

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION
DIRECTOR / EPIDEMIOLOGY / PROGRAM EVALUATOR

2016 Planning & Budget Template

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

SECTION B				
SUMMARY OF TEAM PROGRAM				
<ul style="list-style-type: none"> 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. 				

SECTION C				
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION				
<ul style="list-style-type: none"> 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. 				

SECTION D				
COMPONENT(S) OF TEAM PROGRAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING				
<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>				

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Program: Director, Epidemiology & Program Evaluation – EHCDP

COMPONENT(S) OF TEAM PROGRAM #2 PROGRAM PLANNING SUPPORT
<p>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.</p>
COMPONENT(S) OF TEAM PROGRAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE
<p>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.</p>
COMPONENT(S) OF TEAM PROGRAM #4 PROGRAM EVALUATION SUPPORT
<p>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.</p>
COMPONENT(S) OF TEAM PROGRAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE
<p>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.</p>

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Program: Director, Epidemiology & Program Evaluation – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 CAPACITY BUILDING FOR PROGRAM PLANNING, EVALUATION AND EVIDENCE-INFORMED DECISION MAKING			
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
COMPONENT OF TEAM #2 PROGRAM PLANNING SUPPORT			
% 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
COMPONENT OF TEAM #3 POPULATION HEALTH ASSESSMENT & SURVEILLANCE			
% of EHCDP staff responsible for program planning and evaluation who review surveillance data to understand the extent of issue or problem.	66%^	77%*	Increased
COMPONENT OF TEAM #4 PROGRAM EVALUATION SUPPORT			
% 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
COMPONENT OF TEAM #5 COMMUNITY COLLABORATION FOR HEALTH RESEARCH AND KNOWLEDGE EXCHANGE			
% 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)

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Program: Director, Epidemiology & Program Evaluation – EHCDP

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

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	\$ 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		
Total Expenditure	\$ 549,449	\$ 521,368	\$ 572,561	\$ 582,859	\$ 10,298	1.8%

2016 Planning & Budget Template

Program: Director, Epidemiology & Program Evaluation – EHCDP

SECTION H

FUNDING SOURCES:

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

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Increased emphasis to support Strategic Plan initiatives related to the Strategic Priority of Program Excellence
- 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

SECTION J

PRESSURES AND CHALLENGES

- Organizational structural changes anticipated at the Service Area level that may impact the EPI/PE Team
- Periods of reduced PE capacity due to injury and maternity leave.
- 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.

SECTION K

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Program: Director, Epidemiology & Program Evaluation – EHCDP

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016
None

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

2016 Planning & Budget Template

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

SECTION B				
SUMMARY OF TEAM PROGRAM				
<ul style="list-style-type: none"> 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>. 				

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

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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

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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)

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Program: Chronic Disease Prevention and Tobacco Control – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (anticipated)	2016 (estimate)
Component of Team #1 SUN SAFETY AND UVR EXPOSURE (UVR)			
% 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)
Component of Team #2 FOOD SECURITY, FOOD SKILLS, FOOD SYSTEMS AND PROMOTING HEALTHY EATING			
% 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)
Component of Team #3 TOBACCO USE PREVENTION AND YOUTH ENGAGEMENT			
# of Youth Engaged/Reached in Programming through partnerships/projects	4750	5000	5250
# of Attendees at annual Smoke-free Movie Night in the Park	>2000	<2000 (inclement weather)	2500
% of youth who have never smoked a whole cigarette (Accountability Agreement Indicator)	83.6% (2009/10)	92.2% (2013/14 data)	Ministry Set Target - TBD
Component of Team #4 TOBACCO USE CESSATION			
% 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)
Component of Team #5 PROTECTION AND ENFORCEMENT			
% 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 (Accountability Agreement Indicator)	99.1%	99%	≥ 90%
# of inspections of public places and workplaces	1891	1575	1900
Component of Team #6 E-CIGARETTE ACT (ECA) PROMOTION AND ENFORCEMENT			
% 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.

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Program: Chronic Disease Prevention and Tobacco Control – EHCDP

SECTION F		
STAFFING COSTS:	2015 TOTAL FTEs	2016 ESTIMATED FTEs
	12.7	13.4
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

SECTION G						
EXPENDITURES:						
Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
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%)
Total Expenditure	\$ 1,270,585	\$ 1,296,966	\$ 1,286,866	\$ 1,420,570	\$ 133,704	10.4%

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Program: Chronic Disease Prevention and Tobacco Control – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
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				
Total Revenue	\$ 1,270,585	\$ 1,296,966	\$ 1,286,866	\$ 1,420,570	\$ 133,704	10.4%

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.

SECTION J

PRESSURES AND CHALLENGES

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Program: Chronic Disease Prevention and Tobacco Control – EHCDP

- 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 essential program supply dollars and through a \$5400 PBMA investment to offset the shortage in provincial funding. The challenges for youth prevention are being mitigated by decreasing essential program materials. The amount of one-time, annual funding from MOHLTC to support the purchase of nicotine replacement therapy exceeds 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 cover the shortfall due to inadequate Ministry funding. 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

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

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

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

SECTION D				
COMPONENT(S) OF TEAM PROGRAM #1 SURVEILLANCE AND INSPECTION				
<ul style="list-style-type: none"> Maintain inventory of all food premises. Conduct annual risk assessments of all food premises. 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. Monitor all O. Reg. 562 exempted facilities (farmers markets, residential homes, churches / service clubs / fraternal organizations for special events). Enforce bylaws (City of London, Middlesex County) – posting inspection summaries / mandatory food handler training certification. 				

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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)

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.

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Program: Food Safety – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (anticipated)	2016 (estimate)
Component of Team #1 Surveillance and Inspection			
<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%
COMPONENT OF TEAM #2 MANAGEMENT AND RESPONSE			
<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%
RRFSS			
<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.

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Program: Food Safety – EHCDP

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

SECTION G						
EXPENDITURES:						
Object of Expenditure	2014 Budget	2014 Actual	2015	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		
Total Expenditures	\$ 1,377,777	\$ 1,303,411	\$ 1,336,103	\$ 1,345,304	\$ 9,201	0.7%

2016 Planning & Budget Template

Program: Food Safety – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	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						
Total Revenues	\$ 1,377,777	\$ 1,303,411	\$ 1,336,103	\$ 1,345,304	\$ 9,201	0.7%

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.

2016 Planning & Budget Template

Program: Food Safety – EHCDP

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 2015 about the results of this work.

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

2016 Planning & Budget Template

SECTION A

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

SECTION B

SUMMARY OF TEAM PROGRAM

- 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).

SECTION C

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

- Ontario Public Health Standards: Chronic Disease Prevention; Prevention of Injury and Substance Misuse

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 WORKPLACE WELLNESS

- 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.
- Advocates healthy policy implementation in workplaces
- 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

COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY

- 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.
- Play a lead role in the Middlesex-London in Motion Partnership and the implementation of the in Motion Community Challenge
- 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.

2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) - EHCDP

- Promote physical activity policy in local workplaces.
- 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

2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) - EHCDP

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 of the ReThink Your Drinking website.
- Advocate provincially for stricter alcohol pricing and control and stricter advertising legislation
- 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

Program: Healthy Communities and Injury Prevention (HCIP) - EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 WORKPLACE WELLNESS			
Annual workshop for southwest workplaces	165 Attended	130 Attended	Scheduled for May 2016
Physical Activity Grant and policy development	10	7	7
COMPONENT OF TEAM #2 PHYSICAL ACTIVITY			
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
COMPONENT OF TEAM #3 SENIORS AND FALLS/HEALTHY AGING			
Reduce fall-related ER visits in older adults aged 65 + (Accountability Agreement Indicator – targets TBD)	N/A	N/A	N/A
COMPONENT OF TEAM #4 ROAD SAFETY INCLUDING VULNERABLE ROAD USERS			
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
COMPONENT OF TEAM #5 CHILD SAFETY			
Distribution of Booster Seats	460	354 Purchased and 250 distributed	Remaining 154 will be distributed
Distribution of helmets(Helmet on Kids Coalition) to vulnerable	1850	1,000 (decrease in funding available)	1,000 (pending funding)
COMPONENT OF TEAM #6 ALCOHOL AND SUBSTANCE MISUSE			
% of population (19+) that exceeds the Low-Risk Drinking Guidelines (Accountability Agreement Indicator – targets TBD)	N/A	N/A	N/A
COMPONENT OF TEAM #7 HEALTHY COMMUNITIES PARTNERSHIP			
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 (HCIP) - EHCDP

SECTION F		
STAFFING COSTS:	2015 Total FTEs	2016 Estimated FTEs
	11.6	11.2
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

SECTION G						
EXPENDITURES:						
Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditures	\$ 1,216,373	\$ 1,259,735	\$ 1,197,141	\$ 1,212,695	\$ 15,554	1.3%

2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) - EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	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				
Total Revenue	\$ 1,216,373	\$ 1,259,735	\$ 1,197,141	\$ 1,212,695	\$ 15,554	1.3%

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

2016 Planning & Budget Template

Program: Healthy Communities and Injury Prevention (HCIP) - 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

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

SECTION B	
SUMMARY OF TEAM PROGRAM	
<ul style="list-style-type: none"> To prevent and reduce the burden of illness from exposure to chemical, radiological, biological and other physical factors in the environment. 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. 	

SECTION C	
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION	
<ul style="list-style-type: none"> OPHS Standards: Foundational; Health Hazard Prevention and Management; Infectious Diseases Prevention and Control 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 Relevant Acts: Health Protection and Promotion Act; Environmental Protection Act; Occupational Health and Safety Act; Homes For Special Care Act Relevant Regulations: O. Reg 568 Recreational Camps; O. Reg 636 Homes For Special Care; O. Reg 199 West Nile Virus Control Relevant Bylaws: Property Standards; Idling Control; Vital Services; Clearing of Land. Other: West Nile Virus: Preparedness and Prevention Plan for Ontario 	

2016 Planning & Budget Template

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 WNV, EEE and 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.

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 SPECIAL PROJECTS HEALTH HAZARDS PROGRAM			
Marijuana Grow-Op remediation/ Demolition Permit Inspections/ Cooling Towers Assessed	100% (216)	100% (109)	100%
COMPONENT OF TEAM #2 GENERAL EH PROGRAM WORK/INVESTIGATIONS			
Respond to all Complaints/Requests/Referrals within 24 hours (estimate)	100% (1212)	100% (1241)	100%
COMPONENT OF TEAM #3 BUILT ENVIRONMENT / LAND USE PLANNING PROGRAM			
Land Use Planning Applications – review/comment	100% (123)	100% (50)	100%
COMPONENT OF TEAM #4 COMPLIANCE & INSPECTION SERVICES FOR EXTERNAL APPROVAL PROGRAM			
Inspections of Facilities	100% (276)	100% (291)	100%
COMPONENT OF TEAM #5 EMERGENCY RESPONSE SUPPORT			
Emergency Responses	4	1	4
COMPONENT OF TEAM #6 VECTOR BORNE DISEASE SURVEILLANCE			
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)	16.1 hectares of standing water 100% (103,495)	20 hectares of standing water 100% (103,000) catch

2016 Planning & Budget Template

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

	catch basins treated	catch basins treated	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)
COMPONENT OF TEAM #7 COMPLAINTS, COMMENTS, CONCERNS & INQUIRIES & PUBLIC EDUCATION			
Respond to all concerns/ inquires	100% (341)	100% (519)	100% (400)
Presentation to community events, partners and clients	15	19	19

SECTION F	2015 TOTAL FTEs	2016 ESTIMATED FTEs
STAFFING COSTS:		
	13.2	13.2
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

2016 Planning & Budget Template

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

SECTION G

Expenditures:

Object of Expenditure	2014 Budget	2014 Actual	2015	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%
Total Expenditures	\$ 1,238,138	\$ 1,207,489	\$ 1,276,257	\$ 1,215,447	\$ (60,821)	(4.8)%

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	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						
Total Revenues	\$ 1,238,138	\$ 1,207,489	\$ 1,276,257	\$ 1,215,447	\$ (60,821)	(4.8)%

2016 Planning & Budget Template

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

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Continuing the work on climate change adaptation strategies in Middlesex-London.
- Program planning activities with the new Healthy Environments Protocol and MLHU's Strategic Plan.
- Enhanced partnership with Emergency Management Team.

SECTION J

PRESSURES AND CHALLENGES

- 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

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

SECTION A

SERVICE AREA	EHCDP	MANAGER NAME	Fatih Sekercioglu	DATE
PROGRAM TEAM	Safe Water and Rabies Team	DIRECTOR NAME	Wally Adams	January 2016

SECTION B

SUMMARY OF TEAM PROGRAM

- 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.

SECTION C

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

- OPHS Standards:** Foundational; Safe Water; Rabies Prevention and Control
- Protocols under the OPHS:** Drinking Water Protocol, Recreational Water Protocol, Beach Management Protocol, Rabies Prevention and Control Protocol
- Relevant Acts:** Health Protection and Promotion Act, Safe Drinking Water Act
- Relevant regulations:** 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)

2016 Planning & Budget Template

Program: Safe Water and Rabies Team – EHCDP

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 DRINKING WATER PROGRAM

- Responding to Adverse Water Quality Incidents in municipal systems
- Issuing Drinking/Boil Water Advisories as needed
- Conducting water haulage vehicle inspections
- Providing resources (test kits and information) to private well owners

COMPONENT(S) OF TEAM PROGRAM #2 RECREATIONAL WATER PROGRAM

- Inspection of public pools (Class A and Class B)
- Inspection of public spas
- Inspection of non-regulated recreational water facilities (wading pools and splash pads)
- Offering education sessions for public pool and spa operators
- Investigating complaints related to recreational water facilities

COMPONENT(S) OF TEAM PROGRAM #3 BEACH MANAGEMENT PROGRAM

- Testing beaches in recreational camps in Middlesex-London
- Conducting annual environmental assessment of all public beaches in Middlesex –London
- Posting signage at the beaches if the test results exceed acceptable parameters of water quality standards

COMPONENT(S) OF TEAM PROGRAM #3 SMALL DRINKING WATER SYSTEMS PROGRAM

- Risk assessment of Small Drinking Water Systems (SDWS)
- Monitoring the test results of SDWS regularly
- Responding to Adverse Water Quality Incidents in SDWS

COMPONENT(S) OF TEAM PROGRAM #6 RABIES PREVENTION AND CONTROL

- Investigating human exposures to animals suspected of having rabies
- Confirming the rabies vaccination status of the animals (suspected of having rabies)
- Ensuring individuals requiring treatment have access to rabies post exposure prophylaxis
- Liaising with Canada Food Inspection Agency for the testing of animals for rabies
- Rabies prevention awareness programs

2016 Planning & Budget Template

Program: Safe Water and Rabies Team – EHCDP

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (As of Nov 15)	2016 (estimate)
COMPONENT OF TEAM #1 DRINKING WATER PROGRAM			
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
COMPONENT OF TEAM #2 RECREATIONAL WATER PROGRAM			
% of Class A pools inspected while in operation (Accountability Agreement Indicator)	100% (102)	100% (95)	100%
% of spas inspected while in operation (Accountability Agreement Indicator)	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
COMPONENT OF TEAM #3 BEACH MANAGEMENT PROGRAM			
The number of beaches monitored and sampled between May and September	1	1	1
COMPONENT OF TEAM #4 SMALL DRINKING WATER SYSTEMS PROGRAM			
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 (Accountability Agreement Indicator)	None were due	No high risk SDWS in Middlesex-London	No high risk SDWS in Middlesex-London
COMPONENT OF TEAM #5 RABIES PREVENTION AND CONTROL			
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification (New Accountability Agreement Indicator)	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 and Rabies Team – EHCDP

SECTION F		
STAFFING COSTS:	2015 TOTAL FTEs	2016 ESTIMATED FTEs
	7.5	7.5
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)		

SECTION G						
EXPENDITURES:						
Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
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)%
Total Expenditures	\$ 790,920	\$ 783,733	\$ 813,552	\$ 819,898	\$ 6,346	0.8%

2016 Planning & Budget Template

Program: Safe Water and Rabies Team – EHCDP

SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
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				
Total Revenues	\$ 790,920	\$ 783,733	\$ 813,552	\$ 819,898	\$ 6,346	0.8%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Maintaining collaborative partnership with the FoodNet program on private wells in Middlesex and London.
- Rolling out the enhanced pool and spa operator training program.
- Finalizing and disseminating educational materials for private well owners.
- Engaging with community partners to support organizing the 2016 Children's Water Festival in London.
- Working on special project on improving health and safety practices in recreational water facilities.

SECTION J

PRESSURES AND CHALLENGES

- Integration with components of the Health Hazard team will create both opportunities and challenges.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

None

ENVIRONMENTAL HEALTH AND CHRONIC DISEASE PREVENTION

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

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

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> 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.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> OPHS Standards: Foundational; Chronic Disease Prevention Protocols under the OPHS: Tobacco Compliance Protocol, 2008 Relevant Acts: <i>Health Protection and Promotion Act</i>, <i>Smoke-Free Ontario Act</i>, <i>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 1st, 2016 and additionally there will be further amendments to SFOA as per the <i>Making Healthier Choices Act</i>

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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 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.

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SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2014	2015 (anticipated)	2016 (estimate)
COMPONENT OF TEAM #1 TOBACCO CESSATION			
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 Total: 751,257	WuR = 246,584 D2Q= 999,650 Total: 1,246,234	WuR :Maintain or exceed D2Q: 0 (funding cut)
COMPONENT OF TEAM #2 TOBACCO PREVENTION AND YE			
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
COMPONENT OF TEAM #3 PROTECTION AND ENFORCEMENT			
The number of regional meetings with Tobacco Enforcement Officers	6	6	6
The number of workplace packages distributed in follow-up to complaints	606 kits 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
Component of Team #4 Knowledge Exchange and Transfer			
# of SW TCAN Steering Committee meetings	11	11	11
# of training opportunities organized by the SW TCAN	8	3	TBD

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

SECTION G						
Expenditures:						
Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
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		
Total Expenditure	\$ 436,500	\$ 436,647	\$ 436,500	\$ 436,500	\$ 0	0.0%

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SECTION H

FUNDING SOURCES:

Object of Expenditure	2014 Budget	2014 Actual	2015	2016 Draft Budget	\$ increase (\$ decrease) over 2015	% increase (% decrease) over 2015
Cost-Shared						
MOHLTC – 100%	\$ 436,500	\$ 436,500	\$ 436,500	\$ 436,500	\$ 0	0.0%
MCYS – 100%						
User Fees						
Other Offset Revenue		147				
Total Revenue	\$ 436,500	\$ 436,647	\$ 436,500	\$ 436,500	\$ 0	0.0%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- 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.
- The SW TCAN will assist PHUs to educate and consistently enforce the *Electronic Cigarettes Act* and the new amendments to the *Smoke-Free Ontario Act*.
- The TCAN will assist PHUs to promote provincial cessation initiatives particularly the MOHLTC Cessation Campaign.
- The TCAN will continue to support PHUs locally and play a key role provincially in the smoke-free movies and multi-unit dwelling initiatives

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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.