

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



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

# **SECTION B**

### **SUMMARY OF TEAM PROGRAM**

Provides support to the Board of Health and Board Committees as well as overall leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, OMOH administrative staff, and the travel clinic.

# **SECTION C**

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

Health Promotion and Protection Act

- Overall compliance
- Requirement to have a full time medical officer of health.

Ontario Public Health Standards:

- Foundational Standard
- Organizational Standard

January 2016 <u>D-2</u>



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

# SECTION D

### COMPONENT(S) OF TEAM PROGRAM #1 - Overall Leadership and Strategy

- Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team
- Ensuring decisions are guided by relevant research ("evidence-informed")

# COMPONENT(S) OF TEAM PROGRAM #2 - Financial Management

• Developing and implementing annual budget in partnership with the Director of Finance and the Senior Leadership Team

# COMPONENT(S) OF TEAM PROGRAM #3 - Board of Health Support

- Preparing materials for meetings of the Board of Health and Board Committees
- Providing Secretary/Treasurer functions
- Ensuring implementation of decisions of the Board of Health

# COMPONENT(S) OF TEAM PROGRAM #4 - Travel Immunization Clinic Service Contract

Monitors and oversees the Travel Immunization Clinic service contract

# **SECTION E**

### PERFORMANCE/SERVICE LEVEL MEASURES

	2014	2015	2016
		(anticipated)	(estimate)
COMPONENT OF TEAM #1 - OVERALL LEADERSHIP			
Strategic Plan Progress	77% Completed 15% In Progress 8% Delayed	100% On Track or Completed	100% On Track or Completed
COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT			
Budget Change – Municipal Funding	0%	0%	0%
Year-End Variance	<1%	<1%	<1%
COMPONENT OF TEAM #3 - BOARD OF HEALTH SUPPORT			

### COMPONENT OF TEAM #3 - BOARD OF HEALTH SUPPORT

Board of Health Members Satisfied or Very Satisfied with	90%	91%	Maintain or Improve
Meeting Process (timeliness and quality of materials and			
support during meetings)			

January 2016 <u>D-3</u>



SECTION F STAFFING COSTS:	2015 TOTAL FTES	2016 ESTIMATED FTES
	3.1	2.9
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

<sup>\* 0.2</sup> FTE work transferred to other service areas

SECTION G  EXPENDITURES:						
Object of Expenditure	2014 Budget	2014 Actual	2015 Budget	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 413,128	\$ 435,201	\$ 417,423	\$ 401,316	\$ (16,107)	(3.86)%
Benefits	87,510	94,414	89,651	88,050	(1,601)	(1.79)%
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	16,400		
Furniture & Equipment		730	10,000	5,000	(5,000)	(50.0)%
Other Program Costs	13,932	4,079	13,932	13,932		
Total Expenditures	\$ 554,718	\$ 559,150	\$ 567,154	\$ 544,446	\$ (22,708)	(4.00)%

January 2016 <u>D-4</u>



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

# **SECTION H**

#### **FUNDING SOURCES:**

Object of Revenue 2014 Budget		2014 Actual		2015 Budget		2016 Draft Budget		\$ increase (\$ decrease) over 2015		% increase (% decrease) over 2015	
Cost-Shared	\$	490,846	\$	491,786	\$	508,133	\$	480,425	\$	(22,708)	(4.47)%
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				
Total Revenues	\$	554,718	\$	559,150	\$	567,154	\$	539,446	\$	(22,708)	(4.00)%

# **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

SECTION A										
SERVICE AREA	Office of the Medical Officer of Health	Manager Name	Dan Flaherty	DATE						
PROGRAM TEAM	Communications	DIRECTOR NAME	Dr. Chris Mackie	January, 2016						

# **SECTION B**

#### **SUMMARY OF TEAM PROGRAM**

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.

# **SECTION C**

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

OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards.

January 2016



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, upto-date public health information to local residents through <a href="www.healthunit.com">www.healthunit.com</a> as well as other online resources, such as <a href="www.dinesafemiddlesexlondon.ca">www.healthunit.com/inspections</a> (public pools and spas; Personal Service Settings and tattoo shops inspections disclosure website – launched in 2015) and <a href="www.iparent.net">www.iparent.net</a> (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.

January 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 (<a href="www.healthunit.com/annual-reports">www.healthunit.com/annual-reports</a>) 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.



Program:  $\underline{\text{Communications} - \text{OMOH}}$ 

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015	2016
Course of Trans 44 March Day arrows			(estimate)
Component of Team #1: Media Relations  Media stories	950	868	800 (est.)
		000	800 (est.)
COMPONENT OF TEAM #2: ADVERTISING AND PR			La
Campaigns	- Bus & transit shelter ads - Billboards	- We're HERE for YOU - Sun Safety	Continued development of We're HERE for YOU,
	- Radio ads	- iParent	iParent, etc.
	- Print ads	- inMotion,	Other campaigns to be
	- YouTube ads	- Booster Seats	developed in
	- Facebook ads	- Lyme Disease	consultations with Service
		- West Nile Virus	Area teams.
		(billboards, buses, transit	
Social Media metrics	ED: 2 Cm impressions	shelters, print, YouTube)	Composition
Social Media metrics	<b>FB:</b> 2.6m impressions <b>AdTube:</b> 23,838 views;	<b>Facebook:</b> 5.0m impressions <b>AdTube:</b> 86,897 views;	Same or greater
	209,311impressions	1,028,918 impressions	
	Twitter: 2,280 tweets;	<b>Twitter:</b> 4,213 Tweets; 1,750	
	1,823 new followers	new followers	
COMPONENT OF TEAM #3: ONLINE ACTIVITIES			
Enhancements to online presence	On-going development &	- New disclosure websites for	On-going quality
	improvement to websites	PSSs, Pools & Spas, and	assurance work on the
	and social media; creation	overhaul of DineSafe website	MLHU website and
	of new online resources and	- Investigating new social	development of social
	content; increasing capacity	media platforms; creation of	media presence;
	among staff.	MLTeens Twitter account.	investigation of new
		- Capacity building at the team level.	platforms; development of overhauled online
		- More than 50 new videos on	prenatal registration
		the MLHU YouTube channel.	system.
		and man real and enamed.	0,0.0

January 2016 <u>D-10</u>



Program: <u>Communications – OMOH</u>

SECTION F STAFFING COSTS:	2014 TOTAL FTES	2015 ESTIMATED FTES		
	3.3	3.2		
Program Manager	1.0	1.0		
Online Communications Coordinator	1.0	1.0		
Program Assistant	0.8	-		
Marketing Coordinator	0.5	0.5		
EA to Communications and the Board of Health	-	0.7		

SECTION G											
Expenditures:											
Object of Expenditure	2014 Bı	udget	2014	Actual	2015	Budget		6 Draft Idget	(\$ de	crease crease) · 2015	% increase (% decrease) over 2015
Salary & Wages	\$ 2	231,740	\$	217,131	\$	241,161	\$	239,714	\$	(1,447)	(0.6)%
Benefits		56,712		54,955		60,916		62,415		1,499	2.46%
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			
Total Expenditures	\$ 3	381,122	\$	366,189	\$	363,397	\$	363,449	\$	52	0.01%

January 2016 <u>D-11</u>



Program: Communications – OMOH

SE	СТ	10	N	Н

### **FUNDING SOURCES:**

Object of Revenue	2014	Budget	2014	Actual	2015	Budget	6 Draft udget	\$ incre (\$ decre over 2	ease)	% 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										
Total Revenues	\$	381,122	\$	366,189	\$	363,397	\$ 363,449	\$	52	0.01%

# **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



Program: Emergency Planning - OMOH

SECTION A										
SERVICE AREA	Office of the Medical Officer of Health	Manager Name	Patricia Simone	DATE						
Program Team	Emergency Preparedness	DIRECTOR NAME	Dr. Christopher Mackie	January 2016						

### **SECTION B**

#### **SUMMARY OF TEAM PROGRAM**

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.

# **SECTION C**

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

- Emergency Management & Civil Protection Act, R.S.O. 1990, c. E. 9.
- Ontario Public Health Standards Public Health Emergency Preparedness Protocol (2015), Requirements #1 to #8.
- Canadian Standards Association Z94.4-11 "Selection, use and care of respirators"
- Occupational Health and Safety Act and Regulations, R.S.O. 1990
- 2015 Fire Code
- Dangerous Goods Transportation Act, R.S.O. 1990
- Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC)
- Health Protection and Promotion Act, R.S.O. 1990, c. H. 7
- Incident Management System (IMS) for Ontario Doctrine, 2008
- MLHU Policy # 8-051, "Respirator Protection Fit-testing".

### BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

# 2016 Planning & Budget Template

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

January 2016 <u>D-16</u>



Program: Emergency Planning – OMOH

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

SECTION F STAFFING COSTS:	2015 TOTAL FTES	2016 ESTIMATED FTES			
TOTAL	1.7	1.7			
Program Manager	1.0	1.0			
Program Assistant	0.7	0.7			

Object of Expenditure	2014 Budget		2014 Actual		2015 Budget		2016 Draft Budget		\$ increase (\$ decrease) over 2015		% increase (% decrease) over 2015
Salary & Wages	\$	118,461	\$	127,689	\$	122,444	\$	124,726	\$	2,282	1.86%
Benefits		27,873		29,999		28,640		29,488		848	2.96%
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			
Total Expenditures	\$	172,172	\$	208,031	\$	181,172	\$	184,302	\$	3,130	1.73%

January 2016 <u>D-17</u>



Program: Emergency Planning - OMOH

# **SECTION H**

### **FUNDING SOURCES:**

Object of Revenue	2014 Budget 2014 Actual		2015 Budget		2016 Draft Budget		\$ increase (\$ decrease) over 2015		% increase (% decrease) over 2015	
Cost-Shared	\$	30,462	\$ 43,772	\$	35,225	\$	38,355	\$	3,130	8.88%
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			
Total Revenues	\$	172,172	\$ 208,031	\$	181,172	\$	184,302	\$	3,130	1.73%

# **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

January 2016 <u>D-18</u>