizing alcohol related harms incorporated
Status update re implementation of CDAS recommendations
Social media metrics
Monitoring of local alcohol and other substance use and harms over time.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	180,171
Benefits	46,844
Travel	2,322
Professional Services	1,100
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	12,836
Total	**$243,273**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	243,273
Total	**$243,273**

Funding sources are populated with budget data provided in the budget worksheets

Program: Alcohol and Other Drugs

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 23	*Length = 559*
Education and Awareness	Provide of up to date information and current evidence related to alcohol and substance misuse for general public: website, social media, traditional media, workplace newsletters Promote and share Rethink Your Drinking campaign messaging related to Low Risk Alcohol Drinking Guidelines With partners, provide focused information to parents related to preventing and delaying use of alcohol and substances Provide training related to substance use and substance misuse prevention and response to residence advisors at Western University and Fanshawe College
Length = 23	*Length = 593*
Supportive Environments	Share information to organizations applying for Special Occasion Permits regarding minimizing alcohol harms and lowering alcohol liability. Promote alcohol screening and brief intervention Continue to provide backbone support to the M-L Community Drug and Alcohol Strategy (CDAS) With CDAS partners, prioritise recommendations and develop action plan for next 3 years Support Alcohol Screening and Brief Intervention processes in MLHU Birth control clinic Promote and act on opportunities for knowledge exchange on Alcohol Screening and Brief Intervention with local healthcare providers.

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3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Length = 19	Length = 334
Policy and Advocacy	Provide consultation support and input to M-L Municipal Alcohol Policies Maintain active membership in OPHA Alcohol working group advocating for best practice alcohol policy in Ontario As MLHU and as part of CDAS partnership, identify and act on other policy and advocacy windows and priorities related to substances as appropriate
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0
Length = 0	Length = 0

Program: **SFO - Tobacco Control Coordination**

Description

Length = 1796

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The function of Tobacco Control Coordination is shared between the Program Manager for Chronic Disease Prevention and Tobacco Control (the Manager) and a Public Health Nurse (TCC). The TCC, with oversight and support from the Manager, and in collaboration with SW TCAN partners, creates the operational plan for cessation for the Health Unit. The operational plan for Enforcement/Protection is a collaborative effort between the TCC, the Manager and the Tobacco Enforcement Officers. The TCC coordinates the completion of Ministry reporting (interim and final) and submits to the Program Manager for addition, revision and final approval. The TCC is responsible for the annual review of the Health Unit's Medical Directive for Dispensing Nicotine Replacement Therapy and acts as a tobacco content consultant within the Health Unit ensuring consistent messaging and the dissemination of best practices or new evidence to integrate into comprehensive tobacco control programming. Externally, the TCC is responsible for the implementation of community-based activities in prevention, cessation and protection that will benefit the public by reducing the burden of illness and death related to tobacco use and new and emerging products, including e-cigarettes, cannabis (as it pertains to smoke) and shisha. The TCC is an active member of the SW Cessation and the SW Tobacco Free Spaces and Policy Sub-Committees. The Program Manager represents the Health Unit around the SW TCAN Steering Committee table. Priority Populations: Those living in social housing, individuals who work in blue collar workplaces, young adult males, and those that are inequitably burdened with higher rates of tobacco addiction including low income, those living with mental illness, and members of the LGBTQ community.

Objective

Length = 808

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Multi-Unit Housing
By the end of 2018, there will be at least 15 buildings with new smoke-free policies (either 100% or grandparented) across the SW TCAN
Cessation
By the end of 2018, there will be 200 healthcare providers who have reported an increase in knowledge and confidence for implementing a brief cessation intervention as a result of a consultation with a PHU
By the end of 2018, there will be an increase in awareness and use of youcanmakeithappen.ca and the related materials.
By the end of 2018, there will be an increase or maintenance of the number of people who register for provincial cessation campaigns
Zoning
By the end of 2018 the SW TCAN will gain a better understanding of the tobacco and e-cigarette retail environment, and will investigate the potential of developing zoning bylaws.

Indicators of Success

Length = 707

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

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3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

of impressions from paid or earned ads for Fire Prevention Week
# of MUHs that adopt a SF policy
# of YCMIH materials distributed
# of new CoP members
# of health care provider's consultations/trainings
# of impressions for FWCC & WuR promotion
# of people registered for FWCC and WuR
# of impressions generated from workplace campaign
decreased number of tobacco and e-cigarette retailers in Middlesex-London (using TIS)

Performance Measurement
Using the TCAN tracking form PHUs will track outputs
RedCap surveys will be used for YCMIH and CoP outputs/outcomes
Reports provided from FWCC and WuR will be compared to 2017 reports
Website analytics will be used to track users to takeyourbuttoutside.ca

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	84,015
Benefits	20,432
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	-
Total	**$104,447**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	4,447
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000
Total	**$104,447**

Funding sources are populated with budget data provided in the budget worksheets

Program: SFO - Tobacco Control Coordination

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 45	*Length =* 903
Workplace Policy and Supportive Environments	Workplace Campaign: SW TCAN workplace kit will be updated to reflect changes to SFOA and inclusion of Cannabis Act information as it pertains to workplace. Implement a campaign in October (during Canada's Healthy Workplace Month) to provide education to workplaces regarding the SFOA (and potentially Cannabis Act if proclaimed) to increase compliance, with a focus on blue collar workplaces where there is a higher non-compliance rate. Proactive inspections and distribution of signage will occur. Advocacy: Take advantage of opportunities to provide comment/input to help inform provincial regulation/legislative changes. Policy Development Support: providing assistance and support to SJHC, LHSC and MHA as they implement 100% smoke-free hospital ground policies, troubleshooting challenges. Support/Promote the new obligations under the amended *SFOA, 2017* to workplaces, schools, proprietors, etc.
Length = 25	*Length =* 499
Smoke-free Housing Policy	Collaborate with the Smoke Free Housing Ontario Coalition to use common materials and website to support housing providers to make their properties smoke free; document new policies across SW; partner with local fire departments to promote the smoke free housing message; conduct outreach to housing providers & tenants through material distribution, and a presentation to the London Property Management Association. MLHU will participate in provincial Fire Prevention Week Campaign in October 2018.
Length = 54	*Length =* 543
You Can Make It Happen - Health Care Provider Outreach	Collaborate with the You Can Make It Happen provincial committee to use common materials and website to support health care providers (HCPs) to promote cessation using best practice evidence; support HCP cessation champions that are members of the Middlesex-London Cessation Community of Practice. Establishment of referral pathways and building capacity within the Health Unit's Reproductive Health Team to better encourage them to systemize BCI into their practices and to establish a referral pathway the Health Unit's Tobacco Quit Clinic.
Length = 82	*Length =* 1123
Public Awareness and Health Education - Social Media and Mass Media Communication	First Week Challenge and WouldURather: SW TCAN will place 4 paid FWCC ads throughout the year and will target ads to the young adult male population. The TCAN will work with SHL/FWCC to tailor the ads accordingly. The SW TCAN will promote the WuR contest in Nov/Dec 2018. Ads will be targeted to young adult males. MLHU will promote and disseminate new and existing cessation campaign materials and information, such as WouldURather, CCS - First Week Challenge, provincial tobacco cessation campaigns, National Non-Smoking Week, and World No Tobacco Day, leveraging collaborative efforts to increase the number of quit attempts, using earned media, social media platforms and mass media channels. Smoke is Smoke: in collaboration with the cannabis program, campaign materials have been developed to promote the message that no matter the source (tobacco, cannabis or shisha), smoke is smoke and you should reduce your exposure. These materials will be used/shared/promoted using social media platforms and mass media channels. The amended *SFOA, 2017 :* promote the new restrictions to the public and to proprietors/employers.
Length = 27	*Length =* 176
Surveillance and Assessment	Participate and support the SWTCAN in the completion of the situational assessments for cessation and protection, and utilize the results to inform program plans in the future.
Length = 0	*Length =* 0
Length = 0	*Length =* 0

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Program: SFO - Protection & Enforcement

Description

Length = 1014

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Tobacco Enforcement Officers (TEOs) are responsible for the enforcement of the Smoke-Free Ontario Act, which includes educating employers, proprietors, school administrators, hospital administrators, municipalities, and tobacco retailers on their obligations under the law. TEOs provide advice and consultation services to the public health inspectors regarding enforcement and court processes. The TEOs also collaborate internally with the Child and Youth Health Teams regarding school enforcement and tobacco policy promotion, and with the Health Promoter and members of One Life One You promoting smoke-free public places. Tobacco Test Shoppers work with the Tobacco Enforcement Officers to conduct youth access inspections. The Protection and Enforcement Program works very closely with the City of London and the County of Middlesex and its eight lower-tier municipalities to promote smoke-free public spaces and to explore the implementation of retail reform strategies, including licensing and zoning.

Objective

Length = 799

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Goal: Decrease disease and death from chronic diseases in Middlesex-London through: reduced exposure to second-hand smoke from tobacco and reduced retail accessibility and promotion of tobacco.
• to increase municipal prohibitions on tobacco use to reduce exposure to second-hand smoke and to reduce exposure to tobacco use (e.g. smoke-free private market and social housing, 100% smoke-free property policies)
• to increase compliance with the Smoke-Free Ontario Act through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement
• to increase the number of tobacco licensing and zoning measures to reduce tobacco retail density in Middlesex-London
• by the end of 2018, at least 1200 inspections of workplaces and public places will have been completed

Indicators of Success

Length = 549

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

• % of vendors who received an age sticker and were made aware of sfoa-training.com
• % of workplaces who received a SWTCAN smoke-free workplace package as a result of a complaint
• # of proactive and complaint-based workplace inspections
• # of tobacco retailers in Middlesex-London
• % of tobacco vendors in compliance with youth access legislation at last inspection
• # of inspections of public places and workplaces
• the completion of three rounds of youth access checks of tobacco retailers and one display, promotion and handling inspection

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	232,666
Benefits	64,295
Travel	16,500
Professional Services	1,350
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	52,689
Total	**$367,500**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	367,500
Total	**$367,500**

Funding sources are populated with budget data provided in the budget worksheets

Board of Health for the Middlesex-London Health Unit

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3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 30	*Length =* 700
Public Awareness and Education	Workplace Campaign: distribution of updated SWTCAN workplace kit with local implementation of the regional campaign. Proactive inspections and distribution of signage will occur. Vendor Education: preparation of annual DPH education package, including age stickers, factsheets and tent cards that promote SFOA-training.com for provision to retailers during inspections, and the delivery of vendor education sessions. Smoke-free Parks and Playgrounds: the promotion of smoking and vaping restrictions using Health Unit social media platforms, mass media channels and earned media opportunities. A*mended SFOA, 2017:* Promote the new restrictions on smoking and vaping and the new retailer obligations.
Length = 11	*Length =* 677
Enforcement	Retailers: 3 rounds of youth access inspections annually, one round of DPH inspections, new operator education visit (M-L) and tobacco licensing inspection (London - new). Workplaces/Public Places: complaint based and proactive inspections of workplaces, public places and outdoor public spaces. Schools: complaint-based and routine inspections of secondary schools, along with an annual meeting with all secondary school administrators. CSAs: two CSAs are inspected twice annually. Waterpipe Sampling: annual sampling inspection of establishments that offer waterpipe. Joint Inspections: with London Police Services, AGCO, Ministry of Finance, City of London Bylaw Inspectors
Length = 49	*Length =* 351
Collaboration, Partnerships and Capacity Building	Participation in the SW Enforcement Sub-Committee to facilitate consistent application of the SFOA; maintenance and enhancement of relationships with other enforcement agencies (municipal and provincial) through networking and referrals; participation in the OCAT teleconference calls. Every municipality has been assigned a TEO lead/point of contact.
Length = 14	*Length =* 117
Direct Service	Tobacco Information Line (phone and email) staffing and responding to complaints, referrals and requests for Service.
Length = 34	*Length =* 570
Policy and Supportive Environments	Collaborative work with Middlesex Hospital Alliance, London Health Sciences Centre and St. Joseph's Healthcare to support them in their transition to 100% smoke-free. In fact, our involvement with the Smoke-Free Committee at MHA was greater than SJHC and LHSC. We had an excellent partnership with MHA and we continue to schedule routine inspections at hospitals in Strathroy and Newbury to support them in their effort to ensure compliance. Smoke-free workplace and smoke-free housing policy promotion (in collaboration with the Tobacco Control Coordination program).
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **SFO Prosecution**

Description *Length =* 601

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program is dedicated funding to support the costs associated with prosecution of charges issued under the Smoke-free Ontario Act, including purchased services for independent legal counsel (for prosecution services or legal opinions), and test shopper and tobacco enforcement officer salaries and benefits for enforcement activity related to test shopping or court appearances. Under the new public accountability framework, there is a requirement for the public disclosure of convictions of tobacco sales-related offences. This funding will help to ensure compliance with this new requirement.

Objective *Length =* 585

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

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3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

To ensure and support successful prosecution and the attainment of positive court outcomes from charges issued under the Smoke-Free Ontario Act and the Electronic Cigarettes Act (or newly amended Smoke-Free Ontario Act, 2017 once enacted).
• To ensure that all convictions of tobacco-sales related offences are posted on the Health Unit website, in compliance with the 2018 Tobacco Compliance Protocol.
• To ensure that all convictions of e-cigarette-sales related offences are posted on the Health Unit website, in compliance with the 2018 Electronic Cigarettes Compliance Protocol.

Indicators of Success *Length = 463*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

• Charge/court outcomes will be systematically provided to the Health Unit from the Provincial Court Office for entry into the Prosecutions Module in TIS
• Court outcomes will be systematically logged into the Health Unit tracking spreadsheet for review at TEO Team meeting to share any learnings for future charges.
• System for public disclosure is established and audits conducted on a routine basis to ensure that public disclosure requirements are being met.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	25,300
Total	**$25,300**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Smoke-Free Ontario Strategy: Prosecution (100%)	25,300
Total	**$25,300**

Funding sources are populated with budget data provided in the budget worksheets

Program: SFO Prosecution

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 34	*Length = 107*
Policy and Supportive Environments	Activities related to tracking charge/court outcomes and the establishment of systems for public disclosure
Length = 15	*Length = 104*
Direct Services	Prosecution-related activities and the provision of legal opinions to help guide enforcement activities.
Length = 11	*Length = 136*
Enforcement	TEOs and Test Shopper salaries and benefit costs for activities related to court file preparation, charge filing, and court appearances.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Length = 0

Length = 0

Length = 0

Length = 0

Program: SFO Youth Engagement (Youth Tobacco Use Prevention)

Description

Length = 1605

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Tobacco Prevention is essential in order to decrease the burden of tobacco-related death and disease. To reach a goal of less than 5% tobacco use prevalence by 2035 in Ontario, we need to assist people to quit using tobacco; however, additionally no more than 10,000 people could start smoking each year to meet this goal (SFO Modernization Report Executive Steering Committee, 2017). The Health Promoter/Youth Engagement Coordinator (HP/YEC) funded under this program develops the operational plan for the Prevention program, and completes the Ministry interim and final reports for Prevention. The reports are submitted to the Program Manager for final revision/review/approval. The HP/YEC is involved in the planning, implementation and evaluation of local and regional tobacco use prevention initiatives, and collaborates with the SW TCAN Prevention Sub-Committee and the Young Adult Team (PHNs working in secondary schools) to ensure appropriate program alignments. The HP/YEC works very closely with the One Life One You team (OLOY - funded under the cost-shared budget - described under 3.5 CDP). The HP/YEC is responsible for the planning, implementation and evaluation of community-based tobacco use prevention initiatives, collaborating with other youth-serving agencies, such as the Canadian Cancer Society, the YMCA and the Boys and Girls Club, and municipal sport and recreation programs to implement prevention-focused public health interventions. The HP/YEC is the MLHU lead staff to implement the activities and interventions outlined in the SWTCAN Prevention Program (described below).

Objective

Length = 1103

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

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
• By Dec 31st, 2019 all newly released youth-rated movies in Ontario are smoke-free.
• To increase lifetime smoking abstinence rates among young adult males working in sales, service, and blue collar trades, in the Southwest aged 19-24 by 3% by Dec 31, 2020.
• To prevent young adult males (as described above) who smoke occasionally from progression to regular smoking, by 3% by Dec 31, 2020.
• To increase awareness that second-hand smoke is EXTRA dangerous for women from the start of puberty until they have a baby due to increased risk of breast cancer.
• By the end of 2018 the SW TCAN will have completed 1 situational assessment regarding youth prevention and MLHU will review to inform program plans for 2019.
• By July 1st, 2018, Western University campus will be 100% smoke-free with only five designated smoking areas across campus
• By July 1st, 2019, Western University campus will be 100% smoke-free

Indicators of Success

Length = 1275

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Social Media/Mass Media Metrics - # of impressions, # of interactions, # of engagements
• 1 young adult male campaign designed by SWTCAN by 2018 and an evaluation plan developed
• # of YA males exposed to campaign materials
• # of Smoke-Free Movie nights in Middlesex-London and an increase in the # of people indicating increased awareness and readiness to take action
• increase in the # of young adults in Middlesex-London who enter into the "Don't Start and Win" category
• increase in the number of tobacco, vape and cannabis-free policies implemented in Middlesex-London high schools
• the creation of a comprehensive tobacco, e-cigarettte and cannabis school tool-kit in alignment with the Foundations for a Healthy School (in collaboration with Young Adult Team)
• OLOY to host at least five events in parks and playgrounds to promote tobacco- and vape-free restrictions
• That's Risky campaign implemented wtihin M-L - social media/mass media metrics, including # of impressions, # of interactions, # of engagements
• # of grassroots events to support the "That's Risky" campaign implementation
• # of on-campus events to support Western University's implementation of their Smoke-Free Campus policy and # of meetings to support Smoke-Free Committee/One Day Stand

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	60,764
Benefits	14,223
Travel	500
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	4,513
Total	**$80,000**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000
Total	**$80,000**

Funding sources are populated with budget data provided in the budget worksheets

Program: SFO Youth Engagement (Youth Tobacco Use Prevention)

Public Health Intervention	Description

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2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 27	*Length =* 508
Surveillance and Assessment	Prevention Situational Assessment will answer the following questions: 1. Which factors create a disproportionate risk for or protection against tobacco uptake? a. Social/Environmental factors, industry practices b. Individual factors (behavioural, perception of long term effects) 2. What are the key transitional times which result in increased susceptibility for young people in tobacco uptake? 3. Which interventions have are effective in mitigating the risks associated with key transitional times?
Length = 37	*Length =* 647
Public Awareness and Health Education	Young Adult Campaign: Collaborate with the SW TCAN Prevention Sub-Committee for KE&T regarding effective comprehensive approaches to reduce tobacco use among Ontario young adults. Building on work done in 2017, MLHU will support the focus testing of drafted campaign messages with YA males and finalize campaign creative. Local implementation of TCAN campaign in Q3-Q4. Participation and promotion of local, regional and provincial health education and public awareness activities including but not limited to: Smoke-free Movies, That's Risky Campaign, Know What's In Your Mouth, Smoke-free Parks and Playgrounds, WouldURather and Smoke is Smoke.
Length = 34	*Length =* 262
Policy and Supportive Environments	Supporting Western University in the development and implementation of their smoke-free campus property policy; supporting the school boards in the implementation of their Tobacco-Free, Vape-Free and Cannabis-Free policy and integration into the code of conduct.
Length = 46	*Length =* 465
Collaboration, Partnerships, Capacity Building	Participation in the Ontario Smoke-free Movies Coalition, the SW Prevention Sub-Committee, the Health Unit's Positive Spaces/PRIDE Committee, and the City of London's Youth Week Celebration Committee. Collaboration with the Child and Youth Health Team, the Tobacco Enforcement Team, the Tobacco Control Coordination program and the Tobacco Cessation Program is ongoing and critical for the implementation of the Health Unit's comprehensive tobacco control program.
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Electronic Cigarette Act**

Description *Length =* 1163

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

This program is dedicated funding to support the costs associated with the enforcement of the Electronic Cigarettes Act. This funding is used to cover a portion of salaries and benefits of a Tobacco Enforcement Officer and a Program Assistant that supports the enforcement program. All Tobacco Enforcement Officers (TEOs) are responsible for the enforcement of the Electronic Cigarettes Act, which includes educating e-cigarette retailers on their obligations under the law. Test Shoppers work with the Tobacco Enforcement Officers to conduct youth access inspections at e-cigarette retailers. The Protection and Enforcement Program works very closely with the City of London and the County of Middlesex and its eight lower-tier municipalities to promote smoke-free and vape-free public spaces and to explore the implementation of retail reform strategies, including licensing and zoning. The Health Unit Tobacco Enforcement Officers are designated to enforce both the Electronic Cigarettes Act and the Smoke-Free Ontario Act; therefore, the staff are in excellent position to enforce the amended Smoke-free Ontario Act, 2017, once a date of effect is announced.

Objective *Length =* 782

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

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2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Goal: Decrease disease and death from chronic diseases in Middlesex-London through reduced exposure to second-hand vapour, and to reduce e-cigarette accessibility and promotion of e-cigarette products and their accessories.
• to increase compliance with the Electronic Cigarettes Act (or the amended Smoke-free Ontario Act, 2017) through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement
• to increase the number of e-cigarette retailer licensing and zoning measures to reduce e-cigarette retail density in Middlesex-London

*Please note that all objectives and interventions related to prohibitions on the use of e-cigarettes is covered under the SFO – Protection and Enforcement program and the Tobacco Control Coordination program.

Indicators of Success *Length = 588*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

• % of vendors who received an age sticker and were made aware of sfoa-training.com/eca-training.com
• # of e-cigarette retailers in Middlesex-London
• % of e-cigarette vendors in compliance with youth access legislation at last inspection
• the completion of one round of youth access checks of e-cigarette retailers and one display, promotion and handling inspection annually

*Please note that all objectives and interventions related to prohibitions on the use of e-cigarettes is covered under the SFO – Protection and Enforcement program and the Tobacco Control Coordination program.

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	20,739
Benefits	6,099
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	12,662
Total	**$39,500**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Electronic Cigarettes Act: Protection and Enforcement (100%)	39,500
Total	**$39,500**

Funding sources are populated with budget data provided in the budget worksheets

Program: Electronic Cigarette Act

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 11	*Length = 203*
Enforcement	A portion of a TEO's and a Program Assistant's salaries and benefit costs for activities related to the enforcement of the Electronic Cigarettes Act (amended Smoke-free Ontario Act, 2017 once in effect).
Length = 37	*Length = 192*
Public Awareness and Health Education	E-cigarette vendor education; public communication activities to promote the changes to the legislation (amended Smoke-free Ontario Act, 2017) that pertain to e-cigarette retailer obligations
Length = 15	*Length = 117*
Direct Services	Tobacco Information Line (phone and email) staffing and responding to complaints, referrals and requests for Service.
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*
Length = 0	*Length = 0*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Length = 0

Length = 0

Length = 0

Length = 0

Program: **Cannabis**

Description

Length = 1195

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

In April 2017, the federal government introduced legislation to legalize and regulate recreational cannabis in Canada starting in July 2018. In the late Fall of 2017, the City of London was identified in the Ministry of Finance's announcement as one of the initial 14 Ontario municipalities scheduled for a stand-alone cannabis store by July 2018. A public health approach acknowledges that cannabis is not a benign substance and that policy built upon evidence-based regulations and controls is the best approach to minimize the risks and harms associated with use. Current research indicates that much of the health-related harms of non-medical cannabis use fall into the following categories:
• Respiratory effects (smoking and negative respiratory symptoms)
• Cannabis use disorder (problematic pattern of cannabis use leading to clinically significant impairment or distress)
• Mental health issues (increased risk of schizophrenia and psychosis)
• Cannabis and driving (increased risk of motor vehicle collision)
These areas of focus will drive Cannabis work at MLHU with target populations including youth, parents, young adults and workplaces, and public exposure to second hand smoke.

Objective

Length = 595

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase public awareness of the health impacts, risks and associated harms of cannabis, for youth in particular – ongoing
To work with partners at the local and provincial levels to advocate for and support the development and implementation of evidence-informed cannabis regulations - ongoing
To increase public awareness of Lower Risk Cannabis Use Guidelines - ongoing
To enable ongoing data collection to monitor the impact of the new cannabis framework – ongoing
To work with internal partners to ensure the development and delivery of consistent evidence-informed messaging - ongoing

Indicators of Success

Length = 770

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

• Social media metrics - # of impressions, # of interactions, # of engagements
• # partners in attendance at Municipal Cannabis Knowledge Exchange Forum
• # workplaces in attendance at cannabis workplace forum
• # of attendees at workplace forum that indicate an increase in knowledge and readiness for the legalization of cannabis
• # of attendees at the Municipal Knowledge Exchange Day that indicate an increase in knowledge and readiness for the legalization of cannabis
• increase in the number of tobacco, vape and cannabis-free policies implemented in Middlesex-London high schools
• the creation of a comprehensive tobacco, e-cigarettte and cannabis school tool-kit in alignment with the Foundations for a Healthy School (in collaboration with Young Adult Team)

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	93,249
Benefits	24,245
Travel	1,161
Professional Services	550
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	8,540
Total	**$127,745**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	127,745
Total	**$127,745**

Funding sources are populated with budget data provided in the budget worksheets

Program: Cannabis

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

	Length =		Length =
Education and Awareness	23	Share and disseminate provincially and federally developed messages and resources related to cannabis legalisation, harms, minimizing harms; Disseminate Smoke is Smoke campaign, posters, social media, and workplace kit; Workplace Forum planned for 2018 –to provide interested M-L workplaces information related to implications of cannabis from a workplace perspective (e.g. legal aspects of medicinal and recreational cannabis in the workplace, Human Resource policy, etc); Working with MLHU Young Adult team on the development of substance use toolkits – cannabis falling within the smoke, e-cig, hookah, chew section; Knowledge exchange regarding current and emerging evidence related to cannabis with health unit teams internally	734
Supportive Environments	23	Municipal Knowledge Exchange Day planned for March 2018 In partnership with City of London and Middlesex County: increase knowledge about proposed cannabis legalization, municipal implications, identify what kinds of supports or information municipal partners need to transition and best prepare for a legalized cannabis market. Speaker from Association of Municipalities of Ontario (AMO) Collaborate with the City of London and other local partners to develop a high level cost estimate for the impact cannabis legalization will have on our municipality from a public health standpoint. To be shared with the AMO the Federation of Canadian Municipalities to assist in advocating for municipal funding. Workplace and smoke-free housing policy development, in partnership with the SFO Tobacco Control Coordination program.	825
Policy and Advocacy	19	Smoke is Smoke – work with the 2 school boards regarding policy on Tobacco, Cannabis and Smoke-Free environments; Continued membership and work with the Ontario Public Health Collaboration on Cannabis – knowledge exchange, group input and advocacy around Federal and Provincial proposed bills, regulations, etc.	312
Partnerships, Collaboration, and Capacity Building	50	Knowledge user partner in Cannabis Locally Driven Collaborative Project This new LDCP is s still being shaped; however, possibly looking at evidence-based messaging for young adult age group to prevent/delay initiation and to promote cessation of cannabis use	259
	0		0
	0		0
	0		0
	0		0
	0		0
	0		0

Program: SFO Tobacco Control Area Network Coordination - SWTCAN

Description Length = 1788

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The SW TCAN is a regional collaborative that focuses on tobacco control to improve population health. The TCAN's vision is to create a SW ON free from tobacco related death and disease.
Overall TCAN Functions: TCAN structure allows cessation and protection initiatives to be implemented with best use of resources and coordination across all 9 PHUs and SFO partners. TCAN coordinator and YDS are instrumental in ensuring best use of financial and human resources and increasing the reach and impact of tobacco control work in the region and provincially. The TCAN provides administration, coordination, planning, implementation and evaluation related to regional activities, and communication to TCAN membership.
Priority Population: Those living in social housing, individuals who work in blue collar workplaces and young adult males are priority populations chosen for protection and cessation initiatives in the SW TCAN.
Protection- In ON 1 in 4 people live in multi unit housing (MUH) MUH and at least 1/3 report exposure in their home. 87% Ontarians support smoking ban in MUHs (CAMH 2013). In the SW TCAN 35.2% of people were exposed to Second-hand smoke in the past 6 months (56,800 people) (OTRU Update, 2014) 26% of working Ontarians are exposed to second-hand smoke at work. This number is highest among blue collar workers, where 36.9% report workplace exposure (OTRU, 2012)
Cessation- To reach less than 5% tobacco use prevalence by 2035 in Ontario, more than 80,000 Ontarians who smoke would have to quit each year for 17 years. (SFO Modernization Report Executive Steering Committee 2017) Young adult smoking prevalence in ON was 10% for those 18-19, 17% for those 20-24 and 23% for those 25-29 and is higher among males than females. (OTRU Monitoring Report, Feb 2016)

Objective Length = 870

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

MUHs
By the end of 2018, there will be at least 15 buildings with new smoke-free policies (either 100% or grandparented) in the SW TCAN
Cessation
By the end of 2018, there will be 200 HCP who have reported an increase in knowledge and confidence for implementing BCC as a result of a consultation with a PHU
By the end of 2018, there will be an increase in awareness and use of youcanmakeithappen.ca and the related materials.
By the end of 2018, there will be an increase or maintenance of the number of people who register for provincial cessation campaigns
Workplace
By the end of 2018 100 proactive workplace inspections will be done in blue collar workplaces across the SW TCAN
Zoning
By the end of 2018 the SW TCAN will gain a better understanding of the tobacco and e-cigarette retail environment, and will investigate the potential of developing zoning bylaws.

Indicators of Success *Length = 893*

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Outputs
# of impressions from paid or earned ads for Fire Prevention Week
# of MUHs that adopt a SF policy
% of vendors who received an age sticker and were made aware of eca-training.com and/or sfoa-training.com
% of workplaces who received a package as a result of a complaint
# of YCMIH materials distributed
# of new CoP members
# of health care provider's consultations/trainings
# of impressions for FWCC & WuR promotion
# of people registered for FWCC and WuR
1 business case for licencing/zoning will be developed
# of proactive workplace inspections
# of impressions generated from workplace campaign

Performance Measurement
Using the TCAN tracking form PHUs will track outputs
RedCap surveys will be used for YCMIH and CoP outputs/outcomes
Reports provided from FWCC and WuR will be compared to 2017 reports
Website analytics will be used to track users to takeyourbuttoutside.ca

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	184,063
Benefits	44,576
Travel	7,000
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	50,161
Total	**$285,800**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	285,800
Total	**$285,800**

Funding sources are populated with budget data provided in the budget worksheets

Program: SFO Tobacco Control Area Network Coordination - SWTCAN

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 11	*Length = 548*
Workplace	SW TCAN workplace kit will be updated to reflect changes to SFOA and inclusion of Cannabis Act information as it pertains to workplace. Implement a campaign in October (during Canada's Healthy Workplace Month) to provide education to workplaces regarding the SFAO (and potentially Cannabis Act if proclaimed). Goal will be to increase awareness and compliance. Focus will be on blue collar workplaces where there is a higher non-compliance rate. Proactive inspections will also be done (will be an opportunity to distribute signage if necessary).
Length = 19	*Length = 470*
Multi Unit Housing	Collaborate with the Smoke Free Housing Ontario Coalition to use common materials and website to support housing providers to make their properties smoke free; document new policies across CE; support PHUs to partner with local fire departments to promote the smoke free housing message; support PHUs to conduct outreach to housing providers & tenants through material distribution. TCAN will be participating in provincial Fire Prevention Week Campaign in October 2018.
Length = 16	*Length = 255*
Vendor Education	Support and coordinate with PHUs for education to vendors related to SFOA 2017 and Cannabis Act where applicable. Educate vendors through distributing age stickers, factsheets and tent cards that promote the website SFO-Training.com and ECA-Training.com
Length = 45	*Length = 382*
Health Care Provider - You Can Make it Happen	Collaborate with the You Can Make It Happen provincial committee to use common materials and website to support health care providers (HCPs) to promote cessation using best practice evidence; support HCP cessation champions through nine local Communities of Practice. Will make proactive visits to HCPs to train them on BCC and encourage them to systemize BCI into their practices.
Length = 81	*Length = 366*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Promotion of Provincial Campaigns (First Week Challenge Contest and wouldurather)	SW TCAN will place 4 paid FWCC ads throughout the year and will target ads to the young adult male population. The TCAN will work with SHL/FWCC to tailor the ads accordingly. The SW TCAN will promote the WuR contest in Nov/Dec 2018. The TCAN will evaluate the work done in past years to determine strategy for promotion. Ads will be targeted to young adult males.
Length = 46	*Length =* 655
Situational Assessment- Protection & Cessation	The SW TCAN will work to conduct a situational assessment for both the protection and cessation pillars that will help to inform 2019 work. *in order to provide project scope situational assessment will focus on tobacco and water pipe only and will exclude e-cigarettes and cannabis. This may be done in future. Protection research questions are: 1) Which populations are at higher risk from SHS exposure, including risk and protective factors 2) What are best practices to address SHS exposure? 3) What is the burden of disease from SHS exposure? Cessation research question is: What factors affect intention to quit among males 18 years and older?
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **SFO Tobacco Control Area Network Prevention - SWTCAN**

Description

Length = 1604

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Tobacco Prevention is essential in order to decrease the burden of tobacco related death and disease. To reach a goal of less than 5% tobacco use prevalence by 2035 in Ontario, we need to assist people to quit using tobacco. However, additionally no more than 10,000 people could start smoking each year to meet this goal. (SFO Modernization Report Executive Steering Committee 2017).
SFM-The evidence is clear; the more youth see smoking in movies the more likely they are to start smoking. (SAC, 2016) 81% adults in ON support not allowing smoking in movies rated G, PG, 14A; 76% in ON support requiring anti-smoking ads before any film with smoking; 67% in ON support changing movie ratings so that movies with smoking will get an 18A.
Upirse- Alternative and Hip Hop peer crowds are 2.3 times more likely to use tobacco products than youth not influenced by these peer crowds (49.2% vs 18.6%). (RSCG, 2013)
YA Prevention- Lifetime abstinence rates for males in the southwest 12-18 years are 87.1% (females 91.3%). This number drops drastically among males 19-24 to 54.7% (females 67.4%). (OTRU, 2016). According to the 2015 Smoke-Free Ontario Monitoring Report, among those aged 18 to 29 years, current smokers were more likely to: been born in Canada; Identified as white; be male; have unhealthy eating habits; drink in excess of the low-risk drinking guidelines; have been clinically diagnosed with a mood disorder; be inactive; work in sales, service, trades, transport, primary industry, and equipment operators' occupations; have no family doctor and have less than a high school education.

Objective

Length = 695

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

Smoke Free Movies
By Dec 31st, 2019 all newly released youth-rated movies in Ontario are smoke-free.
Young Adult Males
To increase lifetime smoking abstinence rates among young adult males working in sales, service, and blue collar trades, in the Southwest ages 19-24 by 3% by Dec 31, 2020.
To prevent YA males (see above) who smoke occasionally from progression to regular smoking, by 3% by Dec 31, 2020.
Uprise
To increase by 5-10% the number of alternative youth aged 13-18 years surveyed in SW/CW ON exposed to Uprise who intend to remain smoke-free by 2020.
Situational Assessment
By the end of 2018 the SW TCAN will have completed 1 situational assessment regarding youth prevention.

Indicators of Success

Length = 1173

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Outputs:
Smoke Free Moves
# of MPs provided with educational visit in Q4
# of impressions from paid or earned educational campaigns
# of people engaged at an event
YA Prevention
1 campaign designed in 2018
1 evaluation plan developed
# of YA males exposed to campaign materials
Uprise
# of alt youth reached by campaign
# of message packages implemented
# of uprise events
# of bands recruited to be endorsers of brand
# of brand ambassadors
Situational Assessment
1 assessment completed

Performance Measurement
Smoke Free Movies
Red Cap surveys (done by OTRU) will be completed by PHUs to track outputs and outcomes
Analytics for smokefreemovies.ca as provided by OLA
SW TCAN tracking document will be completed by PHUs
2018 Ipsos provincial survey will be conducted and analyzed to measure awareness and support for SFM
YA Prevention
TCAN tracking document completed by PHUs
Evaluation survey conducted (*note in development with OTRU – pending funding)
Uprise
Not an evaluation year, next evaluation planned for 2019 (working with OTRU- pending funding)

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	-
Benefits	-
Travel	-
Professional Services	-
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	150,700
Total	**$150,700**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	150,700
Total	**$150,700**

Funding sources are populated with budget data provided in the budget worksheets

Program: SFO Tobacco Control Area Network Prevention - SWTCAN

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 31	*Length = 1519*
Youth Social Identities- Upirse	In recent years, tobacco prevention efforts have been targeting the average teen, but today the average teen in Ontario is likely to be tobacco-free. Therefore, tobacco prevention efforts need to be tailored to reach the small subpopulations of Ontario teens who continue to use tobacco. The South West (SW) and Central West (CW) Ontario Tobacco Control Area Networks (TCAN) contracted Rescue Social Change Group (RSCG) to perform a Functional Analysis for Cultural Interventions (FACI™) study to identify features of modern-day teen smokers and what influences them. CW-SW research conducted by RSCG in 2013 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/CW TCANs worked closely with RSCG to use the research recommendations and develop a campaign that directly targets the Alternative peer crowd. In 2015 and 2016 the campaign entered the market in the SW and CW and brand awareness was built. In 2017 the other TCAN regions came on board and Uprise became a provincial imitative. In 2018 the brand will stay in market (with the exception of TO TCAN). 3 message packages (educational campaigns) will be run, 6 experiential events will be held and Upirse will continue to build a following of brand ambassadors and band supporters. TCAN staff will work to ensure knowledge is shared from evaluation done in 2017 year with all PHUs and partner agencies in ON.
Length = 17	*Length = 366*
Smoke Free Movies	Collaborate with the Ontario Coalition for Smoke-Free Movies and Hey Parents Group through contributing and using common materials and activities that promotes www.smokefreemovies.ca; continue to increase public awareness and/or support for smoke-free youth rated movies including the Hey Parent Campaign phase 3 and engaging youth and the community at local events.
Length = 22	*Length = 612*
Young Adult Prevention	Collaborate with the Provincial Youth Adult Prevention Advisory Group for KE&T regarding effective comprehensive approaches to reduce tobacco use among Ontario young adults. Building on work done in 2017 the SW TCAN will focus test drafted campaign messages with YA males and finalize campaign creative. The TCAN will develop an implementation plan and work with OTRU to create an evaluation plan. ** Note work with OTRU will be pending funding- may have to scale back evaluation should resources not be available. TCAN will put the campaign into market – potentially working with a marketing firm in Q3-Q4.
Length = 34	*Length = 497*

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.1 Substance Use

Situational Assessment- Prevention	Situational Assessment will answer the following questions: 1. Which factors create a disproportionate risk for or protection against tobacco uptake? a. Social/Environmental factors, industry practices b. Individual factors (behavioural, perception of long term effects) 2. What are the key transitional times which result in increased susceptibility for young people in tobacco uptake? 3. Which interventions have are effective in mitigating the risks associated with key transitional times?
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*
Length = *0*	*Length =* *0*

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Go to List of Programs

Board of Health for the Middlesex-London Health Unit

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.2 Injury Prevention

Length = 1568

A. Community Need and Priorities

Please provide a short summary of the following (maximum characters of 1,800):
a) The key data and information which demonstrates your communities' needs for public health interventions to address injury prevention; and,
b) Your board of health's determination of the local priorities for a program of public health interventions that addresses injury prevention with consideration to the required list of topics identified in the Standards.

A. Key data and information: Injuries are important contributors to health status in the Middlesex-London community. Data indicates that unintentional injuries were the fourth leading cause of hospitalizations in Middlesex-London and were a leading cause of death in those aged 12 to 44. (Community Health Status Resource)
The leading cause of injury-related hospitalizations among both males and females in Middlesex-London was falls, followed by motor vehicle collisions.
In 2016 there were 10,863 ED visits for unintentional injuries per 100,000 people in Middlesex-London. This was significantly higher than the Ontario and peer group rates. While rates were dropping from 2005 to 2014 they began to rise again in 2015 and 2016. Injuries remains the leading preventable cause of potential years of life lost (PHO snapshots).
B. Priority areas for injury prevention programs include road safety, falls
In the 0-19 age group, falls were the leading cause of ED visits for injury: 4,811 visits per 100,000 populations. The next most frequent reason for visiting the ED due to injury was land transport collisions at 827 visits per 100,000. This was more than 5 times lower than the rate for falls (PHO snapshots).
Falls were the leading cause of injury-related ED visits in ML in 2016 (3,503/100,000) followed by land transport collisions (890/100,000). Falls were the leading cause of injury-related deaths in 2012.
Seniors were at the highest risk for hospitalizations due to unintended injuries, particularly for falls. (Community Health Status Resource)

Length = 1246

B. Key Partners/Stakeholders

Please provide a high level summary of the key internal and external partners you will collaborate with to deliver on this Standard. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard (maximum characters of 1,800).

Internal :
Foundational Standards
Communications Department
Child Health
Young Adult
Environmental Health
Reproductive Health
Early Years
External Partners:
Road Safety:
Local police services - Municipal and OPP
Ministry of Transportation
London Health Sciences Centre
Western University - Human Environments Analysis (HEAL) Lab
Middlesex County
City of London – Transportation Division
Young Drivers of Canada
CAN Bike

C. Programs and Services

Program: **Road Safety**

Description

Length = 905

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

MLHU work in the road safety program is accomplished in collaboration with community partners and with mindfulness of a 3 E's approach: education, engineering and enforcement
MLHU has been a contributing member of the London Middlesex Road Safety Committee (LMRSC) for the past 12 years and has co-chaired for the past 10 years.
MLHU is a signatory to, and LMRSC partners are the primary implementation body for, the London Road Safety Strategy (LRSSS). The LRSS was developed through by several stakeholders, led by the City of London. A comprehensive review of the 4-year traffic collision history (2008-2011) was combined with the findings of several forms of public input. The chosen areas to be targeted by the Road Safety Strategy during the following five years (2014 - 2019) were:
• Intersections
• Distracted and Aggressive Driving
• Young Drivers
• Pedestrians
• Cyclists
• Red Light Running

Objective

Length = 274

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase awareness and shift attitudes of young adults related to distracted driving - ongoing
To increase public knowledge of risk factors of motor vehicle collisions – ongoing
To decrease the number of injuries related to motor vehicle collisions and road use over time

Indicators of Success

Length = 354

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of views of PXO campaign messages
# of workplaces receiving distracted driving related messages
Social media metrics
Long term indicators: Local rates of Motor vehicle collisions and motor vehicle related injuries over time

*A Formal evaluation of IMACT program is being planned by the lead organization. MLHU will support this evaluation asable. .

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	132,621
Benefits	34,481
Travel	1,742
Professional Services	825
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,313
Total	**$171,982**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	171,982
Total	**$171,982**

Funding sources are populated with budget data provided in the budget worksheets

Program: Road Safety

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 23	*Length =* 584
Education and Awareness	With local lead partner, deliver IMPACT program in secondary schools (grade 11 target audience with focus on distracted and impaired driving). Promote MTO and other distracted driving media messages and campaigns at the local level. Work with stakeholders to educate re safe use of pedestrian cross overs (PXOs) in City of London: social media, promotion of "Tony the Streetwise Cat" video to schools and general public
Length = 28	*Length =* 415
Policy and Built Environment	Continue to co-chair the London and Middlesex Road Safety Committee Provide input and advocate for built road environments and infrastructure that prioritizes safety for vulnerable road users including cyclists and pedestrians. Maintain membership and provide public health focused input related to road safety on City of London Advisory Committees: Transportation Advisory Committee, Cycling Advisory Committee
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0
Length = 0	*Length =* 0

Program: **Childhood Injury Prevention**

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.2 Injury Prevention

Description

Length = 1716

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Childhood injury prevention program covers topics including falls, safe sleep, choking, water safety, car safety and the safe use car and booster seats, burns and scalds, poisoning. PH interventions include dissemination of evidence based education and information, creating supportive environments and where possible advocacy and influencing policy. Child injury prevention messaging and programming is disseminated and delivered with and through both internal and external partners across program areas. E.g. Child Safety Middlesex London Coalition.
Primary target population is infant to elementary school age. Target audience for child safety messaging varies with the topic and includes parents and caregivers, as well as school age children.
While child safety messaging is delivered in a universal way e.g. website, social media, traditional media, targeted strategies are used for priority populations. For example, with Give the Kids a Boost initiative related to promoting booster seat use, while there is broad awareness building efforts to parents in general, booster seats are made available at no cost to families in need through partnership with newcomer settlement workers and related resources are translated into other languages. This was based on local evidence that many newcomer families were not only not aware of benefits and laws related to booster seat use – but could also had financial barriers to accessing a seat. Evidence • 29.5% of 4-8 year olds in ON and QC are correctly restrained (Bruce et al. ,2011). • Parental knowledge and availability, accessibility, cost, and ease of use of child passenger restraints will impact their uptake (Child Safety Good Practice Guide, 2011).

Objective

Length = 471

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase community partner knowledge and consistent application of evidence based information and practices related to preventing childhood injuries - ongoing
To increase parents/caregivers awareness and knowledge of child injury risk factors and how to prevent injuries in children - ongoing
To increase parents/caregiver confidence and ability to institute measures to prevent injury - ongoing

Long-Term Goal: To reduce incidence and severity of childhood injuries

Indicators of Success

Length = 388

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

Social media metrics for online campaigns
# of bicycle helmets distributed with Helmet on Kids Coalition to children with need
# of Safety Never Hurts e-newsletters distributed
# of volunteers trained to fit helmets
% of applicable MLHU staff completing safe infant sleep module
# of booster seats distributed to families with need
Evaluation of booster seat distribution planned in 2018

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	116,092
Benefits	30,184
Travel	1,509
Professional Services	715
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,427
Total	**$150,927**

Budget Summary is populated with budget data provided in the budget worksheets

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	150,927
Total	**$150,927**

Funding sources are populated with budget data provided in the budget worksheets

Program: Childhood Injury Prevention

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = 23	*Length = 1152*
Education and Awareness	Deliver drowning prevention campaign (annual campaign in partnership with Pool & Hot Tub Council) Provide awareness-raising and education (related to identified child injury prevention issues) to parents and caregivers via presentations and community events Develop and distribute Safety Never Hurts e- newsletter to organizations and professionals working with children
Length = 23	*Length = 964*
Supportive Environments	Continue “Kids Need A Boost” program, including distribution of booster seats to families in need. Develop evaluation plan for Kids Need a Boost in 2018. Provide professional development/in-service for child care providers, school staff, and other community partners on child safety topics Train volunteers to properly fit helmets
Length = 19	*Length = 101*
Policy and Advocacy	Identify and act on policy and advocacy windows and priorities related to child safety as appropriate
Length = 0	*Length = 0*

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Length = 0

Program: Fall Prevention and Healthy Aging

Description

Length = 1239

Describe the program including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

A program review of MLHU Falls Prevention program was completed in 2016 and has informed program activities. Falls are the leading cause of injury related hospitalizations and emergency department visits in Middlesex-London (Middlesex-London Community Health Resource, 2016). It is anecdotally known that falls by older adults in the community and are under reported related to fear of loss of independence and stigma. The 65 and older age group in Middlesex-London is expected to grow 118.8% between 2011 and 2036, (Middlesex-London Community Health Resource, 2016). Fall related injuries are expected to increase due to the aging Canadian population as baby boomers grow older (Parachute & Injury Prevention Centre, 2015).
MLHU work in the Falls Prevention program focuses on falls prevention for older adults and includes: education and information sharing to older adults and service providers, leading and participating in both local and SW region collaborative tables; delivery of 'Step Ahead to Fall Prevention in Older Adults' education to PSW students, participation in London's Age Friendly London supporting implementation the Three Year Action Plan (2017-2020) related to community and health services and built environment.

Objective

Length = 591

Describe the expected objectives of the program and what you expect to achieve, within specific timelines (maximum of 1,800 characters).

To increase older adult knowledge and skills related to healthy aging and falls prevention
To increase capacity of community partners to promote healthy aging and falls prevention using evidence and best practice
To improve PSWs ability to identify clients at risk for a fall by recognizing risk factors.
To promote change in practice among PSWs regarding injury prevention in seniors.
To increase knowledge of PSW students on practices to prevent falls
Long term goal: To reduce the frequency, severity, and impact of injuries related to falls in older adults and to promote healthy aging

Indicators of Success

Length = 278

List the indicators or data elements you will be using to monitor your program and understand its impact. Also use this section to identify if a formal evaluation will be conducted at this time for this program. (maximum of 1,800 characters).

# of PSW students trained in Step Ahead Fall Prevention program
# of partners engaged in 2018 Falls Prevention Month activities
Social media metrics
An evaluation of Step Ahead Fall Prevention program is planned. Evaluation results summarized and used to inform 2019 planning

Program Budget Summary

Object of Expenditure	Amount
Salaries and Wages	119,895
Benefits	31,173
Travel	1,509
Professional Services	715
Expenditure Recoveries & Offset Revenues	-
Other Program Expenditures	2,427

Funding Sources Summary

Funding Source	Amount
Mandatory Programs (Cost-Shared)	155,719

2018 Public Health Program Plans and Budget Summaries

3.13 Substance Use and Injury Prevention

3.13.2 Injury Prevention

Total	$155,719

Budget Summary is populated with budget data provided in the budget worksheets

Total	$155,719

Funding sources are populated with budget data provided in the budget worksheets

Program: Fall Prevention and Healthy Aging

Public Health Intervention	Description
Input a title for each public health intervention under this Program (maximum of 100 characters)	Briefly describe the public health intervention (maximum of 1,800 characters)
Length = *23*	*Length =* *224*
Education and Awareness	Provide evidence based messaging and resources related to falls prevention and healthy aging on MLHU website With community partners plan community activities in Middlesex-London in the Fall Prevention Month 2018 in November
Length = *23*	*Length =* *416*
Supportive Environments	Continue to provide the ‘Step Ahead to Fall Prevention in Older Adults’ PSW education program Evaluate ‘Step Ahead to Fall Prevention in Older Adults’ PSW education program to inform future planning Chair and provide leadership to the Middlesex-London Fall Prevention Collaborative supporting networking, shared resource development, consistent messaging Participate in the Southwest Ontario Fall Prevention Network
Length = *19*	*Length =* *239*
Policy and Advocacy	Maintain involvement provide PH input and support implementation of the Age Friendly London 3-year Action plan Identify and act on other policy and advocacy windows and priorities related to fall prevention and healthy aging as appropriate
Length = *0*	*Length =* *0*

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Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.1 Staff Allocation to Standards

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.1 Staff Allocation to Standards

	Position Code	Position Titles	Total Public Health Unit F.T.E. #	Total Public Health Unit $	Unalloc. F.T.E.	Unalloc. $	Emergency Management F.T.E. #	Emergency Management $	Other Foundational Standards F.T.E. #	Other Foundational Standards $	Chronic Disease Prevention and Well-Being F.T.E. #	Chronic Disease Prevention and Well-Being $	Food Safety F.T.E. #	Food Safety $	Healthy Environments F.T.E. #	Healthy Environments $	Healthy Growth and Development F.T.E. #	Healthy Growth and Development $	Immunization F.T.E. #	Immunization $	Infectious and Communicable Diseases Prevention and Control F.T.E. #	Infectious and Communicable Diseases Prevention and Control $	Safe Water F.T.E. #	Safe Water $	School Health: Oral Health F.T.E. #	School Health: Oral Health $	School Health: Vision F.T.E. #	School Health: Vision $	School Health: Immunization F.T.E. #	School Health: Immunization $	School Health: Other F.T.E. #	School Health: Other $	Substance Use and Injury Prevention: Substance Use F.T.E. #	Substance Use and Injury Prevention: Substance Use $	Substance Use and Injury Prevention: Injury Prevention F.T.E. #	Substance Use and Injury Prevention: Injury Prevention $
Program Staff	1	Medical Officer of Health	1.00	255,721																															
	2	Associate Medical Officer of Health	1.40	294,315	(0.00)	-			1.00	212,011											0.20	41,152			0.20	41,152										
	3	Chief Nursing Officer	1.00	86,131	-	-			1.00	86,131																										
	4	Program Director	3.00	389,502	-	-	0.15	19,331			0.33	42,182	0.10	12,887	0.10	12,887	1.00	132,805	0.20	25,775	0.40	51,549			0.17	21,730			0.05	6,444	0.33	42,182			0.17	21,730
	5	Program Manager/Supervisor	14.10	1,467,430	(0.00)	-	1.00	96,712	1.00	95,946	0.80	85,895	0.50	53,748	0.50	53,748	2.75	287,844	0.75	80,622	2.15	231,116	0.60	64,498	1.00	93,077			0.25	26,874	2.00	211,763	0.50	53,491	0.30	32,096
	6	Project Officer	6.00	382,576	-	-			6.00	382,576																										
	7	Public Health Nurse	86.90	7,092,318	-	-			3.00	247,741	4.80	395,485					28.81	2,297,911	4.92	392,073	15.05	1,271,287							4.12	339,169	20.00	1,636,956	2.70	222,424	3.50	289,272
	8	Registered Nurse			-	-																														
	9	Registered Practical Nurse			-	-																														
	10	Nurse Practitioner			-	-																														
	11	Public Health Inspector	30.62	2,231,271	(0.00)	-							12.00	942,844	4.00	314,640					8.97	544,799	5.65	428,988												
	12	Dentist			-	-																														
	13	Dental Hygienist	4.60	311,134	-	-																			4.60	311,134										
	14	Dental Assistant	6.00	326,207	-	-																			6.00	326,207										
	15	Health Promoter	4.00	269,558	-	-			0.50	32,744							1.00	67,745			0.50	33,816									1.00	67,745	1.00	67,508		
	16	Nutritionist			-	-																														
	17	Dietitian	6.00	427,630	-	-					3.00	217,355					1.00	72,452													2.00	137,823				
	18	ECA Inspector	0.20	10,807	-	-																											0.20	10,807		
	19	Epidemiologist	3.00	283,373	-	-			3.00	283,373																										
	20	Program Coordinator	2.00	161,911	-	-															2.00	161,911														
	21	Program Support Staff	24.95	1,283,349	(0.00)	-	0.65	36,119	2.50	133,196	1.43	73,240	0.60	30,701	0.60	30,701	5.25	271,452	4.36	222,021	2.95	144,518	0.80	39,730	0.67	35,442			3.14	158,541	1.33	70,260	0.20	11,918	0.47	25,510
	22	SFOA Inspector	3.10	184,136	(0.00)	-																											3.10	184,136		
	23	Tobacco Control Coordinator	0.40	42,998	-	-																											0.40	42,998		
	24	TCAN Coordinator	1.00	96,712	-	-																											1.00	96,712		
	25	Youth Development Specialist	1.00	67,486	-	-																											1.00	67,486		
	26	Youth Engagement Coordinator			-	-																														
	27	Other SFO staff	2.90	180,108	-	-																											2.90	180,108		
	28	Student	0.90	30,100	-	-					0.90	30,100																								
	29	Other Program Staff	8.90	528,577	-	-			3.00	194,194											5.90	334,383														
		Total Program Staff:	**212.97**	**16,403,350**	**0.00**	**-**	**1.80**	**152,162**	**21.00**	**1,667,912**	**11.26**	**844,257**	**13.20**	**1,040,180**	**5.20**	**411,976**	**39.81**	**3,130,209**	**10.23**	**720,491**	**38.12**	**2,814,531**	**7.05**	**533,216**	**12.64**	**828,742**	**-**	**-**	**7.56**	**531,028**	**26.66**	**2,166,729**	**13.00**	**937,588**	**4.44**	**368,608**
Administrative Staff	30	Director/ Business Administrator	1.00	132,805																																
	31	Manager/Supervisor	5.00	487,694																																
	32	Secretarial/Admin Staff	4.18	245,875																																
	33	Financial Staff	4.00	247,935																																
	34	I & IT Staff	3.00	189,617																																
	35	Communications Manager/Media Coordinator	3.00	239,432																																
	36	Volunteer Coordinator																																		
	37	Human Resources Staff/Coordinator	5.00	319,886																																
	38	Maintenance/Caretaker/Custodian/Security																																		
	39	Other Administrative Staff	4.50	289,058																																
		Total Administrative Staff:	**29.68**	**2,152,302**																																
		Total Staffing:	**242.65**	**18,555,652**			**1.80**	**152,162**	**21.00**	**1,667,912**	**11.26**	**844,257**	**13.20**	**1,040,180**	**5.20**	**411,976**	**39.81**	**3,130,209**	**10.23**	**720,491**	**38.12**	**2,814,531**	**7.05**	**533,216**	**12.64**	**828,742**	**-**	**-**	**7.56**	**531,028**	**26.66**	**2,166,729**	**13.00**	**937,588**	**4.44**	**368,608**

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Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Chronic Disease Prevention and Well-Being

	Position Code	Position Titles	Chronic Disease Prevention and Well-Being F.T.E. #	Chronic Disease Prevention and Well-Being $	Unalloc. FTE #	Unalloc. $	Tobacco Cessation F.T.E. #	Tobacco Cessation $	One Life One You- CDP & Youth Engagement F.T.E. #	One Life One You- CDP & Youth Engagement $	Food Systems F.T.E. #	Food Systems $	Food Insecurity/Food Literacy/Food Skills F.T.E. #	Food Insecurity/Food Literacy/Food Skills $	Active Living F.T.E. #	Active Living $	Ultraviolet Radiation/Sun Safety F.T.E. #	Ultraviolet Radiation/Sun Safety $									Total F.T.E. #	Total $
Program Staff	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	0.33	42,182	-	-	0.06	9,449	0.04	6,300	0.05	7,874	0.04	6,300	0.10	5,959	0.04	6,300									0.33	42,182
	5	Program Manager/Supervisor	0.80	85,895	-	-	0.10	10,750	0.10	10,750	0.20	21,498	0.10	10,750	0.20	21,397	0.10	10,750									0.80	85,895
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	4.80	395,485	-	-	1.50	123,052							2.80	231,416	0.50	41,017									4.80	395,485
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	-	-	-	-																					-	-
	12	Dentist	-	-	-	-																					-	-
	13	Dental Hygienist	-	-	-	-																					-	-
	14	Dental Assistant	-	-	-	-																					-	-
	15	Health Promoter	-	-	-	-																					-	-
	16	Nutritionist	-	-	-	-																					-	-
	17	Dietitian	3.00	217,355	-	-					1.00	72,452	2.00	144,903													3.00	217,355
	18	ECA Inspector	-	-	-	-																					-	-
	19	Epidemiologist	-	-	-	-																					-	-
	20	Program Coordinator	-	-	-	-																					-	-
	21	Program Support Staff	1.43	73,240	-	-	0.73	36,899	0.10	4,966	0.15	7,727	0.15	7,727	0.15	8,194	0.15	7,727									1.43	73,240
	22	SFOA Inspector	-	-	-	-																					-	-
	23	Tobacco Control Coordinator	-	-	-	-																					-	-
	24	TCAN Coordinator	-	-	-	-																					-	-
	25	Youth Development Specialist	-	-	-	-																					-	-
	26	Youth Engagement Coordinator	-	-	-	-																					-	-
	27	Other SFO staff	-	-	-	-																					-	-
	28	Student	0.90	30,100	-	-			0.90	30,100																	0.90	30,100
	29	Other Program Staff	-	-	-	-																					-	-
	Total Program Staff:		**11.26**	**844,257**	**-**	**-**	**2.39**	**180,150**	**1.14**	**52,116**	**1.40**	**109,551**	**2.29**	**169,680**	**3.25**	**266,966**	**0.79**	**65,794**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**11.26**	**844,257**

Chronic Disease Prevention and Well-Being (Continued)

	Position Code	Position Titles	Chronic Disease Prevention and Well-Being F.T.E. #	Chronic Disease Prevention and Well-Being $	Unalloc. FTE #	Unalloc. $																					Total F.T.E. #	Total $
Program Staff	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	0.33	42,182	-	-																					0.33	42,182
	5	Program Manager/Supervisor	0.80	85,895	-	-																					0.80	85,895
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	4.80	395,485	-	-																					4.80	395,485
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	-	-	-	-																					-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff	12	Dentist	-	-	-	-																				-	-
	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	-	-	-	-																				-	-
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	3.00	217,355	-	-																				3.00	217,355
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	1.43	73,240	-	-																				1.43	73,240
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	0.90	30,100	-	-																				0.90	30,100
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		**11.26**	**844,257**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**11.26**	**844,257**

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Food Safety

			Food Safety				Food Safety - Surveillance and Inspection		Food Safety - Management and Response		Food Safety - Awareness, Education, Training and Certification		Food Safety - Reporting and Disclosure		Enhanced Food Safety Funding										Total	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	2	Associate Medical Officer of Health	-	-	-	-																			-	-
	3	Chief Nursing Officer	-	-	-	-																			-	-
	4	Program Director	0.10	12,887	-	-	0.05	6,444	0.05	6,443															**0.10**	**12,887**
	5	Program Manager/Supervisor	0.50	53,748	-	-	0.18	19,349	0.16	17,199	0.16	17,200													**0.50**	**53,748**
	6	Project Officer	-	-	-	-																			-	-
	7	Public Health Nurse	-	-	-	-																			-	-
	8	Registered Nurse	-	-	-	-																			-	-
	9	Registered Practical Nurse	-	-	-	-																			-	-
	10	Nurse Practitioner	-	-	-	-																			-	-
	11	Public Health Inspector	12.00	942,844	-	-	7.80	618,278	1.70	130,339	1.10	84,337	0.60	46,003	0.80	63,887									**12.00**	**942,844**
	12	Dentist	-	-	-	-																			-	-
	13	Dental Hygienist	-	-	-	-																			-	-
	14	Dental Assistant	-	-	-	-																			-	-
	15	Health Promoter	-	-	-	-																			-	-
	16	Nutritionist	-	-	-	-																			-	-
	17	Dietitian	-	-	-	-																			-	-
	18	ECA Inspector	-	-	-	-																			-	-
	19	Epidemiologist	-	-	-	-																			-	-
	20	Program Coordinator	-	-	-	-																			-	-
	21	Program Support Staff	0.60	30,701	-	-	0.13	6,757	0.21	10,881	0.16	7,946	0.10	5,117											**0.60**	**30,701**
	22	SFOA Inspector	-	-	-	-																			-	-
	23	Tobacco Control Coordinator	-	-	-	-																			-	-
	24	TCAN Coordinator	-	-	-	-																			-	-
	25	Youth Development Specialist	-	-	-	-																			-	-
	26	Youth Engagement Coordinator	-	-	-	-																			-	-
	27	Other SFO staff	-	-	-	-																			-	-
	28	Student	-	-	-	-																			-	-
	29	Other Program Staff	-	-	-	-																			-	-
	Total Program Staff:		**13.20**	**1,040,180**	**-**	**-**	**8.16**	**650,828**	**2.12**	**164,862**	**1.42**	**109,483**	**0.70**	**51,120**	**0.80**	**63,887**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**13.20**	**1,040,180**

Healthy Environments

			Healthy Environments				Healthy Environments - Surveillance and Inspection		Healthy Environments - Management and Response		Healthy Environments - Awareness and Education														Total	
	Position Code	Position Titles	F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
	2	Associate Medical Officer of Health	-	-	-	-																			-	-
	3	Chief Nursing Officer	-	-	-	-																			-	-
	4	Program Director	0.10	12,887	-	-	0.03	3,866	0.03	3,866	0.04	5,155													0.10	12,887
	5	Program Manager/Supervisor	0.50	53,748	-	-	0.18	19,349	0.16	17,199	0.16	17,200													0.50	53,748
	6	Project Officer	-	-	-	-																			-	-
	7	Public Health Nurse	-	-	-	-																			-	-
	8	Registered Nurse	-	-	-	-																			-	-
	9	Registered Practical Nurse	-	-	-	-																			-	-
	10	Nurse Practitioner	-	-	-	-																			-	-
	11	Public Health Inspector	4.00	314,640	-	-	3.00	235,980	0.60	47,195	0.40	31,465													4.00	314,640

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff	12	Dentist	-	-	-	-																				-	-
	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	-	-	-	-																				-	-
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	-	-	-	-																				-	-
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	0.60	30,701	-	-	0.21	10,700	0.19	9,707	0.20	10,294														0.60	30,701
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	-	-	-	-																				-	-
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		5.20	411,976	-	-	3.42	269,895	0.98	77,967	0.80	64,114	-	-	-	-	-	-	-	-	-	-	-	-	-	5.20	411,976

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Healthy Growth and Development

	Position Code	Position Titles	Healthy Growth and Development F.T.E. #	Healthy Growth and Development $	Unalloc. FTE #	Unalloc. $	Nurse-Family Partnership F.T.E. #	Nurse-Family Partnership $	Preconception Health F.T.E. #	Preconception Health $	Prenatal Health F.T.E. #	Prenatal Health $	Preparation for Parenthood F.T.E. #	Preparation for Parenthood $	BFI F.T.E. #	BFI $	Sexual Health Awarenesss and Education F.T.E. #	Sexual Health Awarenesss and Education $	Early Years Direct Client Service & Referral F.T.E. #	Early Years Direct Client Service & Referral $	Early Years Partnership & Collaboration F.T.E. #	Early Years Partnership & Collaboration $	Early Years Education & Skill-Building F.T.E. #	Early Years Education & Skill-Building $	HBHC & Infant Hearing Screening F.T.E. #	HBHC & Infant Hearing Screening $	Total F.T.E. #	Total $
Program Staff	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	1.00	132,805	-	-	0.20	26,561	0.10	13,280	0.10	13,280	0.10	13,280	0.10	13,280			0.10	13,281	0.10	13,281	0.10	13,281	0.10	13,281	1.00	132,805
	5	Program Manager/Supervisor	2.75	287,844	-	-	0.50	45,978	0.10	10,750	0.70	75,247	0.10	10,750	0.10	10,749	0.25	26,874	0.70	75,247	0.25	26,874	0.05	5,375			2.75	287,844
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	28.81	2,297,911	-	-	4.00	247,742	0.30	24,148	7.93	636,637	0.30	24,148	1.00	80,497	2.20	180,954	8.60	701,842	2.75	224,426	1.38	112,621	0.35	64,896	28.81	2,297,911
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	-	-	-	-																					-	-
	12	Dentist	-	-	-	-																					-	-
	13	Dental Hygienist	-	-	-	-																					-	-
	14	Dental Assistant	-	-	-	-																					-	-
	15	Health Promoter	1.00	67,745	-	-											1.00	67,745									1.00	67,745
	16	Nutritionist	-	-	-	-																					-	-
	17	Dietitian	1.00	72,452	-	-			0.10	7,245			0.50	36,226	0.10	7,245			0.30	21,736							1.00	72,452
	18	ECA Inspector	-	-	-	-																					-	-
	19	Epidemiologist	-	-	-	-																					-	-
	20	Program Coordinator	-	-	-	-																					-	-
	21	Program Support Staff	5.25	271,452	-	-	0.70	36,572	0.40	20,770	1.70	85,330	0.15	8,353	0.15	8,353	0.25	14,100	1.30	65,464	0.20	10,836	0.30	15,802	0.10	5,872	5.25	271,452
	22	SFOA Inspector	-	-	-	-																					-	-
	23	Tobacco Control Coordinator	-	-	-	-																					-	-
	24	TCAN Coordinator	-	-	-	-																					-	-
	25	Youth Development Specialist	-	-	-	-																					-	-
	26	Youth Engagement Coordinator	-	-	-	-																					-	-
	27	Other SFO staff	-	-	-	-																					-	-
	28	Student	-	-	-	-																					-	-
	29	Other Program Staff	-	-	-	-																					-	-
		Total Program Staff:	**39.81**	**3,130,209**	**-**	**-**	**5.40**	**356,853**	**1.00**	**76,193**	**10.43**	**810,494**	**1.15**	**92,757**	**1.45**	**120,124**	**3.70**	**289,673**	**11.00**	**877,570**	**3.30**	**275,417**	**1.83**	**147,079**	**0.55**	**84,049**	**39.81**	**3,130,209**

Immunization

	Position Code	Position Titles	Immunization F.T.E. #	Immunization $	Unalloc. FTE #	Unalloc. $	Immunization Clinics F.T.E. #	Immunization Clinics $	Cold Chain Inspection and Incident Follow-up F.T.E. #	Cold Chain Inspection and Incident Follow-up $	Screening and Enforcement F.T.E. #	Screening and Enforcement $	Education and Consultation F.T.E. #	Education and Consultation $	Vaccine Inventory and Distribution of Publically-Funded Vaccines F.T.E. #	Vaccine Inventory and Distribution of Publically-Funded Vaccines $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	Total F.T.E. #	Total $
	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	0.20	25,775	-	-	0.05	6,443	0.05	6,444	0.05	6,444	0.05	6,444													0.20	25,775
	5	Program Manager/Supervisor	0.75	80,622	-	-	0.19	20,424	0.19	20,424	0.19	20,424	0.10	10,750	0.08	8,600											0.75	80,622
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	4.92	392,073	-	-	1.74	138,547	1.38	110,201	1.40	111,475	0.40	31,850													4.92	392,073
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	-	-	-	-																					-	-
	12	Dentist	-	-	-	-																					-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff																											
	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	-	-	-	-																				-	-
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	-	-	-	-																				-	-
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	4.36	222,021	-	-	1.20	61,474	1.10	55,603	1.50	76,637	0.20	10,110	0.36	18,197										4.36	222,021
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	-	-	-	-																				-	-
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		**10.23**	**720,491**	**-**	**-**	**3.18**	**226,888**	**2.72**	**192,672**	**3.14**	**214,980**	**0.75**	**59,154**	**0.44**	**26,797**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**10.23**	**720,491**

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Infectious and Communicable Diseases Prevention and Control

	Position Code	Position Titles	Infectious and Communicable Diseases Prevention and Control F.T.E. #	Infectious and Communicable Diseases Prevention and Control $	Unalloc. FTE #	Unalloc. $	Rabies Prevention and Control F.T.E. #	Rabies Prevention and Control $	Vector-Borne Disease F.T.E. #	Vector-Borne Disease $	Reportable Disease Follow up and Case Management F.T.E. #	Reportable Disease Follow up and Case Management $	Outbreak Management F.T.E. #	Outbreak Management $	Inspections F.T.E. #	Inspections $	Infection Prevention and Control Investigations F.T.E. #	Infection Prevention and Control Investigations $	Health Promotion and Education F.T.E. #	Health Promotion and Education $	Sexual Health Clinic Services F.T.E. #	Sexual Health Clinic Services $	Sexually Transmitted Infection follow-up F.T.E. #	Sexually Transmitted Infection follow-up $	HIV Leadership F.T.E. #	HIV Leadership $	Total F.T.E. #	Total $
Program Staff	2	Associate Medical Officer of Health	0.20	41,152	-	-					0.10	20,576	0.10	20,576													0.20	41,152
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	0.40	51,549	-	-	0.04	5,155			0.08	10,309	0.04	5,155	0.08	10,310	0.04	5,155	0.04	5,155	0.04	5,155	0.04	5,155			0.40	51,549
	5	Program Manager/Supervisor	2.15	231,116	-	-	0.20	21,499	0.20	21,499	0.49	52,672	0.07	7,525	0.26	27,949	0.10	10,750	0.08	8,600	0.75	80,622					2.15	231,116
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	15.05	1,271,287	-	-					3.45	320,454	0.75	61,499			1.10	90,198	0.85	69,699	5.00	409,832	2.90	237,571	1.00	82,034	15.05	1,271,287
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	8.97	544,799	-	-			3.67	151,718	1.25	88,132	0.30	21,152	3.00	230,918	0.40	28,202	0.35	24,677							8.97	544,799
	12	Dentist	-	-	-	-																					-	-
	13	Dental Hygienist	-	-	-	-																					-	-
	14	Dental Assistant	-	-	-	-																					-	-
	15	Health Promoter	0.50	33,816	-	-													0.50	33,816							0.50	33,816
	16	Nutritionist	-	-	-	-																					-	-
	17	Dietitian	-	-	-	-																					-	-
	18	ECA Inspector	-	-	-	-																					-	-
	19	Epidemiologist	-	-	-	-																					-	-
	20	Program Coordinator	2.00	161,911	-	-			1.00	72,452															1.00	89,459	2.00	161,911
	21	Program Support Staff	2.95	144,518	-	-	0.30	14,194			0.81	38,467	0.37	16,615			0.38	17,464	0.34	15,476	0.75	42,302					2.95	144,518
	22	SFOA Inspector	-	-	-	-																					-	-
	23	Tobacco Control Coordinator	-	-	-	-																					-	-
	24	TCAN Coordinator	-	-	-	-																					-	-
	25	Youth Development Specialist	-	-	-	-																					-	-
	26	Youth Engagement Coordinator	-	-	-	-																					-	-
	27	Other SFO staff	-	-	-	-																					-	-
	28	Student	-	-	-	-																					-	-
	29	Other Program Staff	5.90	334,383	-	-			1.00	60,201											3.90	215,213			1.00	58,969	5.90	334,383
	Total Program Staff:		**38.12**	**2,814,531**	**-**	**-**	**0.54**	**40,848**	**5.87**	**305,870**	**6.18**	**530,610**	**1.63**	**132,522**	**3.34**	**269,177**	**2.02**	**151,769**	**2.16**	**157,423**	**10.44**	**753,124**	**2.94**	**242,726**	**3.00**	**230,462**	**38.12**	**2,814,531**

Safe Water

	Position Code	Position Titles	Safe Water F.T.E. #	Safe Water $	Unalloc. FTE #	Unalloc. $	Drinking Water F.T.E. #	Drinking Water $	Recreational Water F.T.E. #	Recreational Water $	Small Drinking Water Systems F.T.E. #	Small Drinking Water Systems $	Enhanced Safe Water Initiative F.T.E. #	Enhanced Safe Water Initiative $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	Total F.T.E. #	Total $
	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	-	-	-	-																					-	-
	5	Program Manager/Supervisor	0.60	64,498	-	-	0.30	32,249	0.20	21,499	0.10	10,750															0.60	64,498
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	-	-	-	-																					-	-
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	5.65	428,988	-	-	1.45	111,611	3.40	261,707	0.50	38,486	0.30	17,184													5.65	428,988
	12	Dentist	-	-	-	-																					-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	-	-	-	-																				-	-
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	-	-	-	-																				-	-
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	0.80	39,730	-	-	0.20	9,933	0.40	19,865	0.20	9,932														0.80	39,730
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	-	-	-	-																				-	-
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		**7.05**	**533,216**	**-**	**-**	**1.95**	**153,793**	**4.00**	**303,071**	**0.80**	**59,168**	**0.30**	**17,184**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**7.05**	**533,216**

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

School Health - Oral Health

	Position Code	Position Titles	School Health - Oral Health				School-based Dental Screening Program		Healthy Smiles Ontario		Fluoride Varnish and Fluoride Monitoring		Smile Clean												Total	
			F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	2	Associate Medical Officer of Health	0.20	41,152	-	-			0.20	41,152															0.20	41,152
	3	Chief Nursing Officer	-	-	-	-																			-	-
	4	Program Director	0.17	21,730	-	-	0.17	21,730																	0.17	21,730
	5	Program Manager/Supervisor	1.00	93,077	-	-	0.35	32,833	0.65	60,244															1.00	93,077
	6	Project Officer	-	-	-	-																			-	-
	7	Public Health Nurse	-	-	-	-																			-	-
	8	Registered Nurse	-	-	-	-																			-	-
	9	Registered Practical Nurse	-	-	-	-																			-	-
	10	Nurse Practitioner	-	-	-	-																			-	-
	11	Public Health Inspector	-	-	-	-																			-	-
	12	Dentist	-	-	-	-																			-	-
	13	Dental Hygienist	4.60	311,134	-	-	2.10	141,711	1.60	108,690	0.70	47,237	0.20	13,496											4.60	311,134
	14	Dental Assistant	6.00	326,207	-	-	1.00	54,368	4.40	239,219	0.60	32,620													6.00	326,207
	15	Health Promoter	-	-	-	-																			-	-
	16	Nutritionist	-	-	-	-																			-	-
	17	Dietitian	-	-	-	-																			-	-
	18	ECA Inspector	-	-	-	-																			-	-
	19	Epidemiologist	-	-	-	-																			-	-
	20	Program Coordinator	-	-	-	-																			-	-
	21	Program Support Staff	0.67	35,442	-	-	0.34	19,053	0.33	16,389															0.67	35,442
	22	SFOA Inspector	-	-	-	-																			-	-
	23	Tobacco Control Coordinator	-	-	-	-																			-	-
	24	TCAN Coordinator	-	-	-	-																			-	-
	25	Youth Development Specialist	-	-	-	-																			-	-
	26	Youth Engagement Coordinator	-	-	-	-																			-	-
	27	Other SFO staff	-	-	-	-																			-	-
	28	Student	-	-	-	-																			-	-
	29	Other Program Staff	-	-	-	-																			-	-
	Total Program Staff:		**12.64**	**828,742**	**-**	**-**	**3.96**	**269,695**	**7.18**	**465,694**	**1.30**	**79,857**	**0.20**	**13,496**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**12.64**	**828,742**

School Health - Vision

	Position Code	Position Titles	School Health - Vision																						Total	
			F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
	2	Associate Medical Officer of Health	-	-	-	-																			-	-
	3	Chief Nursing Officer	-	-	-	-																			-	-
	4	Program Director	-	-	-	-																			-	-
	5	Program Manager/Supervisor	-	-	-	-																			-	-
	6	Project Officer	-	-	-	-																			-	-
	7	Public Health Nurse	-	-	-	-																			-	-
	8	Registered Nurse	-	-	-	-																			-	-
	9	Registered Practical Nurse	-	-	-	-																			-	-
	10	Nurse Practitioner	-	-	-	-																			-	-
	11	Public Health Inspector	-	-	-	-																			-	-
	12	Dentist	-	-	-	-																			-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	-	-	-	-																				-	-
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	-	-	-	-																				-	-
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	-	-	-	-																				-	-
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	-	-	-	-																				-	-
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

School Health - Immunization

	Position Code	Position Titles	School Health - Immunization				Screening and Enforcement		School Based Immunization Clinics		Education and Consultation														Total	
			F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	2	Associate Medical Officer of Health	-	-	-	-																			-	-
	3	Chief Nursing Officer	-	-	-	-																			-	-
	4	Program Director	0.05	6,444	-	-	0.05	6,444																	0.05	6,444
	5	Program Manager/Supervisor	0.25	26,874	-	-	0.10	10,750	0.10	10,750	0.05	5,374													0.25	26,874
	6	Project Officer	-	-	-	-																			-	-
	7	Public Health Nurse	4.12	339,169	-	-	1.86	153,120	1.86	153,120	0.40	32,929													4.12	339,169
	8	Registered Nurse	-	-	-	-																			-	-
	9	Registered Practical Nurse	-	-	-	-																			-	-
	10	Nurse Practitioner	-	-	-	-																			-	-
	11	Public Health Inspector	-	-	-	-																			-	-
	12	Dentist	-	-	-	-																			-	-
	13	Dental Hygienist	-	-	-	-																			-	-
	14	Dental Assistant	-	-	-	-																			-	-
	15	Health Promoter	-	-	-	-																			-	-
	16	Nutritionist	-	-	-	-																			-	-
	17	Dietitian	-	-	-	-																			-	-
	18	ECA Inspector	-	-	-	-																			-	-
	19	Epidemiologist	-	-	-	-																			-	-
	20	Program Coordinator	-	-	-	-																			-	-
	21	Program Support Staff	3.14	158,541	-	-	1.51	76,458	1.46	73,523	0.17	8,560													3.14	158,541
	22	SFOA Inspector	-	-	-	-																			-	-
	23	Tobacco Control Coordinator	-	-	-	-																			-	-
	24	TCAN Coordinator	-	-	-	-																			-	-
	25	Youth Development Specialist	-	-	-	-																			-	-
	26	Youth Engagement Coordinator	-	-	-	-																			-	-
	27	Other SFO staff	-	-	-	-																			-	-
	28	Student	-	-	-	-																			-	-
	29	Other Program Staff	-	-	-	-																			-	-
	Total Program Staff:		**7.56**	**531,028**	**-**	**-**	**3.52**	**246,772**	**3.42**	**237,393**	**0.62**	**46,863**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**7.56**	**531,028**

School Health - Other

	Position Code	Position Titles	School Health - Other				Healthy Schools		Situational Supports		Parenting		Curriculum Supports												Total	
			F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
	2	Associate Medical Officer of Health	-	-	-	-																			-	-
	3	Chief Nursing Officer	-	-	-	-																			-	-
	4	Program Director	0.33	42,182	-	-	0.08	10,226	0.09	11,504	0.08	10,226	0.08	10,226											0.33	42,182
	5	Program Manager/Supervisor	2.00	211,763	-	-	0.70	74,030	0.40	42,353	0.65	68,953	0.25	26,427											2.00	211,763
	6	Project Officer	-	-	-	-																			-	-
	7	Public Health Nurse	20.00	1,636,956	-	-	5.75	470,612	5.25	429,653	4.00	327,474	5.00	409,217											20.00	1,636,956
	8	Registered Nurse	-	-	-	-																			-	-
	9	Registered Practical Nurse	-	-	-	-																			-	-
	10	Nurse Practitioner	-	-	-	-																			-	-
	11	Public Health Inspector	-	-	-	-																			-	-
	12	Dentist	-	-	-	-																			-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff																											
	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	1.00	67,745	-	-	0.50	33,873			0.20	13,548	0.30	20,324												1.00	67,745
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	2.00	137,823	-	-	0.70	47,884	0.20	13,782	0.30	21,027	0.80	55,130												2.00	137,823
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	1.33	70,260	-	-	0.53	27,341	0.19	10,585	0.21	11,201	0.41	21,133												1.33	70,260
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	-	-	-	-																				-	-
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		**26.66**	**2,166,729**	**-**	**-**	**8.26**	**663,966**	**6.13**	**507,877**	**5.44**	**452,429**	**6.84**	**542,457**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**26.66**	**2,166,729**

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Substance Use

	Position Code	Position Titles	Substance Use				Harm Reduction		Alcohol and Other Drugs		SFO - Tobacco Control Coordination		SFO - Protection & Enforcement		SFO Prosecution		SFO Youth Engagement (Youth Tobacco Use Prevention)		Electronic Cigarette Act		Cannabis		SFO Tobacco Control Area Network Coordination - SWTCAN		SFO Tobacco Control Area Network Prevention - SWTCAN		Total	
			F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
Program Staff	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	-	-	-	-																					-	-
	5	Program Manager/Supervisor	0.50	53,491	-	-			0.40	42,793											0.10	10,698					0.50	53,491
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	2.70	222,424	-	-	1.00	81,921	1.10	90,914											0.60	49,589					2.70	222,424
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	-	-	-	-																					-	-
	12	Dentist	-	-	-	-																					-	-
	13	Dental Hygienist	-	-	-	-																					-	-
	14	Dental Assistant	-	-	-	-																					-	-
	15	Health Promoter	1.00	67,508	-	-			0.60	40,505											0.40	27,003					1.00	67,508
	16	Nutritionist	-	-	-	-																					-	-
	17	Dietitian	-	-	-	-																					-	-
	18	ECA Inspector	0.20	10,807	-	-													0.20	10,807							0.20	10,807
	19	Epidemiologist	-	-	-	-																					-	-
	20	Program Coordinator	-	-	-	-																					-	-
	21	Program Support Staff	0.20	11,918	-	-			0.10	5,959											0.10	5,959					0.20	11,918
	22	SFOA Inspector	3.10	184,136	-	-							3.10	184,136													3.10	184,136
	23	Tobacco Control Coordinator	0.40	42,998	-	-					0.40	42,998															0.40	42,998
	24	TCAN Coordinator	1.00	96,712	-	-																	1.00	96,712			1.00	96,712
	25	Youth Development Specialist	1.00	67,486	-	-																	1.00	67,486			1.00	67,486
	26	Youth Engagement Coordinator	-	-	-	-																					-	-
	27	Other SFO staff	2.90	180,108	-	-					0.50	41,017	0.80	48,530			1.00	60,764	0.20	9,932			0.40	19,865			2.90	180,108
	28	Student	-	-	-	-																					-	-
	29	Other Program Staff	-	-	-	-																					-	-
	Total Program Staff:		**13.00**	**937,588**	**-**	**-**	**1.00**	**81,921**	**2.20**	**180,171**	**0.90**	**84,015**	**3.90**	**232,666**	**-**	**-**	**1.00**	**60,764**	**0.40**	**20,739**	**1.20**	**93,249**	**2.40**	**184,063**	**-**	**-**	**13.00**	**937,588**

Injury Prevention

	Position Code	Position Titles	Injury Prevention				Road Safety		Childhood Injury Prevention		Fall Prevention and Healthy Aging																Total	
			F.T.E. #	$	Unalloc. FTE #	Unalloc. $	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$	F.T.E. #	$
	2	Associate Medical Officer of Health	-	-	-	-																					-	-
	3	Chief Nursing Officer	-	-	-	-																					-	-
	4	Program Director	0.17	21,730	-	-	0.05	6,391	0.05	6,391	0.07	8,948															0.17	21,730
	5	Program Manager/Supervisor	0.30	32,096	-	-	0.10	10,699	0.10	10,699	0.10	10,698															0.30	32,096
	6	Project Officer	-	-	-	-																					-	-
	7	Public Health Nurse	3.50	289,272	-	-	1.30	107,444	1.10	90,914	1.10	90,914															3.50	289,272
	8	Registered Nurse	-	-	-	-																					-	-
	9	Registered Practical Nurse	-	-	-	-																					-	-
	10	Nurse Practitioner	-	-	-	-																					-	-
	11	Public Health Inspector	-	-	-	-																					-	-
	12	Dentist	-	-	-	-																					-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.2 Staff Allocation to Programs

Program Staff	13	Dental Hygienist	-	-	-	-																				-	-
	14	Dental Assistant	-	-	-	-																				-	-
	15	Health Promoter	-	-	-	-																				-	-
	16	Nutritionist	-	-	-	-																				-	-
	17	Dietitian	-	-	-	-																				-	-
	18	ECA Inspector	-	-	-	-																				-	-
	19	Epidemiologist	-	-	-	-																				-	-
	20	Program Coordinator	-	-	-	-																				-	-
	21	Program Support Staff	0.47	25,510	-	-	0.15	8,087	0.15	8,088	0.17	9,335														0.47	25,510
	22	SFOA Inspector	-	-	-	-																				-	-
	23	Tobacco Control Coordinator	-	-	-	-																				-	-
	24	TCAN Coordinator	-	-	-	-																				-	-
	25	Youth Development Specialist	-	-	-	-																				-	-
	26	Youth Engagement Coordinator	-	-	-	-																				-	-
	27	Other SFO staff	-	-	-	-																				-	-
	28	Student	-	-	-	-																				-	-
	29	Other Program Staff	-	-	-	-																				-	-
	Total Program Staff:		**4.44**	**368,608**	**-**	**-**	**1.60**	**132,621**	**1.40**	**116,092**	**1.44**	**119,895**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**4.44**	**368,608**

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Direct Program Costs

Expenditures			Emergency Management	Other Foundational Standards									Foundational Standards
Salaries and Wages			152,162	1,667,912									**1,820,074**
Benefits	% of Benefits	26%	39,562	447,482	-	-	-	-	-	-	-	-	**487,044**
Travel			3,000	3,000									**6,000**
Professional Services													**-**
Expenditure Recoveries & Offset Revenues				(10,000)									**(10,000)**
Other Program Expenditures			23,088	13,326									36,414
Total Expenditures:			**217,812**	**2,121,720**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**2,339,532**
Funding Sources													**Total**
Mandatory Programs (Cost-Shared)			97,635	1,699,543									1,797,178
Infectious Diseases Control Initiative (100%)			120,177	120,177									240,354
Chief Nursing Officer Initiative (100%)				121,500									121,500
Social Determinants of Health Nurses Initiative (100%)				180,500									180,500
													-
													-
Total Funding Sources			**217,812**	**2,121,720**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**2,339,532**
Under / (Over) Allocated			-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Chronic Disease Prevention and Well-Being

Expenditures	Tobacco Cessation	One Life One You- CDP & Youth Engagement	Food Systems	Food Insecurity/Food Literacy/Food Skills	Active Living	Ultraviolet Radiation/Sun Safety	-	-	-	-	Sub-Total Chronic Disease Prevention and Well-Being
Salaries and Wages	180,150	52,116	109,551	169,680	266,966	65,794	-	-	-	-	**844,257**
Benefits	46,839	13,550	28,483	44,117	69,411	17,106	-	-	-	-	**219,506**
Travel	2,749		1,375	1,993	3,367	756					**10,240**
Professional Services	750				1,595						**2,345**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures	104,166	4,775	11,470	16,631	12,458	6,308					155,808
Total Expenditures:	**334,654**	**70,441**	**150,879**	**232,421**	**353,797**	**89,964**	**-**	**-**	**-**	**-**	**1,232,156**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	334,654	70,441	150,879	232,421	353,797	89,964					1,232,156
											-
											-
											-
											-
											-
Total Funding Sources	**334,654**	**70,441**	**150,879**	**232,421**	**353,797**	**89,964**	**-**	**-**	**-**	**-**	**1,232,156**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Chronic Disease Prevention and Well-Being (Continued)

Expenditures	-	-	-	-	-	-	-	-	-	-	**Sub-Total Chronic Disease Prevention and Well-Being**
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-
Travel											-
Professional Services											-
Expenditure Recoveries & Offset Revenues											-
Other Program Expenditures											-
Total Expenditures:	-	-	-	-	-	-	-	-	-	-	-
Funding Sources											**Total**
											-
											-
											-
											-
											-
											-
Total Funding Sources	-	-	-	-	-	-	-	-	-	-	-
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Food Safety

Expenditures	Food Safety - Surveillance and Inspection	Food Safety - Management and Response	Food Safety - Awareness, Education, Training and Certification	Food Safety - Reporting and Disclosure	Enhanced Food Safety Funding	-	-	-	-	-	Food Safety
Salaries and Wages	650,828	164,862	109,483	51,120	63,887	-	-	-	-	-	**1,040,180**
Benefits	169,215	42,864	28,466	13,291	16,357	-	-	-	-	-	**270,193**
Travel	19,870	2,258	2,606								**24,734**
Professional Services											**-**
Expenditure Recoveries & Offset Revenues			(20,000)								**(20,000)**
Other Program Expenditures	7,255	1,934	26,332	645							36,166
Total Expenditures:	**847,168**	**211,918**	**146,887**	**65,056**	**80,244**	**-**	**-**	**-**	**-**	**-**	**1,351,273**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	847,168	211,918	146,887	65,056	244						1,271,273
Enhanced Food Safety - Haines Initiative (100%)					80,000						80,000
											-
											-
											-
											-
Total Funding Sources	**847,168**	**211,918**	**146,887**	**65,056**	**80,244**	**-**	**-**	**-**	**-**	**-**	**1,351,273**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Healthy Environments

Expenditures	Healthy Environments - Surveillance and Inspection	Healthy Environments - Management and Response	Healthy Environments - Awareness and Education	-	-	-	-	-	-	-	Healthy Environments
Salaries and Wages	269,895	77,967	64,114	-	-	-	-	-	-	-	**411,976**
Benefits	70,173	20,271	16,670	-	-	-	-	-	-	-	**107,114**
Travel	8,469		1,629								**10,098**
Professional Services											**-**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures	3,225	968	806								4,999
Total Expenditures:	**351,762**	**99,206**	**83,219**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**534,187**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	351,762	99,206	83,219								534,187
											-
											-
											-
											-
											-
Total Funding Sources	**351,762**	**99,206**	**83,219**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**534,187**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Healthy Growth and Development

Expenditures	Nurse-Family Partnership	Preconception Health	Prenatal Health	Preparation for Parenthood	BFI	Sexual Health Awarenesss and Education	Early Years Direct Client Service & Referral	Early Years Partnership & Collaboration	Early Years Education & Skill-Building	HBHC & Infant Hearing Screening	Healthy Growth and Development
Salaries and Wages	356,853	76,193	810,494	92,757	120,124	289,673	877,570	275,417	147,079	84,049	**3,130,209**
Benefits	92,782	19,810	210,728	24,117	31,232	75,315	228,168	71,608	38,241	21,853	**813,854**
Travel	5,391	579	6,120	662	909		13,940	4,305	2,255		**34,161**
Professional Services	35,000		20,455				300				**55,755**
Expenditure Recoveries & Offset Revenues			(8,140)								**(8,140)**
Other Program Expenditures	57,741	8,835	47,932	4,668	6,418		42,439	11,640	6,097		185,770
Total Expenditures:	**547,767**	**105,417**	**1,087,589**	**122,204**	**158,683**	**364,988**	**1,162,417**	**362,970**	**193,672**	**105,902**	**4,211,609**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	547,767	105,417	1,087,589	122,204	158,683	364,988	1,162,417	362,970	193,672	105,902	4,211,609
											-
											-
											-
											-
											-
Total Funding Sources	**547,767**	**105,417**	**1,087,589**	**122,204**	**158,683**	**364,988**	**1,162,417**	**362,970**	**193,672**	**105,902**	**4,211,609**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Immunization

Expenditures	Immunization Clinics	Cold Chain Inspection and Incident Follow-up	Screening and Enforcement	Education and Consultation	Vaccine Inventory and Distribution of Publically-Funded Vaccines	-	-	-	-	-	Immunization
Salaries and Wages	226,888	192,672	214,980	59,154	26,797	-	-	-	-	-	**720,491**
Benefits	58,991	50,095	55,895	15,380	6,967	-	-	-	-	-	**187,328**
Travel	6,000	1,076									**7,076**
Professional Services	1,800										**1,800**
Expenditure Recoveries & Offset Revenues	(194,700)										**(194,700)**
Other Program Expenditures	98,470			1,959							100,429
Total Expenditures:	**197,449**	**243,843**	**270,875**	**76,493**	**33,764**	**-**	**-**	**-**	**-**	**-**	**822,424**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	197,449	243,843	168,244	76,493	33,764						719,793
Infectious Diseases Control Initiative (100%)			102,631								102,631
											-
											-
											-
											-
Total Funding Sources	**197,449**	**243,843**	**270,875**	**76,493**	**33,764**	**-**	**-**	**-**	**-**	**-**	**822,424**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Infectious and Communicable Diseases Prevention and Control

Expenditures	Rabies Prevention and Control	Vector-Borne Disease	Reportable Disease Follow up and Case Management	Outbreak Management	Inspections	Infection Prevention and Control Investigations	Health Promotion and Education	Sexual Health Clinic Services	Sexually Transmitted Infection follow-up	HIV Leadership	Infectious and Communicable Diseases Prevention and Control
Salaries and Wages	40,848	305,870	530,610	132,522	269,177	151,769	157,423	753,124	242,726	230,462	**2,814,531**
Benefits	10,620	60,975	137,959	34,456	69,986	39,460	40,930	195,812	63,109	61,601	**714,908**
Travel	2,204	27,380	4,510	1,210	2,420	1,430	1,430	9,850		2,880	**53,314**
Professional Services	192	154,928	5,355	935		1,005	1,105	197,670		586,114	**947,304**
Expenditure Recoveries & Offset Revenues								(529,000)			**(529,000)**
Other Program Expenditures	937	66,847	87,991	1,889	3,777	2,232	2,232	355,772		61,925	583,602
Total Expenditures:	**54,801**	**616,000**	**766,425**	**171,012**	**345,360**	**195,896**	**203,120**	**983,228**	**305,835**	**942,982**	**4,584,659**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	54,801		288,436	80,912	105,923	195,896	203,120	876,839	305,835	292,382	2,404,144
Vector-Borne Diseases Program (Cost-Shared)		616,000									616,000
Needle Exchange Program Initiative (100%)										400,600	400,600
Harm Reduction Program Enhancement (100%)										250,000	250,000
Infectious Diseases Control Initiative (100%)			477,989		239,437			106,389			823,815
Infection Prevention and Control Nurses Initiative (100%)				90,100							90,100
Total Funding Sources	**54,801**	**616,000**	**766,425**	**171,012**	**345,360**	**195,896**	**203,120**	**983,228**	**305,835**	**942,982**	**4,584,659**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Safe Water

Expenditures	Drinking Water	Recreational Water	Small Drinking Water Systems	Enhanced Safe Water Initiative	-	-	-	-	-	-	Safe Water
Salaries and Wages	153,793	303,071	59,168	17,184	-	-	-	-	-	-	**533,216**
Benefits	39,986	78,798	15,384	1,654	-	-	-	-	-	-	**135,822**
Travel	8,541	16,806									**25,347**
Professional Services	744	1,464		8,627							**10,835**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures	3,630	7,143		8,235							19,008
Total Expenditures:	**206,694**	**407,282**	**74,552**	**35,700**	**-**	**-**	**-**	**-**	**-**	**-**	**724,228**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	206,694	407,282	42,685								656,661
Enhanced Safe Water Initiative (100%)				35,700							35,700
Small Drinking Water Systems Program (Cost-Shared)			31,867								31,867
											-
											-
											-
Total Funding Sources	**206,694**	**407,282**	**74,552**	**35,700**	**-**	**-**	**-**	**-**	**-**	**-**	**724,228**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Oral Health

Expenditures	School-based Dental Screening Program	Healthy Smiles Ontario	Fluoride Varnish and Fluoride Monitoring	Smile Clean	-	-	-	-	-	-	School Health - Oral Health
Salaries and Wages	269,695	465,694	79,857	13,496	-	-	-	-	-	-	**828,742**
Benefits	73,141	126,183	21,585	3,599	-	-	-	-	-	-	**224,508**
Travel	12,500	3,500									**16,000**
Professional Services		520									**520**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures	21,916	96,803	2,712	452							121,883
Total Expenditures:	**377,252**	**692,700**	**104,154**	**17,547**	**-**	**-**	**-**	**-**	**-**	**-**	**1,191,653**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	377,252		104,154	17,547							498,953
Healthy Smiles Ontario Program (100%)		692,700									692,700
											-
											-
											-
											-
Total Funding Sources	**377,252**	**692,700**	**104,154**	**17,547**	**-**	**-**	**-**	**-**	**-**	**-**	**1,191,653**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Vision

Expenditures	-	-	-	-	-	-	-	-	-	-	**School Health - Vision**
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-
Travel											-
Professional Services											-
Expenditure Recoveries & Offset Revenues											-
Other Program Expenditures											-
Total Expenditures:	-	-	-	-	-	-	-	-	-	-	-
Funding Sources											**Total**
											-
											-
											-
											-
											-
											-
Total Funding Sources	-	-	-	-	-	-	-	-	-	-	-
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Immunization

Expenditures	Screening and Enforcement	School Based Immunization Clinics	Education and Consultation	-	-	-	-	-	-	-	School Health - Immunization
Salaries and Wages	246,772	237,393	46,863	-	-	-	-	-	-	-	**531,028**
Benefits	64,161	61,722	12,184	-	-	-	-	-	-	-	**138,067**
Travel		5,124									**5,124**
Professional Services											**-**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures		15,620	1,419								17,039
Total Expenditures:	**310,933**	**319,859**	**60,466**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**691,258**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	310,933	319,859	60,466								691,258
											-
											-
											-
											-
											-
Total Funding Sources	**310,933**	**319,859**	**60,466**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**691,258**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

School Health - Other

Expenditures	Healthy Schools	Situational Supports	Parenting	Curriculum Supports	-	-	-	-	-	-	School Health - Other
Salaries and Wages	663,966	507,877	452,429	542,457	-	-	-	-	-	-	**2,166,729**
Benefits	174,126	130,801	119,211	141,231	-	-	-	-	-	-	**565,369**
Travel	13,207	6,831	10,237	7,425							**37,700**
Professional Services	1,550	1,150	2,050	1,250							**6,000**
Expenditure Recoveries & Offset Revenues	(12,560)										**(12,560)**
Other Program Expenditures	15,381	2,093	1,911	2,275							21,660
Total Expenditures:	**855,670**	**648,752**	**585,838**	**694,638**	**-**	**-**	**-**	**-**	**-**	**-**	**2,784,898**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	855,670	648,752	585,838	694,638							2,784,898
											-
											-
											-
											-
											-
Total Funding Sources	**855,670**	**648,752**	**585,838**	**694,638**	**-**	**-**	**-**	**-**	**-**	**-**	**2,784,898**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Substance Use

Expenditures	Harm Reduction	Alcohol and Other Drugs	SFO - Tobacco Control Coordination	SFO - Protection & Enforcement	SFO Prosecution	SFO Youth Engagement (Youth Tobacco Use Prevention)	Electronic Cigarette Act	Cannabis	SFO Tobacco Control Area Network Coordination - SWTCAN	SFO Tobacco Control Area Network Prevention - SWTCAN	Substance Use
Salaries and Wages	81,921	180,171	84,015	232,666	-	60,764	20,739	93,249	184,063	-	**937,588**
Benefits	21,299	46,844	20,432	64,295	-	14,223	6,099	24,245	44,576	-	**242,013**
Travel		2,322		16,500		500		1,161	7,000		**27,483**
Professional Services		1,100		1,350				550			**3,000**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures	4,244	12,836		52,689	25,300	4,513	12,662	8,540	50,161	150,700	321,645
Total Expenditures:	**107,464**	**243,273**	**104,447**	**367,500**	**25,300**	**80,000**	**39,500**	**127,745**	**285,800**	**150,700**	**1,531,729**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	107,464	243,273	4,447					127,745			482,929
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)						80,000					80,000
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)			100,000								100,000
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordi									285,800		285,800
Electronic Cigarettes Act: Protection and Enforcement (100%)							39,500				39,500
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prever										150,700	150,700
Smoke-Free Ontario Strategy: Prosecution (100%)					25,300						25,300
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)				367,500							367,500
											-
Total Funding Sources	**107,464**	**243,273**	**104,447**	**367,500**	**25,300**	**80,000**	**39,500**	**127,745**	**285,800**	**150,700**	**1,531,729**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Injury Prevention

Expenditures	Road Safety	Childhood Injury Prevention	Fall Prevention and Healthy Aging	-	-	-	-	-	-	-	Injury Prevention
Salaries and Wages	132,621	116,092	119,895	-	-	-	-	-	-	-	**368,608**
Benefits	34,481	30,184	31,173	-	-	-	-	-	-	-	**95,838**
Travel	1,742	1,509	1,509								**4,760**
Professional Services	825	715	715								**2,255**
Expenditure Recoveries & Offset Revenues											**-**
Other Program Expenditures	2,313	2,427	2,427								7,167
Total Expenditures:	**171,982**	**150,927**	**155,719**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**478,628**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	171,982	150,927	155,719								478,628
											-
											-
											-
											-
											-
Total Funding Sources	**171,982**	**150,927**	**155,719**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**478,628**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.3 Allocation of Expenditures (per Program)

Indirect Costs

	Public Health Unit Administration	Office of the Medical Officer of Health									Indirect Costs
Salaries and Wages	2,152,302	255,721									**2,408,023**
Benefits	547,153	51,075	-	-	-	-	-	-	-	-	**598,228**
Travel	17,605	6,000									**23,605**
Professional Services	645,049	1,700									**646,749**
Expenditure Recoveries & Offset Revenues	(29,750)										**(29,750)**
Other Program Expenditures	1,817,140	10,720									1,827,860
Total Expenditures:	**5,149,499**	**325,216**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,474,715**
Funding Sources											**Total**
Mandatory Programs (Cost-Shared)	5,149,499	325,216									5,474,715
											-
											-
											-
											-
											-
Total Funding Sources	**5,149,499**	**325,216**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,474,715**
Under / (Over) Allocated	-	-	-	-	-	-	-	-	-	-	-

Board of Health for the Middlesex-London Health Unit

Part 4 - Budget Allocation and Summaries

4.4 Overall Budget Summary (by Funding Source)

Base Funding

Funding Source	Budget (at 100%)	Provincial Share	Approved Allocation	Variance
	A	B= A*Prov.Share	C	D = C - B
Mandatory Programs (Cost-Shared)	23,238,382	17,428,787	16,131,200	(1,297,587)
Chief Nursing Officer Initiative (100%)	121,500	121,500	121,500	-
Electronic Cigarettes Act : Protection and Enforcement (100%)	39,500	39,500	39,500	-
Enhanced Food Safety - Haines Initiative (100%)	80,000	80,000	80,000	-
Enhanced Safe Water Initiative (100%)	35,700	35,700	35,700	-
Harm Reduction Program Enhancement (100%)	250,000	250,000	250,000	-
Healthy Smiles Ontario Program (100%)	692,700	692,700	692,700	-
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	90,100	-
Infectious Diseases Control Initiative (100%)	1,166,800	1,166,800	1,166,800	-
Needle Exchange Program Initiative (100%)	400,600	400,600	400,600	-
Small Drinking Water Systems Program (Cost-Shared)	31,867	23,900	23,900	(0)
Smoke-Free Ontario Strategy: Prosecution (100%)	25,300	25,300	25,300	-
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	367,500	367,500	367,500	-
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)	285,800	285,800	285,800	-
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)	150,700	150,700	150,700	-
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000	80,000	80,000	-
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	180,500	-
Vector-Borne Diseases Program (Cost-Shared)	616,000	462,000	462,000	-
Base Funding:	**$ 27,952,949**	**$ 21,981,387**	**$ 20,683,800**	**-$ 1,297,587**

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Board of Health for the Middlesex-London Health Unit

Part 5 - Additional Base and One-Time Funding Requests

5.2 One-Time Funding Requests

1. Request Title: Health Unit's Quit Clinic - Provision of NRT to Priority Populations

2. Does this request relate to an existing program(s) (Yes/No)? Yes

If Yes, please select a program name from the drop-down menu — **Existing Program Name:** 0

If No, please provide the program name and the respective Standard/Section — **New Program Name:** — **Standard/Section:**

3. Can the project be completed by March 31, 2019? (Yes/No) (If no, please explain)? Yes

If No, How much of the total project cost will be incurred by March 31, 2019?

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities.	*Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.*	*Identify the cost per each item.*	*Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested.*	*What outcome(s) does the board of health intend to achieve with this request/project?*
Length = 1700			*Length = 1104*	*Length = 1445*
This proposal intends to assist the Health Unit: to meet expanding community need; to meet the Chronic Disease Prevention and Well-Being Standard as it relates to tobacco cessation and reducing health inequities; and to contribute to the Ontario Government's commitment to creating a no-wrong door approach to tobacco cessation services. This funding will enable the Health Unit to purchase nicotine replacement therapy in all forms -- patches, gum, mist, inhalers and lozenges -- supporting the Health Unit's Quit Clinic in providing targeted, tailored, sustained and integrated smoking cessation services. Using cost-shared dollars allocated to the Tobacco Cessation Program under the Chronic Disease Prevention and Well-Being Standard, 1.5 FTE TEACH-trained Public Health Nurses deliver behavoural interventions, combined with the provision of nicotine replacement therapy to priority populations, including: LGBTQ; outpatients and discharged patients from St. Joseph's Healthcare and London Health Sciences Centre (including London Regional Cancer Centre) through established referral mechanisms; low income/low SES who lack access to tobacco cessation services and NRTs; individuals living with mental health challenges; clients	Nicoderm 21 mg, 14 mg and 7 mg patches - based on analysis of NRT usage in the clinic and costing from provider	$ 20,000	Without funding from the Ministry of Health and Long-Term Care, the Health Unit's Quit Clinic is at risk of running out of NRT before March 31, 2019. Due to increased community demand, additional clinic appointment times have been added to the schedule and new referal paths established within the Health Unit. St. Joseph's Healthcare and Middlesex County Hospital Alliance are in the midst of implementing the Ottawa Model for Smoking Cessation, which will increase the demands placed on the Quit Clinic as we work with our hospital partners to suport clients post discharge from the hospitals. This one-time funding combined with our cost-shared investment in NRT ($84,000) should provide us with enough product to fully operate the clinic and service the existing and projected client loal through until March 31, 2019. Without the additional funding, the clinic may need to reduce hours of operation, close its doors or limit access to particular client groups, jeopardizing existing referral mechanisms and partnerships. In addition, we run the risk of jeopardizing	A robust evaluation of the Clinic began in 2017 and will continue in 2018/2019, with three overarching evauation questions being addressed through monitoring and evaluation methods: (1) Utilization: are the services being utilized and to what extent (2) Coverage: Are priority populations/target populations being reached? (3) Impact: Were the intended health behaviours improved? From Jan 1 - Dec 31, 2017, we screened a total of 184 clients for service, with a total of 156 clients being serviced in the Quit Clinic. A total of 726 counselling sessions occurred in 2017. Based on a review of client files from 2017, the majority of clients had mental health diagnoses and would be classified as low income/low SES. Some of the clients are HIV positive, and many clients are referrals from the hospital; we expect our referrals from hospital to increase. Our numbers do not include clients serviced through Healthy Schools or the Nurse Family Partnership. 96 individuals participated in STOP, with 41 individualls being rostered to the Clinic after STOP. These numbers will continue to
	Nicorette Gum - 2 mg and 4 mg - based on analysis of NRT usage in the clinic and costing from provider	4,000		
	Thrive Lozenges - based no analysis of NRT usage in the clinic and costing from the provider	3,000		
	Nicotine Quick Mist - based on analysis of NRT usage in the clinic and costing from the provider	3,000		
	Nicotine Inhaler - based on analysis of NRT usage in the clinic and costing from the provider	2,000		
	Habitrol 21 mg, 14 mg and 7 mg patches - based on analysis of NRT usage in the clinic and costing from the provider	28,000		

of the Health Unit's Sexual Health clinic; and, preconception, prenatal and breastfeeding women and their partners. PHNs working in secondary schools are also providing smoking cessation counselling and dispensing NRT (when appropriate). The Health Unit will continue to partner with CAMH to deliver STOP on the Road; however, this one-time funding is required to enable the Health Unit to tailor their programming and NRT offerings to meet complex client need.			relationships with our clients.	be monitored to track outputs and to contribute to the overall evaluation of the Quit Clinic. With the enhanced funding for NRT and some efficiencies related to scheduling, documentation, client-load and other program responsibilities, it is anticipated that we will be able to increase the number of clients serviced through the clinic in 2018 and beyond.
	Total Cost	$ 60,000		

1. Request Title: Public Health Inspector Practicum Program funding

2. Does this request relate to an existing program(s) (Yes/No)? No

If Yes, please select a program name from the drop-down menu — **Existing Program Name:**

If No, please provide the program name and the respective Standard/Section — **New Program Name:** N/A — **Standard/Section:**

3. Can the project be completed by March 31, 2019? (Yes/No) (If no, please explain)? Yes — If No, How much of the total project cost will be incurred by March 31, 2019?

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities.	*Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.*	*Identify the cost per each item.*	*Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested.*	*What outcome(s) does the board of health intend to achieve with this request/project?*
Length = 420			*Length = 137*	*Length = 204*
Middlesex-London Health Unit supports the new/recent graduates of the public health and safety/environmental health programs accredited by the Canadian Institute of Public Health Inspectors and enables them to complete their practicums to be able obtain certification. There are mentors and practicum coordonator designaterd for the practicum program. This program has been administered successfully for several years.		$ 10,000	Not being able to support the new graduates therefore resulting in lack of certified professionals in the field to fill vacant positions	Offering a practicum opportunity to a recent graduate of the public health and safety/environmental health program. Training new professionals meeting the standards of Public Health Inspector position.

Total Cost $ 10,000

1. Request Title: Healthy Menu Choices Act Enforcement

2. Does this request relate to an existing program(s) (Yes/No)? No

If Yes, please select a program name from the drop-down menu — **Existing Program Name:**

If No, please provide the program name and the respective Standard/Section — **New Program Name:** Enforcement of HMCA, Menu Labelling Protocol, 2018 — **Standard/Section:** Chronic Disease Prevention and Well-Being

3. Can the project be completed by March 31, 2019? (Yes/No) (If no, please explain)? Yes — If No, How much of the total project cost will be incurred by March 31, 2019?

Description	Project Cost Item / Description	Cost/Item	Risks / Impacts	Outcomes
Provide a detailed description and identify issue(s) and/or opportunity(ies) that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities.	*Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined.*	*Identify the cost per each item.*	*Describe the risks and/or direct impacts to programs and services with not receiving any or all of the funding requested.*	*What outcome(s) does the board of health intend to achieve with this request/project?*
Length = 788			*Length = 175*	*Length = 83*
All food premises within the city of London and Middlesex County not in compliance with the Healthy Menu Choices Act, will require re-inspection in 2018. There are approximately 550 - 600 food premises within Middlesex-London that require compliance with the HMCA. Many premises are not if full compliance and the process to bring operators into compliance can be resource intensive, involving much work in consultation and reviewing the legislation for consistent interpretation. There will be new food premises which will require an initial inspection along with any premises where there are associated complaints. Additionally, MLHU will need to prepare for	Salaries and wages associated with the enforcement of the HMCA	$ 30,000	Without additional funding the MLHU will have some difficulty in conducting the re-inspections which have been identified as a requirment in the Menu Labelling Protocol, 2018	Increased awareness to the general public with regards to calories in food items.

reporting and disclosure requirements should that come in the future, thereby having implications for local IT systems.				
	Total Cost	$	30,000	

Board of Health for the Middlesex-London Health Unit

Part 5 - Additional Base and One-Time Funding Requests

5.3 Base and One-Time Funding Requests Summary

Base Funding Requests

Requests	Amount
1	$ -
2	-
3	-
4	-
5	-
6	-
7	-
8	-
9	-
10	-
Sub-Total Base Funding Request	**$ -**

One-Time Funding Requests

Requests		Amount
1	Health Unit's Quit Clinic - Provision of NRT to Priority Populations	$ 60,000
2	Public Health Inspector Practicum Program funding	10,000
3	Healthy Menu Choices Act Enforcement	30,000
4		-
5		-
6		-
7		-
8		-
9		-
10		-
Sub-Total One-Time Funding Request		**$ 100,000**

Total Base and One-Time Requested	**$ 100,000**

Board of Health for the Middlesex-London Health Unit

Part 6 - Board of Health Membership

#	Member First Name	Member Last Name	Type of Appointment (e.g. municipal, provincial)	Identify Municipality (if applicable)
1	Jesse	Helmer	Municipal	London
2	Trevor	Hunter	Municipal	London
3	Maureen	Cassidy	Municipal	London
4	Marcel	Meyer	Municipal	Middlesex County
5	Kurtis	Smith	Municipal	Middlesex County
6	Joanne	Vanderheyden	Municipal	Middlesex County
7	Tino	Kasi	Provincial	
8	Ian	Peer	Provincial	
9	Patricia	Fulton	Provincial	
10	Michael	Clarke	Provincial	
11				
12				
13				
14				
15				
16				
17				
18				

19				
20				

Board of Health for the Middlesex-London Health Unit

Part 7 - Key Contacts and Certification by Board of Health

Key Contacts

Position	First Name	Last Name	Phone	Street Number and Name	City/Town	Postal Code
Chair, Board of Health	Joanne	Vanderheyden	519 663 5317 x2448	52 Frank Street	Strathroy	N7G 2R4
Medical Officer of Health	Christopher	Mackie	519 663-5317 x2444	50 King Street	London	N6A 5L7
Chief Executive Officer (if applicable)						
Business Administrator	Brian	Glasspoole	519 663-5317 x2336	50 King Street	London	N6A 5L7

Certification by Board of Health

Board of Health Chair

Name: Joanne Vanderheyden

(Signature) (Date) _____ _____

Medical Officer of Health / Chief Executive Officer

Name: Dr. Christopher Mackie

(Signature) (Date) _____ _____

Chief Financial Officer / Business Administrator

(Verifies that the budget data provided in the Annual Service Plan and Budget Submission is accurate)

Name: Brian Glasspoole

(Signature) (Date) _____ _____

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 015-18

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health /CEO

DATE: 2018 March 15

RECONCILIATION PLAN FOR BOARD OF HEALTH

Recommendation

It is recommended that Report No. 015-18 re: "Reconciliation Plan for Board of Health" be received for information.

Key Points

- The recently revised Ontario Public Health Standards (2018) include a new Health Equity Standard, which contains specific information, goals, and requirements related to Indigenous communities and organizations.
- Building strong relationships and meaningfully engaging with Indigenous communities and organizations requires significant self-reflection and a willingness to change perspectives, actions, and approaches.
- Using information gathered from the Truth and Reconciliation Commission of Canada's "Calls to Action" document, best practices, and wise practices, and through involvement of and consultation with Indigenous partners, MLHU will develop an organizational reconciliation plan.

Background

The recently revised Ontario Public Health Standards (2018) include a new Health Equity Standard, which contains specific information, goals, and requirements related to Indigenous communities and organizations. The Standard points out the diversity of Indigenous populations in Ontario, with various First Nations, Métis, and Inuit communities located across the province, including many different First Nation governments, each with its own history, culture, organizational approach, and jurisdictional realities to be considered. The Standard also emphasizes that "relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity," and clarifies that "First Nations in Ontario believe that Canada, in its fiduciary capacity and as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for these communities" (p. 21).

The Truth and Reconciliation Commission of Canada (2015) also highlights that reconciliation is an "ongoing process of establishing and maintaining respectful relationships." The 94 calls to action contained in the Truth and Reconciliation Commission of Canada's "Calls to Action" publication include specific actions related to health care, as well as to other sectors with which public health collaborates. It is critical that the Health Unit identify how it may implement the relevant actions effectively and authentically.

As part of the implementation of its 2015–20 strategic priorities, MLHU has developed and is implementing a staff capacity-building plan focused on health equity; Indigenous Public Health Practice is a domain that has been prioritized within this plan for 2017–20.

Organizational Reconciliation Plan

Building strong relationships and meaningfully engaging with Indigenous communities and organizations requires significant self-reflection and a willingness to change perspectives, actions, and approaches. An organizational plan for reconciliation with Indigenous Peoples would support MLHU in meeting the outcomes and fulfilling the requirements outlined in the Health Equity Standard, and would enable MLHU to realize the related goals of:

- Providing a supportive environment for reflection, increased knowledge, and skill-building by staff
- Demonstrating MLHU's commitment to addressing the Truth and Reconciliation Commission of Canada's Calls to Action, particularly those related to health
- Serving to disrupt ongoing colonial practices related to health present within the organization
- Enhancing organizational capacity to address racially based health inequities
- Enhancing MLHU's ability to build relationships and meaningful engagement with Indigenous-led organizations and First Nations

Next Steps

Using information gathered from the Truth and Reconciliation Commission of Canada's "Calls to Action," best practices, and wise practices, and through involvement of and consultation with Indigenous partners, MLHU will develop an organizational reconciliation plan. This plan, with recommendations, will be brought to the Board of Health for consideration and approval by June 2018. It is anticipated that the reconciliation plan will have implications for all employees and Board members, and will result in positive outcomes within the organization, for Indigenous populations, and for the community at large.

This report was prepared by the Health Equity Core Team, Office of the Chief Nursing Officer.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 016-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 March 15

SUMMARY INFORMATION REPORT FOR MARCH 2018

Recommendation

It is recommended that Report No. 016-18 re: "Summary Information Report for March 2018" be received for information.

Key Points

- Health Unit staff prepared and submitted feedback (attached as Appendix A and Appendix B) to the Government of Ontario's Regulatory Registry on the proposed regulations under the *Cannabis Act, 2017* and the *Smoke-Free Ontario Act, 2017*, respectively.
- Health Unit staff prepared and submitted feedback to the Ontario Ministry of Transportation and the Ontario Ministry of Tourism, Culture & Sport consultation for the next multi-year action plan for #CycleON-Action Plan 2.0: Ontario's Cycling Strategy.

Comments on the Proposed Places of Use Regulations under the *Cannabis Act, 2017* and the Proposed Amendments to the *Smoke-Free Ontario Act, 2017*

Bill 174, Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017 received Royal Assent in Queen's Park in December 2017. The Bill enacts the *Cannabis Act, 2017* (Schedule 1), the *Ontario Cannabis Retail Corporation Act, 2017* (Schedule 2), the *Smoke-Free Ontario Act, 2017* (Schedule 3), and amends the *Highway Traffic Act* regarding driving under the influence of alcohol or drugs (Schedule 4). The Ministry of the Attorney General and the Ministry of Health and Long-Term Care (MOHLTC) are accepting comments on the proposed places-of-use regulations under the *Cannabis Act, 2017* and the *Smoke-Free Ontario Act, 2017*, respectively. Health Unit staff prepared and submitted comments (attached as Appendix A and Appendix B) on the proposed regulations in line with a public health approach to cannabis regulation and tobacco control.

Support for #CycleON-Action Plan 2.0: Ontario's Cycling Strategy

The Ontario Ministry of Transportation launched the Ontario Cycling Strategy - #CycleON in August 2013. #CycleON is a 20-year vision and plan to increase the growth of cycling in Ontario. It provides a multi-pronged approach that, if realized, will increase physical activity among children, youth and adults, and will bring about improvements to road safety, the environment and social / health equity. The MLHU articulated its support and provided recommendations in to *#Cycle ON* in 2013, and since then has engaged with City of London and Middlesex County partners in numerous cycling specific and active transportation initiatives. The Ontario Ministry of Transportation and the Ontario Ministry of Tourism, Culture & Sport issued a call for feedback on the next multi-year action plan - #CycleON-Action Plan 2.0. Health Unit staff prepared and submitted feedback expressing support for Action Plan 2.0 and actions that continue investment in cycling infrastructure, increase education and awareness of cycling issues, and advance policies and programs that support cycling as a safe means of active transportation, attached as Appendix C.

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

Strengthening Ontario's Smoking and Vaping Laws, Summary of Proposed Regulation Under *Smoke-Free Ontario Act, 2017*

The Smoke-Free Ontario Act, 2017 (SFOA, 2017) - Schedule 3 to Bill 174 --received Royal Assent on December 12, 2017. The SFOA, 2017 will come into force on a day to be proclaimed by the Lieutenant Governor. When it comes into force, the SFOA, 2017 will repeal the existing Smoke-Free Ontario Act (SFOA) and Electronic Cigarettes Act, 2015 (ECA) and replace them with a single legislative framework. The SFOA, 2017 will regulate the sale, supply, use, display, and promotion of tobacco and vapour products (e.g. e-cigarettes, including heat-not-burn devices, and e-cigarette accessories), and the smoking and vaping of medical cannabis. Additional substances could be made subject to the SFOA, 2017 by regulation in the future.

The following summary outlines the proposed regulation that would be made under the SFOA, 2017. The proposed regulation responds to the changing landscape related to tobacco, vapour products and medical cannabis. The ministry is soliciting feedback on the content of the proposed new regulation.

Comment may be submitted electronically to: smokefreeontario2017@ontario.ca.

Contact Information

Please provide your name, title and the full name and address of your organization (if you are submitting comments on behalf of an organization).

Linda Stobo
Program Manager, Chronic Disease Prevention and Tobacco Control
Middlesex-London Health Unit
50 King Street, London, Ontario – N6A 5L7
Tel: (519) 663-5317 ext. 2388

About You or Your Organization

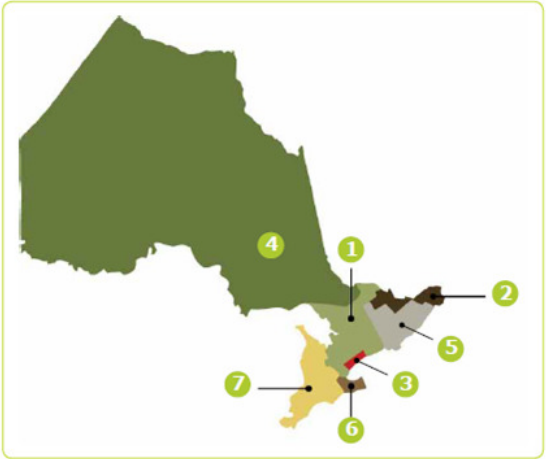
(please check the appropriate box/boxes)

- [X] Health organization
- [ ] Educator
- [ ] Law enforcement
- [ ] Municipality
- [ ] Indigenous organization/community
- [ ] Other _____

Region

(please refer to map and check appropriate box)

- € 1. Central Ontario
- € 2. Eastern Ontario
- € 3. Greater Toronto Area
- € 4. Northern Ontario
- € 5. Southeastern Ontario
- X 6. Southwestern Ontario
- € 7. Western Ontario
- € 8. Provincial



Places of Use

The proposed regulation when it comes into force will prohibit the smoking of tobacco, the use of e-cigarettes (including e-cigarettes containing medical cannabis) and the smoking of medical cannabis in the following places:

- Enclosed workplaces
- Enclosed public places
- Primary and secondary schools and their grounds
- Indoor common areas in condominiums, apartment buildings and university / college residences
- Child care centres
- Places where home childcare is provided
- Places where an Early Years program or service is provided
- Reserved seating areas of outdoor sports or entertainment venues

The proposed regulation, if approved, would prohibit the smoking of tobacco, the use of e-cigarettes (including e-cigarettes containing medical cannabis) and the smoking of medical cannabis in the following additional places:

- Restaurant and bar patios (except for uncovered patios established by a veterans' organization prior to November 18, 2013, provided that the patio is not used to vape recreational cannabis)
- Sheltered areas with a roof and more than two walls to which the public is invited or employees frequent
- Children's playgrounds and public areas within 20 metres of playgrounds
- Sporting areas owned by the Province, a municipality or post-secondary campus (excluding golf courses), adjacent spectator areas, and public areas within 20 metres of these places
- Nine meters from any entrance or exit of a public hospital, private hospital, psychiatric facility, long-term care home, and independent health facility
- Outdoor grounds of public hospitals, private hospitals and psychiatric facilities
- Outdoor grounds of certain Ontario government office buildings
- Public areas within 20 metres from the perimeter of the grounds of a school or a youth and/or children's recreation centre during the designated hours that children and youth are allowed to use the facility
- Nine metres from a restaurant or bar patio

Indoor common areas in university / college residences

- Under the proposed changes to the *Smoke-Free Ontario Act,* smoking tobacco, the use of e-cigarettes and the smoking or vaping of medicinal cannabis will be prohibited in any indoor common area of a university or college residence. Since the *Smoke-free Ontario Act* came into effect May 2006, many university and college residences have transitioned to 100% smoke-free (tobacco), ceasing the provision of designated smoking (tobacco) rooms. To reduce youth and young adult exposure to tobacco, cannabis, and e-cigarette use and

to restrict exposure to drifting cannabis and tobacco smoke, the ***Smoke-Free Ontario Act (SFOA) 2017*** **should prohibit the use e-cigarettes, the smoking or vaping of medical cannabis and the smoking of tobacco inside all university and college residences, including both common areas and individual units; the practice of providing designated smoking rooms for cannabis or tobacco should be prohibited by law.** This restriction would also protect university or college employees that are required to enter the residence to provide services or maintenance functions.

By prohibiting the designation of smoking rooms for smoking tobacco, the use of e-cigarettes, or the smoking or vaping medicinal cannabis, Ontario has an opportunity to maintain the progress that has been made with reducing physical and social exposure to tobacco smoke, by instituting a complete ban on all forms of smoke or vapour in college and university residences.

Reserved Seating areas of outdoor sports or entertainment venues

- To ensure that children, youth and employees are protected from second-hand smoke exposure, the ban on smoking in "reserved seating areas of outdoor sports and entertainment venues" should be modified to include all such seating or spectator areas, not just reserved seating areas. Applying a health equity lens, protection from second-hand smoke should not be dependent upon the ability to purchase reserved seating.

Entrance ways of workplaces and public places

- Prohibit smoking, vaping and the smoking or vaping of medical cannabis within 9 metres of building entrances, exits and air intakes of workplaces and public places (Ontario regulations only apply to 9m of entrances to hospitals, long-term care facilities and psychiatric facilities). Ontario is well behind other provinces on this measure of protection from second-hand smoke; 10 provinces/territories prescribe smoke-free entrances by provincial legislation with distances from workplace and public place building entrances ranging from 3 metres to 9 metres. Ontario should set a minimum level of protection from second-hand smoke under the *Smoke-free Ontario Act, 2017.*

Prohibit the use of all tobacco products on elementary and secondary school grounds

- The prohibition of the use of all tobacco (including smokeless tobacco) on elementary and secondary school grounds should be considered. This has been adopted by British Columbia, Saskatchewan, New Brunswick and the Yukon Territories.

Prohibit the use of hookah/shisha water pipe smoking in or at places where tobacco smoking is banned

- A province-wide prohibition on the use of hookah/shisha water pipe smoking, whether or not the shisha contains tobacco, in or at places where tobacco smoking is already banned should be considered. The City of Toronto, the Region of Peel and many other smaller municipalities across Ontario have already implemented bylaws to prohibit hookah/water pipe use in enclosed public places, workplaces and/or in outdoor areas that are prescribed to be smoke-free (tobacco) under municipal bylaw or provincial law. This opportunity was adopted by New Brunswick (effective July 1, 2015), Nova Scotia (effective May 31, 2015) and Prince Edward Island (introduced June 9, 2015). Ontario has the opportunity to establish a level playing field across Ontario by providing a minimum standard of protection to employees, children, youth and families from exposure to second-hand smoke from a hookah/water pipe in public spaces and workplaces.

Exemptions of places of Use

The SFOA, 2017 sets out limited exemptions for the smoking of tobacco, and the smoking and vaping of medical cannabis
in:

- Controlled rooms in residential care facilities (e.g., long-term care homes, certain retirement homes, publicly funded supportive housing), designated psychiatric facilities and designated veterans' facilities.
- Guest rooms in hotels, motels and inns that have been designated by the proprietor or employer to accommodate tobacco smoking or medical cannabis smoking/vaping.
- Scientific research and testing facilities, if the smoking or vaping is for the purpose of conducting research or testing concerning tobacco, vapour products or cannabis

The SFOA, 2017 will also have an exemption for the smoking and vaping of medical cannabis in residential hospices.

The SFOA, 2017 will have an exemption for the use of tobacco for traditional Indigenous cultural and spiritual purposes.

The Act will also include an obligation on the operator of certain health care facilities to set aside an indoor area to accommodate the use of tobacco for traditional Indigenous cultural or spiritual purposes, at the request of an Indigenous resident. To assist with the implementation of the exemptions in the SFOA, 2017, the proposed regulation would:

- Designate the following facilities as facilities that may construct and operate a controlled room for tobacco smoking or medical cannabis smoking or vaping:
  - Homes for special care licensed under the Homes for Special Care Act
  - Psychiatric facilities formerly designated under the now repealed Mental Hospitals Act
  - Specific veterans' facilities: The Parkwood Hospital site of St. Joseph's Health Care London, and the Kilgour wing (K wing) and the George Hees wing (L wing) of the Sunnybrook and Women's College Health Sciences Centre
- Prescribe private hospitals and independent health facilities as health care facilities that must accommodate the indoor use of tobacco for traditional Indigenous spiritual and cultural purposes, at the request of an Indigenous resident of the facility.
- Prescribe structural, ventilation, maintenance and signage requirements for facilities with controlled rooms.
- Expand the exemptions for the smoking of tobacco and the smoking and vaping of medical cannabis in designated guest rooms of hotels, motels and inns, and in controlled rooms of residential care facilities, designated veterans' facilities and designated psychiatric facilities, to include all e-cigarette use.
- Exempt the use of a vapour product by an actor in a stage production, if certain conditions are met (e.g., e-cigarette cannot contain a controlled substance or cannabis, vapour must be unscented, and no consideration can be provided for the depiction of the e-cigarette in the production).
- Allow retailers operating under the proposed display exemption (see Display and Promotion section below) to activate an e-cigarette for the purposes of testing a vapour product or demonstrating to a customer how to operate a vapour product, provided that no vapour is inhaled or exhaled from the product.

Guest rooms in hotels, motels and inns that have been designated by the proprietor or employer to accommodate tobacco smoking or medical cannabis smoking/vaping:

- Since the *Smoke-free Ontario Act* came into effect May 2006, many hotels, motels and inns have transitioned to 100% smoke-free (tobacco) due to increased public demand for smoke-free accommodations and increased awareness regarding the health consequences from drifting second-hand tobacco smoke. For those hotels, motels and inns that continue to provide designated smoking rooms, employees that work in the hotel industry, namely those that work in housekeeping, maintenance and room service, are required to enter the rooms where tobacco smoke is present, as a function of their job. While the evidence regarding the harms of cannabis smoke is still evolving, current evidence indicates that cannabis smoking is related to a greater incidence of cough, wheeze, aggravation of asthma, sore throat, chest tightness, shortness of breath and hoarse voice[1]. Both cannabis and tobacco smoke share thirty-three known cancer-causing chemicals, and contain carbon monoxide and heavy metals [1&2]. **Therefore, Ontario has an opportunity through the *Smoke-Free Ontario Act* to provide protection from first and second-hand tobacco and medical cannabis smoke by restricting the smoking of tobacco and the smoking and vaping of medical cannabis in hotels, motels and inns.**

- Since the *Smoke-free Ontario Act* came into effect May 2006, many university and college residences have transitioned to 100% smoke-free, ceasing the provision of designated smoking (tobacco) rooms. To reduce youth and young adult exposure to tobacco smoke and to restrict exposure to medical cannabis smoke, Ontario's *Smoke-Free Ontario Act* should prohibit smoking tobacco, the use of e-cigarettes, and the smoking or vaping of medical cannabis inside all university and college residences. This restriction would also protect

employees that are required to enter the residence to provide service or maintenance functions. University, college and residences should be 100% smoke-free, without the provision of smoking rooms.

By prohibiting the designation of smoking rooms, Ontario has an opportunity to maintain the progress that has been made to reduce physical and social exposure to tobacco smoke, by instituting a complete ban on all forms of smoke or vapour in motels, hotels, inns and college/university residences.

[1] Canadian Centre on Substance Abuse, 2016. "Clearing the Smoke on Cannabis - Respiratory Effects of Cannabis Smoking".
[2] Smoking and Health Action Foundation, 2016. "Second-hand Marijuana Smoke: Health effects of exposure".

Places of Sale

The SFOA, 2017, when it comes into force, will prohibit the sale of tobacco and vapour products in the following places:

- public hospitals
- long-term care homes
- pharmacies
- grocery stores that contain pharmacies
- post-secondary education campuses
- certain Ontario government office buildings
- primary and secondary schools and their grounds
- child care centres
- places where home child care is provided

The proposed regulation would prescribe a private hospital and an independent health facility as additional places where the sale of tobacco and vapour products would be prohibited.

- The regulations under the *Smoke-Free Ontario Act, 2017* need to clearly specify that the prohibition on the sale of tobacco products in grocery stores that contain a pharmacy applies to the front foyer or plaza entrance, regardless of whether or not you can access the tobacco/smoke shop directly from the store. Large grocery store chain outlets have historically operated both a pharmacy (inside the store) and a tobacco/smoke shop (in the front foyer). Clear regulations under the *Smoke-free Ontario Act, 2017* will be required to ensure consistent application/enforcement of this section of the law.

Flavoured Tobacco

The SFOA, 2017 will prohibit the sale and distribution of flavoured tobacco products. "Flavoured tobacco products" are defined to include a tobacco product that is represented as being flavoured, that contains a flavouring agent or that is presented by its packaging, by advertisement or otherwise as being flavoured.

The proposed regulation would define "flavouring agent" to mean one or more artificial or natural ingredients contained in any of the component parts of a tobacco product, as a constituent or an additive, that impart a distinguishing aroma or flavour other than tobacco either before or during the consumption of the tobacco product, including aromas or flavours of herbs and spices.

The proposed regulation would exempt the following tobacco products from the sales ban:

1. A flavoured cigar that,
   i. Weighs more than 1.4 grams but less than 6 grams, excluding the weight of any mouthpiece or tip,
   ii.Has a wrapper fitted in spiral form,
   iii.Has no tipping paper, and
   iv. Contains only a flavouring agent that imparts a flavour or aroma of wine, port, whiskey or rum.
2. A flavoured cigar that,
   i. Weighs 6 grams or more, excluding the weight of any mouthpiece or tip,

ii.Has a wrapper fitted in spiral form, and
iii.Has no tipping paper.
3. Flavoured pipe tobacco (which would not include flavoured shisha tobacco)

- It is important to note that Quebec, Nova Scotia, Prince Edward Island and Newfoundland/Labrador have banned the sale of flavoured rolling papers. With the impending implementation of Ontario's regulations relating to cannabis retail and distribution and Ontario's *Cannabis Act*, a ban on the sale of flavoured rolling papers could help to prevent youth and young adult initiation of both tobacco and cannabis.

- New Brunswick and Prince Edward Island have banned the sale of all flavoured cigars. Ontario could consider strengthening the ban on flavoured tobacco products by establishing a sunset date to eliminate flavoured tobacco exemptions that are included in the current regulations.

Flavoured Vapour Products
The SFOA, 2017 contains a prohibition on selling flavoured vapour products that have been prescribed by regulation. However, at this time, the ministry is not proposing to prescribe any flavoured vapour products as prohibited for sale at this time but may prescribe flavoured vapour products in the future.

- Until the federal government's framework for the regulation of e-cigarette products and e-substances is released, we have no comment on this section of the proposal.

Sale and supply to minors
The SFOA, 2017 will carry forward existing provisions in the SFOA and ECA that prohibit the sale or supply of tobacco products and vapour products to a person who is less than 19 years old, and the sale or supply of these products to a person who appears to be less than 25 years old without asking the person to provide identification and being satisfied that the person is at least 19 years old.

The proposed regulation would prescribe the following forms of identification to verify a customer's age:
- Identification that includes a photograph of the person, states his or her date of birth, and reasonably appears to have been issued by a government.
- Examples: an Ontario driver's licence, a Canadian passport, a Canadian citizenship card with a photograph of the person to whom the card is issued, a Canadian Armed Forces identification card, or a photo card issued by the Liquor Control Board of Ontario.

The proposed regulation would also include a limited exemption that allows persons under 19 to obtain a vapour product for medical cannabis purposes. The medical cannabis user could obtain the vapour product from a parent, guardian or caregiver, or a person authorized to produce and distribute medical cannabis under applicable federal law.

- We have no comment on this section at the present time.

Signs
The SFOA, 2017, when it comes into force, will carry forward existing provisions in the SFOA and ECA that prohibit the sale of tobacco and vapour products at retail locations if prescribed signs are not posted. It would also continue the existing penalty system in the SFOA for tobacco retail locations where tobacco sales offences are repeatedly committed. These penalties are known as "automatic prohibitions" and they prohibit the retail premise from selling or storing tobacco for a period of six to twelve months.

The proposed regulation would describe the following signs that must be posted by retailers of tobacco and vapour products:

- Health warning sign about tobacco products
- Age restriction sign
- Identification sign

The requirements for these signs would be the same as currently prescribed in the SFOA and ECA regulations (e.g., signs must be posted in a place where each sign is clearly visible).

The proposed regulation would also specify the type of sign that must be posted by the owner or occupant of a retail location subject to an automatic prohibition. The requirement for this sign would also be the same as currently prescribed in the SFOA regulation.

Finally, the proposed regulation would prescribe the "no smoking" and " no vaping" signs that every employer and proprietor responsible for a smoke- or vape-free place would be required to post in accordance with the SFOA, 2017.

- We have no comment on this section at the present time.

Display and Promotion

The SFOA, 2017 will prohibit the display and promotion of tobacco products, branded tobacco product accessories, and vapour products at places where they are sold or offered for sale.

The proposed regulation would include exemptions that allow certain businesses to display tobacco products, branded tobacco product accessories, and/or vapour products, and promote such products, if certain conditions are met. Below is a summary of the proposed exemptions.

- *Tobacconists:* tobacconists registered with the local board of health would be permitted to display and promote specialty tobacco products, if at minimum 85% of the store's revenues or inventory is dedicated to specialty tobacco products. "Specialty tobacco products" would include tobacco products and tobacco product accessories, but not cigarettes. Tobacconists would not be permitted to sell vapour products, except for heat-not-burn devices that use tobacco. The remaining up to 15% of the store's revenues or inventory would be dedicated to other items associated or branded with the name of the tobacconist or a brand of tobacco.
- *Specialty* vape stores: specialty vape stores registered with the local board of health would be permitted to display and promote vapour products, if at minimum 85% of the store's revenues or inventory is dedicated to vapour products, as defined in the Act. Speciality vape stores would not be permitted to sell tobacco products. The remaining up to 15% of the store's revenues or inventory would be dedicated to other items associated or branded with the name of the vape store or a brand of vapour product.
- *Duty free tobacco retailers*: duty free retailer [as defined in subsection 2 (1) of the Customs Act (Canada)] would be permitted to display tobacco products and tobacco product accessories, consistent with the current exemption in section 5 of Ontario Regulation 48/06 under the Smoke-Free Ontario Act.
- *Manufacturers:* manufacturers of tobacco products or vapour products would be permitted to display and promote the products they manufacture. Tobacco manufacturers would need to hold a registration certificate under section 7 of the Tobacco Tax Act (Ontario).

Additional Proposed Conditions for Exemptions

In order for any business described above to display and/or promote products under the exemption, the following additional conditions would need to be met, subject to any qualification noted below:

- Entry into the place of business must be restricted to persons who are 19 years of age or older. (This condition would not apply to duty free retailers).
- The products displayed inside the place of business and any promotional material cannot be visible from outside the place at any time of day.
- The place of business must be located in a building.
- The place of business must not be a thoroughfare.

Signs and Informational Documents

The proposed regulation would permit any person who sells tobacco or vapour products to post informational signs and make product informational documents (i.e., specifications) available for viewing, if the following conditions are met:

- Signs: no more than three (3) signs, not exceeding 968 square centimetres, with white background and black text or graphics that do not identify or reflect a brand of tobacco product or vapour product, or any element of such a brand.
- Product informational document: only available for viewing inside the establishment by persons over 19; cannot be removed from the establishment.

Tobacconist and Specialty Vape Shop Registration with the local Board of Health

The proposal is unclear on whether or not the registration as a tobacconist or specialty vape shop with the local Board of Health is a separate process from the Ministry of Health and Long-Term Care designation as a tobacconist or speciality vape shop. Historically, retailers that were seeking Tobacconist status would submit an application to the Ministry of Health and Long-Term for designation, which would include the completion of an application form and the provision of a statement from the retailer's professional accountant, to ensure that the applicant met the revenue source terms outlined under the *Smoke-free Ontario Act.* The assessment of revenue qualifications for retailers wishing to operate as a tobacconist or a specialty vape shop under the proposed regulations for *Smoke-free Ontario Act, 2017* falls outside of the scope of public health practice at the local public health unit level. The registration and designation as a Tobacconist or Specialty Vape Shop should occur at the Ministry level to ensure that all retailers are being assessed and designated consistently across Ontario.

Packaging and Health Warnings

The SFOA, 2017, when it comes into force, will carry forward existing provisions in the SFOA that prohibit the sale of tobacco products not packaged in accordance with the regulations. The proposed regulation would include the following packaging requirements:

- Cigarettes and cigarillos must be in packages of at least 20.
- Packaging must comply with the Tobacco Act (Canada) and the regulations made under that Act and the package must bear or contain the information required under that Act and those regulations and contains health warnings.

If federal Bill S-5 is passed and the Tobacco Act (Canada) and its regulations are amended to regulate the packaging and labelling of vapour products, then the proposed Ontario regulation would also reference those federal requirements for vapour products.

- Until the federal government's regulations for plain and standardized tobacco product packaging and the packaging and labelling of vapour products are released, we have no comment on this section of the proposal.

Procedure for Employees

The SFOA, 2017, when it comes into force, will carry forward existing provisions in the SFOA and ECA that prohibit an employer from retaliating against an employee who has acted in accordance with or sought the enforcement of the Act.

The proposed regulation would describe the process that an employee may follow when he or she complains of retaliation. This process would mirror the process currently prescribed by regulation under the SFOA and ECA.

- We have no comments on this section at the present time.

Home Health-Care Workers

The SFOA, 2017, when it comes into force, will provide home health-care workers with a right to request that a person not smoke tobacco, use an e-cigarette (including an e-cigarette containing medical cannabis) or smoke medical cannabis, in his or her presence while he or she is providing health care services. If the person refuses, the home health-care worker will be able to leave the home without providing further services, unless to do so without would present an immediate serious danger to the health of any person. The proposed regulation would establish the procedure that applies when a home health-care worker has exercised this right and left the home. This procedure would mirror the procedure currently prescribed by regulation under the SFOA**.**
• We have no comments on this section at the present time.
Evidentiary Presumptions for Medical Cannabis The SFOA, 2017, once proclaimed into force, will prohibit the smoking and vaping of medical cannabis in certain places, and impose obligations on employers and proprietors to ensure compliance with that prohibition in the places they control that are smoke-free. Non-compliance with this prohibition or employer/proprietor obligations would be an offence under the SFOA, 2017. To assist with the prosecution of such offences, the proposed regulation would prescribe rules of evidence for proving in a prosecution that a substance is medical cannabis.
• We have no comments on this section at the present time; however, we look forward to the provision of rules of evidence to support prosecution at the local level.

REGULATORY REGISTRY FEEDBACK FORM

Proposed Places of Use Regulations under the Cannabis Act, 2017

The Ontario government would like your feedback on regulatory proposals related to where cannabis can be used under the Cannabis Act, 2017.

The proposed regulations are intended to continue to support Ontario's safe and sensible framework for recreational cannabis and protect the health and well-being of all Ontarians, especially children, youth and other vulnerable populations. More information on the proposed regulations can be found in the paper provided on the Regulatory Registry.

Please us this form to submit your feedback on proposed regulations posted on the Regulatory Registry at http://www.ontariocanada.com/registry/.

The closing date for providing feedback is March 5, 2018.

Contact Information
Please provide your name, title and the full name and address of your organization (if you are submitting comments on behalf of an organization).

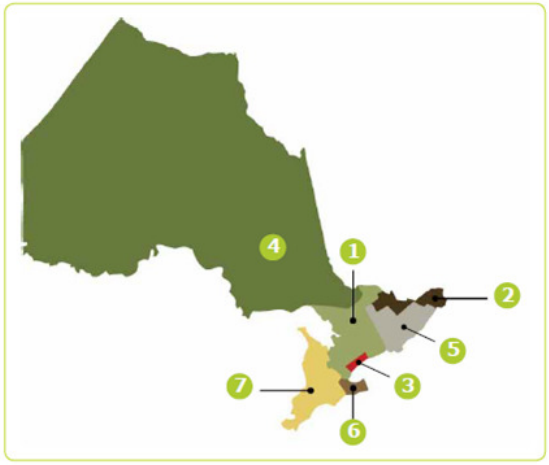
Linda Stobo and Rhonda Brittan
Program Managers for Tobacco Control and Substance Use
Middlesex-London Health Unit
50 King Street, London, Ontario – N6A 5L7

About You or Your Organization
(please check the appropriate box/boxes)

- [X] Health organization
- [ ] Educator
- [ ] Law enforcement
- [ ] Municipality
- [ ] Indigenous organization/community
- [ ] Other _____

Region
(please refer to map and check appropriate box)

- € 1. Central Ontario
- € 2. Eastern Ontario
- € 3. Greater Toronto Area
- € 4. Northern Ontario
- € 5. Southeastern Ontario
- X 6. Southwestern Ontario
- € 7. Western Ontario
- € 8. Provincial



Proposed Regulations

Places of Use for Medical Cannabis

It is proposed to prohibit medical cannabis users from using medical cannabis while driving or having care or control of a vehicle or boat, whether or not it is in motion. Medical cannabis users would still be permitted to consume cannabis if they are a passenger in a vehicle or boat, provided the cannabis is not smoked or vaped.

It is proposed to exempt medical cannabis users from the prohibition on transporting cannabis under the following conditions:

- The cannabis was obtained in accordance with applicable federal law respecting medical cannabis
- The person transporting the cannabis is a medical user
- The cannabis is not readily available to the driver or operator of the vehicle or boat

Do you have any comments regarding the proposed rules for medical cannabis?

- We have no comments regarding this section of the proposal.

Clarification of Places of Use Rules for Recreational Cannabis

It is proposed to prescribe the following places as additional places where recreational cannabis **cannot** be used for greater certainty without limiting the generality of the places of use rules and to ensure alignment with the *Smoke-Free Ontario Act, 2017*, where appropriate:

- A school within the meaning of the *Education Act*.
- A building or the grounds surrounding the building of a private school within the meaning of the *Education Act*, where the private school is the only occupant of the premises, or the grounds annexed to a private school, where the private school is not the only occupant of the premises.
- A child care centre within the meaning of the *Child Care and Early Years Act, 2014*.
- A place where an early years program or service is provided within the meaning of the *Child Care and Early Years Act, 2014*.

It is also proposed to restrict the smoking or vaping of recreational cannabis in any indoor or outdoor common area in a condominium, apartment building or university or college residence, including, without being limited to, elevators, hallways, parking garages, party or entertainment rooms, laundry facilities, lobbies and exercise areas. This is consistent with our safe and sensible approach to cannabis legalization and with the public health intent of the *Smoke-Free Ontario Act, 2017* to protect youth and young adults from exposure to smoke and vape. The use of other forms of recreational cannabis would not be restricted in these areas.

Do you have any comments regarding the proposal to clarify the places of use prohibition by prescribing these places?

- Under this proposal, the smoking or vaping of recreational cannabis is prohibited in any indoor or outdoor common area of a university or college residence. Since the *Smoke-*

free Ontario Act came into effect May 2006, many university and college residences have transitioned to 100% smoke-free (tobacco), ceasing the provision of designated smoking (tobacco) rooms. To reduce youth and young adult exposure to recreational cannabis use and to restrict exposure to drifting cannabis smoke, **Ontario's *Cannabis Act* should prohibit the use of smoking or vaping of recreational cannabis inside all university and college residences, including both common areas and individual units; the practice of providing designated smoking rooms for recreational cannabis should be prohibited by law.** This restriction would also protect university or college employees that are required to enter the residence to provide services or maintenance functions.

By prohibiting the designation of smoking rooms for recreational cannabis, Ontario has an opportunity to maintain the progress that has been made with reducing physical and social exposure to tobacco smoke, by instituting a complete ban on all forms of smoke or vapour in college and university residences.

Exemption for Hotel, Motel and Inn Rooms

It is proposed to permit registered guests or invited guests of registered guests to use recreational cannabis in a hotel, motel or inn room, provided the room is primarily designated as sleeping accommodation and the cannabis is not being smoked or vaped.

The smoking or vaping of cannabis would only be permitted in designated smoking rooms to align with the Smoke-Free Ontario Act, 2017.

Do you have any comments regarding the proposed exemption to permit cannabis use in hotel, motel and inn rooms under certain conditions?

- Since the *Smoke-free Ontario Act* came into effect May 2006, many hotels, motels and inns have transitioned to 100% smoke-free (tobacco) due to increased public demand for smoke-free accommodations and increased awareness regarding the health consequences from drifting second-hand tobacco smoke. For those hotels, motels and inns that continue to provide designated smoking rooms, employees that work in the hotel industry, namely those that work in housekeeping, maintenance and room service, are required to enter the rooms where tobacco smoke is present as a function of their job. While the evidence regarding the harms of cannabis smoke is still evolving, current evidence indicates that cannabis smoking is related to a greater incidence of cough, wheeze, aggravation of asthma, sore throat, chest tightness, shortness of breath and hoarse voice[1]. Both cannabis and tobacco smoke share thirty-three known cancer-causing chemicals, and contain carbon monoxide and heavy metals [1&2]. **Therefore, Ontario has an opportunity through the *Cannabis Act* to provide protection from first and second-hand cannabis smoke by restricting the smoking and vaping of recreational cannabis in hotels, motels and inns.**

- Since the *Smoke-free Ontario Act* came into effect May 2006, many university and college residences have transitioned to 100% smoke-free, ceasing the provision of designated smoking (tobacco) rooms. To reduce youth and young adult exposure to recreational cannabis use and to restrict exposure to drifting cannabis smoke, **Ontario's *Cannabis Act* should prohibit the use of recreational cannabis use inside all university and college residences.** This restriction would also protect employees that

are required to enter the residence to provide service or maintenance functions. University, college and residences should be 100% smoke-free, without the provision of smoking rooms.

By prohibiting the designation of smoking rooms for recreational cannabis use, Ontario has an opportunity to maintain the progress that has been made with reducing physical and social exposure to tobacco smoke, by instituting a complete ban on all forms of smoke or vapour in motels, hotels, inns and college/university residences.

[1] Canadian Centre on Substance Abuse, 2016. "Clearing the Smoke on Cannabis - Respiratory Effects of Cannabis Smoking".
[2] Smoking and Health Action Foundation, 2016. "Second-hand Marijuana Smoke: Health effects of exposure".

Exemptions for Vehicles and Boats used as Private Residences

It is proposed to permit the consumption of recreational cannabis in a vehicle equipped with sleeping accommodation and cooking facilities when the vehicle is parked and being used as a residence. The exemption would not apply while the vehicle is on a highway.

It is proposed to permit the consumption of recreational cannabis in boats with permanent sleeping accommodations and permanent cooking and sanitary facilities while the boat is at anchor or secured to a dock or land. The dock or land would also be exempt from the consumption prohibition, except at times where the public is invited or permitted access. Boats used to carry passengers for hire would not be included in the exemption.

Do you have any comments regarding the proposed exemptions for vehicles and boats used as private residences?

- Use of the word "highway" in the proposal does not specify whether or not the definition falls within the meaning of "highway" under the *Highway Traffic Act*. To ensure consistent application and understanding of the law, definition clarification may be required.

Exemptions for Workplaces in Private Residences

It is proposed to exempt most private residences that are also workplaces from the prohibition on consuming cannabis in workplaces. The proposed exemptions are similar to the consumption rules respecting smoking, e-cigarettes and medical cannabis in the *Smoke-Free Ontario Act, 2017*.

It is proposed to permit the smoking or vaping of recreational cannabis in the following places under the same conditions in which tobacco can be smoked:

- Long-term care homes within the meaning of the Long-Term Care Homes Act, 2017.
- A residential facility that is operated as a retirement home and that provides care, in addition to accommodation, to the residents of the home.
- A supportive housing residence funded or administered through the Ministry of Health and Long-Term Care or the Ministry of Community and Social Services.
- Homes for special care licensed under the *Homes for Special Care Act*.

- Psychiatric facilities formerly designated under the now repealed *Mental Hospitals Act*,
- Specific veterans' facilities: the Parkwood Hospital site of St. Joseph's Health Care London, and the Kilgour wing (K wing) and the George Hees wing (L wing) of the Sunnybrook and Women's College Health Sciences Centre.

Consistent with the approach under the Smoke-Free Ontario Act, 2017, and regulations proposed under that Act, the smoking or vaping of recreational cannabis would only be permitted in the abovementioned facilities under the same conditions in which tobacco smoking, the use of e-cigarettes and the smoking or vaping of medical cannabis is permitted.

The consumption of other forms of recreational cannabis would not be prohibited.

It is proposed to prohibit the smoking and vaping of recreational cannabis in places where home child care is provided whether or not children are present. Other forms of recreational cannabis would not be prohibited in these places as long as children are not present when the cannabis is being used.

Do you have any comments regarding the proposed exemptions for certain workplaces/ residences?

- The proposal to exempt most private residences that are also workplaces from the prohibition on consuming cannabis in the workplace may expose employees from small businesses that operate within a private residence to recreational cannabis smoke (e.g. accountant office, lawyer office, personal service settings, etc.). Ontario's *Cannabis Act* relies upon the definition of "workplace" under the *Occupational Health and Safety Act.* Greater clarification on protections for employees working within these types of settings is required.

- Section 9.1 of the *Smoke-free Ontario Act* provides protection to home health care workers from tobacco smoke. Under the *Smoke-Free Ontario Act,* the home health care worker can require that the individual not smoke in their presence and it provides the home health care worker with the right to leave without providing further services. The proposed changes to the *Smoke-free Ontario Act, 2017* would also protect home health care workers from exposure to vapour (e-cigarettes) and exposure to medical cannabis smoke. **The inclusion of the home health care workers section of the *Smoke-free Ontario Act* should be included in Ontario's *Cannabis Act* to protect home health care workers from the harmful effects of exposure to recreational cannabis. The *Cannabis Act* and its Regulations should mirror the procedures currently prescribed under the *Smoke-free Ontario Act* and its regulations.**

Designated Areas in Multi-Unit Dwellings and Consumption Lounges

The Ministry of the Attorney General is considering the following proposals for possible implementation post-legalization:

- Permitting licensed cannabis consumption lounges; and
- Permitting owners or operators of multi-unit dwellings to designate outdoor areas for the consumption of recreational cannabis.

Do you have any comments regarding the proposal to consider future implementation of cannabis consumption lounges and designated outdoor smoking areas for multi-unit dwellings?

Cannabis Consumption Lounges

- **Licensed cannabis consumption lounges that would allow smoking or vaping of cannabis should not be permitted.** Ontario has a history of enacting policies that aim to protect children, youth and employees from second-hand tobacco smoke. The proposed *Smoke-Free Ontario Act, 2017* will expand that protection to include vapour and medical cannabis smoke. Permitting smoking and vaping of cannabis in licensed cannabis lounges would be a step backwards from the gains that we have made to normalize a smoke-free culture. Through amendments to the *Smoke-free Ontario Act* and municipal bylaws, we have substantially reduced exposure to smoke and the use of smoking products in public spaces and workplaces.

- **The licensing of cannabis lounges for the consumption of edible products requires more consultation and careful consideration.** It has been proposed that the legalization of the retail sale of edible cannabis products would not occur until 2019 after extensive effort by the Government to establish the edible product framework. Therefore, it is difficult to provide comment on edible cannabis lounges until that framework is established. Ontario is committed to "a safe and sensible framework to govern recreational cannabis in the province". Once the edible product framework has been drafted, stakeholders will be better positioned to provide comment from a public health perspective.

Multi-Unit Housing – designated outdoor areas for the use of recreational cannabis

- We have no comment to provide at this time.

We are interested in any other comments or suggestions you wish to make.

Exemptions for Scientific Testing and Research

Section 9(11) of the *Smoke-free Ontario Act* provides an exemption for the smoking of tobacco, and the smoking and vaping of medical cannabis in scientific research and testing facilities, if the smoking or vaping is for the purpose of conducting research or testing concerning tobacco, vapour products or cannabis. The inclusion of an exemption for smoking and vaping of recreational cannabis would enable more timely and relevant research to the harms associated with its use.

Designation of Health Unit Tobacco Enforcement Officers to Enforce – With Limitations

Tobacco Enforcement Officers, employed by public health units across Ontario, are designated as Provincial Offences Officers by the Ontario Minister of Health, to enforce the *Smoke-Free Ontario Act.* The MOHLTC's Tobacco Compliance Protocol applies a continuum of progressive enforcement actions, starting with education and progressing from warnings to increasingly more serious charges to match the nature and frequency of contraventions under the *Smoke-Free Ontario Act.* This proactive approach to promotion and enforcement has helped to promote compliance with the legislation, reducing exposure to tobacco use and second-hand smoke in public spaces and workplaces.

It has been proposed that police will be solely responsible for the enforcement of Ontario's *Cannabis Act.* There is an opportunity to increase promotion and enforcement capacity across Ontario by designating Tobacco Enforcement Officers to enforce the smoking or vaping of recreational cannabis in public spaces and workplaces. Tobacco Enforcement Officers routinely

respond to complaints from people who are seeking compliance with Section 9 of the *Smoke-free Ontario Act*; Tobacco Enforcement Officers conduct both complaint-based and proactive inspections at parks, playgrounds, sports fields, schools, hospital grounds, common areas of multi-unit housing, bars, restaurants and special events, and in enclosed workplaces. Under Section 21 of Schedule 1 *Cannabis Act* under Bill 174, "a power that may be exercised under this Act by a police officer, other than a power set out in section 19, may also be exercised by a person designated under subsection 1 (3) of the *Provincial Offences Act* for the purposes of this Act." To provide a more comprehensive approach to promotion and enforcement of the prohibitions on the consumption of recreational cannabis in public spaces and workplaces, Tobacco Enforcement Officers, could be designated to enforce the restrictions on smoking or vaping of recreational cannabis in places where Tobacco Enforcement Officers already frequent to carry out their obligations under the Tobacco Compliance Protocol.

Enforcement by Section of provincial legislation is an approach that is not uncommon to Tobacco Enforcement Officers. Section 9.2 of the *Smoke-free Ontario Act*, the prohibition on smoking or holding lit tobacco in a motor vehicle while another person who is less than 16 years old is present in the vehicle, is enforced by police officers only. A similar approach could be taken with Ontario's *Cannabis Act;* Tobacco Enforcement Officers could be designated to enforce the smoking or vaping of recreational cannabis in public spaces and workplaces to increase promotion and enforcement capacity across Ontario, and to help ensure that children, youth and employees are protected from second-hand cannabis smoke and to reduce youth exposure to recreational cannabis use.

Please submit your feedback on the Regulatory Registry by March 5, 2018

Privacy Statement

Please note that unless requested and agreed otherwise by the Ministry of the Attorney General, all materials or comments received from organizations in response to this consultation will be considered public information and may be used and disclosed by the ministry to assist the ministry in developing the proposed regulatory amendments. This may involve disclosing materials or comments, or summaries of them, to other interested parties during and after the request for public comment process.

An individual who provides materials or comments and who indicates an affiliation with an organization will be considered to have submitted those comments or materials on behalf of the organization so identified. Materials or comments received from individuals who do not indicate an affiliation with an organization will not be considered public information unless expressly stated otherwise by the individual. However, materials or comments from individuals may be used and disclosed by the ministry to assist in developing the proposed regulatory amendments.

Personal information of those who do not specify an organizational affiliation, such as an individual's name and contact details, will not be disclosed by the ministry without the individual's consent unless required by law. If you have any questions about the collection of this information, please contact the Ontario Legalization of Cannabis Secretariat at cannabis@ontario.ca

Government of Ontario - Environmental Registry, EBR 013-1837
Policy Proposal Notice: #CycleON: Action Plan 2.0
Comment Period: February 5 to March 7, 2018

Recommendations for the Ontario Ministry of Transportation (MTO) and the Ontario Ministry of Tourism Culture, and Sport (MTCS) from the Middlesex-London Health Unit.

The Middlesex-London Health Unit (MLHU) commends the Ontario Ministry of Transportation (MTO) and the Ontario Ministry of Tourism Culture, and Sport (MTCS) for continued efforts in advancing cycling in Ontario through #CycleON: Ontario's Cycling Strategy. We support Action Plan 2.0 proposed actions that continue investments in cycling infrastructure, increased education and awareness of cycling issues, and the development of policies and programs that support cycling. The strategies and listed actions support the expansion of cycling initiatives in the province which will generate a range of health, economic, environmental and social benefits.

The MLHU articulated its support and provided recommendations for the initiation of the Ontario Cycling Strategy through the EBR consultation process in 2013. Since then, MLHU has been engaged in numerous City of London and Middlesex County cycling specific and active transportation focused initiatives. Many of these initiatives, such as the Ontario Municipal Commuter Cycling Program and Province-wide Cycling Network Study, have been possible as a result of implementing #CycleON Action Plan 1.0. We anticipate that continued momentum from Action Plan 2.0 will result in health and safety benefits for residents in the Middlesex-London area as well as throughout the province of Ontario.

Since 2013, the City of London, Middlesex County and its' eight municipalities have made progress in creating cycling friendly environments on several fronts. The City of London's new official plan, called The London Plan, provides strong policy support for active mobility choices, including cycling. The City of London is actively engaged in the implementation of its new Cycling Master Plan - London ON Bikes and Middlesex County is currently developing the Middlesex County Cycling Strategy. Implementation of the London Road Safety Strategy has resulted in numerous traffic safety improvements including those that support safer cycling. The MLHU has worked in partnership to move local policy efforts forward that provide for enhanced safety for all road users in our area. Initiatives by the London Middlesex Road Safety Committee and the Active & Safe Routes to School partnership include education campaigns focused on pedestrian and cyclist safety. Additional partnership efforts have included awareness raising campaigns such as the Share the Road Signage Project and Give Active Transportation a GO. In short, we are pleased to see the cycling environment in London-Middlesex being transformed in positive ways.

Despite the progress in supporting cycling friendly environments, we realize there is still much work to be done. Only 10% of children and youth and 20% of adults meet the Canadian Physical Activity Guidelines when physical activity levels are measured directly (Statistics Canada, 2013). Statistics Canada Census Data also indicates that there has been essentially no increase in cycling (1.2%) as a mode of commuting to work between 2006 and 2016 in the city of London. Within the Thames Valley region, among School Travel Planning Schools (2014 – 2016), the number of children using active school travel remains at low levels (42% walking, 3% cycling) due largely to safety concerns related to traffic speed and volume.

The Middlesex-London Health Unit agrees with and supports the #CycleON Action Plan 2.0 strategies and offers the following comments pertaining to the action items:

1. Design Healthy, Active and Prosperous Communities

We support the listed action items and would like to reinforce the importance of the following; that active transportation policies are included in official plans, that active school travel is supported by developing

guidelines and tools for cycling infrastructure around schools, that awareness-raising communications about cycling as a means of getting to and from school be developed and delivered, and that multi-modal transportation system access and complete street design be an integral part of community land development projects and processes.

2. Improve Cycling Infrastructure

We acknowledge the need for ongoing improvements in cycling infrastructure as it relates to safety and the need to efficiently get people to places they need to go. Key comments gathered in the development of London's Cycling Master Plan included; the need for improved cycling safety and comfort, separation between cyclists and motorists, improved crossings for cyclists, more bicycle parking at key locations, connectivity between facilities, linkages to neighbourhoods and balancing budgets with improvements. The development of a plan for a province-wide cycling network will further support current local efforts to create regional cycling linkages. The proposed updating of the 2013 Ontario Traffic Manual Book 18: Cycling Facilities will provide transportation practitioners with a current guide for developing predictable road environments through consistent and appropriate application of traffic control devices that support improved road safety for cyclists.

3. Make Safer Highways and Streets

There is a need for broadened public education efforts directed to drivers and cyclists about sharing the road in a safe and respectable manner as per the Highway Traffic Act. This is best provided using a multi-pronged approach that includes the listed provincial and local actions with particular emphasis on; improved Beginner Driver Education, enhanced promotion and distribution of the Cycling Skills Guide and the Young Cyclists' Guide, regional and province wide campaigns as well as knowledge exchange events. Locally, in 2013, London and Middlesex County partners developed and delivered the Share The Road Signage Pilot Project which focused on educating drivers and cyclists about sharing the road. This was subsequently reinforced by the passing of Making Ontario's Roads Safer Act in 2015 which included strong measures to enhance cyclist safety.

4. Promote Cycling Awareness and Behavioural Shifts

Currently motor vehicle use continues to be the preferred choice for even short trips where using a bicycle is possible. With up to 80% of the Canadian population now living in urban centres, increased motor vehicle volume is contributing to traffic congestion, increased travel times, negative health, safety and environmental impacts as well as expensive road widening projects. The need to shift attitudes and behaviours toward the use of cycling can be accomplished through complementary education and awareness raising actions as outlined the Action Plan 2.0. The development of a province-wide standardized cycling education curriculum including certification for course delivery will support an increased and consistent level of skill among those who cycle. The creation of an Ontario Cycling Coordination Committee holds merit in terms of facilitating synergistic cycle-friendly processes across regions as well responsibility for monitoring and tracking cycling behaviours including changes in policy and infrastructure. This will enable a best practice approach to ongoing cycling enhancement efforts.

5. Increase Cycling Tourism Opportunities

We support further development of a province wide cycling tourism strategy that includes the City of London and Middlesex County. Through our community partnerships, we have participated in consultations in this regard and look forward to ongoing development through the actions that are listed.

Working towards Ontario's goals for cycling

We strongly support the actions listed under the five strategies. We expect that significant progress will be made in making Ontario and its' local jurisdictions cycle-friendly through implementation of the Action Plan

2.0. In addition to supporting the action items, we offer the following considerations related to anticipated challenges and additional actions:

Anticipated challenges

1. Changing attitudes and behaviours from being car-centric will require concerted multi-pronged efforts using the 4 E's – Engineering, Enforcement, Education, and Empathy / Encouragement. This will necessitate the coordinated efforts and actions of several provincial Ministries that have responsibility for transportation, safety, culture and tourism, health, municipal affairs, etc.

2. The development of standardized information for drivers and cyclists about the rules of the road as they relate to cycling is imperative. Integrating this information into existing education mechanisms as well into newly developed opportunities for dissemination will require provincial leadership, consultation and coordination among several Ministries and organizations that currently provide cycling education, e.g. MTO, MTCS, Ontario Can-Bike, Can-Bike Canada, Ontario Cycling Association, Canadian Cycling Association, etc.

Additional actions that Ontario should consider taking in the next 5 years

1. In order for cycling to be an integral component of land use planning, updating the policies contained within Ontario's 2014 Provincial Policy Statement (PPS) should be reviewed. Specific policy direction, that requires cycling networks to be an integral component of the design or re-design of Transportation Systems will strengthen the PPS vision that, "land use patterns promote a mix of housing, including affordable housing, employment, recreation, parks and open spaces and transportation choices that increase the use of active transportation and transit before other modes of travel."

2. Engage in consultations with the Ministry of Education about including cycling education within the curriculum for specific grades and at key points in time.

We applaud the MTO and MTCS for continued commitment to making Ontario the number one province for cycling in Canada. Provincial leadership in providing actions under the five strategies is essential as we continue to work together to carry out the vision of a cycle-friendly Ontario where health, safety, environmental and economic benefits can be realized.

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 017-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 March 15

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT, MARCH

Recommendation

It is recommended that the Board of Health receive Report No. 017-18 re: "Medical Officer of Health Activity Report, March" for information.

The following report presents activities of the Medical Officer of Health for the period of February 5, 2018, to March 1, 2018.

February 5	Participated in hiring interviews for the Associate Medical Officer of Health (AMOH) position Gave presentation to the City of London's Community and Protective Services Committee regarding the Health Unit's Location Project
February 6	Attended the Kairos Blanket Exercise Workshop hosted by the Northeast Community Conversations Group (NECC)
February 8	Attended the 12th Annual Breakfast for Youth Opportunities Unlimited at the London Convention Centre
February 9	Met with Dr. Braitstein and Abe Oudshoorn to discuss a joint research project Participated on the interview panel for the Director, Healthy Living position Attended the farewell celebration for Dr. Gayane Hovhannisyan
February 12	Met with Roxanne Riddell, United Way, to discuss presenting at the next meeting of the steering committee for London For All Met by phone with Chief Neal Roberts, EMS, to discuss the Temporary Overdose Prevention Site (TOPS) Met with Kharon Koivu, London Health Sciences Centre (LHSC), to discuss endocarditis data Attended CBC live broadcast of the opening of London's TOPS Attended the media walk-through of the TOPS Was interviewed for television at the CTV studio regarding the TOPS opening
February 13	Attended both County and City Council meetings and gave presentations on the Health Unit's Location Project
February 14	Attended the Lucas Secondary School department heads meeting at Innovation Works to discuss mental health Met with Bill Rayburn, CAO, Middlesex County, to discuss the Health Unit's Location Project

February 15	Attended the Nurse Family Partnership Community Advisory Board meeting Attended the Board of Health meeting
February 16	Participated in a TOPHC Workshop Planning Committee meeting
February 20	Met with Board of Health Chair to discuss the agenda for the February 22 BOH special meeting
February 21	Met with Middlesex County Warden, CAO, and Board of Health Chair to discuss the Location Project
February 22	Attended the YOU board meeting With MLHU staff, participated in a Skype meeting with Helene Berman regarding evaluation of TOPS and Supervised Consumption Facilities Participated in the interview panel for the second round of interviews for an AMOH Participated in teleconference regarding TOPHC panel session Attended Special Board of Health meeting
February 23	Met with Regional HIV/AIDS Connection staff regarding TOPS and SCF Interview with Craig Needles, AM980, regarding the BOH special meeting Interview with Jonathan Sher, *London Free Press*, regarding the BOH special meeting
February 26	Participated in an awareness event with Meals on Wheels
February 27	Participated in the first of three Mindfulness Ambassador Council Facilitator training sessions at UWO Was the guest speaker at the London For All meeting
February 28	Met with the OCWG group Participated in a call with Windsor Public Health regarding SCFs
March 1	Attended the Finance & Facilities Committee meeting Attended a meeting with Health Unit staff and Careene Andrews, Senior Consultant, Kāhui Tautoko Consulting Ltd., on relationships with Indigenous communities Met with Middlesex County Warden, CAO, and Board Chair to provide updates on the Location Project Participated in a Western University “Fake News Conference” event

This report was prepared by the Office of the Medical Officer of Health.

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