

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

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

| SECTION A | | | | |
|---------------------|------------------------------------------------------------------------------|----------------------|---------------|--------------|
| SERVICE AREA | Oral Health, Communicable Disease, and Sexual Health (OHCDSh) | MANAGER NAME | Heather Lokko | DATE |
| PROGRAM TEAM | Office of the Associate Director and the Associate Medical Officer of Health | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B | | | | |
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| SUMMARY OF TEAM PROGRAM | | | | |
| <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> | | | | |

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

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

| SECTION E | | | |
|-----------------------------------------------------------------------------------------------------------|-------------|-------------------------------|----------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 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 |
| Component of Team #3 Surveillance and Population Health Assessment; Outbreak/Investigation Support | | | |
| # of outbreak/investigations supported | 10 | 9 | Same |
| Component of Team #4 Research and Knowledge Exchange | | | |
| # of lectures and presentations | 29 | 31 | Same |

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|-------------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 4.8 | 5.0 |
| 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

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 | \$ 339,105 | \$ 349,418 | \$ 491,128 | \$ 535,765 | \$ 44,637 | 9.09% |
| Benefits | 75,930 | 75,340 | 92,862 | 126,161 | 33,299 | 35.86% |
| 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 | 83,149 | | |
| Total Expenditures | \$ 505,948 | \$ 542,293 | \$ 674,903 | \$ 752,839 | \$ 77,936 | 11.55% |

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 | \$ 333,278 | \$ 330,589 | \$ 435,633 | \$ 513,569 | \$ 77,936 | 17.89% |
| 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 | | |
| Total Revenues | \$ 505,948 | \$ 542,293 | \$ 892,058 | \$ 752,839 | \$ 77,936 | 11.55% |

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

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

| SECTION B | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUMMARY OF TEAM PROGRAM | | | | |
| <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> | | | | |

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

| SECTION D | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak) | | | | |
| <ul style="list-style-type: none"> • Regular clinics: 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). • Other clinics: Clinics to update the vaccinations of refugees and to respond to community outbreaks are offered when needed. | | | | |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

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| COMPONENT(S) OF TEAM PROGRAM #2 School-Based Immunization Clinics |
| <p>Immunizations are provided in school settings periodically throughout the school year for the following:</p> <ul style="list-style-type: none"> • 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 |
| <p>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.</p> |
| COMPONENT(S) OF TEAM PROGRAM #4 Education and Consultation |
| <p>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.</p> |
| COMPONENT(S) OF TEAM PROGRAM #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines |
| <p>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.</p> |
| COMPONENT(S) OF TEAM PROGRAM #6 Cold Chain Inspection and Incident Follow-up |
| <p>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.</p> |
| COMPONENT(S) OF TEAM PROGRAM #7 Investigation and Follow-up of Vaccine-preventable Reportable Diseases |
| <p>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:</p> <ul style="list-style-type: none"> • <i>Prevent transmission:</i> 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. • <i>Report to the Ministry:</i> The Ministry of Health and Long-Term Care is notified of the investigation through iPHIS, an electronic infectious disease database. This system allows for the analysis of information on these reportable diseases. |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

| SECTION E | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|----------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 Immunization clinics (regular, high risk populations, outbreak) | | | |
| # of client visits/ vaccines given at the Immunization Clinic | 12,722 / 16, 964 | 17,000/ 22,000 | same |
| Component of Team #2 School-based Immunization clinics | | | |
| % of Grade 7 students who have received meningococcal vaccine in that school year (accountability indicator) / # 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 (accountability indicator) / # 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 (accountability indicator) / # of students vaccinated at school-based clinics | 55%, 1,213 | 55%/ 1,200 | same |
| Component of Team #3 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% |
| Component of Team #4 Education and Consultation | | | |
| # of calls to Triage / # of consultations through incoming email | 12,600 / 4,488 | 14,000/ 5,500 | same |
| Component of Team #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines | | | |
| # of orders received/processed for health care providers' offices | 3,793 | 3,800 | same |
| Component of Team #6 Cold chain inspections and Incident Follow Up | | | |
| # of fridges storing publicly funded vaccine that received an annual inspection / % completion (accountability Indicator) | 401 / 99.8% | 400/100% | same |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCD SH

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

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 17.94 | 17.94 |
| 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 |

| 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 | \$ 1,303,817 | \$ 1,321,877 | \$ 1,474,317 | \$ 1,412,911 | \$ (61,406) | (4.17)% |
| Benefits | 293,127 | 302,933 | 340,303 | 345,994 | 5,691 | 1.67% |
| Travel | 14,500 | 13,575 | 14,200 | 12,200 | (2,000) | (14.08)% |
| Program Supplies | 97,768 | 186,222 | 302,268 | 276,768 | (25,500) | (8.44)% |
| 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) | (71.43)% |
| Other Program Costs | 7,800 | 7,723 | 7,800 | 6,280 | (1,520) | (19.49)% |
| Total Expenditures | \$ 1,732,962 | \$ 1,849,717 | \$ 2,154,838 | \$ 2,061,353 | \$ (93,485) | (4.34)% |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

| SECTION H | | | | | | |
|-------------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|-------------------------|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) | % increase (% decrease) |
| Cost-Shared | \$ 1,224,120 | \$ 1,112,014 | \$ 1,339,953 | \$ 1,305,723 | \$ (34,230) | (2.55)% |
| MOHLTC – 100% | 374,417 | 374,417 | 374,460 | 361,205 | (13,255) | (3.54)% |
| 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 | | |
| Total Revenues | \$ 1,732,962 | \$ 1,849,717 | \$ 2,154,838 | \$ 2,061,353 | \$ (93,485) | (4.34)% |

| SECTION I |
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| KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016 |
| <ul style="list-style-type: none"> 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 |
| <ul style="list-style-type: none"> 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 |
| <ul style="list-style-type: none"> 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

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

| SECTION B |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUMMARY OF TEAM PROGRAM |
| 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. |

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

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 – OHCD SH

| SECTION E | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-----------------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up | | | |
| # 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 |
| IDC Team Component #2: Outbreak Management | | | |
| # 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 |
| IDC Team Component #3: Inspections | | | |
| # 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 |
| Component of Team #4: Food Handler Training | | | |
| # 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 |
| Component of Team #5: Health Promotion & Education | | | |
| # 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 – OHCDSh

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|--------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 15.5 | 15.5 |
| 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 |

| 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 | \$ 1,105,339 | \$ 1,098,620 | \$ 1,182,467 | \$ 1,234,454 | \$ 51,987 | 4.40% |
| Benefits | 257,322 | 253,637 | 273,804 | 298,519 | 24,715 | 9.03% |
| 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 | | |
| Total Expenditures | \$ 1,399,852 | \$ 1,413,290 | \$ 1,492,937 | \$ 1,569,639 | \$ 76,702 | 5.14% |

2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSh

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 | \$ 631,827 | \$ 645,265 | \$ 617,560 | \$ 692,681 | \$ 75,121 | 12.16% |
| PHAC – 100% | | | 111,121 | 112,702 | 1,581 | 1.42% |
| MOHLTC – 100% | 768,025 | 768,025 | 761,256 | 761,256 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | 3,000 | 3,000 | | |
| Total Revenues | \$ 1,399,852 | \$ 1,413,290 | \$ 1,492,937 | \$ 1,569,639 | \$ 76,702 | 5.14% |

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 – OHCDSh

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**

| SECTION A | | | | |
|---------------------|---------------------------------------------------------------|----------------------|---------------|--------------|
| SERVICE AREA | Oral Health, Communicable Disease and Sexual Health (OHCD SH) | MANAGER NAME | Shaya Dhinsa | DATE |
| PROGRAM TEAM | The Clinic & Sexual Health Promotion | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B |
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| SUMMARY OF TEAM PROGRAM |
| <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> |

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

| SECTION D |
|------------------|
|------------------|

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services</p> <p>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.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction</p> <p>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.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #3 Sexually Transmitted Infection Follow-up</p> <p>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.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #4 Awareness and Education</p> <p>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:</p> <ul style="list-style-type: none"> • Providing presentations, health fairs, clinic tours and answering sexual health questions from the community; • Building successful sexual health campaigns using social media |
| <p>COMPONENT(S) OF TEAM PROGRAM #5 Community Drug Strategy</p> <p>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.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #6 Social Determinants of Health</p> <p>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.</p> |

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

| SECTION E | | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|------------------------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 Clinic Services | | | |
| % of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators) | 100% | 100% | 100% |
| # of birth control pills dispensed (including emergency contraception) | 29,340 | 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 |
| Component of Team #2 Harm Reduction | | | |
| 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 |
| Component of Team #3 Sexually Transmitted Infection Follow-up | | | |
| # of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up | 1,403 / 101 / 18 / 34 | 1,366 / 147 / 17/ 36 | Same |
| Component of Team #4 Awareness and Education | | | |
| 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 |
| Component of Team #5 Community Drug Strategy | | | |
| 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 – OHCDSh

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|----------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 18.6 | 18.5 |
| 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 |

| 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 | \$ 1,275,572 | \$ 1,211,675 | \$ 1,329,909 | \$ 1,365,810 | \$ 35,901 | 2.70% |
| Benefits | 300,683 | 307,012 | 318,966 | 330,561 | 11,595 | 3.64% |
| 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 | 14.62% |
| Furniture & Equipment | 2,504 | 2,855 | 2,504 | 2,504 | | |
| Other Program Costs | 28,564 | 144,938 | 25,016 | 25,016 | | |
| Total Expenditure | \$ 2,351,566 | \$ 2,277,982 | \$ 2,549,331 | \$ 2,671,827 | \$ 122,496 | 4.81% |

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

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 | \$ 1,647,266 | \$ 1,477,655 | \$ 1,719,844 | \$ 1,842,340 | \$ 122,496 | 7.12% |
| 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 | | | | |
| Total Revenues | \$ 2,351,566 | \$ 2,277,982 | \$ 2,549,331 | \$ 2,671,827 | \$ 122,496 | 4.81% |

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

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

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

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

| SECTION D |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPONENT(S) OF TEAM PROGRAM #1 School Oral Health Screening |
| 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). |
| COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, Reporting and Quality Improvement |
| Oral health trends and the associated risk factors within the community are monitored and reported in the Annual Oral Health Report. The intended outcomes include the classification of schools according to different risk ratings, which determine if additional grades |

2016 Planning & Budget Template

Program: Oral Health – OHCDSH

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.

COMPONENT(S) OF TEAM PROGRAM #3 Oral Health Promotion

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.

COMPONENT(S) OF TEAM PROGRAM #4 Clinical Services

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.

COMPONENT(S) OF TEAM PROGRAM #5 Fluoride Varnish

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.

COMPONENT(S) OF TEAM PROGRAM #6 Processing of Dental Claims

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.

2016 Planning & Budget Template

Program: Oral Health – OHCDSh

| SECTION E | | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|-------------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 School Screening | | | |
| # 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 |
| Component of Team #2 Monitoring, Reporting and Quality Improvement | | | |
| % of schools classified as “High Risk” / % of schools classified as “Medium Risk” based on dental screening in Grade 2 students. | 11.2% / 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 |
| Component of Team #3 Oral Health Promotion | | | |
| # of oral health presentations | 65 | 25 | Same |
| Component of Team #4 Clinical Services | | | |
| # 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 |
| Component of Team #5 Fluoride Varnish | | | |
| # of high-risk children who receive fluoride varnish through pilot program | 106 | 400 | Increase |
| Component of Team #6 Processing the dental claims | | | |
| # 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 – OHCDSh

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|---------------------------------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 15.7 | 16.05 |
| 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 |

| 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 | \$ 1,060,034 | \$ 1,055,283 | \$ 1,088,204 | \$ 1,096,371 | \$ 8,167 | 0.75% |
| Benefits | 237,705 | 245,581 | 254,495 | 271,728 | 17,233 | 6.77% |
| 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) | (99.95)% |
| Furniture & Equipment | 18,600 | 16,395 | 18,600 | 18,600 | | |
| Other Program Costs | 29,305 | 20,358 | 26,680 | 26,680 | | |
| Total Expenditures | \$ 2,327,919 | \$ 2,316,572 | \$ 2,501,623 | \$ 1,525,955 | \$ (975,668) | (39.0)% |

2016 Planning & Budget Template

Program: Oral Health – OHCDSh

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 | \$ 1,213,025 | \$ 1,127,306 | \$ 1,216,814 | \$ 821,214 | \$ (395,600) | (32.51)% |
| MOHLTC – 100% | 751,567 | 826,567 | 907,956 | 327,888 | (580,068) | (63.88)% |
| MCYS – 100% | | | | | | |
| User Fees | 242,084 | 237,714 | 247,145 | 247,145 | | |
| Other Offset Revenue | 121,243 | 124,985 | 129,708 | 129,708 | | |
| Total Revenues | \$ 2,327,919 | \$ 2,316,572 | \$ 2,501,623 | \$ 1,525,955 | \$ (975,668) | (39.0)% |

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.

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 January 2016

Program: Oral Health – OHCDSH

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.