AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

MLHU Boardroom
399 Ridout Street North (side entrance)
Middlesex County Building
Thursday, February 14, 2019 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. NEW BUSINESS

3.1 Funding Requests to Ministry of Health (Report No. 006-19FFC)
3.2 2019 Proposed Budget (Report No. 007-19FFC)
3.3 Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor (Report No. 008-19FFC)
3.4 Southwest Tobacco Control Area Network Contract Extension (Report No. 009-19FFC)

4. OTHER BUSINESS

4.1 Next meeting Thursday, March 7, 2019 at 9:00 a.m. Room 3A

5. ADJOURNMENT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 006-19FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2019 February 14

FUNDING REQUESTS TO MINISTRY OF HEALTH

Recommendation

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

1) ***Approve Appendix A, outlining Base Funding Requests totalling $328,469;***
2) ***Approve Appendix B, outlining One-Time Funding Requests totalling $534,994; and***
3) ***Direct staff to submit the funding requests in the 2019 Annual Service Plan to the Ministry.***

Key Points

- The Ministry of Health & Long Term Care has advised all health units that they can submit proposals for specific base funding and one-time funding increases with the submission of the 2019 Annual Service Plan on March 1, 2019.
- Proposals for base funding requests totalling $328,469 are outlined in Appendix A attached.
- Proposals for one-time funding requests, totalling $534,994 are outlined in Appendix B attached.

Background

The Ministry of Health & Long Term Care has advised all Health Units that requests for specific base funding increases and one-time requests for specific funds should be incorporated in the Annual Service Plan to be filed with the Ministry on March 1, 2019.

A portion of the proposed funding requests outlined in these proposals were previously identified in the PBMA process which was presented in Report 044-18FFC.

This report was prepared by the Health Organization Division.

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

2019 Base Funding Increases

No.	Dept.	Proposal	Value	FTE	PBMA Ref.
1	EHID	PHN for Outreach Team	$107,062	1.0	1-0034 (284)
2	HL	Community Drug and Alcohol Strategy Coordinator	$89,448	1.0	1-0031 (273)
3	EHID	Enhanced Capacity to Investigate IPAC Lapses	$78,419	1.0	1-0036 (264) 1-0039 (169)
4	HL	Vision Screening Coordinator	$53,540	0.7	1-0028 (254)
		Total	**$328,469**	**3.7**	

Description of Base Funding Proposals

1. PHN for Outreach Team

The Sexual Health Outreach Team was implemented in mid-2017 following the declaration of a public health emergency related to rising HIV rates. In the interim, caseload has increased on average to about 128 clients as the team continues to receive referrals for the PWID population. This priority population includes those who are currently HIV positive or who are at risk for HIV, Hepatitis C, or other blood borne infections. The team works at the street level and links priority populations to services to increase health outcomes and prevent the spread of infectious diseases.

2. Community Drug and Alcohol Strategy Coordinator

This proposal is to fund a full time coordinator (1 FTE) to support the implementation of the Middlesex-London Community Drug and Alcohol Strategy (CDAS). Identifying longer term resourcing and funding options will be a priority for members of the implementation steering group.

Initiated by the Middlesex-London Health Unit, the Middlesex-London Community Drug and Alcohol Strategy (CDAS), is a comprehensive and long term strategy to address and prevent harms of substance use in our communities. The CDAS addresses substance use through a four pillar approach of prevention, treatment, harm reduction and enforcement and has been developed through the focused work of dozens of community partners within steering committee and pillar workgroups over the past 2 ½ years.

For successful implementation, a drug strategy coordinator is needed to provide leadership in all aspects of the Strategy. The CDAS coordinator will coordinate and project manage implementation of the Strategy; providing consultative input to the steering committee to guide decision making, developing and enhancing partnerships with relevant stakeholders, coordinating and steering committee and workgroup meetings, reporting on Strategy progress, maintaining the CDAS website, and will sit as a Middlesex-London representative on the Ontario Drug Strategy Coordinators Network. The coordinator will be accountable to the CDAS implementation steering group.

3. Enhanced Capacity to Investigate IPAC Lapses

Enhanced capacity of 0.5FTE Public Health Inspector (PHI) and 0.5FTE Program Assistant (PA) is required on the Infectious Disease Control (IDC) team to respond to the increased requirements articulated in the Infection Prevention and Control (IPAC) Complaint Protocol, 2018 and in order to respond to the increasing number of IPAC investigations.

As of January 2018, the Infection Prevention and Control Complaint Protocol, 2018 came into effect, articulating specific public health investigation requirements to follow up IPAC complaints. In addition to regulatory changes, the number of complaints received from the public has increased in recent years, particularly from settings that are not routinely inspected. Prior to 2017, IPAC complaints were relatively infrequent; in some years there were no IPAC complaints investigated. In 2017, the number of investigations increased to four; as of August 1, 2018 there had been ten IPAC investigations, representing a 150% increase from the previous year. The number of complaints to investigate is expected to continue to increase as public awareness of and expectations around IPAC practices increases.

The IDC team is also responsible for reportable disease follow up, as required under the Health Protection and Promotion Act (HPPA) and associated Protocols. Enhanced capacity of 0.5 FTE Program Assistant (PA) is required to ensure timely entry of data into iPHIS, the reporting database mandated by the Ministry of Health and Long-term Care. Due to the volume of case investigations and the detailed information to be entered, as well as competing demands, current resources can not enter data within the timelines for iPHIS entry specified by the Ministry. This issue is further compounded by the fact that there is no one who can provide coverage for the full time PA during vacation time or other absences, and therefore data entry becomes further delayed.

4. Vision Screening Coordinator

The MOHLTC developed a new protocol entitled “Child Visual Health and Vision Screening Protocol, 2018” as part of the School Health Standard. Due to similarities with Oral Health protocol, the Oral Health Team will contract a 0.7 FTE Vision Screening Coordinator to test vision screening in schools and to determine the resources required going forward. In order to conduct vision screening, the Health Unit also needs to purchase vision screening equipment and supplies. A request for funds to support these purchases was previously submitted to the Ministry when MLHU filed its Q3 2018 SAR.

2019 One-time Funding Increases

No.	Dept.	Proposal	Value	FTE	PBMA Ref.
1	OMOH	Contract Epidemiologist	$59,290	0.5	1-0035 204
2	Cross MLHU	Electronic Client Record	$399,822	-	1-0040 192
3	HL	Dental Chair	$25,000	-	N/A
4	EHID	TB and Hep A Outbreak	$50,882	0.3	N/A
		Total	**$534,994**	**0.8**	

Description of One-Time Funding Proposals

1. Contract Epidemiologist

This one-time investment extends a contract epidemiologist position for an additional 6-months. This epidemiologist would act as the project lead for the updating of the Community Health Status Resource and the development of the processes, standards and guidelines that would ensure the ongoing sustainability of this critical resource.

The Community Health Status Resource provides internal and external partners with population health assessment information for public health planning. It was developed in 2012, but much of the data and analysis is in need of updating. The updating of this resource has been identified as a strategic project. Additionally, it has been recognized that processes, standards and guidelines need to be developed to ensure that population health assessment continues at a more regular interval.

2. Electronic Client Record

MLHU data systems are dated, disparate and incompatible with many internal and external networks creating the need for a separate client record for each team with which a client engages. Access to client data is time consuming, difficult to share between teams and the records may be incomplete. As well, quality assurance and continuous quality improvement processes are impeded for these reasons.

Over the past six months, a project team has worked on preparing for the procurement and implementation of an ECR in 2019, including process mapping, vendor identification, resource requirements and implementation timelines.

This proposal is for a phased implementation of Electronic Client Record software for use in clinical and client interaction environments across the Health Unit. Initial funding would support roll-out of software to Sexual Health, Reproductive Health, Healthy Babies Healthy Children, Early Years and Nurse Family Partnership Teams. Additional teams are proposed to be brought on over 2019 and 2020 based on priority, in order to better distribute the incremental cost across three budget years. 2020 and 2021 funding would be sought in their respective years through the PBMA process.

Implementation of an ECR will allow for an improvement in client management activities as well as data access, collaboration and analysis. Efficiencies are achieved through more immediate access to client information, more intuitive reporting and analytics, and integration with other provincial systems lessening the need for duplicate entries.

The full cost to implement an ECR strategy over a five-year implementation is approximately $685,000, an amount that includes licensing costs and implementation fees. Annual maintenance and support fees have been included and are based on the total number of licenses purchased during the five-year period.

Build of costs in scope are outlined in the following table. We believe that the roll-out originally planned for the first two years can be completed in 2019 and have included a combined funding request of $399,822 in this proposal.

Year	License Fees	Implementation Costs	Maintenance & Support	Taxes	Total
1	$108,750	$95,600	$39,150	$31,655	$275,155
2	$54,750		$55,575	$14,342	$124,667
3	$36,500		$72,000	$14,105	$122,605
4			$72,000	$9,360	$81,360
5			$72,000	$9,360	$81,360
Total	**$200,000**	**$95,600**	**$310,725**	**$78,822**	**$685,147**

3. Dental Chair

The current dental chair in the Dental Clinic is losing functionality and often costs program money for repairs. Requirements for a new chair include:

a) Ability of the chair to recline to accommodate patients who have respiratory and low blood pressure complications.
b) Comfort of the clinician - the chair must have the ability to move up and down. Dental hygienists performing scaling should have the option to move the chair up and down to accommodate their preferences and ensure they can maintain a posture and position that prevents occupational health and safety injuries.
c) Functionality - dental chairs are equipped with lighting, suction lines, compressed air and water to ensure dental professionals can provide adequate services. Adequate lighting, air, water and suction are critical requirements to provide preventive dental services.
d) Infection Prevention and Control - dental chairs provide a cuspidor for clients to expectorate as required. As per IPAC regulations, clients should have a place to expectorate that is separate from hand washing and eye wash stations. Currently at MLHU, clients expectorate into the hand washing sink. This does not currently meet IPAC requirements.
e) Dental instrument requirements - dental instruments are made to work with dental chairs. The couplings on dental instruments are made to fit couplings on dental chairs. Instruments that are used at the 50 King Street Dental Clinic with these requirements include the slow speed hand piece which is required for providing dental cleanings and applying dental sealants. Some dental instruments require the air or water to function, which is only provided from dental chairs.

4. TB and Hep A Outbreak

In late December 2018, MLHU received a report of a case of active pulmonary tuberculosis (TB) who had been living in the City of London shelter system since 2017. Early investigations determined that this individual was highly infectious, with a long period of communicability. The Health Unit initiated screening for both active and latent TB (LTBI). Traditional LTBI screening consists of a tuberculin skin test (TST). The TST is of limited use in people who are under-housed or homeless because it requires the client to return for interpretation within 48–72 hours, and individuals in this population have had historically low rates of return. An alternative screening test is a blood test called an Interferon Gamma Release Assay (IGRA). However, this test is not publicly funded. In order to maximize screening, MLHU elected to utilize the IGRA blood test. This required partnering with a local private lab, and the use of unanticipated funds. Concurrent to this, a Hepatitis A outbreak occurred in the same population and required additional immunization efforts.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 007-19FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2019 February 14

2019 PROPOSED BUDGET

Recommendation

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

1) ***Approve the 2019 Proposed Budget in the gross amount of $34,601,981 as appended to Report No. 007-19FFC re: "2019 Proposed Budget";***
2) ***Direct staff to bring forward for approval via the quarterly variance process priorities from the list of "2019 PBMA Proposals to be Considered for Variance Funding or Other Alternatives" in Appendix A;***
3) ***Forward Report No. 007-19FFC to the City of London and the County of Middlesex for information; and***
4) ***Direct staff to submit the 2019 Proposed Budget in the various formats required by the different funding agencies.***

Key Points

- The proposed 2019 Budget for MLHU is presented in a new Ministry-approved format rather than the team-by-team presentation used in previous MLHU budgets.
- The 2019 Budget was developed with a 0% increase in Mandatory Program funding from the MOHLTC, and a 0% increase in funding from the City of London and the County of Middlesex.
- The budget also includes other known or potential funding sources from the Public Health Agency of Canada (PHAC), Ministry of Health and Long-Term Care (MOHLTC – 100%), Ministry of Children, Community & Social Services (MCCSS – 100%), and other sources of revenue.
- The overall 2019 Proposed Budget as presented in Appendix A is decreasing by $782,725 or 2.2% from 2018. Detailed program budgets are also presented.

Background

The 2019 Proposed Budget provides a more detailed overview of the work of the Middlesex-London Health Unit (MLHU) and the programs and services that are delivered to the community. Whereas previous budgets reflected the work performed by, and costs related to, health unit teams as outlined in the organizational chart, the 2019 approach seeks to enhance the Board's understanding of programs and interventions that are delivered to meet Public Health Foundational and Program Standards, Organizational Requirements and other program mandates.

2019 Proposed Board of Health Budget

The health unit developed budgets planned for a 0% increase in provincial and municipal funding for Mandatory Programs as well as a 0% grant increase for all other programs over 2018 levels. Total funding will decrease by $782,725 or 2.2% as Screening Assessment and Intervention, a program funded entirely by Ministry of Children, Community & Social Services, will be transferred to another local agency in Q3 2019.

The 2019 proposed budget includes PBMA proposals that were approved by the Finance & Facilities Committee at the November 1, 2018 meeting (Report No. 044-18FFC). A summary of the proposed 2019 Board of Health budget is contained in Appendix A.

2019 Annual Service Plan

The 2019 Annual Service Plan (ASP) provides planning & budgeting information for the 63 programs delivered by MLHU and allows the Board to make informed resource allocation decisions and ensure that programs address local public health issues, the Ontario Public Health Standards and other relevant program mandates.

Planning and budget information is organized by programs which are a logical grouping of public health interventions related to a disease, topic, population/age, or other relevant characteristics. A public health intervention is a series of activities performed to assess, improve, maintain, promote or modify health or health status for individuals, target population, or an entire population. Interventions can be implemented in multiple settings and using multiple strategies. The associated interventions are intended to achieve the desired short, intermediate and long term program outcomes.

To develop the 2019 ASP, all MLHU staff (FTE, salary, wages, and benefits) were allocated from teams to the programs that they deliver. All other program expenses were allocated from team budgets to the relevant program budgets based on FTE. Actual expenditures in 2019 will be tracked to program budgets to refine the 2020 program budget allocations.

This approach builds on the detailed development of previous budget submissions and aligns MLHU reporting with requirements of the Ministry of Health and Long-Term Care (Annual Service Plan), Ministry of Children, Community & Social Services, the Public Health Agency of Canada and Public Health Ontario.

The ASP with associated program descriptions and budgets is also attached in Appendix A. On page 15 of this document, a list of *2019 PBMA Proposals to be Considered for Variance Funding or Other Alternatives* details priorities for allocation of any positive variance through the 2019 quarterly variance process.

Conclusion

The 2019 proposed budget is $34,601,981 which represents a decrease of $782,725 or 2.2% from the 2018 budget.

This report was prepared by the Healthy Organization Division.

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

Middlesex-London Health Unit

2019 Annual Service Plan

February 2019

MIDDLESEX-LONDON HEALTH UNIT
LIST OF ACRONYMS FOUND IN 2019 ANNUAL SERVICE PLAN

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

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

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

PHO	Public Health Ontario
PHU	Public Health Unit
PIA	Privacy Impact Assessment
PICO	PICO model for clinical questions - Patient,Population,or Problem, Intervention,Comparison,Outcome
PiP	Prenatal Immigrant Program
$PM^{2.5}$	Particulate Matter (Carcinogen Factor)
POC	Proof of Concept
PPE	Program Planning and Evaluation
PSAB	Public Sector Accounting Board
PSW	Personal Support Worker
PWID	People Who Inject Drugs
Q&A	Question and Answer
QA	Quality Assurance
QI	Quality Improvement
RAC	Relocation Advisory Committee
RFP	Request for Purchase
RHAC	Regional HIV / AIDS Connection
RHT	Reproductive Health Team
ROE	Records of Employment
ROI	Return on Investment
RRFSS	Rapid Risk Factor Surveillance System
SAI	Screening, Assessment and Intervention
SDOH	Social Determinants of Health
SDWS	Small Drinking Water Systems
SFOA	Smoke-Free Ontario Act
SFOS	Smoke-Free Ontario Strategy
SHL	Smokers Help Line
SLSP	Shared Library Services Partnership
SLT	Senior Leadership Team
SOAHAC	Southwest Ontario Aboriginal Health Access Centre
SOHRG	South Western Ontario Human Resource Group
SP	Strategic Projects
SSFB	Smart Start for Babies Program
STIs	Sexually Transmitted Infections
STP	School Travel Plans
SW	South West
SW LHIN	South West Local Health Integration Network
SW TCAN	Southwest Tobacco Control Area Network
SW, R&VBD	Safe Water, Rabies & Vector Borne Disease
TasP	Treatment as Prevention
TB	Tuberculosis
TBD	To be determined
TCAN	Tobacco Control Area Network
TEACH	An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder
TEO	Tobacco Enforcement Officer
TST	Tuberculin Skin Test

TVDSB	Thames Valley District School Board
tykeTALK	Preschool Speech and Language
UNHS	Universal Newborn Hearing Screening
UVR	Ultraviolet Radiation
VBD	Vector Borne Disease
VOP	Vulnerable Occupancy Protocol
VPD	Vaccine Preventable Disease
WHMIS	Workplace Hazardous Materials Information System
WNV	West Nile Virus
WSIB	Workplace Safety and Insurance Board
WU	Western University
YAT	Young Adult Team
YDS	Youth Development Specialist

2019 PBMA Disinvestment

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0016	Combined Efficiencies	-$ 2,542	0.00	-6
Cross-MLHU	1-0017	Cancellation of Symantec Software Maintenance	-$ 9,944	0.00	-12
Cross-MLHU	1-0018	Rogers Cellular Service Contract Change	-$ 31,380	0.00	0
Cross-MLHU	1-0020	Compugen Photocopier Lease	-$ 11,611	0.00	-29
EHID	1-0001	Reduction in Staff for Sexual Health Clinic	-$ 11,373	-0.13	-149
EHID	1-0004	PHI Fieldwork Efficiencies	-$ 48,342	-0.50	-71
EHID	1-0023	Public Health Inspector Mileage Funding	-$ 20,000	0.00	-10
EHID	1-0025	PHI Inspection Work	-$ 48,342	-0.50	-95
HL	1-0009	iParent Program Dollars	-$ 35,779	0.00	-51
HL	1-0012	Efficiencies Made to Youth Engagement Strategy	-$ 10,023	0.00	-91
HL	1-0013	Oral Health Program Assistant-Efficiency	-$ 32,793	-0.50	-51
HL	1-0014	inMotion Program Dollars	-$ 5,000	0.00	-25
HS	1-0005	eHBHC Program Assistant Efficiency	-$ 64,000	-1.00	0
HS	1-0042	Casual Teachers for Universal Group Prenatal Education	-$ 48,043	-0.53	-98
HS	1-0006	Reduction to Operational Budget	-$ 6,500	0.00	0
OCNO	1-0027	NPC Budget Reduction	-$ 1,500	0.00	0
OMOH	1-0029	Communications Efficiencies	-$ 3,555	0.00	0
		Total	**-$ 390,727**	**-3.16**	**-590**

Disinvestment Descriptions

#1-0016 – Combined Efficiencies

This proposal combines two recommendations. The first is the reduction of after hours on call service at Spectrum Communications from 500 minutes per month to 250 minutes per month to better reflect actual usage per month for this service over the past 14 months. The second is to reduce the number of folder/sorters currently provided by Pitney Bowes. There are two units under lease which have recently expired and our current usage only justifies a lease extension of one unit.

#1-0017 – Cancellation of Symantec Software Maintenance
The Symantec anti-virus software under license to the MLHU is duplicated in the ESET anti-virus software provided under contract by the Managed Service Contract provided by Stronghold Services. This recommendation seeks to streamline services and move to a singular anti-virus software platform. MLHU will move to the ESET anti-virus platform and will not renew the Symantec license.

#1-0018 – Rogers Cellular Service Contract Change
Rogers has reduced cellular costs by approximately 40% as a part of the Vendor of Record Program with the Province of Ontario. These savings are available to all non-profit agencies funded by the province. This contract provides larger data plans, the elimination of SMS text charges and lower cost monthly fees. Annual cellular costs before application of this discount are currently $78,449. This reduces the reliance on local or wide area networks. The new fee structure goes into place September 1, 2018 for all MLHU employees with an agency provided cellular phone.

#1-0020 – Compugen Photocopier Lease
There are a total of 18 multifunction copiers under lease to the Health Unit, some of which ae underutilized. This proposal will reduce the number of machines to 9 or a 50% reduction. In addition, improvements to Enterprise Resource Planning, Electronic Client records as well as hardware will reduce usage of printers and photocopiers. The Business Process Group in the OSL 2.0 Committee will work with the program groups to optimize the location and usage of the remaining 9 multifunction units.

#1-0001 – Reduction in Staff for Sexual Health Clinic
Due to physician schedule changes the Thursday evening Family Planning Clinic (FPC) was changed from a booked FPC clinic to drop-in for clients to pick-up birth control, access the morning after pill, needle exchange and naloxone, counseling and accessing test results. A PHN and CTA work this evening shift. The plan is to cancel the drop-in clinic and staff would no longer work this shift. Clients would no longer have access to evening drop-in for birth control, ECP, counseling NEP and naloxone.

#1-004 – PHI Fieldwork Efficiencies
The Public Health Inspector (PHI) teams will be conducting a data migration this year (2018), to an upgraded version of Hedgehog allowing for added functionality. This added functionality will better assist PHIs in the field and could lead to some anticipated work efficiencies. One significant efficiency gain includes the ability to conduct data synchronizations offsite, where currently a data upload to the main server is only achievable by returning to the MLHU and connecting onto the network. The new software is a cloud-based solution, which allows data synchronizing to occur wirelessly in the field. This functionality will reduce the time spent travelling to the office for this dedicated purpose. MLHU policy allowing for alternate work locations and Activity-Based workstations will also aim to increase field efficiencies.

#1-0023 – Public Health Inspector Mileage Funding
As part of the Public Health Inspector (PHI) program review, opportunities for efficiency were identified, including creating inspection routes that would require less travel between sites. Past budgets were also examined to determine if allocated funding for vehicle travel could be reduced. These efficiencies will support a reduction in the mileage allowance for Environmental Health programs of $20,000. Further, changes in work practices such as Activity Based Workspaces, consolidated inspection areas and mobile uploading of inspection reports provides some confidence in additional efficiency to be realized. Allocation of budget reductions between Food Safety & Healthy Environments and Safe Water, Rabies and Vector Borne Disease Teams will be determined when Annual Service Plans are developed.

#1-0025 – PHI Inspection Work
MLHU is currently conducting a review of Public Health Inspection (PHI) work to improve program effectiveness and achieve program efficiencies. Through this review, efficiencies identified would support a reduction of PHI staff by 0.5 FTE. It would also be beneficial to incorporate all recommendations from the PHI review, in order to ensure that individual workloads and program assignments are aligned appropriately within each team.

#1-0009 – iParent Program Dollars

This is a proposal to eliminate a central parenting program budget for the iParent section of the MLHU website. There is capacity in existing program budgets to support updating the parenting information on the iParent section of the MLHU website and parenting related content will continue to be promoted through existing resources. MLHU's partnership with other organizations offering parenting programs and supports will continue.

#1-0012 – Efficiencies Made to Youth Engagement Strategy (OLOY)
This proposal is a reduction of $10,023 to youth leader salaries and benefits budget of the Youth Engagement - One Life One You program. With planned pauses to the work schedule during exam periods, there is an opportunity to maximize the work schedule during the remainder of the year while supporting this reduction to the budget.

#1-0013 – Oral Health Program Assistant - Efficiency
As part of staffing alignment subsequent to the closing of the Dental Treatment Clinic, telephone calls will be re-directed to the receptionist in the dental clinic and other duties of a part-time Program Assistant (0.5 FTE) will be absorbed as much as possible by the Oral Health Team.

#1-0014 – inMotion Program Dollars
A joint decision was made by The City of London and MLHU (in Motion lead partners and co-sponsors) to discontinue the community wide October Challenge and large scale inMotion promotion. An operating budget of $5,000 dedicated to promotion of the Middlesex-London inMotion campaign and inMotion October Challenge is no longer required. There is capacity in exiting program budget to support physical activity program work.

#1-0005 - eHBHC Program Assistant Efficiency
With the introduction of eHBHC in May 2018 as part of a provincial initiative, completion of the HBHC screen within the BORN Information System (BIS) results in the seamless electronic transmission of HBHC screens to MLHU and as a result the need for paper-based processing and faxing is eliminated. These efficiencies have reduced the workload for program assistants by 1.0 FTE in Healthy Start.

#1-0042 – Casual Teachers for Universal Group Prenatal Education
As a result of a comprehensive planning process related to prenatal health programs and services, MLHU will provide universal prenatal education and support through e-learning, website content, Health Connection, and the "Prep for Parenthood" session. Focus of prenatal health programming will shift to enhancing existing programming for priority populations, through targeted home visiting and targeted group programs. Targeted programming will be provided by FT/PT staff within Healthy Start and therefore there is no longer need for casual PHNs.

#1-0006 – Reduction to Operational Budget – Healthy Start
Within the budget of Office of Director, efficiencies have been identified, including reductions to program supplies $5,000 and travel $1,500.

#1-0027 – NPC Budget Reduction
The Nursing Practice Council (NPC) has a current budget of $10,000 with expenses typically focused on staff capacity building. It is expected that the NPC can satisfactorily carry out its work plan initiatives with a reduced budget of $8,500.

#1-0029 – Communications Efficiencies

A number of efficiencies have been identified within the Communications budget, including proposed budget cuts to meeting costs, teleconference fees, program supplies and equipment, travel, accommodation and meal expenses.

2019 PBMA Investment

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0040	Electronic Client Record	$ 77,000	0.00	192
EHID	1-0034	PHN for Outreach Team	$ 107,062	1.00	284
EHID	1-0036	Enhanced Capacity to investigate IPAC Lapses	$ 48,708	0.50	264
EHID	1-0039	Enhanced Program Assistant Support	$ 14,856	0.25	169
HS	1-0015	Nurse-Family Partnership	$ 30,000	0.00	288
OCNO	1-0033	Manager, Indigenous Reconciliation and Health Equity	$ 119,900	1.00	260
		Total	**$ 397,526**	**2.75**	**1457**

Investment Descriptions

#1-0040 – Electronic Client Record
MLHU data systems are dated, disparate and incompatible with many internal and external networks creating the need for a separate client record for each team with which a client engages. Access to client data is time consuming, difficult to share between teams and the records may be incomplete. As well, quality assurance and continuous quality improvement processes are impeded for these reasons.

Over the past six months, a project team has worked on preparing for the procurement and implementation of an ECR in 2019, including process mapping, vendor identification, resource requirements and implementation timelines.

This proposal is for a phased implementation of Electronic Client Record software for use in clinical and client interaction environments across the Health Unit. Initial funding would support roll-out of software to Sexual Health, Reproductive Health, Healthy Babies Healthy Children, Early Years and Nurse Family Partnership Teams. Additional teams are proposed to be brought on over 2019 and 2020 based on priority, in order to better distribute the incremental cost across three budget years. 2020 and 2021 funding would be sought in their respective years through the PBMA process.

Implementation of an ECR will allow for an improvement in client management activities as well as data access, collaboration and analysis. Efficiencies are achieved through more immediate access to client information, more intuitive reporting and analytics, and integration with other provincial systems lessening the need for duplicate entries.

1-0034 – PHN for Outreach Team
The Sexual Health Outreach Team was implemented in mid-2017 following the declaration of a public health emergency related to rising HIV rates. In the interim, caseload has increased on average to about 128 clients as the team continues to receive referrals for the PWID population. This priority population includes those who are currently HIV positive or who are at risk for HIV, Hepatitis C, or other blood borne infections. The team works at the street level and links priority populations to services to increase health outcomes and prevent the spread of infectious diseases.

#1-0036 – Enhanced Capacity to Investigate IPAC Lapses
Enhanced capacity of 0.5FTE Public Health Inspector (PHI) is required on the Infectious Disease Control (IDC) team to respond to the increased requirements articulated in the Infection Prevention and Control (IPAC) Complaint Protocol, 2018 and in order to respond to the increasing number of IPAC investigations.

As of January 2018, the Infection Prevention and Control Complaint Protocol, 2018 came into effect, articulating specific public health investigation requirements to follow up IPAC complaints. In addition to regulatory changes, the number of complaints received from the public has increased in recent years, particularly from settings that are not routinely inspected. Prior to 2017, IPAC complaints were relatively infrequent; in some years there were no IPAC complaints investigated. In 2017, the number of investigations increased to four; as of August 1, 2018 there had been ten IPAC investigations, representing a 150% increase from the previous year. The number of complaints to investigate is expected to continue to increase as public awareness of and expectations around IPAC practices increases.

#1-0039 - Enhanced Program Assistant Support
The Infectious Disease Control (IDC) team is responsible for reportable disease follow up, as required under the Health Protection and Promotion Act (HPPA) and associated Protocols. Enhanced capacity of 0.5 FTE Program Assistant (PA) is required to ensure timely entry of data into iPHIS, the reporting database mandated by the Ministry of Health and Long-term Care. Due to the volume of case investigations and the detailed information to be entered, as well as competing demands, current resources can not enter data within the timelines for iPHIS entry specified by the Ministry. This issue is further compounded by the fact that there is no one who can provide coverage for the full time PA during vacation time or other absences, and therefore data entry becomes further delayed.

#1-0015 – Nurse-Family Partnership
This PBMA enhancement proposal seeks to provide professional services fees and program costs necessary for ongoing implementation of the Nurse-Family Partnership (NFP) program beyond the end of the Canadian Nurse-Family Partnership Education (CaNE) pilot.

The Nurse-Family Partnership (NFP) is an intensive nurse home visiting program for young, low income, first-time mothers. The NFP has been evaluated in three randomized controlled trials in the US which have demonstrated positive effects on the outcomes of pregnancy, children's subsequent health and development, and parent's economic self-sufficiency. The strong evidentiary foundation of the NFP has led to international implementation and evaluation.

Licensing fees, which were previously waived during the pilot phase, will now be invoiced on an annual basis and shared among implementing agencies in Ontario. Other ongoing implementation costs which would be shared among implementing agencies include salary and benefits for an Ontario NFP Clinical Lead, international consultancy fees, and education costs (primarily related to the on-line education platform).

#1-0033 - Manager, Indigenous Reconciliation and Health Equity
Reporting to the Chief Nursing Officer, a Manager, Indigenous Reconciliation and Health Equity would significantly enhance the organization's ability to effectively implement its health equity strategic initiatives and would strengthen the influence and impact of our Indigenous lead role by positioning the individual at a leadership level. This position would enhance our capacity to build relationships with, and meaningfully engage, Indigenous communities/populations and community partners, as outlined in the recently-approved organizational reconciliation plan.

2019 PBMA One-time Investments

Dept.	No.	Proposal	Value	FTE	Score
HL	1-0028	Vision Screening Coordinator	$ 26,771	0.35	254
HL	1-0031	Community Drug and Alcohol Strategy Coordinator	$ 44,724	0.50	273
HO	1-0024	Procurement Coordinator	$ -	0.50	198
OMOH	1-0035	Contract Epidemiologist	$ 59,290	0.50	204
OMOH	1-0038	Advertise new MLHU Location	$ 10,000	0.00	255
		Total	**$ 140,784**	**1.85**	**1184**

One-time Investment Descriptions

#1-0028 – Vision Screening Coordinator
The MOHLTC developed a new protocol entitled "Child Visual Health and Vision Screening Protocol, 2018" as part of the School Health Standard. Due to similarities with Oral Health protocol, the Oral Health Team will contract a 0.35 FTE (January to May 2019) Vision Screening Coordinator to lead a pilot to test vision screening in schools and to determine the resources required going forward. In order to conduct vision screening, the Health Unit needs to purchase vision screening equipment and supplies. The MOHLTC has stated there will be an opportunity to apply for one-time funding to cover the costs of purchasing equipment.

#1-0031 – Community Drug and Alcohol Strategy Coordinator
This proposal is to fund a .5 coordinator for one year to support the implementation of the Middlesex-London Community Drug and Alcohol Strategy (CDAS). Identifying longer term resourcing and funding options will be a priority for members of the implementation steering group.

Initiated by the Middlesex-London Health Unit, the Middlesex-London Community Drug and Alcohol Strategy (CDAS), is a comprehensive and long term strategy to address and prevent harms of substance use in our communities. The CDAS addresses substance use through a four pillar approach of prevention, treatment, harm reduction and enforcement and has been developed through the focused work of dozens of community partners within steering committee and pillar workgroups over the past 2 ½ years.

For successful implementation, a drug strategy coordinator is needed to provide leadership in all aspects of the Strategy. The CDAS coordinator will coordinate and project manage implementation of the Strategy; providing consultative input to the steering committee to guide decision making, developing and enhancing partnerships with relevant stakeholders, coordinating and steering committee and workgroup meetings, reporting on Strategy progress, maintaining the CDAS website, and will sit as a Middlesex-London representative on the Ontario Drug Strategy Coordinators Network. The coordinator will be accountable to the CDAS implementation steering group.

#1-0024 – Procurement Coordinator
Procurement Coordinator will help with the expanded workload in the Procurement portfolio during the time leading up to the re-location. Strategic Projects including re-location, Enterprise Resource Planning, Activity Based Workspaces and the establishment of a permanent Supervised Consumption Facility all require significant procurement support to meet transparent and equitable procurement policies. It is anticipated that the cost of this position will be funded from procurement efficiencies to be identified. The addition of this resource will allow time for the Manager of Procurement and Operations to focus on the Strategic Projects and delegate responsibilities for day to day activities. This would include basic contract management, competitive bid management, and daily procurement purchases to support all programs within the Health Unit.

Non-labour spending represented $11 million dollars of the budget in 2017. The addition of a resource will ensure the Health Unit receives the greatest value for budget dollars. Procurement efforts were able to able to identify $55,477 in cost reductions for the 2019 PBMA process. This additional capacity would also allow for an increased focus on savings opportunities within the Health Unit to offset the additional cost in wages and benefits.

#1-0035 – Contract Epidemiologist
This one-time investment extends a contract epidemiologist position for an additional 6-months. This epidemiologist would act as the project lead for the updating of the Community Health Status Resource and the development of the processes, standards and guidelines that would ensure the ongoing sustainability of this critical resource.

The Community Health Status Resource provides internal and external partners with population health assessment information for public health planning. It was developed in 2012, but much of the data and analysis is in need of updating. The updating of this resource has been identified as a strategic project. Additionally, it has been recognized that processes, standards and guidelines need to be developed to ensure that population health assessment continues at a more regular interval.

#1-0038 – Advertise new MLHU Location
An advertising and awareness program will be needed in 2019 to promote the Middlesex-London Health Unit's relocation to Citi Plaza. Using paid advertising on traditional and online media, social media channels, the MLHU website and earned media, a coordinated campaign will be developed to ensure that the community, clients and partners are aware of the details and timelines surrounding the Health Unit's move to its new location.

The plan will include both advertising and earned media, including a news conference event to be held at the new location. Advertising will be placed in traditional media including billboards, transit, transit shelters, radio and online as well as social media (Facebook and Twitter).

2019 PBMA Proposals to be Considered for Variance Funding or Other Alternatives

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	1-0040	Electronic Client Record	-$ 63,000	0.00	192
Cross-MLHU	1-0043	Debt Repayment	-$ 250,000	0.00	135
EHID	1-0039	Enhanced Program Assistant Support	-$ 14,855	-0.25	169
HL	1-0028	Vision Screening Coordinator	-$ 26,770	-0.35	254
HL	1-0031	Community Drug and Alcohol Strategy Coordinator	-$ 44,723	-0.50	273
HO	1-0021	Program Evaluator - Enhancement	-$ 42,585	-0.50	201
HO	1-0024	Procurement Coordinator	-$ 31,524	0.00	198
HS	1-0007	Enhanced Registered Public Health Dietitian Support	-$ 45,812	-0.50	235
HS	1-0015	Nurse-Family Partnership	-$ 102,463	-1.00	288
OMOH	1-0037	MLHU Corporate Rebrand	-$ 10,000	0.00	230
		Total	**-$ 631,732**	**-3.10**	**2175**

Descriptions of Proposals:

#1-0040 – Electronic Client Record
A description of this proposal is outlined in Appendix B. Original funding request was for $140,000. Recommended funding for approval is $77,000 as work can be expedited on this initiative in 2018 within approved budgets.

#1-0043- MLHU Debt Repayment
Due to changes at the provincial government level, access to a Community Health Capital Program grant is uncertain. As a result, MLHU could be facing a larger debt than originally anticipated due to the relocation of its downtown office. In order to accelerate debt repayment this proposal aims to use variance funds up to $250,000 within the year. This would be a top priority for allocation of variance funding.

#1-0039 – Enhanced Program Assistance Support
A description of this proposal is outlined in Appendix B. Original funding request was for $29,711 and 0.5FTE. Recommended funding for approval is $14,856 and 0.25FTE. Budget and time allocated for this additional resource have been reduced to address most essential work outlined within a constrained budget.

#1-0028 – Vision Screening Coordinator
A description of this proposal is outlined in Appendix C. Original funding request was for $53,541 and 0.7FTE. The position was approved for $26,771 and 0.35FTE. Budget and time allocated for this additional resource have been reduced to address most essential work outlined within a constrained budget.

#1-0031 – Community Drug and Alcohol Strategy Coordinator

A description of this proposal is outlined in Appendix C. Original funding request was for $89,447 and 1.0FTE. The position was approved for $44,724 and 0.5FTE. Budget and time allocated for this additional resource have been reduced to address most essential work outlined within a constrained budget.

#1-0021 – Program Evaluator – Enhancement

This investment proposes to enhance MLHU Program Evaluator capacity by 0.5FTE, by expanding the existing complement from 5.5 FTE to 6.0 FTE Program Evaluator positions. Optimizing evidence-informed decision-making (EIDM) is a MLHU strategic objective outlined in the 2015-2020 strategic plan. Further, one of the main aims of the modernized Ontario Public Health Standards is to ensure that "public health practice is transparent, responsive to current and emerging evidence and emphasizes continuous quality improvement". The modernized OSPHPS have a number of new requirements related to effective public health practice, including substantial new accountabilities related to 1) program planning, evaluation and evidence-informed decision-making, and 2) quality and transparency. Program staff are primarily concerned with service delivery and direct client or program work. The program evaluator capacity allows for specialized support to be deployed to assist the program staff in program planning, implementation, continuous quality improvement, evaluation and evidence-informed public health practice as outlined in the Ontario Public Health Standards.

#1-0024 – Procurement Coordinator

A description of this proposal is outlined in Appendix C. Original funding request was for $31,524 and 0.5FTE. The position was approved for 0.5FTE with the expectation that efficiencies and cost savings identified by the incumbent would offset the incremental salary and benefit costs.

#1-0007 – Enhanced Registered Public Health Dietitian Support in Healthy Start

Currently within Healthy Start, the Reproductive Health Team, the Early Years Team, the Best Beginnings Teams and the Nurse Family Partnership Team all share a 1.0 FTE Registered Public Health Dietitian. As workload over the past several years has exceeded the capacity, additional contract services have been used to fill some of the gaps on the RHT. The Early Years Team has been unable to support licensed childcare centers regarding new nutritional guidelines. In addition, the PHNs will require assistance from a Registered Dietitian to promote and to provide education to clients regarding new provincial legislation and guidelines from Health Canada. The addition of 2.5 days of a Registered Dietitian will address gaps, provide consistent food literacy education to at risk women when they are pregnant and then parenting young children, and support PHNs in educating their clients using the most up to date and evidence based nutrition information.

#1-0015 – Nurse-Family Partnership

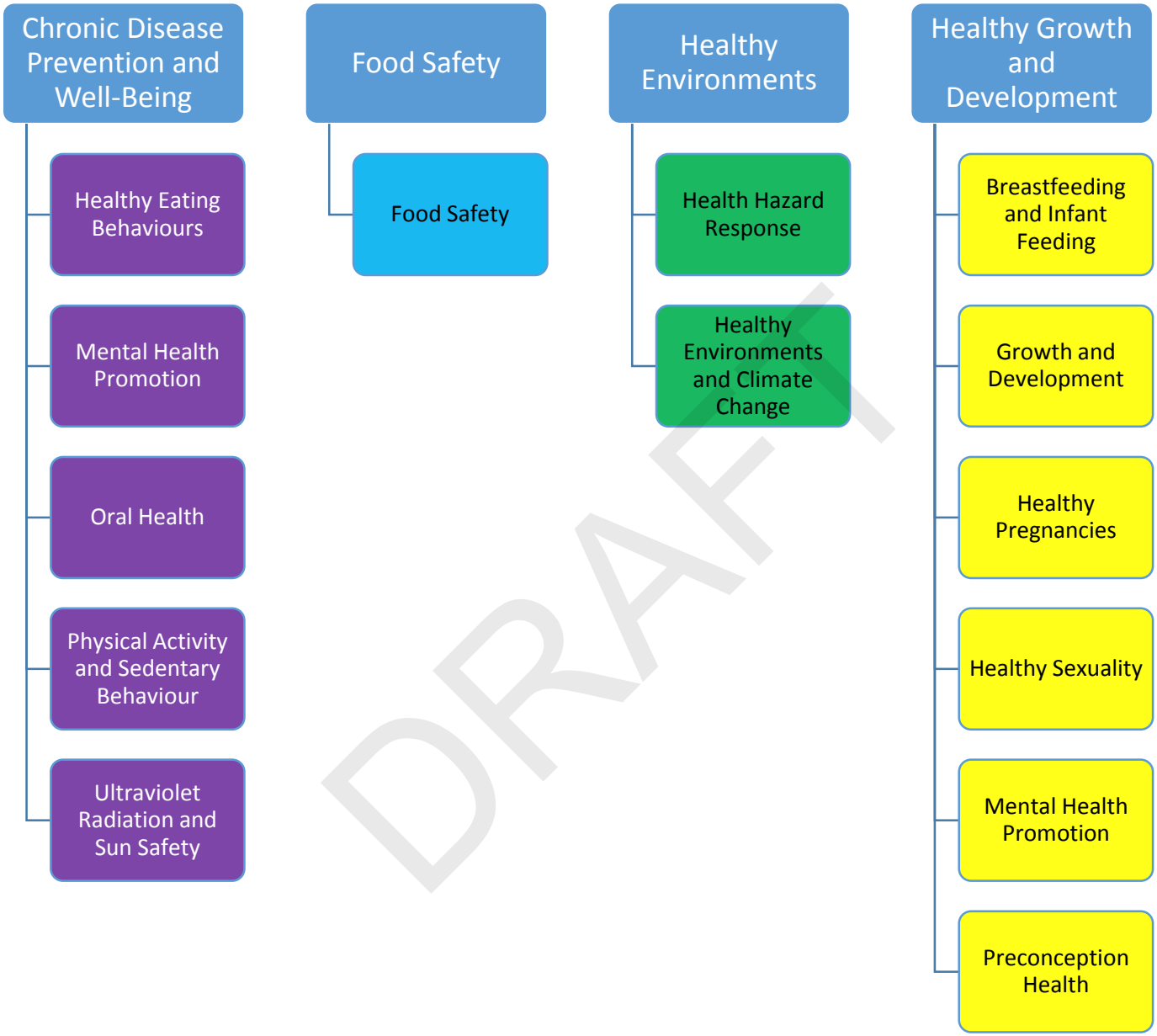
A description of this proposal is outlined in Appendix B. Original funding request was for $132,463 and 1.0FTE however FTE was reassigned based on the Reproductive Health Program review. Recommended funding for approval is $30,000 and 0 FTE. Budget was adjusted to cover the licencing fees and implementation costs, whereas dedicated resources to support this position are being addressed from current staff complement.

#1-0037 – MLHU Corporate Rebrand

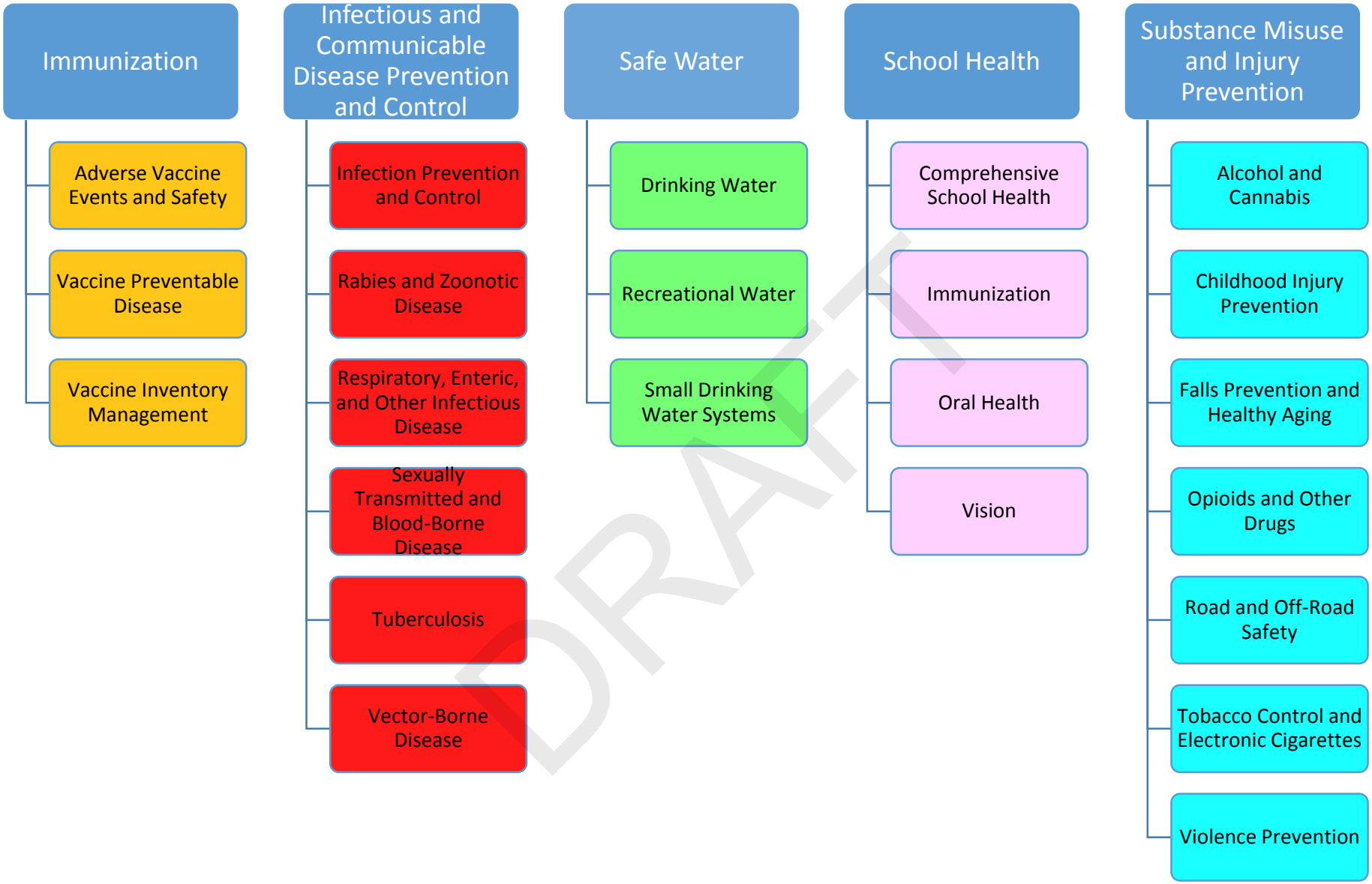
The Middlesex-London Health Unit's Corporate Graphic Standards have been in place since 2004 and work is already underway to refresh and update them. This includes work being done by the Graphic Standards Committee. The Health Unit's upcoming move provides a unique opportunity to apply changes

to the corporate look and brand. In October of 2018, these will undergo focus testing to better understand awareness of the Health Unit's brand, as well as programs and services. The outcome will help determine the costs that the MLHU will face to update resources, including business cards, letterhead, website and online properties and more. Potential changes to the Corporate Graphic Standards, including the creation of a new guide for staff, would be implemented in 2019, after consideration of the results of focus testing and subsequent work by the Graphic Standards Committee.

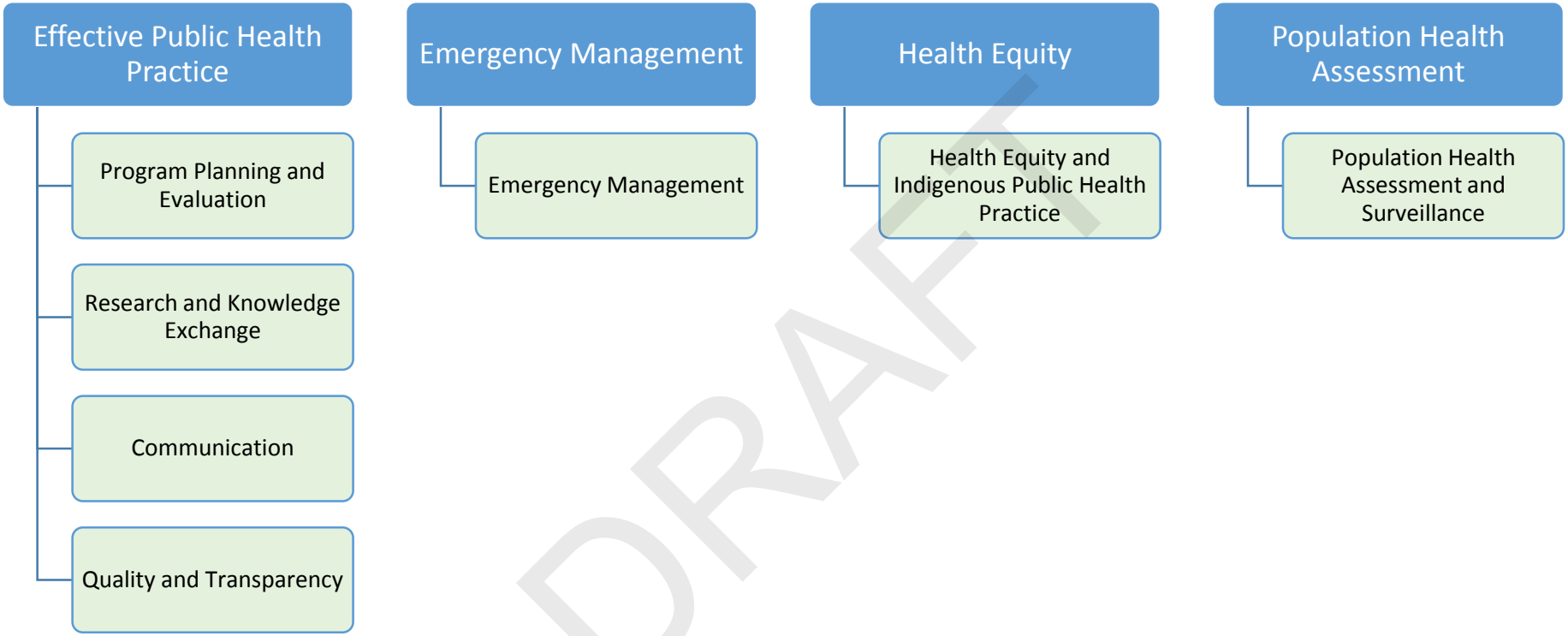
MLHU Programs by Standard / Requirement



MLHU Programs by Standard / Requirement



MLHU Programs by Standard / Requirement



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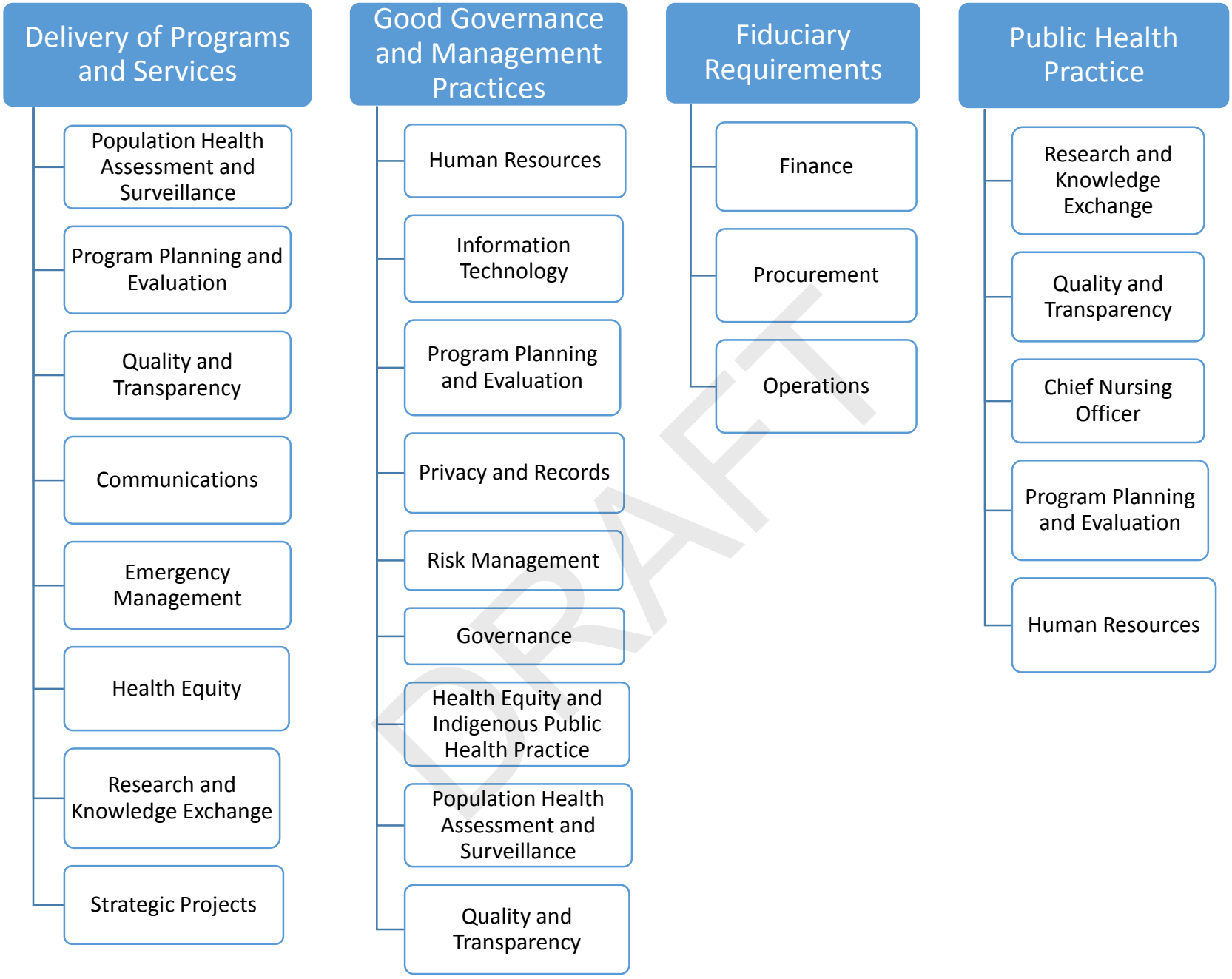

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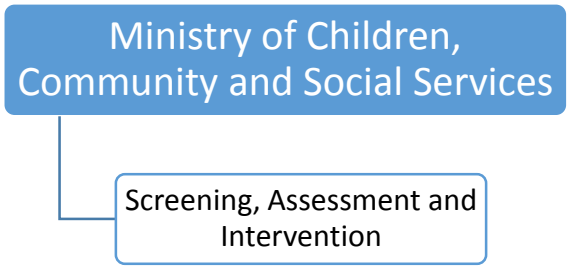
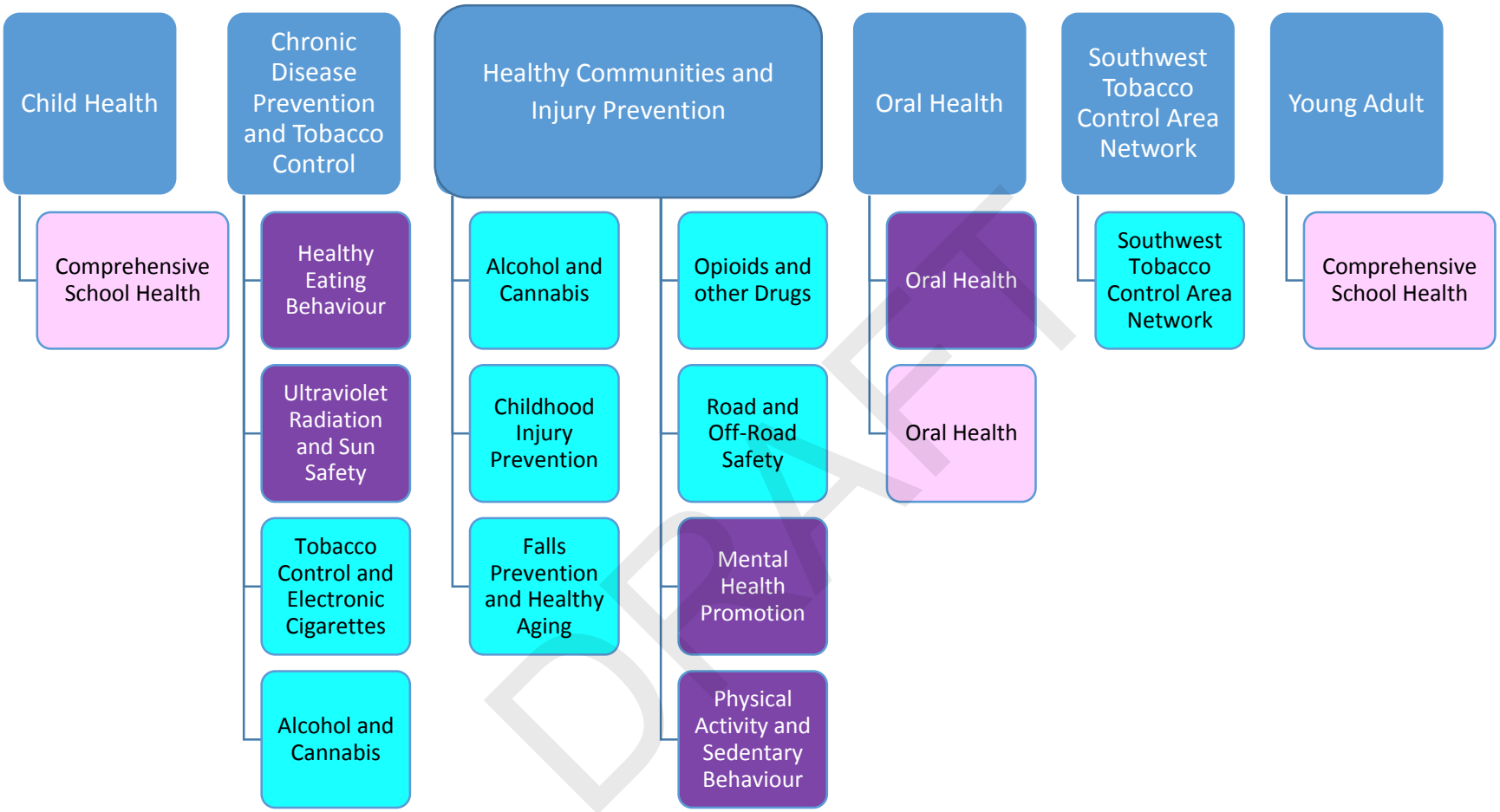
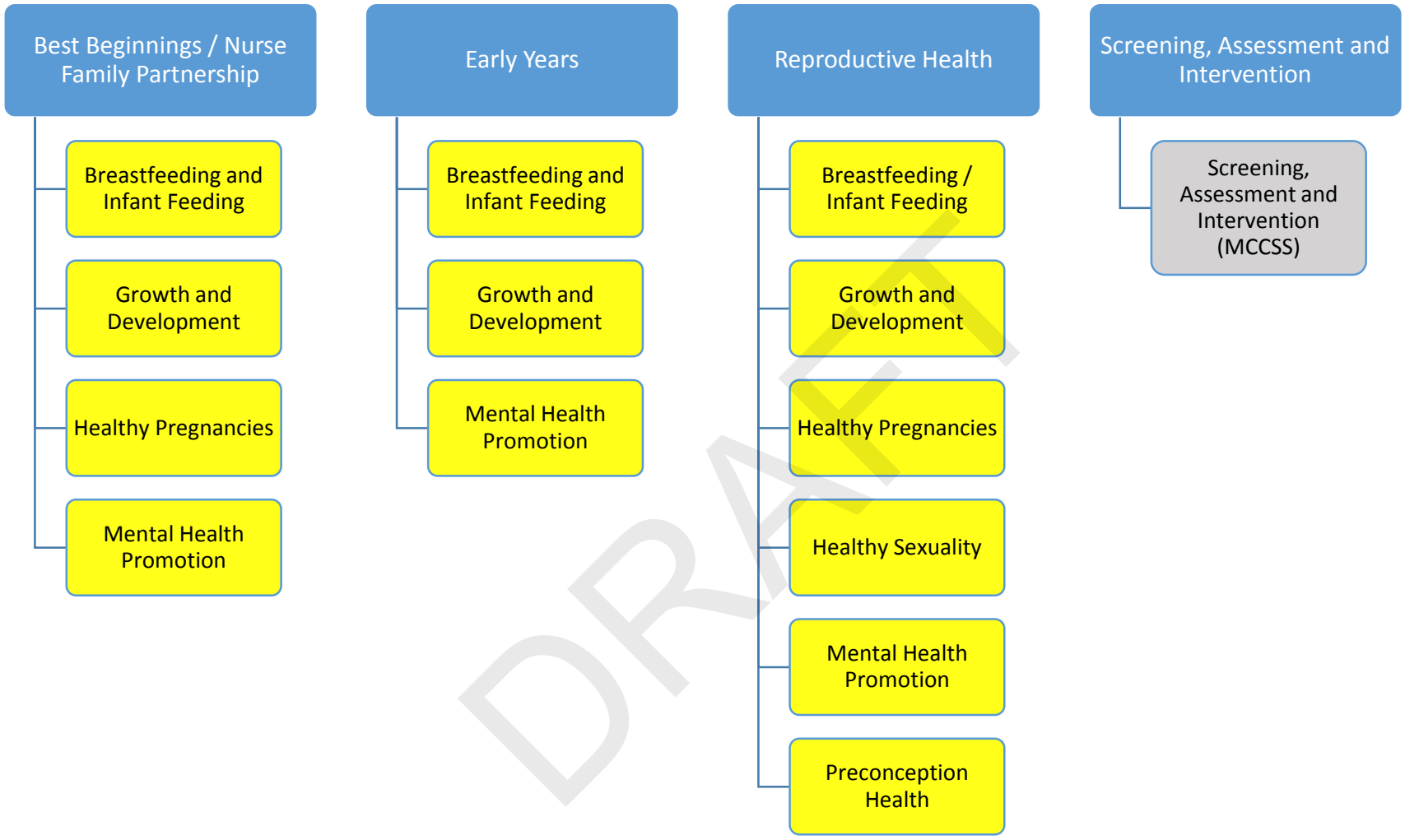


Programs Delivered by Teams

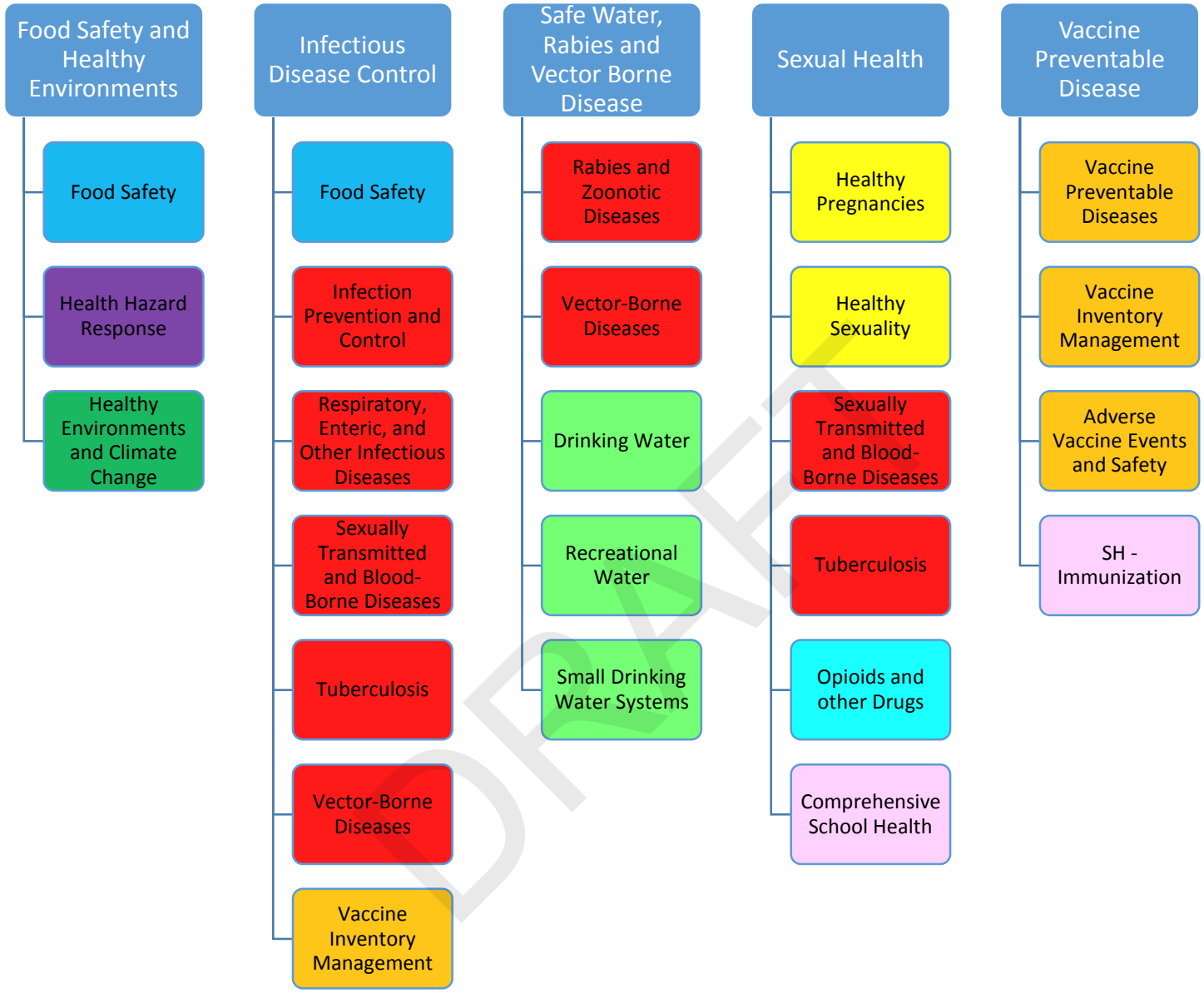


Programs Delivered by Teams



CDPWB FS HEV HGD IMM MCCSS
ICD SW SH SUIP Foundational Requirements

Programs Delivered by Teams



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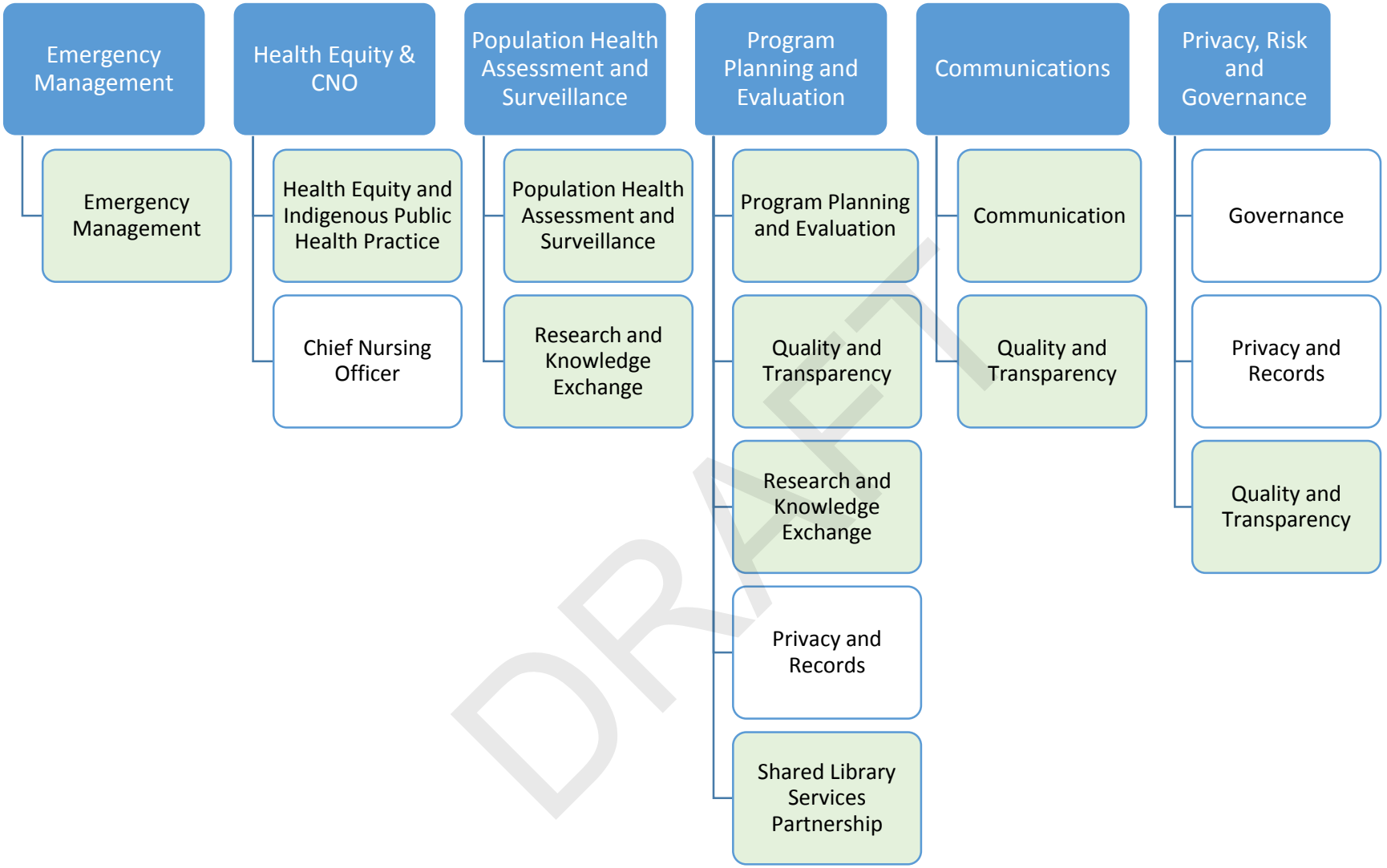
ICD SW SH SUIP Foundational Requirements

Programs Delivered by Teams



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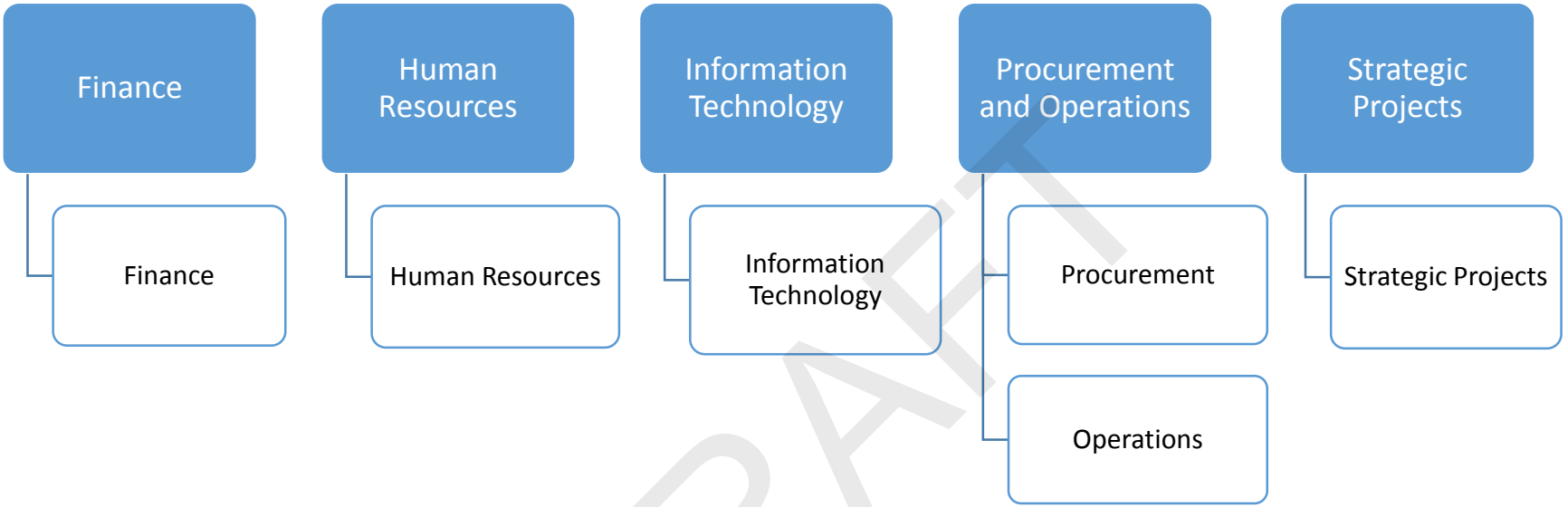
ICD SW SH SUIP Foundational Requirements

Programs Delivered by Teams



CDPWB FS HEV HGD IMM MCCSS
ICD SW SH SUIP Foundational Requirements

MIDDLESEX-LONDON HEALTH UNIT
2019 BOARD OF HEALTH DRAFT BUDGET SUMMARY

	2017 Budget	2018 Budget	2019 Budget	$ increase/ ($ decrease) over 2018	% increase/ (% decrease) over 2018	Notes
Healthy Organization						
Office of the Director	$ 365,792	$ 318,316	$ 354,699	$ 36,383	11.4%	1
Finance	522,401	453,697	455,506	$ 1,809	0.4%	
Human Resources	485,243	669,478	701,599	$ 32,121	4.8%	2
Information Technology	1,001,200	947,981	1,069,292	$ 121,311	12.8%	3
Privacy Risk and Governance	160,727	154,099	153,110	$ (989)	-0.6%	
Procurement & Operations	268,991	260,844	283,638	$ 22,794	8.7%	4
Program Planning & Evaluation	-	857,409	873,039	$ 15,630	1.8%	5
Strategic Projects	134,565	248,436	263,202	$ 14,766	5.9%	6
Total Healthy Organization	***$ 2,938,919***	***$ 3,910,260***	***$ 4,154,085***	***$ 243,825***	**6.2%**	
Healthy Living Division						
Office of the Director	$ 243,153	$ 257,311	$ 379,454	$ 122,143	47.5%	7
Child Health Team	1,722,715	1,641,728	1,685,760	$ 44,032	2.7%	8
Chronic Disease & Tobacco Control	1,412,286	1,421,291	1,407,541	$ (13,750)	-1.0%	
Healthy Communities and Injury Prevention	1,188,331	1,141,295	1,168,241	$ 26,946	2.4%	9
Oral Health	1,460,638	1,249,924	1,116,045	$ (133,879)	-10.7%	10
South West Tobacco Control Area Network	501,900	436,500	436,500	$ -	0.0%	
Young Adult Team	1,124,982	1,151,813	1,137,457	$ (14,356)	-1.2%	
Total Healthy Living Division	***$ 7,654,005***	***$ 7,299,862***	***$ 7,330,998***	***$ 31,136***	**0.4%**	
Office of the Medical Officer of Health						
Office of the Medical Officer of Health	$ 472,335	$ 604,384	$ 576,556	$ (27,828)	-4.6%	11
Communications	532,501	517,194	531,685	$ 14,491	2.8%	12
Associate Medical Officer of Health	$ 354,708	$ 346,748	$ 295,831	$ (50,917)	-14.7%	13
Population Health Assessment & Surveillance	1,352,555	523,273	593,835	$ 70,562	13.5%	14
Total Office of the Medical Officer of Health	***$ 2,712,099***	***$ 1,991,599***	***$ 1,997,907***	***$ 6,308***	**0.3%**	
Environmental Health & Infectious Disease Division						
Office of the Director	$ 288,509	$ 283,276	$ 302,938	$ 19,662	6.9%	15
Emergency Management	185,758	181,317	180,848	$ (469)	-0.3%	
Food Safety & Healthy Environments	1,822,036	1,814,777	1,727,958	$ (86,819)	-4.8%	16
Infectious Disease Control Team	1,754,579	1,772,289	1,814,317	$ 42,028	2.4%	17
Safe Water, Rabies & Vector-Borne Disease Team	1,364,603	1,379,946	1,382,228	$ 2,282	0.2%	
Sexual Health Team	3,018,191	3,231,615	3,279,751	$ 48,136	1.5%	
Vaccine Preventable Disease Team	1,776,696	1,771,588	1,638,371	$ (133,217)	-7.5%	18
Total Environmental Health & Infectious Disease Division	***$ 10,210,372***	***$ 10,434,808***	***$ 10,326,411***	***$ (108,397)***	**-1.0%**	

MIDDLESEX-LONDON HEALTH UNIT
2019 BOARD OF HEALTH DRAFT BUDGET SUMMARY

	2017 Budget	2018 Budget	2019 Budget	$ increase/ ($ decrease) over 2018	% increase/ (% decrease) over 2018	Notes
Healthy Start Division						
Office of the Director	$ 250,908	$ 260,678	$ 208,616	$ (52,062)	-20.0%	19
Best Beginnings Team	3,286,471	3,069,406	3,105,295	$ 35,889	1.2%	
Early Years Team	1,573,633	1,601,916	1,648,166	$ 46,250	2.9%	20
Reproductive Health Team	1,619,955	1,542,914	1,368,189	$ (174,725)	-11.3%	21
Screening Assessment & Intervention	2,855,096	3,191,771	2,124,932	$ (1,066,839)	-33.4%	22
Total Healthy Start Division	***$ 9,586,063***	***$ 9,666,685***	***$ 8,455,198***	***$ (1,211,487)***	**-12.5%**	
Office of the Chief Nursing Officer	***$ 415,190***	***$ 428,022***	***$ 778,328***	***$ 350,306***	**81.8%**	23
General Expenses & Revenues	***$ 2,638,133***	***$ 2,586,433***	***$ 2,683,323***	***$ 96,890***	**3.7%**	24
Expected Agency Gapping Budget	***$ (749,155)***	***$ (932,963)***	***$ (1,124,269)***	***$ (191,306)***	**20.5%**	
TOTAL MIDDLESEX-LONDON HEALTH UNIT EXPENDITURES	**$ 35,405,626**	**$ 35,384,706**	**$ 34,601,981**	**$ (782,725)**	**-2.2%**	
Funding Sources						
Ministry of Health & Long-Term Care (Cost-Shared)	$ 16,872,197	$ 16,617,100	$ 17,101,100	$ 484,000	2.9%	
The City of London	6,095,059	6,095,059	6,095,059	$ -	0.0%	
The County of Middlesex	1,160,961	1,160,961	1,160,961	$ -	0.0%	
Ministry of Health and Long Term Care (100%)	4,105,937	4,297,565	4,151,636	$ (145,929)	-3.4%	
Ministry of Children and Youth Services (100%)	5,296,275	5,632,766	4,580,072	$ (1,052,694)	-18.7%	
Public Health Agency of Canada	312,860	428,261	428,261	$ -	0.0%	
Public Health Ontario	106,526	106,526	106,526	$ -	0.0%	
User Fees	1,020,685	828,090	678,090	$ (150,000)	-18.1%	
Other Offset Revenue	435,126	218,378	300,276	$ 81,898	37.5%	
TOTAL MIDDLESEX-LONDON HEALTH UNIT FUNDING	**$ 35,405,626**	**$ 35,384,706**	**$ 34,601,981**	**$ (782,725)**	**-2.2%**	

Notes to Team Budget Summary

1. Office of Director - Healthy Organization - reallocation of 0.5 FTE for Executive Assistant $37,555 - offsetting reduction in Associate Medical Officer of Health
2. Human Resources - combination of band and step adjustments salaries $26,245 and benefits $7,470 - market rate and pay equity adjustments
3. Increase includes $77,000 Program Budgeting and Marginal Analysis (PBMA) 1-0040 increase for ECR and $20,000 increase to Furniture & Equipment after reversal of one-time disinvestment from 2018 as well as centralization of cell phone charges of $39,000 partly offset by PBMA 1-0017 ($9,994) (reduction of Symantic charges)
4. Addition of Procurement coordinator 0.5 FTE from PBMA 1-0024 $31,524 partly offset by step decrease with new receptionist hire

MIDDLESEX-LONDON HEALTH UNIT
2019 BOARD OF HEALTH DRAFT BUDGET SUMMARY

	2017 Budget	2018 Budget	2019 Budget	$ increase/ ($ decrease) over 2018	% increase/ (% decrease) over 2018	Notes

5. PPE budget for 2018 was understated by $42,000 for PHAC funding for a 0.5 FTE Program Evaluator (funding was netted against salary cost in 2018) - this adjustment was removed in 2019 and 100% of related PHAC funding is allocated to Sexual Health as a source of funds for March 31 programs. The elimination of the PHAC adjustment largely offsets the reduction of 0.5 FTE (reversal of 2018 one time PBMA). Residual increases largely reflect planned salary impacts for the PPE team
6. Strategic Projects - Manager and Project Coordinator positions were vacant in 2018 - salaries and benefits adjusted for hired staff
7. Office of Director HL - policy advisor position transferred from OMOH re 2018 PBMA 1-0035 $121,286
8. Child Health - transfer of 0.5 FTE from Young Adult team, step increases for Public Health Nurses, partly offset by PBMA adjustments for iParent Program 1-0009 ($35,779)
9. Healthy Communities and Injury Prevention - one time funding for reversal of 2018 PBMA 1-0039 ($30,045) offset by increase for 2019 PBMA 1-0031 $44,724
10. Oral Health - reduction of 0.35 FTE related to PBMA 1-0045 coupled with the recognition of a new dental arrangement with Southwest Ontario Aboriginal Health Access Centre (SOAHAC).
11. Office of Medical Officer of Health (OMOH) - reversal of one time funding 2018 for Assistant Medical Officer of Health (AMOH) PBMA 1-0045 ($49,383) and transfer of policy advisor to Office of Director, Healthy Living ($80,000), partly offset by increase of Professional fees - $100,000
12. Communications - includes PBMA 1-0038 $10,000 for advertising new location
13. AMOH - transfer of 0.5 FTE Executive Assistant to Healthy Org ($37,555) and salary differential for AMOH
14. PHAS - one time funding for contract epidemiologist PBMA 1-0035 $59,000
15. Office of Director EHID - 2018 PBMA 1-0029 $13,600 to recover a portion of admin salary in travel clinic
16. Food Safety & Healthy Environments reduction of 1.0 FTE PHI (PBMA 1-0004 and 1-0025) ($96,684) coupled with related reduction of program costs ($12,642)
17. Infectious Disease Control Team increase of 0.25 FTE PA $14,856 and 0.5 FTE PHI $48,708 (PBMA 1-0039 and 1-0036 respectively) partly offset by reduction of operating costs ($4,973)
18. VPD 2018 included $129,700 for Panorama funding - not included in 2019
19. Office of Director Healthy Start - transfer of 0.3 FTE ($49,620) for Director to Office of Chief Nursing Officer (OCNO) and reduction of operating costs ($6,500) for PBMA 1-0006
20. Early Years - scheduled increases/rotation of senior nurses resulted in higher salaries and benefits $43,000
21. Reproductive Health - reduction of 1.53 FTE - including transfer of 1.0 FTE ($104,423) to Best Beginnings and reduction of 0.53 FTE PBMA 1-0042 ($48,043)
22. Transfer of SAI program to Thames Valley Children's Centre (TVCC) effective September 1, 2019
23. OCNO - increase 1.0 FTE PBMA 1-0033 Manager Indigenous Reconciliation and Health Equity $119,900 , addition of Community Health Nurse (80% funded by other health units) $107,340, transfer of 0.3FTE for Director from Office of Director, HS $49,620 and increase in professional service fees related to Budget for Diversity & Inclusion Assessment - approved by Board January 24th - Report 002-019 $68,900
24. General expenses increased by $100,000 in professional fees and $20,000 for increased retiree benefits, partly offset by centralization of cell phone expenses to Technology ($8,957) and Compugen photocopier savings PBMA 1-0020 ($11,611)

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Planned Expenditures

Salaries & Wages	$	21,340,982
Benefits	$	5,539,113
Expected vacancies	-$	1,124,269
Travel	$	330,603
Program Supplies	$	1,438,345
Board expenses	$	45,500
Staff Development	$	188,902
Occupancy	$	1,606,197
Professional Services	$	4,004,411
Furniture & Equipment	$	542,285
Contribution to Reserves	$	250,000
Other Agency costs	$	68,940
Other Program Costs	$	370,970
Total MLHU Budget	**$**	**34,601,980**

$ by Funding Source

Cost Shared	$	24,357,119
100% MOHLTC	$	4,151,636
MCCSS	$	4,580,072
PHAC	$	428,261
PHO	$	106,526
User Fees	$	678,090
Other	$	300,276
Total MLHU Revenue	**$**	**34,601,980**

FTE by Funding Source

Cost Shared	202.74
100% MOHLTC	39.90
MCCSS	28.73
PHAC	2.70
PHO	1.00
User Fees	-
Other	0.80
Total FTE	**275.87**

Emergency Management			
400	Emergency Management	$	180,847
Effective Public Health Practice			
401	Communications	$	531,685
402	Program Planning and Evaluation	$	599,423
403	Quality and Transparency	$	173,113
404	Research and Knowledge Exchange	$	243,581
405	Shared Library Services Partnership	$	84,147
Healthy Equity			
410	Health Equity and Indigenous Public Health Practice	$	493,165
Population Health Assessment			
415	Population Health Assessment and Surveillance	$	865,914
	Total Foundational Standards	**$**	**3,171,875**
Chronic Disease Prevention Well-Being			
420	Healthy Eating Behaviours	$	385,396
421	Oral Health	$	759,697
422	Physical Activity and Sedentary Behaviours	$	265,828
423	Mental Health Promotion	$	131,363
424	Ultraviolet Radiation and Sun Safety	$	88,230
	Total Chronic Disease Prevention Well-Being	**$**	**1,630,514**
Food Safety			
425	Food Safety	$	1,611,942
	Total Food Safety	**$**	**1,611,942**
Healthy Environments			
430	Health Hazard Response	$	345,592
431	Healthy Environments and Climate Change	$	86,398
	Total Built Environment	**$**	**431,989**
Healthy Growth and Development			
440	Breastfeeding and Infant Feeding	$	1,451,417
441	Growth and Development	$	2,315,868
442	Healthy Pregnancies	$	1,131,257
443	Healthy Sexuality	$	60,351
444	Mental Health Promotion	$	1,090,466
445	Preconception Health	$	89,582
	Total Healthy Growth and Development	**$**	**6,138,941**

Emergency Management		
400	Emergency Management	1.50
Effective Public Health Practice		
401	Communications	5.20
402	Program Planning and Evaluation	6.00
403	Quality and Transparency	1.50
404	Research and Knowledge Exchange	2.30
405	Shared Library Services Partnership	1.00
Healthy Equity		
410	Health Equity and Indigenous Public Health Practice	4.00
Population Health Assessment		
415	Population Health Assessment and Surveillance	6.80
	Total Foundational Standards	**28.30**
Chronic Disease Prevention Well-Being		
420	Healthy Eating Behaviours	3.58
421	Oral Health	8.12
422	Physical Activity and Sedentary Behaviours	2.40
423	Mental Health Promotion	1.20
424	Ultraviolet Radiation and Sun Safety	0.86
	Total Chronic Disease Prevention Well-Being	**16.16**
Food Safety		
425	Food Safety	15.70
	Total Food Safety	**15.70**
Healthy Environments		
430	Health Hazard Response	3.40
431	Healthy Environments and Climate Change	0.85
	Total Built Environment	**4.25**
Healthy Growth and Development		
440	Breastfeeding and Infant Feeding	13.53
441	Growth and Development	23.19
442	Healthy Pregnancies	10.35
443	Healthy Sexuality	0.45
444	Mental Health Promotion	10.26
445	Preconception Health	0.85
	Total Healthy Growth and Development	**58.63**

Infectious and Communicable Disease Prevention and Control			
450	Infection Prevention and Control	$	389,319
451	Rabies and Zoonotic Disease	$	364,290
452	Respiratory, Enteric, and Other Infectious Disease	$	600,397
453	Sexually Transmitted and Blood-Borne Disease	$	2,143,261
454	Tuberculosis	$	438,080
455	Vector-Borne Disease	$	529,099
	Total	**$**	**4,464,447**
Immunization			
460	Adverse Vaccine Events and Safety	$	22,369
461	Vaccine Inventory Management	$	232,348
462	Vaccine Preventable Disease	$	641,514
	Total Immunization	**$**	**896,231**
School Health			
465	Comprehensive School Health	$	2,896,689
466	Immunization	$	811,716
467	Oral Health	$	325,585
468	Vision	$	30,763
	Total School Health	**$**	**4,064,752**
Substance Use and Injury Prevention			
470	Alcohol and Cannabis	$	314,603
471	Childhood Injury Prevention	$	141,527
472	Falls Prevention and Healthy Aging	$	143,489
474	Opioids and Other Drugs	$	1,078,012
475	Road and Off-Road Safety	$	174,068
476	Southwest Tobacco Control Area Network	$	436,500
477	Tobacco Control and Electronic Cigarettes	$	826,128
478	Violence Prevention	$	21,724
	Total Substance Use and Injury Prevention	**$**	**3,136,051**
Safe Water			
480	Drinking Water	$	191,321
481	Recreational Water	$	308,129
482	Small Drinking Water Systems	$	71,676
	Total Safe Water	**$**	**571,127**

Infectious and Communicable Disease Prevention and Control		
450	Infection Prevention and Control	3.85
451	Rabies and Zoonotic Disease	3.10
452	Respiratory, Enteric, and Other Infectious Disease	5.65
453	Sexually Transmitted and Blood-Borne Disease	14.42
454	Tuberculosis	3.90
455	Vector-Borne Disease	6.90
	Total	**37.82**
Immunization		
460	Adverse Vaccine Events and Safety	0.20
461	Vaccine Inventory Management	2.50
462	Vaccine Preventable Disease	6.89
	Total Immunization	**9.59**
School Health		
465	Comprehensive School Health	26.45
466	Immunization	8.36
467	Oral Health	3.48
468	Vision	0.35
	Total School Health	**38.64**
Substance Use and Injury Prevention		
470	Alcohol and Cannabis	2.90
471	Childhood Injury Prevention	1.30
472	Falls Prevention and Healthy Aging	1.30
474	Opioids and Other Drugs	7.30
475	Road and Off-Road Safety	1.60
476	Southwest Tobacco Control Area Network	2.40
477	Tobacco Control and Electronic Cigarettes	8.30
478	Violence Prevention	0.20
	Total Substance Use and Injury Prevention	**25.30**
Safe Water		
480	Drinking Water	1.60
481	Recreational Water	2.60
482	Small Drinking Water Systems	0.60
	Total Safe Water	**4.80**

Other Programs (Non-Ministry Funded)			
485	Healthy Babies, Healthy Children	$	-
487	Screening, Assessment and Intervention	$	2,139,761
	Total Other Programs (Non-Ministry Funded)	**$**	**2,139,761**
Required Support			
490	Strategic Projects	$	263,202
491	Finance	$	455,506
492	Procurement	$	75,276
493	Governance	$	63,954
494	Human Resources	$	701,598
495	Information Technology	$	1,069,292
496	Operations	$	208,361
497	Privacy and Records	$	102,606
498	Risk Management	$	64,462
499	Chief Nursing Officer	$	43,547
	Total Required Support	**$**	**3,047,804**
Office of the Directors / Medical Officer of Health			
500	Office of the Medical Officer of Health	$	536,789
501	Office of the Director - Environmental Health and Infectious I	$	257,934
502	Office of the Director - Healthy Organization	$	354,699
503	Office of the Director - Healthy Living	$	379,454
504	Office of the Director - Healthy Start	$	208,615
	Total Directors / Medical Officer of Health	**$**	**1,737,492**
General Revenues and Expenditures			
800	General Revenues and Expenditures	$	1,559,054
	Total General Revenues and Expenditures	**$**	**1,559,054**

Other Programs (Non-Ministry Funded)		
485	Healthy Babies, Healthy Children	-
487	Screening, Assessment and Intervention	2.28
	Total Other Programs (Non-Ministry Funded)	**2.28**
Required Support		
490	Strategic Projects	2.50
491	Finance	5.00
492	Procurement	0.75
493	Governance	0.50
494	Human Resources	7.50
495	Information Technology	3.00
496	Operations	2.95
497	Privacy and Records	1.05
498	Risk Management	0.65
499	Chief Nursing Officer	0.30
	Total Required Support	**24.20**
Office of the Directors / Medical Officer of Health		
500	Office of the Medical Officer of Health	2.00
501	Office of the Director - Environmental Health and Infectious I	2.00
502	Office of the Director - Healthy Organization	1.50
503	Office of the Director - Healthy Living	3.00
504	Office of the Director - Healthy Start	1.70
	Total Directors / Medical Officer of Health	**10.20**
General Revenues and Expenditures		
800	General Revenues and Expenditures	0.00
	Total General Revenues and Expenditures	**-**

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Emergency Management					400
Standard	Emergency Management		**Director Name**	Stephen Turner	
Lead Team	Emergency Management		**Manager Name**	Judy Green	
Supporting Team(s)					

Summary of Program

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

Components of the Emergency Management Program include:
1. MLHU Emergency Response and Business Continuity Planning
2. Emergency Management Exercises
3. Respirator Fit-Testing
4. Emergency Notification System
5. Compliance with Ministry of Health and Long-Term Care standards
6. Mass Immunization Planning

Program Mandate and Relevant Legislation

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

Program Management

The Emergency Management Team is responsible for the delivery of the Emergency Management Program.

All teams across MLHU are responsible for adopting the Incident Management System, plans, procedures and policies when addressing emergencies or challenges in maintaining critical organizational activities. Designated employees are responsible for being familiar with plans and participating in exercises and orientations.

Key Partners and Stakeholders

Emergency Management works with the other emergency management leads across the City, County and province to deliver this program and as the spread of disease and infection is not often isolated the above parties may be impacted to varying degrees.
The following stakeholders are the most likely impacted or engaged in preparing for emergencies.

Middlesex-London Emergency Medical Services, London Police Service, Fanshawe College, Thames Valley Conservation Authority, University of Western Ontario, Community Emergency Response Volunteers, City of London Fire Department, Municipal Community Emergency Management Coordinators, London Health Sciences Centre, St. Joseph's Health Care London, London International Airport, CN Rail, Via Rail, Pharmacies, Ministry of Transportation, Ministry of Environment, Funeral homes, Ministry of Community Safety & Correctional Services, Chief Coroner (Western Region), Ministry of Natural Resources, Ministry of Health and Long Term Care, Insurance Institutions, London District Catholic School Board, Thames Valley District School Board, Conseil Scolaire Catholique Providence, Conseil Scoliare Viamonde, Private Schools, Local Places of Worship, Red Cross, Salvation Army, St. John Ambulance, Regional HIV Aids Connection, Local Businesses

Program Interventions / Components

1	Assess Hazards and Risks	Maintain an assessment of hazards and risks to public health, and threats to the continuity of public health time critical programs and services, contribute to city, county and local municipal hazard identification and risk assessments, create public awareness and education materials to provide information on risks to public health and threats to public health time critical programs and services.
2	Emergency Response and Business Continuity Plans	Ensure that both documents are accurate, appropriate and up to date, that all health Unit employees with responsibilities outlined in both documents are trained and able to preform those duties, that external partner agencies are aware of the health Unit Emergency Response Plan and Business Continuity Plans, that both plans align with the City of London, County of Middlesex and local municipal Emergency plans, Incident Management System - Standard Operating Guidelines are developed and training and testing related to Fire Safety plans occurs.

Program Interventions / Components (continued)		
3	Emergency Notification	Administer the Emergency Notification Systems (Everbridge, EMCT, amateur radio, etc.) to ensure appropriate stakeholders can be contacted and given appropriate instructions during any emergency or continuity of operations event.
4	Public Awareness and Education	Provide education on public health emergency preparedness, response and recovery practices as well as support public awareness and educations activities of the City of London, County of Middlesex and the nine Local Municipalities.
5	Community Emergency Response Volunteers	Recruit, train, educate and deploy a team of citizen Community Emergency Response Volunteers (CERV) to support the work efforts of Health Unit programs and services.
6	Respirator Fit Testing	Ensure MLHU staff are fit-tested for respirators according to MLHU policy.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
N/A			

Highlights / Initiatives Planned for 2019

• Review and update MLHU Emergency and Business Continuity Plans
• Conduct an emergency exercise with MLHU employees, volunteers and the Central West LHIN in coordination with the City of London to evaluate the effectiveness of the plans.
• Review and update the MLHU Fit-Testing Policy
• Review and update the MLHU Emergency Notification Policy to adopt the Alert London, Enbridge Electronic Notification System and the Emergency Management Communication Tool.
• Review, update and test current emergency procedures to ensure Ministry compliance and enhance communications and response. All MLHU staff and City of London Fire will be engaged in the exercise and evaluation.
• Develop a plan for Mass Immunization that will be implemented in 2020.

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Manager		1.00	
Program Assistant		0.50	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 124,106		
Benefits			$ 31,254		
Expected Vacancies			$ -		
Travel			$ 3,000		
Program Supplies			$ 9,648		
Board Expenses			$ -		
Staff Development			$ 1,250		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 11,590		
Total Expenditures			***$ 180,847***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 61,217		
MOHLTC (100%)			$ 119,630		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues			***$ 180,847***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Communications				401
Standard	Effective Public Health Practice	**Director Name**	Chris Mackie	
Lead Team	Communications	**Manager Name**	Dan Flaherty	
Supporting Team(s)				

Summary of Program

The Communications Team acts as an internal Media and Stakeholder Relations, Advertising, Marketing, Graphic Design and Communications agency for the Middlesex-London Health Unit. Its role is to promote and enhance the MLHU's brand and profile as a leader in public health in London and Middlesex County, and across Ontario. This is done through a communications support program that includes: strategic and risk communications initiatives, media relations support and training, the development and coordination of targeted advertising, marketing and promotional campaign materials; the development and maintenance of the Health Unit's website, online content and social media channels and a Healthcare Provider Outreach program that establishes and maintains direct contact with local professionals in the healthcare sector through in-person office visits and a monthly eNewsletter.

Program Mandate

Effective Public Health Practice Standard
Delivery of Public Health Programs and Services Domain
Additional mandate exists in supporting the communications and Health Promotion aspects of most other Ontario Public Health Standards.

Program Management

The Communications Team is responsible for the delivery of the Communications Program. Team members consult with and advise front-line staff and managers from other Divisions of the Health Unit to develop strategies and initiatives to reach target audiences with relevant public health messages.

Key Partners and Stakeholders

Health Unit program staff, residents of London and Middlesex County, local media outlets, social media audiences, funders.

Program Interventions / Components		
1	Media Relations	Through the Media Relations component, awareness of the Health Unit's programs and services and their value to the residents of London and Middlesex County is enhanced. Communications issues periodic media releases and updates, which highlight program initiatives, services, announcements and achievements. Communications also responds to media requests, then works with staff and prepares spokespeople for interviews. Communications also assists in developing key messages, Q&As, media lines, backgrounders and other resources with staff members, as necessary.
2	Advertising and Promotion	The Advertising and Promotion component supports agency initiatives and services through the development of campaign materials and marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertisements in print, broadcast, online and/or display media. The development of campaign materials is coordinated by the Marketing Coordinator, with support as needed from other Communications staff members. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Projects are initiated using the Communications Consultation Request Form and projects are tracked using a docket system. Proposals are developed in consultation with program teams, with a focus on target audience, demographics, program goals, budget and success indicators. Communications coordinates the booking of advertising with media companies and liaises with contracted graphic design firms as necessary.
3	Online Activities	Communications maintains, updates and coordinates all MLHU online activities. The goal of these online activities is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources, such as www.healthunit.com/inspections (food premises, public pools and spas; personal service settings and tattoo shop inspections disclosure website). Additional opportunities for staff interaction with MLHU clients and community members are provided through the MLHU's social media channels (Instagram, Twitter, Facebook, YouTube). Web-based activities also include online contests, response to user submitted comments and feedback posted on social media and the main MLHU website; as well as the sharing, and responses to, feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

Program Interventions / Components (continued)		
4	Graphic Services Procurement	Through the Marketing Coordinator, Communications oversees and maintains Corporate Graphic Standards for the Middlesex-London Health Unit that outline and govern how the Health Unit logo and wordmarks are to be used. Communications also maintains a series of templates and guides that includes corporate letterhead, business cards, and "shells" for brochures, pamphlets, posters, fact sheets, media releases, public service announcements. The Marketing Coordinator leads a *Graphic Services Committee* , which includes representation from all Divisions of the Health Unit. Communications also provides some in-house graphic design expertise at no charge for teams with limited budgets.
5	MLHU Annual Report	Communications drafts the Health Unit's Annual Report. The MLHU's Annual Report is made available primarily in an online format, with a limited number of hard copies also being produced. Design and layout work is done in-house in order to reduce costs. Hard copy versions of any of the MLHU's previous annual reports may also be printed directly from the online pdf versions available on the MLHU website, as needed.
6	Staff Day	Communications coordinates the planning of the MLHU's Annual Staff Day event. The Staff Day Planning Committee is chaired by the Communications Manager and includes representation from all Divisions. Staff Day celebrates the Health Unit's achievements from the current year, acknowledges staff contributions, recognizes the winner of the Charlene E. Beynon Award, and presents awards to staff for their years of service. Each year, Board of Health members are invited to attend Staff Day.
7	Healthcare Provider Outreach	Since becoming part of Communications, this component is proving its value in increasing awareness of the Health Unit's role and brand among London and Middlesex County healthcare providers. Resource binders continue to be popular among practitioners. Monthly eNewsletters now reach in almost 1,300 email addresses and data has shown these are being opened by more than 45% of recipients within a few days of receipt. Contact lists are managed through the Health Unit's Upaknee account. The MLHU's Healthcare Provider Outreach Lead, Healthcare Provider Outreach Nurse (part of the Early Years team) and 0.5 FTE Program Assistant ensure consistency of message, distribution of program and service area resources and information, providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives and advising of potential communications challenges or opportunities that may exist with this important audience group. In-person visits with healthcare providers are conducted in the fall.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
Media Stories	613	1,155	1,200
Facebook impressions	7.0 million	2.6 million	3.0 million
Facebook posts	460	401	450
Facebook: new followers	909	954	950
Twitter impressions	922,755	1.1 million	1.3 million
Tweets	2,500	2,500	2,750
Twitter: new followers	747	664	700
Office visits with HCPs	273	296	300
HCP eNewsletter emails sent	14,089	15,430	16,000
HCP Alert emails sent	4,836	7,716	7,500

Highlights / Initiatives Planned for 2019

Introduction of revised MLHU logo and branding to staff (mid-2019), in advance of public launch to coincide with MLHU move to CitiPlaza. This exercise will include an audit of internal program and promotional collateral (brochures, posters, displays, etc.) and a determination of which will continue to be used beyond 2019. This will likely require significant re-design work and production. As part of the revised branding will be the creation of a new Corporate Graphic Standards Manual which will be shared widely with administration staff once it is completed in 2019.

Program Challenges and Risks

The availability of online information continues to grow. The implementation of a new public inspection disclosure website, which was necessary to be compatible with the latest version of the Hedgehog Inspection Software has presented some challenges. The MLHU's relocation to Citi Plaza in early-2020 will require significant involvement from the Communications Team, which will stretch resources already involved in the day-to-day operations of the Communications Department. The roll-out of the revised MLHU logo and graphic standards will also be a significant addition to the work already being done by the Communications Team. This volume of this work will increase in the second half of 2019, at a time when Communications resources are already stretched.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Communications Coordinator	0.70	0.70	0.00
Marketing Coordinator	1.00	1.00	0.00
Online Communications Coordinator	1.00	1.00	0.00
Program Assistant	0.50	0.50	0.00
Program Manager	1.00	1.00	0.00
Public Health Nurse	1.50	1.00	-0.50
Total Program FTE	***5.70***	***5.20***	***-0.50***

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 398,164		
Benefits			$ 98,866		
Expected Vacancies			$ -		
Travel			$ 3,050		
Program Supplies			$ 14,460		
Board Expenses			$ -		
Staff Development			$ 2,265		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ 500		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 14,380		
Total Expenditures			***$ 531,685***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 531,685		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues			***$ 531,685***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Program Planning and Evaluation				402
Standard	Effective Public Health Practice	**Director Name**	Laura Di Cesare	
Lead Team	Program Planning and Evaluation	**Manager Name**	Jordan Banninga	
Supporting Team(s)				

Summary of Program

The Program Planning and Evaluation (PPE) program is responsible for the delivery of program planning, evaluation, and evidence-informed decision-making services to enable public health programs and services to be reflective of local population health issues, the best available evidence, new public health knowledge, and adapted to the local context.

Support for program decision making (e.g., planning a new program or a new component of a program; assessing the impact, effectiveness or efficiency of existing programs to identify if changes are needed) is varied, and often includes consideration of program rationale and need, inputs, activities, outputs and outcomes. Some components of the PPE program include:

- Implementation the Planning and Evaluation Framework;
- Responding to support requests for planning, implementation and evaluation needs;
- Providing planning, implementation and evaluation consultations;
- Completing planning, implementation and evaluation deliverables;
- Contributing to program, prioritized and strategic projects; and
- Coordination of program and prioritized projects.

Program Mandate & Relevant Legislation

- Effective Public Health Practice Standard
- Delivery of Public Health Programs and Services Domain
- Public Health Practice Domain

Additional mandate exists in supporting program planning and evaluation aspects of most other Ontario Public Health Standards.
Alignment with the MLHU Strategic Plan and priorities in the Program Excellence and Client and Community Confidence quadrants.

Program Management
The Program Planning and Evaluation Team is responsible for the delivery of the Program Planning and Evaluation Program Related programs that require close coordination with the PPE program include: Strategic Projects, Privacy and Records, Population Health Assessment and Surveillance, Health Equity, Finance, and Communications.

Key Partners and Stakeholders
• Ontario Public Health Evaluators Network • Western University • Regional HIV/AIDS Connection

Program Interventions / Components		
1	Planning & Evaluation Framework	Ongoing review, development and implementation of the Planning and Evaluation Framework (PEF) that is used by all MLHU programs. This includes the review and enhancement of guides and tools, researching new planning and evaluation practices and facilitating full-scale PEF adoption at MLHU.
2	Planning and Evaluation Consultations and Support	Providing regular and ongoing consultations, reviewing planning, implementation and evaluation documents, developing logic models, reports, data collection tools, analyzing data, CheckMarket training and administration, etc.
3	Planning and Evaluation Project Delivery	Delivery of planning, implementation and evaluation projects for MLHU programs and contributing to organization-wide strategic initiatives that link with program planning and evaluation.
4	Training and Capacity Building	Assessment of organizational needs and the design, delivery and evaluation of training and capacity building activities to provide MLHU staff with opportunities to obtain, improve and retain skills, knowledge and experience related to program planning and evaluation.
5	Annual Service Plan Development	Use the PEF tools to complete the ASP and identify gaps in program planning, implementation and evaluation to focus areas for future work.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
% of PEF guides and tools reviewed within the last year		100% (41/41)	100%
# of planning and evaluation requests supported		125 est. (tracking introduced mid-year)	Increase
# of planning and evaluation consultations completed		97 (tracking introduced mid-year)	Increase
# of planning and evaluation deliverables		22 (tracking introduced mid-year)	Increase
# of planning and evaluation projects lead or supported		15	Provide status reports and evaluate each project

Highlights / Initiatives Planned for 2019

- More capacity building activities with Managers and staff regarding planning and evaluation
- Provide support for emerging public health issues
- Continue to contribute to strategic projects and program projects
- Development and delivery of a variety of training to support the continued implementation of the Planning and Evaluation Framework
- Continued support for the aligned Annual Service Plan

Program Challenges and Risks

- Move planning in 2019 may limit the capacity of programs to engage in program planning and evaluation activities
- New members to the Healthy Organizational leadership team which will necessitate collaboration and alignment of program objectives across the division

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.20	
Program Evaluator		5.10	
Program Manager		0.70	
		0.00	
		0.00	
		0.00	
Total Program FTE		***6.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 451,038		
Benefits			$ 117,254		
Expected Vacancies			$ -		
Travel			$ 733		
Program Supplies			$ 29,824		
Board Expenses			$ -		
Staff Development			$ 67		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 507		
Total Expenditures	***$ -***	***$ -***	***$ 599,423***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 528,406		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ 71,017		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 599,423***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Quality and Transparency						403
Standard	Effective Public Health Practice		**Director Name**	Laura Di Cesare		
Lead Team	Program Planning and Evaluation		**Manager Name**	Jordan Banninga		
Supporting Team(s)	Chief Nursing Officer					

Summary of Program

The Quality and Transparency Program facilitates compliance with the Ontario Public Health Standard requirements to ensure a culture of quality and continuous organizational self-improvement that underpins programs services, and public health practice and demonstrates transparency and accountability to clients, the public and other stakeholders.

Components of the Quality and Transparency Program include:

- Continuous quality improvement framework, methods and supports
- The measurement of client, community, community partner and stakeholder experience
- Program reviews that look at program performance and implementation of remediation plans
- Use of external peer reviews (i.e. accreditation)
- Public health ethics
- Competency-based performance evaluation for nurses
- Development of policies, procedures and medical directives which enhance quality and transparency
- Onboarding support
- Fidelity to the Core Model Elements of the Nurse-Family Partnership program
- Support for and promotion of professional certifications (e.g., community health nurse, infection control)

Program Mandate & Relevant Legislation

Effective Public Health Practice Standard

Delivery of Public Health Programs and Services Domain

Public Health Practice Domain

Alignment with the MLHU Strategic Plan and priorities in the Program Excellence and Client and Community Confidence quadrants.

Program Management
The Program Planning and Evaluation, Privacy, Risk and Governance, and Population Health Assessment team and the Office of the Chief Nursing Officer are responsible for the delivery of the Quality and Transparency Program with each team responsible for different program components.

Key Partners and Stakeholders
Public Health Ontario

Program Interventions / Components		
1	Continuous Quality Improvement	Continuous quality improvement focuses on the activities, processes and tasks that are associated with the delivery of programs and interventions and applies methods and tools. The purpose of these methods and tools are to identify problems, remove waste, reduce variation and improve performance. The CNO and Community Health Nursing Specialist focus in particular on supporting continuous quality improvement in nursing practice, and look for opportunities to support practice quality within other public health disciplines.
2	Client Experience Measurement	A validated client experience survey has been identified for use with service-seeking clients, and comprehensive implementation processes have been planned in consultation with an internal advisory group. This survey will help programs measure how people experience working their interactions with MLHU staff. This tool will be implemented in 2019 and will be used by MLHU to monitor trends and inform quality in service. In 2019, planning for an assessment of how those clients MLHU is legislated to work with experience their interactions with MLHU staff will be completed. In addition, planning for an assessment of how non-English and non-French speaking clients experience their interactions with MLHU staff will be initiated.
3	Program Procedures, Practice Policies, and Medical Directives Administration	Program procedures, practice policies, and medical directives systematize and documents processes to improve performance, promote excellence in practice, ensure compliance with relevant standards, and reduce wastes and duplication. The Quality and Transparency program provide the framework and systems for the development of program procedures and consultation on the development of program procedures and practice policies.

Program Interventions / Components (continued)		
4	External Peer Review / Accreditation	External peer review is an ongoing, voluntary process used to assess and improve the quality of programs and services by providing a process for quality assurance by identifying areas for improvements in efficiency and performance related to leadership, management and delivery of services. The Middlesex-London Health Unit has opted to not pursue external peer review in 2019 but will continue to monitor and assess whether or not it is a direction that we should consider pursuing.
5	Professional Practice Onboarding Support	The Community Health Nursing Specialist provides additional onboarding support to all new nurses to promote excellence and quality in nursing practice.
6	Competency-Based Performance Evaluation for Nurses	MLHU uses a comprehensive competency-based performance evaluation tool for nurses. Competency domains align with the PHN Discipline-Specific Core Competencies, with expected proficiency levels identified and competency indicators highlighted to strengthen the performance evaluation process (both self-evaluation and evaluation by manager). Competency domains which are areas for growth are identified, with learning goals and activities collaboratively planned and monitored by managers. The Officer of the Chief Nursing Officer provides consultative support to managers and staff regarding this competency-based performance evaluation tool.
7	Fidelity to the Nurse-Family Partnership core model elements	A primary responsibility of the Community Health Nursing Specialist: Ontario NFP Nursing Practice Lead will be to develop and implement a province-wide quality assurance program and processes for the five health units currently implementing NFP (London, York, Toronto, Niagara, Hamilton). Fidelity to NFP's core model elements is critical to realizing intended outcomes with this program. The overall focus of this advanced practice is to ensure excellence in nursing practice within the NFP program.
8	Support and promote professional certification	Certification has been found to have positive outcomes for nurses, clients, and organizations, with increased job satisfaction, sense of empowerment, level of competence, and better collaboration with other healthcare professionals. Additionally, certification can reduce turnover rates that negatively impact client safety and quality of care. The Office of the Chief Nursing Officer provides support for those interested in pursuing certifications relevant to public health practice (i.e., infection control, community health nursing, lactation consultant). Support includes study group facilitation, linking to learning resources, consultation, promotion of learning opportunities internally and externally, and when possible, reimbursement of some of the costs of certification

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
New programming - indicators to be developed	N/A	N/A	To be developed

Highlights / Initiatives Planned for 2019

- Implementation of the client experience survey with service-seeking clients in 2019
- Development of continuous quality improvement framework to compliment existing processes
- Enhancement of program policies with the policy management software
- Hiring of a Community Health Nursing Specialist who functions as a provincial Nurse-Family Partnership Nursing Practice Lead (cost-shared by five health units)

Program Challenges and Risks

- Multiple simultaneous initiatives (move planning, ERP, etc.)
- Extensive move planning to occur in 2019

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Community Health Nursing Specialist		0.90	
Program Assistant		0.10	
Program Evaluator		0.40	
Program Manager		0.10	
		0.00	
		0.00	
Total Program FTE		***1.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 122,830		
Benefits			$ 30,552		
Expected Vacancies			$ -		
Travel			$ 1,093		
Program Supplies			$ 2,847		
Board Expenses			$ -		
Staff Development			$ 958		
Occupancy			$ -		
Professional Services			$ 12,365		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 2,468		
Total Expenditures	***$ -***	***$ -***	***$ 173,113***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 104,544		
MOHLTC (100%)			$ 47,937		
MCCSS			$ -		
PHAC			$ -		
PHO			$ 5,918		
User Fees			$ -		
Other			$ 14,714		
Total Revenues	***$ -***	***$ -***	***$ 173,113***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Research and Knowledge Exchange						404
Standard	Effective Public Health Practice		**Director Name**	Laura Di Cesare		
Lead Team	Program Planning and Evaluation		**Manager Name**	Jordan Banninga		
Supporting Team(s)	Chief Nursing Officer		Population Health Assessment and Surveillance			

Summary of Program

Exploring an issue or investigating a question is accomplished through research - the organized and purposeful collection, analysis, and interpretation of data. Research may involve the primary collection of new data or the analysis or synthesis of existing data and findings.

Knowledge exchange is collaborative problem-solving among public health practitioners, researchers, and decision-makers. It results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.

Components include:
- Library services
- Resource Lending System
- Research Advisory Consultations
- Research Partnerships
- Education and Capacity Building

Program Mandate & Relevant Legislation

Effective Public Health Practice Standard
Public Health Practice Domain
Copyright Act (R.S.C., 1985, c. C-42)

Program Management
This program is managed by the Program Planning and Evaluation Team, the Office of the Chief Nursing Officer, and Population Health Assessment and Surveillance Team.

Key Partners and Stakeholders
Hub Libraries of the Shared Library Services Partnership (KFL&A, Simcoe Muskoka District Health Unit, Thunder Bay District Health Unit), Ontario Public Health Libraries Association, Western University, Public Health Ontario, Ontario Public Health Evaluators Network, Chief Nursing Officers Network, professional practice leads in public health units across the province, Nurse-Family Partnership® in Canada and USA, health units implementing NFP

Program Interventions / Components		
1	Reference and Information Services	Provide MLHU programs with literature searching, article retrieval, book loans, quick reference questions, and critical appraisal to facilitate evidence-informed decision-making.
2	Research Integrity and Copyright	With the Librarian acting as the Copyright Officer, conduct copyright consultations for staff to ensure that materials are publicly used and provide citing/referencing consultation and review.
3	Education and Capacity Building	Design, delivery and evaluation of training and capacity building activities to provide MLHU staff with opportunities to obtain, improve and retain skills, knowledge and experience required to perform the duties associated with Research and Knowledge Exchange. The Community Health Nursing Specialist works with the Nursing Practice Council to provide learning opportunities 1-2x/year to support knowledge exchange internally. Resources to support enhancement of nursing practice are disseminated regularly to nursing staff across the organization (e.g., best practice guidelines). Some educational opportunities are extended to public health staff at health units in the southwest region and to community partners. The Community Health Nursing Specialist: Ontario NFP Nursing Practice Lead is responsible for coordinating, revising and offering all Nurse-Family Partnership education to prepare nurses and nurse managers to implement the NFP program, and to support ongoing learning.
4	Collection Development and Maintenance	Manage the MLHU/SLSP Library through book selection and acquisition, cataloguing books book deselection, journal selection and subscription, and cataloguing journals.

Program Interventions / Components (continued)		
5	Resource Lending System	The Resource Lending System (RLS) is a managed electronic inventory, scheduling, sign-out and check-in system for use by staff, containing videos/DVDs, posters, displays, teaching kits, and other resources.
6	Research Advisory Consultations	Research and evaluation is undertaken by the MLHU and directed towards the determinants of health, public health planning, program evaluation, policy analysis and service delivery. It is intended to be practical, often involve community, and be defined by actual and emerging public health issues. Research Advisory Consultations (RACs) are provided to staff to ensure the research aligns with MLHU's mission, that sound evidence is used in public health practice, that methodological, ethical and privacy standards are met as well as other organizational goals.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of library resources delivered within 5 business days, 12 days for books	N/A	98% (905/927)	Maintain
% of literature searches conducted in 2-4 weeks, or by specified date	N/A	98.5% (533/541)	Maintain

Highlights / Initiatives Planned for 2019

- Comprehensive review of copyright and research integrity intervention
- Further development of the education and capacity building intervention

Program Challenges and Risks

- Move planning

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Community Health Nursing Specialist		0.90	
Epidemiologist		0.20	
Librarian		0.80	
Program Assistant		0.30	
Program Manager		0.10	
		0.00	
Total Program FTE		***2.30***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 177,555		
Benefits			$ 42,867		
Expected Vacancies			$ -		
Travel			$ 1,252		
Program Supplies			$ 5,910		
Board Expenses			$ -		
Staff Development			$ 1,107		
Occupancy			$ -		
Professional Services			$ 12,365		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 2,524		
Total Expenditures	***$ -***	***$ -***	***$ 243,581***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 162,889		
MOHLTC (100%)			$ 52,650		
MCCSS			$ -		
PHAC			$ -		
PHO			$ 13,020		
User Fees			$ -		
Other			$ 15,022		
Total Revenues	***$ -***	***$ -***	***$ 243,581***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Shared Library Services Partnership					405
Standard	Effective Public Health Practice		**Director Name**	Laura Di Cesare	
Lead Team	Program Planning and Evaluation		**Manager Name**	Jordan Banninga	
Supporting Team(s)					

Summary of Program

The core objectives of the Shared Library Services Partnership (SLSP) are to provide designated Ontario public health units without an in-house library with access to up-to-date information and scientific resources, and to preserve the existing library infrastructure across the province.

The SLSP is designed to support and strengthen relationships and promote knowledge exchange among public health units. Four existing health unit libraries ("hub health units" or "hubs") were selected to provide services to health units without in-house libraries ("client health units" or "clients"). MLHU hosts one of these libraries in addition to maintaining its own library.
Having an existing library is a pre-requisite for being an SLSP HUB.

MLHU currently delivers services to:
- Chatham-Kent Public Health
- Haldimand-Norfolk Public Health
- Lambton Public Health
- Niagara Region Public Health Department
- Southwest Public Health (tentative following merger)
- Windsor-Essex County Health Unit

Program Mandate & Relevant Legislation

Effective Public Health Practice Standard
Public Health Practice Domain
Copyright Act (R.S.C., 1985, c. C-42)

Program Management
This program is managed by the Program Planning and Evaluation Team.

Key Partners and Stakeholders
Hub Libraries of the Shared Library Services Partnership (KFL&A, Simcoe Muskoka District Health Unit, Thunder Bay District Health Unit), Ontario Public Health Libraries Association, Western University, Public Health Ontario

Program Interventions / Components		
1	Reference and Information Services	Provide client health units with literature searching, article retrieval, book loans, quick reference questions, and critical appraisal to facilitate evidence-informed decision-making.
2	Research Integrity and Copyright	Conduct copyright consultations for client health units to ensure that materials are publicly used and provide citing/referencing consultation and review.
3	Training and Capacity Building	Design, delivery and evaluation of training and capacity building activities to provide client health unit staff with opportunities to obtain, improve and retain skills, knowledge and experience required to perform the duties associated with library services.
4	Collection Development and Maintenance	Co-manage the MLHU/SLSP Library through book selection and acquisition, cataloguing books book deselection, journal selection and subscription, and cataloguing journals.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of library resources delivered within 5 business days, 12 days for books	N/A	93% (1976 / 1842)	Maintain
% of literature searches conducted in 2-4 weeks, or by specified date	N/A	51% (569 / 292)	>90%

Highlights / Initiatives Planned for 2019
The Shared Library Services Partnership will continue to roll out a new web platform for client health units to access.

Program Challenges and Risks

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Librarian		1.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 64,325		
Benefits			$ 14,634		
Expected Vacancies			$ -		
Travel			$ 122		
Program Supplies			$ 4,971		
Board Expenses			$ -		
Staff Development			$ 11		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 84		
Total Expenditures	***$ -***	***$ -***	***$ 84,147***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 72,311		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ 11,836		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 84,147***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Health Equity and Indigenous Public Health Practice						410
Standard	Health Equity		**Director Name**	Heather Lokko		
Lead Team	Chief Nursing Officer		**Manager Name**	Heather Lokko		
Supporting Team(s)	Population Health Assessment and Surveillance		Program Planning and Evaluation		Human Resources	

Summary of Program

In 2018, a new Health Equity Standard was provided by the Ministry of Health and Long-Term Care. Additionally, health equity featured much more prominently throughout the revised Ontario Public Health Standards (2018). Notably, the Health Equity Standard includes direction regarding the need to build relationships with Indigenous peoples, communities, and organizations. Relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity; one important first step for boards of health is to ensure relationship-building is done in a culturally safe way.

Many populations experience health inequities, such as Indigenous peoples, those living in poverty, newcomers, and racialized populations. Addressing health inequities in London and Middlesex County is critical to improving the health of our population. Health equity features prominently on MLHU's strategic plan, with a number of internally-focused initiatives. The goal of these initiatives is to enhance individual and organizational capacity to understand and address health inequities in London and Middlesex County.

Components of the Health Equity Program include:
- Implementation of reconciliation plan
- Health equity staff capacity building
- Assessment, development and monitoring of health equity indicators for MLHU and programs
- Embedding a health equity lens in the MLHU planning and evaluation framework
- Organizational diversity and inclusion assessment and recommendations for action
- Newcomer service coordination
- Supporting work with priority prenatal populations

Program Mandate & Relevant Legislation
Health Equity Standard Health Equity Guideline Relationship with Indigenous Communities Guideline Public Health Practice Domain Delivery of Programs and Services Domain MLHU Strategic Plan Health Equity Indicators for Ontario Local Public Health Agencies

Program Management
As the Health Equity Standard is a Foundational Standard, all program teams across the health unit are responsible for understanding and responding to public health's responsibilities to reduce health inequities. Activities which are focused on reducing health inequities with priority populations are reported within each program. The Health Equity Core Team focuses on enhancing individual and organizational capacities to understand and address health inequities. The team is responsible for moving the agency's health equity-related strategic initiatives forward, and reports to the Chief Nursing Officer. The Health Equity Core Team provides leadership to the Health Equity Advisory Taskforce (HEAT), which has representation from across the health unit. Members of HEAT support agency-wide strategic initiatives, act as health equity champions in their divisions, and support communication. The Health Equity Core Team members are available to programs across the health unit for consultation and support regarding health equity. The Health Equity Core Team works collaboratively with other teams focused on Foundational Standard implementation. The Diversity and Inclusion Assessment is being planned and implemented in collaboration with Healthy Organization.

Key Partners and Stakeholders
London-Middlesex Local Immigration Partnership, Networking for an Inclusive Community, Newcomer Health Settlement Committee (Cross-Cultural Learner Centre, Madame Vanier Children's Services, London Health Sciences Centre, London Intercommunity Health Centre, the Local Health Integration Network, Across Languages, Canadian Mental Health Association, Muslim Resource Centre, Thames Valley Children's Centre), Centre for Research on Health Equity and Social Inclusion (Western University & a number of community partners), Southwest Ontario Aboriginal Health Access Centre, N'Amerind Friendship Centre, At'lohsa Healing Centre, Oneida Nation of the Thames, Chippewas of the Thames First Nation, Munsee Delaware Nation

Program Interventions / Components		
1	Implementation of Reconciliation Plan	The “Taking Action for Reconciliation: An Organizational Plan for MLHU” was created to demonstrate commitment to the Truth and Reconciliation Commission of Canada’s Calls to Action; to provide a supportive environment for reflection, knowledge and skill building; to serve to disrupt ongoing colonial practices that exist; to enhance organizational capacity to address racially-based health inequities; and to enhance ability to build relationships and meaningful engagement with Indigenous communities and organizations. The Calls to Action, wise practices, best practices identified by Indigenous scholars within peer-reviewed and grey literature, and contributions/direction local First Nations, urban Indigenous-led organizations and Indigenous individuals informed the plan. Recommendations are grouped by the following themes: awareness and education, supportive environments, relationships, research, workforce development, governance, and equitable access & service delivery. Implementation of the Plan's recommendation will be the focus in 2019.
2	Staff Capacity Building	Capacity-building activities for individuals and teams to understand and address health inequities are provided. Collaboration with program managers, the Program Planning and Evaluation Team, the Public Health Assessment and Surveillance Team, Communications, and MLHU’s policy advisor occurs as needed and as appropriate. In 2019, efforts will focus on the following domains: Indigenous Public Health Practice, Advocacy, Public Health Sciences, Diversity and Inclusion, and Leadership. Activities include online modules, workshops, team discussions, learning circles, resource development and sharing, internal policy development, and consultations. Learning opportunities are spread throughout the year to facilitate participation from various teams. Some learning activities are mandatory for all staff, while others are optional based on program need and/or individual interest.
3	Health Equity Indicators	MLHU’s compliance with the Health Equity Indicators for Ontario Local Public Health Agencies (2016) is being assessed. This work involves 1) ensuring indicators are SMART, 2) assessing MLHU’s baseline status, 3) setting targets and benchmarks, and 4) developing recommendations for effective monitoring of the indicators. Key internal stakeholders are engaged throughout the process. In 2018, 7 indicators were assessed with recommendations developed. In 2019, 4 indicators will be assessed, with recommendations developed. Implementation of 2018 recommendations will be the responsibility of directors, program managers, and PHAST, PPE, and HE teams.
4	Diversity and Inclusion Assessment	An organizational assessment of diversity and inclusion with recommended areas for action will be completed by an external consultant. The assessment will focus on: current workforce composition, policies and organizational practices, and experiences and expectations of diverse groups of employees regarding inclusion, access, equity, engagement and discriminatory practices. Recommended areas for action will be implemented as approved.

Program Interventions / Components (continued)		
5	Newcomer Services Coordination	Newcomer Services coordination will focus on enhancing the effectiveness and co-ordination of MLHU programs, services, policies, and initiatives targeted to individuals and populations within Middlesex-London who have come to Canada as immigrants, refugees, or refugee claimants, as well as to community partners working with newcomers. The work of the coordinator has both an internal and external focus.
6	Health Equity Lens in Planning and Evaluation	A health equity lens has been embedded into the MLHU Planning and Evaluation Framework and associated tools, and the Health Equity Core Team and the Program Planning and Evaluation Team will continue with efforts to educate and support teams in using this framework and its tools effectively throughout planning, implementation and evaluation work. This framework will support teams in identifying effective local strategies to reduce health inequities.
7	Supporting Prenatal Priority Populations	One of the SDOH PHN's works with the Reproductive Health Team to support priority populations during the prenatal period. This involves program planning with a health equity lens, and facilitating a weekly group of pregnant Arabic-speaking newcomers, most of whom came to London as refugees (see 'Prenatal Immigrant Program' in the Healthy Pregnancies Program).

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
Compliance with Health Equity indicators for Public Health	minimal	minimal	moderate
% recommendations from Reconciliation Plan being implemented	N/A	N/A	TBD
total # employees who have completed Indigenous Cultural Safety Training / Bystander to Ally education	86 / 0	183 / 88	210 / 110
# participants in Health Equity education & skill-building opportunities (other than ICST & BTA)	N/A	472	350

Highlights / Initiatives Planned for 2019

The diversity and inclusion assessment and recommendation development is a significant initiative which is planned for 2019. An action plan will be developed, based on any recommendations that arise from the assessment.

A Manager, Health Equity and Indigenous Reconciliation will be hired early in 2019, to provide leadership to the implementation of the reconciliation plan.

A regional workshop led by the National Collaborating Centre for Determinants of Health will be hosted by MLHU in early 2019.

Program Challenges and Risks

Competing demands for employee time can make participation in staff capacity building opportunities challenging.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Chief Nursing Officer		0.20	
Program Assistant		0.30	
Health Promoter		0.50	
Program Manager		1.00	
Public Health Nurse		2.00	
		0.00	
Total Program FTE		***4.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 342,996		
Benefits			$ 81,621		
Expected Vacancies			$ -		
Travel			$ 4,127		
Program Supplies			$ 1,448		
Board Expenses			$ -		
Staff Development			$ 3,810		
Occupancy			$ -		
Professional Services			$ 49,460		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 9,703		
Total Expenditures	***$ -***	***$ -***	***$ 493,165***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 242,562		
MOHLTC (100%)			$ 191,746		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ 58,857		
Total Revenues	***$ -***	***$ -***	***$ 493,165***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Population Health Assessment and Surveillance						415
Standard	Population Health Assessment		**Director Name**	Alex Summers		
Lead Team	Population Health Assessment and Surveillance		**Manager Name**	Alex Summers		
Supporting Team(s)						

Summary of Program

The Population Health Assessment and Surveillance Program aims to monitor, assess, and report on the status of the health of residents of Middlesex-London, such as demographic information, the prevalence of health behaviours, the occurrence of diseases and other health events, and factors that contribute to health and wellness. This information is used to better understand the local health priorities, to inform program planning that addresses the identified needs.

Specific components include:
• Consult on and provide population health assessment and surveillance data and analysis for programs according to Population Health Assessment and Surveillance Protocol to support planning and evaluation
• Update and sustain the Community Health Status Resource, a publicly-accessible and web-based source of information on the health status at a population and sub-population level for residents of London and Middlesex County
• Provide team-specific surveillance data and analysis on an ongoing and/or as-needed basis, including data required for Accountability Agreement indicator reporting to the Ministry of Health and Long-Term Care
• Provide support for outbreaks and other emerging investigations
• Consult and develop tools to build infrastructure to collect and maintain local data

Program Mandate & Relevant Legislation

Population Health Assessment Standard
Population Health Assessment and Surveillance Protocol
Immunization of School Pupils Act, R.S.O. 1990, c. I.1
Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Program Management
The PHAS Team is solely dedicated to fulfilling the requirements of this foundational standard. The Team works closely with all other programmatic areas to embed population health assessment and surveillance in the day-to-day work of the Health Unit. The team reports through the Associate Medical Officer of Health to the Senior Leadership Team, who under the leadership of the Medical Officer of Health, is accountable to the Board of Health.

Key Partners and Stakeholders
Southwest Local Health Integration Network, community service providers who share data with MLHU (e.g., London Health Sciences Centre, St. Joseph's Health Care London, London District Catholic School Board, Thames Valley District School Board, Conseil Scolaire Catholique Providence, Conseil Scoliare Viamonde); other groups with expertise in analytical approaches relevant for public health (e.g., Association of Public Health Epidemiologist of Ontario, Western University); and agencies providing provincial leadership in surveillance and assessment (e.g., Public Health Ontario, Ministry of Health and Long-Term Care).

Program Interventions / Components		
1	Surveillance	The PHAS Program will provide ongoing surveillance information to programs and teams at MLHU, in addition to the entire organization. PHAS Program monitors relevant external and internal data sources to provide consistent data.
2	Population Health Assessment	The PHAS Program will regularly assess and describe the health of the M-L population, and present the relevant interpretations to internal and external partners. The program updates and maintains the Community Health Status Resource in addition to looking for additional venues to report of the health status of the community.
3	Training and Capacity Building	The PHAS Program will develop and support data literacy within MLHU to ensure that population health data is being incorporated in to organizational planning.
4	Consultations and Support	The PHAS Program will support ongoing and ad hoc needs of the programs at MLHU.
5	Project Delivery	The PHAS Program will routinely lead and support projects within the organization.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of Accountability Agreement indicators where support from the population health assessment and surveillance team was requested was delivered	100%	100%	100%
# of projects in which population health assessment was provided	~20-25	41	Maintain or increase
# of projects in which surveillance data were provided	~20-25	58	Maintain or increase
# of Research Advisory consultations/reviews provided	New indicator for 2018	22	Maintain or increase

Highlights / Initiatives Planned for 2019

The PHAS Program will be updating the Community Health Status Resource (CHSR).

The PHAS Program will continue to respond to evolving community needs, such as the opioid overdose crisis.

Program Challenges and Risks

The PHAS Team must respond at times to unexpected community health needs. For example, increases in HIV and invasive Group A streptococcus have in the past demanded extensive PHAST involvement.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Associate Medical Officer of Health		1.00	
Data Analyst		2.00	
Epidemiologist		3.30	
Executive Assistant		0.50	
		0.00	
		0.00	
Total Program FTE		***6.80***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 693,475		
Benefits			$ 161,753		
Expected Vacancies			$ -		
Travel			$ 2,914		
Program Supplies			$ 2,720		
Board Expenses			$ -		
Staff Development			$ 4,857		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 194		
Total Expenditures	***$ -***	***$ -***	***$ 865,914***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 707,744		
MOHLTC (100%)			$ 148,477		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ 9,692		
Total Revenues	***$ -***	***$ -***	***$ 865,914***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Healthy Eating Behaviours						420
Standard	Chronic Disease Prevention and Well-Being		**Director Name**	Maureen Rowlands		
Lead Team	Chronic Disease Prevention and Tobacco Control		**Manager Name**	Linda Stobo		
Supporting Team(s)						

Summary of Program

The Healthy Eating Behaviour (HEB) program decrease the morbidity and mortality from preventable chronic diseases through the adoption of healthy eating behaviours and increased access to nutritious, culturally appropriate foods. The HEB program also supports efforts toward a safe, healthy, and accessible local Middlesex-London food system that is socially, economically and environmentally sustainable. Intervention areas include food insecurity, food literacy, changes to the food environment, and promoting healthy eating.
The Healthy Eating Behaviour program follows an ecological framework, considering the social, economic and environmental conditions that influence eating behaviours. A healthy community food system integrates food production, processing, distribution and consumption to enhance environmental, economic, social and nutritional health. A healthy community food system approach goes beyond individual dietary behaviour and examines the broader context in which food choices occur.
Program interventions include collaboration/capacity building, healthcare provider outreach, public education, the creation of healthy food environments through the development and promotion of healthy public policy, and coalition building.

Program Mandate & Relevant Legislation

Chronic Disease Prevention and Well-Being Standard
Healthy Menu Choices Act, 2015 and Regulation 50/16
Menu Labelling Protocol, 2018; Population Health Assessment and Surveillance Protocol, 2018; Nutritious Food Basket Protocol (past protocol);
Chronic Disease Prevention Guideline, 2018; Health Equity Guideline, 2018
Middlesex-London Community Food Assessment (guidance document)
A Call to Action for Healthy Eating: Using a Food Literacy Framework (guidance document)

Program Management

The Chronic Disease Prevention and Tobacco Control Team act as food literacy, food system, food insecurity and healthy eating product content consultants within the Health Unit. The Chronic Disease Prevention and Tobacco Control Team is responsible for the promotion of healthy eating and teaching related to understanding menu labels by consumers. The Food Safety Team is responsible for the enforcement of the Healthy Food Choices Act.

The Chronic Disease Prevention and Tobacco Control Team also works closely with the Environmental Health Team to coordinate efforts related to the built environment and food waste.

Key Partners and Stakeholders

City of London; County of Middlesex and the eight lower tier Municipalities; Healthy Kids Community Challenge partnerships; London's Child and Youth Network (CYN) Ending Poverty Priority and Healthy Eating and Healthy Physical Activity (HEHPA) Priority groups; the Ontario Dietitians in Public Health; United Way London and Middlesex; Youth Opportunities Unlimited; Sustain Ontario; Ontario Food Collaborative; Public Health Ontario; Dietitians of Canada; UnlockFood.ca; London and Area Food Bank; Craigwood Youth Services; Anago-Parkhill Therapeutic Care Residence, London and Middlesex Children's Aid Society; South Central Ontario Region Economic Development Corporation; London Training Centre; and London Community Resource Centre.

- Marketing 2 Kids Coalition
- Harvest Bucks Steering Committee
- Middlesex-London Food Policy Council (MLFPC)
- Locally Driven Collaborative Project on Food Literacy

Community Needs and Priorities

- Food insecurity disproportionately affects certain populations, including Indigenous peoples, lone-parent families, and low-income households.
- Children and youth, and their parents are a priority population for this program.
- At-risk youth and young adults are a priority population from a food literacy perspective.
- Municipal and community partner stakeholders from across the food system (from production to consumption to waste management) are both partners and are identified as target populations. These stakeholders can influence the food environment and can influence the development of healthy public policy.

Target and Priority Populations
• Food insecurity disproportionately affects certain populations, including Indigenous peoples, lone-parent families, and low-income households. • Children and youth, and their parents are a priority population for this program. • At-risk youth and young adults are a priority population from a food literacy perspective. • Municipal and community partner stakeholders from across the food system (from production to consumption to waste management) are both partners and are identified as target populations. These stakeholders can influence the food environment and can influence the development of healthy public policy.

Program Interventions / Components		
1	Food Literacy Workshops	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 regarding components that fall within the Food Literacy framework.
2	Food Systems – 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.
3	Food Systems – 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 facilities (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.

Program Interventions / Components (continued)		
4	Food Systems - Collaboration, Partnerships and Capacity Building	Middlesex-London Food Policy Council: the Health Unit provides administrative and implementation/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 food system 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 2 Kids Coalition: the Board of Health is a signed member agency of the Coalition and staff contribute to advocacy efforts calling for federal legislation that would prohibit the marketing of unhealthy food and beverage to children under the age of 13 yrs.
5	Food Insecurity/Food Literacy - Surveillance and Evaluation	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; annual evaluation of the Harvest Bucks program; Community Food Assessment to inform the Health Unit and our partnerships on program developments/enhancements; participation on the Locally Driven Collaborative Project on Food Literacy to develop and validate an evaluation tool to measure the impact of food literacy programs on eating behaviours and health outcomes; and, participate on a sub-group of APHEO to review and revise indicators for household food insecurity, fruit and vegetable consumption, BMI and NFB.
6	Food Insecurity / Food Literacy / Food Skills – 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. Public education and outreach related to the promotion of any changes to Canada's Food Guide to Healthy Eating (expected to be released in 2019).
7	Food Insecurity / Food Literacy / Food Skills –Advocacy and Policy	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 small-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.

Program Interventions / Components (continued)		
8	Food Insecurity / Food Literacy / Food Skills – Collaboration, Partnerships, Capacity Building	Harvest Bucks Program - the Health Unit is the administrative/coordination 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; LDCP Food Literacy - 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 of London. Kitchen Tools Lending Pilot Project - in partnership with the Child and Youth Network, leading the development, implementation and evaluation of a Kitchen Equipment Lending Program.
9	Provision of Emergency Food	The collation and distribution of the monthly meal calendar, in partnership with emergency food providers.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
Proportion of ML population (age 12+) who report food insecurity, including marginal food insecurity (CCHS)	13.7% (2013/2014 data)	13.7% (2013/2014 data)	Decrease
Proportion of ML population (age 12+) that report consuming fruit and vegetables at least 5 times/day (CCHS)	31% (2015/2016 data)	31% (2015/2016 data)	Increase
Proportion of students (grade 7-12) who reported drinking pop, sports drink, fruit cocktails, etc. (sugar sweetened beverages), daily or more in the past 7 days (OSDUHS)	11% (2015 ON data)	11% (2017 ON data)	Decrease
Proportion of students (grade 7-12) who report that they often or always go to bed or school hungry (OSDUHS).	5% (2015 ON data)	7% (2017 ON data)	Decrease

Highlights / Initiatives Planned for 2019

• LDCP Food Literacy Project: Data collection, testing and final development of the tool will be completed by November 2019, with knowledge exchange activities being planned for November 2019 to May 2020.
• Edible Cannabis Legalization: The potential implementation of a legalized edible cannabis framework in 2019 may have unintended consequences related to healthy eating. An edible cannabis working group of public health professionals has been struck in an attempt to get ahead of legalization and to begin the creation of public health messaging.
• Healthy Eating Behaviour Indicators: The Team is participating in a sub-group of the Association of Public Health Epidemiologists in Ontario has been convened to review and update core indicators for public health, including the cost of a nutritious food basket, food insecurity, vegetable and fruit consumption and Body Mass Index.
• Middlesex-London Food Policy Council: The implementation of the Strategic Plan under the leadership of a Council with new membership will be a primary area of focus.
• Community Volunteer Income Tax Program: In collaboration with community partners, the Health Unit is exploring mechanisms to increase community capacity, and to promote free tax preparation clinics in M-L to vulnerable members of the public through social media and information shared directly with clients by public health staff.
• Kitchen Equipment Lending Pilot Project - with funding provided by the City of London's CYN, the Health Unit will lead the development, implementation and evaluation of a Kitchen Equipment Lending Program in the City of London

Program Challenges and Risks

• The legalization of cannabis is complex and will have impacts on many areas within the Health Unit. Program priorities and staff will need to be flexible to respond to imposed legislative, social norm changes and the anticipated increase in call volume from the public seeking health information related to edibles.

• There have been some changes to provincial public policy that may impact household food insecurity and the ability of our priority populations to afford nutritious, culturally appropriate food.

• Canada's Food Guide is under revision, with an expected release date of sometime in 2019:
o Part One - a dietary guidance report for health professionals and policy makers, that will consist of general healthy eating recommendations and key messages and resources for Canadians; and,
o Part Two – the resources that provide recommendations about the amounts and types of food to consume for a healthy, nutritious diet.
Program priorities, nutrition staff, and staff that work in healthcare provider outreach will need to be flexible to incorporate the roll-out of these materials agency-wide. The date for release has not yet been announced.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Dietitian		3.00	
Program Assistant		0.30	
Program Manager		0.20	
Youth Leaders		0.08	
		0.00	
		0.00	
Total Program FTE		***3.58***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 261,373		
Benefits			$ 67,223		
Expected Vacancies			$ -		
Travel			$ 6,240		
Program Supplies			$ 36,453		
Board Expenses			$ -		
Staff Development			$ 521		
Occupancy			$ -		
Professional Services			$ 3,050		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 10,535		
Total Expenditures	***$ -***	***$ -***	***$ 385,396***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 223,503		
MOHLTC (100%)			$ 161,893		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 385,396***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Oral Health					421
Standard	Chronic Disease Prevention and Well-Being		**Director Name**	Maureen Rowlands	
Lead Team	Oral Health		**Manager Name**	Misty Golding	
Supporting Team(s)	Safe Water, Rabies and Vector-Borne Disease				

Summary of Program

The overall goal of the Oral Health Program is to enable an increased proportion of children to have optimal oral health. The program achieves this through identifying those at risk of poor oral health outcomes and ensuring they have appropriate information, education and access to oral health care.

Program interventions include:
- Healthy Smiles Ontario
- Fluoride Varnish
- Smile Clean
- Water Fluoridation

Program Mandate & Relevant Legislation

School Health Standard (2018)
Safe Water Standard (2018)
Chronic Disease Prevention and Well-Being Standard (2018)

Oral Health Protocol (2018)
Safe Drinking Water and Fluoride Monitoring Protocol (2018)

Program Management

The Oral Health Program is managed by the Oral Health Team with collaboration from the Safe Water, Rabies and Vector-Borne Disease Team on issues pertaining to fluoride.

Key Partners and Stakeholders

London Cross Cultural Learning Centre, London Child and Youth Network, Healthcare providers including dentists, physicians, nurses and others, School Boards, Childcare Centres, London Intercommunity Health Centre, Family Centres, Early-ON Centres, London District Dental Society, Western University's Children's Dental Clinic, Fanshawe College - Dental Hygiene Program, Southwest Ontario Aboriginal Health Access Centre

Community Needs and Priorities

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 initial implementation of HSO (2016 and 2017), 20,950 Middlesex-London residents qualified financially for the HSO program, 74% of those eligible were enrolled in HSO, 64% of those enrolled have utilized the HSO program.
Children in Grade 8 have on average 4 teeth that are impacted by dental decay.
More than 50% of children in Grade 2 have teeth that have been impacted by dental decay.
During school screening, MLHU reports on average more than 4000 children who would qualify for preventive services.
25% of children entering junior kindergarten have teeth impacted by decay. Of the children who have been impacted by decay have at least 4 teeth effected.

Target and Priority Populations

Healthy Smiles Ontario
• All children 17 years and under who are clinically eligible for the HSO program and/or have difficulty accessing dental services due to financial hardship.

Fluoride Varnish
• Children in JK, SK, Grade 1 and Grade 2 who are at risk for dental decay

Smile Clean
• Adults who are on Ontario Works
• Adults who have children enrolled in HSO

Program Interventions / Components		
1	Dental Screening - HSO-EESS	Children are screened at the 50 King Street Dental Clinic by a Registered Dental Hygienist to determine their eligibility for the HSO program including dental treatment and preventive services. If children are deemed eligible 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). Certified Dental Assistants provide client navigation to families who require assistance in finding a local dental provider. Dental screenings are offered on a daily basis and the number of children screened is reported to the MOHLTC as per the Oral Health Protocol (2018).
2	Preventive Services - HSO-PSO	A Registered Dental Hygienist, with the support of a Certified Dental Assistant, provide preventive services such as dental cleaning, dental sealants, fluoride application and oral health education to eligible children based on clinical findings and difficulty accessing dental services due to financial hardship. Preventive services are provided at the 50 King Street Dental Clinic on a daily basis. The number of services provided is reported to the MOHLTC as per the Oral Health Protocol (2018).
3	Case Management	Registered Dental Hygienists are required to follow up on all urgent dental conditions identified during school screening and screening at the 50 King Street Dental Clinic to ensure the child has received the required care as per the Oral Health Protocol (2018).
4	HSO Program Promotion	MLHU promotes the HSO program to internal and external stakeholders including clients, community partners and health care providers.
5	Monitoring and Reporting	Oral health trends and the associated 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.
6	Fluoride Varnish Application in Elementary Schools	A Certified Dental Assistant with parental permission apply fluoride varnish to eligible children in select elementary schools. Fluoride varnish clinics are offered three times per school year.
7	Fluoride Monitoring	The Oral Health Manager monitors fluoride levels in community water systems as per the Safe Drinking Water and Fluoride Monitoring Protocol (2018). The Oral Health Manager will collaborate with the City of London and Safe Water, Rabies and Vector Borne Disease Manager to investigate abnormal fluoride levels in community water. The Oral Health Manager will collaborate with the Communications Team to inform the pubic about abnormal levels of fluoride in community water.

Program Interventions / Components (continued)		
8	Smile Clean	The Smile Clean program provides dental cleaning for adults who are on Ontario Works or adults who have a child who is on the HSO Program. These adults should have difficulty accessing dental services due to financial hardship. A Registered Dental Hygienist, with support from a Certified Dental Assistant, provide preventive services to qualifying adults. Smile Clean appointments are book on a maximum basis of 5 clients per week.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
% of the population 12+ that reported having had oral or facial pain the past month	NA	NA	Decrease
% of the population 12+ that reported having visited the dentist in the past year	NA	NA	Increase
# of fluoride varnish applications provided	2090	2279	Increase
# of children who received a fluoride varnish application	844	1251	Increase
# of eligible children who received preventive services	352	1,203	Increase
# of dental screenings provided for HSO-EESS	412	594	Increase

Highlights / Initiatives Planned for 2019

The Oral Health Team is looking to expand their fluoride varnish program to other high risk elementary schools.

Program Challenges and Risks

Some school boards require that fluoride varnish be applied to children's teeth during the lunch hour at elementary schools. Staff have difficulty completing this service while trying to maintain client satisfaction and accuracy.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Dental Assistant		4.20	
Dental Hygienist		3.22	
Dentist		0.00	
Program Manager		0.70	
		0.00	
		0.00	
Total Program FTE		***8.12***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 526,340		
Benefits			$ 140,753		
Expected Vacancies			$ -		
Travel			$ 10,872		
Program Supplies			$ 32,667		
Board Expenses			$ -		
Staff Development			$ 3,153		
Occupancy			$ -		
Professional Services			$ 353		
Furniture & Equipment			$ 8,698		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 36,861		
Total Expenditures	***$ -***	***$ -***	***$ 759,697***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 66,997		
MOHLTC (100%)			$ 692,700		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 759,697***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Physical Activity and Sedentary Behaviours						422
Standard	Chronic Disease Prevention and Well-Being		**Director Name**	Maureen Rowlands		
Lead Team	Chronic Disease Prevention and Tobacco Control		**Manager Name**	Linda Stobo		
Supporting Team(s)						

Summary of Program

Addressing physical activity, sedentary behaviour and sleep, which we refer to collectively as Active Living follows a social ecological approach including interventions and activities 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 healthy community design that supports opportunities for active living. The 24-Hour Movement Guidelines demonstrate that physical activity, sedentary behavior and sleep are closely interrelated. Long term intended population health outcomes of this program include increasing levels of physical activity, reducing time spent sedentary, increasing the proportion of the population getting adequate sleep. The ultimate long term outcome of this program is reducing the burden of chronic diseases of public health importance and improve well-being (OPHS, 2018).

Program Mandate & Relevant Legislation

Chronic Disease Prevention and Well Being Standard (OPHS, 2018)
MLHU Board of Health Endorsement of the Toronto Charter for Physical Activity (February 2012)
A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving, 2018
The Chief Public Health Officer's Report on the State of Public Health in Canada 2017, Designing Healthy Living;
Canadian Society of Exercise Physiology (CSEP) Guidelines, 2017
Ontario Planning Act R.S.O. 1990, c. P.13

Program Management

The Physical Activity and Sedentary Behaviours Program is managed by the Healthy Communities and Injury Prevention Team and collaborates with the Young Adult, Child Health, Early Years, Reproductive Health, and Environmental Health Teams.

Key Partners and Stakeholders

Southwest Physical Activity Promoters Network (SWPAPN)
Ontario Public Health Unit Workplace Physical Activity Knowledge Exchange Network
London Celebrates Cycling workgroup
City of London: Cycling Advisory Committee
City of London: Planning Dept.
City of London: Environmental & Engineering Services / Roads & Transportation Dept.
Age-Friendly London Network
Active and Safe Routes to School
City of London CYN (Child and Youth Network) HEHPA (Healthy Eating Healthy Physical Activity

Partners in the above partnerships include: Ophea, Ministry of Tourism, Culture & Sport, Ministry of Seniors Accessibility Affairs (MTCS), Fanshawe College, London Transit Commission, London Urban League, London Cycle Link, Big Bike Giveaway, Mountain Equipment Coop, Western University, local church, businesses, bike shops, Old East Village Riding Group, Boler Mountain, Can-Bike, Community Gardens, Southwestern Public Health, Western University: Human Environments Analysis Laboratory, Thames Valley District School Board, London District Catholic School Board, Student Transportation Services, City of London, City of St. Thomas, Counties of Oxford, Elgin, and Middlesex, Child and Youth Network- City of London, City of London Police, City of St Thomas Police, Ontario Provincial Police, Green Communities Canada, Student Transportation Services, Ministry of Transportation, CAN-BIKE, Thames Region Ecological Association

Community Needs and Priorities

London and Middlesex obesity rates have risen 33% since 2007, for those 18 years and older from 17.9% in 2007 to 23.9% in 2016 (London Community Foundation Vital Signs Report, 2018).
In 2011/12, 54.2% of the Middlesex-London (age 12 up) population reported being moderately active or active during leisure time activities (MLHU Community Health Status Resource)
About one-half of Middlesex-London youth reported being physically active during their leisure time in 2009/10 (CCHS)
County of Middlesex specific data (2010-2013):
41% of kids have 3 or more TV/video screens in their room
24% have active travel mode to school (bike, walk) (County of Middlesex HKCC Community Needs Assessment Report,2016)
City of London specific data:
42% of children engage in 60 minutes of physical activity everyday
56% of kids have 3 or more TV/video screens in their room
(HKCC City of London Community Needs Assessment, 2016)

Target and Priority Populations
Target Populations: Early Years (0-4 years) Children and Youth (5-17 Years) Adults (18-64 years) Older Adults (65 Years & Older) Work is needed to identify priority populations for this program. This includes the availability of local level data, review of literature, and evidence of effective interventions.

Program Interventions / Components		
1	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. Provide education and training to early childhood educators re physical literacy to increase the use and promotion of physical literacy with children in day cares; collaboration with SW Physical Activity Promoters Network and the MLHU Early Years Team. As part of the Southwest Physical Activity Promoters Network (SWPAPN), plan, develop and implement key messaging for social media which will be directed at parents and/or caregivers of children in the early years (0-4 years). With SW partners, hold a tri-county workshop to enhance support for physical literacy policy, physical literacy skill-building development and the 24-Hour Guidelines for child care centres and before and after school programs.
2	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 in the City of London. Promote active living, including information and tools in area workplaces through MLHU Health at Work 4 All related to physical activity sedentary behaviour and sleep. Promote active transportation with continuation of Give Active Transportation a Go! Campaign (to general public with focus on workplaces, via social media and other communication means). Chair and provide leadership and coordination support to Elgin, Oxford, Middlesex-London, Active and Safe Routes to School (ASRTS) Committee, to promote active and safe school travel. As part of ASRTS partnership, support the wayfinding sign projects and 14 bike rack installation projects. Continue to foster new partnerships that promote active school travel e.g. Canadian Cancer Society to pilot and evaluation Walking School Bus program.

Program Interventions / Components (continued)		
3	Healthy Community Design	Review & provide recommendations to various land development applications / initiatives regarding healthy community design – Official Plans, Area Plans, Secondary 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 with planners /developers and the public including school communities
4	Policy and Advocacy	Through this telephone-based service, public health nurses conduct client/family-centred assessments and provide information and support regarding breastfeeding and infant feeding. Referrals to MLHU programs and community services are made, as appropriate.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
# of M-L Elementary Schools active in School Travel Plan (STP) initiative	5 new + 21 active	5 new + 23 active	increase
# unique distribution points for physical activity guideline education/dissemination (workplace newsletters, healthcare provider newsletters, presentations/ health fairs)	9	25	increase

Highlights / Initiatives Planned for 2019

Continuing to enhance connections with partnerships for consistent evidence informed messaging and knowledge transfer.

ASRTS partnership is revising the School Travel Planning (STP) manual with health equity lens, including translated versions of surveys and materials to reach populations with language barriers, and review the STP process for sustainability.

Program Challenges and Risks

Lack of available local level data to inform program need, including identification of priority populations.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.10	
Program Manager		0.20	
Public Health Nurse		2.10	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.40***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 203,151		
Benefits			$ 50,511		
Expected Vacancies			$ -		
Travel			$ 2,671		
Program Supplies			$ 5,944		
Board Expenses			$ -		
Staff Development			$ 1,256		
Occupancy			$ -		
Professional Services			$ 1,234		
Furniture & Equipment			$ 135		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 926		
Total Expenditures	***$ -***	***$ -***	***$ 265,828***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 265,828		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 265,828***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Mental Health Promotion						423
Standard	Chronic Disease Prevention and Well-Being		**Director Name**	Maureen Rowlands		
Lead Team	Healthy Communities and Injury Prevention		**Manager Name**	Rhonda Brittan		
Supporting Team(s)	Young Adult		Reproductive Health		Child Health	

Summary of Program

Population specific interventions related to Mental Health Promotion currently occur across the health unit under several standards and areas including: School Health, Healthy Growth and Development.

As it relates to Chronic Disease Prevention and Wellbeing, current mental health promotion focuses on workplaces and workers as part of the Health at Work 4 All! Initiative. A psychologically healthy and safe workplace is one that promotes and supports employees' psychological well-being and actively works to prevent harm to their psychological health in negligent, reckless or intentional ways. Short term intended outcome is to increase knowledge of workplaces and workers regarding ways to promote mentally health workplaces. The medium term intended outcomes are to increase capacity for organizations and business to implement comprehensive approaches to mentally healthy workplaces and to implement the Psychological Health and Safety Standard in the private and public sectors. Long term population health program goal of current mental health promotion program is improved population mental health and wellbeing in the adult population.

In 2019 a situational assessment will be completed in order to identify program need, existing strengths/resources and gaps and identify priorities and interventions going forward for a broader and comprehensive program of public health interventions related to Mental Health promotion.

Program Mandate & Relevant Legislation

Chronic Disease Prevention and Wellbeing Standard (OPHS, 2018)
Substance Use and Injury Prevention Standard (OPHS, 2018)
Health Equity Guideline, 2018;
Mental Health Promotion Guideline, 2018;
Substance Use Prevention and Harm Reduction Guideline, 2018;
CSA Standard for Psychological health and safety in the workplace, 2013

Program Management

The Healthy Communities and Injury Prevention Team manages the Mental Health Promotion Program. Collaboration occurs with Child Health Team, Young Adult Team, Reproductive Health Team , Best Beginnings

Key Partners and Stakeholders

Canadian Mental Health Association, Mental Health Commission of Canada, Great West Life Centre for Mental Health in the Workplace, The Mindful Employer, workplaces across Middlesex-London.

Community Needs and Priorities

Related to workplace mental health promotion, Canadians spend an average of 36.4 hours at work per week (HRSDC 2011)
Our working lives are an essential contributor to what keeps us healthy and what makes us sick (Wellesley Institute 2010)
The working environment and the nature of work itself are both important influences on health. (Marmot and Wilkinson 2006)

Evidence shows that one Canadian in five will experience a mental health problem or illness in any given year. Mental health problems and illnesses are a leading cause of worker absenteeism and disability in Canada; they are estimated to account for nearly 30% of all Long Term Disability (LTD) disability claims (Mental Health Commission of Canada (2013) “Making the Case for Investing in Mental Health in Canada”).

Target and Priority Populations

“The Footprint of Mental Health Conditions: Healthy Brains at Work” The Conference Board of Canada, May 22, 2015 reveals mental health disorders are more than 60 per cent higher among working Canadians than the general population.
Relating to vulnerable workplace: Women, younger workers, services sector employees are more likely to experience mental health issues due to lower pay, fewer benefits, reduced likelihood of full-time work, and a tendency to communicate with dissatisfied clients the prevalence of a mental illness in a worker’s lifetime is highest in the public administration; information, culture and recreation and educational services industries (occupations connected social science, education, and government services; and art, culture, and recreation); lowest prevalence of mental illness agriculture, forestry, and mining.
Research indicates that rates of depression are highest in industries that have the most interaction with the public or with clients.

Program Interventions / Components		
1	Education and Awareness	Promote adoption of the CSA Standard or use the components to work towards supporting good employee mental health in workplaces through: • Presentations to employer/ leader/wellness groups to promote the implementation of the standard and the resources created to address it • Presentations on stress, work-life balance, building resilience • Links to resources in biweekly newsletters to 232 workplace contacts in London and Middlesex • Links to local resources in the workplace/employer section of the MLHU website • Workshops in the past have focused on workplace mental health, implementing the standard, improving workplace culture, harassment and bullying, the aging workforce, workplace stress and the risk factors (physical activity, health eating, behaviour changes etc.) • Create resources that help employers address mental wellbeing in the workplace - @ work kit, fact sheets and booklet of local resources (all to be revised in 2019)
2	Supportive Environments	Winter 2018/2019 offering “$200 grants” to 5 employers to help them address mental health in their workforce
3	Policy development	Offer consultation support to workplaces in developing policies that support workplace mental health

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of workplace wellness e-newsletters and related metrics regarding content interactions	24 newsletters	23 newsletters 63 articles r/t workplace mental health	24 newsletters Newsletter platform will allow identification of content interaction metrics for 2019

Highlights / Initiatives Planned for 2019
In 2019 a situational assessment will be completed to identify program need, existing strengths/resources and gaps and identify priorities and interventions going forward for a broader and comprehensive program of public health interventions related to Mental Health promotion.

Program Challenges and Risks
Workplace Mental Health is both a challenge to be addressed and a venue for the distribution of information and connections to resources for over 66% of the Middlesex-London population who work and care for families, elders, themselves and their communities.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.10	
Program Manager		0.10	
Public Health Nurse		1.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.20***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 100,260		
Benefits			$ 25,019		
Expected Vacancies			$ -		
Travel			$ 1,336		
Program Supplies			$ 2,972		
Board Expenses			$ -		
Staff Development			$ 628		
Occupancy			$ -		
Professional Services			$ 617		
Furniture & Equipment			$ 67		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 463		
Total Expenditures	***$ -***	***$ -***	***$ 131,363***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 131,345		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ 18		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 131,363***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Ultraviolet Radiation and Sun Safety						424
Standard	Chronic Disease Prevention and Well-Being		**Director Name**	Maureen Rowlands		
Lead Team	Chronic Disease Prevention and Tobacco Control		**Manager Name**	Linda Stobo		
Supporting Team(s)	Healthy Communities and Injury Prevention		Food Safety and Healthy Environments		Child Health	

Summary of Program

Exposure to the sun and other sources of ultraviolet radiation (UVR), such as tanning equipment, without sufficient protection are established causes of skin cancer and can increase the risk of eye diseases (IARC, 2012). Past national surveys have suggested that an increasing number of Canadians spent more time in the sun without ensuring that they are protected against harmful UVR exposure (Canadian Partnership Against Cancer, 2010). The annual number of new cases of melanoma, the deadliest form of skin cancer, has also been increasing (Canadian Cancer Society, 2015).

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.

Components of the UVR and Sun Safety Program include:
- Policy Development and Healthy Environments
- Public Awareness and Health Education
- Partnerships, Capacity Building and Collaboration
- Enforcement

Program Mandate & Relevant Legislation

Chronic Disease Prevention and Well-Being Standard
Skin Cancer Prevention Act, 2013 and Ontario Regulation 99/14
Tanning Beds Protocol, 2018
Chronic Disease Prevention Guideline, 2018
Healthy Environments and Climate Change Guideline, 2018
OSSWG Sun Safety Toolkit for Public Health Units (reference document)

Program Management

The Chronic Disease Prevention and Tobacco Control Team manages the Ultraviolet Radiation and Sun Safety Program with the tobacco enforcement staff enforcing the Skin Cancer Prevention Act.

The UVR Public Health Nurse works collaboratively with the Healthy Communities and Injury Prevention Team, Healthy Environment Team, Child Health Team, Young Adult Team and Early Years Team.

Key Partners and Stakeholders

City of London – connections through Environmental Health to the Tree and Forests Advisory Committee (see Environmental Health component for more details); Canadian Cancer Society – Elgin London Middlesex; Southwest Regional Cancer Program; Southwest Cancer Prevention and Early Detection Network (8 public health units in southwestern Ontario); Ontario Sun Safety Working Group; ReForest London

Community Needs and Priorities

Ultraviolet Radiation Exposure: 36.6% of adults in Middlesex-London 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).

Melanoma incidence rates increased in both males and females between 1988 and 2007 in Middlesex-London. Males in Middlesex-London had significantly higher incidence rates of melanoma than males in Ontario (2005-2007). Skin cancer accounts for approximately one-third of cancers diagnosed in Ontario, and it is estimated to result in an economic burden of more than $344 million in 2011.

Melanoma skin cancer, the deadliest form of skin cancer, is the second most common cancer in young Ontarians aged 15-34 years, and is largely preventable. Risk of skin cancer, particularly melanoma, increases by 75% when tanning beds are used prior to the age of 35.

Despite the enactment of tanning bed legislation, research conducted by the Ontario Sun Safety Working Group shows that there was no reduction in adolescence tanning bed use prevalence; therefore, ongoing work is required at the local level to support the provincial policy.

Target and Priority Populations

Youth and young adults to promote the dangers of artificial tanning to reduce tanning bed use prevalence.

Community partners that work in schools, day camps, child care centres, and to young adults/adults at large to promote the Ontario Sun Safety Working Group Sun Safety messages to promote the utilization of sun protective behaviours for self and children.

Outdoor workers who are up to 2.5 to 3.5 times more likely to be diagnosed with skin cancers.

Low income where the cost of sunscreen can be prohibitive; therefore, strategies and interventions that reduce the barriers to sunscreen access will be explored including the provision of free (or low cost) sunscreen to families that the Health Unit is working with through the Best Beginnings/Early Years Teams.

Program Interventions / Components		
1	Policy Development and the Creation of Healthy Environments	Policy development and promotion: utilizing existing relationships and partnerships within the Health Unit, promote and support the development of policies that reduce 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 (e.g. strengthening alignment with the Environmental Health program to leverage Health Unit role on the City of London Trees and Forests Advisory Committee); Municipal Shade Policy: the creation of a 'business case' for a municipal shade policy for use with Middlesex-London municipalities.
2	Public Awareness and Health Education	Utilize the results from the 2018 Carrot App Sun Safety Campaign to inform program plans for 2019; continue to increase knowledge and adoption of sun safety behaviours particularly in families with children 0 to 12 years of age through 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, leveraging provincial campaigns and messages from our community partners; outreach to healthcare providers.
3	Partnerships, Capacity Building and Collaboration	CCS' Sun Sense Program: promote the program within the Child Health Team and explore opportunities to increase program uptake by local school boards; Ontario Sun Safety Working Group: continued participation to help inform and support local program development and implementation, tapping into the expertise of sun safety/UVR experts.
4	Enforcement	Conduct one annual routine inspection and education visit of every tanning bed operator in Middlesex-London to review operator obligations; respond to all complaints received regarding non-compliance; support the City of London in their Licensing Bylaw by inspecting any new tanning bed operators that have applied for a license; 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.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of tanning bed operators in the Middlesex-London area	43	35	Decrease
% of tanning bed operators in Middlesex-London inspected at least once annually (new indicator/expectation).	N/A	N/A	100%

Highlights / Initiatives Planned for 2019

• Research conducted by members of the Ontario Sun Safety Working Group found that despite the enactment of the Skin Cancer Prevention Act, many adolescents under the age of 18 yrs. report being sold tanning services. The Health Unit intends to explore the implementation of a pilot program that involves youth access test shopping and the provision of education for the “under 25” ID requirements.
• The exploration of strengthened collaborative relationships with the Environmental Health – Climate Change staff to pursue the advancement of shade policy.
• The development of a business case that would support the creation of a medical directive/guideline for dispensing sun screen to priority populations.
• The creation of a public disclosure system for tanning bed operator inspections.

Program Challenges and Risks

• The enforcement of the Skin Cancer Prevention Act falls to the Tobacco Enforcement Officers, who enforce the Smoke-Free Ontario Act, 2017 (SFOA, 2017). With the increased demands being places on the Tobacco Enforcement Officers, it is difficult to remain proactive and timely with tanning bed operator enforcement/education.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.10	
Program Manager		0.10	
Public Health Nurse		0.50	
Tobacco Enforcement Officer		0.10	
Youth Leaders		0.06	
		0.00	
Total Program FTE		***0.86***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 61,338		
Benefits			$ 13,247		
Expected Vacancies			$ -		
Travel			$ 1,499		
Program Supplies			$ 8,757		
Board Expenses			$ -		
Staff Development			$ 125		
Occupancy			$ -		
Professional Services			$ 733		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 2,531		
Total Expenditures	***$ -***	***$ -***	***$ 88,230***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 49,339		
MOHLTC (100%)			$ 38,891		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 88,230***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Food Safety					425
Standard	Food Safety		**Director Name**	Stephen Turner	
Lead Team	Food Safety and Healthy Environments		**Manager Name**	David Pavletic	
Supporting Team(s)	Infectious Disease Control				

Summary of Program

The Food Safety program aims to prevent and reduce the burden of foodborne illness through inspections, monitoring, education, and enforcement activities.

The program targets food premises operators, prospective food premises operators, operators of exempted food premises, volunteer groups and clients who prepare foods at home.

Interventions of the Food Safety Program include:
- Surveillance
- Awareness, Education and Training
- Risk Assessment and Inspection of food premises
- Complaint and outbreak investigation
- Food Recall
- DineSafe Disclosure
- Enforcement

Program Mandate & Relevant Legislation

- Food Safety Standard, 2018
- O. Reg. 493/17 Food Premises
- O. Reg. 503/17 Recreational Camps
- Food Premises Inspection and Mandatory Food Handler Training Bylaws (City of London and Middlesex County)
- City of London Business Licensing By-Law L.131-16
- Food Safety Protocol, 2018
- Operational Approaches for Food Safety Guideline, 2018

Program Management

The Food Safety Program is managed by the Food Safety and Healthy Environments Team. The Infectious Disease Control (IDC) Team also conducts food safety inspections at Institutional food premises (hospitals, day nurseries, long-term care homes etc.).
These institutional food premises inspections are disclosed through the food premises disclosure program (DineSafe). PHIs on the IDC team coordinate with PHIs from Environmental Health (EH) to investigate reports of suspected and lab-confirmed foodborne illness.

Key Partners and Stakeholders

London Training Centre; City of London - Licensing department; Ontario Ministry of Agriculture; Food and Rural Affairs (OMAFRA); Canadian Food Inspection Agency; Health Canada

Community Needs and Priorities

There are approximately 2,500 food premises operating in Middlesex-London, which typically increases every year in concert with the growing population base. MLHU receives reports of suspected and lab-confirmed foodborne illness as well as reports of unsafe food handling at food premises in Middlesex-London. Local and province-wide outbreaks are investigated as well as requirements under the direction of the MOHLTC to conduct product checks at food premises when food recalls have been announced.

There are legislative requirements and MOHLTC Accountability Agreements for completing food safety inspections at food premises within Middlesex-London. Providing food safety awareness and education geared towards individuals who serve vulnerable clients and where food safety lapses have been discovered through inspections and investigations in high risk environments. Food premises where there is higher risk for foodborne illness, considering previous foodborne illness outbreaks, are a priority for ongoing focus and intervention.

Target and Priority Populations
Food premises operators and community members who experience challenges with health literacy, English as a Second Language, and economic challenges that are the recipients of food safety interventions (including food premises inspections and education / food handler training).

Program Interventions / Components		
1	Surveillance	MLHU maintains an inventory of all food premises within Middlesex-London for the purposes of risk assessment, inspections and monitoring of regulatory compliance over time. All food premises exempt from O. Reg. 493/17 (farmer's markets, residential homes, churches / service clubs / fraternal organizations for special events) are monitored and assessed regularly. All information is maintained within the Hedgehog database and updated regularly throughout each calendar year.
2	Awareness, Education and Training	MLHU staff collaborate with the London Training Centre (LTC), a partner agency to MLHU, through a Memorandum of Understanding (MOU). The MOU requires the LTC to deliver food handler training to residents in Middlesex County and London, in accordance with the MLHU Operational Approaches for Food Safety Guideline, 2018. MLHU provides food handler training course instruction to target populations within the community and administers food handler training exams to the general public. Additionally, MLHU staff provide food safety seminars, community presentations and attend health fairs to promote safe food handling practices throughout the year. Food safety information is made available to the general public and facility operators on-line www.healthunit.com. Public Health Inspectors also provide food safety education to operators during inspection activities.
3	Risk Assessment and Inspection of food premises	MLHU staff conduct annual risk assessments of all food premises in Middlesex-London. All food premises including year-round, seasonal and pre-operational are inspected and re-inspected when necessary to achieve regulatory compliance. Food premises within the city of London are inspected prior to operation, to assist the city of London with the licensing of food premises. Temporary food premises (special events) are risk assessed and receive inspections or food safety education prior to and during operation, depending upon an assessment of the risks.

Program Interventions / Components (continued)		
4	Compliance and outbreak investigation	MLHU staff Investigate, assess the risks and respond to all food safety complaints and service requests in a timely manner (within 24 hours). Service requests include reported food safety complaints at food premises, reports of suspected and lab-confirmed foodborne illness or any other food safety request for service. PHIs in Food Safety collaborate internally with the Infectious Disease Control (IDC) team during local outbreak investigations when case interviewing identifies local food premises as potential suspect sources. PHIs also collaborate with other Public Health Units (PHU) and partner agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture, Food and Rural Affairs, Health Canada) during Ontario Outbreak Investigation Coordination Committee (OOICC) meetings or national Outbreak Investigation Coordination Committee (OICC) meetings for the management of foodborne illness outbreaks.
5	Food Recall	MLHU staff provide support for food recalls when a request is made by the MOHLTC to conduct on-site food product verification checks. Product checks can either by conducted in large scale by contacting all food premises operators where recalled food product is likely to be found, or on a smaller scale during times when food premises inspections are conducted. This is determined based on the level of risk communicated by the MOHLTC.
6	DineSafe Disclosure	MLHU provides public disclosure of food safety inspection summaries through the DineSafe website, on-site posting or through a request for information. DineSafe is monitored periodically to identify website glitches, accuracy of data and public request through an email link. Food premises within Middlesex-London are required to post a sign at the entrance to the food premises, in accordance with the Food Premises Inspection and Mandatory Food Handler Training Bylaws (City of London and Middlesex County). The signs indicate Pass (Green), Conditional Pass (Yellow) and Closure (Red). Signs are delivered by PHIs upon completion of a food safety inspection or re-inspection.
7	Enforcement	Legal action(s) are taken, as when necessary in accordance with the Food Safety Protocol, 2018. Closure Orders, under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 are served to food premises owners when health hazards are identified by Public Health Inspectors. Additionally, PHIs enforce the Food Premises Inspection and Mandatory Food Handler Training Bylaws (City of London and Middlesex County) for compliance.

Performance / Service Level Indicators			
Indicator	2017	2018 (to Nov 19)	2019 (target)
% of high risk premises inspected once every 4 months	100%	100%	100%
% of moderate risk premises inspected once every 6 months	100%	100%	100%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement) / Food handler or supervisor present during operation has completed food handler training	89%	100%	100%
Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (Posting Requirement) / Inspection results posted in accordance with the PHIs request	100%	91%	100%
# Responses to Reports of Foodborne Illnesses	139	146	145
# of tickets issued to Food Premises	15	6	10
# of summons issued to Food Premises	7	-	5
# of closure orders issued to Food Premises	6	9	7

Highlights / Initiatives Planned for 2019

• Implement evidence-informed and culturally relevant food safety interventions that address the SDOH / Health Equity need during education and inspection activities.
• Establish a staff learning plan that ensures all PHIs have the necessary PHI specific competencies in the Food Safety program. In 2019 we will aim to provide training for all PHIs to address the learning needs associated with the modernized O. Reg. 493/17, and strive for consistent approaches.
• Complete and update all food safety policies and procedures to reflect the requirements in the Food Safety Standard, 2018, and Food Safety Protocol, 2018.
• Transition into a newly updated DineSafe website, that uploads inspection data from the updated Hedgehog 5.3 program. Ensure that the DineSafe website complies with the requirements set out in the Food Safety Protocol, 2018.
• Work towards ensuring that all food premises within Middlesex-London are disclosed in DineSafe. Currently there are a few categories of food premises that are not included in the program due to logistical and / or the nature of operation.

Program Challenges and Risks

• In January 2018, the PHIs in the Food Safety program will begin using a new Hedgehog program. Additional time required for training and establishing adequate competency levels for staff will be required. Additionally, some resources will be required to dedicate to the Hedgehog program, to configure various data fields that allow for enhanced and effective reporting.
• Additional training and collaboration will be required to ensure that consistent and effective risk-based approaches are taken by PHIs under the modernized O. Reg. 493/17 Food Premises.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.85	
Program Manager		0.95	
Public Health Inspector		13.90	
		0.00	
		0.00	
		0.00	
Total Program FTE		***15.70***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 1,247,764		
Benefits			$ 302,140		
Expected Vacancies			$ -		
Travel			$ 22,310		
Program Supplies			$ 13,545		
Board Expenses			$ -		
Staff Development			$ 7,298		
Occupancy			$ -		
Professional Services			$ 2,007		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 16,879		
Total Expenditures	***$ -***	***$ -***	***$ 1,611,942***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 1,368,706		
MOHLTC (100%)			$ 200,232		
MCCSS			$ -		
PHAC			$ 28,004		
PHO			$ -		
User Fees			$ 15,000		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 1,611,942***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Health Hazard Response				430
Standard	Healthy Environments	**Director Name**	Stephen Turner	
Lead Team	Food Safety and Healthy Environments	**Manager Name**	David Pavletic	
Supporting Team(s)				

Summary of Program

The Health Hazard Response program aims to reduce the burden of illness from potential, suspected and / or identified health hazards through hazard identification, risk assessment and risk management strategies.

Target populations include individuals who reside in housing environments where boarding and / or care services are provided and where there has been identified need for public health intervention, as well as individuals who are more susceptible to the impacts of environmental health hazards.

This program aims to reduce exposure to health hazards in the environment and at facilities / housing within Middlesex-London. Interventions include regular maintenance of facility / housing inventories for correspondence, inspection work, health hazard investigations and community collaborations. PHIs provide public health interventions for clients living in substandard living conditions or for individuals who are at increased risk to adverse health outcomes at facilities where they are exposed. Interventions also include providing education and awareness, inspection and investigation work and assistance through collaboration and community referrals.

Program Mandate & Relevant Legislation

Healthy Environments Standard
O. Reg. 503/17 Recreational Camps
Health Hazard Response Protocol, 2018
Population Health Assessment and Surveillance Protocol, 2018
Homes for Special Care Act, R.S.O. 1990, c. H.12
Informal Residential Care Facility Licensing By-Law, CP-21

Program Management

The Health Hazard Response Program is managed by the Food Safety and Healthy Environments Team

Key Partners and Stakeholders

City of London and Middlesex County Building Inspectors, Municipal Bylaw Enforcement Officers and Fire Inspectors; Vulnerable Occupancy Protocol Working Group; Ministry of Environment, Conservation and Parks; Public Health Ontario

Community Needs and Priorities

Information is provided to MLHU staff through community calls, agency referrals or through involvement on community working groups which suggests that individuals may be at an increased public health risk. MLHU maintains an inventory of calls of complaints and service requests and housing / facility locations in Middlesex-London, which serves to provide historical context and previous actions taken by MLHU staff.

MLHU has identified a local need to inspect and provide more supports to vulnerable occupancies. There are group homes within London and Middlesex County that are maintained and operated without much regulatory oversight. Given the health equity context, much attention for public health intervention is directed towards individuals living in housing environments where there is increased risk. As well, focus is directed towards individuals who are at increased risk to the impacts of known health hazards.

Target and Priority Populations
The priority populations in this area of programming are individuals who are at increased risk to the impacts of environmental hazards including individuals living in homes considered to be Vulnerable Occupancies which can include boarding and lodging homes, group homes (provincially or municipally licensed) and seasonal farm worker housing. Typically, payment is made to an operator of the home in return for rent and / or certain care provisions. Seasonal Farm Worker Housing: There are approximately 75 seasonal farm homes in Middlesex County whereby workers from other countries are provided housing. Housing is typically located at the farm however not in all circumstances. It is the responsibility of the health unit to ensure that the homes are inspected for health and safety. Seasonal staff are from other countries. Some SDOH / Health Equity considerations may include language barriers, economic status, and living conditions. MLHU maintains an inventory of Seasonal Farm Housing and inspections are completed bi-annually for licensing purposes. Group Homes / Boarding and Lodging Homes: Individuals living in municipally licensed group homes, unlicensed group homes and boarding and lodging homes. Some homes require regular inspections however some are unregulated. Individuals living in these homes may have financial challenges, physical and / or mental health illnesses, challenges with substance abuse and experience unhealthy living conditions. MLHU has identified a local need to inspect and provide more supports to vulnerable occupancies regardless of the regulatory nature, given the health inequities. MLHU maintains a listing of all homes in these categories. Additionally, operators of homes contact the MLHU for inspections purposes if there is a licensing program established. In many scenarios, MLHU receives calls from the public pertaining to unhealthy and / or unsafe living conditions in homes which should require proper licensing. MLHU has identified a local need to inspect and provide more supports to these vulnerable occupancies.

Program Interventions / Components		
1	Surveillance	MLHU collects information pertaining to facilities where there have been health hazard investigations completed or where there has been a need to create an inventory given the risk of health hazards existing. Some facilities include buildings that operate cooling towers and residential homes where there have been Cannabis Growing Operations. This information currently resides within the Hedgehog database as well as in paper files.
2	Inspections	PHIs inspect boarding and lodging homes, group homes, vulnerable occupancies, seasonal farm homes and recreational camps. Provincially licensed group homes are inspected on request from operating agencies, and inspections apply to all living quarters, common areas and the kitchen area. The Food Premises Regulation applies in homes where there are greater than 9 individuals residing within the home. Lodging homes are inspected upon operation and Informal Care Group Homes are inspected upon licensing and then on a complaint basis.

Program Interventions / Components (continued)		
3	Management and Response	PHIs respond to notifications through the Vulnerable Occupancy Protocol (VOP) related to unhealthy and unsafe living conditions in homes considered to be vulnerable occupancies. These responses are conducted in collaboration with other stakeholder agencies / partners under the VOP, in a collective manner to achieve a more successful health outcome. PHIs also respond to emergencies and collaborate with the Manager of Emergency Management when necessary. PHIs respond to reports of potential, suspected or identified health hazards in Middlesex-London, and have a 24/7 system in place to ensure timely responses. Risk assessments are conducted to determine the degree of urgency as well as an appropriate response.
4	Awareness Education and Training	PHIs provide additional supports and consultation to clients and housing operators, related to unhealthy living conditions, to help improve upon the living conditions within the home. Internal collaborations with Public Health Dieticians and harm reduction outreach staff are also established to proactively achieve better health outcomes, where there is demonstrated need identified during inspection or health hazard investigation work. PHIs also work with external collaborations including the VOP group and the Hoarding Support Services Working Group to help provide awareness and to assist in making referrals when necessary.

Performance / Service Level Indicators

Indicator	2017	2018 (to Nov 19)	2019 (target)
Responses to health hazard complaints and service requests	1213	1415	1400

Highlights / Initiatives Planned for 2019

• Establish a comprehensive 'housing inspection' program which allows for effective risk-based approaches through various types of public health interventions with special focus on vulnerable occupancies. The program will allow for a regular inspection regime and additional strategies and interventions to be delivered where there is demonstrated need identified through a risk assessment.
• In 2019, MLHU will continue collaboration on the VOP working group as well as the Hoarding Support Services Working Group (pilot program established in the city of London).
• Transfer all inventory of facilities into the Hedgehog database with accurate and updated categorizations and inspection reports.
• Update policies and procedures (as part of Policy and Procedure Review) to reflect the new requirements under the Healthy Environments Standard / Health Hazard Response Protocol, 2018.

Program Challenges and Risks
• Achieving sustained improvements in living conditions is difficult to achieve given many of the other challenges facing our vulnerable residents. Maintaining key stakeholder collaborations will be necessary to help achieve better health outcomes.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.20	
Program Manager		0.20	
Public Health Inspector		3.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***3.40***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 270,188		
Benefits			$ 65,361		
Expected Vacancies			$ -		
Travel			$ 5,192		
Program Supplies			$ 2,832		
Board Expenses			$ -		
Staff Development			$ 1,569		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 450		
Total Expenditures	***$ -***	***$ -***	***$ 345,592***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 325,592		
MOHLTC (100%)			$ 16,000		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ 4,000		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 345,592***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Healthy Environments and Climate Change						431
Standard	Healthy Environments		**Director Name**	Stephen Turner		
Lead Team	Food Safety and Healthy Environments		**Manager Name**	David Pavletic		
Supporting Team(s)						

Summary of Program

MLHU works to develop approaches for promoting healthy built and natural environments to enhance population health and mitigate environmental health risks, in alignment with the Healthy Environments and Climate Change Guideline, 2018. Interventions delivered under this program serve to mitigate hazards and protect residents in Middlesex-London from environmental exposures that are of significance, including hazards that have been well established as leading carcinogens and / or burdens of illness in Ontario, as well as hazards that are of local significance.

The program targets individuals who live in Middlesex-London that are at increased risk to the impacts of environmental health hazards including the impacts of climate change.

The program 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. MLHU communicates extreme weather events (cold weather alerts and heat warnings) which help to facilitate community action for cooling / warming centres, increasing hours for recreational water facilities and shelters. As well, MLHU advocates for public health strategies to be incorporated into municipal policy, particularly as it relates to matters under municipal jurisdiction, land use planning and the built environment. These interventions are delivered through the participation on external committees and working groups in an effort to build strong community collaborations and leverage existing resources to produce stronger health outcomes.

Program Mandate & Relevant Legislation

- Healthy Environments Standard
- Healthy Environments and Climate Change Guideline, 2018
- Harmonized Heat Warning and Information System for Ontario, 2016
- Assessment of the Vulnerability to the Health Impacts of Climate Change in Middlesex-London, 2014
- Ontario Climate Change and Health Toolkit, 2016
- Ontario Planning Act

Program Management

The Healthy Environments and Climate Change Program is managed by the Food Safety and Healthy Environments Team. There is also collaboration with the Healthy Communities and Injury Prevention Team.

Key Partners and Stakeholders

City of London; Middlesex County; Public Health Ontario; Ministry of Environment, Conservation and Parks

Community Needs and Priorities

The 2014 Assessment of Vulnerability to the Health Impacts of Climate Change in Middlesex-London, provides some key recommendations to better inform vulnerability planning in Middlesex-London in the areas of extreme weather events, air quality, vector-borne diseases and waterborne / foodborne illnesses and food security. As well, the Middlesex-London Community Health Status Report, provides for data that addresses the local impacts of some environmental hazards. MLHU obtains some data through municipal partners (city of London / Middlesex County) and academia. MLHU has recently partnered with ICES to gather data on heat related illnesses in southwestern Ontario to better inform future vulnerability planning.

MLHU focuses program work on our vulnerable residents, those being individuals most at risk to the impacts of environmental hazards and events related to climate change. Climate change adaption and resiliency including vulnerability planning will be focusing on our vulnerable populations in Middlesex County and the city of London.

Target and Priority Populations
Priority populations are individuals who are more vulnerable to the impacts of environmental hazards including hazards associated with the impacts of climate change, and very much influenced by the SDOH. Individuals more at risk to environmental health hazards have financial challenges and may live in areas that are closer to sources of pollution (major roadways, industrial areas etc.). Additionally, financial barriers may present challenges in providing air conditioning or may result in precarious housing related to health and safety, where the exposures to hazards may be more significant. Newcomer populations and individuals who have language barriers / health literacy challenges are higher risk as there could be barriers to health intervention and municipally run services. The Middlesex-London Community Health Status Resource provides some information in helping to identify populations for intervention. The Assessment of Vulnerability to the Health Impacts of Climate Change in Middlesex-London, 2014 and the Ontario Climate Change and Health Toolkit provide a framework for guidance in identifying populations as well. The city of London and the Ministry of Environment, Parks and Recreation have data on the air quality and other environmental hazards in the Middlesex-London area, and can provide good data to assist in further identifying priority populations.

Program Interventions / Components		
1	Public Awareness and Education	PHIs provide healthy environments awareness and education to the general public by providing information on the health unit website, delivering community presentations, responding to public complaints and service requests and attending environmental workshops. PHIs also provide public health direction to various community groups and stakeholders on potential health hazards that are of significance and / or have local context. PHIs investigate and communicate the risks of potential, suspected and / or identified environmental hazards to municipal partners, community groups and concerned residents. The work is conducted in collaboration with partner agencies.
2	Issuance of Heat Warnings	Issue Heat Warnings as per the Harmonized Heat Warning and Information System, 2016. Heat Warnings are communicated to vulnerable groups within Middlesex-London, including schools, long-term care homes and various shelter housing throughout the area. Heat Warnings are issued when temperatures are forecasted to reach the temperature identified within the Harmonized Heat Warning Information System Guideline, 2016. 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. These alerts facilitate some community action and MLHU utilizes these opportunities to communicate public health messaging for protective measures.

Program Interventions / Components (continued)		
3	Issuance of Cold Weather Alerts	Issue Cold Weather Alerts and Special Weather Statements, as per the MLHU Extreme Weather Protocol. 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.
4	Advocacy and Participate on Advisory Committees	Participate on the city of London's Advisory Committee for the Environment as well as the Trees and Forest Advisory Committee (as a voting member). Through the participation on these committees, PHIs are able to build community and agency connections which serve to enhance healthy environments collaborations.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
# of cold weather alerts issued by the MLHU	1	5	5
# of heat alerts issued by the MLHU	1	6	5
# of extreme weather events requiring public health emergency interventions per year	-	new indicator	new indicator
# of climate change adaptation measures implemented	-	new indicator	new indicator

Highlights / Initiatives Planned for 2019

• Strengthen efforts related to vulnerability planning, and directing programming to individuals most at risk to environmental hazards, building on the recommendations from the Middlesex London Vulnerability Assessment, 2014.
• Enhance collaborations with key stakeholder and partner agencies, through regular meetings and networking to facilitate information sharing and sharing of expertise, current challenges etc.
• Update policies and procedures to reflect the new requirements in the OPHS / Healthy Environments and Climate Change Guideline, 2018.

Program Challenges and Risks

• Need to build capacity, staff training and build on key collaborations to enhance program planning to target populations.
• Develop workload plans that allow for the delivery of healthy environments programming while ensuring that other key areas of programming (team work) is completed and sustained. It becomes challenging at times to balance project work and research with traditional field work given the sporadic nature of field work and the dedicated time required for research / healthy environments and climate change work.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.05	
Program Manager		0.05	
Public Health Inspector		0.75	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.85***	

Expenditures

	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 67,547		
Benefits			$ 16,340		
Expected Vacancies			$ -		
Travel			$ 1,298		
Program Supplies			$ 708		
Board Expenses			$ -		
Staff Development			$ 392		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 113		
Total Expenditures	***$ -***	***$ -***	***$ 86,398***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 81,398		
MOHLTC (100%)			$ 4,000		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ 1,000		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 86,398***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Breastfeeding and Infant Feeding					440
Standard	Healthy Growth and Development		**Director Name**	Heather Lokko	
Lead Team	Early Years		**Manager Name**	Ronda Manning	
Supporting Team(s)	Reproductive Health		Best Beginnings		

Summary of Program

Breastfeeding is an important public health priority for individuals, families and communities. MLHU is committed to ensuring families have the knowledge necessary to make evidence-informed decisions related to infant feeding. A client-centered approach to care is nonjudgmental, flexible, and sensitive to the unique needs of every individual. MLHU is committed to providing positive nurse/client interactions that offer reassurance and validation that will enhance a parent's sense of empowerment and self efficacy, regardless of their feeding choice.

Interventions of the Breastfeeding and Infant Feeding program include:
- Breastfeeding Home Visits
- Health Connection
- Health Care Provider and Community Partner Education
- Middlesex-London Infant Feeding Surveillance System (MLIFSS)
- Baby Friendly Initiative (BFI) Designation Maintenance
- Local and Provincial BFI/Breastfeeding Initiatives
- Healthy Start Infant Drop in's
- Website and Social Media

Program Mandate & Relevant Legislation

Health Protection and Promotion Act, R.S.O. 1990, c.H.7
Healthy Growth & Development Standard (2018)
Healthy Growth & Development Guideline (2018)
Mental Health Promotion Guideline (2018)
Healthy Babies Healthy Children Protocol (2018)
Healthy Babies Healthy Children Guidance Document (2012)
Child & Family Services Act, 1990: Duty to Report Legislation
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)
Personal Health Information Protection Act, R,S,O, 2004 (PHIPA)
Nurse-Family Partnership® Core Model Elements

Program Management

The Breastfeeding and Infant Feeding Program is implemented primarily by the Early Years team, with the Best Beginnings and Reproductive Health Teams also making significant contributions to this program. A recent planning process was undertaken for this program, with all teams in Healthy Start (except for SAI) participating, and with the Early Years Team manager and a Best Beginnings Manager providing leadership. The Early Years Team manager oversees the majority of activities within this program, however, the Healthy Start leadership team works collaboratively to ensure the objectives of this program are met. The Health Care Provider Outreach program in Communications also supports the Breastfeeding and Infant Feeding Program.

Key Partners and Stakeholders

Physicians; Nurse Practioners; Midwives; EarlyON's; Family Centres; LHSC Mother-Baby Care Unit; LHSC NICU In-Patient/Outpatient Support; Middlesex Hospital Alliance – Strathroy Middlesex General Hospital Site Mom & Baby Clinic; Thompson Family Medical Centre; La Leche League

Community Needs and Priorities

The Middlesex-London Health Unit catchment area experiences high entry to community any breastfeeding rates (91.5%); by two months postpartum, the any breastfeeding rates are down to 77.9%. Exclusive breastfeeding rates upon entry to the community are 62.8%, but by 2 months postpartum, the rates drop to 37.2%. These findings indicate that while breastfeeding initiation rates are high, breastfeeding duration and exclusivity rates are suboptimal. These data also suggest that community breastfeeding support is needed to help improve any and exclusive breastfeeding rates.

Any assessment of community breastfeeding supports conducted in 2016 indicated that there only a few free stand-alone breastfeeding support programs provided by a consistent peer or professional with specialized breastfeeding support training. Midwives do provide quality breastfeeding support to their clients in the early postpartum period; however, clients of midwives only account for approximately 19% of women who give birth the Middlesex-London community. This information highlights a gap in accessible community breastfeeding support.

Target and Priority Populations

The Breastfeeding and Infant Feeding Program supports all postpartum clients with breastfeeding/infant feeding questions and concerns through activities such as Health Connection, drop-ins, and web-based videos.

Targeted activities in this program (e.g., home visits) focus on women in the early postpartum period (birth to at least 4 weeks postpartum) who are experiencing challenges with breastfeeding/infant feeding. This population was identified through reviewing the research literature to determine when and how breastfeeding support should be delivered in the community. Breastfeeding support is the most effective very early in the postpartum period. Additionally, data from previous MLHU services (breastfeeding appointments) showed that clients ≤4 weeks postpartum accounted for the greatest proportion of appointments.

Priority populations within the target group include those who are experiencing low socio-economic status, mental health challenges, social isolation, and those who are young or new to Canada.

For educational activities, this program targets healthcare providers in London and Middlesex County (physicians, midwives, nurse practitioners, public health nurses) who provide service to postpartum women.

Program Interventions / Components		
1	Breastfeeding Home Visits	Provide early intensive breastfeeding support primarily through home visits for early postpartum clients experiencing breastfeeding challenges. Women 'identified with risk' on the HBHC screen receive their breastfeeding support through the Best Beginnings Team (HBHC or NFP). Those 'not identified with risk' or who do not complete the screen are contacted by phone by the EY Team. Those experiencing challenges are offered a breastfeeding home visit; the rest are offered a follow-up phone call (and encouraged to call Health Connection if needed). A combination of in-home and telephone support is provided during the early postpartum period, based on assessment of need. More than 2 home visits may be completed with the use of criteria and manager consultation.
2	Health Connection	Through this telephone-based service, public health nurses conduct client/family-centred assessments and provide information and support regarding breastfeeding and infant feeding. Referrals to MLHU programs and community services are made, as appropriate.
3	Health Care Provider and Community Partner Education	The BFI 20-hour Breastfeeding Course is offered to health care providers in the community and hospital (physicians, nurses, midwives, NP's). The team hosts breastfeeding and BFI workshops, participates in stakeholder reviews for the RNAO Breastfeeding Best Practice Guideline and the Breastfeeding Protocols for Health Care Providers, and disseminates breastfeeding information and resources through the Healthcare Provider Outreach (HCPO) Program.
4	Middlesex-London Infant Feeding Surveillance System (MLIFSS)	Complete revisions to the MLIFSS to maximize surveillance. Implement retrospective survey of infant feeding practices to all mothers who consent to participate at two, six, and 12 months postpartum. Analyze survey results for key breastfeeding indicators. Create report, share with the Breastfeeding Committee for Canada annually, and disseminate survey findings to Healthy Start program managers. Indicators monitored through this surveillance inform planning processes and measure outcomes of the Breastfeeding and Infant Feeding Program.
5	Baby Friendly Initiative (BFI) Designation Maintenance	Provide BFI orientation for all new staff, students, volunteers and Board of Health members. Disseminate additional educational materials to existing staff to maintain competencies. Ensure all program materials are in compliance with BFI best practices (e.g. resources, teaching material, media releases, health unit website etc.). Review organizational BFI and other related policies annually.

Program Interventions / Components (continued)		
6	Local and Provincial BFI/Breastfeeding Initiatives	Participate in Infant Provincial Surveillance Workgroup, Ontario Public Health Association Breastfeeding Promotion Network, and BFI Strategy for Ontario Implementation Committee. Patriciate as an executive on the BFI Ontario. Implement social media Skin-to-Skin campaign annually (May), and World Breastfeeding Week Campaign annually (October).
7	Healthy Start Infant Drop-in's	Provide non-intensive breastfeeding and infant feeding information and support at Healthy Start Infant Drop-ins, to families beyond the early postpartum period. 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.
8	Website and Social Media	Ensure credible, up-to-date, and comprehensive breastfeeding and infant feeding information is available on the MLHU website, in text and video format. Social media (e.g., Twitter, Facebook) are used to raise awareness and engagement.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
Any breastfeeding rates: entry to community / 2 months / 6 months / 12 months	91.5% / 77.9% / 69% / N/A	Data not yet available	Increase
Exclusive breastfeeding rates: entry to community / 2 months / 6 months	62.8% / 37.2% / 16.1%	Data not yet available	Increase
# Health Connection calls regarding breastfeeding/infant feeding	N/A	540 (primary reason only)	Increase (total calls addressing breastfeeding/infant feeding)
# 20-hour breastfeeding courses for Health Care Providers offered / # of HCP's attending	1 course / 20 HCPs	3 courses / 61 HCPs	4 courses / 80 HCPs
# clients receiving breastfeeding home visits / # breastfeeding visits	N/A	282 / 435 (June to December only)	Maintain
# drop-in visits related to breastfeeding / infant feeding	1613 (includes BFO appointments)	1091	Maintain

Highlights / Initiatives Planned for 2019

- processes and expectations related to breastfeeding home visits will continue to be refined
- 20-hour breastfeeding course and breastfeeding education to HCP's will be offered more frequently than in 2018, if needed

Program Challenges and Risks

- Current tracking processes will need to be adjusted to capture program data more effectively

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		1.39	
Program Manager		1.19	
Public Health Nurse		10.15	
Family Home Visitor		0.80	
		0.00	
		0.00	
Total Program FTE		***13.53***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 1,091,723		
Benefits			$ 273,988		
Expected Vacancies			$ -		
Travel			$ 16,363		
Program Supplies			$ 37,380		
Board Expenses			$ -		
Staff Development			$ 5,004		
Occupancy			$ -		
Professional Services			$ 20,257		
Furniture & Equipment			$ 5,417		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,285		
Total Expenditures	***$ -***	***$ -***	***$ 1,451,417***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 977,986		
MOHLTC (100%)			$ -		
MCCSS			$ 443,449		
PHAC			$ 18,292		
PHO			$ -		
User Fees			$ 977		
Other			$ 10,714		
Total Revenues	***$ -***	***$ -***	***$ 1,451,417***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Growth and Development					441
Standard	Healthy Growth and Development		**Director Name**	Heather Lokko	
Lead Team	Early Years		**Manager Name**	Ronda Manning	
Supporting Team(s)	Best Beginnings		Reproductive Health		

Summary of Program

It is well established that ensuring healthy growth and development in the early years has significant positive impacts throughout life. The goals of the Healthy Start division is to improve the health and developmental outcomes for children by providing a range of services designed to address the physical, emotional, and social growth and development of children from birth to school entry. Multi-strategy approaches are implemented to educate, raise awareness, create supportive environments, strengthen community action and partnership, link and facilitate access to MLHU and community services, and build personal skills and self-efficacy with families and caregivers in London and Middlesex County.

Interventions within the Healthy Growth and Development Program include the following:
- Home visiting (Nurse Family Partnership (NFP) and Healthy Babies Healthy Children (HBHC))
- Website and Social Media
- Healthy Start Infant Drop-ins
- Community Partnership and Collaboration
- Health Connection
- Health Care Provider Outreach

Program Mandate & Relevant Legislation

Healthy Growth & Development Standard
Health Equity Guideline (2018)
Healthy Growth & Development Guideline (2018)
Mental Health Promotion Guideline (2018)
Healthy Babies Healthy Children Guideline (2018)
Relationship with Indigenous Communities Guideline (2018)
Child & Family Services Act, 1990: Duty to Report Legislation
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA).
Personal Health Information Protection Act, R,S,O, 2004 (PHIPA).
NFP Guidance Document/NFP Core Model Elements

Program Management

The Early Years and Best Beginnings Teams implement the Healthy Growth and Development Program, with Best Beginnings focused on home visiting, and the Early Years Team providing the remaining interventions of this Program. Health Care Provider Outreach work is done through collaboration with the Health Care Provider Outreach program on the Communications Team.

Key Partners and Stakeholders

Early ON Centre, CYN Family Centres, London Health Sciences Centre, Children's Aid Society of London and Middlesex, Thames Valley Children's Centre, London Child and Youth Network, Middlesex County Children's Services Network, Child Care Providers, Health Care Providers, Vanier Children's Services, Child & Parent Resource Institute (CPRI), Merrymount Children's Centre, Addiction Services Thames Valley (Heart Space), City of London, London Bridge Child Care Services, London Intercommunity Health Centre, Muslim Resource Centre, Southwest Ontario Aboriginal Health Access Centre, St Leonard's Community Services London and Region, Street Level Women at Risk, Thames Valley District School Board, Western University, Youth Opportunities Unlimited.

Community Needs and Priorities

There are between 4000-5000 births each year in Middlesex-London (M-L). M-L data showed statistically significantly higher risk than ON in the following areas: 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).

HBHC postpartum screening (93% of mothers) resulted in 57% "identified with risk" and 43% "not identified with risk". Twenty-seven percent of London and 19% of Middlesex County SK students were vulnerable on at least one EDI domain (2012); more recent trends indicate that, while vulnerability in the physical domain is decreasing, vulnerability in the social / emotional domains are increasing. London receives more GARs per capita than any other Canadian city, with ~1300 GARs/yr. (prior to 2016 was ~250 GARs/yr.).

Target and Priority Populations

The Healthy Growth and Development Program has a number of interventions that are universal in nature and target all postpartum and early years families (e.g., website, social media, drop-ins).

Priority populations for postpartum group interventions include Arabic-speaking newcomer mothers, and young mothers. Priority populations for HBHC home visiting are those who score 'with risk' on the HBHC screening tool. More targeted and intensive supports are available to women who meet the NFP eligibility criteria (women who are 21 years old or younger, pregnant with their first child and/or first time parenting, pregnant 28 weeks or less, experiencing financial hardship or limited resources).

Health Care Providers and Child Care Providers are target populations for community partner outreach.

Program Interventions / Components		
1	Website and Social Media	MLHU maintains a high-quality website with credible, up-to-date, comprehensive information related to healthy growth and development in the early years, for families and community partners. Facebook and Twitter are also used for awareness-raising with parents who use social media.
2	Healthy Start Infant Drop-Ins	Information and support regarding healthy growth and development are provided to families with infants, covering topics such as nutrition, safety, infant growth and development, parenting, attachment, adjustment to parenting, and community resources. 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.
3	Home Visiting • Nurse Family Partnership • Healthy Babies Healthy Children	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 (prior to 29 weeks gestation) and continue until the child's second birthday. 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. Six program domains provide structure for nursing assessments, interventions and evaluations of client care. Behaviour change is facilitated through the development of a therapeutic nurse-client relationship, a client-centered approach to practice, and use of Motivational Interviewing. The Healthy Babies Healthy Children program supports women and families in the prenatal period and with children from birth until transition to school. It includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports. Families screened with risk can enter the program during pregnancy, postpartum, or the early years. All postpartum families are screened. Home visits are provided by Public Health Nurses and Family Home Visitors, who support families to reach their identified goals in the areas of infant feeding, caring for self and baby, growth & development, attachment, play and positive parenting.
4	Health Connection	Through this telephone-based service, information and support is provided to clients and community partners relating to a wide range of healthy growth and development topics. Referrals to MLHU programs and community services are made, as appropriate. This service is offered during regular business hours.

Program Interventions / Components (continued)		
5	Community Partnerships and Collaborations	The Healthy Growth and Development Program engages in partnerships and collective action to achieve desired outcomes. PHN's provide leadership and/or actively engage in a variety of partnerships, such as the Child and Youth Network, Aboriginal Babies and Beyond, Southwest Child Passenger Safety, and the Middlesex Children's Services Network. The Community Early Years Partnership Committee and the Healthcare Providers Champions Table are chaired by MLHU and work to develop and implement universal and targeted approaches that fosters infant/child mental health and the ability to meet developmental milestones. In 2019, MLHU expects to engage in a broader planning process with the City, County and community partners to determine a more cohesive, intentional approach to positive parenting programs in our catchment area.
6	Healthcare Provider Outreach	The Early Years Team works with the Healthcare Provider Outreach Team to provide information, resources, and supports to healthcare providers in London and Middlesex related to healthy growth and development.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
total # clients enrolled in the NFP program / % enrolled prior to 16 weeks gestation	50 / 47%	81 / 38%	100 / 45%
# drop-in visits related to healthy growth and development	1084	851	Maintain
# Health Connection calls regarding healthy growth and development	N/A	380 (primary reason only)	Increase (total calls addressing growth & development)
% postpartum HBHC screens completed out of live births	89.7%	82.7% (estimate)	Increase
# families receiving HBHC postpartum home visits	492	N/A	Maintain

Highlights / Initiatives Planned for 2019

The next phase for the Healthy Start planning initiative will focus on Growth and Development, and it is expected that program recommendations will be identified through this process.

Program Challenges and Risks
• Current tracking processes will need to be adjusted to capture program data more effectively

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Dietitian		0.50	
Program Assistant		1.53	
Program Manager		1.58	
Public Health Nurse		13.18	
Family Home Visitor		6.40	
		0.00	
Total Program FTE		***23.19***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 1,733,049		
Benefits			$ 441,940		
Expected Vacancies			$ -		
Travel			$ 27,412		
Program Supplies			$ 32,616		
Board Expenses			$ -		
Staff Development			$ 6,586		
Occupancy			$ -		
Professional Services			$ 53,824		
Furniture & Equipment			$ 17,120		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 3,320		
Total Program Expenditures	***$ -***	***$ -***	***$ 2,315,868***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 866,583		
MOHLTC (100%)			$ -		
MCCSS			$ 1,406,942		
PHAC			$ 7,926		
PHO			$ -		
User Fees			$ 423		
Other			$ 33,994		
Total Program Revenues	***$ -***	***$ -***	***$ 2,315,868***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Healthy Pregnancies						442
Standard	Healthy Growth and Development		**Director Name**	Heather Lokko		
Lead Team	Reproductive Health		**Manager Name**	Debbie Shugar		
Supporting Team(s)	Best Beginnings		Young Adult		Early Years	

Summary of Program

Employing a population health promotion approach, the objectives of the Healthy Pregnancies Program is 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. Additionally, program intends to increase understanding of and ability to navigate Ontario's health care system.

Interventions of the Healthy Pregnancies Program include:
- Home visiting (Nurse Family Partnership (NFP) and Healthy Babies Healthy Children (HBHC))
- Prenatal e-Learning and Website
- Prenatal Immigrant Program (PIP)
- Smart Start for Babies (SSFB)
- Wholistic Prenatal Group (WPG)
- Health Connection

Program Mandate & Relevant Legislation

Health Protection and Promotion Act, R.S.O. 1990, c.H.7
Healthy Growth & Development Standard (2018)
Healthy Growth & Development Guideline (2018)
Mental Health Promotion Guideline (2018)
Healthy Babies Healthy Children Protocol (2018)
Healthy Babies Healthy Children Guidance Document (2012)
Child & Family Services Act, 1990: Duty to Report Legislation
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)
Personal Health Information Protection Act, R,S,O, 2004 (PHIPA)
Nurse-Family Partnership® Core Model Elements

Program Management

The Healthy Pregnancies Program is implemented by the Reproductive Health, Best Beginnings, and Early Years Teams. The Reproductive Health Team has primary responsibility for e-Learning and website, PIP, SSFB, and WPG. The Best Beginnings Teams provide home visiting through HBHC and NFP. The Early Years Team focuses on the Wholistic Prenatal Group. The Registered Dietitian from the Young Adult Team co-facilitates nutrition education and food literacy at SSFB. The Health Care Provider Outreach program in Communications also supports the Healthy Pregnancies Program.

Key Partners and Stakeholders

EarlyON Centres; Child and Youth Network Family Centres; Health Zone Nurse Practitioner-Led Clinic; 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); London Health Sciences Centre; Southwest Ontario Aboriginal Health Access Centre; City of London; County of Middlesex; Childreach; Merrymount Children’s Centre; Addiction Services Thames Valley (Heart Space); Health Care Provider Champions Committee; London Bridge Child Care Services; London Intercommunity Health Centre; St Leonard’s Community Services London and Region; Street Level Women at Risk; Thames Valley District School Board; Youth Opportunities Unlimited.

Community Needs and Priorities

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). A significantly higher proportion of women in Middlesex-London reported having a mental health concern during pregnancy compared to women in Ontario from 2013 to 2017 (30% in M-L compared to 18.1% in ON). Women in Middlesex-London tended to gain more than the recommended amount of weight during pregnancy from 2013 to 2017; there was no significant difference in weight gain between urban and rural populations from 2015 to 2017. The proportion of women in Middlesex-London who reported smoking cigarettes, drinking alcohol, and using other drugs (including cannabis) during pregnancy was significantly higher compared to Ontario in 2017. Females under the age of 20 had the highest reported use of these substances during pregnancy and the proportion of women reporting use among this age group increased from 2013 to 2017. Pregnancy rates in Middlesex-London were lower compared to Ontario from 2006 to 2016. Pregnancy rates across age groups in Middlesex-London followed a similar trend to Ontario and the Peer Group, and were highest among females aged 30 to 34 years. Teenage pregnancy rates in Middlesex-London decreased significantly from 2006 to 2016, and although M-L rates are higher than ON the difference is not statistically significant. The percent of women in Middlesex-London who had a prenatal care visit with a physician or midwife during the first trimester of pregnancy (up to 12 weeks of gestation) was 96.5% in 2017, compared to 91.3% in Ontario. From 2013 to 2017, the percentages in Middlesex-London increased over time and remained significantly higher than Ontario, and was similar among the urban and rural population of Middlesex-London from 2013 to 2017

Target and Priority Populations

- General population of women who are pregnant and their support persons (e-learning and website)
- Pregnant women who score “high risk”(2 or more) on the HBHC screen (HBHC home-visiting)
- Women who are 21 years old or younger, pregnant with their first child and/or first time parenting, pregnant 28 weeks or less, experiencing financial hardship or limited resources (NFP). Prenatal referrals to the HBHC program are triaged to NFP according to program eligibility criteria.
- Arabic-speaking Syrian newcomers (SSFB/PIP)
- Pregnant women and teens and their support persons who face barriers to accessing healthy food (SSFB)
- Indigenous women who are pregnant (WPG)

Program Interventions / Components		
1	Home Visiting • Nurse Family Partnership • Healthy Babies Healthy Children	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 (prior to 29 weeks gestation) and continue until the child's second birthday. 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. Six program domains provide structure for nursing assessments, interventions and evaluations of client care. Behaviour change is facilitated through the development of a therapeutic nurse-client relationship, a client-centered approach to practice, and use of Motivational Interviewing. The Healthy Babies Healthy Children program supports women and families in the prenatal period and with children from birth until transition to school. It includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports. Families screened with risk can enter the program during pregnancy, postpartum, or the early years. All postpartum families are screened. Home visits are provided by Public Health Nurses and Family Home Visitors, who support families to reach their identified goals in the areas of infant feeding, caring for self and baby, growth & development, attachment, play and positive parenting.
2	Prenatal e-Learning and Website	Prenatal education for the general population is provided through an online e-learning program offered at no cost. Additionally, credible, up-to-date, and comprehensive information related to healthy pregnancies is available on the MLHU website in text and video format. A variety of topics related to health pregnancies are addressed, such as informed decision-making, healthy lifestyle, preterm labour, healthy birth practices, skin-to-skin, postpartum adjustment, preparation for parenthood, perinatal mental health, emergent literacy, and newborn characteristics, care and safety.
3	Prenatal Immigrant Program	For Arabic-speaking newcomers, this weekly, tailored, client-centred, culturally relevant prenatal and nutrition education and skill-building program covers topics such as parenting, labour and birth, breastfeeding, food skills & literacy, healthy eating, 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. The program is facilitated by a PHN and RD, with an interpreter. Arabic speaking volunteers also assist with the program.

Program Interventions / Components (continued)		
4	Smart Start for Babies (SSFB)	SSFB is a free prenatal and nutrition education and skill-building 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. Program incentives are provided. The program covers topics such as healthy lifestyles, food literacy, attachment, healthy relationships, mental wellness, breastfeeding, newborn care, preparation for parenthood, sexual health and contraception, emergent literacy, and infant safety.
5	Indigenous Prenatal Program	The Southwest Ontario Aboriginal Health Access Centre is collaborating with MLHU in the provision of a prenatal program for Indigenous women and families. MLHU supports curriculum development and group facilitation, 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 a variety of topics related to healthy pregnancy and early postpartum. Support persons and older children are welcome to attend the 3-hr sessions, which are offered every other week at SOAHAC.
6	Health Connection	Through this telephone-based service, public health nurses conduct client/family-centred assessments and provide information and support regarding healthy pregnancies. Referrals to MLHU programs and community services are made, as appropriate.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# clients registered for e-learning	857	931	1500
# SSFB sessions / # SSFB clients	282 / 162	344 / 161	365 / 175
# PIP sessions / # clients participating in PIP	44 / 57	43 / 41	65 / 65
total # clients enrolled in the NFP program / % enrolled prior to 16 weeks gestation	50 / 47%	81 / 38%	100 / 45%
% prenatal HBHC screens completed out of number of live births (Ministry target = 25%) / # prenatal screens	19% / 860	5% / 248 (estimate)	10%

Highlights / Initiatives Planned for 2019
• Explore additional site for SSFB and launch second PIP location • Evaluation of PIP – determination of key indicators and corresponding method for collection of data • Promote new enhanced on line prenatal program – campaign • Explore additional opportunities to partner with Indigenous-led organizations • Identify strategies to increase percentage of women who enter HBHC prenatally • New ECR is expected to support effective collection of indicator data

Program Challenges and Risks
• Capacity to meet demand in the HBHC program continues to be a challenge

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Dietitian		0.50	
Program Assistant		1.95	
Program Manager		0.95	
Public Health Nurse		6.95	
		0.00	
		0.00	
Total Program FTE		***10.35***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 807,590		
Benefits			$ 202,785		
Expected Vacancies			$ -		
Travel			$ 9,561		
Program Supplies			$ 73,806		
Board Expenses			$ -		
Staff Development			$ 3,550		
Occupancy			$ -		
Professional Services			$ 30,305		
Furniture & Equipment			$ 2,849		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 811		
Total Expenditures	***$ -***	***$ -***	***$ 1,131,257***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 801,421		
MOHLTC (100%)			$ 3,465		
MCCSS			$ 221,724		
PHAC			$ 91,986		
PHO			$ -		
User Fees			$ 7,303		
Other			$ 5,357		
Total Revenues	***$ -***	***$ -***	***$ 1,131,257***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Healthy Sexuality						443
Standard	Healthy Growth and Development		**Director Name**	Stephen Turner		
Lead Team	Sexual Health		**Manager Name**	Shaya Dhinsa		
Supporting Team(s)	Reproductive Health		Best Beginnings		Young Adult	

Summary of Program

The program raises awareness, provides education, and/or engages in advocacy on topics such as contraception, pregnancy testing and options, healthy sexuality, and sexual orientation.

The Family Planning clinic is for those women 50 and under who need low cost birth control, morning after pill, cervical cancer screening, pregnancy testing and counselling, 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.

Sexual Health team engages in numerous health promotion strategies intended to promote healthy sexuality in the residents of Middlesex-London. Some of these strategies include providing opportunities for education and skill building, creating and fostering supportive environments, raising awareness through mass media campaigns and using social media. The team engages in numerous health promotion strategies to promote healthy sexuality in the residents of Middlesex-London.

The SH team is creating supportive environments for sexual health. Much of this work focuses on Positive Space Training and encouraging organizations and community partners to offer inclusive services and resources for the Lesbian Gay Bisexual Transgender Queer (LGBTQ) population within Middlesex London.

Program Mandate & Relevant Legislation

Healthy Growth and Development Standard
School Health Standard
School Health Guideline, 2018 (or as current)
Healthy Sexuality Guideline
Ontario Sex Education Curriculum

Program Management

The Sexual Health Team manages the Healthy Sexuality Program and collaborates with the Young Adult Team, Child Health Team, Reproductive Health Team and the Best Beginnings Team.

Key Partners and Stakeholders

Western University; Fanshawe College; Youth Opportunities Unlimited; Genest; King Street Group Home; Antler River Elementary School; Maitland Street Group Home; London Minor Hockey Teams; TVDSB and LCDSB schools

Community Needs and Priorities

• Teen pregnancy rates are higher in M-L than ON

As youth grow from childhood, through the teen years and into adulthood, they experience many changes. A supportive environment for promoting positive sexual health is inclusive and non-judgmental. A supportive environment will help students to feel more comfortable and safe when learning about and exploring their own sexual health. Parents/caregivers and teachers/school staff, as well as students are all responsible for creating a supportive environment. Some of the changes may include sexual orientation and gender identity. Schools are often seen as one of the best places for students to learn about sexual health. However, there is also concern about the best ways to provide this information and the best people to provide this information. By working with community partners, schools will have greater access to resources, information and support to provide sexual health education to students. As a result, this may help to promote positive sexual health among students.

Target and Priority Populations

Young and young adults under the age of 30 years are a priority and target population. The more specific population that has been prioritized is youth between the ages of 15-24 years of age due to the increased risk of unintended pregnancy and STBBIs. The population for young adults under the age of 30 was chosen as a result population health data. The rates of chlamydia and gonorrhea reported in this age group are higher than any other age group.

Program Interventions / Components		
1	Presentations/Education	Topics include: Healthy Relationships, Safer Sex, LGBTQ2+, Birth Control, Puberty, Reproductive Health Team has programming in the justice system supply information about sexual health information.
2	Family Planning Clinic	Supply low cost birth control, emergency contraception , Cervical cancer screening, Pregnancy tests, Sexual health education

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
Total visits to Family Planning Clinic	London: 4,239 Strathroy: 219	London: 3,538 Strathroy: 239	3500
# of Birth control dispensed (including Emergency contraception)	24,241	15,378	15000
# of presentations, health fairs, clinic tours	74	73	75

Highlights / Initiatives Planned for 2019

• Shifting to targeting Family Planning Clinic Services to Priority Populations to ensure those who need access to low cost birth control, pap tests, pregnancy testing and counselling, and emergency contraception.
• Continue to update website with resources for the public, schools, parents.

Program Challenges and Risks

• Limited ability to be involved with school board strategic planning when working in school programs with YAT and CHT.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Health Promoter		0.10	
Program Manager		0.15	
Public Health Nurse		0.20	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.45***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 36,712		
Benefits			$ 8,970		
Expected Vacancies			$ -		
Travel			$ 369		
Program Supplies			$ 5,952		
Board Expenses			$ -		
Staff Development			$ 171		
Occupancy			$ -		
Professional Services			$ 7,785		
Furniture & Equipment			$ 68		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 324		
Total Expenditures	***$ -***	***$ -***	***$ 60,351***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 44,317		
MOHLTC (100%)			$ 6,930		
MCCSS			$ -		
PHAC			$ 4,104		
PHO			$ -		
User Fees			$ 5,000		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 60,351***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Mental Health Promotion						444
Standard	Healthy Growth and Development		**Director Name**	Heather Lokko		
Lead Team	Early Years		**Manager Name**	Ronda Manning		
Supporting Team(s)	Best Beginnings		Reproductive Health			

Summary of Program

Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health. All public health efforts to promote mental health and prevent mental illness require a strong attention to principles of health equity. In order to maximize reach and impact, public health's role centers on promoting mental health and preventing mental illness, including early identification and referral. Health units must ensure public health practitioners have the required skills to engage in mental health promotion, mental illness prevention, early identification, and referral. The early years lay the foundation for physical and mental health outcomes in later years. Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked to risk for mental illness and addiction later in life. Meanwhile, strong attachment to a caregiver, and programs that support parents to develop positive parenting practices, can serve as protective factors for a child's mental health. Maximizing parentally mental health and wellness can increase positive outcomes for infants and children.

Interventions within the Mental Health Promotion Program include:
- Home visiting (Healthy Babies Healthy Children and Nurse-Family Partnership programs)
- Precious Moments
- Preparation for Parenthood session
- Community partnerships
- Website and social media
- Perinatal mental health screening
- Health Connection

Program Mandate & Relevant Legislation

Health Protection and Promotion Act, R.S.O. 1990, c.H.7
Healthy Growth & Development Standard (2018)
Healthy Growth & Development Guideline (2018)
Mental Health Promotion Guideline (2018)
Healthy Babies Healthy Children Protocol (2018)
Healthy Babies Healthy Children Guidance Document (2012)
Child & Family Services Act, 1990: Duty to Report Legislation
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)
Personal Health Information Protection Act, R,S,O, 2004 (PHIPA)
Nurse-Family Partnership® Core Model Elements

Program Management

The Mental Health Promotion Program in Healthy Growth and Development is implemented by the Best Beginnings, Early Years, and Reproductive Health Teams. The Best Beginnings Teams support this Program through home visiting clients who meet the program criteria during the prenatal, postpartum and early childhood periods. The Early Years Team is responsible for the Precious Moments intervention and Health Connection, and the Reproductive Health Team offers the Prep for Parenthood sessions during the prenatal period. Both Early Years and Reproductive Health Teams provide web-based information. All teams are engaged in community partnerships, perinatal mental health screening, and the division-wide Perinatal Mental Health working group.

Key Partners and Stakeholders

Addiction Services Thames Valley (Heart Space), City of London, Children's Aid Society of London and Middlesex, Health Care Provider Champions Committee, London Bridge Child Care Services, London Health Sciences Centre, London Intercommunity Health Centre, Merrymount Children's Centre, Muslim Resource Centre, Southwest Ontario Aboriginal Health Access Centre, St Leonard's Community Services London and Region, Street Level Women at Risk, Thames Valley District School Board, Western University, Youth Opportunities Unlimited, Ontario NFP Community of Practice, NFP Governance Committee

Community Needs and Priorities

Nearly 30% of women who gave birth in M-L in 2017 reported a mental health concern during pregnancy, compared to 18.1% in Ontario, and the percent increased over time from 2013 to 2017. Women less than 20 years of age reported the highest percentage of mental health concern during pregnancy from 2013 to 2017, with 61.1% of women in this age group reporting a mental health concern during pregnancy, compared to 25.3% among women aged 30 to 34 in 2017. Mental health concerns during pregnancy were significantly higher among urban compared to rural populations from 2013 to 2017. The percent of women who reported having anxiety during pregnancy was 16.6% in 2017, compared to 11.6% in Ontario. The percent of women who reported depression during pregnancy was 18.3% in 2017, compared to 8.8% in Ontario. Rates of reported anxiety and depression have increased significantly from 2013 to 2017. The percent of women who gave birth that reported having a history of postpartum depression was 8.2% in 2016, compared to 3.9% in Ontario and 4.9% in the Peer Group; a history of postpartum depression is a significant risk factor for subsequent perinatal depression.

As London is a major refugee settlement city, it has a very high proportion of refugees per capita, with many arriving in London after experiencing significant trauma. Immigrant women are more likely to experience mental health concerns, particularly those who are refugee or asylum-seeking women.

Target and Priority Populations

Those at risk for poor mental health during pregnancy include women who have a history of mental health problems, high perceived stress, low social support, lack proficiency in host country language, or are Indigenous. Immigrant women are more likely to experience mental health concerns, particularly those who are refugee or asylum-seeking women.

In addition to those with a history of mental health concerns, priority populations for the Mental Health Promotion Program include pregnant women and mothers who are:

- low income
- young (<25 years of age)
- Indigenous
- newcomers

Program Interventions / Components		
1	Home Visiting • Nurse Family Partnership • Healthy Babies Healthy Children	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 (prior to 29 weeks gestation) and continue until the child's second birthday. 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. Six program domains provide structure for nursing assessments, interventions and evaluations of client care. Behaviour change is facilitated through the development of a therapeutic nurse-client relationship, a client-centered approach to practice, and use of Motivational Interviewing. The Healthy Babies Healthy Children program supports women and families in the prenatal period and with children from birth until transition to school. It includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports. Families screened with risk can enter the program during pregnancy, postpartum, or the early years. All postpartum families are screened. Home visits are provided by Public Health Nurses and Family Home Visitors, who support families to reach their identified goals in the areas of infant feeding, caring for self and baby, growth & development, attachment, play and positive parenting.
2	Precious Moments	This 3-month postpartum program for Arabic-speaking newcomer mothers of infants less than 4 months of age provides information regarding infant care, mental wellness, and parenting in a new culture. It increases connectedness to other mothers and supports in the community. Participants choose from a selection of relevant topics, with one topic discussed at each session. Interpretation is provided when needed and Arabic resources are provided to the mothers whenever possible. Unstructured time allows mothers to connect with others and discuss individual concerns with the PHN or community partners. This program is offered collaboratively with community partners.
3	Website and Social Media	Ensure credible, up-to-date, and comprehensive mental health promotion information is available on the MLHU website, in text and video format. Social media (e.g., Twitter, Facebook) are used to raise awareness and engagement.
4	Perinatal Mental Health Screening	Public Health Nurses on the Best Beginnings, Early Years, and Reproductive Health Teams conduct perinatal mental health screening with pregnant and postpartum women when indicated. Currently the EPDS is used for screening. PHN's provide follow-up intervention and referrals for further assessment, as needed. Education of MLHU to ensure screening proficiency and effective intervention and referrals will be a focus. Engagement through the Healthcare Provider Outreach initiative will be explored.

Program Interventions / Components		
5	Community Partnerships	Public Health Nurses lead and/or actively participate in a number of community partnerships and collaboratives which address mental health and wellness. The current focus for the Community Early Years Partnership and the Healthcare Provider Champions Committee, led by MLHU, is infant and maternal mental health, with a number of collaborative initiatives planned, in development, and/or underway. The Mother Reach Coalition is focused on promoting perinatal mental health and preventing perinatal mental illness; efforts are underway to revitalize it, revision its objectives, and develop collective action plans. MLHU participates with community partners in efforts Towards an Integrated Mental Health System.
6	Preparation for Parenting	This one-time session is offered during the prenatal period, Pregnant women and their supports explore a variety of areas related to transition to parenthood, including inlaw relationships, communication, intimacy, parenting styles, budgeting, co-parenting, healthy conflict resolution, postpartum mood disorders, common relationship challenges experienced during the postpartum period, changes in lifestyle and use of time. During this interactive and skill-based session, a number of tools are shared with participants to support their ongoing communication and preparation for parenthood.
7	Health Connection	Through this telephone-based service, public health nurses conduct client/family-centred assessments and provide information and support regarding mental health and wellness. Referrals to MLHU programs and community services are made, as appropriate.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
total # clients enrolled in the NFP program / # of clients receiving HBHC home visits	50 / 492	81 / N/A	100 / 500
# Preparation for Parenthood sessions / # attendees	12 / 257	13 / 266	Maintain
# postpartum group sessions / # attendees	N/A	21 / 171	Maintain
# Health Connection calls regarding mental health promotion	N/A	43 (primary reason only)	Increase (total calls addressing mental health promotion)

Highlights / Initiatives Planned for 2019
• Implement prenatal mental health recommendations from prenatal health planning process conducted in 2018. • Consider implications of new Mental Health Promotion Guideline (2018).

Program Challenges and Risks
• Current tracking processes will need to be adjusted to capture program data more effectively

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.93	
Program Manager		0.88	
Public Health Nurse		7.65	
Family Home Visitor		0.80	
		0.00	
		0.00	
Total Program FTE		***10.26***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 816,953		
Benefits			$ 204,033		
Expected Vacancies			$ -		
Travel			$ 12,016		
Program Supplies			$ 28,722		
Board Expenses			$ -		
Staff Development			$ 3,498		
Occupancy			$ -		
Professional Services			$ 19,129		
Furniture & Equipment			$ 5,025		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,091		
Total Expenditures	***$ -***	***$ -***	***$ 1,090,466***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 649,422		
MOHLTC (100%)			$ -		
MCCSS			$ 411,198		
PHAC			$ 18,901		
PHO			$ -		
User Fees			$ 1,009		
Other			$ 9,935		
Total Revenues	***$ -***	***$ -***	***$ 1,090,466***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Preconception Health					445
Standard	Healthy Growth and Development		**Director Name**	Heather Lokko	
Lead Team	Reproductive Health		**Manager Name**	Debbie Shugar	
Supporting Team(s)	Best Beginnings				

Summary of Program

Preconception health initiatives at MLHU are intended to increase the proportion of individuals who have a reproductive plan, and who reach optimal preconception health prior to conception and during interception. PHAC highlights that preconception interventions consider physical, psychosocial, behavioural or environmental risks to reproductive health and future pregnancies, and include all women and men of reproductive age, including during interconception.

Interventions of the Preconception Health Program include:
- Group education
- Website and social media
- Healthcare Provider outreach
- Local and provincial collaboration & advocacy
- Home visiting (NFP and HBHC)
- Health Connection

Program Mandate & Relevant Legislation

Health Protection and Promotion Act, R.S.O. 1990, c.H.7
Healthy Growth & Development Standard (2018)
Healthy Growth & Development Guideline (2018)
Mental Health Promotion Guideline (2018)
Healthy Babies Healthy Children Protocol (2018)
Healthy Babies Healthy Children Guidance Document (2012)
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)
Personal Health Information Protection Act, R,S,O, 2004 (PHIPA)
Nurse-Family Partnership® Core Model Elements
Public Health Agency of Canada Family-Centred Maternity and Newborn Care: National Guidelines Chapter Two: Preconception Care

Program Management

The Preconception Health Program is managed by the Reproductive Health Team. Other teams that support this program include the Best Beginnings, Healthy Communities Injury Prevention, Sexual Health, and Young Adult Teams. The Health Care Provider Outreach program in Communications also supports the Preconception Health Program.

Key Partners and Stakeholders

London Health Sciences Centre, London District Catholic School Board, Thames Valley District School Board, Elgin-Middlesex Detention Centre, London Family Court Clinic, Western University, Fanshawe College, Health Care Providers, Ontario FASD Strategy Expert Panel, and FASD groups: FASD ONE, FASD ELMO, ML CDAS, FASD CoP's

Community Needs and Priorities

Nearly 50% of pregnancies in North America are unplanned (PHAC, 2017) and the first weeks of gestation are critical for embryonic growth & development.

The percent of women who reported taking folic acid supplements prior to pregnancy was significantly higher in Middlesex-London compared to Ontario and the Peer Group from 2013 to 2016. In 2016, 44.3% of women in Middlesex-London who gave birth reported taking folic acid supplements before getting pregnant compared to 33.5% in Ontario. Folic acid use among the rural population of Middlesex-London was significantly higher than the urban population from 2013 to 2017. In 2017, 56.2% of women in the rural population reported taking folic acid supplements prior to pregnancy compared to 41.4% in the urban population.

Target and Priority Populations
Preconception health targets all people of reproductive age. 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, risky 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. MLHU's Preconception Health program targets all people of reproductive age, and prioritizes: • youth involved in the criminal justice system • incarcerated women • secondary school students • health care providers • health care provider students

Program Interventions / Components		
1	Group Education	In-person sessions are provided to enhance awareness of the importance of preconception health and increase knowledge of steps that can be taken to improve preconception health. ‘Got a Plan?’ Day is offered to secondary school populations in collaboration with London Health Sciences Centre, the MLHU Young Adult and Sexual Health Teams, and local community agencies (4 days/year). Topics included in this full day session: Preconception Health, Best Start for Baby, Labour and Birth, Healthy Relationships. In-person sessions are provided for women at the Elgin-Middlesex Detention Centre (1-2x/month), and to youth at the London Family Court Clinic (4-5x/yr.), to increase awareness of preconception health. Preconception health presentations are provided for healthcare provider students at Western University and Fanshawe College.

Program Interventions / Components (continued)		
2	Website and Social Media	Credible, up-to-date, comprehensive preconception health information is available on our website for anyone with internet access. Social media initiatives are used to reach reproductive-aged populations engaged with social media.
5	Home Visiting (HBHC and NFP)	Interception health information, resources, and supports are provided through home visiting programs, as well as 1-1 smoking cessation counselling and NRT, and prenatal vitamins.
6	Healthcare Provider Outreach	Healthcare providers can benefit from preconception health-related education and resources, point-of-care tools, and information about relevant MLHU/community resources. A point-of-care preconception planner tool and the 'Baby Steps to a Healthy Pregnancy' booklet are promoted with HCP's, and preconception information will be included periodically in the HCP Outreach newsletters distributed by MLHU.
7	Local and Provincial Collaboration & Advocacy	MLHU participates in the OPHA Preconception Health Task Group, which is focused on strengthening preconception health knowledge, enhancing preconception resources, and engaging in provincial preconception health advocacy efforts (i.e., preconception health billing code for physicians). Collaborative work is also being done regarding FASD prevention, through participation on the Ontario FASD Strategy Expert Panel, and FASD groups.
8	Health Connection	Through this telephone-based service, public health nurses conduct client/family-centred assessments and provide information and support regarding preconception and interception health. Referrals to MLHU programs and community services are made, as appropriate.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# secondary school students participating in 'Got a Plan' Day	381	313	350
# sessions at Elgin Middlesex Detention Centre and London Family Court Clinic / # attendees	25 / 166	33 / 127	26 / 130

Highlights / Initiatives Planned for 2019
• Explore Pre-Pregnancy Planner replacement

Program Challenges and Risks
• Limited capacity to invest in a comprehensive preconception health program planning process • Local and provincial collaborations require patience

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.20	
Program Manager		0.15	
Public Health Nurse		0.50	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.85***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 63,216		
Benefits			$ 15,227		
Expected Vacancies			$ -		
Travel			$ 717		
Program Supplies			$ 7,963		
Board Expenses			$ -		
Staff Development			$ 330		
Occupancy			$ -		
Professional Services			$ 2,098		
Furniture & Equipment			$ 14		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 19		
Total Expenditures	***$ -***	***$ -***	***$ 89,582***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 78,664		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ 10,365		
PHO			$ -		
User Fees			$ 554		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 89,582***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Infection Prevention and Control						450
Standard	Infectious and Communicable Diseases Prevention and Control		**Director Name**	Stephen Turner		
Lead Team	Infectious Disease Control		**Manager Name**	Mary Lou Albanese		
Supporting Team(s)						

Summary of Program

The purpose of this program is to ensure surveillance, inspection, investigation, education, enforcement and reporting requirements with respect to infection prevention and control (IPAC) in settings, to minimize the risk of contracting blood-borne and other types of infections with an emphasis on personal service settings and licensed child care settings. All licensed child care and personal service settings are inspected annually to ensure adherence to IPAC practice. A risk-based approach is used to determine the priority and need for additional inspections; to investigate complaints and/or reports related to IPAC practice in accordance with the Infection Prevention and Control Complaint Protocol, 2018.

MLHU staff educate owners/operators for personal service settings, licensed child care, medical clinics, dental clinics, labs and other agencies along with members of the public on appropriate IPAC practices.

A 24/7 on call response system is maintained throughout the year. Investigations are started within 24 hours of complaint.

Program Mandate & Relevant Legislation

Infectious and Communicable Diseases Prevention and Control
Infectious Diseases Protocol, 2018 (or as current)
Infection Prevention and Control Complaint Protocol, 2018 (or as current)
Infection Prevention and Control Disclosure Protocol, 2018 (or as current)
Personal Service Settings Guideline, 2018 (or as current).
Healthy Environments and Climate Change Guideline, 2018 (or as current)

Program Management

The IDC Team is primarily responsible for implementation of the IPAC Program.

Key Partners and Stakeholders

MOHLTC, MOE, PHO, Health Care Providers, London Intercommunity Health Centre, Mission Services Shelter, Salvation Army Shelter, Canadian Mental Health Association, Royal College of Dentists, Canadian Physician and Surgeons Organization, SW LHIN, Municipality of London and Middlesex County

Community Needs and Priorities

Diseases of public health significance data that is collected from various sources.
Internal database is reviewed by BOH to determine/address local priorities in ICD.

Rates of blood borne infections in the community.

Homelessness, under-housed, illicit drug use, poverty, health inequity.

Target and Priority Populations

Target and priority population are the most vulnerable in our community i.e. under housed or homeless and people who inject drugs. Public Health inspectors inspect for infection prevention and control purposes every personal service settings and licensed child care settings in Middlesex London. Using a risk based approach each premise is inspected from 1 to 3 times annually. Inspectors work with the owner/operator to ensure that regulations and infection control practices are met. Often this involves ongoing education.

IDC Team provides a phone line 24/7 and an online mailbox for members of the public to notify MLHU of any IPAC concern. Most recently IDC has investigated dental offices, medical office and ParaMed community clinic. A public health inspector and public health nurse are assigned to investigate all IPAC complaints outside of personal service settings and licensed child care settings.

Surveillance monitoring demonstrated an increase number of iGAS in homeless, under housed and people who use drugs. To control the spread of iGAS, Public Health Inspectors inspected and provided education to shelters in London. Shelter staff educated about early detection of iGAS to prevent secondary cases. However, public health has no authority to monitor and regulate IPAC in shelters which may impact infectious disease rates such as iGAS.

Program Interventions / Components		
1	Inspections	Compliance inspections completed as per protocol and risk assessment. Re-inspection required when non-compliance/violations are found. - Program assistant and staff ensure that updated/current list of premises entered into Hedgehog.
2	Public Education	Notify the public of inspection results by posting them on MLHU website and providing resources and information relating to Infection Prevention and Control Practices.
3	IPAC Investigations	Phone and online system for public to notify re IPAC concerns, notification of regulatory body when available, investigation of complaint, consultation with PHO, IPAC lapse disclosure, case report and sharing of findings with clients.
4	Partner and Service Provider Education	Consists of Health Care Provider e-newsletter, Health Care Provider Binder, Review and update of paper and electronic resources, Workshops and Notifications.
5	Surveillance	On a regular cycle the IDC epidemiologist reviews iPHIS and internal database to monitor incidence of disease and notifies AMOH and/or Manager.
6	Advocacy	Discussion with PHO and MOHLTC regarding the need for shelter IPAC guidelines and regulations to control the spread of disease. City of London regarding the need for more affordable housing. SW LHIN regarding the need for health care services in shelters.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of personal service setting inspections completed	100% (617/617)	100% (620/620)	100%
# IPAC Complaints	8	8	8
# IPAC Lapses investigated by sector	3	12	15
# Community Health Promotion and Educational (HCP newsletter, presentations, workshops, posters, fact sheets etc.).	45	27	30

Highlights / Initiatives Planned for 2019

- Improving IPAC response system as per MOHLTC Protocol (2018 highlight)
- Improve the documentation process for 2019.
- Educating the public about the role of public health.

Program Challenges and Risks

- With increasing education and awareness of the importance of infection control practices, there have been increased local complaints requiring extensive investigation.
- Increasing number of PSS inspections and community complaints due to home based businesses. Language barrier with PSS operators creates challenge when inspecting and educating owner/operators and staff.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Health Promoter		0.10	
Program Assistant		0.75	
Program Manager		0.20	
Public Health Inspector		2.30	
Public Health Nurse		0.50	
		0.00	
Total Program FTE		***3.85***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 286,897		
Benefits			$ 69,895		
Expected Vacancies			$ -		
Travel			$ 3,649		
Program Supplies			$ 4,158		
Board Expenses			$ -		
Staff Development			$ 1,858		
Occupancy			$ -		
Professional Services			$ 5,535		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 17,328		
Total Expenditures	***$ -***	***$ -***	***$ 389,319***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 202,820		
MOHLTC (100%)			$ 154,493		
MCCSS			$ -		
PHAC			$ 30,852		
PHO			$ -		
User Fees			$ -		
Other			$ 1,154		
Total Revenues	***$ -***	***$ -***	***$ 389,319***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Rabies and Zoonotic Disease						451
Standard	Infectious and Communicable Diseases Prevention and Control		**Director Name**	Stephen Turner		
Lead Team	Safe Water, Rabies and Vector-Borne Disease		**Manager Name**	Fatih Sekercioglu		
Supporting Team(s)	Infectious Disease Control					

Summary of Program

The purpose of the program is to prevent the occurrence of rabies in Middlesex-London residents. The target population is the people living in Middlesex-London Region. The main interventions to prevent the rabies occurrence of rabies includes 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; organizing rabies awareness programs; sending reminders to stakeholders (healthcare providers, police department) to report related incidents.

Program Mandate & Relevant Legislation

Infectious and Communicable Diseases Prevention and Control Standard
Infectious Diseases Protocol, 2018 (or as current)
Population Health Assessment and Surveillance Protocol, 2018 (or as current)
Management of Potential Rabies Exposures Guideline, 2018 (or as current)
Rabies Prevention and Control Protocol, 2018 (or as current)
Management of Avian Chlamydiosis in Birds Guideline, 2018 (or as current)
Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2018 (or as current)
Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018 (or as current)

Program Management

The Safe Water, Rabies and VBD team leads this program and works closely with the Vaccine Preventable Disease team for rabies post exposure prophylaxis storage, delivery and administration when necessary. The Infectious Disease Control team coordinates the management of Avian Chlamydiosis in birds, management of Avian Influenza or Novel Influenza in Birds or Animals and management of Echinococcus Multilocularis infections in animals. The Safe Water, Rabies and VBD team provides support as needed. The Vaccine Preventable Disease Team may also collaborate on the delivery of this program.

Key Partners and Stakeholders

City of London, Middlesex County, Ministry of Health and Long-Term Care, Public Health Ontario, Ministry of the Environment, Conservation and Parks, Ministry of Natural Resources and Forestry, Ministry of Agriculture Food and Rural Affairs, Canadian Food Inspection Agency, London Health Sciences Centre, Local and Provincial Police Departments, Ontario Association of Veterinary Technicians, City of London Library, Middlesex County Library, Township of Adelaide Metcalfe, Township of Lucan Biddulph, Municipality of Middlesex Centre, Municipality of North Middlesex, Municipality of Southwest Middlesex, Municipality of Strathroy-Caradoc, Municipality of Thames Centre, Village of Newbury, Western University

Community Needs and Priorities

The Safe Water, Rabies and VBD team investigates all cases where there has been an animal/person contact in Middlesex-London which have been increasing steadily each year. The following is the three-year summary of the number of investigations and number of people who accessed to rabies post exposure prophylaxis (PEP) treatment:
2016: Total number of investigations: 967 PEP received: 138
2017: Total number of investigations: 1060 PEP received: 105
2018: Total number of investigations (as of October 31): 950 PEP received: 99

Target and Priority Populations

The target population for the program is the entire population of Middlesex-London. People of all ages may come into contact with animals

Program Interventions / Components		
1	Investigate suspected rabies exposures	All reported animal exposures are to be investigated within 24 hours of notification.
2	Provision of rabies PEP	When a healthcare provider decides to administer the PEP, the delivery of the vaccine and RIG are completed in a timely manner.
3	Rabies awareness activities	Rabies awareness activities such as the promotion of the low-cost rabies clinics are accomplished through the year.
4	Veterinarian Notification	Each veterinarian in Middlesex and London were sent a letter informing them of the new regulations re. public health reporting requirements for the following zoonotic diseases, avian chlamydiosis, avian influenza and Echinococcus multilocularis infection.

Performance / Service Level Indicators			
Indicator	2017	2018 (to Oct 31)	2019 (target)
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	99.9% (1125/1126)	99.36% (944/950)	100%
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	109	99	100
# of potential rabies exposures investigated by health units annually (OPHS Health Indicator)	1126	950	1000
# of animals investigated that are current on their rabies vaccination (OPHS Health Indicator)	449	351	400

Highlights / Initiatives Planned for 2019

- Promotion low cost rabies vaccination clinics for pets by partnering with local veterinarians
- Dissemination of rabies awareness materials to local libraries in Middlesex-London

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.30	
Program Manager		0.30	
Public Health Inspector		2.50	
		0.00	
		0.00	
		0.00	
Total Program FTE		***3.10***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 244,761		
Benefits			$ 59,052		
Expected Vacancies			$ -		
Travel			$ 9,044		
Program Supplies			$ 8,105		
Board Expenses			$ -		
Staff Development			$ 2,174		
Occupancy			$ -		
Professional Services			$ 33,395		
Furniture & Equipment			$ 157		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 7,601		
Total Expenditures	***$ -***	***$ -***	***$ 364,290***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 340,041		
MOHLTC (100%)			$ 21,401		
MCCSS			$ -		
PHAC			$ 2,848		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 364,290***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Respiratory, Enteric, and Other Infectious Disease						452
Standard	Infectious and Communicable Diseases Prevention and Control		**Director Name**	Stephen Turner		
Lead Team	Infectious Disease Control		**Manager Name**	Mary Lou Albanese		
Supporting Team(s)	Food Safety and Healthy Environments		Sexual Health		Vaccine Preventable Disease	

Summary of Program

The Respiratory, Enteric, and Other Infectious Disease Program aims to reduce the burden of respiratory, enteric and other infectious disease of public health significance. This is done through Reportable Disease Follow-up and Case Management, Outbreak Management, and Surveillance of diseases of public health significance.

Program Mandate & Relevant Legislation

Infectious and Communicable Diseases Prevention and Control
Infectious Diseases Protocol, 2018 (or as current)
Population Health Assessment and Surveillance Protocol, 2018
Institutional/Facility Outbreak Management Protocol, 2018 (or as current)
Mandatory Blood Testing Act, 2006)
Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018

Program Management

This program is managed by the Infectious Disease Control Team and other MLHU Teams that are responsible for delivering interventions related to this program include Food Safety and Environmental Health, Sexual Health, Vaccine Preventable Disease.

Key Partners and Stakeholders

Public Health Ontario, Public Health Ontario Laboratory, OMAFRA, CFIA, PHAC, FoodNet Canada, local physicians, hospitals, food premises operators, long term care homes

Community Needs and Priorities

Diseases of Public Health significance data from various sources. Staff document every suspect and confirmed disease of public health significance and outbreaks in iPHIS and an internal database. Daily surveillance report and monthly surveillance reports summarizes the diseases of public health significance in Middlesex and London. The surveillance reports inform the local priorities, program planning and interventions. A daily outbreak report is generated from the local data base which is distributed internally as well as to key external stakeholders e.g. LTC institutions and hospitals.

During influenza season, from November to May, MLHU distributes a weekly a Community Influenza report to local stakeholders.
Board of Health reports e.g. influenza report, outbreak report

Local issues: homelessness, under housed, illicit drug use, health inequities, social determinants of heal

reportable disease case followup-970
of phone calls intake line-1695
active Suspect TB-34
active confirmed TB-7
confirmed/potential outbreaks (enteric and respiratory)-175

Target and Priority Populations

The target and priority population for this program are higher risk individuals such as people who use drugs, under-housed and are homeless. Including, those over the age of 65 in the community or long term care homes and children.

Associated social determinants of health(SDH)are Housing, Education, Employment, Health services, Income and social status, Healthy child development, Gender

Through the investigation process, data related to SDH is collected and entered in data base. Community health status report is prepared by epidemiologist providing population statistics for program planning purposes. Focus is given to those populations that are assessed to be subject to health inequity and higher risk due to physical and social environment. Surveillance monitoring of rates of diseases of public health significance through iPHIS and internal database.

Program Interventions / Components		
1	Reportable Disease Follow-up and Case Management	Assignment of diseases of public health significance to either public health nurse or public health inspector. Cases are reported via IDC Phone intake line and week end on call system or specific, secure fax line for external stakeholders to report diseases and for lab results.
2	Outbreak Management	LTC, retirement homes and child care facilities assigned to IDC Team. • Each PHN and PHI is assigned a group of long term care and retirement homes to monitor and support during outbreaks. Public Health staff work with facility staff to determine, manage and control each outbreak and to determine when outbreak is over. Public Health Inspectors monitor the child care facilities. 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. IDC staff attend outbreak management meeting at their assigned facilities. Workshop and presentations are made available to agencies. 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. Community Influenza Surveillance Report • Weekly, IDC staff, epidemiologist and AMOH prepare a weekly community influenza report that is distributed to community agencies, facilities and media to notify them of the influenza situation in Middlesex London.
3	Surveillance of reportable diseases	Surveillance of reportable diseases. Daily Surveillance Report is prepared and distributed to key stakeholders to notify them about the current cases being monitored in our community. Monthly Surveillance Report prepared by epidemiologist and reviewed by Manager and AMOH.
4	Case Investigation	Investigation of all suspect and confirmed cases of diseases of public health significance. Counselling re treatment, symptom control and prevention.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
# of cases of reportable disease followed-up	1291	1572	1500
# of confirmed / potential outbreaks managed	179	221	200
# of phone calls resolved through the phone duty intake line	1695	1695	1700
# of confirmed / potential enteric outbreaks managed	43	57	50
# of confirmed / potential respiratory outbreaks managed	136	162	140
# of confirmed / potential community outbreaks managed	1	2	1

Highlights / Initiatives Planned for 2019

To reduce the incidence and morbidity related to respiratory, enteric and other infectious disease through the following interventions: early notification, early treatment and/or prophylaxis and education/health promotion. To provide Health Care provider education in the form of e-newsletters and other communication media regarding infectious disease. To simplify the reporting process of infectious disease for health care providers.

Program Challenges and Risks

- iGAS Outbreak Management started in 2016
- Higher than normal Influenza cases and outbreaks in 2017/18 season.
- Hepatitis A Community Outbreak
- Increased number of salmonella cases

- The rate of diseases of public health significance will continue to increase and be influenced by health inequities and social determinants of health.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Health Promoter		0.20	
Program Assistant		0.65	
Program Manager		0.20	
Public Health Inspector		1.15	
Public Health Nurse		3.45	
		0.00	
Total Program FTE		***5.65***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 448,079		
Benefits			$ 105,633		
Expected Vacancies			$ -		
Travel			$ 5,438		
Program Supplies			$ 5,600		
Board Expenses			$ -		
Staff Development			$ 2,708		
Occupancy			$ -		
Professional Services			$ 3,845		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 29,095		
Total Expenditures	***$ -***	***$ -***	***$ 600,397***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 278,182		
MOHLTC (100%)			$ 268,580		
MCCSS			$ -		
PHAC			$ 53,635		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 600,397***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Sexually Transmitted and Blood-Borne Disease						453
Standard	Infectious and Communicable Diseases Prevention and Control		**Director Name**	Stephen Turner		
Lead Team	Sexual Health		**Manager Name**	Shaya Dhinsa		
Supporting Team(s)	Infectious Disease Control					

Summary of Program

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.

The Sexually Transmitted and Blood-Borne Disease Program aims to prevent and control sexually transmitted and blood-borne infections (STBBIs) completing STI follow-up and case management and contact tracing to ensure the appropriate treatment and education in provided, and conducting population health assessment and surveillance regarding infectious and communicable diseases and their determinants.

Program Mandate & Relevant Legislation

Infectious and Communicable Diseases Prevention and Control Standard
Healthy Growth and Development Standard
Infectious Diseases Protocol, 2018 (or as current)
Population Health Assessment and Surveillance Protocol, 2018
Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol.
Mandatory Blood Testing Act, 2006
Canadian Guidelines on Sexually Transmitted Infections

Program Management
The STI-BBI Program is managed by the Sexual Health Team. They work closely with the Infectious Disease Team, Healthy Communities and Injury Prevention Team, Young Adult Team and Child Health Team.

Key Partners and Stakeholders
Walk-in clinics, hospitals, EMDC healthcare, private practice, First Nations health centres, Infection Disease Care Program, Community Health Access Centres, University/College health care, London Intercommunity Health Centre, Regional HIV/AIDS Connection, Southwest Ontario Health Access Centre, Shelters, Ministry of Health, Southwest Public Health Unit, London Cares St. Joe's Infection Disease Care Team, Infection Disease Care Program, HIV Leadership Team

Community Needs and Priorities

The burden of STI/BBIs in the ML region are calculated using local and provincial disease counts retrieved from the iPHIS.

• M-L has high chlamydia & gonorrhea rates in individuals <30 yrs. of age.
• Teen pregnancy rates are higher in M-L than ON

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 i.e.: 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. 1,726 as of Oct 31, 2018

• The number of chlamydia cases reported in March (n=204), April (n=186) and June (n=178) each exceeded 2SD of the monthly averages (181.36, 164.19, and 149.41, respectively).
• The number of gonorrhea cases reported in March (n=13) and May (n=23) both exceeded 2SD of the monthly averages (10.82 and 20.20, respectively).
• The number of hepatitis C cases reported in March (n=28) exceeded 2SD of the monthly average (25.98).

Among the 55 syphilis cases reported in to date in 2018, 37 cases (67.3%) are infectious syphilis. The number of infectious syphilis cases reported in each of March (n=7), April (n=5), May (n=6) and June (n=5) all exceeded 2SD of the monthly averages.

Middlesex-London has high chlamydia and gonorrhea rates in individuals <30 years of age.
Rates are calculated using local and provincial disease counts retrieved from the iPHIS i.e.: 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. Teen pregnancy rates are high in Middlesex-London than Ontario.

HIV, and Hepatitis C infection were significantly higher in Middlesex-London when compared to provincial rates, and these increases were felt to be related, in part, to the use of injection drugs by community members (Middlesex-London Health Unit, 2018).

Prior to 2013, HIV rates in Middlesex-London were lower than or similar to the rate in Ontario. Since 2014, HIV rates have increased in Middlesex-London whereas the provincial rate has gradually declined. The decline observed in 2017 may be associated with decreased testing and detection, as several testing agencies experienced capacity issues. In 2016 and 2017, more than 70% of people diagnosed with HIV had experience with injection drug use.

Between 2006 and 2017, Hepatitis C rates were significantly higher in Middlesex-London when compared to provincial rates. In 2016 and 2017, more than half of the people diagnosed with Hepatitis C had experience with injection drug use.

Target and Priority Populations
• Young and young adults under the age of 30 years are a priority and target population • The more specific population that has been prioritized is youth between the ages of 15-24 years of age due to the increased risk of unintended pregnancy and STBBIs. • The population for young adults under the age of 30 was chosen as a result population health data. The rates of chlamydia and gonorrhea reported in this age group are higher than any other age group.

Program Interventions / Components		
1	Case Management	Confirmation of diagnosis and treatment from the health care provider may be required if client was tested by health care provider. Contact the case as soon as possible to decrease the risk of transmission. Enter into IPHIS with contact of case as per Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018.
2	Contact Tracing	Begin contact tracing and contact notification as soon as possible after the index case is contacted. Obtain history of any symptoms of contact. Provide disease-specific education and awareness of risk of STBBIs. Provide testing and treatment options.
3	Mandatory Blood Testing Act	Phone line 24/7 for reporting re. mandatory blood testing act. Infectious Disease staff provides case management and counselling re. testing and treatment.
4	STI Clinic	The Sexually Transmitted Infections (STI) Clinic operates on a drop-in basis with no appointment or health card necessary. Free testing, treatment and counselling for STIs, free pregnancy testing, emergency contraception (the morning after pill) and free condoms.
5	STI Campaigns	The SH team develops social media and mass media campaigns to promote various sexual health messages. Campaigns will be in response to surveillance i.e. increased rates of Chlamydia. They will target the population most impacted or increased risk factors. In the past, the team has used various health behaviour theories to develop online interactive games, engaging social media campaigns and poster displays to spread the importance of STI testing and to promote MLHU sexual health services.
6	Outreach Team	The model includes street level outreach workers and PHN's that work in teams to engage hard to reach HIV-positive individuals and connecting them to care.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of Chlamydia, Gonorrhea, Syphilis, HIV, Hep B and C reported and follow-up	2,068/171/48/38/3/198	2,124/195/69/29/0/256	2000/190/70/25/0/200
Total Visits to Sexually Transmitted Infection (STI) Clinic and Family Planning Clinic	10,051/4,239 London/219 Strathroy	9,946/3,538 London/239 Strathroy	10000/3500
# Effective treatment provided for individuals diagnosed with gonorrhea and # % of Gonorrhea case follow-up initiated within 0-2 business days to ensure timely case management (accountability indicators)	New indicator for effective treatment. 100%	64.3%/100%	100%
# of presentations, health fairs, and clinic tours	74	73	75
# of Outreach Caseload, # clients retained in care, # of clients who are adherent to treatment	103/63/52	143/121/113	150/120/115

Highlights / Initiatives Planned for 2019

• 2018-2019-Get Tested Chlamydia campaign had a soft launch fall 2018. In 2019 there will be a larger launch during Sexual Health Awareness Week in February with Western and Fanshawe.
• 2018-2019-Increased PHN support for the Outreach Team due to caseload volume and acuity and the need for more than 1 PHN for coverage.

Program Challenges and Risks

• STI rates for CT, GC and Syphilis continue to rise

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Clinical Team Assistant		3.64	
Community Outreach and Harm Reduction Program Lead		0.10	
Health Promoter		0.40	
Outreach Worker		0.20	
Program Assistant		1.05	
Program Manager		0.50	
Public Health Nurse		8.53	
Total Program FTE		***14.42***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 1,060,374		
Benefits			$ 263,905		
Expected Vacancies			$ -		
Travel			$ 11,429		
Program Supplies			$ 259,427		
Board Expenses			$ -		
Staff Development			$ 5,346		
Occupancy			$ -		
Professional Services			$ 515,031		
Furniture & Equipment			$ 4,632		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 23,118		
Total Expenditures	***$ -***	***$ -***	***$ 2,143,261***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 1,219,069		
MOHLTC (100%)			$ 500,305		
MCCSS			$ -		
PHAC			$ 76,301		
PHO			$ -		
User Fees			$ 347,587		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 2,143,261***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Tuberculosis				454
Standard	Infectious and Communicable Diseases Prevention and Control	**Director Name**	Stephen Turner	
Lead Team	Infectious Disease Control	**Manager Name**	Mary Lou Albanese	
Supporting Team(s)				

Summary of Program

The TB program is assigned to Public Health Nurses who monitor the community for LTBI and active TB. The objectives of the program are to:

- reduce the progression from latent TB infection (LTBI) to active TB disease,
- treat anyone who is identified as having LTBI,
- monitor and identify active TB in a timely manner so that case can be treated effectively,
- prevent the spread of active TB,
- reduce the development of acquired drug-resistance among active TB cases and
- educate health care providers for early detection and treatment.

The target population for the program is any person from an endemic country, resident or immigrant, and those in contact with a positive active TB case. MLHU follows all cases referred through the immigrant surveillance system.

Program Mandate & Relevant Legislation

Infectious and Communicable Diseases Prevention and Control Standard
Infectious Diseases Protocol, 2018 (or as current)
Population Health Assessment and Surveillance Protocol, 2018 (or as current)
Tuberculosis Prevention and Control Protocol, 2018 (or as current)
Tuberculosis Program Guideline 2018 (or as current)
Canadian TB Standards

Program Management

The IDC Team is primarily responsible for implementation of the TB Program.

Key Partners and Stakeholders

MOHLTC, London Health Sciences Centre, Health Care Providers, London Intercommunity Health Centre, Cross Cultural Learning Centre, Ministry of Culture and Immigration, Secondary and Post secondary institutions

Community Needs and Priorities

Data sources providing the following stats/numbers:

- LTBI
- IMS
- Active
- Suspect
- Immigration
- Government assisted refugees
- Rates of active TB and multidrug resistance TB.
- Immigration, health inequities, education, social economics
- # of new immigrants from countries endemic with TB
- # immigration medical surveillance cases
- # suspect TB cases
- # active TB cases
- # LTBI cases being treated

Target and Priority Populations

Target and priority populations are:

- Canadian citizens and new immigrants from endemic countries
- International students at colleges and universities also from endemic countries
- Those referred to MLHU through the Immigration Surveillance System.

New immigrants are subject to health inequity and social determinants of health in particular housing, social economics, genetics, education/literacy, health services, social environment, employment.

MLHU collaborates with Cross Cultural Learning Centre (CCLC) who notifies us when new government assisted refugees (GARS) come to London. Monthly or as needed TB staff hold a clinic at the CCLC to screen and educate the GARS about LTBI and TB.

The immigration surveillance system notifies MLHU of new immigrants which are followed as per the IMS protocol in collaboration with Ministry of Culture and Immigration. Many of these individuals are international students requiring public health to collaborate with the secondary and post secondary education institutions.

Program Interventions / Components		
1	Suspect Tuberculosis Follow-up and monitoring	All suspect TB cases are referred to MLHU. A public health nurses(PHN) follows the suspect until determination of final diagnosis.
2	Active TB Follow-up and case management	All active TB cases are managed by a primary PHN to ensure the prevention of secondary infection and multidrug resistant TB. Isolation and daily observed therapy is implemented immediately upon diagnosis. Case follow up and management implemented immediately with screening. Each active TB case is followed to treatment completion.
3	Outreach	LTBI and Active TB presentations to health care providers and family medical clinics.
4	LTBI	In collaboration with Cross Cultural Learning Centre LTBI presentation and targeted screening provided to government assisted refugees on monthly bases or as needed.
5	Immigration Surveillance	Screening of new immigrants and government assisted refugees.
6	Contact Management	Counselling of active TB contacts to reduce fears and myths.
7	Daily Observed Therapy	Confirmed Active TB cases are put on daily observed therapy to ensure compliance to medication regime.
8	Surveillance	Surveillance of all suspect, confirmed, screened, treated and not-treated LTBI cases

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# active TB (suspect cases)	39	51	40
# active TB (confirmed cases)	8	14	10

Highlights / Initiatives Planned for 2019

• Hosted a workshop for health care providers in October 2018 (CME credits available to physicians)
• In 2019 plan to continue with education of health care providers especially post secondary student health clinic staff. Development of on-line teaching kits e.g. chat box.

Program Challenges and Risks

• Increasing number of suspect TB cases requiring staff to rule out active disease.
• Continued immigration from endemic countries requiring LTBI treatment and potential to activate. Increase of number of Immigration Medical Surveillance individuals coming to London for education.
• Ongoing need to educate health care providers who do not think of TB as a potential diagnosis.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Clinical Team Assistant		0.20	
Health Promoter		0.20	
Program Assistant		0.10	
Program Manager		0.20	
Public Health Nurse		3.20	
		0.00	
Total Program FTE		***3.90***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 318,378		
Benefits			$ 77,736		
Expected Vacancies			$ -		
Travel			$ 3,720		
Program Supplies			$ 7,277		
Board Expenses			$ -		
Staff Development			$ 1,847		
Occupancy			$ -		
Professional Services			$ 9,685		
Furniture & Equipment			$ 64		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 19,372		
Total Expenditures	***$ -***	***$ -***	***$ 438,080***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 214,249		
MOHLTC (100%)			$ 182,815		
MCCSS			$ -		
PHAC			$ 36,179		
PHO			$ -		
User Fees			$ 4,838		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 438,080***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Vector-Borne Disease					455
Standard	Infectious and Communicable Diseases Prevention and Control		**Director Name**	Stephen Turner	
Lead Team	Safe Water, Rabies and Vector-Borne Disease		**Manager Name**	Fatih Sekercioglu	
Supporting Team(s)	Infectious Disease Control				

Summary of Program

The Vector-Borne Disease (VBD) program is comprised of larval mosquito surveillance and identification, larviciding, adult mosquito trapping and viral testing, human surveillance, source reduction, public education, responding to public inquiries, and passive and active tick surveillance. The long –term outcome is to reduce all Middlesex-London residents' exposure to mosquito and tick bites in order to reduce the incidence of disease transmission through the following interventions.

• Assess standing water sites in Middlesex-London on public property and develop local vector-borne disease control strategies based on this data.
• Adult mosquito surveillance and viral testing, monitoring for invasive vector species
• 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.
• Assess private properties when standing water concerns are reported and oversee remedial actions
• Active and Passive tick surveillance
• Respond to complaints and inquiries from residents regarding WNV, EEE and LD
• Distribute educational /promotional materials
• Educate and engage residents in practices and activities at local community events in order to reduce exposure to WNV, LD and EEE

Program Mandate & Relevant Legislation

Infectious and Communicable Diseases Prevention and Control
Ontario Regulation 199 (Control of West Nile Virus)
Infectious Diseases Protocol, 2018 (or as current) (West Nile Virus and Lyme Disease sections)
Population Health Assessment and Surveillance Protocol, 2018 (or as current)
Other documents:
West Nile Virus: Preparedness and Prevention Plan for Ontario

Program Management

This program is managed by the Safe Water, Rabies and Vector-Borne Disease Team. The Infectious Disease Control Team monitors human case data that is reported. The collection of epidemiological data, which includes the incidence, prevalence, source and cause of the infectious disease, assists in determining biological and environmental risk factors for acquiring the infection. The Infectious Disease Control team collects the reported exposure location, this data is used to direct the VBD team's enhanced mosquito surveillance and control in the given location. West Nile Virus (WNV), Lyme disease (LD), and the encephalitic symptoms caused by Eastern Equine Encephalitis (EEE) are classified as both Reportable Diseases and Communicable Diseases under the Health Protection and Promotion Act.

Key Partners and Stakeholders

City of London
Middlesex County
Ministry of Health and Long-Term Care
Public Health Ontario
Ministry of the Environment, Conservation and Parks
Ministry of Natural Resources and Forestry
City of London Library
Middlesex County Library
Township of Adelaide Metcalfe
Township of Lucan Biddulph
Municipality of Middlesex Centre
Municipality of North Middlesex
Municipality of Southwest Middlesex, Municipality of Strathroy-Caradoc, Municipality of Thames Centre, Village of Newbury, Thames Valley District School Board, London Catholic District School Board, Middlesex EarlyON Child & Family Centre, Ontario Early Years Centres, Western University, Wild Child Outdoor Group, Hydro One, Union Gas London Hydro, Children's Museum, Chippewas of the Thames Nation, Oneida Nation of the Thames.

Community Needs and Priorities

The key data and information which demonstrates the public health issue and communities needs for public health intervention come from a variety of sources both internal and external. Since 2002, West Nile Virus has been a focus across the province because the virus was being found in birds and mosquitoes across the province. Similarly, in 2009, Lyme Disease became a priority across the province because Blacklegged Ticks were found to be carrying the disease. The Vector Borne Disease team has tracked, recorded and shared local VBD activity, with our partners at the Ministry of Health and Long Term Care as well as Public Health Ontario. Based on the on the data below and the OPHS

- Significant increase in WNV human cases acquired within Middlesex-London.
- Increase in the number of WNV positive mosquitoes
- Increase in requests to attend special events throughout the community
- Increase is educational materials requested/distributed
- Increase in traffic to the VBD webpage
- Media requests/coverage related to Vector-Borne diseases

The following data will be collected to determine priority interventions

- # of ticks submitted/identified vectors/positive
- # of WNV positive mosquito pools
- # of surveillance site visits
- # of catch basins treated
- # of standing water sites treated
- # and type of requests received from the public
- # of requests/private properties investigated
- # of standing water sites remediated

To support the above requests from Ministry and local partners, our Vector Borne Disease team has prioritized increasing our outreach for public education events across the community. Similarly, since North Middlesex was flagged as a Lyme Disease risk area, our program has increased our efforts around ticks and Lyme Disease awareness by increasing active and passive tick surveillance across the community. Finally, since the identification of Aedes albopictus and Aedes aegypti mosquitoes found in the Windsor region in 2016, adult mosquito trapping across Middlesex-London has incorporated BG-Sentinel traps in hopes of identifying these potential Zika carrying mosquito early before they become established in our region.

Target and Priority Populations

The target population for our Vector Borne Disease program is the entire population of Middlesex-London. People of all ages may come into contact with mosquitoes and ticks across the entire region, therefore it is important for versatile messaging. Education about ticks and mosquitoes and the diseases and viruses they can transmit is key to helping to our population stay healthy. Our team's priority populations focus on people who choose to spend time outdoors for work or leisure because they are more likely to come into contact with mosquitoes and ticks.

a) People who make up our priority population include outdoor sports enthusiasts, campers, hikers, etc. Additionally, people who work outdoors such as farmers, construction workers, etc., also can come in contact with both mosquitoes and ticks during their work day.
b) Possible social determinants of health and/or health inequities associated with our Vector Borne Disease program can impact new immigrants to Canada or those with language barriers because it's possible they come from an area where mosquitoes and ticks are not a health concern.

When presenting at educational opportunities across Middlesex-London, we utilize the approach of building accurate base knowledge with whatever population we are speaking to. That way we are better able to tailor our messaging depending on the knowledge level our audience has about mosquitoes, tick and the potential disease they can transmit. Additionally, our team continuously develops a variety of products and educational resources to help support the community as a whole. These items are strategic and effective, but most importantly are based on community need.

Program Interventions / Components		
1	Vector Borne Disease Surveillance	WNV surveillance • Identify and monitor significant standing water sites on public property • Adult Mosquitoes collected by MLHU staff • Mosquitos are shipped for testing for WNV, EEE and Zika virus at the accredited lab Lyme Disease surveillance • Receive and identify all tick submissions • Conduct active tick surveillance; several field activities organized through the season to monitor tick activity
2	Complaints, Comments, Concerns, Inquiries & public education	• Respond to all concerns/ inquires (VBD) • Receive requests and inquiries from residents, advise on WNV and LD protection/prevention information and investigate requests, taking remedial action to manage risk factors associated with WNV and LD. • Promote personal protection against WNV and LD, raise public awareness by attending special events, work with other health unit teams and distribute • educational/promotional materials. Inform residents of WNV and LD activity on the health unit's website, social media platforms and media releases when VBD activity is identified.
3	West Nile Virus Treatment	Standing water sites and roadside catch basins are treated o Larvicide treatment in standing water locations where required based on larval identification o Three larvicide treatments of all catch basins on public property o encourage permanent remediation.
4	Human Case Monitoring	Lab results of human West Nile Virus and Lyme disease report monitored and case follow up completed with suspect and confirmed cases.
5	Surveillance	Monthly and annual monitoring of human cases by epidemiologist and notification of AMOH and Manager.
6	Health Education	Annual update of website with resources including Lyme disease algorithm for health care practitioners. Annual e-Newsletter to Health Care Providers re WNV and Lyme Disease prevention and treatments.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of standing water sites monitored on public property	243	229	230
# of mosquito larvae identified in MLHU laboratory	12635	6255	6200
Area (in hectares) of larvicidal treatment	7.48	15.2	15
# of larvicidal treatments in catch basins on public property	111460	110821	110000
# of Adult mosquitos collected	17738	77170	50000
# of viral tests completed	781	1013	1000
# dead bird reports	102	92	90
# of tick submissions	431	301	300
# of tick surveillance events	49	53	50
# of tick surveillance sites	30	29	30
# of VBD concerns/ inquiries	573	386	400
# of VBD presentations (community events, partners or clients)	23	72	50

Highlights / Initiatives Planned for 2019

• Review and evaluate surface water Tier system to ensure priority sites are identified, surveyed and controlled
• Surveillance of VBD activity in Middlesex-London, including Zika Virus vectors
• Increased active tick surveillance in and around PHO established risk areas

Program Challenges and Risks

• Increase in other tick species (Lone Star) will require expanded active tick surveillance
• Possibility of invasive mosquito species (i.e. Aedes aegypti, albopictus) establishing itself in Middlesex-London, will require expanded mosquito surveillance and control
• Climate Change is showing its effects on mosquito and tick populations, species distribution, expansion and population is closely related to the local climate

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.30	
Program Manager		0.30	
Public Health Inspector		0.30	
Public Health Inspector Student		4.00	
Vector-Borne Disease Coordinator		1.00	
Vector-Borne Disease Field Technician		1.00	
Total Program FTE		***6.90***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 328,283		
Benefits			$ 64,119		
Expected Vacancies			$ -		
Travel			$ 20,494		
Program Supplies			$ 18,342		
Board Expenses			$ -		
Staff Development			$ 4,880		
Occupancy			$ -		
Professional Services			$ 76,205		
Furniture & Equipment			$ 359		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 16,418		
Total Expenditures	***$ -***	***$ -***	***$ 529,099***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 484,265		
MOHLTC (100%)			$ 40,088		
MCCSS			$ -		
PHAC			$ 4,746		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 529,099***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Adverse Vaccine Events and Safety						460
Standard	Immunization		**Director Name**	Stephen Turner		
Lead Team	Vaccine Preventable Disease		**Manager Name**	Jody Paget		
Supporting Team(s)						

Summary of Program

The Vaccine Preventable Diseases Team educates and provides instruction to health care providers administering vaccine to report Adverse Events Following Immunizations (AEFIs) to the board of health. Report forms from health care providers are reviewed upon receipt and AEFIs meeting case definition are reported to the Ministry of health and Long Term utilizing the integrated public health reporting system (IPHIS). Epidemiological analysis of surveillance data for AEFIs is conducted to monitor of trends over time, emerging trends and priority populations.

Program Mandate & Relevant Legislation

Reporting of AEFIs by specific health professionals is mandated under Section 38 of the Health Protection and Promotion Act (HPPA).
Infectious Disease Protocol, 2018
Population Health Assessment and Surveillance Protocol, 2018

Program Management

Program is managed by the Vaccine Preventable Disease team. Health Care providers are provided with education and guidance annually and on an individual basis regarding the requirements to report AEFIs to the Board of Health. All reports are reviewed and entered into the integrated public health reporting system (IPHIS) as required.

Key Partners and Stakeholders

Health Care Providers

Community Needs and Priorities
Educate Health Care Providers regarding requirements under the HPPA to report adverse vaccine events

Target and Priority Populations
Health Care Providers

Program Interventions / Components		
1	Education	Educate and provide instructions to health care providers administering vaccine to report adverse vaccine events to the board of health
2	Surveillance	Conduct epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and adverse events following immunization, including monitoring of trends over time, emerging trends and priority populations
3	Follow-up	Review and report adverse vaccine events to the Ministry of Health and Long Term care as required utilizing the integrated public health reporting system (IPHIS)
4	Reporting	Report adverse vaccine events meeting case definition to the Ministry of Health and Long Term care as required utilizing the integrated public health reporting system (IPHIS)

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of educational opportunities provided	n/a	n/a	new indicator
# of adverse vaccine events reported by HCPs	n/a	n/a	new indicator
# of adverse vaccine events reported to the Ministry of Health and Long Term Care	2	8	5

Highlights / Initiatives Planned for 2019
Incorporate information regarding AEFI reporting into the monthly HCP newsletter in addition to the annual cold chain visits

Program Challenges and Risks
HCPs provide the majority of immunizations and they do not report all AEFIs as required by the HPPA

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Public Health Nurse		0.20	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.20***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 16,724		
Benefits			$ 4,169		
Expected Vacancies			$ -		
Travel			$ 141		
Program Supplies			$ 1,223		
Board Expenses			$ -		
Staff Development			$ 22		
Occupancy			$ -		
Professional Services			$ 21		
Furniture & Equipment			$ 40		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 29		
Total Expenditures	***$ -***	***$ -***	***$ 22,369***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 18,969		
MOHLTC (100%)			$ 1,207		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ 1,355		
Other			$ 838		
Total Revenues	***$ -***	***$ -***	***$ 22,369***	***$ -***	***0%***

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Vaccine Inventory Management						461
Standard	Immunization		**Director Name**	Stephen Turner		
Lead Team	Vaccine Preventable Disease		**Manager Name**	Jody Paget		
Supporting Team(s)	Infectious Disease Control					

Summary of Program

Publicly-funded vaccines are ordered from the Ontario Government Pharmacy. Health care providers (HCP) can order and pick-up these vaccines from the Health Unit. Additionally, annual cold-chain inspections are conducted in all settings where publicly funded vaccines are stored. Locations include new/existing HCP offices, nursing agencies, pharmacies and workplaces. Cold chain inspections are conducted to ensure publicly funded vaccines are being handled appropriately, remain potent, and are not wasted. If there is a power failure or problem with the refrigerator storing publically-funded vaccines such that temperatures have gone outside the required 2°C and 8°C, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.

Program Mandate & Relevant Legislation

Immunization Standard
Vaccine Storage and Handling Protocol, 2018
Vaccine Storage and Handling Guidelines, 2018

Program Management

This program is managed by the Vaccine Preventable Disease Team. The Infectious Disease Control Team conducts cold chain inspections in long term care facilities/homes where publicly funded vaccines are stored.

Key Partners and Stakeholders

Pharmacies, Health Care clinics, Nursing agencies, Workplaces

Community Needs and Priorities
Over 400 HCPs and organizations administer vaccines to the public. Among the 400, 300 (230 HCP offices and 70 pharmacies) store publicly funded vaccines.

Target and Priority Populations
The target populations for this program are settings where publicly funded vaccines are stored: • Pharmacies • Health Care clinics • Nursing agencies • Workplaces

Program Interventions / Components		
1	Vaccine Inventory	• Agencies submit vaccine orders to the vaccine inventory clerk via fax • The vaccine inventory clerk reviews temperature logs to determine whether vaccine storage refrigerators are maintained between 2°C and 8°C and assesses ordering patterns to ensure that clinics are storing no more than a two-month supply of vaccines • Vaccine inventory clerk processes vaccine orders to agencies that maintain refrigerators between 2 and 8 and storing only a two-month supply of vaccines • A PHN follows up with agencies where the temperature logs register temperature outside of the acceptable range to determine appropriate steps. Vaccine will not be released until protocols have been followed. • Review the Health Unit's current inventory, which include physically counting the vaccines on hand, and generating the quantity on hand report and removing expired vaccines, according to Panorama Inventory Data Standards and Best Practices. • Submit vaccine orders in Panorama to the Ontario Government Pharmacy
2	Routine Inspections	• Conduct annual on-site routine inspection to assess the HCP clinic's level of compliance with vaccine storage and handling requirements, including cold chain requirements using the Vaccine Cold Chain Inspection Maintenance Report Form • Provide information, resources and consultation to HCP clinics regarding the proper storage and handling of vaccines, cold chain management and the proper temperature monitoring systems that should be in place to optimize vaccine potency • Conduct on-site routine inspection and orientation for newly enrolled immunization service providers prior to distributing publicly funded vaccine to them • Education HCP regarding provincial policies as stated in the Vaccine Storage and Handling Guidelines, 2018 • Conduct an unannounced routine inspection on premises that have previously been non-compliant with vaccine storage and handling requirements

Program Interventions / Components (continued)		
3	Cold Chain Incident follow up	• Investigate all reports of cold chain incidents in HCP premises within 24 hours (or the next business day) • Conduct cold chain incident inspections via telephone or on-site visit (based on assessment) to determine whether the vaccine can be used by the HCP based on recommendations of vaccine manufacturer or the Canadian/ Provincial/ Territorial Vaccine Stability Chart, Investigate cause of the incident, Provide education to prevent the occurrence of a future incident • Provide consultations to premises that have experienced cold chain incidents • Communicate assessment of the cold chain inspection, monetary value of vaccine loss and required remediation strategies to HCP • Return vaccines involved in cold chain incident deemed unusable to the Ontario Government Pharmacy • Document details of cold chain incident in Panorama, following the investigation

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
# of cold chain incidents	30	35	decrease
# of fridges storing publicly funded vaccine that received an annual inspection / % completion (Accountability Indicator)	400/100%	400/100% (anticipated)	100%
# of vaccines wasted	$50,000	$4,000	decrease
# of orders received/processed for health care providers' offices	4,000	3500	same

Highlights / Initiatives Planned for 2019

Additional education for health care providers about the Vaccine Storage and Handling Guidelines, 2018. Specifically, in reference to the transporting vaccine.

Program Challenges and Risks

Limiting the amount of wastage in small community health care facilities and primary care office who do not have fridge alarms.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		1.10	
Public Health Inspector		0.50	
Public Health Nurse		0.90	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 169,166		
Benefits			$ 44,290		
Expected Vacancies			$ -		
Travel			$ 1,892		
Program Supplies			$ 12,725		
Board Expenses			$ -		
Staff Development			$ 459		
Occupancy			$ -		
Professional Services			$ 548		
Furniture & Equipment			$ 405		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 2,864		
Total Expenditures	***$ -***	***$ -***	***$ 232,348***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 169,831		
MOHLTC (100%)			$ 35,840		
MCCSS			$ -		
PHAC			$ 4,746		
PHO			$ -		
User Fees			$ 13,549		
Other			$ 8,382		
Total Revenues	***$ -***	***$ -***	***$ 232,348***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Vaccine Preventable Disease						462
Standard	Immunization		**Director Name**	Stephen Turner		
Lead Team	Vaccine Preventable Disease		**Manager Name**	Jody Paget		
Supporting Team(s)	Infectious Disease Control					

Summary of Program

The Vaccine Preventable Disease Program aims to reduce or eliminate the burden of vaccine preventable diseases through immunizations. This is done through:

- Reduced incidence of vaccine preventable diseases
- Increased public confidence in immunizations
- Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors and emerging trends
- Timely and effective detection and identification of priority populations facing barriers to immunizations, their associated risk factors and emerging trends

Eligible persons, including underserved and priority populations, have access to provincially funded immunization programs and services.

Program Mandate & Relevant Legislation

Immunization Standard

- Immunization for Children in Schools and Licensed Child Care Setting Protocol, 2018
- Infectious Disease Protocol, 2018
- Population Health Assessment and Surveillance Protocol, 2018
- Child Care and Early Years Act, 2014

Program Management

The program is managed by the Vaccine Preventable Disease Team with collaboration from the Sexual Health Team to provide vaccines to high risk clients, and the Infectious disease Control Team to provide immunization clinics in the event of an outbreak, all suspect and confirmed case follow up for all vaccine preventable diseases and to provide TST to TB contacts and LTBI clients.

Key Partners and Stakeholders

Health care providers who administer vaccines in their clinics, Child Care Centres, Parents of children attending Child Care Centres, Parents of school aged children

Community Needs and Priorities

There are approximately 13,542 children currently in child care centres in the Middlesex-London area.

Target and Priority Populations

- Individuals living in the Middlesex-London area who do not have a health care provider
- Individuals living in the Middlesex-London area who do not have a valid Ontario health card
- Individuals living in the Middlesex-London area aged infant to 18 years

Program Interventions / Components

1	Management of Immunization Records for Children in Child Care Centre	• Process immunization records received via ICON for children attending child care centres • Enter in immunization records received via fax for children attending child care centres into Panorama • Distribute bookmarks to childcare centre to distribute to children • Respond to public inquires relating to immunizations received via the phone or email • Due to staffing constrains, screening of immunization records for children attending child care centres in the Middlesex- London area is not being completed
2	Immunization Clinic	• Deliver immunization clinics three days a week at 50 King to individuals aged infant to 18 years of age, and individuals living in the Middlesex-London area who do not have a health care provider and/or health card • Deliver immunization clinics once a month at the Strathroy office to individuals aged infant to 18 years of age, and individuals living in the Middlesex-London area who do not have a health care provider and/or health card • Offer Tuberculin Skin Testing for medical purposes • Respond to public inquires relating to immunizations received via the phone or email

Program Interventions / Components (continued)		
3	Additional Immunization Clinics	• Offer Immunization Clinics to Newcomers, on an as needed basis • Offer Immunization Clinics in the event of a community outbreak to individuals at risk, on an as needed basis
4	Investigation and follow-up of Vaccine Preventable Reportable Disease	• Infectious Disease Control Team investigates all suspect and confirmed vaccine preventable diseases. • Provide phone line 24/7 for reporting and staff available for case management. • Provide education, recommendations for chemoprophylaxis, immunizations, isolation and/or advice to seek medical attention to the person with the infection and suspect contacts • Case contact follow up and chemoprophylaxis. • Report investigation of disease of public health significance in iPHIS • Notification of schools and licensed day cares of exposures/contacts
5	HCP Education and Consultation	• Deliver education sessions about the immunization schedule and building confidence around administering vaccines, at Health Care provider clinics as requested • Communicate immunization updates to HCPs through the HCP outreach team Newsletter • Provide and support and consultation to health care provider regarding immunizations via phone or email within 1 business day

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of VPD suspect and confirmed case follow up by IDC	148	180	150
# of community clinics organized/delivered to priority populations	n/a	n/a	New Indicator
# of calls to Triage / # of consultations through incoming email	19,000 / 8,000	16,283 / 1670	Lower
# of client visits/ vaccines given at the Immunization Clinic	9,000 / 17,659	5,196 / 10,535	Lower
# of education sessions provided to HCPs	n/a	n/a	new indicator

Highlights / Initiatives Planned for 2019

Organize a second community influenza clinic for Newcomers from Syria and the Congo

Program Challenges and Risks

• Meeting the screening and suspension requirements legislated under the Immunization of School Pupils Act (ISPA) remains a challenge as a result of changes to the Standard. The ISPA mandates screening, assessment and suspension activities that are to be initiated for students under the age of 18 years who are enrolled in elementary and secondary schools. The screening and suspension requirements have had to be prioritized for the 7 and 17 year age groups due to increased workload issues caused by the process changes with a new database and expansion of the ISPA to include three new vaccines and additional doses for four other vaccines. Partial screening activities are carried out for other age groups but the team has been limited in its ability to fully perform suspensions for these groups. Progress in this area is being made as a result of internal resourcing and program changes.

• Meeting the requirements under the Child Care and Early Act due to the prioritization of ISPA activities is also a challenge. Immunization records for children enrolled in licenced child care settings are received and entered in the electronic database as time and workload permits. Improved performance is anticipated in 2019 through changes in how the program is delivered internally.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		3.29	
Program Manager		1.00	
Public Health Nurse		2.60	
		0.00	
		0.00	
		0.00	
Total Program FTE		***6.89***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 471,649		
Benefits			$ 119,011		
Expected Vacancies			$ -		
Travel			$ 4,859		
Program Supplies			$ 42,132		
Board Expenses			$ -		
Staff Development			$ 757		
Occupancy			$ -		
Professional Services			$ 717		
Furniture & Equipment			$ 1,394		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 996		
Total Expenditures	***$ -***	***$ -***	***$ 641,514***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 524,374		
MOHLTC (100%)			$ 41,588		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ 46,677		
Other			$ 28,874		
Total Revenues	***$ -***	***$ -***	***$ 641,514***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Comprehensive School Health				465
Standard	School Health	**Director Name**	Maureen Rowlands	
Lead Team	Child Health & Young Adult	**Manager Name**	Darrell Jutzi/Anita Cramp	
Supporting Team(s)				

Summary of Program

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 work with students, parents, teachers, principals, board staff and community partners to plan and implement evidence-based activities, influence the development and implementation of healthy policies, and create or enhance supportive environments. We meet the requirements of the Public Health School Standard (OPHS, 2018) and align all our work with the Ministry of Education's The Foundations for a Healthy School resource.

The comprehensive school health model, encourages schools 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, skills and behaviour and create a supportive environment. This is accomplished by:

• providing students with opportunities to contribute to and give input on classroom and school level decisions
• engaging students in the planning and implementation of healthy school initiatives
• creating positive social and physical environments that support health and well-being, including healthy school policies and structuring the physical environment to support health
• engaging parents and community partners to enhance learning opportunities relating to the priority health topic

Goals and Objectives

Long-Term: To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

Intermediate: There is an increased adoption of healthy living behaviours among school-aged children and youth.

Short Term: School boards and schools are meaningfully engaged in the planning, development, implementation, and evaluation of public health programs and services relevant to school-aged children and youth.

Program Mandate & Relevant Legislation

Standards: Chronic Disease Prevention and Well-Being, Food Safety, Healthy Growth and Development, Immunization, Infectious and Communicable Diseases Prevention and Control, Safe Water, School Health, Substance Use and Injury Prevention,

Protocols and Guidelines: School Health Guideline (2018) or as current; Child Visual Health and Vision Screening Protocol, 2018 (or as current), Chronic Disease Prevention Guideline, 2018 (or as current), Food Safety Protocol, 2018 (or as current)Health Equity Guideline, 2018 (or as current); Healthy Growth and Development Guideline, 2018 (or as current); Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018 (or as current); Infectious Diseases Protocol, 2018 (or as current); Injury Prevention Guideline, 2018 (or as current)
Mental Health Promotion Guideline, 2018 (or as current); Oral Health Protocol, 2018 (or as current); Safe Drinking Water and Fluoride Monitoring Protocol, 2018 (or as current); Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018 (or as current); Relationship with Indigenous Communities Guideline, 2018 (or as current); Substance Use Prevention and Harm Reduction Guideline, 2018 (or as current);

Other: Ministry of Education's Foundations for a Healthy School Framework Ministry of Education); Achieving Excellence: A Renewed Vision for Education in Ontario (Ministry of Education)

Program Management

The Comprehensive School Program is jointly managed by the Child Health and Young Adult Teams. They collaborate with Healthy Communities and Injury Prevention, Chronic Disease and Tobacco Control, Infectious Disease Control, Vaccine Preventable Disease, and Oral Health through an internal School Health Planning workgroup.

Key Partners and Stakeholders

Thames Valley District School Board: Superintendents, Learning Coordinators, Principals, Vice-principals, teachers, social workers, and educational assistants
London District Catholic School Board: Superintendents, Learning Coordinators, 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 schools & First nations schools
City of London: Child and Youth Network Pillar Chairs, Transportation Department, City Councillors
County of Middlesex: Child and Youth Services Coordinator
Others: Western University, 4th R Coordinators, Faculty of Education, HEAL Lab, Southwestern Public Health, Parent Volunteers, Family Centres, Ontario Student Nutrition Program, Settlement Service Agencies: Settlement workers in schools (SWIS)

Community Needs and Priorities

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
- School Engagement and Assessment Tool

Needs have been identified for Healthy Eating, Physical Activity and Sedentary Behaviour, Healthy Sexuality, Mental Health / School Connectedness, and Substance Use.

Target and Priority Populations

Target population for the Comprehensive School Health Program includes all elementary and secondary school communities.

The priority population varies with the topic and interventions and includes:
- school age children and youth at prioritized schools
- school administrators and staff at prioritized schools
- parents and caregivers of students at prioritized schools
- First Nations school communities
- Newcomer students and parents

Health Unit staff who work in school settings complete school assessments (School Engagement and Assessment Tool – SEAT) with each principal to determine how to most effectively work together to support the development of a healthy school community. As a result, all schools receive Health Unit services and supports, but the level of investment in each school is related to the assessed need and capacity.

The results of the SEATs determine which schools receive universal vs. targeted interventions in order to reduce inequities among school communities. PHNs conduct the SEAT every 1-2 years with school administrators and staff.

Program Interventions / Components		
1	Awareness	Awareness involves any interaction where information is provided for the purpose of increasing awareness. For example, the teams create health messaging to be posted in schools and use social media to engage students, school staff, and parents to improve the comprehensiveness of health interventions and messages in school communities. Social media posts are designed to enhance and supplement message delivered in school, improve awareness and education of target health topics and improve comprehensiveness of health communication. Currently the teams support two active social media accounts: Middlesex-London Schools Twitter Account - @MLSchoolHealth Middlesex-London Teens Instagram Account - @MLteens. Daily content and monitoring of both social media accounts are done by members of the CYPT.
2	Education	Education includes presentations/workshops and curriculum resources for students, teachers, school committees, school-board level committees, and/or parent groups to provide credible health information on the topics listed in the OPHS. These presentations and curriculum resources are typically done in collaboration with school or school board staff. Members of the CYPT develop educational fact sheets, reach and teach kits, and presentations pertaining to the topics in the School Health Standard to assist schools with the implementation of health-related curriculum. The educational resources are available to all schools, but the schools determined to have the greatest need receive additional support from public health staff to promote implement the resources.
3	Skill Building and Behaviour Change	Skill building involves partnering with school staff (e.g., teacher, social worker, educational assistants, etc.) to facilitate evidence-based small group training and skill building sessions to a group of students, staff, and/or parents. Small group sessions involve more intense level of knowledge and skill development in order to improve health behaviours and outcomes relating to healthy eating and food safety, physical activity and sedentary behaviour, mental health, substance use, and healthy sexuality.
4	Supportive Environments	Involves principals, teachers, parents, students, neighborhood and/or community partner engagement in the planning, creation, development, and implementation of social and physical environments that support health.

Program Interventions / Components (continued)		
5	Situational Supports	The purpose of situational supports is to provide youth, school staff (e.g., teachers, principals, social workers) and parents with consulting health services. Example topics addressed through this service include providing up to date information of community services, referral processes, hygiene, sexual health information and services, healthy eating, and reviewing health-related school policies. Most situational supports are conducted in schools and some occur over the telephone. The goal of this intervention is to assess the health concern, link the individual with necessary community supports, and follow up to further support next steps.
6	Advocacy and Policy	Public health staff support schools and school boards with the development, modification, implementation, evaluation of specific policies and advocacy initiatives. Public health staff meet with school board representatives on a quarterly basis to discuss and plan policy related initiatives.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
% of schools that CYPT staff service as priority schools.	NA	40%	55%
% of schools that implement a comprehensive school action plan targeting one of the priority topics	NA	50%	60%
# of unique curriculum resource downloads	NA	NA	monitoring (1000)
# of situational supports conducted by CYPT staff relating to priority topic areas	NA	2400	2400
# of @MLSchoolHealth followers	383	516	700
# of @MLSchoolHealth profile visits	16787	20099	24000
# of @MLTeens Instagram followers	NA	147	350

Highlights / Initiatives Planned for 2019

- Signed partnership declarations and data sharing agreements with the public and catholic school boards.
- New school assessment tool and process based on social determinants of health data.
- Research project on understanding teachers' beliefs and behaviours related to using low nutritional value foods in the classroom.
- OSDUHS oversample of students in the Middlesex-London area.
- Improvements to the School Travel Planning project.
- Implementation of the 4th R Plus curriculum.
- Continuation of the School Health Prioritized Project.

Program Challenges and Risks

- Potential changes to the health and physical education curriculum
- Reduced provincial funding for Ophea's programs and services
- Priorities and external factors salient to school partners

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Dietitian		2.00	
Health Promoter		1.10	
Program Assistant		0.95	
Program Manager		2.00	
Public Health Nurse		20.40	
		0.00	
Total Program FTE		***26.45***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 2,197,559		
Benefits			$ 546,536		
Expected Vacancies			$ -		
Travel			$ 30,011		
Program Supplies			$ 71,219		
Board Expenses			$ -		
Staff Development			$ 8,820		
Occupancy			$ -		
Professional Services			$ 26,446		
Furniture & Equipment			$ 193		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 15,905		
Total Expenditures	***$ -***	***$ -***	***$ 2,896,689***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 2,845,660		
MOHLTC (100%)			$ 20,790		
MCCSS			$ -		
PHAC			$ 3,166		
PHO			$ -		
User Fees			$ 14,513		
Other			$ 12,560		
Total Revenues	***$ -***	***$ -***	***$ 2,896,689***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Immunization					466
Standard	School Health		**Director Name**	Stephen Turner	
Lead Team	Vaccine Preventable Disease		**Manager Name**	Jody Paget	
Supporting Team(s)	Child Health		Young Adult		

Summary of Program

The Immunization Program aims to reduce or eliminate the burden of vaccine preventable diseases through immunization and to achieve optimal health of school aged children and youth through partnership and collaboration with school boards and schools. This is done through the delivery of the following interventions:

- Screening and Enforcement of Immunization Records
- Clinics for school aged ISPA Vaccines
- School-Based Immunization Clinics

Program Mandate & Relevant Legislation

School Health Standard
Immunization Standard
Immunization of School Pupils Act

Program Management

The School Health - Immunization Program is managed by the Vaccine Preventable Disease Team. The Child Health and Young Adult Team collaborate with VPD to ensure delivery in schools.

Key Partners and Stakeholders

School boards

Community Needs and Priorities
There are over 19,000 school age children enrolled form JK to Grade 12 in the Middlesex-London Health Unit area. MLHU provides over 9100 vaccines in the school program on a yearly basis. In the 2017–2018 school year, greater than 95% of immunization records of 7-year old students in Middlesex County schools were up-to-date for seven key diseases. Proportions ranged from 96.9% to 98.8% depending on the vaccine component.

Target and Priority Populations
• School aged children are the target population for this program as outlined in Requirement 8 of the School Health Standard and the Immunization and School Pupils Acts. • Students in Grade 7 are the target population for the publicly funded Meningococcal, Hepatitis B and Human Papillomavirus School Clinics • Female students in Grade 8 are the target population for the publicly funded Human Papillomavirus School Clinics

Program Interventions / Components		
1	Screening and Enforcement of Immunization Records	• Screen immunization records of students in Grade 2,3,4, and 11 in Elementary and secondary schools • Screen and enforce immunization records for students aged 7 and 17** • Notify parents/guardians via letters on incomplete immunization records through five rounds of screening • Deliver a group or 1-1 mandatory vaccine exemption education session for parents/guardians who choose to seek an exemption for their school aged child • Distribute “No information” letters to all school aged children in grades that are not screened**
2	School-Based Immunization Clinics	• Offer immunization clinics (Meningococcal, Hepatitis B and Human Papillomavirus vaccines) for Grade 7 students for whom consent in received, in the school setting three times each school year • Offer immunization clinics (Human Papillomavirus vaccine) for all Grade 8 female students for whom consent in received, in school settings three times each school year

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of 7 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. (Accountability indicator)	85% (2016/17 school year)	90%	Higher
% of 17 year olds who have up to date immunization for tetanus, diphtheria, pertussis, polio, measles, mumps and rubella. (Accountability indicator) 67% (2015/16 school year) 79% (2016/17 school year) same Component of Team #4 Education	79% (2016/17 school year)	Not available	Higher
% of grade 7 male and female students who completed the series of HPV vaccine in that school year (Accountability indicator)	51%(2016/17 school year)	56%	Higher
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year	60%(2016/17 school year)	~65.5%	Higher
% of Grade 7 students who have received meningococcal vaccine in that school year (Accountability indicator)	77%(2016/17 school year)	~81%	Higher

Highlights / Initiatives Planned for 2019

High school clinics are being organized for high schools to decrease volume of students accessing MLHU Immunization Clinic and to reduce the number of students being suspended under ISPA -Continue collaborating with school health team to increase uptake of immunizations provided to students in grade 7 (HPV, Hep B, and Meningococcal) Increase the number of students screened JK to grade 12 in accordance with ISPA
Continue to promote the use of ICON for reporting immunizations (Child care facilities and HCPs)

Program Challenges and Risks
Increase uptake in school clinics will lead to an increase in resource required to run the school program- Increasing the number of students screened under ISPA too rapidly could increase the amount of data entry beyond current capacity which could lead to students being suspended despite providing required documentation

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		2.92	
Program Manager		0.10	
Public Health Nurse		5.34	
		0.00	
		0.00	
		0.00	
Total Program FTE		***8.36***	

Expenditures

	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 597,850		
Benefits			$ 152,580		
Expected Vacancies			$ -		
Travel			$ 5,954		
Program Supplies			$ 50,609		
Board Expenses			$ -		
Staff Development			$ 954		
Occupancy			$ -		
Professional Services			$ 911		
Furniture & Equipment			$ 1,661		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,196		
Total Expenditures	***$ -***	***$ -***	***$ 811,716***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 672,135		
MOHLTC (100%)			$ 49,556		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ 55,619		
Other			$ 34,406		
Total Revenues	***$ -***	***$ -***	***$ 811,716***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Oral Health					467
Standard	School Health		**Director Name**	Maureen Rowlands	
Lead Team	Oral Health		**Manager Name**	Misty Golding	
Supporting Team(s)					

Summary of Program

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 for urgent dental needs in accordance with the Oral Health Protocol (2018). 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.

The Oral Health team screens all grade 7'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.

Program Mandate & Relevant Legislation

School Health Standard
Oral Health Protocol (2018)

Program Management

The program is managed by the Oral Health Team who collaborates with the Child Health Team to conduct work in elementary schools.

Key Partners and Stakeholders

Thames Valley District School Board
London District Catholic School Board
Private Schools
Conseil scolaire catholique Providence
Conseil scolaire Viamonde

Community Needs and Priorities

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.

Target and Priority Populations

JK, SK and Grade 2 students are the priority populations to be screened in schools as set out by the Oral Health Protocol (2018).

JK/SK Students:
• Children 3-5 years of age in Junior and Senior Kindergarten
• Children entering school have often not visited a dental provider and should be screened for urgent dental conditions.

Grade 2 Students:
• Children 7-8 years of age in Grade 2
• Children entering Grade 2 are starting to get their 6-year molars. This is the perfect time to place preventive dental sealants to prevent tooth decay in permanent teeth.

Grade 7 Students:
• Children 12-13 years of age in Grade 7
• Children entering Grade 7 are starting to get their 12-year molars. This is the perfect time to place preventive dental sealants to prevent tooth decay in permanent teeth. Screening children in Grade 7 allow for a final screening before they enter high school an allows the Registered Dental Hygienist to ensure treatment has been initiated prior to high school.

Program Interventions / Components		
1	Dental Screening	Dental screening is provided each school year in all publically-funded elementary schools, some faith based private schools and schools located in neighbouring Indigenous Nations. Registered Dental Hygienists, with support from Certified Dental Assistants, conduct dental screening in all schools. Children are identified as requiring urgent dental care or preventive services and parents are notified by sending dental report cards home from school. Ministry forms are sent home with children who require urgent dental care and Registered Dental Hygienists follow-up on all urgent cases identified. Certified Dental Assistants follow-up on children who require preventive services and offer an appointment at the 50 King Street Dental Clinic.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# and % of eligible students screened	80%	77%	80%
% of publically-funded schools screened	100%	100%	100%
% of children screened that are identified as requiring urgent dental care	11%	11%	10%
% of children screened that are identified as requiring preventive services (dental cleaning, dental sealants, fluoride application)	21%	39%	35%
% of schools classified as High Risk based on dental screening results of Gr 2's	14%	15%	15%
Decay/Missing/Filled rate	0.039	0.04	0.04
% of children absent during the school-based dental screening program	6%	5%	5%
% of children excluded from the school-based dental screening program	14.00%	17.00%	15%

Highlights / Initiatives Planned for 2019

MLHU and Southwestern Public Health are working together to streamline the dental screening processes and forms. MLHU and SWPH want to have similar processes and forms to be consistent across all schools in shared school boards. This will increase efficiencies and build upon relationships with school boards.

Oral Health, Vaccine Preventable Disease and Child Health Teams are working together to streamline work that is done in schools. We have created a centralized booking system for scheduling schools which allows teams to know who is at which school. We have created a school database which allows teams to know who is responsible for each school with contact information.

Program Challenges and Risks

Some school boards require positive consent. This is challenging because it results in less children participating in the dental screening program.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Dental Assistant		1.80	
Dental Hygienist		1.38	
Program Manager		0.30	
		0.00	
		0.00	
		0.00	
Total Program FTE		***3.48***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 225,574		
Benefits			$ 60,323		
Expected Vacancies			$ -		
Travel			$ 4,659		
Program Supplies			$ 14,000		
Board Expenses			$ -		
Staff Development			$ 1,351		
Occupancy			$ -		
Professional Services			$ 151		
Furniture & Equipment			$ 3,728		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 15,798		
Total Expenditures	***$ -***	***$ -***	***$ 325,585***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 325,585		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 325,585***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Vision					468
Standard	School Health		**Director Name**	Maureen Rowlands	
Lead Team	Oral Health		**Manager Name**	Misty Golding	
Supporting Team(s)	Child Health				

Summary of Program

Publically-funded elementary schools participate in the school-based vision screening program. Students in SK are screened in accordance with the Child Visual Health and Vision Screening Protocol (2018). The parents of SK students 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 or at MLHU. Student level data is collected by oral health staff and stored in the ministry application OHISS. Risk factors for amblyopia, stereopsis and/or strabismus and refractive vision disorder are recorded for each child. The need for visual health services is recorded and parents are advised by sending forms home with eligible children.

Program Mandate & Relevant Legislation

School Health: Vision Standard (2018)

Program Management

The Vision Program is managed by the Oral Health Team in collaboration with the Child Health Team.

Key Partners and Stakeholders

Thames Valley District School Board
London District Catholic School Board
Private Schools
Conseil scolaire catholique Providence
Conseil scolaire Viamonde

Community Needs and Priorities

New program
No data available

Target and Priority Populations

SK students are the priority populations to be screened in schools as set out by the Child Visual Health and Vision Screening Protocol (2018).
SK Students:
• Children 4-5 years of age in Senior Kindergarten
• Children entering school have often not visited an optometrist and should be screened for risk factors associated with vision disorders.
• MLHU staff screen children at school using HOTV visual acuity charts with crowding bars, Randot Preschool Stereotests and an Autorefractor.
• Certified Dental Assistants record clinical findings and send vision report cards home with children.

Program Interventions / Components

1	Vision Screening	MLHU staff provide vision screening each school year in all publically-funded elementary schools. Children are assessed for risk factors associated with amblyopia, stereopsis and/or strabismus and refractive vision disorder. Based on the findings, children are identified as requiring visual health services and parents are notified by sending visual health report cards home from school. Ministry forms are sent home with children who require visual health services and Registered Dental Hygienists follow-up on all referrals identified.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
% of eligible students screened	NA	NA	80%
% of publically-funded schools screened	NA	NA	100%
% of children screened at risk for amblyopia	NA	NA	Decrease
% of children screened at risk for stereopsis and/or strabismus	NA	NA	Decrease
% of children screened at risk for refractive vision disorder	NA	NA	Decrease
% of children screened provided with a referral for an optometrist	NA	NA	Decrease

Highlights / Initiatives Planned for 2019

MLHU and Southwestern Public Health are working together to streamline the vision screening processes and forms. MLHU and SWPH want to have similar processes and forms to be consistent across all schools in shared school boards. This will increase efficiencies and build upon relationships with school boards.

Oral Health, Vaccine Preventable Disease and Child Health Teams are working together to streamline work that is done in schools. We have created a centralized booking system for scheduling schools which allows teams to know who is at which school. We have created a school database which allows teams to know who is responsible for each school with contact information.

Program Challenges and Risks

Some school boards require positive consent. This is challenging because it results in less children participating in the dental screening program. This is a new program that requires School Board consent for MLHU staff to perform vision screening.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Vision Screener		0.35	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.35***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 18,745		
Benefits			$ 8,026		
Expected Vacancies			$ -		
Travel			$ 469		
Program Supplies			$ 1,408		
Board Expenses			$ -		
Staff Development			$ 136		
Occupancy			$ -		
Professional Services			$ 15		
Furniture & Equipment			$ 375		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,589		
Total Expenditures	***$ -***	***$ -***	***$ 30,763***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 30,763		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 30,763***	***$ -***	***0%***

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Alcohol and Cannabis					470
Standard	Substance Use and Injury Prevention		**Director Name**	Maureen Rowlands	
Lead Team	Healthy Communities and Injury Prevention		**Manager Name**	Rhonda Brittan	
Supporting Team(s)	Chronic Disease Prevention and Tobacco Control				

Summary of Program

The alcohol program focuses on preventing early onset of use and preventing and minimizing harms. Efforts focus on education and dissemination of evidence based information, creating supportive environments and influencing healthy public policy.

Cannabis for non-medical purposes became legal in Canada in October 2018. 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)
- Brain development impacts from youth and young adult use

These areas are the focus of cannabis program work at MLHU with target populations/stakeholders including youth, parents, young adults, schools, hospitals, workplaces, municipal leaders and places of entertainment. The enforcement of the Smoke-free Ontario Act, 2017 and responding to complaints and inquiries about exposure to second hand smoke and vapour from cannabis use is also a component of this program.

Comprehensive Approach
Led by MLHU, in collaboration with over 50 community partners, The Middlesex-London Community Drug and Alcohol Strategy (CDAS) was launched in October 2018. It is a comprehensive long term strategy with 23 recommendations and 98 actions based on the four pillars approach of prevention, treatment, harm reduction and enforcement. Focus is on all drugs, including alcohol and cannabis but excluding tobacco. *CDAS also identified under Opioids and Other Drugs program.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard (OPHS, 2018)
Chronic Disease Prevention and Wellbeing Standard (OPHS, 2018)
School Health Standard (OPHS, 2018)
Smoke-Free Ontario Act, 2017 (SFOA, 2017) and Ontario Regulation 268/18
The Municipal Act, 2001
The Residential Tenancies Act, 2006
Cannabis Control Act, 2017
Cannabis Licence Act, 2018
Tobacco, Vapour and Smoke Protocol, 2018
Tobacco, Vapour and Smoke Guideline, 2018
Substance Use Prevention and Harm Reduction Guideline, 2018
Chronic Disease Prevention Guideline, 2018
Middlesex-London Community Drug and Alcohol Strategy - A Foundation for Action Report, 2018
Canada's Low Risk Alcohol Drinking Guidelines, Canadian Centre on Substance use and Addiction (guideline not mandate)
Canada's Lower-Risk Cannabis Use Guidelines (LRCUG), Canadian Research Initiative in Substance Misuse/ Centre for Addiction and Mental Health (guideline not mandate)

Program Management

The Healthy Communities and Injury Prevention (HCIP) Team and the Chronic Disease Prevention and Tobacco Control (CDPTC) Team works collaboratively to coordinate efforts and ensure alignment between the Tobacco Control and E-cigarettes program, the Road and Off-Road Safety Program, and the Alcohol and Cannabis Program.

The CDPTC and HCIP Teams work collaboratively with members of the Southwest Tobacco Control Area Network (SWTCAN) Team to ensure the development of consistent "smoke" and "vaping" messages within the southwest region (and across the seven TCANs).

The alcohol and cannabis staff from HCIP and CDPTC act as content consultants within the Health Unit, ensuring consistent messaging and the dissemination of best/promising practices or new evidence across the Health Unit for integration into Teams that work with specific target populations (e.g. Young Adult Team, Reproductive Health, Sexual Health and Clinic Team).

Key Partners and Stakeholders

All Southwest Health Units, Addiction Services of Thames Valley, Southwestern Public Health, Thames Valley District School Board, London District Catholic School Board, Thames Valley Council of Home and School, City of London – Bylaw and Licensing Department, Planning, Parks and Recreation, Building Division, Fire Prevention, Facilities, Finance, Human Resources, Government Relations, Strategic Initiatives, Communications, London Police Services, Regional HIV/AIDS Connection, Southwest Ontario Aboriginal Health Access Centre, London CAReS, London InterCommunity Health Centre, Mission Services of London, Community Members, London Area Network of Substance Users, Downtown London, London Arts Council, Canadian Mental Health Association Middlesex, Old East Village Business Improvement Area, Goodwill Industries, South West Local Health Integration Network, County of Middlesex, Salvation Army Centre of Hope, St. Joseph's Healthcare, London Health Sciences Centre, Middlesex Hospital Alliance, The Centre for Addiction and Mental Health, Western University, Fanshawe College London Police Services, Middlesex County OPP, Strathroy-Caradoc Police Services, Ministry of Finance, Fire Prevention Officers (information sharing, work together during shifts) and, Bylaw Enforcement, Ontario Campaign for Action Against Tobacco, and the AGCO

Community Needs and Priorities

Alcohol is the most prevalent substance used by teens: 43% of students reported 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 Middlesex-London 24% of those 19 years and older reported heavy drinking (five or more drinks for males, four or more drinks for females). 49% of those 19 years and older reported exceeding the low-risk alcohol drinking guidelines (increasing the risk of chronic disease and/or injury) (CCHS 2015/2016)

19% of Ontario grade 7-12 students and 37% of grade 12 students used cannabis in past year (OSDUHS 2017). 45% of Ontario adults report cannabis use in lifetime and 14.5% used in past 12 months. 45% of Ontario cannabis users report moderate or high risk of problems (ASSIST-CIS 4+) (CAMH Monitor 2015). Nearly half (46%) of the Middlesex-London population (19+) has used cannabis in their lifetime and 14% reported use in the previous 12 months in 2015/16 (CCHS). The age group that experienced the highest rates of cannabis-related emergency department visits was 15-19 year olds, followed by 20-34 and then 10-14. (Ambulatory Emergency External Cause [2008-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO). In Middlesex-London, nearly four percent (3.8%) of women who gave birth reported cannabis use during their pregnancy in 2017. This is significantly higher than 2.3% reported in 2013. Middlesex-London had a significantly higher rate of use than its peer group comparator and Ontario. Teenage pregnancy rates have decreased significantly in recent years and the actual number of teenagers who gave birth in Middlesex-London in 2017 was small. (Source: PHU - Pregnancy, BORN Information System, BORN Ontario)

Target and Priority Populations
Cannabis: Special-risk populations have been identified as having higher risks for cannabis-related health problems, including: users with a history or familial history of mental health problems, pregnant and breastfeeding women, and youth under the age of 25 yrs. 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). Youth prevention and young adult “prevescalation” remain priorities. Alcohol: Special-risk populations include youth (1 in 6 students grades 7-12 report binge drinking at least once in the last month and 1 in 7 high school students report drinking hazardously or harmfully. OSDUHS, 2017), those exceeding the low-risk alcohol use guidelines (49% of the ML population 19 years and older report exceeding LRADG), young women and pregnant and breastfeeding women (In 2017, 3.5% of pregnant women in Middlesex-London reported drinking alcohol during their pregnancy. BORN data. FASD is 100% preventable). Canadians with the lowest incomes report less heavy drinking but are more than twice as likely to be hospitalized for conditions entirely caused by alcohol (Canadian Institute for Health Information, 2017). This is often described as the alcohol harm paradox – when deprived communities have higher levels of alcohol-related ill health than people in non-deprived communities, despite drinking the same amounts of alcohol or less.

Program Interventions / Components		
1	Alcohol - Public Education and Awareness	Provide of up to date information and current evidence related to alcohol and reducing alcohol related harms to the general public using website, social media, traditional media, and through communication vehicles within the Workplace Health Promotion Program; Promote and share Rethink Your Drinking campaign messaging related to Low Risk Alcohol Drinking Guidelines; Promote and disseminate Rethink Your Drinking Parents Matter campaign focused on strategies for parents/adults to prevent and delay alcohol and other drug use with children and youth; Provide training to residence advisors at Western University and Fanshawe College related to substance use and substance misuse prevention and response.
2	Alcohol – Creating Supportive Environments	Provide information to organizations applying for Special Occasion Permits regarding minimizing alcohol harms and lowering alcohol liability; 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.
3	Alcohol – Policy Development	Provide consultation support and input into Municipal Alcohol Policies within London and Middlesex County municipalities; Continue to support efforts for healthy public policy to reduce alcohol related harms; CDAS Partnership: as a partner of the collaborative, identify and act on opportunities to influence healthy public policy related to alcohol

Program Interventions / Components (continued)		
4	Cannabis – Public Education and Awareness	Share and disseminate provincially and federally developed messages and resources related to cannabis legalization, harms, minimizing harms; Disseminate the "You Need to Know and the Smoke is Smoke campaign collaterals using paid, earned and social media; Dissemination of the SFOA, 2017 Workplace kit; Working with MLHU Young Adult team on the development of substance use toolkits – cannabis falling within the smoke, e-cig, hookah, chew section; Promotion and dissemination of the Lower Risk Cannabis Use Guidelines; Knowledge exchange regarding current and emerging evidence related to cannabis with health unit teams internally, to healthcare providers, and community partners; Promotion of the new Smoke-free Ontario Act, 2017 and the restrictions on the prohibitions of use of cannabis.
5	Cannabis – Creating Supportive Environments	Ongoing outreach to the City of London and Middlesex County municipalities: increase knowledge about proposed cannabis legalization, municipal implications, identify what kinds of supports or information municipal partners need to transition and best respond to a legalized cannabis market. Workplace and smoke-free housing policy development: in partnership with the SWTCAN, the promotion and dissemination of the updated SFOA 2017 Workplace Kit and the Smoke-Free Housing Toolkit, promoting compliance and the need for smoke-free and vapour-free policies. Cannabis Workplace Forum planned for 2019 – building on 2018 forum, to provide M-L workplaces with information and support related cannabis from a workplace policy perspective.
6	Cannabis – Policy Development	Smoke is Smoke – work with the School Boards regarding updated School Board policy and Codes of Conduct that address Tobacco, Cannabis and Vaping; Continued membership and work with the Ontario Public Health Collaboration on Cannabis – knowledge exchange, group input and advocacy to inform/influence Federal, Provincial and Municipal regulations; Municipal Bylaw Development Support and Consultations – work with the City of London and the municipalities within Middlesex County to amend/enact municipal bylaws that further restrict cannabis use beyond protections provided under the SFOA, 2017.
7	Cannabis and Alcohol –Partnerships and Capacity Building	Cannabis Locally Driven Collaborative Project - Continue to participate as knowledge user looking at evidence-based messaging for young adult age group to prevent/delay initiation and to promote cessation of cannabis use. Middlesex-London Community Drug and Alcohol Strategy - continue to provide leadership to the CDAS in implementing recommendations and priority actions that relate to cannabis and alcohol.

Program Interventions / Components (continued)		
8	Alcohol and Cannabis – Population Health Assessment and Measurement	Cannabis Indicator Development Project - identify a set of common population level cannabis program indicators and outcomes, and identify data gaps to inform Health Unit population health assessment needs, to support the creation of an agency-wide cannabis program logic model.
9	SFOA 2017 Enforcement Partnerships and Collaboration	SW Enforcement Sub-Committee: to facilitate consistent application of the SFOA, 2017; Maintenance and enhancement of relationships with other enforcement agencies (municipal and provincial) through networking and referrals - every municipality has been assigned a TEO lead/point of contact, and participation in monthly teleconference with MOHLTC; OCAT: participation in the OCAT teleconference calls.
10	SFOA 2017 Policy Enforcement	Workplaces/Public Places: complaint based and proactive inspections of workplaces, schools, hospitals, bars, restaurants, public places and outdoor public spaces. The delivery of signage and provision of education regarding employer and proprietor obligations.
11	SFOA 2017 Smoke-free Information Line	Smoke-Free Information Line (phone and email) – triage calls, answering questions, and responding to complaints, referrals and requests for Service.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of Municipal Alcohol Policies (MAP) where evidence based feedback for minimizing alcohol related harms was provided	6 (of 7 with facilities that necessitate a MAP)	None	Contact 9 municipalities. Review on request and provide input where needed
# post-secondary institution Residence Advisors trained re substance misuse	30 RAs (oversee ~1700 students)	38 RAs (oversee ~2000 students)	Maintain
Rate of cannabis-related visits to the emergency department in ML	N/A	74 visits per 100,000 (2017)	Decrease

Performance / Service Level Indicators (continued)

Indicator	2017	2018	2019 (target)
Proportion of the ML population (age 19+) who reported using cannabis in the past 12 months (CCHS)	14% (2015/2016)	14% (2015/2016)	Decrease
Proportion of ON youth (grades 7 to 12) who reported using cannabis within the past 12 months (OSDUHS)	21.3% (2015)	19% (2017)	Decrease
Proportion of ON youth (grades 7 to 12) who reported using alcohol within the past 12 months (OSDUHS)	45.8% (2015)	42.5% (2017)	Decrease

Highlights / Initiatives Planned for 2019

• The promotion and roll-out of the new SFOA, 2017 will continue
• The engagement of municipal partners to prepare for the retail sale of cannabis and to explore the amendment or enactment of municipal bylaws that exceed the protections provided under the new SFOA, 2017
• Public Education and Communication Campaign materials created and placed in 2018 will be used in 2019 to respond to community need to disseminate evidence-informed messages about the potential health risks associated with cannabis use and ways to reduce risk. The development and implementation of a social media strategy targeting older youth/young adults will also be a priority.

Program Challenges and Risks

• The SFOA, 2017 includes the prohibition of use of cannabis (medical and non-medical) and the use of e-cigarettes in all places where tobacco use is already banned. The number of mandated inspections for tobacco and e-cigarette retailers, and the growing demands being placed on the Health Unit's tobacco enforcement team exceeds funding. An expanded mandate has not been matched with additional funding. Public demand for enforcement of cannabis use currently exceeds team capacity.
• The legalization of cannabis is a shared responsibility between the Chronic Disease Prevention and Tobacco Control Team and the Healthy Communities and Injury Prevention Team. Program priorities and staff will need to be flexible to respond to imposed legislative, social norm changes, questions related to health effects and public education, and the anticipated increase in call volume from complaints regarding exposure to drifting cannabis smoke.
• Focus on program interventions and activities addressing alcohol have been impacted by needed increased focus on cannabis.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Health Promoter		0.50	
Program Assistant		0.20	
Program Manager		0.50	
Public Health Nurse		1.15	
Tobacco Enforcement Officer		0.45	
Youth Leaders		0.10	
Total Program FTE		***2.90***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 229,908		
Benefits			$ 58,394		
Expected Vacancies			$ -		
Travel			$ 3,831		
Program Supplies			$ 15,578		
Board Expenses			$ -		
Staff Development			$ 1,126		
Occupancy			$ -		
Professional Services			$ 2,024		
Furniture & Equipment			$ 103		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 3,640		
Total Expenditures	***$ -***	***$ -***	***$ 314,603***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 268,097		
MOHLTC (100%)			$ 45,222		
MCCSS			$ -		
PHAC			$ 1,219		
PHO			$ -		
User Fees			$ 65		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 314,603***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Childhood Injury Prevention						471
Standard	Substance Use and Injury Prevention		**Director Name**	Maureen Rowlands		
Lead Team	Healthy Communities and Injury Prevention		**Manager Name**	Rhonda Brittan		
Supporting Team(s)	Early Years		Child Health		Reproductive Health	

Summary of Program

The Childhood Injury Prevention program covers topics of public health importance including falls and concussions, safe sleep, choking, water safety, the safe use car and booster seats, burns and scalds and poisoning. Public health 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 by internal and external partners across program areas (e.g. Child Safety Middlesex London Coalition). The short term intended outcomes of this program include: increasing community partner/service provider knowledge and consistent application of evidence based information and practices related to preventing childhood injuries; increasing parents/caregivers awareness and knowledge of child injury risk factors and how to prevent injuries in children; increasing community partner capacity to support measures that reduce childhood injury. Medium term intended outcomes include increasing parent/caregiver confidence and ability to institute measures to prevent injury and that subsequently parents and caregivers implement strategies to prevent injuries in children. The long term population level goal is to reduce incidence and severity of childhood injuries.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard (OPHS 2018)
School Health Standard (OPHS, 2018)
Injury Prevention Guideline, 2018
RNAO Best Practice Guideline - Working with Families to Promote Safe Sleep for Infants 0-12 months old, 2014
Ministry of Tourism, Culture and Sport *CONCUSSION GUIDELINES, 2018.
Canadian Guideline on Concussion in Sport, Parachute, 2017
Ontario's Highway Traffic Act R.S.O. 1990, c. H.8 related to use of infant car seats, and booster seats

Program Management

This program is managed by the Healthy Communities and Injury Prevention Team. Collaboration occurs with: Early Years team Child Health Team, Reproductive Health Team and Best Beginnings Teams.

Key Partners and Stakeholders

Child Safety –Middlesex London: Oneida Health Centre; London Police Service; Childreach Resource Centre; Strathroy EarlyON; EMS; Ontario Early Years Perth Middlesex ; London Children's Connection, Early ON; Wortley YMCA Child Care; London Health Sciences Centre ;Thames Valley District School Board (TVDSB); London District Catholic School Board (LDSCB); Health Canada; LMac Community CPR; la Ribambelle; London Fire Department; London French Day Care; YMCA of Western Ontario Children's Services; County of Middlesex

Helmets on Kids Coalition : Ontario Trial Lawyers; EMS; London Police; TVDSB; LDCSB; LHSC; MTO; Brain Injury Association of London

Risk Watch: EMS; London Police; OPP; London Fire; Middlesex Centre Fire; TVDSB; LDCSB; St Thomas Fire; Strathroy Caradoc Police

Drowning Prevention: London Pool and Hot tub Council

Community Needs and Priorities

- Only 29.5% of 4-8 year olds in ON and QC are correctly restrained (Bruce et al. ,2011)
- In the 0-19 age group in 2016 in Middlesex-London, falls were the leading cause of Emergency Department (ED) visits for injury: 4,812 visits per 100,000 populations. (PHO snapshots). • Next to the 75+ age group, the rate of ED visits for falls was highest in the 0-4 years group. Falls on stairs represent about 10% of all falls in this age group.
- In 2017 the highest rates of concussions in Middlesex-London were in the 10-14 and 15-19 age group, each with over 1,200 ED visits per 100,000 population, significantly higher than all other age groups. Those age 5-9 also experienced about 600 visits per 100,000. The rural population had significantly higher concussion rates than the urban population.
- Across Canada - falls and transport related incidents accounted for 81% of concussions that resulted in hospitalizations (Concussions in Canada, Canadian Injury Compass 2013). Brain injuries, including concussions, made up 80% of emergency department visits for sports and recreation-related head injuries for 5- to 19-year-olds.(Government of Canada 2018 Jul 23)
- Canadian data shows that children under the age of 5 are particularly vulnerable to drowning in a backyard pools. Fortunately, between 2008 to 2012, there was 1 drowning death in the 0-19 population in Middlesex-London.

Target and Priority Populations
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 such as booster seats for families in need.

Program Interventions / Components		
1	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 • Continue to promote and distribute "Give your Child a Safe Start" video and resource promoting safety related to falls, burns and scalds, poisoning, choking, car safety, product safety, water safety and safe sleep. Lead and participate in the planning and delivery of annual Safe Kids Week campaign • Review and maintain currency of MLHU website content related to child restraints, falls, poisoning prevention, safe sleep • Continue to use a range of media to support child safety messaging (e.g. print resources, TV, radio, social media)
2	Supportive Environments	• Continue “Kids Need a Boost” program, including distribution of booster seats to families in need. • 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 • Support and participate in 2 car-seat clinics in London and Middlesex to support caregivers to safely install child safety seats. Chair the Infant Safe Sleep Committee (internal) to support accurate and consistent knowledge and practices by staff within the agency and with community partners. • Chair and provide leadership to the Child Safety Middlesex London committee networking, shared resource development, consistent messaging • Distribute product warning and recall notices.
3	Policy and Advocacy	• Identify and act on policy and advocacy windows and priorities related to child safety as appropriate

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of booster seats distributed to families with need	84	53	Maintain and reassess
# of bicycle helmets distributed with Helmets on Kids Coalition to children with need	600	900	Maintain and reassess
Social media metrics for online campaigns: # of impressions, # of engagements	N/A (New indicator)	Safe Kids Week: 25,428 impressions 599 engagements	Increased reach and engagement

Highlights / Initiatives Planned for 2019
Develop evaluation plan for Kids Need a Boost in 2019. This had been intended for 2018 but did not occur related to competing priorities

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.10	
Program Manager		0.10	
Public Health Nurse		1.10	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.30***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 107,950		
Benefits			$ 26,987		
Expected Vacancies			$ -		
Travel			$ 1,447		
Program Supplies			$ 3,220		
Board Expenses			$ -		
Staff Development			$ 680		
Occupancy			$ -		
Professional Services			$ 668		
Furniture & Equipment			$ 73		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 502		
Total Expenditures	***$ -***	***$ -***	***$ 141,527***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 141,527		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 141,527***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Falls Prevention and Healthy Aging				472
Standard	Substance Use and Injury Prevention	**Director Name**	Maureen Rowlands	
Lead Team	Healthy Communities and Injury Prevention	**Manager Name**	Rhonda Brittan	
Supporting Team(s)				

Summary of Program

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 Southwest 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.
Short term intended program outcomes include: increasing older adult knowledge related to risk and protective factors for healthy aging and preventing falls; increasing older adult skill related to healthy aging and reducing fall risk; increasing capacity of community partners to promote healthy aging and falls prevention using evidence and best practice; increasing knowledge among healthcare providers /non-health sector community partners on impact of falls, fall risks and evidence-based fall prevention strategies in older adults; Increasing knowledge of Personal Support Worker (PSW) students on the impact of falls, fall injuries and fall risks in older adults, and strategies that prevent falls. Intermediate intended outcome is to enhance supportive physical environments that promote healthy aging and reduce risk of falls; while the long term population level goal is to promote healthy aging and reduce the frequency, severity, and impact of injuries related to falls in older adults.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard (OPHS, 2018)
Injury Prevention Guideline, 2018
Health Equity Guideline, 2018

Program Management

This program is managed by the Healthy Communities and Injury Prevention Team.

Key Partners and Stakeholders

Canadian Hearing Society, Fanshawe College, Horton Street Seniors Centre, London InterCommunity Health Centre, LHSC, Middlesex London EMS, Osteoporosis Canada, St. Joseph's Health Care London (ConnectCare), St. Joseph's Health Care London (Third Age Outreach), South West LHIN, Home & Community Care, Southwestern Public Health, VON, YMCA, City of London - Age Friendly London representative, CNIB, McCormick Home, Middlesex Hospital Alliance, Multipreneur, Strathmere Lodge, Thames Valley District School Board, Thames Valley Family Health Team, Thehealthline.ca, Western University, Alzheimer Society London & Middlesex, Arthritis Society, Chelsey Park Retirement Community, Grand Wood Park apartments & Retirement Residence, Loblaw Greatfood, London Audiology Consultants, March of Dimes Canada, South London Neighbourhood Resource Centre, Waverley Retirement Residence, Westervelt College, Southwest Ontario Fall Prevention Network

Community Needs and Priorities

Falls are the leading cause of injury related hospitalizations and emergency department (ED) visits in Middlesex-London at 3,503/100,000 in 2016 (Middlesex-London Community Health Resource). Both fall-related deaths and emergency department visits increase sharply after the age of 75. About 1 in 10 people over the age of 75 visited the ED for a fall in 2017 in Middlesex-London. On average 215 people per 100,000 people aged 75 and older died from a fall each year between 2010 and 2012.

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).

Target and Priority Populations

Adults 65 years & older

- The 65 and older age group in Middlesex-London is expected to grow 118.8% between 2011 and 2036, more than doubling in the 25-year time frame. In London, the number of people 65 years and older will more than double from 60,000 in 2006 to 140,000 in 2036 (Middlesex-London Community Health Resource).
- Statistics showed that falls were the leading cause of death, hospitalizations and ED visits in unintentional injuries in Middlesex-London. The age-specific rates of hospitalizations increased dramatically after age 64 (Middlesex-London Community Health Resource).

Program Interventions / Components		
1	Awareness and Education	• Provide evidence based messaging and resources related to falls prevention and healthy aging on MLHU website. • With community partners, plan community activities targeted and awareness and education in Middlesex-London with particular focus on Fall Prevention Month in November • As part of SW Fall prevention network: Develop/adapt and disseminate information and tools, including written and online resources, to older adults and health care providers related to: general fall prevention strategies, activities and exercises for older adults to maintain strength and physical activity, screening for fall risk • Share printed resources with and among local community partners to promote consistent evidence informed messaging in fall prevention • Continue to provide the 'Step Ahead to Fall Prevention in Older Adults' PSW education program in 2019.
2	Supportive Environments	• Chair and provide leadership to the Middlesex-London Fall Prevention Collaborative supporting networking, shared resource development and consistent messaging. • Participate in the Southwest Ontario Fall Prevention Network for networking, shared resource development and consistent messaging, • As part of Age Friendly London Community Support & Health Services workgroup: participate in actions that improve older adult awareness of existing programs and services that support healthy aging. • As part of Age Friendly London Outdoor Spaces and Buildings working group: participate in actions that influence neighbourhood design to support aging in place, Increase the age friendliness of parks, pathways, and trails,
3	Policy development	• Provide input and support as appropriate toward the implementation of the Age Friendly London 3-year Action plan • Identify and act on other policy windows and priorities related to fall prevention and healthy aging as appropriate

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of PSW students receiving Step Ahead training	30 students trained	31 students trained	maintain and re-assess
# of participants and # of community partner organizations supporting Stepping Out Safety event	~ 100 participants ~ >10 organizations	90 participants 14 organizations	increase

Highlights / Initiatives Planned for 2019

Evaluate 'Step Ahead to Fall Prevention in Older Adults' PSW education program to inform future planning.

Within MLHU and community partner capacity, implement Fall Prevention month engagement and activities/events not only in London, but also in Middlesex County.

Program Challenges and Risks

It is known through the literature that effective fall prevention strategies are complex and multi-factorial, necessitating commitment from a broad range of stakeholders and sectors.

Further information is needed, including data and evidence of effective strategies to identify priority populations and reduce fall risk and prevalence in priority populations

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.10	
Program Manager		0.10	
Public Health Nurse		1.10	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.30***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 109,620		
Benefits			$ 27,279		
Expected Vacancies			$ -		
Travel			$ 1,447		
Program Supplies			$ 3,220		
Board Expenses			$ -		
Staff Development			$ 680		
Occupancy			$ -		
Professional Services			$ 668		
Furniture & Equipment			$ 73		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 502		
Total Expenditures	***$ -***	***$ -***	***$ 143,489***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 143,489		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 143,489***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Opioids and Other Drugs						474
Standard	Substance Use and Injury Prevention		**Director Name**	Stephen Turner		
Lead Team	Sexual Health		**Manager Name**	Shaya Dhinsa		
Supporting Team(s)	Healthy Communities and Injury Prevention					

Summary of Program

The primary goal of the Opioid and Other Drugs Program is to reduce the burden of illness relating to substance use.

Program interventions include:
- Needles Syringe Program
- Naloxone Program
- Temporary Overdose Prevention Site
- Health Promotion Campaign
- Community Drug and Alcohol Strategy

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard
Infectious and Communicable Disease Prevention and Control Standard
Infectious Diseases Protocol, 2018 (or as current)
Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol.
Substance Use Prevention and Harm Reduction Guideline, 2018 (or as current)
Middlesex-London Community Drug and Alcohol Strategy – A Foundation for Action (2018)

Program Management

The Opioids and Other Drugs Program is managed by the Sexual Health Team in collaboration with the Healthy Communities and Injury Prevention Team.

Key Partners and Stakeholders

Regional HIV/AIDS Connection (RHAC), My Sisters' Place, Coffee House-CMHA, Mission Services Community Mental Health Program, local pharmacies, some first nations, London Intercommunity Health Centre, Addiction Services Thames Valley, London Cares, Southwest Ontario Health Access Centre, and Canadian Mental Health Association, City of London, London Police Service, London Cares, Southwest LHIN, London Health Sciences Centre, EMS, Elgin Middlesex-Detention Centre, Community Mental Health Services, Downtown London, London Arts Council, Old East Village Business Improvement Area, Goodwill Industries, Salvation Army Centre of Hope

Community Needs and Priorities

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. London faces a severe drug crisis. Four hundred lives have been lost to overdose in the past decade. January 2018 saw 10 overdose deaths in London – more than any previous month in history. The number of Emergency Department visits has generally been higher than the provincial average since 2004, and has been increasing since 2014. There were 188 overdose-related Emergency Department visits in 2016.

The crisis has had a substantial impact on emergency responders. In 2013, Middlesex-London EMS responded to 602 drug overdoses-related calls, averaging more than one per day. Between 2008 and 2012, London Police Services responded to an average of 730 incidents per year related to drug possession. Historically, there has been a high prevalence of people who use drugs in London's public spaces. Of 199 people surveyed in London's Feasibility Study, 72% reported injecting drugs in public spaces. Public drug use also presents potential harm to people who use drugs. It often results in unsafe consumption practices, which can increase the risk of overdose death and the spread of diseases such as HIV.

Needle waste is an important community concern. In 2016, there were over 3 million needles distributed in London, while only 1.8 million used needles were returned. CTS services are expected to help increase this return rate, and will complement other enhancements that have been made to needle collection services.

The harms associated with drug use are important to consider in light of the public health crisis related to opioids in Ontario there has been an increase over time in emergency department visits both for poisonings and related mental or behavioural disorders. It is worth noting that rates of ED visits in Middlesex County are lower than Ontario and the difference is statistically significant. Opioid ED visits have not shown a statistically significant increase between 2004 and 2017 in Middlesex County. This is a marked difference from the trend seen in Ontario and surrounding communities.
The Middlesex-London Community Drug and Alcohol Strategy has identified 23 recommendations and 98 associated actions to prevent and address substance related issues in London and Middlesex. 59 priority actions have been identified for focus over the next 3 years of the CDAS.

Target and Priority Populations
People who use Drugs: London has a large population of injection drug users, believed to be one of the largest in the country relative to its population. While the exact size of the population of people who inject drugs (PWID) remains largely unknown, it has been estimated that there are approximately 6,000 PWID in London (about 2% of London's total population of 385,000) (Middlesex-London Health Unit, 2017). There are inequities influenced by the social determinants of health, that put certain groups are more at-risk for problematic substance use and disproportionate harm. These groups include: • People who are unstably housed or homeless • Those with mental health problems • People with a history of trauma • Lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ2+) youth • Indigenous persons • Populations in correctional facilities

Program Interventions / Components		
1	Needle Syringe Program	• Provides anonymous access to clean needles/syringes and other injection equipment such as safer inhalation and naloxone kits • Accepts used needles/syringes and other equipment • MLHU provides funding to the Regional HIV/AIDS Connection who supports the Counterpoint Needle Exchange Program. The Middlesex-London Health Unit hosts 2 satellite harm reduction sites. My Sister's place also has a satellite site.
2	Naloxone Program	• Provide training to 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. • Develop service agreements with eligible organizations • Provide quarterly reports to the Ministry • Deliver training to clients on how to administer Naloxone • Provides naloxone to clients

Program Interventions / Components (continued)		
3	Temporary Overdose Prevention Site	• Provide a supervised and hygienic space for people who use drugs (PWUD) to use their drugs • Provide a space for clients to connect with community services (e.g. housing supports, mental health, addiction services) and peer support services as requested • Provide referral to health and social services in the community as needed • Establish trusting relationships with clients • Provide access to Naloxone • Provision of harm reduction supplies, including, but not limited to needles, syringes and other safe drug use equipment
4	Health Promotion Campaign	• Currently there is public health harm reduction campaign being developed by responding to research that demonstrates that heating an opioid drug wash can reduce the transmission of infective agents that cause the spread of disease (HIV; HCV; IE; iGAS) among PWID. To facilitate this purpose, the project will solicit information from two target populations with lived experience, front line staff (FLS) at service provider agencies who work directly with, and support PWID; and PWID peers whose drug of choice are opioids.
5	Community Drug and Alcohol Strategy	• Support training opportunities for health and other professionals about addiction, harm reduction, and injection drug use. • Provide opportunities for community members and organizations to learn about substance use, harm reduction, addictions and stigma around drug use. • Advocate for and support cultural safety and trauma-informed care training to agencies and organizations • Increase public awareness of existing treatment information and pathways to treatment services in Middlesex-London

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of CDAS priority actions underway	N/A	21/59	increase
# of Naloxone kits provided/successful resuscitations	128/23	2,381/355	2000
# visits to NEP, # needles and syringes distributed, # returned to the Needle Exchange Program at MLHU	2305/256,271/117,151	1,840/209,583/64,379	2000/200,000/80,000

Highlights / Initiatives Planned for 2019

• Health promotion strategy to increase awareness about the benefits of safe injection preparation practices. May also apply results from this project to advocate for potential modification of harm reduction kit inventory provided by the Ontario Harm Reduction Distribution Program
• Continued work on establishing permanent locations for Supervised Consumption Facilities
• Need to increase the availability of harm reduction supplies across London and Middlesex County
• CDAS moves to implementation. A 0.5 FTE coordinator will be hired to coordinate this work.

Program Challenges and Risks

• Successful implementation of the CDAS will be dependent on ongoing commitment of partners and collaboration among sectors
• The applications for zoning of the permanent sites will proceed to City Council for consideration once the appeal to the Official Plan amendments is resolved

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Community Drug and Alcohol Coordinator		0.50	
Community Outreach and Harm Reduction Program Lead		0.90	
Health Promoter		0.50	
Outreach Worker		1.80	
Program Manager		0.60	
Public Health Nurse		3.00	
Total Program FTE		***7.30***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 564,553		
Benefits			$ 144,328		
Expected Vacancies			$ -		
Travel			$ 6,071		
Program Supplies			$ 117,749		
Board Expenses			$ -		
Staff Development			$ 2,841		
Occupancy			$ -		
Professional Services			$ 229,828		
Furniture & Equipment			$ 2,113		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 10,529		
Total Expenditures	***$ -***	***$ -***	***$ 1,078,012***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 667,690		
MOHLTC (100%)			$ 221,763		
MCCSS			$ -		
PHAC			$ 33,771		
PHO			$ -		
User Fees			$ 154,788		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 1,078,012***	***$ -***	***0%***

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Road and Off-Road Safety				475
Standard	Substance Use and Injury Prevention	**Director Name**	Maureen Rowlands	
Lead Team	Healthy Communities and Injury Prevention	**Manager Name**	Rhonda Brittan	
Supporting Team(s)				

Summary of Program

MLHU work in Road and Off-Road safety is accomplished in collaboration with community partners as part 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 13 years and has co-chaired the Committee for the past 11 years.

MLHU is a signatory to, and LMRSC partners are the primary implementation body for, the London Road Safety Strategy, 2014-2019 (LRSS). Middlesex County partners are part of this work. A comprehensive review of the 4-year traffic collision history (2008-2011) combined with several forms of public input led to the identification of 6 focus areas: Intersections; • Distracted and Aggressive Driving; • Young Drivers; • Pedestrians; • Cyclists; and • Red Light Running . The City of London has recently adopted Vision Zero, which is currently integrated as part of the LRSS work.

MLHU also plays a lead role in the Active and Safe Routes to School (ASRTS) coalition which is focused on active and safe school travel. Short term intended program outcomes include: Drivers have increased awareness of collision risk factors (specifically cannabis, alcohol use and driving, distracted driving); Drivers have awareness of laws and use of driving infrastructure that increases road safety (e.g. posted speed limits, how to drive at a PXO); Cyclists have awareness of laws and driving infrastructure that increases road safety; Children and parents have increased knowledge related to pedestrian, cycling and road safety. Intermediate intended program outcomes include: increased public awareness of the risk and protective factors associated with road and off-road injuries; Increased awareness and shift attitudes of young adults related to distracted driving; pedestrians and cyclists have knowledge and capacity to adopt behaviours that decrease chance of injury; community partners have the knowledge and capacity to adopt policy and put in place infrastructure that creates safer road and off-road environments for drivers and vulnerable road users. The long term program goal is to reduce the incidence and burden of preventable road and off-road related injuries.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard (OPHS, 2018)
London Road Safety Strategy (LRSS) 2014-2019
Canada's Road Safety Strategy 2025: Towards Zero - The Safest Roads in the World (2016)

Program Management

The Road and Off-Road Safety Program is managed by the Healthy Communities and Injury Prevention Team. The Child-Health team supports the implementation of Active and Safe Routes to School and school travel planning.

Key Partners and Stakeholders

CAA, TREA, City of London, London Emergency Medical Service EMS, London Health Sciences Centre LHSC, London Police Service LPS, Middlesex County, Ministry of Transportation, Ontario Provincial Police, Strathroy-Caradoc Police Service, Western University, 3M Canada Company, Young Drivers of Canada, Chatham-Kent Public Health Unit, Grey Bruce Health Unit, Huron County Health Unit, Lambton Public Health, London Health Sciences Centre -Children's Hospital, Parachute, Perth District Health unit, SouthWestern Public Health, Windsor-Essex County Public Health Unit, Windsor Regional Hospital, bicycle club, London Urban League, London Cycle Link, Can-Bike, Human Environments Analysis Laboratory, Thames Valley District School Board, London District Catholic School Board, Student Transportation Services, City of London, City of St. Thomas, Counties of Oxford, Elgin, and Middlesex, Child and Youth Network-City of London, Green Communities Canada, Thames Region Ecological Association, TVPIC (Thames Valley Parent Involvement Committee), LDCSB PIC (London District Catholic School Board Parent Involvement Committee), Thames Valley Council of Home and School Associations, London Middlesex Road Safety Committee

Community Needs and Priorities

In 2017, the rate of land transport related injuries seen the emergency department (ED) was 901.1 per 100,000 - this rate is significantly higher than both Ontario and Peer Group health units. The rural population had a higher rate than the urban population. Males and those in the 20-44 age group had significantly higher rates of ED visits related to land transport related injuries than other groups. Collision related cyclist injuries seen at the ED were at a rate of 186.6 per 100,000 and pedestrian injuries were 58.4 per 100,000 (2015-2017 average).
In 2013/14 in Middlesex-London the proportion of people who reported that they had been driving after consuming two or more drinks in the hour before driving was 3.2%. In 2013/14, 9% of drivers in grades 10-12 in Erie St Clair + SW LHINs (combined) drove within one hour of using cannabis at least once during the past year.

Target and Priority Populations
According to Vision Zero, the most high priority populations are vulnerable road users, specifically pedestrians and cyclists. Youth/young adults: 16-24 year old age group are involved in the largest proportion of collisions (CIMA, City of London 2012); 20-24 year olds have the highest rate of ER visits due to motor vehicle collision (MVC) injury (IntelliHEALTH Ontario 2013); 18-30 years old had the highest documented MVC-related calls to EMS, as driver or passenger which amounted to 26% of all calls (EMS, 2016).

Program Interventions / Components		
1	Education & Awareness	• Continue to promote existing distracted driving media messages and campaigns at the local level (MTO and CAA messages, local Buckle-Up Phone Down campaign) • With partners, continue to promote messaging and campaigns related impaired driving – cannabis, alcohol and other drugs • Continue to work with local stakeholders to provide education to drivers, pedestrians and cyclists re use of road infrastructure such as bicycle infrastructure, pedestrian cross overs (PXOs) through social media, traditional media, signs/visual promotion materials, existing tools such as “Tony the Streetwise Cat” videos to schools and general public • Disseminate safer driving messaging such as distracted driving, winter driving safety to workplaces through MLHU workplace newsletter. • In collaboration with partners plan and implement Winter driving campaign
2	Policy & Build 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. Support safe and active school travel related program initiatives in school communities as lead of Active and Safe Routes to School.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
Social media campaign metrics (# of impressions, # of engagements)	N/A	Pedestrian Cross Over Campaign : 286,817 impressions 174,655 engagements	maintain
Proportion of students (grade 10-12 licenced drivers) who report driving with 2 hours of consuming cannabis.	9% (2017 ODSUS Erie St Clair + SW LHINs combined)	9% (2017 ODSUS Erie St Clair + SW LHINs combined)	decrease

Highlights / Initiatives Planned for 2019

Continue collaborative work focused on addressing areas of program need including distracted driving, impaired driving (cannabis, alcohol), school travel planning.

Program Challenges and Risks

• Funding for LMRSC road safety campaigns is historically afforded through different Ministry of Transportation grants, e.g. Road Safety Community Partnership Program RSCPP. If these opportunities decrease or no longer exist, this will affect program delivery.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.10	
Program Manager		0.10	
Public Health Nurse		1.40	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.60***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 134,694		
Benefits			$ 31,263		
Expected Vacancies			$ -		
Travel			$ 1,781		
Program Supplies			$ 3,963		
Board Expenses			$ -		
Staff Development			$ 837		
Occupancy			$ -		
Professional Services			$ 822		
Furniture & Equipment			$ 90		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 618		
Total Expenditures	***$ -***	***$ -***	***$ 174,068***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 174,068		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 174,068***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Southwest Tobacco Control Area Network						476
Standard	Substance Use and Injury Prevention		**Director Name**	Maureen Rowlands		
Lead Team	Southwest Tobacco Control Area Network		**Manager Name**	Donna Kosmack		
Supporting Team(s)						

Summary of Program

The SW Tobacco Control Area Network (TCAN) is a regional collaborative that focuses on nicotine addiction to improve population health. The TCAN's vision is to create a SW ON free from nicotine addiction and tobacco related death and disease. Cigarette smoke contains more than 7,000 chemicals and impacts almost every organ of the body, contributing to chronic diseases such as cancers, heart and lung diseases. Even people who do not smoke are affected by the harms of tobacco through exposure to second-hand and/or third-hand smoke.

The SW TCAN coordinates the implementation of the Smoke-Free Ontario Strategy in the SW region of Ontario. Through coordination and collaboration, the TCAN ensures consistent enforcement of the Smoke-Free Ontario Act, 2017 across the region and provincially. The TCAN also provides support with collaboration and capacity building offering orientation to new staff in partner PHUs and creating opportunities for knowledge exchange. Lastly, the TCAN leads the development, implementation and evaluation of social marketing and public education campaigns. Campaigns focus on the cessation, prevention, and protection of both tobacco and vaping products.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard, 2018
Chronic Disease Prevention and Well-Being Standard, 2018
Smoke-Free Ontario Act, 2017 (SFOA, 2017) and Ontario Regulation 268/18
The Municipal Act, 2001
Tobacco and Vaping Products Act (Federal), 2018
Tobacco, Vapour and Smoke Guideline, 2018
Substance Use Prevention and Harm Reduction Guideline, 2018
Chronic Disease Prevention Guideline, 2018
Training documents and guidelines provided to provide Enforcement oversight from MOHLTC to public heath units

Program Management

The Southwest Tobacco Control Area Network manages the Program and works collaboratively with the Chronic Disease Prevention and Tobacco Control Team and Healthy Communities and Injury Prevention Team at MLHU and with Public Health Units across Southwestern Ontario and provincially.

Key Partners and Stakeholders

Cancer Care Ontario- Aboriginal Tobacco Program, Ontario Coalition for Smoke-free Movies, Smoke-Free Ontario Housing Coalition, Leave the Pack Behind, Ontario Campaign for Action Against Tobacco, Provincial Young Adult Prevention Advisory Group, You Can Make It Happen Provincial Committee, Smokers' Helpline- Canadian Cancer Society, Ontario Lung Association, Heart and Stroke Foundation of Ontario, Ontario Tobacco Research Unit, Public Health Ontario, and other TCANs.

Community Needs and Priorities

Prevention:

Young Adults

The lifetime abstinence rate for males in the southwest 12-18 years is 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.

Youth

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).

In CA, 49% of under-aged youth got them from a retail source (CTADS 2015).

Cessation:

The South West TCAN continues to grow in population and has a population of 1,544,269 in 2011 according to Census Canada. Overall, southwest region has a higher rate of current smoking compared to the overall Ontario average, with five public health unit regions currently experiencing higher than Ontario rates of current smoking (CCHS, 2009). Current Smoking Prevalence for those ages 12+ in the SW TCAN is 20.1% (CCHS, 2009).

65% of current smokers in Ontario intend to quit within the next six months (CTUMS, 2012). Of the percentage of people who smoke and recent quitters the age group with the highest percentage of quit attempts was 15-19, followed by 20-24. Quit attempts generally decreased with age (CTUMS 2010), Propel 2012). Ontarians 18+ were advised by their physician (57%), dentist (45%) to quit smoking. (CTUMS, 2012)

According to CTUMS, in 2012 only 57% of physicians advised individuals to reduce or quit smoking; and only 45.4% indicated that their dentist had advised them to reduce or quit smoking.

Protection:

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)

Increased awareness of the harmful effects of second and third hand smoke and the implementation of smoke free housing policies will help to further protect residents. The goal is to increase and demand for smoke-free housing options in the SW TCAN. Smoke-free Ontario Scientific Advisory Group (2010) & MLHU Building the Case for Smoke-Free Public Outdoor Spaces: Technical Report (November, 2011)

Target and Priority Populations
Those living in multi unit housing, individuals who work in blue collar workplaces, alternative youth and young adults, particularly young adult males, and those that are inequitably burdened with higher rates of tobacco addiction including those living with low income, those living with mental illness, and members of the LGBTQ community.

Program Interventions / Components		
1	Tobacco Protection Policy enforcement	SW TCAN workplace kit will be provided to 100% of complaints in the SW TCAN to ensure consistent enforcement of the *SFOA, 2017*. 200 proactive inspections will be completed in the SW TCAN region in 2019 by the 8 health units within the TCAN region. Implement a campaign in October (during Canada's Healthy Workplace Month) to provide education to workplaces regarding the *SFOA, 2017*. Goal will be to increase awareness and compliance with the Act.
2	Tobacco Protection- Multi Unit Housing Coalition building	SW TCAN Manager chairs the Smoke Free Housing Ontario Coalition and the SW TCAN admin assists with maintaining the provincial website.
3	Tobacco Protection- Multi Unit Housing Social marketing	SW TCAN multi Unit housing kit will be provided to 100% of complaints in the SW TCAN to ensure consistent enforcement of the *SFOA, 2017*. 200 proactive inspections will be completed in the SW TCAN region in 2019 by the 8 health units within the TCAN region. Implement a campaign in October (during Canada's Healthy Workplace Month) to provide education to workplaces regarding the SFOA, 2017. Goal will be to increase awareness and compliance with the Act.
4	Tobacco Cessation- Health Care Provider Outreach	Healthcare Provider – You Can Make It Happen (YCMIH) YCMIH is a provincial campaign that aims to build capacity among health care providers and social service providers to implement brief contact interventions with their clients/patients. SW TCAN Manager is a member of the provincial You Can Make It Happen committee. Committee uses common materials and a website to support health care providers (HCPs) to promote cessation using best practice evidence. The TCAN will reach out to at least 200 health care/social service providers with training and supports to enhance their capacity to provide BCI to their clients/patients.

Program Interventions / Components (continued)		
5	Tobacco Cessation- Provincial Campaigns - Social marketing	Promotion of Provincial Campaigns (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 Smokers' Help Line/FWCC to tailor the ads accordingly. The SW TCAN will promote the WuR contest in Nov/Dec 2019 in conjunction with Leave the Pack Behind. The TCAN will evaluate the work done in past years to determine strategy for promotion.
6	TCAN Leadership	SW TCAN Manager chairs the SW TCAN Steering Committee which brings together all 8 SW PHUs monthly for knowledge exchange and decision making SW TCAN YDS chairs the Youth Prevention Subcommittee which brings together all 8 PHU Youth Engagement Coordinators monthly to implement TCAN prevention projects and engage in knowledge exchange. TCAN Facilitates Cessation, Enforcement and Tobacco-Free Spaces and Policy Subcommittees to meet by-monthly to implement regional initiatives and engage in knowledge exchange. TCAN Manager and YDS meet by weekly with the other TCAN staff from the 6 other TCANs in ON to ensure provincial collaboration. Both the SW TCAN Manager and YDS are members of multiple provincial committees that guide the implementation of provincial work being done by the partners working in tobacco control in Ontario.
7	Tobacco prevention- Young Adults	Collaborate with the Provincial Young Adult Prevention Advisory Group for KE&T regarding effective comprehensive approaches to reduce tobacco use among Ontario young adults. In 2019 the group will be looking at moving beyond knowledge exchange and will be exploring a province wide campaign. The SW TCAN will also implement a campaign in the SW TCAN developed in previous years called Dog and Tom. Campaign will consist of posts and ads on Instagram and in person experiential events across the SW TCAN region.
8	Prevention – Smoke-Free Movies	The TCAN Manager co-chairs the Ontario Coalition for Smoke-Free Movies and the YDS is also a member. The YDS is also a member of the Hey Parents Working Group. Through collaboration with these groups the TCAN will use common materials and activities that promotes www.smokefreemovies.ca to increase awareness about the issue of smoking in the movies.

Program Interventions / Components (continued)		
9	Tobacco Prevention- Uprise	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 will continue to provide leadership to evaluate and implement the Uprsie project across Ontario targeting Alternative Youth who are 2.3X more likely to use tobacco products as compared to the average teen.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# of multi unit housing (MUH) properties that adopt a smoke-free policy	11	98	increase by 15
Proportion of males 19-24 yrs. old who live in the SW TCAN region who have reported a lifetime abstinence from tobacco products.	58.2% CCHS, 2014	58.2% CCHS, 2014	To increase abstinence rates by 5% by 2025
Proportion of alternative youth aged 13-18 years surveyed in SW/CW ON exposed to the Uprise campaign who are more likely to show negative attitudes toward the tobacco industry.	Tobacco companies lie (79% exposed VS 68% unexposed) Taking a stand against the tobacco industry is important to me' (78% exposed vs. 65% unexposed) *Statistically significant	N/A Evaluation done every other year	To increase from 2017
% of people who are aware that the more youth see smoking in movies the more likely they are to start.	N/A (not done in 2017)	73% (using Carrot)	Increase from 2018
# total of Health Care Providers who are members of the cessation community of practice in each of the 9 TCAN health units	428	389	409 (increase by 20 new members)

Highlights / Initiatives Planned for 2019

• The promotion and roll-out of the new *SFOA, 2017* will continue
• Young Adult Male campaign (18 to 24 yrs.) will be implemented across SW TCAN to prevent tobacco use initiation and “prevescalation”
• Evaluation of the Uprise project to inform future planning

Program Challenges and Risks

• Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on the TCAN budget.
• The *SFOA, 2017* includes the prohibition of use of cannabis (medical and non-medical) and the use of e-cigarettes in all places where tobacco use is already banned. The TCANs role has been expanded in the last couple years to include work on electronic cigarettes, but it is unclear if TCAN staff should expand their scope to include cannabis. As Cannabis is included in the *SFOA 2017,* discussions regarding enforcement issues are taking place at the TCAN Enforcement Subcommittee.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Manager		1.00	
Program Assistant		0.40	
Regional Youth Specialist		1.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.40***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 187,796		
Benefits			$ 45,181		
Expected Vacancies			$ -		
Travel			$ 5,000		
Program Supplies			$ 158,243		
Board Expenses			$ -		
Staff Development			$ 1,500		
Occupancy			$ -		
Professional Services			$ 38,780		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ -		
Total Expenditures	***$ -***	***$ -***	***$ 436,500***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ -		
MOHLTC (100%)			$ 436,500		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 436,500***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Tobacco Control and Electronic Cigarettes						477
Standard	Substance Use and Injury Prevention		**Director Name**	Maureen Rowlands		
Lead Team	Chronic Disease Prevention and Tobacco Control		**Manager Name**	Linda Stobo		
Supporting Team(s)						

Summary of Program

The Tobacco Control and Electronic Cigarettes Program is a comprehensive tobacco control program that receives both cost-shared funding and 100% funding that aims to address the burden of tobacco and nicotine addiction within Middlesex-London. Cigarette smoke contains more than 7,000 chemicals and it impacts almost every organ of the body, contributing to chronic diseases such as cancers, heart and lung diseases, and other disease. Even people who do not smoke are affected by the health harms of tobacco through exposure to second-hand and/or third-hand smoke. Tobacco use is the leading cause of preventable disease and premature death in Ontario. Every day, tobacco kills more Ontarians than alcohol, illegal drugs, injuries, death by suicide and homicide combined.

Electronic cigarettes (also called vapour products) have become widely available, are extensively promoted/marketed by the industry, and are growing in popularity, especially among youth and young adults. Evidence on the risks and benefits of e-cigarettes is still emerging. The risks of exposure to e-cigarettes' second-hand vapour are uncertain at this time. There is substantial evidence that the use of vapour products by youth and young adults increases their risk of initiating cigarette smoking over time. The role that vapour products play in initiating cannabis use among youth is unclear, however, 28% of those who had used cannabis in 2017 reported using a vaporizer to consume cannabis, including 33% of youth aged 15 to 24 yrs.

The program aims to,
- Prevent the initiation of tobacco use and to prevent the initiation of use of vapour products
- Increase the number of people who quit smoking
- Protect people from exposure to second-hand smoke
- Reduce exposure to the use of vapour and tobacco products to normalize a smoke-free and vapour-free culture
- To counter tobacco and vapour product industry marketing with evidence-informed strategies to increase knowledge of the dangers of tobacco use and the potential risks associated with vapour product use.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard
Smoke-Free Ontario Act, 2017 (SFOA, 2017) and Ontario Regulation 268/18
The City of London, the Municipality of Strathroy-Caradoc and the Township of Lucan-Biddulph tobacco-related bylaws
The Municipal Act, 2001
The Residential Tenancies Act, 2006
Tobacco and Vaping Products Act (Federal)
Tobacco, Vapour and Smoke Protocol, 2018
Tobacco, Vapour and Smoke Guideline, 2018
Substance Use Prevention and Harm Reduction Guideline, 2018
Chronic Disease Prevention Guideline, 2018
Tobacco, Vapour and Smoke Compendium (Confidential Enforcement Guideline)
Training documents and guidelines provided to provide Enforcement oversight from MOHLTC to public heath units

Program Management

The Chronic Disease Prevention and Tobacco Control Team manages the program and works collaboratively with members of the Southwest Tobacco Control Area Network Team to implement regional tobacco control and e-cigarette program priorities within the Middlesex-London community. The tobacco staff on the Chronic Disease Prevention and Tobacco Control Team act as tobacco and vapour product content consultants within the Health Unit, ensuring consistent messaging and the dissemination of best/promising practices or new evidence across the Health Unit for integration into Teams that work with specific target populations (e.g. Best Beginnings, Reproductive Health and the Early Years). They also work with the Healthy Communities and Injury Prevention Team to coordinate efforts with the alcohol and cannabis program staff and the workplace health promotion program coordinator and the Child Health and the Young Adult Teams to coordinate efforts with the school health program staff.

Key Partners and Stakeholders

City of London, County of Middlesex and the eight lower tier Municipalities, St. Joseph's Healthcare, London Health Sciences Centre, Middlesex Hospital Alliance, Southwest Community Care Access Centre, CCS- Smokers' Helpline, Canadian Mental Health Association, London Intercommunity Health Centre, Southwest Regional Cancer Program, the Centre for Addiction and Mental Health (partnership agreement in place), Ontario Coalition for Smoke-free Movies, Smoke-Free Housing Ontario Coalition, Western University, Fanshawe College and Leave the Pack Behind, London Police Services, Middlesex County OPP, Strathroy-Caradoc Police Services, Ministry of Finance, Fire Prevention Officers, Ontario Campaign for Action Against Tobacco, Thames Valley District School Board, London Catholic District School Board, and the Provincial Young Adult Prevention Advisory Group

Community Needs and Priorities

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).

For youth 12 -18 yrs., smoking prevalence is ~9% in ML (CCHS, 2011/12). 7% of grade 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 a 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).

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 water pipe 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 is 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).

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). 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 2016, 11% of workers aged 18 years or older were exposed to second-hand smoke in the past week indoors at work or inside a workplace vehicle (OTRU, 2018). In 2015, 16% of Ontarians aged 12 years and older were exposed to SHS in public places (restaurants, bars, shopping malls and arenas), a significantly greater proportion of 12 to 18 year olds were exposed (30%)(CCHS, 2015).

Target and Priority Populations
Those living in social housing, individuals who work in blue collar workplaces, children, youth and young adults, and those that are inequitably burdened with higher rates of tobacco and nicotine addiction including those living with low income, those living with mental illness, and members of the LGBTQ community.

Program Interventions / Components		
1	Tobacco Cessation Social Media and Communication Campaigns	Promote and disseminate new and existing cessation campaign materials and information, in collaboration with the SWTCAN Cessation Sub-Committee: including Personal Quit Stories, 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.
2	Tobacco Cessation - Quit Clinic	Deliver behavioural interventions, combined with the provision of nicotine replacement therapy to priority populations, including: LGBTQ; low income; individuals living with mental health challenges; outpatients and discharged patients from St. Joseph's Healthcare and London Health Sciences Centre (including London Regional Cancer Centre) through established referral mechanisms; residents in long-term care and clients referred from community health care partners.
3	Tobacco Cessation – Capacity Building and Healthcare Provider Outreach	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.
4	Tobacco Cessation - Partnerships	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 Nicotine Replacement Therapy (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.

Program Interventions / Components (continued)		
5	Tobacco Cessation - 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)
6	One Life One You - Community organizing	Participation and promotion of local, regional and provincial health education and public awareness activities that are of interest to youth in our community, utilizing interactive activities/events, social media and guerilla marketing techniques. Topics of interest/need include: Smoke-Free Movies, Tobacco and the Environment, the That's Risky Campaign, Know What's in Your Mouth, Smoke-Free Parks and Playgrounds, and WouldURather. The One Life One You group also engage in other health topics of interest that fall outside of the Tobacco and E-Cigarette Program, including Sugary Drinks and Cannabis.
7	One Life One You (OLOY) – 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.

Program Interventions / Components (continued)		
8	Policy and Supportive Environments	SW TCAN workplace kit has been updated to reflect changes to SFOA, 2017. Workplace Support: The distribution of the workplace kit and signage will occur through both proactive and complaint-based inspections. Hospital Policy Development Support: providing assistance and support to SJHC, LHSC and MHA as they implement 100% smoke-free hospital ground policies, troubleshooting challenges. Bylaw/Policy Development and Implementation Support: Support/Promote the new obligations under the amended SFOA, 2017 to municipalities, workplaces, and agencies that operate community recreation facilities, and promotion/development of policies that exceed provincial protections (e.g. Upper Thames Conservation Authority). 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 SW; partner with local fire departments to promote the smoke free housing message; conduct outreach to housing providers & tenants through material distribution, and ongoing work with the London Middlesex Housing Corporation to support the implementation of smoke-free housing policies. School Board Supports: supporting the school boards in the implementation of their Tobacco-Free, Vape-Free and Cannabis-Free policy and integration into the code of conduct.
9	SFOA, 2017 - Promotion	Vendor Education: preparation of annual DPH education package, including age stickers, factsheets and retailer education binders for provision to retailers during inspections, and the delivery of vendor education sessions. Public Promotion: the promotion of smoking and vaping restrictions using Health Unit social media platforms, mass media channels and earned media opportunities.
10	SFOA, 2017 – Enforcement	Tobacco Retailers: 2 rounds of youth access inspections annually and one round of DPH inspections, new operator education visits (M-L) and tobacco licensing inspection (London - new). E-Cigarette Retailers: 2 rounds of youth access inspections annually and one round of DPH inspections, new operator education visits (M-L) and e-cigarette retailer 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. Water pipe Sampling: annual sampling inspection of establishments that offer water pipe. Joint Inspections: with London Police Services, AGCO, Ministry of Finance, City of London Bylaw Inspectors. Public Disclosure: Activities related to tracking charge/court outcomes and the establishment/maintenance of systems for public disclosure. Registration of Tobacconists and Specialty Vape Shops: Activities related to the annual registration of tobacconists and specialty vape shops with the Health Unit

Program Interventions / Components (continued)		
11	SFOA, 2017 – Enforcement – Partnerships and Collaboration	SW Enforcement Sub-Committee: to facilitate consistent application of the SFOA, 2017; Maintenance and enhancement of relationships with other enforcement agencies (municipal and provincial) through networking and referrals - every municipality has been assigned a TEO lead/point of contact, and participation in monthly teleconference with MOHLTC; OCAT: participation in the OCAT teleconference calls.
12	SFOA, 2017 – Smoke-free Information Line	Smoke-Free Information Line (phone and email) – triage calls, answering questions, and responding to complaints, referrals and requests for Service.
13	SFO Youth Engagement - Public Awareness and Health Education	Young Adult Campaign: Implement a tobacco prevention communication/social media campaign that targets young adult males 18 to 24 yrs., and the implementation of outreach activities at places/events where young adult males congregate. Prevention: social media and parental outreach strategies to educate parents on the link between tobacco impressions in child and youth-rated movies and tobacco use initiation. Vapour Products: the utilization of social media and other public awareness and health education activities to counter vapour product advertising to reduce vapour product initiation. UPRISE: participation and contribution to the multi-TCAN UPRISE prevention initiative, targeting the alternative peer crowd.
14	SFO Youth Engagement and Prevention - 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.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% ML youth (aged 12 to 17 years) smoking abstinence rate (never smokers)	98.4% (2015/2016 data)	98.4% (2015/2016 data)	Increase
% of ML adults aged 19 years and older that are current smokers (daily or occasional)	19.7% (2015/2016 data)	19.7% (2015/2016 data)	Decrease
% of students in ON (grades 7 - 12) who reported using an e-cigarette for the first time in the last twelve months (OSDUHS)	11.7% (2015)	10.7% (2017 ON)	Decrease
# of tobacco and e-cigarette retailers in Middlesex-London	E-Cigarette: 191 Tobacco: 296	E-Cigarette: 175 Tobacco: 296	Decrease
% of tobacco vendors in compliance with youth access legislation at last inspection	99.3%	99.30%	≥90
# of inspections of public places and workplaces	1067	1200	1200

Highlights / Initiatives Planned for 2019

• The promotion and roll-out of the new SFOA, 2017 will continue
• The engagement of municipal partners to prepare for the retail sale of cannabis provides an opportunity to discuss and explore the application of zoning restrictions and buffer zones around tobacco and e-cigarette retailers to protect vulnerable populations.
• Discussions with municipal partners on the need to amend or enact municipal bylaws that exceed the protections provided under the new SFOA, 2017
• Enact enhancements to process employed for the completion of annual licensing inspections with tobacco and e-cigarette retailers – in support of the City of London Licensing Bylaw
• The continued enhancement/evaluation of tobacco cessation services delivered by the Health Unit to reach priority populations
• The implementation of the new Young Adult Male campaign (18 to 24 yrs.) to prevent tobacco use initiation and “prevescalation” of smoking in this priority population

Program Challenges and Risks

• Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our comprehensive tobacco control program. Challenges are being mitigated by decreasing essential program supply dollars and through an ongoing cost-shared budget investment to offset the shortage in provincial funding. The assumption is that funding levels for 2019 will be the same as funding for 2018.

• The SFOA, 2017 includes the prohibition of use of cannabis (medical and non-medical) and the use of e-cigarettes in all places where tobacco use is already banned. The number of mandated inspections for tobacco and e-cigarette retailers, and the growing demands being placed on the Health Unit's tobacco enforcement team exceeds funding. An expanded mandate has not been matched with additional funding to date.

• The legalization of cannabis is a shared responsibility between the Chronic Disease Prevention and Tobacco Control Team and the Healthy Communities and Injury Prevention Team. Program priorities and staff will need to be flexible to respond to imposed legislative, social norm changes and the anticipated increase in call volume from complaints regarding exposure to drifting cannabis smoke.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Health Promoter		1.00	
Program Assistant		1.50	
Program Manager		0.40	
Public Health Nurse		1.95	
Test Shoppers		0.20	
Tobacco Enforcement Officer		2.85	
Youth Leaders		0.40	
Total Program FTE		***8.30***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 552,073		
Benefits			$ 142,368		
Expected Vacancies			$ -		
Travel			$ 14,468		
Program Supplies			$ 84,515		
Board Expenses			$ -		
Staff Development			$ 1,208		
Occupancy			$ -		
Professional Services			$ 7,071		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 24,426		
Total Expenditures	***$ -***	***$ -***	***$ 826,128***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 459,834		
MOHLTC (100%)			$ 366,295		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 826,128***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Violence Prevention				478
Standard	Substance Use and Injury Prevention	**Director Name**	Maureen Rowlands	
Lead Team	Healthy Communities and Injury Prevention	**Manager Name**	Rhonda Brittan	
Supporting Team(s)				

Summary of Program

The goal of this program is to reduce the burden of illness related to violence.

In 2019 a situational assessment will be completed in order to identify program need, existing strengths/resources and gaps and identify priorities and interventions going forward for a broader and comprehensive program of public health interventions related to Violence Prevention.

Program Mandate & Relevant Legislation

Substance Use and Injury Prevention Standard (OPHS, 2018)
Mental Health Promotion Guideline, 2018

Program Management

This program will be lead by the Healthy Communities and Injury Prevention Team with collaboration of other teams, to be identified, within the Health Unit.

Key Partners and Stakeholders

To be determined.

Community Needs and Priorities

To be determined.

Target and Priority Populations

To be determined.

Program Interventions / Components

1	To be determined.	

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
Proportion of emergency department visits for assault and abuse	N/A	N/A	New indicator - to be collected

Highlights / Initiatives Planned for 2019

In 2019 a situational assessment will be completed in order to identify program need, existing strengths/resources and gaps and identify priorities and interventions going forward for a broader and comprehensive program of public health interventions related to Violence Prevention.

Program Challenges and Risks

To be determined.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Public Health Nurse		0.20	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.20***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 17,050		
Benefits			$ 3,660		
Expected Vacancies			$ -		
Travel			$ 223		
Program Supplies			$ 495		
Board Expenses			$ -		
Staff Development			$ 105		
Occupancy			$ -		
Professional Services			$ 103		
Furniture & Equipment			$ 11		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 77		
Total Expenditures	***$ -***	***$ -***	***$ 21,724***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 21,724		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 21,724***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Drinking Water				480
Standard	Safe Water	**Director Name**	Stephen Turner	
Lead Team	Safe Water, Rabies and Vector-Borne Disease	**Manager Name**	Fatih Sekercioglu	
Supporting Team(s)	Oral Health			

Summary of Program

Drinking Water Program aims to prevent/reduce the burden of water-borne illness related to drinking water in Middlesex-London. The target population is the people living in Middlesex-London. Key interventions of the Drinking Water Program include responding to Adverse Water Quality Incidents (AWQIs) in regulated systems; issuing Drinking/Boil Water Advisories when needed; conducting water haulage vehicle inspections; providing resources (test kits and information) and guidance to private well owners; and shipping private well water samples to the Regional Public Health Laboratory for testing.

Program Mandate & Relevant Legislation

Safe Water Standard
Safe Drinking Water Act
O. Reg. 170 (Drinking Water Systems)
O. Reg. 243 (Schools, Private Schools and Child Care Centres)
Infectious Diseases Protocol, 2018
Population Health Assessment and Surveillance Protocol, 2018
Safe Drinking Water and Fluoride Monitoring Protocol, 2018

Program Management

The Drinking Water Program is managed by the Safe Water, Rabies and Vector-Borne Disease Team. The Oral Health Team receives reports from the municipal water system operators and monitors fluoride levels. In case of an AWQI, the Safe Water, Rabies and Vector-Borne Disease team collaborates with the Oral Health team to issue an advisory.

Key Partners and Stakeholders

Ministry of Health and Long-Term Care, Public Health Ontario, Ministry of the Environment, Conservation and Parks, City of London, Middlesex County, City of London Library, Middlesex County Library, Township of Adelaide Metcalfe, Township of Lucan Biddulph, Municipality of Middlesex Centre, Municipality of North Middlesex, Municipality of Southwest Middlesex, Municipality of Strathroy-Caradoc, Municipality of Thames Centre, Village of Newbury

Community Needs and Priorities

Historical data shows that there have been over 100 AWQIs every year and public health interventions support/guide the operators in taking necessary steps to remediate those incidents.

Local Priorities

• In the councillor survey for the Middlesex County Report, 100% of respondents indicated that it is important for MLHU to focus on safe water.

• Key informants noted that the well water drop-off sites are a valuable service to Middlesex residents.

Target and Priority Populations

The Drinking Water program serves three different population groups: General public, private well water owners and users, and children in child care centres and schools.

Rural community residents often face a variety of access barriers to services. The MLHU has been working closely with the stakeholders in rural areas to reduce the barriers for rural residents. The MLHU's enhanced private well water program stemmed from the need to enhance services in Middlesex County.

Children in child care centres and schools are among the susceptible populations and unsafe drinking water would affect their health significantly.

Program Interventions / Components		
1	Monitor adverse water quality incidents	• Monitor private well water testing information received from the PHO labs every business day • Partner with the FoodNet program for enhanced surveillance on private wells in Middlesex-London • Receive the adverse water quality incident notification from the operator or laboratory
2	Monitor fluoride levels in water	• The Oral Health Manager monitors fluoride levels in water and contacts Safe Water, Rabies and VBD team when there is an AWQI
3	Inspect water haulage vehicles	• Public Health Inspectors inspect water haulage vehicles regularly
4	Respond to adverse water quality incidents	• Issue Drinking/Boil Water Advisories as needed • Notify and discuss adverse water results with private well owners
5	Public Education & Awareness	• Provide test kits for private well-owners across Middlesex-London region • Provide water depots for test kit drop off and pick up • Arrange for transportation of test kit sample to the PHO lab • Disseminate new educational materials for private well owners • Conduct communication campaign to encourage residents to test their private well water • Use of social media and local newspapers to raise awareness for testing

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
The number of adverse water quality events	128	131	130
The number of private well water consultations	335	352	320
The number of drinking water advisories/boil water advisories issued	2	3	1

Highlights / Initiatives Planned for 2019

- Continuation of the partnership with the FoodNet program for enhanced surveillance on private wells in Middlesex-London
- Dissemination of the new educational materials for private well owners developed by the MLHU
- Adding more private well water sample pick-up/drop-off location across Middlesex-London.

Program Challenges and Risks

- Reaching out to rural residents for conveying the messages to raise awareness in safe drinking water has been an ongoing challenge.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.20	
Program Manager		0.20	
Public Health Inspector		1.20	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.60***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 126,132		
Benefits			$ 32,047		
Expected Vacancies			$ -		
Travel			$ 5,003		
Program Supplies			$ 4,461		
Board Expenses			$ -		
Staff Development			$ 1,160		
Occupancy			$ -		
Professional Services			$ 18,966		
Furniture & Equipment			$ 90		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 3,461		
Total Expenditures	***$ -***	***$ -***	***$ 191,321***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 187,241		
MOHLTC (100%)			$ 4,080		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 191,321***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Recreational Water				481
Standard	Safe Water	**Director Name**	Stephen Turner	
Lead Team	Safe Water, Rabies and Vector-Borne Disease	**Manager Name**	Fatih Sekercioglu	
Supporting Team(s)				

Summary of Program

The Recreational Water Program aims to prevent/reduce the burden of water-borne illness and injury related to recreational water use in Middlesex-London.

The target population is the people living in Middlesex-London. The main program interventions include inspection of public pools, inspection of public spas, inspection of wading pools, splash pads and receiving basins, education sessions for public pool and spa operator, and complaint investigations related to recreational water facilities.

Program Mandate & Relevant Legislation

Safe Water Standard
Ontario Regulation 565
Infectious Diseases Protocol, 2018
Population Health Assessment and Surveillance Protocol, 2018
Operational Approaches for Recreational Water Guideline, 2018
Recreational Water Protocol, 2018

Program Management

The Recreational Water Program is managed by the Safe Water, Rabies and Vector-Borne Disease Team.

Key Partners and Stakeholders
Ministry of Health and Long-Term Care, Public Health Ontario, City of London, Middlesex County, Recreational Water Facility owners/operators

Community Needs and Priorities
Although recreational water facilities are being used by the general public, susceptible populations such as children and elderly regularly use these facilities. A recreational water facility that is not properly operated or maintained results in unnecessary risks for bathers, including the potential exposure to water-borne illnesses and life-threatening injuries.

Target and Priority Populations
The target population for the Recreational Water Program is the people living in Middlesex-London.

Program Interventions / Components		
1	Recreational water facility pool & spa Inspections	• Inspection of public pools and public spas other public recreational water facilities • Investigation of complaints related to recreational water facilities
2	Provide training opportunities for pool and spa operators	• Training sessions for public pool and spa operators to increase compliance with the Regulation. • Develop and print an enhanced pool /spa operator training manual
3	Beach Management Inspections	• Conducting annual environmental assessment of all public beaches in Middlesex–London • Testing beaches in recreational camps in Middlesex-London • Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of Class A pools inspected while in operation	100%	100%	100%
% of spas inspected while in operation	100%	100%	100%
% of Class B, wading pool/splash pad/receiving basin inspections while in operation	100%	100%	100%
# of participants to training sessions for pool and spa operators	77	22	90
The number of beaches monitored and sampled between May and September	1	1	1
% of days per season beaches are posted (OPHS Indicator Framework)	None	None	None

Highlights / Initiatives Planned for 2019

- Develop new training manual that reflects the new regulatory and policy changes in the Recreational Water program.
- Training manual is shared with pool/spa operators as well as with other health units in Ontario.

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.20	
Program Manager		0.20	
Public Health Inspector		2.20	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.60***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 204,555		
Benefits			$ 49,719		
Expected Vacancies			$ -		
Travel			$ 8,130		
Program Supplies			$ 7,250		
Board Expenses			$ -		
Staff Development			$ 1,885		
Occupancy			$ -		
Professional Services			$ 30,820		
Furniture & Equipment			$ 146		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 5,624		
Total Expenditures	***$ -***	***$ -***	***$ 308,129***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 301,499		
MOHLTC (100%)			$ 6,630		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 308,129***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Small Drinking Water Systems				482
Standard	Safe Water	**Director Name**	Stephen Turner	
Lead Team	Safe Water, Rabies and Vector-Borne Disease	**Manager Name**	Fatih Sekercioglu	
Supporting Team(s)				

Summary of Program

The 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. The target population is the people living in Middlesex-London. The main program interventions include risk assessment of SDWSs, the regular test results monitoring of SDWSs and responding to Adverse Water Quality Incidents in SDWSs.

Program Mandate & Relevant Legislation

Safe Water Standard
Safe Drinking Water Act
Ontario Regulation 319 (Small Drinking Water Systems)
Infectious Diseases Protocol, 2018
Population Health Assessment and Surveillance Protocol, 2018
Safe Drinking Water and Fluoride Monitoring Protocol, 2018
Small Drinking Water Systems Risk Assessment Guideline, 2018

Program Management

The Small Drinking Water Systems Program is managed by the Safe Water, Rabies and Vector-Borne Disease Team.

Key Partners and Stakeholders

Ministry of Health and Long-Term Care, Public Health Ontario, Ministry of the Environment, Conservation and Parks, City of London, Middlesex County, Small Drinking Water System owners/operators

Community Needs and Priorities

Adverse Water Quality Incidents continue to occur in SDWSs. Public health intervention is needed to guide the owners and operators of SDWSs and ensure the provision of safe drinking water.

Local Priorities

• In the councillor survey for the Middlesex County Report, 100% of respondents indicated that it is important for MLHU to focus on safe water.

Target and Priority Populations

Target population is the general public. Although SDWSs are located in rural parts of Middlesex-London, with the consideration of the transient populations using drinking water from these systems, there is a significant portion of the public that has access to drinking water provided by SDWSs.

Program Interventions / Components

1	Conduct risk assessment of SDWS	Risk assessments of SDWSs are conducted as per the Regulation
2	Monitor adverse water quality incidents	SDWS test results are monitored through the LRMA system
3	Respond to adverse water quality incidents in SDWS	Adverse Water Quality Incidents are followed-up in a timely manner
4	Provide training opportunities for SDWS owners/operators	Training manual has been developed and training sessions are being organized for SDWS owners and operators.

Performance / Service Level Indicators			
Indicator	2017	2018 (to Oct 31)	2019 (target)
# of adverse water quality incidents in SDWS	20	18	15
% of adverse water quality incidents in SDWS responded to within 24 hours	100%	100%	100%
# of low and medium SDWS assessed/reassessed	31	48	51

Highlights / Initiatives Planned for 2019

Organize training programs/workshops for SDWS owners and operators at local libraries.

Program Challenges and Risks

Financial challenges experienced by some of the SDWS owners to test the water and attend training opportunities. Free of charge training opportunities will be offered by the program staff in 2019.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		0.20	
Program Manager		0.20	
Public Health Inspector		0.20	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.60***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 47,709		
Benefits			$ 11,540		
Expected Vacancies			$ -		
Travel			$ 1,876		
Program Supplies			$ 1,673		
Board Expenses			$ -		
Staff Development			$ 435		
Occupancy			$ -		
Professional Services			$ 7,112		
Furniture & Equipment			$ 34		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,298		
Total Expenditures	***$ -***	***$ -***	***$ 71,676***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 70,146		
MOHLTC (100%)			$ 1,530		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 71,676***	***$ -***	***0%***

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Healthy Babies, Healthy Children						485
Standard	Ministry of Children, Community and Social Services		**Director Name**	Heather Lokko		
Lead Team	Best Beginnings		**Manager Name**	Suzanne Vandervoort/Jenn Proulx/Isabel Resendes		
Supporting Team(s)						

Summary of Program

Program Mandate & Relevant Legislation

Program Management

Key Partners and Stakeholders

Community Needs and Priorities

Target and Priority Populations

Program Interventions / Components		
1		

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)

Highlights / Initiatives Planned for 2019

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Family Home Visitor		0.00	
Program Assistant		0.00	
Program Manager		0.00	
Public Health Nurse		0.00	
		0.00	
		0.00	
Total Program FTE		***0.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ -		
Benefits			$ -		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ -		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ -		
Total Expenditures	***$ -***	***$ -***	***$ -***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ -		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ -***	***$ -***	***0%***

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Screening, Assessment and Intervention						487
Standard	Ministry of Children, Community and Social Services		**Director Name**	Heather Lokko		
Lead Team	Screening, Assessment and Intervention		**Manager Name**	Debbie Shugar		
Supporting Team(s)						

Summary of Program

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

Program Mandate & Relevant Legislation

These programs are not reflected in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability or in other public health related legislation/regulation, however, they align with and strengthen our effectiveness in the following Ontario Public Health Standards:

- Healthy Growth and Development
- Population Health Assessment

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

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA)
Personal Health Information Protection Act, R.S.O. 2004 (PHIPA)

Program Management

The Screening, Assessment and Intervention Program is fully implemented by the Screening, Assessment and Intervention Team

Key Partners and Stakeholders

All assessment and treatment services are provided by organizations and individuals that are contracted by MLHU.

Community Needs and Priorities

Early intervention programs are mandated by the Ministry of Children, Community and Social Services.

Target and Priority Populations

Infant Hearing Screening is a universal program and is provided across Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton Counties.

tykeTALK is for any children with speech and language concerns and delays. It is offered to families across Middlesex-London, Elgin and Oxford.

The Blind-Low Vision program is for any children with significant visual impairment and offered across Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton Counties.

Program Interventions / Components

1	Preschool Speech and Language (TykeTalk)	tykeTALK is a prevention and early intervention program designed to maximize positive outcomes for children's communication, play, social and literacy development. The program provides early identification of and intervention for children with communication disorders from birth to school-entry. Of all the children that tykeTALK serves, approximately 60% come from London, 7% from Middlesex County, 16% from Elgin County and 16% from Oxford County. The program consists of the following program components/strategies: Referral/Intake, Intervention and Community Awareness, Support and Education. The program provides assessment and/or intervention to approximately 11.5% of the child population from birth to eligibility to attend school in the Thames Valley Region.

Program Interventions / Components (continued)		
2	Infant Hearing Program	The Infant Hearing Program-SW Region is a prevention and early intervention hearing intervention The intervention consists of the following strategies: universal newborn hearing screening, hearing loss confirmation and audiologic assessment, and follow up support and services for children identified with permanent hearing loss. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton. The IHP-SW screens the hearing of 10,000 newborns/year either in the hospital or the community, and provides follow-up supports and services to approximately 120 children per year who have permanent hearing loss. The program provides service to children and families from birth to eligibility to attend school.
3	Blind Low Vision Early Intervention Program	The Blind Low Vision Early Intervention consists of the following strategies: intervention and education, and family support and counseling. The IHP-SW covers the counties of Oxford, Elgin, Middlesex, Huron, Perth, Grey, Bruce and Lambton. The program provides services to approximately 110 children per year who have been diagnosed as being blind or having low vision. The program provides services to children and families from birth to eligibility to attend school.

Performance / Service Level Indicators			
Indicator	2017/2018	2018/2019	2019/2020 (target)
% of all children aged 0-30 months receiving intervention whose families receive parent training as defined by the MCYS Preschool Speech and Language (PSL) Program Guidelines	76%	estimated at 75%	MCYS target 75%
Wait-time from referral to tykeTALK to beginning of the first intervention	12 weeks	estimated at 12 weeks	MCYS target < 33 weeks
% of all newborn babies residing in the region who receive a hearing screening before 1 month corrected age	92%	estimated at 90%	MCYS target 90%
% babies identified with permanent hearing loss who begin communication development by 9 months corrected age	63%	estimated at 63%	MCYS target 40%
Wait time from referral to first intervention for Blind Low Vision services	1 week	estimated at 6 weeks	MCYS target < 12 weeks

Highlights / Initiatives Planned for 2019

The Lead Agency role for tykeTALK, Infant Hearing, and Blind/Low Vision programs is being transitioned to Thames Valley Children's Centre by September 2019.

Program Challenges and Risks

The shift in Lead Agency responsibility requires a significant degree of planning and implementation to ensure a smooth transition for families.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Program Assistant		2.18	
Program Manager		0.10	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.28***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 123,795		
Benefits			$ 35,752		
Expected Vacancies			$ -		
Travel			$ 14,705		
Program Supplies			$ 46,485		
Board Expenses			$ -		
Staff Development			$ 229		
Occupancy			$ 49,689		
Professional Services			$ 1,845,926		
Furniture & Equipment			$ 22,638		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 542		
Total Expenditures	***$ -***	***$ -***	***$ 2,139,761***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 20,201		
MOHLTC (100%)			$ -		
MCCSS			$ 2,096,759		
PHAC			$ 1,219		
PHO			$ -		
User Fees			$ 65		
Other			$ 21,516		
Total Revenues	***$ -***	***$ -***	***$ 2,139,761***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Strategic Projects				490
Standard	Delivery of Public Health Programs and Services	**Director Name**	Laura Di Cesare	
Lead Team	Strategic Projects	**Manager Name**	Kendra Ramer	
Supporting Team(s)				

Summary of Program

Strategic Projects (SP) provides support across all MLHU programs and services. The program consists of several areas of responsibility including:

- Strategic Planning and Monitoring
- Project Management and Other Duties
- Accountability and oversight over the Project Management Office (PMO), which is a set of standards, tools and practices developed by the Strategic Projects team to enhance efficiency, quality and delivery of projects at MLHU

Program Mandate & Relevant Legislation

Delivery of Public Health Programs and Services Domain

Personal Health Information Protection Act
Municipal Freedom of Information and Protection of Privacy Act

Alignment with the MLHU Strategic Plan and the following strategic priorities of the Balanced Score Card quadrants of Program Excellence, Employee Engagement and Learning, and Organizational Excellence.

Program Management

The Strategic Projects Team manages the Strategic Projects Program. Coordination occurs with all MLHU divisions who conduct a wide range of projects.

Key Partners and Stakeholders
Strategic Projects operates across a broad range of projects that impact all of MLHU. In the delivery of these projects key partners and stakeholders vary relative to each project being managed.

Program Interventions / Components		
1	Strategic Planning and Monitoring	This component aims to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan and balanced scorecard. Additional roles include participating and supporting workgroups associated with the strategic priorities and reporting on the progress/performance to the Senior Leadership Team and the Board of Health.
2	Project Management and Other Duties	This component provides organization support for project management across MLHU. This includes the development of project management methodologies, standardization of tools and providing project coordination and leadership to all divisions and teams. This can include, but is not limited to the development of a project repository, management of specific projects and coaching and consultation for projects being lead by other divisions and teams.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
MLHU Strategic Initiatives Progress (Complete / On-track) Reported to the Board of Health	Yes	Yes	Maintain
% of Strategic Initiatives Complete / On-Track	80%	85%	Maintain

Highlights / Initiatives Planned for 2019

Implementation of a “Community of Practice” for Project Management, facilitated by the Strategic Projects Team.
Evaluation of the outcomes of the current 2015-2020 strategic plan and adoption of new practices to incorporate into the 2021 – 2026 strategic planning cycle.
Preparation of 2015-2020 Strategic Plan Balanced Scorecards to all MLHU teams.
2021-2026 Strategic Plan Development.
Project Management Office (PMO) oversight to enhance efficiency, quality and delivery of projects at MLHU.
Accountability for monitoring and reporting of strategic projects and initiatives
Oversight for 2018 – 2020 strategic projects including:
• Relocation Project
• Electronic Client Record (ECR) Project
• Enterprise Resource Planning (ERP) Project
• Administrative Policy Manual Project

Program Challenges and Risks

PMO initiated mid-way through the current strategic plan introduced a hybrid of project management methodology used across the organization. The Strategic Projects team is on track with standardizing the methodology with each new project that is initiated at the strategic and programmatic level.
Determining whether the 2021 – 2016 strategic plan should be developed in-house or if the organization should engage an external consultant to facilitate this work.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Manager		1.00	
Project Coordinator		1.00	
Program Assistant		0.50	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 203,025		
Benefits			$ 50,118		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 1,279		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ 7,500		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,280		
Total Expenditures	***$ -***	***$ -***	***$ 263,202***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 263,202		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 263,202***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Finance				491
Standard	Fiduciary Requirements	**Director Name**	Laura Di Cesare	
Lead Team	Finance	**Manager Name**	Brian Glasspoole	
Supporting Team(s)				

Summary of Program

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

Program Mandate & Relevant Legislation

Fiduciary Requirements Domain
Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation.

Program Management

The Finance Team manages the Finance Program.

Key Partners and Stakeholders

Ministry of Health Long Term Care, City of London, Middlesex County, Ministry of Children Community & Social Services, Public Health Agency of Canada, Public Health Ontario
Other Health Units throughout Ontario via AOPHBA (sharing best practices)

Program Interventions / Components		
1	Financial Planning	Develop long term funding strategies for senior management and Board of Health and provide ongoing monitoring. Also includes the development, monitoring and reporting of annual operating budgets, preparation of quarterly financial statements, and the preparation monthly and quarterly reports.
2	Treasury Services	Accounts payable processing requiring accurate data entry and verifying payments, reviewing invoices, issuing cheques / electronic funds transfers (ETFs) ensuring proper authorizations. This also includes verifying and processing corporate credit card purchases, employee mileage statements and expense reports. Accounts receivable processing includes creating, reviewing and posting invoices, monitoring and collections activities. Treasury services also includes cash management (processing cash payments and point of sale transactions, and preparing bank deposits) and minor investment transactions to best utilize cash balances. General accounting includes bank reconciliations, quarterly HST remittances, general journal entries, and monthly allocations.
3	Payroll and Benefits Administration	Perform payments to employees, process mandatory and voluntary employee deductions, set up and maintain the payroll system in compliance with collective agreements, administer all group benefit plans, set up and maintain time and attendance system, conduct statutory payroll reporting , prepare and remit payments due to third parties, and prepare analysis and cost estimates during negotiations.
4	Capital Asset Management	Manage the ongoing processes for accounting for capital assets and ensuring compliance with PSAB 3150 and ensures the proper inventory and tracking of corporate assets for insurance and valuation purposes.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
All payment of government remittances are on time, including payroll deductions, employer health tax and HST remittances	N/A	New	100%
All payments to OMERS, including funds deducted from employees and employer contributions are remitted on time	N/A	New	100%
All statutory filing documents and reports are filed on time with respective government agency	N/A	New	100%

Highlights / Initiatives Planned for 2019

Enterprise Resource Planning which will include both Finance System upgrades and introduction of a dynamic full-service human capital management technology and outsourcing of payroll and benefits administration to an external service provider.

Finance system upgrades include migration to the current 2018 version of the Great Plains (GP) Financial Accounting system and replacement of the FRx planning reporting and analysis platform to Microsoft Management Reporter. An Asset Administration module will also be acquired which integrates with the GP Financial Accounting System.

Outsourcing of Time Management currently managed in-house using MyTime. Payroll processing and benefits administration will also be outsourced to an external service provider in 2019.

Additional work will be performed to process map all finance related functions.

Program Challenges and Risks

Significant pace of change - all team members are impacted by accelerated work pace and additional demands over and above normal work deliverables.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Accounting and Administrative Assistant		2.00	
Accounting and Budget Analyst		1.00	
HR Generalist / Payroll Administrator		1.00	
Program Manager		1.00	
		0.00	
		0.00	
Total Program FTE		***5.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 358,270		
Benefits			$ 94,116		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 2,820		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 300		
Total Expenditures	***$ -***	***$ -***	***$ 455,506***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 455,506		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 455,506***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Procurement				492
Standard	Fiduciary Requirements	**Director Name**	Laura Di Cesare	
Lead Team	Procurement and Operations	**Manager Name**	Joe Belancic	
Supporting Team(s)				

Summary of Program

Provides the procurement of goods and services required of the organization ensuring the Health Unit obtains the best value in compliance with the Procurement Policy. Components of this program include:

• Provide accurate and timely procurement advice to internal programs and services (customers).
• Procurement of goods and services in a fair, transparent, and open manner through Request for Tenders, Quotes, and Proposals to ensure value for expenditures.
• Provides contract management to ensure Health Unit is not at risk (Insurance & WSIB certificates, WHMIS documents, licenses, etc.).
• Prepares necessary purchase orders, contracts and agreements.
• Reviews contract language to ensure compliance with MLHU policies and procedures for both contract value and liability
• Manage contract life cycle to ensure service levels are maintained and the prevention of contract expirations
• Mitigate disputes between programs and external contractors
• Participates in the Elgin Middlesex Oxford Purchasing Cooperative (EMOP) to enhance or leverage procurement opportunities.
• Participates in other provincial purchasing cooperative agreements when applicable to lower costs to the programs and services
• Participate in Ontario Public Buyers Association/Supply Chain Management Association of Ontario to keep up to date on procurement activities and processes
• Perform general purchasing and for program areas.

Program Mandate & Relevant Legislation

Fiduciary Requirements Domain
Good Governance and Management Practices Domain

Broader Public Sector Accountability Act, 2010, S.O. 2010, c. 25

Alignment with the Strategic Plan priorities of Program and Organizational Excellence

Program Management

The Procurement and Operations Team manages the Procurement and Operations Program.

Close collaboration is also required with Information Technology, Finance and Strategic Projects.

Key Partners and Stakeholders

Program Interventions / Components

1	Competitive Bidding	Facilitate competitive bidding processes through the collection of information, creation of documents and evaluation of bids.
2	Contract Management	Manage MLHU contractual obligations through the collection of relevant information, creation / review of contracts, negotiation of terms, and execution of contracts.
3	Project Management	Manage significant procurement projects including, but not limited to, Supervised Consumption Facilities and the CitiPlaza relocation.
4	Co-Operative Purchasing	Provide access to co-operative purchasing agreements

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
Number of competitive bid processes (tender, quotation, or proposal	21	6	Increase
Number of competitive bid processes where (3) bids were received	9	6	Increase
Number of competitive bid processes where less than (3) bids were received	3	0	Maintain
Number of competitive bids where option year was accepted	2	11	Decrease
Number of non-competitive bid process (sole source)	2	3	Increase
% of non-Labour Spend managed through Competitive Process			75%
% Supplier Contracts meeting 85% Service Level			85%
Cost savings due to new contract/supplier arrangements or purchasing initiatives		$68,833	$100,000

Highlights / Initiatives Planned for 2019

- Implementation of the Great Plains Purchasing Module in April
- Review of a Contract Management Solution
- Release of Tender to cover $5.2 million budget to retrofit CitiPlaza
- Release of Tender to cover renovation of Supervised Consumption Facility
- Preparation of move to CitiPlaza
- Review of Procurement Principles
- Systematizing Competitive Bid Process

Program Challenges and Risks

- Resources may be limited due to the number of projects due for completion and in 2019
- Any unknown or upcoming projects may be at risk as a result
- Increased workload is also anticipated with the rollout and execution of a requisitioning system with Great Plains

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Manager		0.50	
Procurement Coordinator		0.25	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.75***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 62,290		
Benefits			$ 12,926		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 61		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ -		
Total Expenditures	***$ -***	***$ -***	***$ 75,276***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 75,276		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 75,276***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Governance					493
Standard	Good Governance and Management Practices		**Director Name**	Laura Di Cesare	
Lead Team	Privacy, Risk and Governance		**Manager Name**	Nicole Gauthier	
Supporting Team(s)	Communications				

Summary of Program

This program provides support for the Board of Health to fulfill their governance role for the Middlesex-London Health Unit. This support includes the development of a governance model and framework that is articulated through the Board of Health by-laws, policies and procedures.

This consists of coordination of:
- Board of Health Meeting facilitation (material preparation, minute-taking, live streaming)
- Annual Governance Committee reporting calendar;
- Development and review of Board of Health policies and by-laws;
- Board of Health orientation and development;
- Board of Health self-assessment;
- Medical Officer of Health Performance Appraisal; and
- Annual attestations.

Program Mandate & Relevant Legislation

Good Governance and Management Practices Domain

Program Management

The Governance Program is managed by the Privacy, Risk and Governance Team in collaboration with the Communications Team where the Executive Assistant to the Board of Health reports.

Key Partners and Stakeholders
City of London, Middlesex County, Ministry of Health and Long-Term Care, Association of Local Public Health Agencies (alPHa)

Program Interventions / Components		
1	Board of Health Meeting Preparation and Facilitation	Each Board of Health meeting requires extensive coordination of reports, correspondence, delegations, minute-taking, knowledge of the rules of order and by-laws and live streaming to ensure that these meetings are held in a transparent and accountable manner.
2	Board of Health Policy and By-law Development and Maintenance	These bylaws and policies represent the general principles that set the direction, limitations and accountability frameworks for MLHU. Governance Policies relate to bylaws, organizational structure, and finances. The Ontario Public Health Standards address bylaws that must be in place for board operation as well as suggestions for additional policies. The Board of Health Governance Committee should ensure that these are revised or reviewed biennially. The Senior Leadership Team may make recommendation for additional bylaws, policies or procedures or revisions to existing ones should the need arise. All board members are required to complete annual attestations as required by governance policies and bylaws.
3	Governance Committee Reporting Calendar & Terms of Reference Review	An annual reporting calendar is prepared for the Governance Committee of the Board of Health to provide direction to MLHU staff and board members regarding expectations for the year. The Terms of Reference sets out the delegated authority of the committee and how it is accountable to the Board of Health.
4	Board of Health Orientation	All new members receive an orientation to the role and ongoing development and education. A comprehensive orientation can support a positive board culture and enrich the members' understanding of their role and the expectations of the Board of Health.
5	Board of Health Development	Board development opportunities provide a forum for improvements to generative governance, identification of recommended future directions, and the development of board goals and future education topics. Areas of focus are identified through the Board of Health Self-Assessment and proposed to the Board of Health by the Governance Committee.

Program Interventions / Components (continued)		
6	Board of Health Self-Assessment	The Board of Health completes a self-assessment at least every other year and provide recommendations for improvements in board effectiveness and engagement. This is conducted annually to assist with identifying development opportunities and enhancing generative and effective governance.
7	Medical Officer of Health Performance Appraisal	The Medical Officer of Health & Chief Executive Officer Performance Review is conducted annually during the first quarter of the calendar year with a report coming to the Governance Committee documenting the results in the second quarter.
8	Annual Attestation	Board Members are required to confirm their awareness of their confidentiality obligations under the applicable privacy legislation and the governance policies of the Board by signing the Annual Confidentiality Attestation. Board Members are also required to complete an annual declaration form with respect to conflicts of interest.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
% of governance policies that are up-to-date	100%	100%	100%
Board of Health self-assessment completed	Yes	Yes	Yes
Board of Health development session completed	Yes	No	Yes
Board of Health orientation session completed	Yes	N/A	Yes

Highlights / Initiatives Planned for 2019

Board orientation and development

Implementation of a new policy management software solution

Completion of Governance Policy Manual – outstanding policies identified for development and review of approval bodies to ensure appropriate alignment (governance vs. administrative)

Program Challenges and Risks
Recent provincial and municipal elections have significantly impacted Board membership - large proportion of new Board members

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Manager		0.20	
Executive Assistant		0.30	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 39,148		
Benefits			$ 9,198		
Expected Vacancies			$ -		
Travel			$ 783		
Program Supplies			$ 673		
Board Expenses			$ -		
Staff Development			$ 652		
Occupancy			$ -		
Professional Services			$ 13,265		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 235		
Total Expenditures	***$ -***	***$ -***	***$ 63,954***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 56,908		
MOHLTC (100%)			$ 7,046		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 63,954***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Human Resources				494
Standard	Good Governance and Management Practices	**Director Name**	Laura Di Cesare	
Lead Team	Human Resources	**Manager Name**	Cynthia Bos	
Supporting Team(s)				

Summary of Program

The Human Resources program is responsible for organization-wide HR functions, including: recruiting and onboarding, student coordination, performance management support, learning & development, employee/labour relations, occupational health & safety as well as policy and process development.

Our goal is to develop strong relationships, deliver outstanding results, and mitigate risk by identifying and responding to organizational needs, providing sound counsel, and creating effective and valuable programs and solutions internally with our divisional and with union partners.

The Human Resources team strives to balance the roles of specialist partners and functional compliance with legislated requirements to support an engaged and respectful workplace.

Externally, we engage with our colleagues to share best practices (e.g. AOPHBA, SOHRG) and represent MLHU with vendors / service providers, on committees and within our geographical and HR professional communities.

Program Mandate & Relevant Legislation

Good Governance and Management Practices Domain
Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013
Learning and Development supports the delivery of mandatory legislated and/or professional learning and development.

Program Management
The Human Resources Team manages the Human Resources Program and Occupational Health and Safety Program. Close collaboration is also required with the Finance team. Coordination occurs with all MLHU Divisions to provide organization-wide HR functions.

Key Partners and Stakeholders
Canadian Union of Public Employees, Ontario Nurses Association, Aon Hewitt Inc. Other Health Units throughout Ontario via AOPHBA (sharing best practices)

Program Interventions / Components		
1	Recruitment	Recruitment is the process of filling job vacancies by hiring new employees into the organization or transferring employees within the organization. Our recruitment process has many procedures: recruitment requests, job posting, applicant screening and short-listing, interview and/or assessment development, pre-screening, interviews, reference checking, offers and declines
2	Orientation	Facilitation of the orientation process which includes communication with new employees, coordination with internal support, preparation of orientation packages, presentation of orientation information and assignment of learning requirements.
3	Learning and Development	Learning and development is delivered to MLHU staff through in-class offerings, e-learning modules and through the coordination of internal and external training resources.
4	Policy Development	Policies are developed to assist staff and management in the implementation of their work in a consistent, informed, organized, and current manner. The documents contain relevant appendices including forms, guidelines and key literature articles as appropriate to facilitate the work of staff members and ensure consistency.
5	Job Evaluation / Design	The purpose of the Job Evaluation process is to carry out and implement a joint gender-neutral job evaluation in accordance with the general objectives and principles set out in the respective collective agreement and/or MLHU policy. The goal is to achieve Equal Pay for Work of Equal Value for all jobs within MLHU (union and non-union).
6	Compensation and Benefits	Compensation and benefits is a function of the Finance and Human Resources departments at MLHU. Benefits may include group insurance (health, dental, vision, life etc.), parking, disability program, retirement benefits/pension, sick leave, and vacation (paid and unpaid).

Program Interventions / Components (continued)		
7	Legal Compliance	Legal compliance involves the process of ensuring that MLHU maintains compliance in all areas of operation. Our focus for compliance includes upholding policies and procedures and ensuring that all programs operate in accordance with legal standards.
8	Employee Engagement and Well-Being	MLHU administers an employee engagement survey to understand staff engagement and satisfaction, to inform strategic planning, HR planning and team planning, and to compare satisfaction rates year over year. MLHU also provides a wellness program, called “Be Well” that all staff can participate in and an Employee and Family Assistance Program (EFAP) through Homewood Health to assist in supporting employees and their immediate family members in assessing and resolving work, health and life issues.
9	Diversity and Inclusion	The diversity and inclusion program includes the prioritization of the matters of equity, access, human rights, and inclusion and ensuring that it aligns well with MLHU’s Mission, Values and Strategic Plan.
10	Performance Management	Performance management is a communication process by which managers and employees work together to plan, monitor and review an employees work objectives. At MLHU we have a formal performance appraisal system in which employees obtain specific feedback about their work performance. Our performance appraisals are conducted at a minimum of every 2 years for all full-time and part-time employees. When performance expectations are not met, managers work with Human Resources to develop Performance Improvement Plans to provide clear expectations and regular check ins with employees. There is also a progressive discipline process for employees who are not meeting performance standards.
11	Labour Relations	The labour relations process refers to the relations between MLHU and our employees and unions. The labour relations process is generally centered around collective bargaining, the grievance procedure and Union Management Meetings.
12	Succession Planning	Succession planning is a strategy for identifying and developing future leaders within the organization, at all levels. The process used at MLHU has been to provide temporary "acting" roles to provide employees with leadership potential an opportunity to gain experience in the role. There are also development plans as part of the performance appraisal process to identify training needs for potential growth.
13	Occupational Health and Safety	The Occupational Health and Safety (OHS) Program is an internally-facing program, which focuses on the prevention and elimination of all workplace incidents, injuries and illnesses through hazard identification and maintaining the internal responsibility system. The OHS program facilitates worksite inspections, training and development, quarterly meetings of the Joint Occupational Health and Safety Committee (JOHSC), semi-annual awareness campaigns, agency policy review and incident and injury investigation.

Program Interventions / Components (continued)		
14	Student Program	The purpose of the Student program is to support MLHU's commitment to student education by providing an introduction to the scope of public health practice through paid and non-paid student placements. The opportunity to act as a preceptor for students also provides leadership and mentorship experience for our employees, as well as reciprocal learning opportunities.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
MLHU turnover (% annualized FT/PT rate)	11.2%	10.9%	Maintain
Mandatory training initiatives (#)	9	12	Maintain
% of staff completing mandatory training initiatives	92%	94%	Increase
# of employee reported injuries or incidents	43	30	Maintain
# of hazards identified during worksite inspections	37	69	Maintain
% of identified hazards resolved	92%	97%	Increase

Highlights / Initiatives Planned for 2019

• Implementation of new Enterprise Resource Planning (ERP) software system, which includes managed Payroll and Benefits services, Time and Attendance, Recruitment, Performance Management, Document Management, Learning and Dashboards.
• Implement training on ERP for HR as subject matter experts, for managers and for employees.
• Implement and integrate a new vendor offering enhanced wellness initiatives under the Be Well program.
• Continue development of Ergonomics program.
• Enhance Occupational Health and Safety program to ensure legislative compliance.
• Determine strategies to support the French language capacity for frontline employees following French instruction offered in 2018.
• Partner with SDOH team on a Diversity & Inclusion initiative.
• Support the Change Management sub-committee of the Organizational Structure and Location (OSL) committee in preparing for the MLHU relocation.
• Support the implementation of the intake line project and complete a Program Assistant review.
• Implement an Alternative Work Arrangement (AWA) pilot program for employees.
• Continued focus on Student placements – revision of affiliation agreements to reduce risk, collaboration with Western, and Preceptor development.

Program Challenges and Risks

• Structure and role changes for team members and new employees hired within the HR team requiring orientation and training.
• Changes to the majority of HR processes due to new technology will require additional consultation, collaboration, and may initially take additional time to learn.
• Supporting management and employees with various organizational changes e.g. location project, new technology, change in administrative processes.
• Recruitment activity continues to increase due to organizational changes and needs, leaves, retirements and departures.
• Reduced capacity to support requests for the development of divisional and organization-wide online training modules as the Corporate Trainer will be leading the ERP system implementation project.
• Continuing to build partnerships with unions and monitoring employee and labour relations activity which is anticipated to increase during the significant organizational changes.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Corporate Trainer		1.00	
Human Resources Coordinator		3.00	
Human Resources Partner		2.00	
Program Manager		1.00	
Student Coordinator		0.50	
		0.00	
Total Program FTE		***7.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 546,020		
Benefits			$ 143,403		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 1,175		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ 10,250		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 750		
Total Expenditures	***$ -***	***$ -***	***$ 701,598***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 701,598		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 701,598***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Information Technology						495
Standard	Good Governance and Management Practices		**Director Name**	Laura Di Cesare		
Lead Team	Information Technology		**Manager Name**	Jeff Cameron		
Supporting Team(s)						

Summary of Program

Information Technology (IT) Services is a centralized service providing for the information technology needs of the programs and staff of MLHU. Information technology touches virtually every department and program as a means of recording, delivering materials and reporting on the effectiveness and outcomes across MLHU.

Program Mandate & Relevant Legislation

Good Governance and Management Practices Domain
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Personal Health Information Protection Act (PHIPA)

Program Management

The management of the IT Department has been contracted to Stronghold Services Corporation, a Managed IT Services Provider to deliver leadership, system administration(servers and infrastructure), strategy and internal IT (CUPE) staff management for staff support. The IT Department uses various tools and software solutions to manage IT support and provide reporting on metrics and contract fulfillment.

Key Partners and Stakeholders
Stronghold Services Corporation – delivers management, strategy and system administration of servers and infrastructure of all Information Technology at MLHU; Allstream/Mitel – vendor support for telecommunications system within MLHU; Xerox – Vendor of Record and currently holds the lease on 18 print devices throughout MLHU; SmartHead – Finance vendor and support agreement for Great Plains, our financial software; Rogers Communications – Vendor of Record for MLHU smart phone usage; Start.ca – Our Wide Area Network Provider, this vendor manages our internet connectivity and our server infrastructure from their York Street datacentre.

Program Interventions / Components		
1	Business Disaster Recovery / Business Continuity	Managing and testing existing Veeam environment, preparing for major infrastructure shift of servers, managing a transition to greater priority of Cyber Threat Protection
2	IT Infrastructure	Installing and configuring the new wide area network, migrating and managing the server infrastructure move, implementing new storage strategy, continuous improvement and consolidation of server, major software upgrade across 40+ servers
3	IT Applications	Managing transition and implementation of Electronic Client Records, managing transition and implementation of Enterprise Resource Planning for Finance and Human Resource Information Systems for Human Resources, Windows 10 upgrade across all end user devices, implementation of O365 mail for all users
4	Telecommunications	Telecom strategy that encompasses intake lines and current improvements on implementation, smart phone upgrade and replacement of all devices and employee agreements, new O365 impact on smart phones and email
5	IT Organization	Stronghold integration is complete, new IT Supervisor in place, CUPE job roles require clarification, Windows 10 rollout and smart phone rollout will be majority of CUPE focus for first half of 2019

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
% of total requests addressed by MSP		new	
% of total Helpdesk requests addressed by internal staff		new	
Number of tickets completed in the FY		new	
% of Helpdesk		new	
% of SysAdmin/Management		new	

Highlights / Initiatives Planned for 2019

Major enterprise resource planning software implementation (impacts to Human Resources and Finance processes and systems), implementation of phase 1 for Electronic Client Record product Intrahealth, Windows 10 rollout, smart phone process and hardware upgrade, large scale end user device replacements - what about the WAN, etc.

Program Challenges and Risks

Maintaining or slightly increasing IT budget will be required, the existing budget will not account for relocation hardware (i.e., board room, meeting rooms)

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Desktop and Application Analyst		1.00	
End User Support Analyst		2.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***3.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 188,581		
Benefits			$ 45,728		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 10,300		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ 417,899		
Furniture & Equipment			$ 366,200		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 40,584		
Total Expenditures	***$ -***	***$ -***	***$ 1,069,292***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 1,069,292		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 1,069,292***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Operations				496
Standard	Good Governance and Management Practices	**Director Name**	Laura Di Cesare	
Lead Team	Procurement and Operations	**Manager Name**	Joe Belancic	
Supporting Team(s)				

Summary of Program

Provides oversight for the health unit "Operations" which include facility management services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management.

Other components include:
• Space planning – liaises with program areas to ensure facilities meet program requirements. This may involve leasehold improvements, furniture and equipment purchases, and relocation of employees.
• Coordinates management response to monthly Joint Occupational Health & Safety Committee (JOHSC) inspection reports.
• Resolve ergonomic concerns as identified in Ergonomic Assessments or Accommodation requests

Program Mandate & Relevant Legislation

Good Governance and Management Practices Domain
Occupational Health & Safety Act; Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11; Smoke-Free Ontario Act; Employment Standards Act

Program Management

The Procurement and Operations Team manages the Operations Program in collaboration with Human Resources – Health and Safety Coordinator, Information Technology, Vaccine Preventable Disease, Emergency Preparedness, other Program Assistants

Key Partners and Stakeholders
Operations works with RHAC to contract and coordinate security services for TOPs. These partners manage the day to day interactions with the guard and will involve Operations in the event of a dispute. A general list of contractors is maintained to ensure immediate resolution to emergency situations should them be required.

Program Interventions / Components		
1	Reception Services	Reception Duties at 50 King include greeting and redirecting clients , switchboard, mail services, distribution of vaccine orders, and providing for coverage for vaccine order preparation.
2	Facilities Management	Facilities management includes general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs, van repairs and maintenance, responds to Operations Help Desk for maintenance, supplies, deliveries, etc., liaise with general contractors for various projects (electrical, plumbing, drywall, painting, etc.)., and management of property leases including any new negotiations, renegotiations and dispute resolution (50 King Street, 201 Queens Ave in London, and 51 Front Street in Strathroy).
3	Receiving and Asset Management	This component includes receiving goods at King Street location, maintaining both on-site and off-site storage facilities, data entry and Identification of assets into data base, removal and disposal of obsolete/broken equipment through various disposal methods, routine maintenance and service requests for folding machines, cutters, laminators.
4	Access Cards and Parking Passes	Provides access control cards for employees at 201 Queens Avenue location, and liaises with landlord for issues and the issuing of parking cards and maintenance of data base which includes enforcement of parking violations.
5	Security	Manage and maintain the controlled access and panic alarm systems and provide oversight of the daytime and after-hours security contract at 50 King Street.
6	Custodial	Manages and maintain the contract for janitorial services for two locations. This includes day-time and evening cleaning for the 50 King Street office and evening cleaning at 51 Front Street.
7	Project Management	Management of Activity Based Workstations, Office Closure, and deliverables from Architect, Project Manager and Landlord for office move.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
Number of Operations Requests Received electronically	323	444	Increase
Number of Operations requests completed within 48 hours	297 (92%)	408	Maintain
Number of Operations requests outstanding for >48 hrs	26 (88%)	36	Maintain

Highlights / Initiatives Planned for 2019

- Clean up activities across the Health Unit will continue
- Additional Activities related to the Move
- Creation of a Centralized Stores
- Implementation of the Intake Line recommendations
- Expansion of Activity Based Workstations

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Manager		0.50	
Program Assistant		1.20	
Receiving and Operations Coordinator		1.00	
Procurement Coordinator		0.25	
		0.00	
		0.00	
Total Program FTE		***2.95***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 165,045		
Benefits			$ 43,077		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 239		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ -		
Total Expenditures	***$ -***	***$ -***	***$ 208,361***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 208,361		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 208,361***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Privacy and Records						497
Standard	Good Governance and Management Practices		**Director Name**	Laura Di Cesare		
Lead Team	Privacy, Risk and Governance		**Manager Name**	Nicole Gauthier		
Supporting Team(s)	Program Planning and Evaluation					

Summary of Program

MLHU has obligations with respect to privacy and records management as set out in the Personal Health Information Protection Act (PHIPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

In order to meet its accountabilities as a health information custodian (HIC) under PHIPA and an institution under MFIPPA, MLHU's Privacy and Records Program includes the following elements:

- Appointment of a privacy officer responsible for organizational legislative compliance
- Training and education for employees
- Policy and procedure development and maintenance
- Privacy impact assessment and consultation
- Response to access and correction requests under PHIPA and MFIPPA
- Breach response and complaint management
- Records management

Privacy and records management are shared responsibilities. The Privacy and Records Program provides the tools, advice and guidance to support teams and programs to manage personal information (PI), personal health information (PHI) and other information in the custody and control of the organization efficiently and in compliance with all policies and regulations.

Program Mandate & Relevant Legislation

Good Governance and Management Domain
Personal Health Information Protection Act (PHIPA)
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Program Management

The Privacy, Risk and Governance Team manages the Privacy and Records Program in collaboration with the Program Planning and Evaluation Team.

Teams and programs across MLHU have an obligation ensure records management practices align with and support privacy and freedom of information requirements; coordination/accountabilities still to be explored/defined.

Information technology team to provide relevant systems to support.

Key Partners and Stakeholders

Information and Privacy Commissioner of Ontario (IPC)

Program Interventions / Components

1	Privacy Consultation and Support	Provide privacy consultation as requested by programs and on strategic, prioritized or program projects .
2	Access and Correction Requests	Oversee processing of access requests and correction requests (PHIPA and MFIPPA)
3	Breach Investigation	Oversee breach containment, investigation, notification and corrective action
4	Records Classification System / Retention Schedule (CS/RS)	Maintain CS/RS. This helps to manage risk and compliance, improve access and collaboration, as well as reducing unnecessary duplication of records. The CS/RS also outlines the records retention schedule for physical and electronic records to ensure that all records are retained according to regulatory and legal requirements.

Program Interventions / Components (continued)		
5	Records Management Consultation and Support	Provide records management consultations as requested by programs and on strategic, prioritized or program projects.
6	Retention, Access and Destruction of Inactive Physical Records	Oversee the process of retaining, accessing and destroying inactive records at MLHU. This is done through facilitating the secure storage and inventory of files, retention on premises in controlled access archive room and secure off-site records storage.
7	Electronic Content Management Consultation and Support	Provide consultation on the electronic capture, management, storage, preservation, and delivery of content and documents related to organizational processes. This expands beyond “records” to include other organizational information.
8	Training and Capacity Building	Design, delivery and evaluation of training and capacity building activities to provide MLHU staff with opportunities to obtain, improve and retain skills, knowledge and experience required to perform the duties associated with Privacy and Records

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
# of confirmed privacy breaches			
# of PHIPA access requests received			
% of PHIPA access requests completed			
# of MFIPPA access requests received			
% of MFIPPA access requests completed			
# of PHI correction requests received			

Highlights / Initiatives Planned for 2019

Implementation of a new policy management software solution will facilitate policy oversight

Implementation of electronic client records (ECR) will have significant privacy components

Updating of the CS/RS with subsequent staff training.

Revised processes for archive room and management of inactive records.

Program Challenges and Risks
Gap in privacy staffing over the past 1-2 years has resulted in a significant demand for privacy consultation with respect to projects and staff privacy practices, and limited resources are available to respond to these needs Costs of security measures and offsite storage of inactive records . Maintaining cross-links between print records and electronic records of the same client and/or record series as the transition is made to ECR.

Staffing Compliment

	2018 Total FTEs	2019 Total FTEs	Δ
Librarian		0.20	
Manager		0.40	
Program Assistant		0.35	
Program Manager		0.10	
		0.00	
		0.00	
Total Program FTE		***1.05***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 80,097		
Benefits			$ 19,369		
Expected Vacancies			$ -		
Travel			$ 49		
Program Supplies			$ 3,053		
Board Expenses			$ -		
Staff Development			$ 4		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 34		
Total Expenditures	***$ -***	***$ -***	***$ 102,606***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 97,872		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ 4,734		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 102,606***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Risk Management				498
Standard	Good Governance and Management Practices	**Director Name**	Laura Di Cesare	
Lead Team	Privacy, Risk and Governance	**Manager Name**	Nicole Gauthier	
Supporting Team(s)				

Summary of Program

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

Program Mandate & Relevant Legislation

Good Governance and Management Domain

Program Management

The Privacy, Risk and Governance Team manages the Risk Management Program.

Key Partners and Stakeholders

Program Interventions / Components		
1	Administrative Policy Development and Maintenance	Provide oversight for the MLHU Administrative Policy Manual and Governance Policy Manual, including strategic project to implement a new policy management software solution Provide consultation and collaborate with content experts to ensure administrative and governance policies reflect current best practices and legislative requirements
2	Risk Monitoring and Reporting	Establish and maintain processes for the consistent monitoring and reporting of corporate, program and project level risks and mitigations to management and the Board of Health as appropriate
3	Risk Consultation and Education	Provide risk consultation on strategic projects and as requested by programs Provide coaching and education to support capacity-building across all levels of the organization

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)
% of administrative policies that are up-to-date	12%	10%	100%
Risk assessment, mitigation, monitoring and reporting included in program planning and evaluation framework	N/A	N/A	Yes
Corporate level risks are monitored and reported on to management and the Board of Health as appropriate on a quarterly basis	N/A	Yes	Yes

Highlights / Initiatives Planned for 2019

Implementation of a new policy management software solution will facilitate policy oversight

Program Challenges and Risks

Lack of dedicated risk management resource over the past 1-2 years has limited capacity-building efforts at the program level

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Manager		0.40	
Program Assistant		0.25	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.65***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 51,046		
Benefits			$ 12,350		
Expected Vacancies			$ -		
Travel			$ -		
Program Supplies			$ 1,065		
Board Expenses			$ -		
Staff Development			$ -		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ -		
Total Expenditures	***$ -***	***$ -***	***$ 64,462***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 64,462		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 64,462***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Chief Nursing Officer				499
Standard	Public Health Practices	**Director Name**	Heather Lokko	
Lead Team	Chief Nursing Officer	**Manager Name**	Heather Lokko	
Supporting Team(s)				

Summary of Program

Effective January 2013, boards of health were required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) together work with nurses across the agency to reach this goal, in order to ensure quality outcomes for the community.

Establishing strong nursing leadership has implications for the quality of nursing practice, service delivery, organizational effectiveness and, ultimately, population health outcomes. This occurs through: 1) Promoting use of research, evidence based practice and innovation in public health and nursing practice; 2) Supporting/advocating for professional development opportunities, which is linked to nurse retention, job satisfaction and positive client health outcomes; 3) Developing a positive work environment, which supports nurse empowerment, work performance and effectiveness, and occupational mental health; 4) Providing accessible and visible leadership that staff can connect with; and 5) Contributing to future development of organization (e.g. strategic planning, visioning, performance). The Chief Nursing Officer and Community Health Nursing Specialist work together to support these goals in a manner that respects excellence in all disciplines and recognizes the integration of nurses within the organization, through providing consultative support regarding nursing practice issues; leading and/or contributing to policy/procedure and medical directive development for public health practice; providing leadership to the Nursing Practice Council; supporting the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice; planning agency-wide professional development opportunities; supporting national/international certifications (i.e., Community Health Nursing, International Certified Lactation Consultants, Certification in Infection Control); fostering, supporting, and maximizing academic partnerships; considering and addressing needs related to continuous quality improvement of nursing practice; promoting competency-based performance evaluation; and engaging in local, regional, and provincial nursing practice strategic initiatives.

Program Mandate & Relevant Legislation

Public Health Practice Domain
RNAO CNE/CNO Role and Responsibilities Framework
Public Health Chief Nursing Officer Working Group Report
NFP Core Model Elements

Program Management

This program is managed by the Chief Nursing Officer.

Key Partners and Stakeholders

The Chief Nursing Officer and the Community Health Nursing Specialist work collaboratively with MLHU's Nursing Practice Council. This Council has nurse representatives from across the organization, as well as reps from the ONA Union and Human Resources.

The Community Health Nursing Specialist: NFP Ontario Nursing Practice Lead works with the 5 health units implementing NFP. Other stakeholders include Canadian NFP Clinical Group, National NFP Governance Group, Ontario NFP Community of Practice, Ontario NFP Advisory Committee.

Program Interventions / Components

1	Consultation	The Chief Nursing Officer and Community Health Nursing Specialists respond to requests from nursing staff, managers/directors, other health units, and local nursing educational institutions. Consultation requests focus on professional practice issues, situational problem-solving, facilitation of nursing practice change, knowledge exchange, resource sharing, recruitment, nursing system issues, nursing education, and nursing leadership. The CHNS-NFP provides nursing practice consultation and NFP implementation support to all NFP-implementing health units in Ontario.

Program Interventions / Components (continued)		
2	Nursing Practice Council	MLHU's Nursing Practice Council vision is, "Together, advancing public health nursing practice for the health of our community" and its mission is, "We inspire and support an integrated, cohesive community of nurses who demonstrate accountability and excellence". This Council has nurse representatives from across the organization, as well as reps from the ONA Union and Human Resources. This group has worked together to develop a 3-year plan, which has been approved by the Senior Leadership Team, with activities focused on the following areas: 1) connecting evidence to practice; 2) supporting advocacy competency in PHN's; 3) supporting nursing mentorship; 4) Supporting nursing student placements; 5) Identifying strategies to develop core competencies. Steps have been taken in all areas of focus, with further actions planned for 2019.
3	Active Participation in Nursing Networks and Working Groups	The Chief Nursing Officer and Community Health Nursing Specialist actively participate in local, regional and provincial networks to promote public health and the profession of nursing, such as: • Association of Ontario Public Health Nurse Leaders • London Nurse Leaders Network • Central West Professional Practice Lead Network • Community Health Nurses of Canada • Canadian NFP Clinical Group • Canadian Collaborative for NFP • TVIC Incubator

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
# substantial consultations regarding nursing practice issues / # policies, directives, protocols developed &/or revised	95 / 16	53 / 11	Increase

Highlights / Initiatives Planned for 2019
A CHNS: NFP Ontario Nursing Practice Lead will be hired early in 2019. Work with OPHNL will focus on advising the College of Nurses regarding RN prescribing

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Chief Nursing Officer		0.10	
Community Health Nursing Specialist		0.20	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***0.30***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 31,081		
Benefits			$ 7,324		
Expected Vacancies			$ -		
Travel			$ 310		
Program Supplies			$ 109		
Board Expenses			$ -		
Staff Development			$ 286		
Occupancy			$ -		
Professional Services			$ 3,710		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 728		
Total Expenditures	***$ -***	***$ -***	***$ 43,547***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 24,751		
MOHLTC (100%)			$ 14,381		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ 4,414		
Total Revenues	***$ -***	***$ -***	**$ 43,547**		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Office of the Medical Officer of Health						500
Standard	Good Governance and Management Practices		**Director Name**	Chris Mackie		
Lead Team	Office of the Medical Officer of Health		**Manager Name**	Chris Mackie		
Supporting Team(s)						

Summary of Program

Provides leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, and OMOH administrative staff. Provides advice and support to the Board of Health.

Program Mandate & Relevant Legislation

Health Promotion and Protection Act
- Overall compliance
- Requirement to have a full time medical officer of health.

Program Management

In addition to leadership and oversight of all programs, the Office of the Medical Officer of Health directly oversees the managers of the Foundational Standard work of the Communications and the Population Health Assessment and Surveillance teams.

Key Partners and Stakeholders

Key partners for the Office of the Medical Officer of Health are numerous, and change depending on the key issues being addressed. They include leadership of local and regional healthcare and social sector agencies, municipalities and other government agencies, and grassroots organizations.

Program Interventions / Components		
1	Overall Leadership and Strategy	• Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team
2	Financial Management	• Developing and implementing annual budget in partnership with the Director of Healthy Organization and the Senior Leadership Team
3	Board of Health Advice and Support	• Ensuring that Board of Health members can make decisions that are guided by relevant research ("evidence-informed"), as well as local context.

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)
Strategic Plan Items On Track or Completed	100%	91%	100%
Year-End Variance	<2%	<2%	Maintain
Board of Health Members Satisfied or Very Satisfied with Staff Advice and Support	93%	94%	100%

Highlights / Initiatives Planned for 2019

- Implementing the current MLHU Strategic Plan, and initiating the Strategic Plan renewal process
- Leading through the relocation of MLHU's London offices
- Supporting the implementation of the planning and evaluation framework
- Advancing MLHU's work to measure and respond to client input
- Continuing to advance healthy public policy work with municipal partners

Program Challenges and Risks

- Budget uncertainty
- Balancing internal and external demands for time

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Medical Officer of Health and Chief Executive Officer		1.00	
Associate Medical Officer of Health		0.00	
Executive Assistant		1.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 359,612		
Benefits			$ 75,309		
Expected Vacancies			$ -		
Travel			$ 5,217		
Program Supplies			$ 2,303		
Board Expenses			$ -		
Staff Development			$ 4,348		
Occupancy			$ -		
Professional Services			$ 88,435		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,565		
Total Expenditures	***$ -***	***$ -***	***$ 536,789***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 489,814		
MOHLTC (100%)			$ 46,975		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 536,789***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Office of the Director - Environmental Health and Infectious Disease						501
Standard	Good Governance and Management Practices		**Director Name**	Stephen Turner		
Lead Team	Office of the Director - EHID		**Manager Name**	Stephen Turner		
Supporting Team(s)						

Summary of Program

Oversight of the activities and staff of the EHID service area in all areas including program and service delivery, performance, human resources, and finance, is provided by the Director and supported by the Executive Assistant. The Environmental Health and Infectious Disease Division Teams include: Vaccine Preventable Disease; Infectious Disease Control; Sexual Health; Emergency Management; Safe Water, Rabies and Vector-Borne Disease; Food Safety and Healthy Environments.

Program Mandate & Relevant Legislation

See related teams and programs.

Program Management

Key Partners and Stakeholders

Program Interventions / Components		
1	Budget	• Responsible for coordination, review and presentation of Division PBMA submissions • Responsible for ongoing budgetary monitoring through quarterly variance reviews.
2	Strategic Priorities	• Update EHID Division Balanced Scorecard • Develop Team-level Balanced Scorecards reflecting objectives in Division • Identify opportunities for improved collaboration
3	Travel Immunization Service Contract	• Monitors and oversees the Travel Immunization Clinic service contract

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)

Highlights / Initiatives Planned for 2019

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Director		1.00	
Administrative Assistant to the Director		1.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***2.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 195,117		
Benefits			$ 43,908		
Expected Vacancies			$ -		
Travel			$ 1,737		
Program Supplies			$ 3,123		
Board Expenses			$ -		
Staff Development			$ 1,000		
Occupancy			$ -		
Professional Services			$ 11,077		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,972		
Total Expenditures	***$ -***	***$ -***	***$ 257,934***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 254,088		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ 3,846		
Total Revenues	***$ -***	***$ -***	***$ 257,934***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Office of the Director - Healthy Organization						502
Standard	Good Governance and Management Practices		**Director Name**	Laura Di Cesare		
Lead Team	Office of the Director - H Org		**Manager Name**	Laura Di Cesare		
Supporting Team(s)						

Summary of Program

The Office of the Healthy Organization plays a forward thinking leadership role both for the Division and for MLHU. The Director is required to work closely with the Senior Leadership team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives and manage the deliverables for the various committees of the Board (FFC and Governance). The Director oversees all of the Healthy Organization Teams and Programs with particular focus on:

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

Program Mandate & Relevant Legislation

See related teams and programs.

Program Management

Key Partners and Stakeholders

Program Interventions / Components		
1	Budget	Responsible for managing the Office of the Director budget, which includes allocation for major organizational-wide Employee Development and Mandatory Training as well as the Be Well Initiative.
2	Strategic Priorities	Director is required to work closely with the Senior Leadership Team and the Board of Health to develop and implement strategic plans, set and measure organizational goals and initiatives, and manage the deliverables for various committees of the Board (Finance and Facilities, and Governance).

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)

Highlights / Initiatives Planned for 2019

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Director		1.00	
Executive Assistant		0.50	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.50***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 163,804		
Benefits			$ 36,808		
Expected Vacancies			$ -		
Travel			$ 16,120		
Program Supplies			$ 275		
Board Expenses			$ -		
Staff Development			$ 83,957		
Occupancy			$ -		
Professional Services			$ 53,000		
Furniture & Equipment			$ -		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 735		
Total Expenditures	***$ -***	***$ -***	***$ 354,699***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 354,699		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 354,699***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Office of the Director - Healthy Living					503
Standard	Good Governance and Management Practices		**Director Name**	Maureen Rowlands	
Lead Team	Office of the Director - HL		**Manager Name**	Maureen Rowlands	
Supporting Team(s)					

Summary of Program

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

Program Mandate & Relevant Legislation

See related teams and programs.

Program Management

See related teams and programs.

Key Partners and Stakeholders

See related teams and programs.

Program Interventions / Components		
1	Budget	• Responsible for the divisional variance process • Divisional PBMA process
2	Strategic Priorities	• Creation and implementation of a divisional balanced scorecard

Performance / Service Level Indicators			
Indicator	2017	2018	2019 (target)

Highlights / Initiatives Planned for 2019

Program Challenges and Risks

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Administrative Assistant to the Director		1.00	
Director		1.00	
Policy Advisor		1.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***3.00***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 291,755		
Benefits			$ 67,323		
Expected Vacancies			$ -		
Travel			$ 4,000		
Program Supplies			$ 5,450		
Board Expenses			$ -		
Staff Development			$ 3,125		
Occupancy			$ -		
Professional Services			$ 5,000		
Furniture & Equipment			$ 1,301		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,500		
Total Expenditures	***$ -***	***$ -***	***$ 379,454***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 379,454		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 379,454***		

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

2019 Annual Service Plan

Office of the Director - Healthy Start						504
Standard	Good Governance and Management Practices		**Director Name**	Heather Lokko		
Lead Team	Office of the Director - HS		**Manager Name**	Heather Lokko		
Supporting Team(s)						

Summary of Program

The Office of the Director, Healthy Start Division is comprised of the Director of Healthy Start and the Program Assistant to the Director. The Director provides strategic leadership and oversight of the division, and the Program Assistant supports the Director in this work. Provision of consultative program support and/or direction to managers and other staff throughout the division is an important part of this role. Involvement in local, regional, and national initiatives related to Healthy Start populations and priorities is also undertaken.

Program Mandate & Relevant Legislation

See related teams and programs.

Program Management

Key Partners and Stakeholders

Program Interventions / Components		
1	Strategic Priorities	The Director leads the development and oversees the implementation of the divisional balanced scorecard to advance the strategic priorities of the organization. Strategic oversight of all programs in the division is provided, as well as ongoing consultative support as needed.
2	Budget	The Director oversees the budget for the division, and ensures completion of the quarterly divisional variance process. Additionally, the Director facilitates the process of identifying, examining, and prioritizing PBMA disinvestments and enhancements.
3	Oversight of Divisional Activities	The Director facilitates and provides oversight of the implementation of the Ontario Public Health Standards, Guidelines and Protocols that are most relevant to the Healthy Start Division. This includes provision of overall direction to the Healthy Start planning initiative.

Performance / Service Level Indicators

Indicator	2017	2018	2019 (target)

Highlights / Initiatives Planned for 2019

- Continue with Healthy Start planning initiative (division-level planning within priority topic areas) to support evidence-informed decision-making, staff capacity-building, and a more cohesive and systemic approach to planning, intervention and evaluation.
- Planning for ECR implementation in Healthy Start
- Identification and prioritization of one advocacy initiative within Healthy Start

Program Challenges and Risks

- The Healthy Start planning initiative is an essential and valuable initiative which will require substantial resources. It is possible that the planning process may result in recommendations for substantive program changes.

Staffing Compliment			
	2018 Total FTEs	2019 Total FTEs	Δ
Director		0.70	
Administrative Assistant to the Director		1.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total Program FTE		***1.70***	

Expenditures					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
Salary & Wages			$ 154,525		
Benefits			$ 37,716		
Expected Vacancies			$ -		
Travel			$ 2,500		
Program Supplies			$ 7,750		
Board Expenses			$ -		
Staff Development			$ 3,125		
Occupancy			$ -		
Professional Services			$ -		
Furniture & Equipment			$ 1,300		
Contributions to Reserves			$ -		
Other Agency Costs			$ -		
Other Program Costs			$ 1,700		
Total Expenditures	***$ -***	***$ -***	***$ 208,615***		

Funding Sources					
	2017 Budget	2018 Budget	2019 Budget	$ increase ($ decrease)	% increase (% decrease)
MOHLTC (Cost Shared)			$ 208,615		
MOHLTC (100%)			$ -		
MCCSS			$ -		
PHAC			$ -		
PHO			$ -		
User Fees			$ -		
Other			$ -		
Total Revenues	***$ -***	***$ -***	***$ 208,615***		

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 008-19FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2019 February 14

SOUTHWEST TOBACCO CONTROL AREA NETWORK (SW TCAN) SINGLE SOURCE VENDOR

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health award a single-source vendor contract to Rescue: The Behavior Change Agency in an amount up to $127,003.53 as identified in Report No. 008-19FFC re: "Southwest Tobacco Control Area Network (SW TCAN) Single Source Vendor."

Key Points

- In 2013, the SW TCAN (MLHU) issued an RFP and contracted Rescue: The Behavior Change Agency to conduct research on youth social identities in the SW and CW TCAN regions.
- In 2014, the CW TCAN (Hamilton Public Health) issued an RFP, and Rescue was selected as the successful vendor to complete Phase 2 of the project.
- For 2015–18, the SW TCAN (MLHU) awarded a single-source vendor contract to Rescue after receiving approvals from the Director, Medical Officer of Health, and Board of Health.
- For 2019, the SW TCAN (MLHU) would like to award a single-source vendor contract to Rescue: The Behavior Change Agency to complete the final year of work in our logic model.

Background

According to the most recent Ontario Student Drug Use and Health Survey, 7% of Ontario youth use tobacco products (OSDUHS 2017). To date, tobacco prevention efforts have been targeting the average teen, but today the average teen in Ontario is likely to be tobacco-free. Therefore, tobacco prevention efforts need to be tailored to reach the small subpopulations of Ontario teens who continue to use tobacco. The Southwest and Central West Tobacco Control Area Networks (SW TCAN and CW TCAN) contracted Rescue to perform a Functional Analysis for Cultural Interventions (FACI™) study. The purpose of the study was to identify features of modern-day teen smokers and what influences them. In summary, the research found that youth influenced by the "alternative" and "hip hop" peer crowds were 2.3 times more likely to use tobacco products than youth not influenced by these peer crowds (49.2% vs. 18.6%).

In 2014, the SW/CW TCANs worked closely with Rescue to use the research recommendations to develop a campaign that directly targets the alternative peer crowd. In 2015, Phase 3 of the project was rolled out, which saw a soft launch of the campaign in the SW and CW TCAN regions. In 2016, 2017, and 2018, there was a full roll-out of the Uprise project.

The Ontario Tobacco Research Unit (OTRU), Rescue, and Health Unit staff have developed an evaluation strategy for the Uprise project. A project such as this takes time to yield results; the goal is not only to become an influencer in the alternative peer crowd, but subsequently also to create behaviour change among alternative youth. A logic model has been developed (see Appendix A) with a goal of seeing decreased smoking rates among CW/SW alternative youth by 2020. Baseline research was collected in 2015, which showed 31% of youth respondents had smoked a cigarette in the last 30 days, far surpassing the provincial rate of 9%. This helped us to confirm the importance of targeting peer crowds with tailored interventions such as this. A formative evaluation took place in 2017 (see Appendix B). Another round of evaluation is currently taking place, and the report can be shared when it is received.

Vendor Procurement

Rescue was the successful bidder in both the 2013 and 2014 procurement processes, and was subsequently awarded a single-source vendor contract from 2015 to 2018. In the past six years, Rescue has demonstrated their unique ability to reach alternative youth successfully through social media and by engaging with key influencers in the alternative scene, such as bands and concert venues. A market scan conducted by Health Unit staff in January 2019 determined that Rescue remains the only existing agency with the expertise and experience required to perform this work. Although Rescue holds a copyright on "social branding" and on the FACI™ tool used in the evaluation of this campaign, they have previously worked collaboratively with TCAN staff and the OTRU to establish the evaluation framework. This methodology will be used again for the final phase in the project's five-year plan. Rescue will work directly with Health Unit staff to analyze outcomes and draft an evaluation report. Rescue has expertise in connecting with the alternative culture—expertise that neither public health nor other research and marketing agencies currently have—and can promote the brand and key messages in a way that is perceived as authentic by the audience.

The Uprise project expanded across the province in 2017 and will continue to reach most of the province in 2019. Unfortunately, the CE and Toronto TCANs had to withdraw from the project due to lack of funding for 2019. The SW/CW TCANs will thus remain the project managers and maintain a physical presence at events. Therefore, if approved, the majority of the contract will be paid by the SW/CW TCANs, with only the project's social media aspect shared across the province. A draft contract has been discussed with Rescue for Phase 7 in the amount of $127,003.53 (figure includes HST). The chart below outlines how the contract will be cost-shared among the TCANs.

TCAN	Size of Alternative Audience*	Total Cost
East	88,000	$9,000
North East	14,000	$2,667
North West	5,800	$1,250
Southwest/Central West	203,000	CW = $68,451.92 (60%) SW = $45,634.61 (40%)
Total	440,800	$127,003.53

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

If approved, the Health Unit will enter into a contract with Rescue for the 2019 project year. In the contract's severability clause, explicit language will be included to allow the Health Unit to terminate the contract in the event of funding constraints.

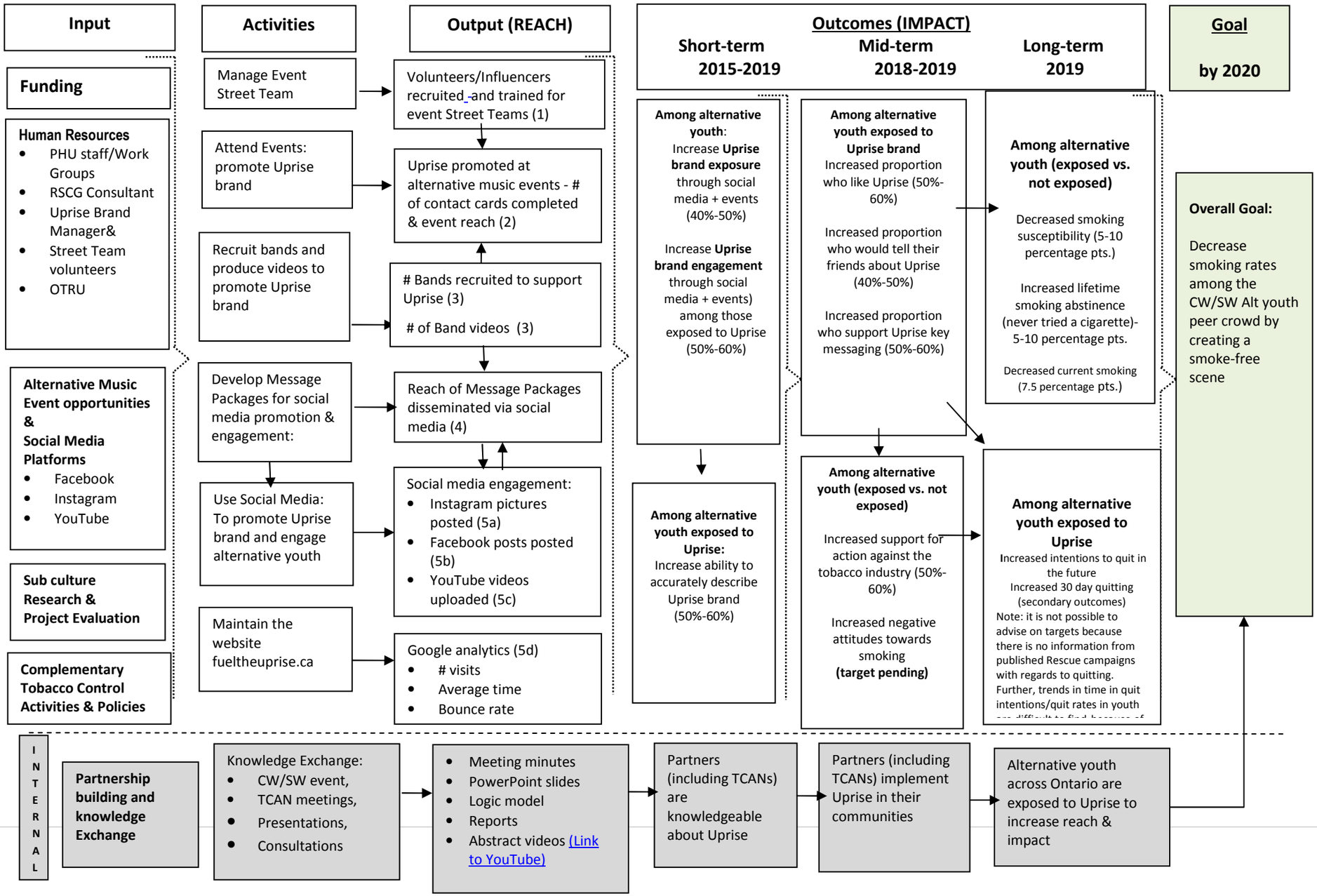
In accordance with Policy G-230 (Procurement) and the associated Health Unit Procurement Protocols (G-230A) identifying non-competitive purchases (3.0) and approval guidelines for single-/sole-source contracts (5.11), it is recommended that Rescue: The Behaviour Change Agency be approved for hire as a single-source vendor.

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

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

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

Uprise Social Branding Logic Model 2013-2020



Appendix B to Report No. 009-19FFC

THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Generating knowledge for public health

UPRISE – 2017 Baseline Survey Report

July, 2018

Suggested Citation: O'Connor S, Borland T, Dubray J, McCully H. Uprise Survey Report, 2017. Toronto: Ontario Tobacco Research Unit, May 2018.

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UPRISE Background

In 2013, a Functional Analysis for Cultural Interventions (FACI) was conducted by Rescue with teens in Central and South West Ontario to better understand the relationship between youth sub-cultures and tobacco use. Findings from this study showed that teens that are influenced by the Hip Hop and Alternative peer crowd are at the highest risk for tobacco use. In July 2015, a campaign called UPRISE was launched to address tobacco use among youth who identify with the Alternative peer crowd. UPRISE is designed based on Rescue's proprietary Social Branding® model. The objective of the campaign is to eliminate the pro-tobacco perceived norms of Alternative youth while simultaneously increasing the belief that being tobacco-free is an important component of being part of the Alternative peer crowd.

The following components are part of UPRISE's Social Branding® strategy:

- Attending events, such as rock music concerts, to build the brand's social influence within the Alternative culture.
- Recruiting and training influencers within the Alternative culture, such as bands, to support UPRISE's key messages.
- Aligning anti-tobacco messages with the peer crowd's values and interests, delivered through social media channels that alternative youth are actively using.

To monitor the impact of UPRISE on youth exposed versus those unexposed to the brand, a survey was first administered in the summer of 2017 to assess:

- Demographics and peer crowd affiliation (measured by Rescue's I-Base™ survey);
- Use of tobacco products, e-vaporizers and marijuana
- Tobacco use susceptibility and quit intentions
- Perceived peer tobacco norms
- Brand awareness (aided and unaided), recognition and support
- Attitudes and beliefs towards tobacco/tobacco companies

This report presents the results of this baseline survey.

Evaluation Methods

The UPRISE survey was conducted using the REDCap online survey capture tool. Eligible respondents received a $5 gift card.

Respondents were recruited in the summer of 2017 (June 21- August 30) using Facebook advertisements targeting youth aged 13-18 years old residing in the Central and South West Tobacco Control Area Networks (TCANs). A particular focus for these two TCANs was to recruit youth who appeared to belong to an alternative peer crowd, as determined through users' Facebook page characteristics. 3070 individuals clicked the Facebook advertisement and entered the survey. In total, 973 respondents were eligible and included in the analyses. Reasons for ineligibility included incorrect geography (outside of the Central and South West TCAN catchment areas), incorrect age or multiple entries from the same person.

Data was analyzed overall and by exposure level (i.e., aware vs. unaware of the UPRISE campaign). A sub-analysis was conducted by peer crowd affiliation. Peer crowd affiliation was determined using Rescue's I-Base™ Survey items, which consist of pictures of youth representing various peer crowds. Respondents rated these pictures in terms of with who they would most and least likely be in their immediate circle of friends. In total, 5 peer crowds were assigned to the youth sample including Alternative, Country, Hip Hop, Mainstream and Preppy. Given that the focus of the Central and South West TCANs UPRISE campaign was to target the Alternative peer crowd, we classified respondents as *Alternative* or *Other* (a combination of the 4 other peer crowds) for analytical purposes. Those respondents classified as *Alternative* may have been solely *Alternative* or mixed (*Alternative* plus one or more other peer crowds). The *Other* peer crowd category had an absence of *Alternative* influence, as determined by Rescue.

Data analysis was conducted using SAS, the Statistical Analysis Software.

Results: Total Sample Analysis

Demographics

A total of 973 young people between 13 and 18 years of age completed the online survey and were included in our analysis. Females comprised 60% of the sample, and 73% of respondents identified white as their primary racial identity (see Table 1 for a breakdown of these categories).

Approximately 21% (n=200) of respondents were influenced by the *Alternative* peer crowd, with the remaining sample having *Other* peer crowd affiliations (79%, n=773). The most common *Other* peer crowds were *Mainstream* (n=715) and *Popular* (n=683), followed by *Hip Hop* (n=316) and *Country* (n=283). Of note, one can be influenced by multiple peer crowds and thus categories are not mutually exclusive, as shown in Table 2.

Table 1: Demographic Characteristics

Age	**Percent (n)**
13	2% (24)
14	10% (101)
15	18% (173)
16	22% (216)
17	26% (257)
18	21% (202)
Gender	
Female	60% (583)
Male	34% (327)
Trans	3% (31)
Other	3% (31)
Racial Identity	
Aboriginal	2% (15)
Asian	10% (96)
White	73% (708)
Other	15% (150)

Table 2: Peer Group Demographics

Peer Group[a]	Percent (%)	n
Alternative	21	200
Non-Alternative	79	773
Country	29.1	283
Hip Hop	32.4	316
Mainstream	73.4	715
Popular	70.2	683

[a]Peer group coding permitted respondents (n=973) to be in multiple peer groups. Respondents in the Alternative peer group (n=200) are not included in the Non-Alternative (other) peer groups (total n=773).

UPRISE Brand Awareness

One quarter (24%) of respondents reported being aware of the UPRISE brand including 8% who had confirmed unaided awareness and a further 18% who had aided awareness (i.e., campaign was described to participants). (Table 3)

The top three ways in which respondents heard about the UPRSIE brand included: watched a video (70%), visited a website (46%), and talked to friends (39%). (Table 4)

Table 3: Brand Awareness

Awareness	Percent, %	n
Unaided	8	79
Aided	18	157
Total	24	236

Table 4: Ways in which respondents heard about UPRISE

Exposure Channel	Percent, %	n
Watched a video	70	162
Visited a website	46	104
Talked to friends	39	90
Followed on social media	28	65
Talked to an UPRISE rep	26	59
Social media contest	18	41
Merchandise	10	23
Mailing List	10	22

Note: Ranked highest to lowest percent.

UPRISE Brand Impact (Exposed vs. Unexposed)

Support

Among the total sample, a statistically significant difference was found in the level of support for UPRISE by awareness level. That is, respondents who were aware of the campaign were more likely to offer support (83%) compared to those unaware of the campaign (68%). Respondents unaware of UPRISE appeared more likely to be unsure of their support compared to those who were aware of UPRISE (21% vs. 8%). (Table 5)

Table 5: Support for UPRISE by awareness level

Support	Unaware % (n)	Aware % (n)
Not Sure	21 (156)	8 (19)
No	11 (78)	9 (20)
Yes	68 (500)	83 (193)

Attitudes and Beliefs

Among the total sample, a significantly greater proportion of those who were aware of the UUPRISE brand agreed with the following statements (vs. those unaware of the brand):

- '*Tobacco companies lie*' (79%, n=180 vs. 68%, n=492)
- '*Taking a stand against the tobacco industry is important to me*' (78%, n=182 vs. 65%, n= 465)
- '*I would like to be involved with efforts to get rid of tobacco products*' (68%, n=158 vs. 53%, n= 378)

Susceptibility to Smoking

Among the total sample, susceptibility to smoking did not statistically differ by awareness of the UPRISE campaign—39% susceptible (n=198) in the not aware group versus 46% susceptible (n=66) in the aware group.

Smoking Behaviour

Among the total sample, past 30-day smoking behaviour (daily, almost daily, some days, no smoking) did not significantly differ by campaign exposure. Notwithstanding, among respondents who smoked in the past 30 days, 45% (n=91) were not aware of the campaign whereas 59% (n=50) were aware of the campaign (interpret with caution).

Quit Behaviour

Among the total sample, quit behaviour was associated with awareness level: among respondents who signaled an intention to quit, 42% (n=35) of those aware of UPRISE indicted they wanted to quit smoking compared to 26% (n=51) of respondents unaware of UPRISE.

Results: Peer Group Sub Analysis

Demographics

Across the entire sample of 973 respondents, approximately 21% (n=200) were influenced by the *Alternative* peer crowd. The remaining sample (79%, n=773) was influenced by one or more *Other* peer crowds including Mainstream (n=715), Popular (n=683), Hip Hop (n=316) and Country (n=283). Of note, one can be influenced by multiple peer crowds and thus categories are not mutually exclusive (however, the *Other* peer crowd does not include any *Alternative* peer crowd influences). In what follows, we classify peer crowds as *Alternative* and *Other*.

Respondent demographics are found in Table 6. Significant differences were found between 'Other' and ''Alternative'' respondents for gender and racial identity.

Table 6: Demographic Characteristics by *Other* and *Alternative* Peer Crowds

	Other (n=773)	Alternative (n=200)
Age		
13	2% (18)	3% (6)
14	10% (79)	11% (22)
15	18% (140)	16.5% (33)
16	23% (180)	18% (36)
17	26% (203)	27% (54)
18	20% (153)	24.5% (49)
Gender [a]		
Female	61% (474)	54.5% (109)
Male	36% (275)	26% (52)
Trans	1% (10)	10.5% (21)
Other	2% (13)	9% (18)
Racial Identity [a]		
Aboriginal	1% (10)	2.5% (5)
Asian	12% (91)	2.5% (5)
White	71% (547)	81% (161)
Other	16% (123)	14% (27)

[a] Significant difference *p*-value <0.05
Note: Other is all peer crowds captured in the sample but excludes the *Alternative* crowd.

Tobacco Use and Attitudes

To gain a better understanding of differences between the *Other* and *Alternative* peer crowds, data on tobacco use and attitudes are presented below (this is general surveillance data and does not speak to campaign exposure, which is presented in a subsequent section).

A significantly greater proportion of *Alternative* respondents reported ever using tobacco products, cigars/cigarillos and marijuana compared to *Other* respondents (Table 7). Further, a significantly greater proportion of *Other* respondents compared to *Alternative* respondents reported "None" when asked if they had ever tried any of the following (i.e., e-vaporizers, waterpipe, cigars/cigarillos, smokeless tobacco and marijuana (Table 7).

A significantly greater proportion of *Alternative* respondents (14%, n=17) reported that they would use tobacco if their best friend offered it to them compared to *Other* respondents (7%, n=36; data not shown).

Approximately half of all *Other* and *Alternative* respondents who have tried a tobacco product reported already having quit (53% vs. 46%; see Table 7); 28% and 38% reported intentions to quit, respectively (interpret with caution).

Table 7: Tobacco Use by *Other* and *Alternative* Peer Crowds

	Other (n=773)	Alternative (n=200)
Ever used a tobacco product?[a]	**28% (211)**	**39% (76)**
Ever tried the following?		
E-vaporizers	31% (236)	37% (74)
Waterpipe	10% (79)	8% (16)
Cigars/cigarillos[a]	**13% (103)**	**19.5% (39)**
Smokeless tobacco	5% (38)	3% (6)
Marijuana[a]	**26% (200)**	**33% (66)**
None of the above[a]	**54% (415)**	**44% (88)**
Intentions to quit?	**Other (n=211)**	**Alternative (n=76)**
Already quit	53% (109)	46% (35)
Yes	28% (57)	38% (29)
No	19% (38)	16% (12)

[a]Significant difference *p*-value <0.05.
Note: Other is all peer crowds captured in the sample but excludes the *Alternative* crowd.

Compared to *Other* respondents, a significantly greater proportion of *Alternative* respondents reported that the following groups in their social networks used tobacco: 'The most social, well known people you hang out'; 'close friends' and 'family' (Table 8).

Table 8: Perceived Norms of Tobacco Use by *Other* and *Alternative* Peer Crowds

Perceived Norms (Tobacco Use)	Other Mean % (SD)	Alternative Mean % (SD)
People your age	35.2 (23.1)	37.8 (24.6)
The most social, well-know people out hang out with[a]	**29.5 (27.8)**	**35.2 (29.6)**
Your close friends[a]	**13.7 (23.5)**	**21.9 (29.3)**
People you party with	25.7 (29.5)	28.9 (33.2)
Your family[a]	**16.8 (23.6)**	**25.5 (29.0)**

[a] Significant difference *p*-value <0.05. *p*-values are from t-tests for differences in means between groups.
Note: In response to each question listed above, respondents were able to choose from between 0 to 100% at 10% intervals. *Other* is all peer crowds captured in the sample but excludes the *Alternative* crowd.

Respondents were asked a series of questions assessing how much they agreed with statements about tobacco companies and tobacco use (Table 9). Respondents had high levels of agreement with the majority of statements (68% to 87%). About 6 in 10 respondents agreed with the following statement: '*I would like to be involved to get rid of tobacco products*'.

A significantly greater proportion of *Other* respondents reported that a tobacco-free lifestyle was important to them compared to *Alternative* respondents. All other statements were not statistically significant between these two peer groupings.

Table 9: Participant Agreement with Tobacco Statements by *Other* and *Alternative* Peer Crowds

Tobacco Statements	Other, % (n)	Alternative, % (n)
I would like to see tobacco companies out of business	77% (580)	79% (154)
Tobacco companies lie	70% (527)	74% (145)
Tobacco-free lifestyle is important[a]	**87% (658)**	**81% (158)**
Taking a stand against tobacco companies is important	68% (510)	70% (137)
I want to be involved in efforts to get rid of tobacco products	56% (419)	60% (117)

[a] Significant difference *p*-value <0.05
Note: Agreement derived from Strongly Agree and Agree responses. *Other* is all peer crowds captured in the sample but excludes the *Alternative* crowd.

UPRISE Brand Awareness and Support

A significantly greater proportion of *Alternative* respondents reported being aware of the UPRISE brand compared to *Other* peer crowd respondents (Table 10).

The top three ways in which *Alternative* and *Other* respondents heard about the UPRISE brand were: 'Watched a video', 'Visited a website' and 'Talked to a friend'. No significant differences were found between 'Other' and ''Alternative'' with regards to how they heard about Uprise (Table 11).

Respondents expressed high levels of support for the UPRISE brand, with approximately three quarters of *Other* (71%, n=547) and *Alternative* (74%, n=146) respondents reporting support. A moderate amount of respondents were unsure of their support for the brand (*Other*: 18%, n=135; *Alternative*: 20%, n=40; Data not shown).

Table 10: Brand Awareness by *Other* and *Alternative* Peer Crowd

	Other, % (n)	Alternative, % (n)
Awareness		
Unaided [a]	6% (48)	15.5% (31)
Aided [a]	15% (111)	27% (46)
Total [a]	21% (159)	38.5% (77)

[a]Significant difference, *p*-value <0.05
Note: Other is all other peer crowds captured in the sample but excludes the *Alternative* crowd.

Table 11: Ways in which respondents heard about UPRISE by *Other* and *Alternative* Peer Crowd

Exposure Channel[a]	Other, % (n)	Alternative, % (n)
Watched a Video	70.5% (110)	69% (52)
Visited a Website	44% (68)	49% (36)
Talked to a friend	40% (63)	37% (27)
Social media	27% (42)	31% (23)
Social media contest	15% (23)	25% (18)
Talked to Uprise rep	27% (42)	23% (17)
Merchandise	12% (18)	7% (5)
Mailing List	12% (18)	6% (4)

[a] No significant difference between groups. Ranked highest to lowest by *Alternative* peer crowd affiliation.
Note: Other is all peer crowds captured in the sample but excludes the *Alternative* crowd.

UPRISE Brand Impact (Exposed vs. Unexposed)

Support

Among *Alternative* respondents, a significant difference was found in the level of support for UPRISE by awareness level (i.e. unaware vs. aware), with support being higher for the campaign aware group than the unaware group (85.5% vs. 66%); respondents who reported that they were not sure of their support for UPRISE were less likely to be in the campaign aware group compared to those unaware of the campaign (9% vs. 27%). (Table 12)

Table 12: Alternative Peer Crowd Support for UPRISE by Awareness Level

Support[a]	Unaware % (n)	Aware % (n)
Not Sure	27 (33)	9 (7)
No	7 (8)	5 (4)
Yes	66 (81)	85.5 (65)

[a]Significant difference in Table (among rows and columns), *p*-value <0.05

Attitudes and Beliefs

Among the *Alternative* peer crowd, a significantly greater proportion of those aware of the UPRISE brand (vs. those unaware) agreed with the following statement:

- '*I would like to be involved with efforts to get rid of tobacco products* '(71%, n=54 vs. 52.5%, n=63).

Susceptibility to Smoking

Among the Alternative peer crowd, susceptibility to smoking did not statistically differ by awareness of the UPRISE campaign—42% susceptible (n=33) in the not aware group versus 50% susceptible (n=20) in the aware group (interpret with caution).

Smoking Behaviour

Among the Alternative peer crowd, past 30-day smoking behaviour (daily, almost daily, some days, no smoking) did not significantly differ by campaign exposure. Notwithstanding, among respondents who smoked in the past 30 days, 46% (n=19) were not aware of the campaign whereas 57% (n=20) were aware of the campaign (small sample size, interpret with caution).

Quit Behaviour

Among the Alternative peer crowd, quit behaviour by awareness level did not reach statistical significance. Notwithstanding, among respondents who signaled an intention to quit, 51% (n=18) of those who were aware of Uprise indicted that they wanted to quit smoking compared to 27% (n=11) who were unaware of UPRISE (small sample size, interpret with caution).

Conclusion

The findings of this evaluation study suggest that the UPRISE campaign was successful. Respondents who were exposed to the campaign, compared to those not exposed, were significantly more likely to agree with a variety of tobacco industry denormalization statements (e.g., “I would like to be involved with efforts to get rid of tobacco products”), offer support for UPRISE, and want to quit tobacco. A sub-analysis of the Alternative peer crowd showed similar findings, albeit sample size was low for this group. Findings from this survey were consistent with peer crowd research from other markets.

This survey will act as baseline data for the UPRISE campaign; future rounds of the survey (summer 2019) are expected to provide more in-depth information on attitudes, beliefs, intention to quit and smoking susceptibility over time, including by peer group and campaign exposure.

Limitations

This survey was conducted in a convenience sample of youth aged 13 to 18, based on internet sampling (via Facebook). Findings of this study are not generalizable to the whole youth population in the surveyed regions. In total, 236 of 973 respondents were exposed to the UPRISE campaign. Because only 77 respondents in the Alternative peer crowd were exposed to the

campaign, it was challenging to examine comparisons involving this group (e.g., tobacco industry denorm attitudes). Caution needs to be exercised when interpreting these results.

This study used a cross-sectional survey (post-activity survey). The study did not have an external comparison group and no pre-post comparison could be conducted. No causal relationship can be made. This study focused on short and mid-term impacts of the campaign. The long-term impact of the campaign remains unknown. A pre-post design (before and after the campaign) or a comparative cross-sectional study (with one region exposed to the campaign and one region not exposed to the campaign) are possible designs that could be used to strengthen future evaluations.

Concluding Comment

Findings of this evaluation study suggest that the UPRISE campaign achieved its short and mid-term objectives. Awareness of the campaign in the overall sample is moderate at 24% with a greater proportion of *Alternative* respondents reporting awareness (39%). The campaign appears to have created a supportive environment and has changed exposed respondents' attitudes in a favourable direction. Based on these results, continuity of the campaign can be expected to further raise awareness, increase campaign support, and continue to change youth attitudes about the tobacco industry, perceived peer use and quitting. With these changes, the campaign has the potential to influence the long-term goal of increasing smoking abstinence and decreasing rates of use among youth in the Central West and South West TCAN regions.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 009-19FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 14

SOUTHWEST TOBACCO CONTROL AREA NETWORK CONTRACT EXTENSION

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health award a single-source vendor contract to Cinnamon Toast in an amount up to $29,800 as identified in Report No. 009-19FFC re: "Southwest Tobacco Control Area Network Contract Extension."

Key Points

- In 2018, the SW TCAN (MLHU) issued an RFP for a vendor to develop a tobacco prevention campaign for young adult males. Cinnamon Toast New Media Inc. was selected.
- In 2019, the SW TCAN (MLHU) wishes to use section 10.2 (renewal option) of the RFP to extend the contract with Cinnamon Toast New Media Inc. for another year to continue to develop media assets for the young adult male tobacco prevention campaign.

Background

In 2016, the Ministry of Health and Long-Term Care identified young adults (YA) as a tobacco prevention priority population. According to the Canadian Community Health Survey, lifetime abstinence rates in 2014 were 90% for 15–16 year olds but only 58% among 19–24 year olds in the Southwest Tobacco Control Area Network (SW TCAN). In 2018, the SW TCAN (MLHU) issued an RFP for the development of creative assets for a young adult male tobacco prevention campaign. Six bids were received and Cinnamon Toast New Media Inc. was selected as the successful vendor.

After conducting a full situational assessment and environmental scan, the SW TCAN decided to create a campaign with the goal of increasing smoking abstinence rates among young adult males. According to the Smoke-Free Ontario Strategy Monitoring Report authored by the Ontario Tobacco Research Unit (OTRU), smoking rates are highest among young adult males working in sales and service, trades, agriculture, and transport, as well as among equipment operators. In conjunction with Cinnamon Toast, the SW TCAN developed a campaign to be delivered to young adult males in the SW TCAN via Instagram and at in-person experiential events.

The creative materials developed by Cinnamon Toast include a series of hand-drawn comic strips and cartoon images that will be used as posts to social media. The SW TCAN requires additional posts to be created to ensure the social media account can be continually updated throughout the year to build a following and increase engagement with the site. The SW TCAN would like to use the RFP's renewal option to extend the contract with Cinnamon Toast New Media Inc. for an additional year. Section 10.2 of the RFP states as follows:

10.2 Renewal
a) The Health Unit at its absolute sole discretion has the option to renew the contract for an additional (1) year period.
b) In determining whether to renew the contract, the Health Unit will consider the following, but not limited to **price, service, products, funding.**

The SW TCAN has determined that the costs and the service received meet the threshold for a contract renewal. If approved, the Health Unit would enter into a contract with Cinnamon Toast New Media Inc. for $29,800 plus HST, a reduced amount compared with the 2018 contract. This is due to a reduction in the scope of work, since, although new campaign assets need to be produced, campaign and strategy development will not be required. Additionally, the contract's severability clause will include explicit language to allow the Health Unit to terminate the contract should funding constraints arise.

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

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

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