

**MIDDLESEX-LONDON HEALTH UNIT  
2016 PROPOSED BUDGET SUMMARY**

Appendix B

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

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

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

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

**ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES**

**OFFICE OF THE ASSOCIATE DIRECTOR  
AND  
ASSOCIATE MEDICAL OFFICER OF HEALTH**

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>Oversight of program and service delivery, performance, human resources, and finance are provided by the Associate Director, with program and medical expertise provided by the Associate Medical Officer of Health. The Associate Medical Officer of Health provides leadership/support to both the OHCDSH Service Area and the EHCDP Service Area. The team - an Administrative Assistant to the Associate Director, an Epidemiologist and a Program Evaluator - report to the Associate Director.</p> <p>This team supports the activities of the entire OHCDSH Service Area. The administrative assistant supports the Associate Director and the work of the service area. The Epidemiologist provides consultation to OHCDSH and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning, while the Program Evaluator supports teams in the service area with planning and evaluation.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards and associated protocols:</p> <ul style="list-style-type: none"> <li>• Foundational Standards;</li> <li>• Infectious Diseases Prevention and Control;</li> <li>• Sexual Health, Sexually Transmitted Infections and Blood-borne Infections;</li> <li>• Tuberculosis Prevention and Control;</li> <li>• Vaccine Preventable Diseases;</li> <li>• Child Health - Oral Health components;</li> <li>• Food Safety - Food-borne illness components.</li> </ul>

Program: Office of the Associate Medical Officer of Health – OHCD SH

### **SECTION D**

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

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

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

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

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

Some activities in this program area include:

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

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

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

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

## 2016 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

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

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

## 2016 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

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

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



Program: Office of the Associate Medical Officer of Health – OHCD SH

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

##### **Associate Medical Officer of Health Enhancement - \$36,000**

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

**ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES**  
**VACCINE PREVENTABLE DISEASES**

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

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard</p> <ul style="list-style-type: none"> <li>• Immunization Management Protocol (2013)</li> <li>• Infectious Diseases Protocol (2013)</li> <li>• Vaccine Storage and Handling Protocol (2014)</li> <li>• Immunization of School Pupils Act</li> <li>• Child Care and Early Years Act</li> </ul>

<b>SECTION D</b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak)</b>
<ul style="list-style-type: none"> <li>• <b>Regular clinics:</b> Immunization clinics are held once a month at the Strathroy office and three days a week at the 50 King Street office for the general public; no Health Cards or appointments are required (although appointments are available at the 50 King Street office).</li> </ul>

## 2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

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

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

## 2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

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

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

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

## 2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSH

### SECTION H

#### FUNDING SOURCES:

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

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

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

### SECTION J

#### PRESSURES AND CHALLENGES

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

### SECTION K

#### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

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

**ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES**  
**INFECTIOUS DISEASE CONTROL**



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

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control</p> <ul style="list-style-type: none"> <li>• Food Safety Protocol (2013)</li> <li>• Infection Prevention and Control in Personal Services Settings Protocol (2008)</li> <li>• Infection Prevention and Control in Licenced Day Nurseries Protocol (2008)</li> <li>• Infection Prevention and Control Practices Complaint Protocol (2008)</li> <li>• Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008)</li> <li>• Infectious Diseases Protocol (2013)</li> <li>• Institutional/Facility Outbreak Prevention and Control Protocol (2008)</li> <li>• Risk Assessment and Inspection of Facilities Protocol (2008)</li> <li>• Tuberculosis Prevention and Control Protocol (2008)</li> <li>• Public Health Emergency Preparedness Protocol (2008)</li> </ul>

Program: Infectious Disease Control – OHCDSh

### **SECTION D**

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

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

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

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

#### **COMPONENT(S) OF TEAM PROGRAM #3: Inspections**

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

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

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

## 2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSh

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

## 2016 Planning & Budget Template

Program: Infectious Disease Control – OHCD SH

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

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

## 2016 Planning & Budget Template

Program: Infectious Disease Control – OHCD SH

### SECTION H

#### FUNDING SOURCES:

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

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

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

### SECTION J

#### PRESSURES AND CHALLENGES

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

Program: Infectious Disease Control – OHCD SH

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

##### **Public Health Nurse for Tuberculosis - \$50,000 (One-Time Investment)**

Despite the Infectious Disease Control Team's workload redistribution process, further Public Health Nurse (PHN) time dedicated to tuberculosis (TB) clinics is needed.

**ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES  
THE CLINIC & SEXUAL HEALTH PROMOTION**

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The goals of the Sexual Health Team are to 1) prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and 2) promote health sexuality. The team provides clinical sexual health services and needle exchange program services. Services are confidential, non-judgmental, client-focused and easily accessible in both London and Strathroy. The team conducts follow-up on reportable sexually transmitted infections. They raise awareness, provide education, and/or engage in advocacy on topics such as contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies.</p> <p>The Community Drug Strategy Lead facilitates the development of a community drug strategy in London and Middlesex County, working collaboratively with a broad range of stakeholders.</p> <p>The Social Determinants of Health Public Health Nurses work to address the determinants that impact health, such as poverty, and support the work of the agency-wide Health Equity workgroup to enhance internal individual and organizational capacity to embed health equity in all our programs and services.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</p> <ul style="list-style-type: none"> <li>Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol (2013)</li> </ul>



Program: The Clinic & Sexual Health Promotion – OHCDSh

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services**

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

#### **COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction**

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

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

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

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

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

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

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

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

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

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

## 2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

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

## 2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCD SH

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

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

## 2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

### **SECTION H**

#### **FUNDING SOURCES:**

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

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

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

Program: The Clinic & Sexual Health Promotion – OHCDSh

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

##### **Reduce Casual Public Health Nursing in the Sexual Health Clinic (\$16,427)**

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

##### **Increase in Administrative Assistant Support for the Sexual Health Team \$6,249**

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

##### **Funding Support for Counterpoint Needle Program at Regional HIV/AIDS Connection \$75,000**

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

# ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

## ORAL HEALTH PROGRAM

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Oral Health, Communicable Diseases, Sexual Health (OHCDSh)	<b>MANAGER NAME</b>	Chimere Okoronkwo	<b>DATE</b>
<b>PROGRAM TEAM</b>	Oral Health	<b>DIRECTOR NAME</b>	Heather Lokko	January 2016

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
Ontario Public Health Standards (OPHS) addressed include: Child Health, Foundational Standard. <ul style="list-style-type: none"> <li>• Children in Need of Treatment (CINOT) Protocol (2008)</li> <li>• Oral Health Assessment and Surveillance Protocol (2008)</li> <li>• Preventive Oral Health Services Protocol (2008)</li> <li>• Protocol for the Monitoring of Community Water Fluoride Levels (2008)</li> </ul>

<b>SECTION D</b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 School Oral Health Screening</b>
School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). A Dental Hygienist, with the support of a Dental Assistant, checks children’s teeth to determine whether they have urgent dental needs, such as cavities. Follow-up with those identified with dental needs is completed to ensure dental care (treatment and prevention) is provided. For those who cannot afford dental care or who are receiving Ontario Works, publicly-funded treatment is offered at the 50 King Street Dental Office or at a community dental office under Healthy Smiles Ontario (HSO).
<b>COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, Reporting and Quality Improvement</b>
Oral health trends and the associated risk factors within the community are monitored and reported in the Annual Oral Health Report. The intended outcomes include the classification of schools according to different risk ratings, which determine if additional grades

Program: Oral Health – OHCDSh

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



## 2016 Planning & Budget Template

Program: Oral Health – OHCDSh

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

## 2016 Planning & Budget Template

Program: Oral Health – OHCD SH

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

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

## 2016 Planning & Budget Template

Program: Oral Health – OHCDSh

### SECTION H

#### FUNDING SOURCES:

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

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

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

### SECTION J

#### PRESSURES AND CHALLENGES

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

Program: Oral Health – OHCDSH

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

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

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

##### **Eliminate Involvement in Dental Claims Administration**

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

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

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**

**DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR**

## 2016 Planning & Budget Template

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>Oversight of the activities and staff of the EHCDP service area in all areas including program and service delivery, performance, human resources, and finance, is provided by the Director and supported by the Executive Assistant. The Epidemiologist and Program Evaluators provide consultation to EHCDP and the overall health unit in program planning, population needs assessments, health assessment and surveillance, and program evaluation to help ensure that programs are evidence-informed.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>Ontario Public Health Standards Principles of Need, Impact and the Foundational Standard components of Population Health Assessment, Surveillance, Research and Knowledge Exchange and Program Evaluation are supported by the Epidemiologist/Program Evaluator team. The Ontario Public Health Organizational Standards of Leadership, Community Engagement and Responsiveness, and Management Operations within EHCDP and across the organization are supported by the Director in collaboration with the SLT.</li> </ul>

<b>SECTION D</b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING</b>
<p>The objective of this component is to increase capacity among public health practitioners for effective program planning, evaluation and evidence informed decision making. Targeting public health staff and managers, activities of this component include planning and delivering training sessions to enhance use of research evidence and conducting program evaluations. It also involves the development of a larger plan, with associated processes, for capacity building in MLHU staff.</p>

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

### **COMPONENT(S) OF TEAM PROGRAM #2 PROGRAM PLANNING SUPPORT**

The objective of this component comes directly from the OPHS Foundational Standard. We aim to increase awareness among public health practitioners, policy-makers, community partners, health care providers, and the public of the best available research regarding the factors that determine the health of the population and support effective public health practice. The Epi/PE team will conduct activities that support public health practitioners and other key stakeholders in accessing and interpreting various forms of evidence to establish need for their programs and identify effective public health intervention strategies.

### **COMPONENT(S) OF TEAM PROGRAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE**

The objective of this component comes directly from the OPHS Foundational Standard. To increase awareness among the public, community partners and health care providers of relevant and current population health information. The target audiences include public health practitioners, the public, community partners and health care providers. Activities for this component include disaggregating local health data by social determinants of health and ensuring that Rapid Risk Factor Surveillance System (RRFSS) data is analyzed and interpreted so that all sources of local health assessment information can be distributed to the target audiences. Additionally, identification of new sources of local data and diverse methods will be investigated.

### **COMPONENT(S) OF TEAM PROGRAM #4 PROGRAM EVALUATION SUPPORT**

The objective of this component comes directly from the OPHS Foundational Standard. To Increase awareness among public health practitioners of the effectiveness of existing programs and services, as well as of factors contributing to their outcomes. Activities for this component include collaborating with public health practitioners to conduct process and outcome evaluations of their programs.

### **COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE**

The objective of this component comes directly from the OPHS Foundational Standard. To establish and maintain effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. Working with community researchers and academic partners, activities for this component include developing partnerships and participating in research opportunities.

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING</b>			
Average monthly % of EHCDP staff responsible for program planning and evaluation who attend Evidence Club meetings	15%	15%	Increased
% of EHCDP staff responsible for program planning and evaluation who can develop a logic model	75%^	76%*	Increased
% of EHCDP staff who agree that MLHU organization believes that research evidence is useful to determine program or policy strategies and interventions.	88%^	87%*	Increased
<b>COMPONENT OF TEAM #2 PROGRAM PLANNING SUPPORT</b>			
% of EHCDP staff responsible for program planning and evaluation who integrate various forms of evidence including research, professional experience, political climate and community context to inform decision making.	69%^	84%*	Increased
<b>COMPONENT OF TEAM #3 POPULATION HEALTH ASSESSMENT &amp; SURVEILLANCE</b>			
% of EHCDP staff responsible for program planning and evaluation who review surveillance data to understand the extent of issue or problem.	66%^	77%*	Increased
<b>COMPONENT OF TEAM #4 PROGRAM EVALUATION SUPPORT</b>			
% of EHCDP staff responsible for program planning and evaluation who review evaluation reports to assess who is accessing and benefiting from our programs and services.	53%^	58%*	Increased
<b>COMPONENT OF TEAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE</b>			
% of projects involving partnerships with community researchers, academic partners and other organizations. (Indicator to be developed)	24% (11/46)	21% (5/24)	Increased

^Based on 51% response rate

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



## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<b>SECTION F</b>	<b>2015 Total FTEs</b>	<b>2016 Estimated FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>4.75</b>	<b>4.75</b>
Director	1.0	1.0
Administrative Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.75	1.75

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 385,691	\$ 366,042	\$ 402,000	\$ 407,826	\$ 5,826	1.5%
Benefits	91,816	91,378	98,619	103,091	4,472	4.5%
Travel	5,858	1,101	5,858	5,858		
Program Supplies	4,180	3,145	4,180	4,180		
Staff Development	2,500	1,395	2,500	2,500		
Professional Services	56,000	55,047	56,000	56,000		
Furniture & Equipment						
Other Program Costs	3,404	3,260	3,404	3,404		
<b>Total Expenditure</b>	<b>\$ 549,449</b>	<b>\$ 521,368</b>	<b>\$ 572,561</b>	<b>\$ 582,859</b>	<b>\$ 10,298</b>	<b>1.8%</b>

## 2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 549,449	\$ 521,368	\$ 572,561	\$ 582,859	\$ 10,298	1.8%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
<b>Total Revenue</b>	<b>\$ 549,449</b>	<b>\$ 521,368</b>	<b>\$ 572,561</b>	<b>\$ 582,859</b>	<b>\$ 10,298</b>	<b>1.8%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>Increased emphasis to support Strategic Plan initiatives related to the Strategic Priority of Program Excellence</li> <li>Optimize evidence-informed planning and evaluation through the development and implementation of a MLHU Program Planning and Evaluation Framework that integrates: evidence-informed program planning, innovation, research advisory committee requirements (when applicable), and the regular evaluation of programs.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>Organizational structural changes anticipated at the Service Area level that may impact the EPI/PE Team</li> <li>Periods of reduced PE capacity due to injury and maternity leave.</li> <li>There is a recognized need for capacity building in the areas of program planning, evaluation and evidence-informed decision making. Current focus for capacity building is on mentoring staff on a few specific projects. This requires prioritization of projects at the service area and potentially organizational level.</li> </ul>

Program: Director, Epidemiology & Program Evaluation – EHCDP

**SECTION K**

**RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

None

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**  
**CHRONIC DISEASE PREVENTION AND TOBACCO CONTROL**

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>The Chronic Disease Prevention and Tobacco Control Team aims to improve, promote and protect the health of our community through the prevention of chronic disease. Program areas include: food security, food skills development, food systems and promoting healthy eating; sun safety, ultraviolet radiation protection and enforcement of the <i>Skin Cancer Prevention Act</i>; tobacco use prevention, cessation and enforcement; promotion and enforcement of the <i>Electronic Cigarette Act</i>.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li><b>OPHS:</b> Foundational Standard; Chronic Disease Prevention</li> <li><b>Relevant Legislation:</b> <ul style="list-style-type: none"> <li>Health Protection and Promotion Act</li> <li><i>Smoke-Free Ontario Act (SFOA)</i> and <i>Ontario Regulation 48/06</i></li> <li>City of London Smoking Near Recreation Amenities and Entrances Bylaw</li> <li><i>The Skin Cancer Prevention Act</i></li> <li>Bill 45 – <i>The Making Healthier Choices Act</i> (The <i>Electronic Cigarette Act</i>, Menu Labelling and further amendments to SFOA)</li> <li><i>Electronic Cigarette Act</i> and Ontario Regulation 337/15</li> </ul> </li> <li><b>OPHS Protocols</b> <ul style="list-style-type: none"> <li>Nutritious Food Basket Protocol, 2014</li> <li>Tobacco Compliance Protocol, 2008</li> <li>Tanning Beds Compliance Protocol, 2014</li> </ul> </li> <li><b>Relevant Funding Agreements and Directives</b> <ul style="list-style-type: none"> <li>Ministry of Health and Long-Term Care <b><i>Smoke Free Ontario</i></b> Program Guidelines and Enforcement Directives</li> <li>Ministry of Health and Long-Term Care <b><i>Electronic Cigarette Act</i></b> Program Guidelines and Enforcement Directives</li> </ul> </li> </ul>

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1: SUN SAFETY AND ULTRAVIOLET RADIATION (UVR) EXPOSURE**

**Goal:** Decrease the rates of melanoma and other types of skin cancer

- promote sun protective behaviours and support the development of policies within workplaces, schools and childcare facilities that protect people from exposure to UVR
- promote the *Skin Cancer Prevention Act* to reduce youth access to artificial tanning services, to promote the dangers of artificial tanning, and to promote compliance through vendor education and inter-agency enforcement activities.
- promote skin checks and increase capacity within the healthcare community to facilitate the early detection of melanoma and skin cancer cells
- conduct annual inspections of all tanning bed operators and respond to complaints and inquiries
- decreased youth exposure to tanning bed and artificial tanning advertisements and promotions

#### **COMPONENT(S) OF TEAM PROGRAM #2: FOOD SECURITY, FOOD SKILLS/LITERACY, FOOD SYSTEMS AND PROMOTION OF HEALTHY EATING**

**Goal:** Decrease the morbidity and mortality from preventable chronic diseases through the adoption of healthy eating behaviours and increased access to nutritious, culturally appropriate foods

- the provision of food skills workshops to high risk youth and other priority populations (low literacy, low income, transient, young mothers)
- annual collection of the Nutritious Food Basket Survey data; advocacy efforts around food insecurity and impact of income on health (e.g. Provincial Poverty Project)
- support the development of policies within workplaces and municipalities, and advocacy/enactment of Bill 45 – the *Making Healthier Choices Act* (menu labelling) to achieve healthy food environments
- promote healthy eating and increased access to fruits and vegetables (e.g. Harvest Bucks Voucher Program)
- support implementation of the objectives of the London Food Charter through the establishment of a London Food Policy Council
- address the environmental, economic, social and nutritional factors that impact food-related issues in the community

#### **COMPONENT(S) OF TEAM PROGRAM #3: TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT**

**Goal:** Decrease the morbidity and mortality from tobacco use by preventing the initiation of tobacco use in youth and young adults

- **One Life One You** - increase the actionable knowledge among youth about tobacco health risks and correlated risk factors, and to decrease the social acceptability of the tobacco industry and tobacco use by changing social norms through creative health promotion initiatives and community events
- policy development within school boards and municipalities to promote tobacco-free cultures (e.g. tobacco-free schools, outdoor bylaws)
- advocacy and promotion of Bill 45 – *the Making Healthier Choices Act (The Electronic Cigarette Act* and amendments to the

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

*Smoke-free Ontario Act)*

- education on the impact of tobacco impressions in youth-rated movies and advocate for the implementation of the Ontario Coalition for Smoke-Free Movies' policy recommendations

### COMPONENT(S) OF TEAM PROGRAM #4: TOBACCO CESSATION

**Goal:** Decrease tobacco-related disease and death in Middlesex-London through the provision of cessation services targeted to priority populations

- encourage tobacco users to quit through collaborative communication campaigns
- support the development of policies within workplaces, healthcare facilities and municipalities to promote cessation
- increase the number of healthcare providers who engage clients/patients in a cessation intervention (BCI, Intensive Interventions, provision of NRT)
- provision of cessation counselling services and increased access to nicotine replacement therapy/aids to priority populations (e.g. low income, living with mental illness, etc.)

### COMPONENT(S) OF TEAM PROGRAM #5: PROTECTION AND TOBACCO ENFORCEMENT (*SMOKE-FREE ONTARIO ACT AND MUNICIPAL BYLAWS*)

**Goal:** Decrease tobacco-related disease and death in Middlesex-London through reduced exposure to second-hand smoke and reduced access to tobacco products/promotion

- conduct three rounds of youth access inspections and at least one display, promotion and handling inspection at all tobacco retailers
- conduct mandated inspections at secondary schools, public places and workplaces (e.g. proactive inspections, responding to complaints/inquiries)
- promote and ensure compliance with the 2015 Regulatory Amendments to the *Smoke-Free Ontario Act*, increasing prohibitions on tobacco use on bar and restaurant patios, within 20 meters of playground equipment, sports fields and spectators areas
- increase municipal prohibitions on tobacco use (e.g. smoke-free private market and social housing, 100% smoke-free property)
- decreased exposure to tobacco products and tobacco industry product marketing/promotion
- promote compliance with the *Smoke-Free Ontario Act* through vendor education and collaboration with enforcement agencies and city licensing/bylaw enforcement
- Enactment and promotion of the *The Electronic Cigarette Act* and regulatory amendments to the *Smoke-free Ontario Act*

### COMPONENT(S) OF TEAM PROGRAM #6: PROTECTION AND E-CIGARETTE ENFORCEMENT (*E-CIGARETTE ACT*)

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

- conduct one round of youth access inspections and conduct at least one inspection/education visit at e-cigarette retailers
- conduct at least one inspection at all secondary schools, and inspect public places and workplaces (e.g. education to proprietors/employers, inspections, responding to complaints/inquiries)

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)</b>			
% of tanning bed operators inspected twice annually for compliance with the <i>Skin Cancer Prevention Act</i>	100%	0%*	100%
% of Middlesex-London adults who reported getting a sunburn in the last 12 months	39.2% (2013 data)	36.5 (2014 data)	34% (2015 data)
<b>Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING</b>			
% of Middlesex-London residents aged 12 years and older reporting eating recommended amount of vegetables and fruit	35.6% (2013 data)	38.5% (2013/14)	40% (2015 data)
<b>Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT</b>			
# of Youth Engaged/Reached in Programming through partnerships/projects	4,750	5,000	5,250
# of Attendees at annual Smoke-free Movie Night in the Park	>2,000	<2,000 (inclement weather)	2,500
% of youth who have never smoked a whole cigarette <b>(Accountability Agreement Indicator)</b>	83.6% (2009/10)	92.2% (2013/14 data)	Ministry Set Target - TBD
<b>Component of Team #4 TOBACCO USE CESSATION</b>			
% of adults aged 19 years and over in Middlesex-London that are current smokers	22.2% (2009/10)	18.8% (2013/14 data)	17% (2015/16)
<b>Component of Team #5 PROTECTION AND ENFORCEMENT</b>			
% of Middlesex-London exposed to SHS in vehicles and in public places	15.4% (2011/12)	14.3% (2013 data)	12% (2015/2016)
% of tobacco vendors in compliance with youth access legislation at last inspection <b>(Accountability Agreement Indicator)</b>	99.1%	99%	≥ 90%
# of inspections of public places and workplaces	1,891	1,575	1,900
<b>Component of Team #6 E-CIGARETTE ACT (ECA) PROMOTION AND ENFORCEMENT</b>			
% of e-cigarette retailers inspected at least once and provided education on obligations under ECA			100%
% of e-cigarette retailers test-shopped at least once to ensure compliance with sales to minors' provisions			100%

\*MOHLTC indicated late in 2015 that they would not fund *Skin Cancer Prevention Act* implementation in that year.



## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>12.7</b>	<b>13.4</b>
Program Manager	1.0	1.0
Public Health Dietitians	2.5	2.5
Public Health Nurses	2.5	2.5
Public Health Promoter	1.0	1.0
Tobacco Enforcement Officers	3.1	3.3
Administrative Assistants	1.5	2.0
Youth Leaders (6-8 students, approx. 7-10 hours/week)	0.9	0.9
Test Shoppers ( 6 students, approx. 4 to 8 hours per month)	0.2	0.2

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 810,634	\$ 838,750	\$ 897,503	\$ 950,446	\$ 52,943	5.9%
Benefits	196,624	196,646	207,923	238,302	30,379	14.6%
Travel	31,597	30,745	29,900	31,853	1,953	6.5%
Program Supplies	169,919	152,069	93,407	137,889	44,482	47.6%
Staff Development	3,378	1,890	2,050	2,400	350	17.1%
Professional Services	11,345	11,297	11,345	17,400	6,055	53.4%
Furniture & Equipment	106	7,350				
Other Program Costs	46,982	58,219	44,738	42,280	(2,458)	(5.5%)
<b>Total Expenditure</b>	<b>\$ 1,270,585</b>	<b>\$ 1,296,966</b>	<b>\$ 1,286,866</b>	<b>\$ 1,420,570</b>	<b>\$ 133,704</b>	<b>10.4%</b>

## 2016 Planning & Budget Template

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

### **SECTION H**

#### **FUNDING SOURCES:**

<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 637,078	\$ 656,103	\$ 623,691	\$ 708,020	\$ 84,329	13.5%
MOHLTC – 100%	633,507	633,507	663,175	712,550	49,375	7.5%
MCYS – 100%						
User Fees						
Other Offset Revenue		7,356				
<b>Total Revenue</b>	<b>\$ 1,270,585</b>	<b>\$ 1,296,966</b>	<b>\$ 1,286,866</b>	<b>\$ 1,420,570</b>	<b>\$ 133,704</b>	<b>10.4%</b>

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- The enactment and promotion of regulatory amendments under the *Smoke-Free Ontario Act* that prescribed new restrictions on hospital property and banned the sale of flavoured tobacco products.
- The enactment and promotion of the *Electronic Cigarettes Act*, restricting the sale of e-cigarettes to those under the age of 19 and prohibiting the use in places where smoking is already banned under the *Smoke-Free Ontario Act*.
- The continued enhancement/evaluation of tobacco cessation services delivered by the Health Unit to reach priority populations.
- Increased involvement in the development of a local food policy council and increased Health Unit capacity to engage stakeholders from across the food chain, from production to consumption and waste management, to create a healthy, sustainable and accessible community food system in London and Middlesex County.
- Increased local leadership in the implementation of a provincial locally driven collaborative project called “*Measuring Food Literacy in Public Health*”, funded by Public Health Ontario.

Program: Chronic Disease Prevention and Tobacco Control – EHCDP

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Adequate promotion and enforcement of the *Skin Cancer Prevention Act* requires additional work and program dollars – it will be a challenge if additional resources are not provided by the Province.
- Smoke-Free Ontario strategy funding has been static since 2010; inflation is putting significant challenges on our comprehensive tobacco control program. Challenges are being mitigated by decreasing program materials and through a \$5,400 PBMA investment to offset the shortage in provincial funding. The challenges for youth prevention are being mitigated by decreasing program materials and leveraging partnerships. The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy is not sufficient to meet community demand for cessation assistance.
- The delay in the January 1st, 2016 implementation of the ban on use of e-cigarettes in places where smoking is already prohibited (Section 10 of the *Electronic Cigarettes Act*), and delays in receiving information and resources to support the implementation of amendments to the *Smoke-Free Ontario Act* (flavour ban and smoke-free hospital grounds) has been a challenge.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- An ongoing investment of \$54,000 to support the agency-wide purchase and distribution of NRT is required to meet the demand in our community. This will increase the capacity of the Health Unit to be able to purchase the required nicotine replacement therapies to meet the need of priority populations within the Middlesex-London area.
- Ongoing base funding (\$39,500) and a one-time grant (\$39,500 to be spent by March 31, 2016) from the Ministry are intended to support the additional promotion and enforcement-related activities for the new *Electronic Cigarettes Act* and Regulation 337/15. The funding supports a 0.2 FTE increase in Tobacco Enforcement Officers and a 0.5 FTE increase to Program Assistants to meet growing program needs.
- One-time investment of \$45,000 to continue a previous PBMA investment that increased the capacity of Health Unit by 0.5 FTE Registered Dietitian/Public Health Dietitian so that MLHU is better positioned to address the environmental, economic, social and nutritional factors that impact food-related issues in our community, including food insecurity, consumption of nutrient-poor foods, food distribution and food waste management.

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**

**FOOD SAFETY**

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

<b>SECTION A</b>				
<b>SERVICE AREA</b>	EHCDP	<b>MANAGER NAME</b>	David Pavletic	<b>DATE</b>
<b>PROGRAM TEAM</b>	Food Safety	<b>DIRECTOR NAME</b>	Wally Adams	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>The Food Safety team aims to prevent and reduce the burden of food-borne illness through education, monitoring and enforcement activities, including restaurant inspections.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>Environmental Health Program Standards (Food Safety) and Food Safety Protocol, 2015</li> <li>Health Protection and Promotion Act (HPPA)</li> <li>Reg. 562 Food Premises</li> <li>Food Premises Inspection and Mandatory Food Handler Training Bylaw (City of London and Middlesex County)</li> </ul>

<b>SECTION D</b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 SURVEILLANCE AND INSPECTION</b>
<ul style="list-style-type: none"> <li>Maintain inventory of all food premises.</li> <li>Conduct annual risk assessments of all food premises.</li> <li>Inspect all food premises including year-round, seasonal, temporary and pre-operational (City of London licensing) and conduct re-inspections, legal action(s) as required in accordance with the Food Safety Protocol, 2015 requirements and Environmental Health Program Standards with the exception of food premises considered to be 'very' low risk.</li> <li>Monitor all O. Reg. 562 exempted facilities (farmers markets, residential homes, churches / service clubs / fraternal organizations for special events).</li> <li>Enforce bylaws (City of London, Middlesex County) – posting inspection summaries / mandatory food handler training certification.</li> </ul>

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

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

- Investigate, assess the risks and respond to all complaints related to food premises in a timely manner (within 24 hours).
- Investigate, assess the risks and respond to all suspected food-borne illnesses and lab confirmed food-borne illnesses related to a food premise in a timely manner (within 24 hours).
- Participate in food recall verification checks.
- Collaborate with Infectious Disease Control team (MLHU), other Public Health Units and agencies (Canadian Food Inspection Agency; Ontario Ministry of Agriculture and Food) as directed by the MOHLTC or locally under MOH direction.

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

- Education / training conducted informally by PHIs during inspections and consultations with food premises operators and staff.
- Provide food handler training courses to specified community groups and administration of exams to the general public in accordance with the Provincial Food Handler Training Plan (Food Safety Protocol, 2015).
- Collaborate with the London Training Centre (LTC), a partner agency to MLHU, through a Memorandum of Understanding (MOU). The MOU stipulates that the LTC will provide food handler training to residents in Middlesex-London, in accordance with the Provincial Food Handler Training Plan under the guidance of the MLHU.
- Provide food safety seminars, community presentations and attend health fairs to promote safe food handling practices.
- Make available food safety information for the general public / food premises operators on-line ([www.healthunit.com](http://www.healthunit.com))

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

- Provide reports to the MOHLTC pertaining to the types of food premises, routine inspections, re-inspections, complaints, closures, legal actions, food handler training sessions (by BOH or agent of BOH), food handlers trained and pass / fail rate and certified food handlers present during inspection.
- Provide public disclosure of inspection results through DineSafe website, on-site posting or through a request for information. Monitor DineSafe website for public inquiries (complaints / service requests), website glitches and data input errors resulting in potential inaccuracies. Maintain DineSafe website by including legal actions taken and updated materials. Ensure that all DineSafe facilities receive a DineSafe Middlesex-London Inspection Summary (sign) posted at entrance of facility.
- Respond to all media inquiries related to inspection results.

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 Surveillance and Inspection</b>			
<i>High risk food premises inspected once every 4 months (Accountability Agreement Indicator)</i>	100.0 % (1,410)	100% (1,400)	100.0%
<i>Moderate risk food premises inspected once every 6 months (Accountability Agreement Indicator)</i>	99.5% (1,696)	100% (1,700)	100.0%
<i>Compliance with Food Premises Inspection and Mandatory Food Handler Certification Bylaws (FHT Certification Requirement)</i>	89.9%	90.9%	100.0%
<b>COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE</b>			
<i>*Suspect / Lab Confirmed food-borne illness calls responded to within 24 hours</i>	<i>Estimated 100% (164)</i>	<i>Estimated 100% (150)</i>	100.0%
<b>RRFSS</b>			
<i>**Percentage of Adults (18+) who feel the food in restaurants is safe to eat in their community – 2013</i>	Not available	89% - no significant change from 2012 – 13 data	Increase

\*this performance measure is estimated as the Food Safety Team continues to develop a procedure for monitoring and documenting response times.

\*\*this question is asked every few years and so data for 2014 was not available.

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

## 2016 Planning & Budget Template

Program: Food Safety – EHCDP

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 1,060,704	\$ 1,012,498	\$ 1,047,132	\$ 1,045,733	\$ (1,399)	(0.1)%
Benefits	247,882	236,618	241,380	251,980	10,600	4.4%
Travel	25,763	22,925	25,763	25,763		
Program Supplies	27,246	20,845	7,246	7,246		
Staff Development	8,591	4,722	8,591	8,591		
Professional Services						
Furniture & Equipment						
Other Program Costs	7,591	5,803	5,991	5,991		
<b>Total Expenditures</b>	<b>\$ 1,377,777</b>	<b>\$ 1,303,411</b>	<b>\$ 1,336,103</b>	<b>\$ 1,345,304</b>	<b>\$ 9,201</b>	<b>0.7%</b>

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,277,027	\$ 1,186,396	\$ 1,265,353	\$ 1,274,554	\$ 9,201	0.7%
MOHLTC – 100%	58,000	58,000	58,000	58,000		
MCYS – 100%						
User Fees	42,750	59,015	12,750	12,750		
Other Offset Revenue						
<b>Total Revenues</b>	<b>\$ 1,377,777</b>	<b>\$ 1,303,411</b>	<b>\$ 1,336,103</b>	<b>\$ 1,345,304</b>	<b>\$ 9,201</b>	<b>0.7%</b>



Program: Food Safety – EHCDP

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- Continue work from the Enhanced Compliance Initiative (2015 – 1 time funding) and utilizing the evidence to better inform program work. Plan to implement and evaluate strategies on a go forward basis.
- Revisit the food safety program delivery method to identify ways in which to improve upon program efficiencies, PHI core competencies and program goals and objectives. Create a policy and procedure for workload / program delivery.
- Collaborate more closely with the IDC team, the Safe Water and Rabies team, the Health Hazard Investigation and VBD team and Emergency Management (under the creation of the EH & ID division), to improve upon efficiencies, enhance program delivery and explore internal work processes.
- Collaborate more closely with the LTC to improve upon the delivery of Food Handler Training to residents in Middlesex-London.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- New provincial risk assessment tool creates more fluctuation in risk, throughout the year, which creates challenges for equal distribution of workload, reported inspection completion rates to the MOHLTC and either a decrease or increase in the number of required inspections to be conducted on an annual basis. The older tool did not take into consideration performance factors, which resulted in a more stable risk assessment.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

The slight reduction in salary is related to the end of one-time funding for a 2015 PBMA proposal about enhancing services for target groups of restaurants that can be high-risk. An update will come to the Board of Health later in 2016 about the results of this work.

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION  
HEALTHY COMMUNITIES AND INJURY PREVENTION (HCIP)**

## 2016 Planning & Budget Template

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

<b>SECTION B</b>	
<b>SUMMARY OF TEAM PROGRAM</b>	
<ul style="list-style-type: none"> <li>The HCIP team promotes physical activity and workplace wellness, and works to prevent injuries in a number of areas including child safety, helmet and bike safety, car safety, poisoning and burns, falls across the lifespan, road safety, and vulnerable road users. The team also advocates for healthy community design that supports increased physical activity. The team also provides programs addressing substance misuse (alcohol, marijuana, and other illicit drugs).</li> </ul>	

<b>SECTION C</b>	
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>	
<ul style="list-style-type: none"> <li>Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse</li> </ul>	

<b>SECTION D</b>	
<b>COMPONENT(S) OF TEAM PROGRAM #1 WORKPLACE WELLNESS</b>	
<ul style="list-style-type: none"> <li>Work primarily with mid to small workplaces/employers with limited resources to provide employee wellness programs through consultation and linking the workplaces with other MLHU programs and services.</li> <li>Advocates healthy policy implementation in workplaces</li> <li>Collaborate with other SW Public Health Units i.e. Elgin – St. Thomas Health Unit, Oxford Public Health, Perth District Health Unit, Lambton Health Unit to address psychologically safe and healthy workplaces</li> </ul>	
<b>COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY</b>	
<ul style="list-style-type: none"> <li>Promote physical activity to the entire community with main focus on those over the age of 18 with some programming directed toward child care providers.</li> <li>Play a lead role in the Middlesex-London in Motion Partnership and the implementation of the in Motion Community Challenge</li> <li>Community and partner consultation and supports e.g. Thames Valley Trails Association Saturday morning walks, Active and Safe Routes to School Committee, Workplace physical activity promotion.</li> <li>Promote physical activity policy in local workplaces.</li> </ul>	

## 2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention – EHCDP

- Training of day care providers about physical literacy to increase the use and promotion of physical literacy with children in day cares; collaboration with the Early Years Team
- Partner with Child and Youth Network – Healthy Eating Healthy Physical Activity Committee to implement programs in the City of London (e.g. Acti-pass – passes to grade 5 students to access recreational activities)
- Partner with HKCC in Middlesex County and City of London

### COMPONENT(S) OF TEAM PROGRAM #3 SENIORS AND FALLS/HEALTHY AGING

- Play a lead role in the Stepping Out Safely Falls Prevention Coalition(partnership of 40 partners)
- Member of the SW LHIN Integrated Falls Committee
- Chair the Middlesex-London Falls Prevention Collaboration
- Providing Step Ahead and Kitchen Exercise Program certification/training to PSW students at 3 colleges in London.
- Completing a program reviews for falls prevention in older adult best practices in 2016.

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

- Member London-Middlesex Road Safety Coalition who do educational campaigns e.g. share the road, distracted driving , winter driving etc.;
- Collaborate with City of London and other London partners to develop the London Road Safety Strategy
- Provide input into the City of London and Middlesex County Official Plan reviews re infrastructure to promote walking and cycling and safe road use;
- Member of the City of London, Transportation Advisory Committee
- Completing a program review for road safety best practices in 2016.

### COMPONENT(S) OF TEAM PROGRAM #5 CHILD SAFETY

- Chair, Middlesex-London Child Safety Committee
- Provide child safety information, including videos, to caregivers (parents, grandparents, day care workers, etc.)
- Distribute and education to parents and children re bicycle helmets for vulnerable school age children ( Member of the Helmets on Kids Coalition)
- Increase the availability of resources in other languages for ethno-cultural populations in London and MS County
- Distribution of booster seat use education to caregivers and parents.
- Collaborate with local and provincial partners e.g. Ontario Concussion Work Group
- Partner with the Pool and Hot Tub Council of Canada to implement a pool safety campaign

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

- Marketing the next phase of the *ReThink Your Drinking* campaign and website including the Low Risk Alcohol Drinking Guidelines
- Advocate for the provincial expansion pf the ReThink Your Drinking website.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation

Program: Healthy Communities and Injury Prevention – EHCDP

- Work with municipalities to update their Municipal Alcohol Policies
- Collaborate on the implementation of drug strategy with Sexual Health Team
- Research and prepare a brief on Cannabis legalization and the role of public health

### **COMPONENT(S) OF TEAM PROGRAM #7 HEALTHY COMMUNITIES PARTNERSHIP**

- Develop submissions to the municipal Official Plan consultations for those remaining municipalities in Middlesex County
- Advocate for the continued support for infrastructure that supports physical activity and active transportation in the City of London and Middlesex municipalities.
- Participate in the City of London and MS County Bicycle Master Plan revision
- Continue to review Secondary and Site Plan as part of the Land Use Planning Application process
- Chair, Active and Safe Routes to School, to promote active school travel.
- Promotion of Active Transportation with continuation of educational campaign Give Active Transportation a Go!

### **COMPONENT(S) OF TEAM PROGRAM #8 AGENCY WIDE MENTAL HEALTH WELL-BEING PROMOTION STRATEGY**

- Conduct a literature review on evidence based strategies to promote connectedness throughout the lifespan.
- From the literature review develop a comprehensive mental health well-being strategy for MLHU with specific outcomes and indicators related to the PICO questions

## 2016 Planning & Budget Template

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 WORKPLACE WELLNESS</b>			
Annual workshop for southwest workplaces	165 Attended	130 Attended	Scheduled for May 2016
Physical Activity Grant and policy development	10	7	7
<b>COMPONENT OF TEAM #2 PHYSICAL ACTIVITY</b>			
inMotion Community Challenge – Minutes of Physical Activity achieved	4,700,000 minutes	8,372,809 Minutes	Increase
Elementary Schools Implementing School Travel Plans (STP)	10 School Travel Plans	13 School Travel Plans in progress	6 School Travel Plans Requested by Schools
<b>COMPONENT OF TEAM #3 SENIORS AND FALLS/HEALTHY AGING</b>			
Reduce fall-related ER visits in older adults aged 65 + <b>(Accountability Agreement Indicator – targets TBD)</b>	N/A	N/A	N/A
<b>COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS</b>			
Distracted Driving Campaign – Buckle Up/Phone Down Release of Josh’s Story Video through various media types	46,000 views; YouTube ads, 41,000 views	Cineplex trailer – 4,655 trailers with 175,561 viewers	Continuation of Campaign
<b>COMPONENT OF TEAM #5 CHILD SAFETY</b>			
Distribution of Booster Seats	460	354 Purchased and 250 distributed	Remaining 154 will be distributed
Distribution of helmets(Helmet on Kids Coalition) to vulnerable	1,850	1,000 (decrease in funding available)	1,000 (pending funding)
<b>COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE</b>			
% of population (19+) that exceeds the Low-Risk Drinking Guidelines <b>(Accountability Agreement Indicator – targets TBD)</b>	N/A	N/A	N/A
<b>COMPONENT OF TEAM #7 HEALTHY COMMUNITIES PARTNERSHIP</b>			
Submission re Bicycle Master Plan review		Submitted recommendations to City of London	Submit recommendations to MS County Bicycle Master Plan review
Submit recommendations to Municipal Official Plan reviews	3 Municipalities	1 Municipality	2 Municipalities

## 2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention – EHCDP

<b>SECTION F</b>	<b>2015 Total FTEs</b>	<b>2016 Estimated FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>11.6</b>	<b>11.2</b>
Program Manager	1.0	1.0
Health Promoter	0.6	0.6
Public Health Nurses	9.0	9.0
Administrative Assistant	1.0	0.6

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 853,039	\$ 818,079	\$ 883,451	\$ 917,156	\$ 33,705	3.8%
Benefits	205,564	200,632	215,920	226,969	11,049	5.1%
Travel	10,710	6,730	11,110	11,610	500	4.5%
Program Supplies	133,002	123,150	73,002	43,002	(30,000)	(41.1)%
Staff Development	5,000	3,543	5,000	5,300	300	6.0%
Professional Services						
Furniture & Equipment	1,000		600	600		
Other Program Costs	8,058	107,601	8,058	8,058		
<b>Total Expenditures</b>	<b>\$ 1,216,373</b>	<b>\$ 1,259,735</b>	<b>\$ 1,197,141</b>	<b>\$ 1,212,695</b>	<b>\$ 15,554</b>	<b>1.3%</b>

## 2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention – EHCDP

### SECTION H

#### FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,216,373	\$ 1,159,977	\$ 1,197,141	\$ 1,212,695	\$ 15,554	1.3%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		99,758				
<b>Total Revenue</b>	<b>\$ 1,216,373</b>	<b>\$ 1,259,735</b>	<b>\$ 1,197,141</b>	<b>\$ 1,212,695</b>	<b>\$ 15,554</b>	<b>1.3%</b>

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

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

### SECTION J

#### PRESSURES AND CHALLENGES

N/A



Program: Healthy Communities and Injury Prevention – EHCDP

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015**

- \$36,953 Enhancement - Program Evaluator resources for 2016 to develop Agency Wide Mental Health Well-being Promotion Strategy (One-time)
- Reduction of 0.4 FTE PA due to reduced demand for website maintenance support and expanded reliance on electronic communication rather than manual mail outs

The program supplies budget is reduced in 2016 related to the end of the one-time funding in 2015 for the Child Booster Seat Campaign

Note: in Motion Community Challenge funding moving from one-time funding in 2015 to base funding (ongoing) in 2016.

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION/  
HEALTH HAZARD PREVENTION AND MANAGEMENT /  
VECTOR BORNE DISEASE**

## 2016 Planning & Budget Template

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>To prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors in the environment.</li> <li>The Vector Borne Disease (VBD) program is a comprehensive program to closely monitor and control West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), which are spread by mosquitoes, and Lyme disease (LD), which is spread by ticks. This comprehensive surveillance and control program consists of larval mosquito surveillance and identification, larviciding, adult mosquito trapping, dead bird collection, human surveillance, source reduction, public education, responding to public inquiries, and tick surveillance.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>OPHS Standards: Foundational; Health Hazard Prevention and Management; Infectious Diseases Prevention and Control</li> <li>Protocols under the OPHS: Identification, Investigation and Management of Health Hazards; Population Health Assessment and Surveillance; Public Health Emergency Preparedness; Risk Assessment and Inspection of Facilities; Infectious Diseases – West Nile Virus and Lyme Disease Chapters</li> <li>Relevant Acts: Health Protection and Promotion Act; Environmental Protection Act; Occupational Health and Safety Act; Homes For Special Care Act</li> <li>Relevant Regulations: O. Reg 568 Recreational Camps; O. Reg 636 Homes For Special Care; O. Reg 199 West Nile Virus Control</li> <li>Relevant Bylaws: Property Standards; Idling Control; Vital Services; Clearing of Land.</li> <li>Other: West Nile Virus: Preparedness and Prevention Plan for Ontario</li> </ul>

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

### **SECTION D**

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

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

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

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

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

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

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

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

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

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

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

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

## 2016 Planning & Budget Template

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

permit requirements.

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

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

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

## 2016 Planning & Budget Template

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

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 SPECIAL PROJECTS HEALTH HAZARDS PROGRAM</b>			
Marijuana Grow-Op remediation/ Demolition Permit Inspections/ Cooling Towers Assessed	100% (216)	100% (109)	100%
<b>COMPONENT OF TEAM #2 GENERAL EH PROGRAM WORK/INVESTIGATIONS</b>			
Respond to all Complaints/Requests/Referrals within 24 hours (estimate)	100% (1212)	100% (1241)	100%
<b>COMPONENT OF TEAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM</b>			
Land Use Planning Applications – review/comment	100% (123)	100% (50)	100%
<b>COMPONENT OF TEAM #4 COMPLIANCE &amp; INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM</b>			
Inspections of Facilities	100% (276)	100% (291)	100%
<b>COMPONENT OF TEAM #5 EMERGENCY RESPONSE SUPPORT</b>			
Emergency Responses	4	1	4
<b>COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE</b>			
Identify and monitor significant standing water sites on public property/Mosquito larvae identified in MLHU laboratory	(238 sites) 100% (12,229) larvae ID'd	(243 sites) 100% (26,454) larvae ID'd	(250 sites) 100% (20,000) larvae ID'd
Larvicide treatment in standing water location where required based on larval identification/ 3 larvicide treatments of all catch basins on public property	24.1 hectares of standing water 100% (98,322) catch basins treated	16.1 hectares of standing water 100% (103,495) catch basins treated	20 hectares of standing water 100% (103,000) catch basins treated
Adult Mosquitos collected/ Viral tests completed	47,032 collected 100% (1,081) viral tests completed	112,385 collected 100% (1,071) viral tests completed	70,000 collected 100% (1,100) viral tests completed
Respond to all dead birds reports received/ Test all birds that are suitable for testing for WNV	100% (83)	100% (184)	100% (150)
Receive and identify all tick submissions	100% (101)	100% (174)	100% (180)
<b>COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS &amp; INQUIRIES &amp; PUBLIC EDUCATION</b>			
Respond to all concerns/ inquires	100% (341)	100% (519)	100% (400)
Presentation to community events, partners and clients	15	19	19

## 2016 Planning & Budget Template

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

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>13.2</b>	<b>13.2</b>
Program Manager	1.0	1.0
Public Health Inspectors	4.7	4.7
Program Assistant	0.5	0.5
Program Coordinator – Vector-Borne Diseases (VBD)	1.0	1.0
Field Technician (VBD)	1.0	1.0
Lab Technician (VBD)	1.0	1.0
Students (VBD)	4.0	4.0

<b>SECTION G</b>						
<b>Expenditures:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 768,907	\$ 739,875	\$ 792,781	\$ 748,986	\$ (43,795)	(5.5)%
Benefits	172,101	171,322	176,074	174,048	(2,026)	(1.2)%
Travel	34,111	30,370	35,111	33,111	(2,000)	(5.7)%
Program Supplies	27,505	37,829	35,505	18,516	(17,000)	(47.9)%
Staff Development	4,636	2,541	9,636	4,636	(5,000)	(51.9)%
Professional Services	200,407	198,947	198,890	198,890		
Furniture & Equipment	2,753	1,804	1,785	785	(1,000)	(56.0)%
Other Program Costs	27,718	24,801	26,475	36,475	10,000	37.8%
<b>Total Expenditures</b>	<b>\$ 1,238,138</b>	<b>\$ 1,207,489</b>	<b>\$ 1,276,257</b>	<b>\$ 1,215,447</b>	<b>\$ (60,821)</b>	<b>(4.8)%</b>

## 2016 Planning & Budget Template

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

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,238,138	\$ 1,207,489	\$ 1,276,257	\$ 1,215,447	\$ (60,821)	(4.8)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
<b>Total Revenues</b>	<b>\$ 1,238,138</b>	<b>\$ 1,207,489</b>	<b>\$ 1,276,257</b>	<b>\$ 1,215,447</b>	<b>\$ (60,821)</b>	<b>(4.8)%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>Continuing the work on climate change adaptation strategies in Middlesex-London.</li> <li>Program planning activities with the new Healthy Environments Protocol and MLHU's Strategic Plan.</li> <li>Enhanced partnership with Emergency Management Team.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>The Program Manager was on medical leave for seven months in 2015 and the Epidemiologist was seconded to an Acting Manager role in FHS which resulted in slower progress on some environmental health projects including the Climate Change Adaptation Campaign</li> </ul>



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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- (\$40,801) Adjusting the VBD program budget to reflect current practices PBMA proposal 1-0027 (Disinvestment)

Salary, benefit and program funds are reduced in 2016 due to the conclusion of the one-time investment in 2015 of 0.5 FTE and program funds for the Climate Change Adaptation Campaign (\$56,765).

# ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

## SAFE WATER AND RABIES TEAM

## 2016 Planning & Budget Template

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>The Safe Water and Rabies Team focuses on preventing/reducing the burden of water-borne illness related to drinking water and preventing/reducing the burden of water-borne illness and injury related to recreational water use. The Team also prevents the occurrence of rabies in humans.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li><b>OPHS Standards:</b> Foundational; Safe Water; Rabies Prevention and Control</li> <li><b>Protocols under the OPHS:</b> Drinking Water Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol</li> <li><b>Relevant Acts:</b> Health Protection and Promotion Act, Safe Drinking Water Act</li> <li><b>Relevant regulations:</b> O. Reg. 319/08 (Small Drinking Water Systems); O. Reg. 170/03 (Drinking Water Systems); O. Reg. 169/03 (Ontario Drinking Water Quality Standards); O. Reg. 243/07 (Schools, Private Schools and Day Nurseries); O. Reg. 565/90 (Public Pools); O. Reg. 428/05 (Public Spas); O. Reg. 557/90 (Communicable Diseases); O. Reg. 567/90 (Rabies Immunization)</li> </ul>

Program: Safe Water & Rabies Team – EHCDP

<b><u>SECTION D</u></b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 DRINKING WATER PROGRAM</b>
<ul style="list-style-type: none"> <li>• Responding to Adverse Water Quality Incidents in municipal systems</li> <li>• Issuing Drinking/Boil Water Advisories as needed</li> <li>• Conducting water haulage vehicle inspections</li> <li>• Providing resources (test kits and information) to private well owners</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #2 RECREATIONAL WATER PROGRAM</b>
<ul style="list-style-type: none"> <li>• Inspection of public pools (Class A and Class B)</li> <li>• Inspection of public spas</li> <li>• Inspection of non-regulated recreational water facilities (wading pools and splash pads)</li> <li>• Offering education sessions for public pool and spa operators</li> <li>• Investigating complaints related to recreational water facilities</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #3 BEACH MANAGEMENT PROGRAM</b>
<ul style="list-style-type: none"> <li>• Testing beaches in recreational camps in Middlesex-London</li> <li>• Conducting annual environmental assessment of all public beaches in Middlesex –London</li> <li>• Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM</b>
<ul style="list-style-type: none"> <li>• Risk assessment of Small Drinking Water Systems (SDWS)</li> <li>• Monitoring the test results of SDWS regularly</li> <li>• Responding to Adverse Water Quality Incidents in SDWS</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #5 RABIES PREVENTION AND CONTROL</b>
<ul style="list-style-type: none"> <li>• Investigating human exposures to animals suspected of having rabies</li> <li>• Confirming the rabies vaccination status of the animals (suspected of having rabies)</li> <li>• Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis</li> <li>• Liaising with Canada Food Inspection Agency for the testing of animals for rabies</li> <li>• Rabies prevention awareness programs</li> </ul>

## 2016 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (As of Nov 15)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 DRINKING WATER PROGRAM</b>			
Respond to reports of Adverse Water Quality Incidents in municipal systems	56 (100%)	53 (100%)	100%
Complete annual water haulage vehicle inspections	2	2	Same
<b>COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM</b>			
% of Class A pools inspected while in operation ( <b>Accountability Agreement Indicator</b> )	100% (102)	100% (95)	100%
% of spas inspected while in operation ( <b>Accountability Agreement Indicator</b> )	100% (185)	100% (160)	100%
% of remaining required public pool/wading pool/splash pad inspections	100% (489)	100% (432)	100%
The number of participants to education session for pool and spa operators	64	72	Increase
<b>COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM</b>			
The number of beaches monitored and sampled between May and September	1	1	1
<b>COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM</b>			
Respond to reports of Adverse Water Quality Incidents in SDWS	18 (100%)	22 (100%)	100%
The number of low and medium SDWS assessed/re-assessed	97	11	20
% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment ( <b>Accountability Agreement Indicator</b> )	None were due	No high risk SDWS in Middlesex-London	No high risk SDWS in Middlesex-London
<b>COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL</b>			
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification ( <b>New Accountability Agreement Indicator</b> )	98.6% (967)	99.1% (847)	100% (900-1,000)
Provision of rabies post exposure prophylaxis treatment to those individuals where the need is indicated	138 (100%)	82 (100%)	100+ (100%)

## 2016 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

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

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 620,079	\$ 605,947	\$ 613,888	\$ 623,938	\$ 10,050	1.6%
Benefits	137,868	138,190	141,797	145,870	4,073	2.9%
Travel	18,631	21,791	18,631	18,631		
Program Supplies	4,745	4,825	24,745	22,595	(2,150)	(8.7)%
Staff Development	3,833	3,500	3,833	3,833		
Professional Services	2,400	2,504	2,400	2,400		
Equipment & Furniture						
Other Program Costs	3,364		8,258	2,631	(5,627)	(68.1)%
<b>Total Expenditures</b>	<b>\$ 790,920</b>	<b>\$ 783,733</b>	<b>\$ 813,552</b>	<b>\$ 819,898</b>	<b>\$ 6,346</b>	<b>0.8%</b>

## 2016 Planning & Budget Template

Program: Safe Water & Rabies Team – EHCDP

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 747,293	\$ 730,720	\$ 757,852	\$ 774,198	\$ 16,346	2.1%
MOHLTC – 100%	43,627	51,627	55,700	45,700	(10,000)	(18.0)%
MCYS – 100%						
User Fees						
Other Offset Revenue		1,386				
<b>Total Revenues</b>	<b>\$ 790,920</b>	<b>\$ 783,733</b>	<b>\$ 813,552</b>	<b>\$ 819,898</b>	<b>\$ 6,346</b>	<b>0.8%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Maintaining collaborative partnership with the FoodNet program on private wells in Middlesex and London.</li> <li>• Rolling out the enhanced pool and spa operator training program.</li> <li>• Finalizing and disseminating educational materials for private well owners.</li> <li>• Engaging with community partners to support organizing the 2016 Children’s Water Festival in London.</li> <li>• Working on special project on improving health and safety practices in recreational water facilities.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Integration with components of the Health Hazard team will create both opportunities and challenges.</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
None

**ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION**

**SOUTHWEST TOBACCO CONTROL AREA NETWORK**  
**(SW TCAN)**



## 2016 Planning & Budget Template

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

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>The SW TCAN coordinates the implementation of the Smoke-Free Ontario Strategy (SFOS) in the Southwestern region of Ontario. Through regular meetings of the SW TCAN Steering Committee and subcommittees the SW TCAN staff engage all partners (9 Public Health Units, and SFOS resource centers and NGOs) in the development of a regional action plan based on local need. The TCAN staff manage the budget, and act as project managers to carry out the regional plan and report to the MOHLTC on progress. TCAN staff are members of provincial SFO task forces and ensure communication from the TCAN to the MOHLTC and provincial partners and to help guide the progress of the Smoke-Free Ontario Strategy provincially.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li><b>OPHS Standards:</b> Foundational; Chronic Disease Prevention</li> <li><b>Protocols under the OPHS:</b> Tobacco Compliance Protocol, 2008</li> <li><b>Relevant Acts:</b> <i>Health Protection and Promotion Act, Smoke-Free Ontario Act, Tobacco Control Act</i>, Municipal by-laws in local PHU areas. NEW: The <i>Electronic Cigarettes Act</i> is set to come into effect Jan 1<sup>st</sup>, 2016 and additionally there will be further amendments to SFOA as per the <i>Making Healthier Choices Act</i></li> </ul>

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

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 TOBACCO CESSATION**

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

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

- Increase the number of youth and young adults exposed to provincial tobacco prevention campaigns
- Findings from the Social Identities research project conducted in 2013 will continued to be used to implement a tobacco prevention strategy targeting alternative youth. The goal is to Increase the percentage “alternative” youth age 13-18 yrs surveyed in SW/CW ON who intend to remain smoke-free by 2020.
- Implement a smoke-free movies campaign across the SW TCAN in conjunction with the rest of the province, to increase public (parent\youth) awareness of the influence that smoking in movies has on youth smoking rates.

#### **COMPONENT(S) OF TEAM PROGRAM #3 PROTECTION AND ENFORCEMENT**

- Increase capacity of PHUs to implement tobacco control initiatives aimed at youth access to tobacco products
- Increase level of protection of against second-hand smoke exposure (in or outdoors) by the creation of at least 4 policies/bylaws in the SW TCAN and supporting new provincial legislation (*Electronic Cigarettes Act* and amendments to the *Smoke-Free Ontario Act*) by the end of December 2016.
- By the end of 2016 the SW TCAN will distribute updated workplace packages to 100% of workplaces with complaints and enhance promotion of the website [takeyourbuttoutside.ca](http://takeyourbuttoutside.ca) to enhance workplace compliance with the SFOA and ECA in the SW TCAN.

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

- SW TCAN Manager chairs the Steering Committee which brings together all 9 SW PHUs for knowledge exchange and transfer
- SW TCAN YDS chairs the Youth Prevention Subcommittee for knowledge exchange and transfer
- Both the SW TCAN Manager and YDS sit on and chair provincial committees and are involved in the provincial Smoke-Free Ontario Strategy governance structure.

## 2016 Planning & Budget Template

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

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1 TOBACCO CESSATION</b>			
The number of Health Care Providers who are members of local Communities of Practice related to cessation	202	335	Maintain or exceed
The number of earned/paid media impressions in the SW TCAN in support of provincial campaigns (Driven to Quit, Would rather Quit the Denial etc.)	WuR =176, 084 D2Q= 575, 173 <b>Total: 751,257</b>	WuR = 246,584 D2Q= 999,650 <b>Total: 1,246,234</b>	WuR :Maintain or exceed D2Q: 0 (funding cut)
<b>COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE</b>			
The number of smoke-free movie nights held in the SW TCAN	12	18	Maintain or exceed
The number of attendees at smoke-free movie nights held in SW TCAN	7,100	6320	Maintain or exceed
<b>COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT</b>			
The number of regional meetings with Tobacco Enforcement Officers	6	6	6
The number of workplace packages distributed in follow-up to complaints	<b>606 kits</b> distributed in 2014 by al 9 PHUs on a complaint basis.	335 (Q1+Q2) Q3+Q4- results not yet received from PHUs	Maintain or exceed
<b>Component of Team #4 Knowledge Exchange and Transfer</b>			
# of SW TCAN Steering Committee meetings	11	11	11
# of training opportunities organized by the SW TCAN	8	3	TBD

## 2016 Planning & Budget Template

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

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

<b>SECTION G</b>						
<b>Expenditures:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 175,103	\$ 177,708	\$ 180,891	\$178,684	\$ (2,207)	(1.2)%
Benefits	42,054	42,466	43,111	43,743	632	1.5%
Travel	32,924	28,427	32,000	18,000	(14,000)	(43.8)%
Program Supplies	92,848	96,611	89,127	89,702	575	0.6%
Staff Development	1,500	179	1,500	1,500		
Professional Services	46,000	46,000	45,000	60,000	15,000	33.3%
Furniture & Equipment				0		
Other Program Costs	46,071	45,256	44,871	44,871		
<b>Total Expenditure</b>	<b>\$ 436,500</b>	<b>\$ 436,647</b>	<b>\$ 436,500</b>	<b>\$ 436,500</b>	<b>\$ 0</b>	<b>0.0%</b>

## 2016 Planning & Budget Template

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

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared						
MOHLTC – 100%	\$ 436,500	\$ 436,500	\$ 436,500	\$ 436,500	\$ 0	0.0%
MCYS – 100%						
User Fees						
Other Offset Revenue		147				
<b>Total Revenue</b>	<b>\$ 436,500</b>	<b>\$ 436,647</b>	<b>\$ 436,500</b>	<b>\$ 436,500</b>	<b>\$ 0</b>	<b>0.0%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>SW TCAN will use results of the social identities research conducted in 2013 to continue to implement Uprise, a tobacco prevention strategy targeted at the alternative peer crowd.</li> <li>The SW TCAN will assist PHUs to educate and consistently enforce the <i>Electronic Cigarettes Act</i> and the new amendments to the <i>Smoke-Free Ontario Act</i>.</li> <li>The TCAN will assist PHUs to promote provincial cessation initiatives particularly the MOHLTC Cessation Campaign.</li> <li>The TCAN will continue to support PHUs locally and play a key role provincially in the smoke-free movies and multi-unit dwelling initiatives</li> </ul>

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

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- The SW TCAN has not seen a budget increase since the creation of the TCAN in 2005, thus wage and benefit increases have put a strain on the program budget for the TCAN, and staffing reductions have been required, placing strain on remaining staff. TCAN Manager has advocated to MOHLTC for funding increases, particularly as additional work is now being expected related to the *Electronic Cigarettes Act* but no additional funds were provided. Discussions are ongoing with MOHLTC.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- TCAN meetings will be reduced where possible to save travel costs.
- TCAN reduced administrative complement from 0.5 to 0.4 to offset budget pressures which will result in a decrease in program support adding additional pressures to TCAN staff.

**FAMILY HEALTH SERVICES**  
**OFFICE OF THE DIRECTOR**

## 2016 Planning & Budget Template

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

<b>SECTION B</b>				
<b>SUMMARY OF TEAM PROGRAM</b>				
<p>The Office of the Director of Family Health Services area is comprised of the Director of Family Health Services and Chief Nursing Officer (CNO), the Program Assistant to the Director/CNO, an Epidemiologist, Program Evaluator and Community Health Nursing Specialist. The team supports the activities of the entire Family Health Services area. In addition, the mandate of the Chief Nursing Officer is the responsibility of the Director of Family Health Services. However, in 2015 the CHNS was the Acting Chief Nursing Officer until December. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) work with nurses across the agency to promote excellence in public health nursing practice in order to ensure quality outcomes for the community. The Epidemiologist and Program Evaluator contribute to FHS program planning, population assessment, health assessment and surveillance, and program evaluation.</p>				

<b>SECTION C</b>				
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>				
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Reproductive Health Program</li> <li>• Child Health Program</li> <li>• Chronic Disease &amp; Injury Prevention Program</li> <li>• Sexual Health Program</li> <li>• Injury Prevention and Substance Abuse Prevention</li> <li>• Foundational Standards</li> <li>• Organizational Standards</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> <p>Nursing Act, 1991 College of Nurses of Ontario</p>				



Program: Office of the Director

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 - EPIDEMIOLOGY & PROGRAM EVALUATION**

- The Epidemiologist and Program Evaluator develops or obtains, and makes available population health assessment, surveillance and program planning and evaluation resources for use in program planning and evaluation activities in FHS. Build capacity for program teams to undertake program planning and evaluation through consultation, working as part of a team on planning and evaluation activities and conducting or arranging for structured educational/training opportunities, e.g. workshops, for staff.
- Participates in the development and implementation of agency-wide systems to build capacity for the organization to develop and implement evidence-informed programming, e.g. Rapid Risk Factor Surveillance System (RRFSS), Research Advisory Committee (RAC), Community Health Status Report (CHSR).

#### **COMPONENT(S) OF TEAM PROGRAM #2 CNO & CHNS – NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP**

- Over half of the front-line service provider at MLHU (across all program Service Areas) are public health nurses whose scope of practice varies significantly with frequent clinic changes. In order to ensure quality of practice and ongoing skill development this role:
  - Provide staff consultations and support to address nursing practice issues.
  - contributes to policy and procedure development for public health and public health nursing practice,
  - provides leadership to the Nursing Practice Council and take leadership role in developing implementing annual practice plans,
  - oversees the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice,
  - leads and plan professional development programs for all agency PHNs (150 nurses),
  - Promotes and support national certifications such as (e.g. Community Health Nursing, International Certified Lactation Consultants, US Infectious Control),
  - contributes to human resource recruitment through post-secondary partnerships.

## 2016 Planning & Budget Template

Program: Office of the Director

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>COMPONENT OF TEAM #1 EPIDEMIOLOGY &amp; PROGRAM EVALUATION</b>			
Complete Middlesex-London Infant Feeding Surveillance System Development, Implementation, Monitoring and Evaluation	n/a	System development completed; Implementation started	Monitoring Evaluation System adjustments Annual report
# of evaluation projects undertaken	20	18	Maintain levels
# of consultations with managers and staff re: program evaluation.	27	30	Maintain levels
<b>COMPONENT OF TEAM #2 CNO &amp; CHNS - NURSING PRACTICE QUALITY ASSURANCE &amp; LEADERSHIP</b>			
Providing Nursing Practice Quality Assurance <ul style="list-style-type: none"> <li>Two annual All Nurse meetings</li> <li># of practice consultations</li> </ul>	2 68	2 89 (as of Nov26/2015)	2 90
Nursing Leadership <ul style="list-style-type: none"> <li>Mentoring new nurse graduates (NNG) in the Nursing Graduate Guarantee program</li> <li># of presentations to undergraduates in post-secondary</li> <li># of meetings with academia</li> </ul>	7 NNG hired  3 3	6 NNG hired  3 4	6 NNG hired as funding allows 3 3
Supporting Organizational Effectiveness <ul style="list-style-type: none"> <li># of policy and procedural development</li> </ul>	16	27	20

## 2016 Planning & Budget Template

Program: Office of the Director

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
	<b>6.25</b>	<b>7.1</b>
Director and Chief Nursing Officer	1.0	1.0
Administrative Assistant to the Director	1.0	1.0
Community Health Nursing Specialist	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	1.0	2.0
Program Assistant to Epi/PE/CHNS	0.5	0.5
Public Health Nurse (Casual)	0.75	0.6

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 498,971	\$ 442,866	\$ 507,040	\$ 569,033	\$ 61,993	12.2%
Benefits	110,940	108,009	118,586	139,704	21,118	17.8%
Travel	14,400	7,753	14,400	14,950	550	3.8%
Program Supplies	82,804	56,189	70,304	60,304	(10,000)	(14.2%)
Staff Development	35,874	14,970	8,000	8,750	750	9.4%
Professional Services	11,000	9,999	1,000	1,000		
Furniture & Equipment	6,000	15,715	1,000	1,000		
Other Program Costs	18,150	15,107	34,737	19,737	(15,000)	(43.2%)
<b>Total Expenditures</b>	<b>\$ 778,139</b>	<b>\$ 670,608</b>	<b>\$ 755,067</b>	<b>\$ 814,478</b>	<b>\$ 59,411</b>	<b>7.9%</b>

Program: Office of the Director

## SECTION H

### FUNDING SOURCES:

Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 774,765	\$ 666,068	\$ 752,980	\$ 812,391	\$ 59,411	7.9%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	3,374	4,540	2,087	2,087		
<b>Total Revenues</b>	<b>\$ 778,139</b>	<b>\$ 670,608</b>	<b>\$ 755,067</b>	<b>\$ 812,391</b>	<b>\$ 59,411</b>	<b>7.9%</b>

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

## SECTION J

### PRESSURES AND CHALLENGES

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

The following PBMA proposals have been included in the base program budget:

- (\$10,000) Reduction in the Service Area materials & supplies and program resources. Will not impact service.
- (\$15,000) Reduction in the casual Public Health Nurse (0.15 FTE) for prenatal classes. There has been an efficiency gain in how prenatal classes are being delivered. An online e-learning component has been added that reduces facilitated in class nursing time. This results in less casual and/or contract nurse time required to facilitate prenatal classes.
- \$89,822 Enhancement relating to an increase of 1.0 FTE Program Evaluator.

**FAMILY HEALTH SERVICES  
REPRODUCTIVE HEALTH TEAM**

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The Reproductive Health Team (RHT) enables individuals &amp; families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and are prepared for parenthood. Specific topic areas of focus include alcohol and tobacco, healthy eating, physical activity, and mental wellness. Currently this team is also leading the agency-wide Health Care Provider Outreach and Health Equity Core Group (these two areas of focus are set for realignment in a central location in 2016 in tandem with restructuring).</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Program</li> <li>• Reproductive Health Program</li> <li>• Foundational Standard</li> <li>• Chronic Disease and Injury Prevention Program</li> <li>• Sexual Health Program</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul>

Program: Reproductive Health Team

## **SECTION D**

### **COMPONENT(S) OF TEAM PROGRAM #1: PRECONCEPTION HEALTH**

Preconception health initiatives are intended to increase the proportion of individuals who are physically, emotionally, and socially prepared one to two years prior to and leading up to conception and to improve pregnancy outcomes. Strategies include:

- Provide preconception health teaching to priority population groups including, Elgin-Middlesex Detention Center (EMDC), Mutual Aid Parenting Program (MAPP), South London Community Group, etc.
- Provide up-to-date preconception information on MLHU website, and implement social media strategies
- Promote the PrePregnancy Planning tool that can be utilized both by clients and Health Care Providers (HCPs)
- Partner with the MLHU Sexual Health Team the Child & Youth Team, London Health Sciences Center (LHSC) and local high schools (HS) to provide learning opportunity for students and support teachers in the classroom.

### **COMPONENT(S) OF TEAM PROGRAM #2: PRENATAL HEALTH**

Prenatal health initiatives are intended to increase awareness of the importance of creating safe and supportive environments that promote healthy pregnancies and healthy birth outcomes.

- Develop, pilot and evaluate a combined e-learning and skill building prenatal program
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning, combined e-learning and skill building)
- Provide food skills sessions to increase subsidized access to fruits and vegetables by collaborating with community partners
- Partner with LHSC to pilot an early pre-admit group session to pregnant women in their second trimester (18 – 22weeks)
- Develop and plan prenatal education program for at risk pregnant women with community partners

### **COMPONENT(S) OF TEAM PROGRAM #3: PREPARATION FOR PARENTHOOD**

- Our preparation for parenthood initiatives focus on the social, emotional, and mental aspects of parenthood, and how to effectively manage the transition to parenthood, including information about how parenting impacts future health.
- Provide up-to-date preparation for parenthood information on MLHU website
- Offer 'Preparing for Parenthood' class to pregnant women and their support persons. Explore partnering opportunities

### **COMPONENT(S) OF TEAM PROGRAM #4: BABY-FRIENDLY INITIATIVE**

The Baby-Friendly Initiative (BFI) is an evidence-based strategy that promotes, protects and supports breastfeeding, and is an effective tool to increase breastfeeding initiation, duration, and exclusivity. Breastfeeding is a significant contributor to healthy growth and development. MLHU received Baby-Friendly designation in 2015 and will maintain this designation in future years.

### **COMPONENT(S) OF TEAM PROGRAM #5: HEALTH CARE PROVIDER OUTREACH (INCLUDES PRECONCEPTION, PRENATAL, AND EARLY YEARS HEALTH)**

The Health Care Provider Outreach Initiative is a strategy to enhance health within our community through physicians, midwives, nurse practitioners, nurses, and other health care providers.

- Strategies focus on providing information to and connecting with health care providers
- Develop and implement a strategy to implement and strengthen the Health Unit wide HCP Outreach program

## 2016 Planning & Budget Template

Program: Reproductive Health Team

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>COMPONENT OF TEAM #1: PRECONCEPTION HEALTH</b>			
Interactive Pre-Pregnancy online self-assessment tool.	•PrePregnancy Planner launched	•2 Facebook campaigns launched in Spring & Fall	•3 Facebook campaigns
Preconception Presentations (2014) - # of pres. offered # Elgin Middlesex Detention Centre (EMDC) presentations	•21 sessions •8 EMDC sessions	•15 sessions •10 EMDC session	•Maintain
<b>COMPONENT OF TEAM #2: PRENATAL HEALTH</b>			
6 - Week Series, Weekend Series, and e-Learning - # of 6 week prenatal series: # of women	•54: 496 women	•48: 488	•Replace with 6 series in Strathroy
# of series Weekend Series: # of women/support persons	•16 series: 152/148	•15: 149/148	•15 - maintain
# of e-learning registrants	•468 registrants	•477	•Increase to replace
# of women/support persons-combined e-learning pilot	•N/A	•5:52	•42 series/6 week series
Breastfeeding - # of classes provided & # of women/support persons attending breastfeeding session	•10 classes: 63 women/46 supports	•10 classes with 100 women/ 89 supports	•Maintain
Food Skills Program (2014) - # of sessions offered & # of women/support persons attending the program	•28 sessions: 240 women/supports	•16 sessions: 163 women/support	•Increase with targeted groups
<b>COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD</b>			
# of sessions offered & # of women/support persons attending	•14 & 87/81	•13/165/160	•11 - maintain
<b>COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE</b>			
BFI certification process ongoing Sustainable processes established to ensure policy orientation of new staff and volunteers	•Pre-assessment complete •100% of all new staff oriented	•Assessment complete •100% of new staff oriented	•Maintain BFI status •100% of all new staff are oriented
<b>COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH</b>			
In person office contact/visits to review resource binder and practice changes to health care providers Resource requests from health care providers	•418 office sessions	•520 Office sessions •19,000 resources	•Increase and enhance coordination with Communications



## 2016 Planning & Budget Template

Program: Reproductive Health Team

<b>SECTION F</b>		
<b>STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>16.0</b>	<b>15.5</b>
Program Manager	1.0	1.0
Public Health Nurses	10.5	10.5
Healthy Promoter	0.5	0.5
Public Health Dietitian	1.0	1.0
Program Assistants	3.0	2.5

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 1,033,086	\$ 1,034,771	\$ 1,141,169	\$ 1,134,822	\$ (6,347)	(0.6%)
Benefits	263,212	246,965	279,223	279,225	2	
Travel	7,770	7,558	7,770	7,770		
Program Supplies	56,855	58,575	63,150	63,150		
Staff Development	3,950	5,522	3,950	3,950		
Professional Services	17,250	10,783	10,455	10,455		
Furniture & Equipment		779				
Other Program Costs	5,069	5,135	3,175	3,175		
<b>Total Expenditures</b>	<b>\$ 1,387,192</b>	<b>\$ 1,370,088</b>	<b>\$ 1,508,892</b>	<b>\$ 1,502,547</b>	<b>\$ (6,345)</b>	<b>(0.4%)</b>

Program: Reproductive Health Team

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,377,658	\$ 1,360,588	\$ 1,500,752	\$ 1,494,407	\$ (6,345)	(0.4)%
MOHLTC – 100%						
MCYS – 100%						
User Fees	8,140	5,210	8,140	8,140		
Other Offset Revenue	1,394	4,290				
<b>Total Revenues</b>	<b>\$ 1,387,192</b>	<b>\$ 1,370,088</b>	<b>\$ 1,508,892</b>	<b>\$ 1,502,547</b>	<b>\$ (6,345)</b>	<b>(0.4)%</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Implementation of high risk prenatal education program</li> <li>• Full implementation of previously piloted combined e-learning with skill building prenatal universal program</li> <li>• Explore the creation of and implement an online early pregnancy resource, similar to the Preconception Planner, targeted to pregnant women and their partners in the first trimester.</li> <li>• Partnering opportunities for food skills program and high risk prenatal program</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Personnel changes within a large number of staff continue to put pressure on this team.</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
<p>In the 2014 budget, the Board of Health approved a reduction of administrative support from this team, which is being reflected here in the FTE count, while the funding savings were realized in 2014 in another budget.</p> <p>Other program changes include creating online resource for pregnant families in early pregnancy as young clients prefer this over in-class education time. The number of classes in the series for prenatal will also be reduced.</p>

Program: Early Years Team

# FAMILY HEALTH SERVICES

## EARLY YEARS TEAM

Program: Early Years Team

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The goal of the Early Years Team is to improve the health and developmental outcomes for children by providing a range of services designed to address the physical, emotional, and social growth and development of children ages 0-3. Multi-strategy approaches are used that include facilitating access to and providing direct services; raising awareness; providing education; creating supportive physical and social environments; strengthening community action and partnership; and building personal skills and self-efficacy with families and care givers in London and Middlesex County. Topic areas include breastfeeding; infant nutrition; safe and healthy infant care; infant mental health and early childhood development; nutrition; healthy eating/healthy weights; child safety; oral health; immunization; parenting; healthy growth and development; and the early identification of developmental concerns.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards: Child Health, Chronic Disease and Injury Prevention, Foundational Standard            Child &amp; Family Services Act, 1990: Duty to Report Legislation            Health Promotion and Protection Act            Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). Personal Health Information Protection Act, R, S, O, 2004 (PHIPA).</p>

Program: Early Years Team

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 BREASTFEEDING COUNSELING AND SUPPORT**

PHNs provide:

- Direct 1:1 support at Infant Growth/Development & Breastfeeding Drop-ins (formerly Well Baby/Child & Breastfeeding Clinics), Breastfeeding Appointments for mothers at risk for early discontinuation, phone counseling through the Health Connection and 48 hour call
- Multi-strategy awareness raising and social marketing initiatives that target physicians and other primary care providers, families, and the community at large
- The use of social media including Facebook ads and tweets, a breastfeeding video library and maintaining information on the website
- Enhanced collaborative partnership with LHSC to identify mothers at risk of early breastfeeding discontinuation and ease transition from hospital to community
- Enhanced partnership with La Leche League and CYN Family Centres to identify opportunities for collaborative peer support
- Visits to physician offices and other health care providers (e.g. First Nations, Nurse Practitioners) to offer education and resources related to breastfeeding

#### **COMPONENT(S) OF TEAM PROGRAM #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT**

Public Health services provided to promote healthy growth and development and to identify potential developmental challenges early in life includes:

- Direct 1:1 skill-building sessions with parents at Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and community developmental screening opportunities
- Development and implementation of awareness raising and social marketing campaigns focused on healthy growth and development – Building Healthy Brains to Build a Healthy Future
- The use of social media including Facebook ads and tweets and MLHU website information
- Providing visits/presentations to physician and other health care providers offices (e.g. First Nations, Nurse Practitioners)
- Providing education and consultation to licensed child care centres (LCC) and participation in city and county wide LCC coordinating committees
- Providing educational group sessions to parents
- Collaborative partnership with the Community Early Years Partnership Committee, Community Early Years Health Care Provider Champions Committee and the Community Early Years Specialized Services Committee to develop and implement both Universal and Targeted approaches related to early childhood development – Building Healthy Brains to Build a Healthy Future campaign
- Let's Grow

Program: Early Years Team

### COMPONENT(S) OF TEAM PROGRAM #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT

Services to support parenting include:

- Providing direct education, counseling and support for Post-Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment through:
  - Telephone counseling at the Health Connection
  - Direct one-on-one education and support at Infant Growth/Development and Breastfeeding Drop-ins, and referrals to community resources and supports
- Facilitating group skill building sessions e.g. Triple P, Multiple Birth Support sessions, OEYCs, Parent Family Literacy Centres, Childreach
- The use of social media including Facebook ads and tweets and MLHU website information

### COMPONENT(S) OF TEAM PROGRAM #4 HEALTHY EATING/HEALTHY WEIGHTS AND PHYSICAL ACTIVITY

Initiatives include:

- Tummy Time ( designed to help parents understand the importance of infants being placed in a variety of positions throughout the day)
- Trust Me Trust My Tummy (designed to help parents understand feeding cues)
- Outreach campaigns and events in collaboration with community partner e.g. CYN Family Centres, OEYCs
- NutriSTEP promotion and screening
- Education and support with Licensed Child Care Centres

### COMPONENT(S) OF TEAM PROGRAM #5 PARTNERSHIP AND COLLABORATION

Two key partnerships are leveraged in accomplishing the goals of the Early Years Team.

**The Middlesex-London Community Early Years Partnership** consists of approximately 35 agencies and front line staff that provide services to improve childhood outcomes. The 3 subcommittees include the Community Early Years Partnership Committee, the Community Early Years Health Care Provider Champion Partnership Committee and the Community Early Years Specialized Services Committee.

**The Child and Youth Network Family Centres** augment the delivery of MLHU team programs within an Interprofessional Community of Practice Framework. Early Years Team PHNs provides a lead at each Family Centre (Carling Thames, Argyle, White Oaks, and Westmount) who represent the MLHU by participating in the planning and delivery of services through the Strategic Collaboration Committee meetings. Early Years Team PHNs represent MLHU on the CYN Literacy Priority Committee and support the Healthy Eating Healthy Physical Activity and Ending Poverty Priority Committees

Partnership and collaboration outcomes are captured in Components of the Team Program #1 through #4.

## 2016 Planning & Budget Template

Program: Early Years Team

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>Total # clients receiving direct 1:1 service</b>	<b>5,079 clients</b>	<b>5,928 clients</b>	<b>6,223 - increase 5%</b>
<b>Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT</b>			
<ul style="list-style-type: none"> <li>1:1 counselling and support an Infant Growth/ Development &amp; Breastfeeding Drop-ins (Drop-ins), Breastfeeding Appointment (BFO) and Health Connection (HC)</li> </ul>	<ul style="list-style-type: none"> <li>4,349 visits received 1:1 @ WBCs; HC 730; InfantLine 335</li> </ul>	<ul style="list-style-type: none"> <li>1:1 @ Drop-ins 1,568, @ HC 656, @ BFO 271, 48 hr. calls 1,023</li> </ul>	<ul style="list-style-type: none"> <li>1:1 services increase 5%.</li> </ul>
<ul style="list-style-type: none"> <li>Social Marketing and social media/website initiatives.</li> </ul>		<ul style="list-style-type: none"> <li>Facebook Ads-20</li> </ul>	<ul style="list-style-type: none"> <li>Increase social media</li> </ul>
<ul style="list-style-type: none"> <li>Partnerships with LHSC and La Leche League</li> </ul>			<ul style="list-style-type: none"> <li>Increase partnerships</li> </ul>
<b>Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT</b>			
<ul style="list-style-type: none"> <li>1:1 support, skill building, developmental screening at Drop-ins, HC and community locations.</li> </ul>	<ul style="list-style-type: none"> <li>3445 screens; HC 943</li> </ul>	<ul style="list-style-type: none"> <li>1:1 @ Drop-ins 2225, HC 710, screens 139</li> </ul>	<ul style="list-style-type: none"> <li>1:1 – service increase 5%.</li> </ul>
<ul style="list-style-type: none"> <li>Presentations to families, health care providers(HCP) and licensed child care centre (LCC)</li> </ul>		<ul style="list-style-type: none"> <li>Presentations–284</li> </ul>	<ul style="list-style-type: none"> <li>Presentations &gt;5%.</li> </ul>
<ul style="list-style-type: none"> <li>Campaign -'Building Healthy Brains to Build A Healthy Future' campaign, social media &amp; website</li> </ul>		<ul style="list-style-type: none"> <li>18 new web pages, post ads, 4 contests</li> </ul>	<ul style="list-style-type: none"> <li>Phase 1 &amp; Phase 2 Campaign</li> </ul>
<b>Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT</b>			
<ul style="list-style-type: none"> <li>1:1 parent education, counseling and support at Drop-ins and Health Connection (HC).</li> </ul>	<ul style="list-style-type: none"> <li>4,173 @ WBCs, Calls: 1,168 Infantline, 1,032 HC</li> </ul>	<ul style="list-style-type: none"> <li>1:1- 278 clients.</li> </ul>	<ul style="list-style-type: none"> <li>1:1 service increase 5%</li> </ul>
<ul style="list-style-type: none"> <li>Group presentation/education sessions including car seat safety and Triple P</li> </ul>	<ul style="list-style-type: none"> <li>90 presentations, Lets Grow 14,548</li> </ul>	<ul style="list-style-type: none"> <li>133 group sessions</li> </ul>	<ul style="list-style-type: none"> <li>Increase group sessions.</li> </ul>
<ul style="list-style-type: none"> <li>Social media &amp; MLHU website including Parenting- Infant Car Seat Winter Safety &amp; Child Safety</li> </ul>	<ul style="list-style-type: none"> <li>summer safety campaign</li> </ul>	<ul style="list-style-type: none"> <li>Facebook Post Ads &amp; contests</li> </ul>	<ul style="list-style-type: none"> <li>Increase social media.</li> </ul>
<b>Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY</b>			
<ul style="list-style-type: none"> <li>Direct 1:1 education, counseling, support and NutriSTEP screening.</li> </ul>	<ul style="list-style-type: none"> <li>NutriSTEP promo. 100 screens, 3 events</li> </ul>	<ul style="list-style-type: none"> <li>1:1 @ Drop-ins 369 HC 124, NutriSTEP 6</li> </ul>	<ul style="list-style-type: none"> <li>1:1 service increase 5%.</li> </ul>
<ul style="list-style-type: none"> <li>Presentations.</li> </ul>		<ul style="list-style-type: none"> <li>14 presentations</li> </ul>	<ul style="list-style-type: none"> <li>Increase</li> </ul>
<ul style="list-style-type: none"> <li>Social media campaigns.</li> </ul>		<ul style="list-style-type: none"> <li>Physical Literacy</li> </ul>	<ul style="list-style-type: none"> <li>1 campaign</li> </ul>

## 2016 Planning & Budget Template

Program: Early Years Team

<b>SECTION F</b>		
<b>STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>16.3</b>	<b>15.4</b>
Program Manager	1.0	1.0
Public Health Nurse	12.5	12.5
Program Assistants	2.4	1.5
Casual PHN (Early Years Team)	0.4	0.4

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 1,215,548	\$ 1,222,178	\$ 1,209,234	\$ 1,172,625	\$ (36,609)	(3.0%)
Benefits	283,070	282,447	280,029	291,628	11,599	4.1%
Travel	21,250	17,781	20,500	20,500		
Program Supplies	61,799	70,620	59,121	59,121		
Staff Development	4,750	3,489	8,700	8,700		
Professional Services	1,400	57	1,000	1,000		
Furniture & Equipment						
Other Program Costs	13,407	8,675	4,157	4,157		
<b>Total Expenditures</b>	<b>\$ 1,601,224</b>	<b>\$ 1,605,247</b>	<b>\$ 1,582,741</b>	<b>\$ 1,557,731</b>	<b>\$ (25,010)</b>	<b>(1.6%)</b>



Program: Early Years Team

### SECTION H

#### FUNDING SOURCES:

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

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Priority focus for Infant Mental Health and Early Childhood Development will be on the Building Healthy Brains to Build a Healthy Future campaign/social media initiatives and leveraging partnerships to enhance reach and impact.
- Priority focus for Infant Growth/Development and Breastfeeding Drop-ins will be 0-6 months. Concerns about their infants over 6 months are encouraged to call the Health Connection. A referral to a MLHU Drop-in or other community resource will be made if indicated.
- We're Better Together workshop in collaboration with the Community Early Years Partnership Committee, Community Early Years Health Care Provider Committee, Community Early Years Specialized Services Committee, and Licensed Child Care Centres
- Building healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network
- Enhanced collaboration with LHSC to improve postpartum discharge transition to community support particularly early breastfeeding appointments

Program: Early Years Team

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Adequate allocation of staff time to support the three Community Early Years Partnership Committees
- Adequate allocation of staff time to provide early intervention breastfeeding appointments
- Increasing attendance at Infant Growth/Development and Breastfeeding Drop-ins – increase in infants less than 1 week old
- Licensed Child Care Centre visits resource intense

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

Efficiencies:

- (\$30,000) Decrease 0.5 FTE Program Assistant on Health Connection
- (\$23,000) Decrease 0.4 FTE Program Assistant for Let's Grow

**FAMILY HEALTH SERVICES**  
**SCREENING, ASSESSMENT AND INTERVENTION**

## 2016 Planning & Budget Template

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

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :</p> <ul style="list-style-type: none"> <li>• Foundational Standard</li> <li>• Child Health Program</li> </ul> <p>A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.</p>

Program: Screening, Assessment and Intervention

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 PRESCHOOL SPEECH AND LANGUAGE (TYKETALK)**

tykeTALK is a prevention and early intervention program designed to maximize positive outcomes for children's communication, play, social and literacy development. The program provides early identification of and intervention for children with communication disorders from birth to school-entry. Of all the children that tykeTALK provides service to approximately 60% come from London, 7% from Middlesex county, 16% from Elgin county and 16% from Oxford county. The program consists of the following program components/strategies: Referral/Intake, Intervention and Community Awareness, Support and Education. The goals of the program are to develop and maintain an integrated system of pre-school speech and language services; maintain seamless and efficient access to service; ensure early identification and intervention for all children with communication disorders; provide a range of evidence based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The program provides assessment and/or intervention to approximately 11.5% of the child population from birth to 70 month in the Thames Valley Region.

#### **COMPONENT(S) OF TEAM PROGRAM #2 INFANT HEARING PROGRAM**

The Infant Hearing Program-SW Region is a prevention and early intervention hearing program. The program consists of the following program components/strategies: universal newborn hearing screening, hearing loss confirmation and audiological assessment and follow up support and services for children identified with permanent hearing loss. The goals of the program are to identify all babies who are deaf or hard of hearing; identify and monitor babies born with risk factors for developing hearing loss; provide evidence based amplification and communication interventions to facilitate language development; support parents and community professionals in maximizing positive child outcomes; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The IHP-SW covers the counties of Thames Valley, Huron, Perth, Grey, Bruce and Lambton. The IHP-SW screens the hearing of 10,000 newborns/year either in the hospital or the community and provides follow-up supports and services to approximately 120 children per year who have permanent hearing loss. The program provides service to children and families from birth to eligibility to attend Grade 1.

#### **COMPONENT(S) OF TEAM PROGRAM #3 BLIND LOW VISION EARLY INTERVENTION PROGRAM**

The Blind Low Vision Early Intervention Program consists of the following components/strategies: intervention and education and family support and counseling. The goals of the program are to provide education and support for families and community professionals in healthy child development and preparation for early learning and other community environments; provide a range of evidence based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The IHP-SW covers the counties of Thames Valley, Huron, Perth, Grey, Bruce and Lambton, The program provides services to approximately 110 children per year who have been diagnosed as being blind or having low vision. The program provides services to children and families from birth to eligibility to attend Grade 1.

Program: Screening, Assessment and Intervention

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014/15 (actual)</b>	<b>2015/16 (anticipated)</b>	<b>2016 (target)</b>
<b>Component of Team #1 tykeTALK (Thames Valley)</b>			
			MCYS Targets:
% of assessments provided to children by 30 months of age	54%	55%	45%
% of all children aged 0-30 months receive parent training	80%	80%	75%
Wait for assessment	7 weeks	6 weeks	12 weeks or less
Wait for intervention from time of referral	15 weeks	16 weeks	32 weeks or less
Number of children seen for assessment and/or intervention	3,241	3,250	3,250
<b>Component of Team #2 Infant Hearing Program – SW Region</b>			
% of all newborn babies residing in the region who receive a hearing screening before 1 month corrected age (approximately 10,650 babies born per year in region based on 2011 census data)	92%	92%	90%
The refer rate to audiological assessment	.7%	1%	2% or less of all babies screened
% of all babies with a refer result from UNHS will have an audiology assessment by 4 months corrected age	52%	55%	75%
% of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS will begin use of amplification by 9 months corrected age	39%	40%	40%
% of babies identified with PCHL as a result of UNHS will begin communication development by 9 months corrected age	56%	60%	40%
<b>Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)</b>			
Average age of children at referral	25 months	24 months	less than 24 months
Wait time from referral to first intervention	6 weeks	4 weeks	less than 12 weeks

## 2016 Planning & Budget Template

Program: Screening, Assessment and Intervention

<b>SECTION F</b> <b>STAFFING COSTS:</b>	<b>2014/2015 TOTAL FTEs</b>	<b>2015/2016 ESTIMATED FTEs</b>
	<b>29.83</b>	<b>29.83</b>
<b>MLHU Staff:</b>		
Program Manager	1.0	1.0
Program Assistants	2.4	2.4
Intake – Coordinator	1.0	1.0
<b>Contract Staff :</b>		
Family Support Workers	0.58	0.58
Early Childhood Vision Consultants	2.3	2.3
Speech & Language Pathologists	13.23	13.23
Administrative Support	3.41	3.41
Communication Disorder Assistant	4.2	4.2
Audiology Consultant (Infant Hearing Program)	0.5	0.5
Audiologists	2.04	2.04
Hearing Screeners	3.85	3.85

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 2,110,316	\$ 2,131,391	\$ 2,234,058	\$ 2,234,058		
Benefit	426,069	420,059	479,238	479,238		
Travel	34,480	25,973	33,088	33,088		
Program Supplies	172,482	164,637	115,304	115,304		
Staff Development	2,250	1,561	1,750	1,750		
Professional Fees	5,163	5,726	6,610	6,610		
Furniture & Equipment	1,000	2,513	1,000	1,000		
Other Program Costs	100					
<b>Total Expenditures</b>	<b>\$ 2,751,860</b>	<b>\$ 2,751,860</b>	<b>\$ 2,871,048</b>	<b>\$ 2,871,048</b>		

Program: Screening, Assessment and Intervention

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 10,000	\$ 0	\$ 10,000	\$ 10,000		
MOHLTC – 100%						
MCYS – 100%	2,706,420	2,751,860	2,812,962	2,812,962		
User Fees						
Other Offset Revenue	35,440		48,086	48,086		
<b>Total Revenues</b>	<b>\$ 2,751,860</b>	<b>\$ 2,751,860</b>	<b>\$ 2,871,048</b>	<b>\$ 2,871,048</b>		

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Implementation of the regional plans for the provincial Special Needs Strategy for Coordinated Services and Integrated Rehabilitation</li> <li>• Reduction of number of hearing screeners in hospitals in order to meet provincial QA standards for refer rates; this is not a reduction in FTE but a reduction in the number of different people actually doing the screening</li> <li>• Streamline data entry processes in order to enter data in a more timely fashion</li> <li>• Collaborate with HBHC to better integrate hearing and post-partum screens in the hospital</li> <li>• Signing of the MCYS Data Sharing Agreement and implementing the plan for obtaining consent</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Reducing the number of different people screening hearing in the hospitals is challenging in smaller hospitals and rural areas where there are fewer babies born and staff who work rotating shifts</li> <li>• System changes as a result of the Special needs Strategy will require significant change management</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
<ul style="list-style-type: none"> <li>• Joint hearing and postpartum screening in London at LHSC by MLHU PHNs will provide a better patient experience, higher compliance and will streamline data entry processes (PBMA proposal for 2016)</li> <li>• MLHU signing of the MCYS Data Sharing Agreement will avoid duplication of data entry between HBHC and IHP.</li> </ul>



### **FAMILY HEALTH SERVICES**

### **BEST BEGINNINGS TEAM**

## 2016 Planning & Budget Template

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The Best Beginnings Team provides evidence informed programs and services that support healthy child development and effective parenting to vulnerable families with infants and young children. Key program areas include:</p> <ul style="list-style-type: none"> <li>• <b>The Healthy Babies Healthy Children (HBHC) Program</b> focuses on high risk families during pregnancy and families with children from birth to school entry with the intent of providing children with a healthy start in life. This program is 100% funded by the Ministry of Children and Youth Services (MCYS). Families are referred into the program following a universal screening risk assessment, with the majority of referrals originating in the postpartum period through the HBHC screen. A blended team model consisting of Public Health Nurses (PHN) and Family Home Visitors (FHV) provides home visits and other services aimed at promoting healthy child growth and development and positive parenting. Smoking cessation support is offered to eligible HBHC families and includes providing free Nicotine Replacement Therapy (NRT).</li> <li>• <b>The Family Health Clinic</b> provides primary health care through a Nurse Practitioner at 5 community sites each week. These clinics are for families with young children who cannot access family physician services or who do not have health coverage (OHIP). The clinics are operated out of existing community locations such as Child and Family Centres and libraries. The program is cost-shared between our municipality and the Ministry of Health and Long Term Care (MOHLTC).</li> <li>• <b>The Smart Start for Babies (SSFB) Program</b> is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant women and teens and their support persons who are at risk for poor birth outcomes. Participants include those who have difficulty accessing healthy food, are experiencing abuse, live in poverty, and are newcomers to Canada. SSFB provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, and referrals to community supports and other resources. Limited post-partum support sessions are also offered. This program is 100% funded by the Public Health Agency of Canada.</li> <li>• <b>Eight Homeless/Family Shelters</b> receive public health nursing services on a regular basis including direct care, counselling, consultations, community referrals, HBHC referrals, and group support.</li> </ul>

Program: Best Beginnings Team

### **SECTION C**

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

Ontario Public Health Standards:

Foundational Standard; Reproductive Program; Chronic Disease & Injury Prevention; Sexual Health Program; Injury and Substance Misuse Program; Child Health Program

Child & Family Services Act, 1990, Duty to Report Legislation

Ministry of Children and Youth Services (MCYS) Healthy Babies, Healthy Children Protocol 2012

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 – HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION**

- The HBHC program provides evidence based programs and services to women and their families in the prenatal period and to families with children from birth until transition to school. The program includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports.
- Home visiting services provide early intervention for families who are confirmed as being with risk for compromised child development. The blended home visiting model focuses on seventeen family goals as identified in the Family Friendly Service Plan.
- Service coordination ensures families identified with risk can access services and supports in a coordinated fashion.
- Reducing smoking during pregnancy and in the presence of young children has a significant impact on the health outcomes for families. Eligible pregnant families and families with young children are offered Nicotine Replacement Therapy (NRT) and counselling from specialized PHNs.

#### **COMPONENT(S) OF TEAM PROGRAM #2 – OUTREACH TO VULNERABLE FAMILIES**

- PHNs provide service to 8 homeless/family shelters for women, children and families in London and Middlesex. Services include screening, assessment, intervention, advocacy, and linking families to community services. Shelter PHNs refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.
- Nurse Practitioner (NP) led Family Health Clinics are located in neighbourhoods where vulnerable families live. These clinics offer services on a drop-in basis or by appointment for families with children under the age of six and for high school students who do not have a primary care physician or who do not have health care coverage (OHIP).

#### **COMPONENT(S) OF TEAM PROGRAM #3 – PRENATAL SUPPORT & EDUCATION**

- Smart Start for Babies participants attend weekly prenatal sessions, with an emphasis on nutrition, at six sites in London and Strathroy. Prenatal education addresses information and behaviours which contribute to healthy birth outcomes, and includes mental health promotion and injury prevention, and topics including healthy relationships, abuse, and smoking cessation. Nutrition education addresses food preparation and safety, and developing life skills. Healthy snacks or meals, food vouchers, bus tickets, kitchen items

Program: Best Beginnings Team

and prenatal vitamins are offered at each session. Participants include pregnant women and teens, and their support persons.

- Postpartum sessions in Strathroy provide information to promote breastfeeding, to address issues of infant safety and injury prevention, and to promote linkages to programs and resources in the community which support families after the birth of their baby. High risk mothers attend postpartum sessions until their babies are six months of age.
- An Advisory Group comprised of members from community agencies provides advice and support for SSFB. Site coordinators (hired by partnering agencies and paid through the SSFB budget) assist with recruiting of participants and with linking them to other appropriate programs and neighbourhood supports in the community. In-kind support is provided by the Middlesex & London Children's Aid Society (CAS), Health Zone Nurse Practitioner Led Clinics (NPLC), and the London Health Sciences Centre (LHSC).
- In-home prenatal support and education is also offered through the HBHC home visiting program.

Program: Best Beginnings Team

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (targets)</b>
<b>Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION</b>			
			MCYS Targets:
Percentage of prenatal screens completed	49.8%	58%	25%
Percentage of postpartum screens completed	65%	75%	100%
Percentage of Early Childhood screens completed	<1%	<1%	25%
Percentage of families receiving postpartum IDA contact by 48hr	64%	56%	100%
Percentage of families receiving an In-depth Assessment (IDA)	60.3%	85%	100%
Families confirmed with risk receiving Blended Home Visiting Services	N/A	86%	100%
Families receiving home visits with a Family Service Plan	100%	100%	100%
<b>Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES</b>			
Number of client assessments completed at homeless/family shelters	227	195	200
Number of client visits to Nurse Practitioner (NP) at Family Health Clinics	1,566	1,485	1,500
Percentage of clients with OHIP coverage referred to a permanent Primary Care Provider by NP	N/A	75%	75%
Number of referrals made to other community agencies by NP	552	382	400
<b>Component of Team #3 – PRENATAL SUPPORT &amp; EDUCATION (SSB)</b>			
Sessions offered per year	297 at 7 locations	297	297
Number of unique pregnant participants	240	207	250
Number of unique support persons attending sessions	156	158	160
Percent of women who initiate breastfeeding	85%	92%	92%
Percent of women who provide smoke-free environments for their babies	79%	92%	100%
Number of partner agencies offering SSFB sessions	3 (CAS, Health Zone)	2	2

Program: Best Beginnings Team

<b>SECTION F: STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>35.61</b>	<b>35.91</b>
<b>HBHC Staff - Ministry of Children &amp; Youth Services 100%:</b>		
Program Manager	2.5	2.5
Public Health Nurse	13.5	13.5
Family Home Visitor	9.0	9.0
Social Worker	N/A	N/A
Program Assistant	<u>2.5</u>	<u>2.5</u>
	<b>27.5</b>	<b>27.5</b>
<b>Ministry of Health &amp; Long-Term Care &amp; Middlesex London (cost share):</b>		
Program Manager	0.5	0.5
Public Health Nurse	3.25	3.55
Nurse Practitioner	1.0	1.0
Program Assistant	<u>1.0</u>	<u>1.0</u>
	<b>5.75</b>	<b>6.05</b>
<b>Ministry of Health &amp; Long Term Care 100%:</b>		
SDOH Public Health Nurse	<b>1.0</b>	<b>1.0</b>
<b>SSFB Contract Staff: Public Health Agency Canada</b>		
Site Coordinators (0.1 FTE x 7 site coordinators)	0.7	0.7
Program Assistant	0.5	0.5
Registered Dietitian	0.1	0.1
Casual Public Health Nurse	<u>0.06</u>	<u>0.06</u>
	<b>1.36</b>	<b>1.36</b>

## 2016 Planning & Budget Template

Program: Best Beginnings Team

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 2,435,248	\$ 2,418,433	\$ 2,456,543	\$ 2,520,443	\$ 63,900	2.6%
Benefits	605,364	594,860	601,490	637,077	35,587	5.9%
Travel	74,376	64,660	71,765	71,765		
Program Supplies	112,382	90,651	107,009	102,009	(5,000)	(4.7%)
Staff Development	7,425	4,471	8,925	8,925		
Professional Services	30,426	43,796	28,526	28,526		
Furniture & Equipment	26,200	34,144	26,200	30,235	4,035	15.4%
Other Program Costs	15,370	13,203	13,440	13,440		
<b>Total Expenditures</b>	<b>\$ 3,306,791</b>	<b>\$ 3,264,218</b>	<b>\$ 3,313,898</b>	<b>\$ 3,412,420</b>	<b>\$ 98,522</b>	<b>3.0%</b>

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 578,894	\$ 532,733	\$ 587,905	\$ 686,427	\$ 98,522	16.8%
MOHLTC – 100%	90,224	90,224	90,250	90,250		
MCYS – 100%	2,483,313	2,483,478	2,483,313	2,483,313		
Public Health Agency	152,430	152,162	152,430	152,430		
User Fees						
Other Offset Revenue	1,930	5,621				
<b>Total Revenues</b>	<b>\$ 3,306,791</b>	<b>\$ 3,264,218</b>	<b>\$ 3,313,898</b>	<b>\$ 3,412,420</b>	<b>\$ 98,522</b>	<b>3.0%</b>

Program: Best Beginnings Team

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- The Best Beginnings Team will link with the Nurse Family Partnership initiative in 2016 as that program is initiated within London and Middlesex.
- HBHC will enter the second year of Continuous Quality Improvement (CQI) and additional strategies for ensuring accurate screening, standardized service implementation, and training and education of PHNs and FHV's will be developed.
- Best Beginnings in partnership with the Infant Hearing Program is proposing a new model of screening which incorporates the completion of the postpartum HBHC screen with infant screening at the London Health Sciences Centre. This is being proposed as a PBMA initiative.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- The MCYS has not increased funding for HBHC to match increasing costs of the program
- The MCYS implemented CQI in 2015 and this will continue into 2016 and beyond. Aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as laid out by the MCYS are part of the CQI plan.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- Best Beginnings has submitted a PBMA proposal for 2016 for data-enabled cell phones for home visiting Public Health Nurses and Family Home Visitors. This enhancement would allow for streamlined service to HBHC clients in the home, immediate documentation of client interactions, and will create efficiencies for staff that will be able to access Outlook calendars and email off-site.
- Improvements are underway for the Electric Breast Pump Loan program for 2016. Criteria for the loan program will be tightened so that HBHC clients who are most in need of an electric breast pump to ensure adequate milk supply are able to access this program. HBHC PHNs will utilize the expertise of HBHC Lactation Consultants to provide breastfeeding support to the mothers who will benefit most from the loan of an electric breast pump, while still supporting breastfeeding mothers overall.



## **FAMILY HEALTH SERVICES**

### **CHILD HEALTH TEAM**

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The Child Health Team works with elementary schools in partnership with school boards (4), administrators, teachers, parents, neighbouring health units and communities to address health issues impacting children and youth. This work is approached using the Foundations for a Healthy School model which includes 5 components; Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; Home, School and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting. Schools are assessed based on need, readiness and capacity to engage resulting in some schools receiving more focused PHN time.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Program</li> <li>• Chronic Disease and Injury Prevention Program</li> <li>• Infectious Diseases Program</li> <li>• Foundational Standard</li> <li>• Reproductive Health Program</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> <p>Thames Valley School Board Partnership Agreement</p>

Program: Child Health Team

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY EATING**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for healthy eating outcomes in the child and youth population in Middlesex-London. Current strategies employed to address these outcomes are done in partnership with elementary school board staff, parents and students and include:

- Activities to increase the consumption of fruits and vegetables through use of Nutrition Tools for Schools, Let's Get Cookin', Fresh from the Farm and ongoing work with Healthy School Committees
- Implementing the NutriSTEP program in accordance with our Accountability Agreement
- Advocate for lunch meal programs and breakfast programs
- Supporting, educating and providing resources to teachers, parents and students through multiple venues
- Teaching and learning activities with groups of students – classroom, assembly, special health events

#### **COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for physical activity and sedentary behaviour outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of physical activity include:

- implementing Active and Safe Routes to School program
- Assisting schools to utilize the Outdoors Ultimate Playground resource
- Integrating sun safety and injury prevention initiatives into physical activity programs
- Supporting, educating and ensuring resources are provided to teachers and school staff through consultation, staff meeting and joint planning
- Teaching and learning activities with groups of students - classroom assemblies and special health events

#### **COMPONENT(S) OF TEAM PROGRAM #3 HEALTHY GROWTH AND DEVELOPMENT**

• In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for healthy growth and development outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of healthy growth and development outcomes include:

- Leading the Healthy Living Champion Award process
- Providing resources which develop general health literacy
- Promoting health literacy to JK/SK aged students through the use of "Murray and Bird" story book
- Providing support, education and appropriate follow up to staff, students and families with medical conditions i.e. diabetes, allergies, asthma
- Providing education and support regarding infectious diseases and vaccine preventable diseases.

Program: Child Health Team

### **COMPONENT(S) OF TEAM PROGRAM #4 MENTAL HEALTH PROMOTION**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for mental well-being outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of mental well-being include:

- Partnering with school boards i.e. Mentally Healthy Schools contest for mental health awareness week, mental health family nights.
- Coordinating services/ activities with the Mental Health Leads at each of the respective Boards

### **COMPONENT(S) OF TEAM PROGRAM #5 PARENTING**

All teams in FHS provide parenting support. This work is coordinated through the Child Health Team. As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component of our work and includes:

- Providing Triple P seminars, discussion groups and Tip Sheets to parents of school aged children. This evidence based program has specific skills and tools which can be used across the span of Child and Youth development.
- Implementing iParent social and mass media information campaign which communicates positive parenting messages and directs parents to resources.

## 2016 Planning & Budget Template

Program: Child Health Team

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>Component of Team #1: HEALTHY EATING</b>			
Implementation of Intermediate Phase of NutriSTEP <b>Accountability Agreement</b> as per the Ministry Implementation status reporting	Preliminary Phase (new MOHLTC accountability requirement)	Intermediate Phase achieved	Advanced Phase
# of Facilitators trained for Let's Get Cookin"	49 (new initiative in 2014)	42	Same number of registrants better suited to implement the program
<b>COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION</b>			
# of schools with Active and Safe Routes to school plans	8	14	increase
<b>Component of TEAM #3: GROWTH AND DEVELOPMENT</b>			
Health literacy tool for JK/SK (Murray and Bird storybook)	Murray and Bird Developed and evaluated	6000 copies distributed for 2016 School Enterer's packages	same as 2015
# of Healthy Living Champion Award	53 Schools	57 Schools	increase
<b>COMPONENT OF TEAM # 4 MENTAL HEALTH PROMOTION</b>			
# of Healthy School Committees	56	71	increase
<b>COMPONENT OF TEAM #5: PARENTING (FHS WIDE OUTCOME INDICATOR)</b>			
# of Triple P – seminars and discussion groups	119 classes (reaching 3,500 contacts in the first half of the year.	137 Classes (as of October 1)	increase
Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting	1 Campaign – for parents to promote talking to young teens about sexuality	1 campaign – for parents to find strategies for talking about sexuality	N/A

## 2016 Planning & Budget Template

Program: Child Health Team

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

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 1,138,482	\$ 1,133,129	\$ 1,257,928	\$ 1,287,864	\$ 29,936	2.4%
Benefits	278,698	271,425	301,342	318,308	16,966	5.6%
Travel	22,000	18,359	22,000	22,200		
Program Supplies	29,435	28,031	34,900	34,900		
Staff Development	4,000	4,032	8,550	8,550		
Professional Services			1,000	1,000		
Furniture & Equipment						
Other Program Costs	4,639	13,357	16,460	16,460		
<b>Total Expenditures</b>	<b>\$ 1,477,254</b>	<b>\$ 1,468,333</b>	<b>\$ 1,642,380</b>	<b>\$ 1,689,282</b>	<b>\$ 46,902</b>	<b>2.9%</b>

Program: Child Health Team

### SECTION H

#### FUNDING SOURCES:

Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,476,915	\$ 1,458,564	\$ 1,629,820	\$ 1,676,722	\$ 46,902	2.9%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue	339	9,769	12,560	12,560		
<b>Total Revenues</b>	<b>\$ 1,477,254</b>	<b>\$ 1,468,333</b>	<b>\$ 1,642,380</b>	<b>\$ 1,689,282</b>	<b>\$ 46,902</b>	<b>2.9%</b>

### SECTION I

#### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Continue capacity building of staff for program planning and critical appraisal of the literature. This will enhance the team's ability to make evidence-informed decisions and implement Comprehensive School Health.

### SECTION J

#### PRESSURES AND CHALLENGES

- Labour action at the school boards limited MLHU's ability to accomplish Comprehensive School Health, which is done predominantly in the extra-curricular time at schools. With the resolution of the contracts at the school boards, normal activity resumed in November, 2015.

### SECTION K

#### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

None

## 2016 Planning & Budget Template

**FAMILY HEALTH SERVICES**

**YOUNG ADULT TEAM**



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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<p>The overall goal of the Young Adult Team is to improve the health of youth and contribute to a positive and healthy school climate. The team primarily works in 26 secondary high schools and several community settings. Specifically, the team supports the planning and implementation of activities relating to key health topics identified by the Ministry of Education's Foundations of a Health School document (e.g., health eating, physical activity, growth and development, mental health, substance use and addiction, and personal safety and injury prevention). The team strives to address these health topics using a comprehensive approach; an approach which recognizes that the health of youth is impacted by multiple levels of influence and thus programs and service need to target the youth, home, school and social and physical environments. The team works in partnership with local school boards (4), school administrators, teachers, youth groups, neighbouring health units, community agencies and various teams from within MLHU. Schools are assessed yearly in order to determine the level of service they will receive and identify the key health topic for promotion efforts.</p>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Standard</li> <li>• Chronic Disease and Injury Prevention Standard</li> <li>• Infectious Diseases Standard</li> <li>• Sexual Health Standard</li> <li>• Reproductive Health Standard</li> <li>• Foundational Standard</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul>

Program: Young Adult Team

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1: SITUATIONAL SUPPORTS**

The purpose of situational supports is to provide youth with one-on-one confidential health services relating to personal matters. Key issues addressed with youth include mental health and sexual health including pregnancy test and early contraception, birth control, safe sex practices and healthy relationships. Most of these situational supports are conducted in schools, enabling PHNs to address a students' health concern, link the student with any necessary community supports, and follow up with youth to further support them to make more sustainable lifestyle changes. The component of the team supports individual health and wellbeing.

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

The Young Adult Team engaged in a review of the evidence to determine the need and effective evidence-based strategies to address 4 of 6 health topics outlined in the Ministry of Education's Foundation for Healthy School: Healthy Eating, Physical Activity, Mental Health and Growth & Development. For each topic a specific goal that aligns with the OPHS was identified. *For example, for Healthy Eating scholarly literature indicates a need to increase fruit & vegetable consumption among youth. Thus, in 2016, to address Healthy Eating the team will work with youth, parents, teachers and principals to increase fruit and vegetable consumption among youth.* Achieving the goal identified for each topic area will involve developing and implementing evidence-based activities that are comprehensive (e.g., conduct activities that target multiple levels of influence relating to a specific health behaviors). The team will work with students, parents, teachers, principals and community partners to plan and implement evidence-based activities. The short-term outcomes of implementing evidence-based activities that are comprehensive are to influence youth attitudes, knowledge, self-efficacy, and skills as well as the social and physical environments that will ultimately contribute to positive changes of the specific health behavior being targeted. Each school will be advised to pick one health topic to focus on for the school year.

#### **COMPONENT(S) OF TEAM PROGRAM #3: SUBSTANCE USE: TOBACCO CESSATION**

Smoking tobacco is a public health epidemic with over 80% of regular adult smokers starting to smoke before the age of 18 (Gabble, et al., 2015). Middle (15-17 years) and late (18-19 years) adolescence is considered a critical time for the experimentation and development of regular smoking behaviour. (US surgeon General Report, 2012). Six out of ten smokers age 15-19 are seriously considering quitting in the next 6 months However, the majority of quit attempts are unsuccessful with only 4 % of adolescent smokers, aged 12-19, successfully quitting every year (Gabble, et al., 2015; Reid et al., 2015). While cognitive-behavioural or motivational interviewing strategies have been shown to be somewhat effective at reducing smoking (Gabble et al., 2015), providing NRT combined with cognitive-behavioural maybe more effective (Molyneux, 2005). In 2016, the team will provide youth with the opportunity to engage in small group behavioural counselling combined with Nicotine Replacement Therapy (NRT) to help reduce and/or quit smoking tobacco. This program will be piloted in 2 schools. A rigorous evaluation of the program will be conducted as the program is implemented.

## 2016 Planning & Budget Template

Program: Young Adult Team

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014 (actual)</b>	<b>2015 (actual)</b>	<b>2016 (target)</b>
<b>COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS</b>			
# of student receiving one-on-one support from school nurse	2,063	2,473 supports	2,500
Most significant change: Stories of impact.	N/A	N/A	1 story from each PHN
<b>COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS</b>			
# of principal and teacher champion meetings attended	N/A	N/A	2 from TVDSB and 2 from LDCSB
% of schools that have a healthy schools committee	N/A	65% (17/26)	65%
# of teacher resources to support curriculum that target improving self-efficacy and skills for engaging in behaviours related to each specific health topic.	N/A	N/A	3-5 curriculum activities for each health topic
% of schools that deliver activities addressing one specific health topic using a comprehensive approach	N/A	N/A	50% of schools that have a healthy school committee
% of current parenting resources that are reviewed and updated to align with the best available evidence that address the specific health topic.	N/A	N/A	50%
Increase health communication by adopting new social media strategies.	N/A	N/A	Create Instagram and/or SnapChat Account
% of staff who are able to confidently engage in evidence-informed decision making (e.g., find and critique literature, determine the local context and feasibility, create logic models and program planning and evaluation)	N/A	N/A	75%
<b>COMPONENT OF TEAM #3 SUBSTANCE USE: TOBACCO CESSATION</b>			
# of youth who started vs completed the program	N/A	N/A	15 start, 9 will complete
# of youth who quit and reduced cigarette smoking by the end of the program	N/A	N/A	2 quit, 7 reduce

\*Note. While the team components largely remain the same, new indicators have been created to accurately reflect the future direction of the program activities and goals, thus many of the 2014/2015 indicators are N/A.

## 2016 Planning & Budget Template

Program: Young Adult Team

<b>SECTION F</b> <b>STAFFING COSTS:</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
	<b>11.5</b>	<b>11.0</b>
Program Manager	1.0	1.0
Public Health Nurses	8.0	7.5
Program Assistant	1.0	1.0
Dietitian	0.5	0.5
Health Promoter	1.0	1.0

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Salary & Wages	\$ 863,428	\$ 836,150	\$ 853,128	\$ 824,347	\$ (28,781)	(3.4%)
Benefits	213,341	210,714	219,991	211,455	(8,536)	(3.9%)
Travel	16,500	10,551	16,500	16,500		
Program Supplies	35,160	26,624	30,895	30,895		
Staff Development	5,250	3,630	4,100	4,100		
Professional Services	4,500	4,441	4,000	4,000		
Furniture & Equipment						
Other Program Costs	5,400	4,642	4,000	4,000		
<b>Total Expenditures</b>	<b>\$ 1,143,579</b>	<b>\$ 1,096,752</b>	<b>\$ 1,132,614</b>	<b>\$ 1,095,297</b>	<b>\$ (37,317)</b>	<b>(3.3%)</b>

Program: Young Adult Team

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
Object of Expenditure	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 1,143,579	\$ 1,096,202	\$ 1,132,614	\$ 1,095,297	\$ (37,317)	(3.3%)
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue		550				
<b>Total Revenues</b>	<b>\$ 1,143,579</b>	<b>\$ 1,096,752</b>	<b>\$ 1,132,614</b>	<b>\$ 1,095,297</b>	<b>\$ (37,317)</b>	<b>(3.3%)</b>

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>Evidence-informed decision make (EIDM) staff capacity building (e.g., increase staff's abilities to search literature, articulate a clear need for the program/service using health status reports and local data, critically appraise research, use evidence in program planning and evaluation).</li> <li>Increase awareness of Foundations of a Healthy School among teachers and principals.</li> <li>Collaborate closely with school mental health champions</li> <li>Plan and implement evidence-based strategies and programs that target specific health goals tied to the Foundations of a Healthy School (e.g., Improve school connectedness, reduce sedentary behaviour, increase fruits and vegetable consumption, smoking cessation, promote healthy sexual behaviours, including the implementation of birth control pill starts by school PHNs.</li> <li>Increased engagement in social media targeted at youth.</li> </ul>

<b>SECTION J</b>
<b>PRESSURES AND CHALLENGES</b>
<ul style="list-style-type: none"> <li>Teacher labour disruptions have been an issue in recent years and may continue to be.</li> </ul>

<b>SECTION K</b>
<b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>
<ul style="list-style-type: none"> <li>PBMA Disinvestment: Community Mobilization of Developmental Assets Position - 0.5 FTE PHN position = \$50,986</li> </ul>

**OFFICE OF THE MEDICAL OFFICER OF HEALTH  
OMOH & TRAVEL CLINIC**

## 2016 Planning & Budget Template

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
Provides support to the Board of Health and Board Committees as well as overall leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, OMOH administrative staff, and the travel clinic.

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
Health Promotion and Protection Act <ul style="list-style-type: none"> <li>• Overall compliance</li> <li>• Requirement to have a full time medical officer of health.</li> </ul> Ontario Public Health Standards: <ul style="list-style-type: none"> <li>• Foundational Standard</li> <li>• Organizational Standard</li> </ul>

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

<b><u>SECTION D</u></b>
<b>COMPONENT(S) OF TEAM PROGRAM #1 - Overall Leadership and Strategy</b>
<ul style="list-style-type: none"> <li>Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team</li> <li>Ensuring decisions are guided by relevant research (“evidence-informed”)</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #2 - Financial Management</b>
<ul style="list-style-type: none"> <li>Developing and implementing annual budget in partnership with the Director of Finance and the Senior Leadership Team</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #3 - Board of Health Support</b>
<ul style="list-style-type: none"> <li>Preparing materials for meetings of the Board of Health and Board Committees</li> <li>Providing Secretary/Treasurer functions</li> <li>Ensuring implementation of decisions of the Board of Health</li> </ul>
<b>COMPONENT(S) OF TEAM PROGRAM #4 – Travel Immunization Clinic Service Contract</b>
<ul style="list-style-type: none"> <li>Monitors and oversees the Travel Immunization Clinic service contract</li> </ul>

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



## 2016 Planning & Budget Template

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

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

\* 0.2 FTE work transferred to other service areas

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

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

### **SECTION H**

#### **FUNDING SOURCES:**

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

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

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

**OFFICE OF THE MEDICAL OFFICER OF HEALTH  
COMMUNICATIONS**

Program: Communications – OMOH

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

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards.

Program: Communications – OMOH

### **SECTION D**

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

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

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

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

#### **COMPONENT(S) OF TEAM PROGRAM #3 ONLINE ACTIVITIES**

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

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

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

Program: Communications – OMOH

**COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT**

Communications drafts the MLHU's Annual Report drawing on the knowledge of service areas and teams for content which includes notable achievements and highlights from the previous year. The Annual Report is produced in an online format and is available for download through the MLHU website ([www.healthunit.com/annual-reports](http://www.healthunit.com/annual-reports)) making it easily available at any location with Internet access. Hard copy versions of the any of the MLHU's previous Annual Report may be printed directly from the online pdf versions as needed.

**COMPONENT(S) OF TEAM PROGRAM #6 STAFF RECOGNITION**

Communications coordinates the planning of the MLHU's Annual Staff Day event. The Staff Day Planning Committee is chaired by the Communications Manager and includes representation from all Service Areas. Staff Day celebrates MLHU's achievements from the current year, acknowledges staff contributions and presents awards to staff for their years of service.

**COMPONENT(S) OF TEAM PROGRAM #7 HEALTHCARE PROVIDER OUTREACH**

This new component of the program will see the MLHU's Healthcare Provider Outreach coordinator work as a member of the Communications Team, ensuring consistency of message, dissemination of program and service information and providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives.

## 2016 Planning & Budget Template

Program: Communications – OMOH

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015</b>	<b>2016 (estimate)</b>
<b>COMPONENT OF TEAM #1: MEDIA RELATIONS</b>			
Media stories	950	868	800 (est.)
<b>COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION</b>			
Campaigns	<ul style="list-style-type: none"> <li>- Bus &amp; transit shelter ads</li> <li>- Billboards</li> <li>- Radio ads</li> <li>- Print ads</li> <li>- YouTube ads</li> <li>- Facebook ads</li> </ul>	<ul style="list-style-type: none"> <li>- We're HERE for YOU</li> <li>- Sun Safety</li> <li>- iParent</li> <li>- inMotion,</li> <li>- Booster Seats</li> <li>- Lyme Disease</li> <li>- West Nile Virus (billboards, buses, transit shelters, print, YouTube)</li> </ul>	Continued development of <i>We're HERE for YOU</i> , iParent, etc. Other campaigns to be developed in consultations with Service Area teams.
Social Media metrics	<b>FB:</b> 2.6m impressions <b>AdTube:</b> 23,838 views; 209,311 impressions <b>Twitter:</b> 2,280 tweets; 1,823 new followers	<b>Facebook:</b> 5.0m impressions <b>AdTube:</b> 86,897 views; 1,028,918 impressions <b>Twitter:</b> 4,213 Tweets; 1,750 new followers	Same or greater
<b>COMPONENT OF TEAM #3: ONLINE ACTIVITIES</b>			
Enhancements to online presence	On-going development & improvement to websites and social media; creation of new online resources and content; increasing capacity among staff.	<ul style="list-style-type: none"> <li>- New disclosure websites for PSSs, Pools &amp; Spas, and overhaul of DineSafe website</li> <li>- Investigating new social media platforms; creation of MLTeens Twitter account.</li> <li>- Capacity building at the team level.</li> <li>- More than 50 new videos on the MLHU YouTube channel.</li> </ul>	On-going quality assurance work on the MLHU website and development of social media presence; investigation of new platforms; development of overhauled online prenatal registration system.

## 2016 Planning & Budget Template

Program: Communications – OMOH

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

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



Program: Communications – OMOH

## SECTION H

### FUNDING SOURCES:

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

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

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

## SECTION J

### PRESSURES AND CHALLENGES

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

Program: Communications – OMOH

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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

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

**OFFICE OF THE MEDICAL OFFICER OF HEALTH  
EMERGENCY PLANNING**

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

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

<b>SECTION C</b>				
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>				
<ul style="list-style-type: none"> <li>• Emergency Management &amp; Civil Protection Act, R.S.O. 1990, c. E. 9.</li> <li>• Ontario Public Health Standards – Public Health Emergency Preparedness Protocol (2015), Requirements #1 to #8.</li> <li>• Canadian Standards Association – Z94.4-11 “Selection, use and care of respirators”</li> <li>• Occupational Health and Safety Act and Regulations, R.S.O. 1990</li> <li>• 2015 Fire Code</li> <li>• Dangerous Goods Transportation Act, R.S.O. 1990</li> <li>• Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC)</li> <li>• Health Protection and Promotion Act, R.S.O. 1990, c. H. 7</li> <li>• Incident Management System (IMS) for Ontario Doctrine, 2008</li> <li>• MLHU Policy # 8-051, “Respirator Protection – Fit-testing”.</li> </ul>				

Program: Emergency Planning – OMOH

**SECTION D**

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

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

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

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

**SECTION E**

**PERFORMANCE/SERVICE LEVEL MEASURES**

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

## 2016 Planning & Budget Template

Program: Emergency Planning – OMOH

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

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
<b>TOTAL</b>	<b>1.7</b>	<b>1.7</b>
Program Manager	1.0	1.0
Program Assistant	0.7	0.7

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

Program: Emergency Planning – OMOH

### **SECTION H**

#### **FUNDING SOURCES:**

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

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

None

## **HUMAN RESOURCES & CORPORATE STRATEGY**

### **HUMAN RESOURCES & LABOUR RELATIONS**



Program: Human Resources & Labour Relations

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>• The HRLRS Team is comprised of the Human Resources, Library Services, Reception functions and Corporate Training.</li> <li>• Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization.</li> <li>• The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle.</li> <li>• Library Services supports MLHU employees and is also one of 4 hub libraries in the province.</li> <li>• Reception Services</li> <li>• Corporate Training</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<p><b>HUMAN RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p><b>LIBRARY:</b></p> <ul style="list-style-type: none"> <li>• Foundational Standard – supports evidenced based program delivery and knowledge exchange</li> </ul> <p><b>CORPORATE TRAINING:</b></p> <ul style="list-style-type: none"> <li>• Supports the delivery of mandatory legislated training.</li> </ul>

Program: Human Resources & Labour Relations

### **SECTION D**

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

Human Resources responsibilities include all components related to an employee’s “life-cycle” while at MLHU. These responsibilities include

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

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

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

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

#### **COMPONENT(S) OF TEAM PROGRAM #3 – RECEPTION**

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

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

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

Program: Human Resources & Labour Relations

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 – Human Resources</b>			
Employee Engagement Score	64% engaged/highly engaged	68%	Same or increased
Internal Client Satisfaction Survey	Initiated	81%	Same or increased
<b>Component of Team # - Library Services</b>			
Internal Client Satisfaction Survey	Initiated	70%	Same or increased
Combined MLHU and Shared Libraries Statistics			
% of reference questions acknowledged within 1 day and completed within an agreed upon timeline	99.34%	99.26%	Same or increased
% of Comprehensive Literature Searches completed within four weeks	95.10%	94.55%	Same or increased
% of Article Retrieval/document delivery completed within five days	97.44%	98.98%	Same or increased
% of Book delivery completed within ten days	98.04%	99.68%	Same or increased
<b>Component of Team #3 - Reception</b>			
Internal Client Satisfaction Survey	Initiated	86%	Same or increased
% of calls to MLHU answered by Reception	(Avg. 85.5 calls/day) 12%	(Avg. 84 calls/day) 15.7%	Same
<b>Component of Team #4 – Corporate Training</b>			
Mandatory Training Initiatives	8	9	Same
% of completion of legislated mandatory training (AODA and OHSA)	n/a	86%	Same or increased

## 2016 Planning & Budget Template

Program: Human Resources & Labour Relations

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

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

Program: Human Resources & Labour Relations

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

<b>SECTION I</b>
<b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>
<ul style="list-style-type: none"> <li>• Implementation of new organizational structure</li> <li>• Management Development Program – Management 360 assessments and coaching, Managing in a Unionized Environment Management Training</li> <li>• Meyers-Briggs Type Indicator internally facilitated sessions for team building</li> <li>• Comprehensive Well-being strategy and plan</li> <li>• Implementing the psychological standard for mental health, including management training</li> <li>• Rollout of new EAP Provider – communication plan and promotion of new services</li> <li>• Hosting the Association of Public Health Business Administrators (AOPHBA) annual conference in London in September</li> <li>• Policy review and agency-wide coordination of HR policies and processes, such as flex time, attendance, etc.</li> <li>• Full implementation of Learning Management System for processing online training and tracking staff development</li> <li>• Staff compensation education</li> <li>• Aligning library services more closely with the work of epidemiologists and program evaluators to support an evidence and practice-based planning framework for the health unit</li> </ul>

Program: Human Resources & Labour Relations

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

The following PBMA proposals have been included in the base program budget:

- (\$10,000) Reduction in casual staff budget
- \$55,000 Comprehensive well-being program for staff

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

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

The following efficiencies have been implemented in the library program:

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

**HUMAN RESOURCES & CORPORATE STRATEGY**  
**PRIVACY AND OCCUPATIONAL HEALTH & SAFETY**

## 2016 Planning & Budget Template

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

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>• Municipal Freedom of Information and Protection of Privacy Act</li> <li>• Personal Health Information Protection Act</li> <li>• Occupational Health and Safety Act</li> <li>• Fire Prevention and Protection Act and the Fire Code</li> <li>• Ontario Public Health Organizational Standards (OPHOS) <ul style="list-style-type: none"> <li>- Item 6.2 re.: Risk Management;</li> <li>- Item 6.14 re.: Human Resources Strategy</li> </ul> </li> </ul>



Program: Privacy and Occupational Health and Safety – HRLR

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY**

Facilitate activities to enhance the Health Unit's compliance with the applicable privacy laws and reduce the occurrence of privacy risks and incidents.

#### **COMPONENT(S) OF TEAM PROGRAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY**

Facilitate activities to enhance the Health Unit's compliance with applicable health and safety legislation and reduce the occurrence of health and safety risks and incidents.

### **SECTION E**

#### **PERFORMANCE/SERVICE LEVEL MEASURES**

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

## 2016 Planning & Budget Template

Program: Privacy and Occupational Health and Safety – HRLR

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

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

Program: Privacy and Occupational Health and Safety – HRLR

## SECTION H

### FUNDING SOURCES:

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

## SECTION I

### KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

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

## SECTION J

### PRESSURES AND CHALLENGES

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

## SECTION K

### RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- None

**HUMAN RESOURCES & CORPORATE STRATEGY**  
**STRATEGIC PROJECTS**

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

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>Strategic Projects (SP) provides support across MLHU programs and services. The portfolio consists of five areas of responsibility: (1) Operational planning support &amp; CQI; (2) Records management; (3) Policy development &amp; review; (4) Strategic planning and implementation of strategic priorities, and; (5) Strategic projects.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>HPPA Compliance (manage Public Health Funding &amp; Accountability Agreement compliance process)</li> <li>OPHS (Organizational Standards)</li> <li>PHIPA (Records Management)</li> </ul>

Program: Strategic Projects – HRLR

## **SECTION D**

### **COMPONENT(S) OF TEAM PROGRAM #1 - OPERATIONAL PLANNING SUPPORT & CQI**

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

### **COMPONENT(S) OF TEAM PROGRAM #2 - RECORDS MANAGEMENT**

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

### **COMPONENT(S) OF TEAM PROGRAM #3 - POLICY DEVELOPMENT & REVIEW**

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

### **COMPONENT(S) OF TEAM PROGRAM #4 – STRATEGIC PLANNING**

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

### **COMPONENT(S) OF TEAM PROGRAM #5 - STRATEGIC PROJECTS**

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

## 2016 Planning & Budget Template

Program: Strategic Projects – HRLR

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

<b>SECTION F</b>		
<b>STAFFING COSTS:</b>	<b>2015 TOTAL FTES</b>	<b>2016 ESTIMATED FTES</b>
	<b>1.2</b>	<b>1.2</b>
Program Manager	1.0	1.0
Program Assistant	0.2	0.2

## 2016 Planning & Budget Template

Program: Strategic Projects – HRLR

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

<b><u>SECTION H</u></b>						
<b>FUNDING SOURCES:</b>						
Object of Revenue	2014 Revised Budget	2014 Actual	2015 Revised Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared	\$ 133,987	\$ 128,164	\$ 135,287	\$ 128,604	\$ (6,683)	(4.9)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 133,987	\$ 128,164	\$ 135,287	\$ 128,604	\$ (6,683)	(4.9)%



Program: Strategic Projects – HRLR

## **SECTION I**

### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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

## **SECTION J**

### **PRESSURES AND CHALLENGES**

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

## **SECTION K**

### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- None

**FINANCE AND OPERATIONS**

**FINANCE AND OPERATIONS**

Program: Finance & Operations

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Finance & Operations	<b>MANAGER NAME</b>	John Millson	<b>DATE</b>
<b>PROGRAM TEAM</b>	Finance & Operations	<b>DIRECTOR NAME</b>	John Millson	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
<ul style="list-style-type: none"> <li>This service provides the financial management required by the Board of Health to ensure compliance with applicable legislation and regulations. This is accomplished through providing effective management and leadership for financial planning, financial reporting, treasury services, payroll administration, procurement, capital assets, and contract management. This service provides value through protecting the Health Unit's financial assets, containing costs through reporting and enforcement of policy, systems and process improvements, developing and implementing policies and procedures, and providing relevant financial reporting and support to the Board.</li> <li>This service also provides oversight for the health unit "Operations" which include facility management type services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management, and the management of all building leases and property matters.</li> </ul>

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
The following legislation/regulations are relevant to the work performed in Finance & Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation.

Program: Finance & Operations

### **SECTION D**

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

##### **Financial Planning:**

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

##### **Treasury Services:**

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

##### **Insurance & Risk Management:**

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

Program: Finance & Operations

### **SECTION D**

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

##### **Payroll & Benefit Administration:**

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

##### **Procurement:**

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

##### **Capital Asset Management:**

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

##### **Contracts & Agreements:**

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

## 2016 Planning & Budget Template

Program: Finance & Operations

### COMPONENT(S) OF TEAM PROGRAM #2 – OPERATIONS

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

### SECTION E

#### PERFORMANCE/SERVICE LEVEL MEASURES

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

## 2016 Planning & Budget Template

Program: Finance & Operations

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

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

## 2016 Planning & Budget Template

Program: Finance & Operations

### **SECTION H**

#### **FUNDING SOURCES:**

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

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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



Program: Finance & Operations

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

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

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

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

**INFORMATION TECHNOLOGY SERVICES**

**INFORMATION TECHNOLOGY**

<b>SECTION A</b>				
<b>SERVICE AREA</b>	Information Technology	<b>MANAGER NAME</b>	Mark Przyslupski	<b>DATE</b>
<b>PROGRAM TEAM</b>	Information Technology	<b>DIRECTOR NAME</b>	John Millson	January 2016

<b>SECTION B</b>
<b>SUMMARY OF TEAM PROGRAM</b>
Information Technology (IT) Services is a centralized service providing for the information technology needs of the programs and staff of MLHU.

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>• Ontario Public Health Organizational Standards:               <ul style="list-style-type: none"> <li>○ 3.2 Strategic Plan</li> <li>○ 6.1 Operational Planning improvements</li> <li>○ 6.2 Risk Management</li> <li>○ 6.12 Information Management</li> </ul> </li> <li>• Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)</li> <li>• Personal Health Information Protection Act (PHIPA)</li> </ul>

Program: Information Technology

## **SECTION D**

### **COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS**

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

### **COMPONENT(S) OF TEAM PROGRAM #2 INFRASTRUCTURE**

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

### **COMPONENT(S) OF TEAM PROGRAM #3 SECURITY**

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

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

- |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Helpdesk—client support.</li> <li>• Network logon account management.</li> <li>• Monitoring and responding to system problems.</li> <li>• Personal computer loading and configuration management.</li> <li>• Computer and software upgrades and deployment.</li> </ul> | <ul style="list-style-type: none"> <li>• Security updates installation.</li> <li>• E-mail support and troubleshooting.</li> <li>• Technology asset tracking/management.</li> <li>• Preventative maintenance.</li> <li>• Data backup/restore.</li> <li>• Trending, budgeting &amp; planning of future technology needs.</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Program: Information Technology

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

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

Program: Information Technology

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

<b>SECTION H</b>						
<b>FUNDING SOURCES:</b>						
<b>Object of Revenue</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 1,111,040	\$ 1,080,769	\$ 1,111,372	\$ 1,140,125	\$ 28,753	2.6%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
<b>Total Revenues</b>	<b>\$ 1,111,040</b>	<b>\$ 1,080,769</b>	<b>\$ 1,111,372</b>	<b>\$ 1,140,125</b>	<b>\$ 28,753</b>	<b>2.6%</b>

Program: Information Technology

## **SECTION I**

### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

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

## **SECTION J**

### **PRESSURES AND CHALLENGES**

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

## **SECTION K**

### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

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

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

## GENERAL EXPENSES & REVENUES



Program: General Expenses & Revenues

<b>SECTION A</b>				
<b>SERVICE AREA</b>	General Expenses & Revenues	<b>MANAGER NAME</b>	Senior Leadership Team	<b>DATE</b>
<b>PROGRAM TEAM</b>	General Expenses & Revenues	<b>DIRECTOR NAME</b>	Senior Leadership Team	January 2016

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

<b>SECTION C</b>
<b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>
<ul style="list-style-type: none"> <li>• Ontario Public Health Organizational Standards:               <ul style="list-style-type: none"> <li>○ 2.1 Remuneration of board of health members</li> <li>○ 6.2 Risk Management</li> <li>○ 6.9 Capital Funding Plan</li> </ul> </li> <li>• Section 49, Health Protection &amp; Promotion Act – as it relates to the payment of Board of Health members</li> </ul>

Program: General Expenses & Revenues

### **SECTION D**

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

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

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

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

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

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

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

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

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

General employee benefits include:

- Employee Assistance Program (EAP)
- Post-employment benefits (retirees)
- Supplemental Employment Insurance benefits
- Sick Leave payments which are funded by the Sick Leave Reserve Fund

#### **COMPONENT(S) OF TEAM PROGRAM #5 – GENERAL OFFSET REVENUES**

General revenues accounted for in this section are non-program specific in nature such interest revenue, property searches and miscellaneous revenue.

## 2016 Planning & Budget Template

Program: General Expenses & Revenues

<b>SECTION E</b>			
<b>PERFORMANCE/SERVICE LEVEL MEASURES</b>			
	<b>2014</b>	<b>2015 (anticipated)</b>	<b>2016 (estimate)</b>
<b>Component of Team #1 – #5</b>			
N/A			

<b>SECTION F</b>	<b>2015 TOTAL FTEs</b>	<b>2016 ESTIMATED FTEs</b>
<b>STAFFING COSTS:</b>		
No FTEs		

<b>SECTION G</b>						
<b>EXPENDITURES:</b>						
<b>Object of Expenditure</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Benefits (Retiree & Other)	\$ 312,274	\$ 312,610	\$ 362,953	\$ 317,104	\$ (45,849)	(14.1%)
Expected Vacancies	(815,163)		(815,163)	(789,938)	25,225	3.1%
Program Supplies	103,000	102,531	103,000	103,000		
Board Expenses	55,500	37,091	55,500	55,000		
Occupancy Costs	1,467,723	1,543,940	1,473,273	1,499,108	25,835	1.8%
Professional Services	183,400	198,520	242,400	183,400	(54,000)	(22.3%)
Furniture & Equipment	100,000	102,563	192,025	140,025	(52,000)	(27.1%)
Other Agency Costs	65,607	99,428	65,887	126,887	68,000	101.7%
Contributions to Reserves / Reserve Funds	450,000	426,077	250,000	250,000		
<b>Total Expenditures</b>	<b>\$ 1,921,891</b>	<b>\$ 2,822,760</b>	<b>\$ 1,930,875</b>	<b>\$ 1,898,086</b>	<b>\$ (32,789)</b>	<b>(1.7%)</b>

## 2016 Planning & Budget Template

Program: General Expenses & Revenues

### **SECTION H**

#### **FUNDING SOURCES:**

<b>Object of Revenue</b>	<b>2014 Revised Budget</b>	<b>2014 Actual</b>	<b>2015 Revised Budget</b>	<b>2016 Draft Budget</b>	<b>\$ increase (\$ decrease) over 2015</b>	<b>% increase (% decrease) over 2015</b>
Cost-Shared	\$ 1,892,141	\$ 2,682,910	\$ 1,901,125	\$ 1,868,336	\$ (32,789)	(1.7%)
MOHLTC – 100%						
MCYS – 100%						
User Fees	3,750	2,050	3,750	3,750		
Other Offset Revenue	26,000	137,800	26,000	26,000		
<b>Total Revenues</b>	<b>\$ 1,921,891</b>	<b>\$ 2,822,760</b>	<b>\$ 1,930,875</b>	<b>\$ 1,898,086</b>	<b>\$ (32,789)</b>	<b>(1.7%)</b>

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- Establish the Health Unit as a Living Wage Employer. This will address business needs and enhance the ability to influence others to take on the Living Wage policies.
- Increase the utilization of data-enabled cell phones to increase efficiency and productivity of staff in their day-to-day work.
- This budget supports the work found under the “Operations” portfolio specifically related to the work by the Organizational Structure and Location Committee.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Funding pressure and uncertainty is expected as a result of: the Patients First initiative which will have public health funding managed by the Local Health Integration Networks (LHINs); and the desire for the Province to balance its budget by 2017/2018.

Program: General Expenses & Revenues

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

The following enhancements have been included in the base program budget:

- \$88,151 Organizational structure position changes
- \$35,000 Organizational structure office space reconfigurations
- \$25,225 Increase relating to the reduction in the expected agency vacancy budget to closer reflect experience
- \$25,000 Additional data-enabled cell phones
- \$35,000 Agency amount to support the implementation of the Nurse Family Partnership.
- \$31,835 Expected amount required for the Health Unit to become a Living Wage Employer

The following reductions have been included in the base program budget:

- (\$286,000) This total reduction is a result of one-time initiatives in 2015 as reported in [Report No. 049b-15](#) and [Report No. 24 - 15FFC](#).

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