

HE-C9-1



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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JUL 06 2009

Dr. David L. Mowat
Medical Officer of Health
Peel Public Health
44 Peel Centre Drive, Suite 102
Brampton ON L6T 4B5

Table with columns COPY TO and FOR, listing various services like Chair, CAO, Corporate Services, etc.

Dear Dr. Mowat:

Thank you for your letter of May 18, 2009 outlining the challenges of providing public health services in Peel Region, and detailing your concerns about meeting public health standards and expectations.

The Ontario Public Health Standards (OPHS) and its incorporated protocols acknowledge the importance of local-level flexibility and responsiveness in public health program and service planning, delivery and evaluation.

We acknowledge that the Region of Peel has provided additional funding to public health services beyond its obligated cost share. We know that your efforts to address the funding for your public health unit are motivated by your commitment to provide the best possible public health services to your area.

As you know, Peel Region benefited from the revised funding methodology in 2008. We are currently reviewing the 2009 budget submissions within the same framework of an up to 3% across-the-board increase for common cost drivers and up to 2% for new emergent concerns.

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Dr. David L. Mowat

In light of the current economic environment, we are unable to commit to increasing your health unit's funding over and above that which will be available through the program-based grants process. As indicated in our letter dated April 22, 2009, we are in the very early stages of developing a process and proposal for reviewing the base funding provided to health units. This review, which will examine a number of funding models and options, will take some time, however we expect that the process will involve stakeholder participation. I would like to assure you that we will share information on the funding review proposal as soon as it becomes available.

We understand and appreciate the work that goes into managing the delivery of public health programs and services within a limited budget. Thank you for providing detailed information on the challenges facing your public health unit.

Yours truly,

A handwritten signature in black ink, appearing to read "Allison J. Stuart". The signature is fluid and cursive, with a large initial "A" and "S".

Allison J. Stuart  
Assistant Deputy Minister (A)

HE-C9-3



May 18, 2009

Allison Stuart  
Assistant Deputy Minister (Acting) - Public Health Division  
Hepburn Block  
11th Flr., 80 Grosvenor St  
Toronto ON M7A1R3

*Allison*  
Dear Ms. Stuart,

Peel Public Health is moving forward on implementation of the Ontario Public Health Standards (OPHS). We are pleased that the directions set in the OPHS coincide with our commitment to delivering innovative, evidence-informed public health programs. However, our capacity to meet the new Standards is limited. Growth pressures, immigrant populations with unique health needs, and urban sprawl are some of the issues impeding our ability to respond to the needs of our population.

**Growth Pressures & Immigration:**

Peel is one of the fastest growing municipalities in Ontario, with a population of 1.2 million. Approximately 34,000 people have been added per year over the last few years, more than predicted by the Ministry of Finance. This growth is almost entirely made up of immigrants.

Compared to Ontario, Peel has a higher proportion of immigrants: 49% of our residents are born outside Canada. Forty-four thousand of them speak neither official language. Immigrants are a "priority population" in the context of the OPHS. As outlined in the Standards, programming must be focused to address the unique challenges faced by these priority groups. In Peel, we are faced with significant challenges in ensuring sufficient resources are available to meet their needs.

**Population Health Issues:**

Our recent comprehensive health status report<sup>1</sup> revealed a number of health concerns in which Peel compares unfavorably to Ontario. Much of the additional burden of ill health in Peel can be attributed to two factors: immigration/ethnicity and the built environment. It is evident that when new immigrants arrive in Peel, their health status compares favorably to the rest of the population. However, their health risk factors increase within a few years of living in Peel.

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<sup>1</sup> Peel Public Health. *A Picture of Health: A Comprehensive Report on Health in Peel 2008*. 2008. Available from: <http://www.peelregion.ca/health/health-status-report/chsr/index.htm>

- The increasing trend of overweight and obesity in Peel represents a serious public health issue. 47% of adults were classified as overweight or obese. Of the many conditions associated with obesity, diabetes is of particular concern. Diabetes prevalence rates are higher than elsewhere in Ontario and rising rapidly. The South Asian population (of almost 300,000) is at particularly high risk, for both diabetes and cardiovascular disease.
- There is growing recognition that the increasing trend of overweight and obesity is being driven by environmental factors that affect eating and physical activity levels. Most of Peel's built environment is characterized by suburban sprawl, leading to low levels of physical activity, poor air quality, heat island effect, increased rates of injuries and a deficit of social capital. Physical activity levels are particularly poor in Peel compared to the rest of Ontario, with immigrants and visible minority groups having the lowest rates.
- Immigrants are less likely to participate in cancer screening programs. For women, this includes Pap tests and mammographies. Specialized awareness-building programs need to be delivered to influence uptake.
- The children of recent immigrants have poorer dental status, with more dental caries and less access to dental plans. They rely on the Children In Need of Treatment Program for the provision of urgent dental services. Insufficient funds and gaps in staffing for dental programs render it impossible to fully meet these needs.
- The risk factors for HIV/AIDS are changing to a pattern that is characterized by origin in HIV-endemic countries and heterosexual transmission. Given Peel's immigration patterns, this trend is likely to continue into the foreseeable future. This presents additional risks and requires targeted responses.
- Peel has a much higher incidence of Tuberculosis than the rest of the province, with more than 100 cases / year. This incidence rate is steady, rather than declining as in the rest of the province, and is largely due to the influx of immigrants from countries with high TB incidence rates.
- Peel has a higher incidence of low birth weights and stillbirths than the rest of Ontario. The cause is under investigation.

### **Tackling Growth:**

We have long known that growth has outstripped the capacity of Peel Region to provide adequate public health services. Regional Council has endorsed several plans in the past to bridge the gap, but Provincial funding has been insufficient. We have identified the risks resulting from a lack of capacity to meet the Ministry's Standards on several occasions. We have done our best to tackle the highest priority risks. For example, using Municipal funds, we have just undertaken an accelerated immunization risk mitigation strategy. This involved the review of 168,094 immunization records, 88,150 of which were incomplete and were subsequently updated. The challenges were compounded by the many records in foreign languages and/or following foreign

schedules, and parents with limited English. The records from the French language school boards, private schools and day nurseries have yet to be reviewed.

**Capacity Pressures:**

To prepare for the implementation of the OPHS, we carried out a broad capacity analysis. We found that, as with the former Mandatory Health Programs and Services Guidelines, we have a significant shortfall in resources. To fully meet the requirements, we will need an additional 68 FTE. A large portion of the need is related to programs which are in place but have not grown to meet additional demand. The additional funding received from the Ministry in 2008 in recognition of growth enabled us to address a few of the shortfalls. However, this was preceded by many years in which the increase in funding failed to keep pace with the growth of the population.

We continue to face significant resource challenges that are compounded by Peel Public Health's position as the lowest per capita funded health unit in Ontario. The gap in meeting community needs, as required in the OPHS, will continue to widen as our population increases. More and more of our vulnerable, priority populations will not have access to public health services. This increases our vulnerability to a range of health issues and exposes us to potential risks.

**Conclusion:**

Peel Region's needs for additional public health resources are clear. We are concerned that Peel Public Health lacks the capacity to fully meet the needs of its residents, and we are ready and willing to do more. Regional Council has demonstrated its commitment to supporting Public Health through supplementing the Provincial shortfall by over 13 million dollars over the past 3 years. In 2008, Peel received a funding ratio of 64% versus the prescribed 75%. We now require additional support from the Province. We would urge you to consider the pressing needs of Peel residents when developing your health unit funding plans for 2009.

Regards,



David L. Mowat, MBChB, MPH, FRCPC  
Medical Officer of Health  
Public Health