

DATE: October 7, 2009

REPORT TITLE: **IMPLEMENTATION OF THE NEW ONTARIO PUBLIC HEALTH STANDARDS**

FROM: Janette Smith, Commissioner of Health Services
 David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health

OBJECTIVE

To update Regional Council on the delivery of mandatory programs under the new Ontario Public Health Standards to a rapidly growing, diverse population.

REPORT HIGHLIGHTS

- Public Health units in Ontario were required to provide services according to the Province's Mandatory Public Health Programs and Services Guidelines. These were replaced on January 1, 2009 by the Ontario Public Health Standards.
- Peel Public Health service delivery priorities for 2009 and beyond are being influenced by the new Standards, the Comprehensive Report on Health in Peel 2008, and the Peel Public Health 10 Year Strategic Plan.
- As previously reported to Council, current resource levels in Peel are insufficient for meeting the Standards, as mandated by the *Health Protection and Promotion Act*. Non-compliance places a stress on the capacity for Peel Public Health to respond to new and emerging issues. These pressures are compounded by population growth and the identified needs of new immigrants.
- For 2009, funding received from the Ministry of Health and Long-Term Care (MOHLTC) exceeded the projections in the 2009 Regional budget.
- This allowed for funding of 5.3 Full-Time Equivalent (FTE) remaining in the allocation established by the 2005 Setting Directions Public Health plan, and a further 9 FTE, for which approval will be sought in the 2010 budget.
- Peel Public Health plans to bring forward a new multi-year Setting Directions for Peel Public Health strategy that will identify activities and resources needed to bring Peel into compliance with the new Standards, phased in to reflect fiscal contributions.

DISCUSSION

1. Background

Regional Council was informed in December, 2008 of the impending introduction of the new Ontario Public Health Standards and requested more information on Peel's compliance.

Also, there was a request for an analysis of the provincial funding received by the Region compared with that currently being received, for each type of funding (cost-shared, 100 per cent provincial, 100 per cent municipal).

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Peel Public Health has struggled to keep pace with rising service demands as the population and its health needs continue to grow. For many years the provincial share of funding has failed to recognize growth, with the result that Peel's per capita funding is very low in comparison with other health units. As a result, Peel residents receive a lower level of public health services compared to the rest of Ontarians. The province did recognize growth for the first time in 2008 and 2009 funding; however, wide funding gaps remain, and there has been no long term commitment to recognizing growth.

a) Public Health Program Drivers

A number of internal and external drivers have focused Peel Public Health's service delivery priorities for 2009 and beyond. New key influences include the following:

- The new Ontario Public Health Standards (OPHS), which came into effect this year replace the Mandatory Health Programs and Services Guidelines (reported to Council in December 2008)
- A Picture of Health: A Comprehensive Report on Health in Peel 2008 provides an overview of health conditions that significantly impact Peel's population (presentation to Council December, 2008)
- The Peel Public Health 10 Year Strategic Plan targets new and emerging issues, while improving the effectiveness of service delivery (reported to Council in April 2009)

OPHS does not differ markedly from the previous Mandatory Programs and Services Guidelines, apart from including some minor new requirements and providing more flexibility. It was intended that their implementation would be cost-neutral, but this does not appear to be the case.

As Peel was not able to comply fully with the previous standards, this will also be the case with the new Standards with the current resources.

2. Findings

a) Growth Pressures and Immigration

Growth in the Region's population each year places a significant strain on the capacity of Peel Public Health to achieve compliance with the new Standards and to respond effectively to community needs. The resource gap that began during the 1990's funding cap, the period during which there were significant spikes in population growth, continues to widen.

Forty-nine per cent of Peel's population is comprised of immigrants, who also make up the largest proportion of yearly growth to the region. The health issues faced by immigrants and other minority groups require specialized approaches. This is recognized in the Standards, which identifies immigrants as a "priority population" requiring programming focused to address their needs.

b) Population Health Issues in Peel

The recent Comprehensive Health Status Report revealed several health issues in which Peel compares unfavourably to the rest of Ontario. It is evident that when new

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immigrants arrive, their health status compares favourably to the rest of the population. However, their health risk factors increase within a few years of living in Canada.

Of particular concern is the increasing trend of overweight and obesity. Forty-seven per cent of adults were classified as overweight or obese. Of the many conditions associated with obesity, diabetes is especially concerning. Diabetes prevalence rates in Peel are the highest in Ontario and rising rapidly. The South Asian population (of almost 300,000) is at particularly high risk.

Other concerns include:

- Low cancer screening participation rates among immigrant groups;
- Poor dental status among immigrants, with children experiencing more dental diseases and less access to dental plans;
- Higher than provincial average rates of tuberculosis, with more than 100 cases/year, and
- One of the highest rates of low birth weight and stillbirths in the province.

New approaches in service delivery are needed, including specialized targeted programming, staff training and resource development. Peel Public Health must continue to build capacity to meet these growing health needs.

c) Current Public Health Service Gaps

We are delivering most mandatory programs, but not with the scope and range needed to meet all needs. A growing number of at-risk priority populations will not have access to public health services. This increases vulnerability to a range of health issues and exposes residents to potential public health and safety risks.

To prepare for implementation of the new Standards, Peel Public Health carried out a broad capacity analysis to determine which requirements were being unmet under the old Standards and which will continue to be unmet under the new Standards, should resource levels remain static. Significant shortfalls were identified, which compromises service delivery and places the public at risk for diseases and outbreaks. Although some services have recently been enhanced, Peel Public Health is not in full compliance with the *Health Protection and Promotion Act (HPPA)*, as outlined in the Ontario Public Health Standards. Impacts include:

- An estimated 40,000 immunization records for students and children in daycare go un-reviewed, increasing risks for communicable disease outbreaks.
- Approximately 30,000 children go unscreened for dental diseases, leaving many in pain, with compromised overall health, and without access to the Children In Need of Treatment Program.
- A number of personal services settings, day nurseries, and lodging houses remain uninspected due to lack of staff, placing the public at greater risk for infectious disease outbreaks.
- The Lay Health Educator Breast Screening Program can no longer be delivered to high risk South Asian women due to the end of a time limited grant. This leaves them without access to awareness building initiatives that improve breast screening rates.
- Peel Health is unable to fully implement the new requirements on food handler training to a number of food premises because of insufficient resources.

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- There is a lack of resources for tuberculosis outreach and education. Many people either go undiagnosed or suffer from delayed diagnosis, resulting in long-term exposure and increased risk of transmission.
- Over 10,000 families a year do not receive the support of a public health nurse (PHN) through a postpartum home visit. Additionally, approximately 500 high risk families will not receive in-depth, in-home support from a PHN.

Non-compliance with the *HPPA* leaves Peel Public Health vulnerable to periodic capacity pressures; urgent emerging issues such as infectious disease outbreaks result in even less service delivery on mandated programs. Work continues at closing the gap left by recent outbreaks such as SARS, listeriosis, measles, and rabies. Current planning for a potential H1N1 pandemic continues to place a strain on resources.

To fully meet, not exceed, the new requirements, and address population growth an estimated 72 FTEs are required for delivery of cost-shared programs. As well, provincial funding for 31.5 FTEs is required to support the 100 per cent funded Healthy Babies, Healthy Children Program (complete analysis available upon request). Provincial funding announced in September 2009 will reduce the requirement by 11 FTEs for cost-shared programs, leaving a gap of 61.

To manage these resource constraints, Peel Public Health is strategically moving forward by addressing the most pressing health issues through redeploying resources and phasing in service enhancements. For instance, as reported to Council in August 2009, a review of immunization processes led to a communicable disease outbreak Risk Mitigation Strategy that involved improving immunization rates.

Peel Public Health staff have met with the MOHLTC on several occasions to notify them of funding shortfalls and the associated risks to community health.

d) Provincial Funding Status – 2009

Public Health operates a number of programs, some of which are cost shared with the province and some of which are 100 per cent provincially funded. The following table summarizes the funding requested, the funding approved and the current funding gap. It should be noted that operational funding requested of the province is not sufficient to fully address community needs and meet compliance with the OPHS. The new Peel Public Health four year plan will provide details on addressing community needs.

	Operational Funding Requested (,000)	Provincial Funding Approved (,000)	Current Funding Gap (,000)
Cost-shared programs – 75 / 25			
Mandatory Programs	42,742	36,917	5,825
Vector-borne disease	987	760	227
SUBTOTAL	43,729	37,677	6,052
100% Provincially-funded Programs			
Healthy Babies Healthy Children	7,314	6,735	579
Smoke-Free Ontario	952	834	118
Infection Control & Specialist	1,141	1,141	-
Teen Children in Need of Treatment	700	700	-
5 smaller programs	1,198	972	226
SUBTOTAL	11,305	10,382	923
TOTAL	55,034	48,059	6,975

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3. Proposed Direction

Council has been a strong supporter of Public Health, and has advocated to the MOHLTC over the years with some success. In 2008 and 2009, Peel received the largest per cent increases in Ontario. Council's support of non-mandatory, municipally funded programs, including the Seniors' Dental Program and the Immunization Risk Mitigation Strategy, have been invaluable in meeting local needs and mitigating health risks. However, significant gaps remain.

In 2005, Council approved Setting Directions, which laid out proposed enhancements to staffing, to be filled as Provincial funds became available. This three-year plan has not yet been completed because of a lack of provincial funding, but in 2008 the Ministry of Health and Long-Term Care, for the first time, provided additional funding for growth and low-income populations, resulting in a total increase of 8.2 per cent. The increase for 2009 is 8.6 per cent (see letter from Minister David Caplan, dated September 4, 2009, attached as Appendix I, and letter from Allison J. Stuart, Assistant Deputy Minister (A), dated September 4, 2009, attached as Appendix II). These additional funds will allow for full implementation of Setting Directions.

The Provincial funding for 2009, announced on September 4, 2009, exceeds the projections in the 2009 Regional budget by \$1.2 million. The increase over and above that required for increases to the base will fund the following:

- 5.3 FTEs left from the allocation provided in the 2005 "Setting Directions" plan; these are pre-approved by Council subject to Provincial cost-sharing;
- 6 FTEs approved in the 2009 Regional budget;
- An additional 9 FTEs, for which we will request Regional cost-shared funding in the 2010 budget submission.

With the completion of Setting Directions and the prospect of a modest increase in provincial funding over the next few years, a successor plan to Setting Directions is proposed. This would enable Council to fund its priorities over several years as provincial funding becomes available, and to close the gap in compliance with the new Standards. The first proposed allocation of human resources under this new plan will be included in the 2010 budget submission.

The MOHLTC has announced its intention to develop a needs-based funding formula in 2010. This would guide the allocation of incremental funding towards those health units whose budgets fall below the amount set by the formula, but this would be a gradual process.

FINANCIAL IMPLICATIONS

Additional funding in 2009 will have a positive impact to the Region of Peel's year end financial position as compared to what was disclosed in the semi-annual report to Council. Furthermore, approval for an additional 9 FTE and the proportionate Regional share will be sought through the 2010 budget process.

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CONCLUSION

Current public health resources are inadequate for achieving compliance with the new Ontario Public Health Standards and meeting the needs of Peel's diverse and growing population. Continued support from Regional Council is needed to build public health's service delivery capacity and mitigate health risks.

Peel Public Health is strategically moving forward through reassessing community needs and redeploying resources. It is using the new Standards, the Peel Public Health 10 Year Strategic Plan and the Comprehensive Report on Health in Peel to reallocate resources and strategically phase in service enhancements. To close the gap between public health programs and services and the needs of the community, an updated Setting Directions for Public Health strategy will lay the framework for a new four-year plan.



Janette Smith
Commissioner of Health Services



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

Approved for Submission:



D. Szwarc, Chief Administrative Officer

*For further information regarding this report, please contact
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at david.mowat@peelregion.ca*

Authored By: Inge Roosendaal, Office of the Medical Officer of Health, Public Health

- c. Legislative Services
Manager, Financial Support Unit (FSU)

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APPENDIX I

Ministry of Health
and Long-Term Care

Office of the Minister

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80 Grosvenor Street
Toronto ON M7A 2C4
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HLTC2976MC-2009-504

SEP 04 2009

Mr. Emil Kolb
Chair, Peel Regional Board of Health
10 Peel Centre Drive
Brampton ON L6T 4B9

Dear Mr. Kolb:

On behalf of the McGuinty government, I would like to take this opportunity to express my gratitude for your work in supporting Ontario's public health system.

I am pleased to advise you that in 2009 the province is providing the Peel Regional Board of Health with \$39,720,114 (including a one-time grant of \$874,404) for the provision of mandatory and related public health programs in your community. This amount includes funding previously announced for an Infection Prevention and Control Nurse for each public health unit and the Small Drinking Water Systems Program.

Even in times of considerable fiscal constraint, this government continues to make significant investments to support the public health system. In 2009, for mandatory and related programs, the Ministry of Health and Long-Term Care and the Ministry of Health Promotion are investing an additional \$23.8 million over 2008 for a total of \$553 million. Since 2003, funding has more than doubled, including both uploaded costs and increased investments in public health capacity.

As in 2008, the government will allocate 5% growth funding for mandatory programs to boards of health utilizing a funding approach that is more responsive to local needs. The 5% growth funding will be provided as an across-the-board increase of 3% for common cost drivers as well as 2% in targeted funding for population growth and low income populations. Within the approved funding, each local board of health is expected to deliver programs and services that meet the Ontario Public Health Standards and other requirements of the *Health Protection and Promotion Act*.

You will receive correspondence shortly from Allison J. Stuart, Assistant Deputy Minister (A), Public Health Division that will include specific information regarding your 2009 allocations for mandatory and related programs.

In closing, please accept my appreciation for the ongoing contributions you and your staff make as we endeavour to provide a public health system that will best protect and promote the health of Ontarians.

Yours sincerely,

David Caplan
Minister of Health and Long-Term Care

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- c: Hon. Margaret R. Best, Minister of Health Promotion
- Hon. Deborah Matthews, Minister of Children and Youth Services
- Hon. Jim Watson, Minister of Municipal Affairs and Housing
- Hon. Harinder S. Takhar, MPP, Mississauga-Erindale
- Hon. Peter Fonseca, MPP, Mississauga East-Cooksville
- Sylvia Jones, MPP, Dufferin-Caledon
- Kuldip Kular, MPP, Bramalea-Gore-Malton
- Linda Jeffrey, MPP, Brampton-Springdale
- Vic Dhillon, MPP, Brampton West
- Amrit Mangat, MPP, Mississauga-Brampton South
- Charles Sousa, MPP, Mississauga South
- Bob Delaney, MPP, Mississauga-Streetsville
- Dr. David Mowat, Medical Officer of Health, Peel Public Health
- Valerie Sterling, President, Association of Local Public Health Agencies
- Carol Timmings, President, Ontario Public Health Association
- Peter Hume, President, Association of Municipalities of Ontario

APPENDIX II

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APPENDIX II


**Ministry of Health
and Long-Term Care**

Assistant Deputy Minister

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**Ministère de la Santé
et des Soins de longue durée**

Sous-ministère adjoint

 Division de la santé publique
 Salle M2-61, 2^e étage
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 Toronto ON M7A 1R3

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SEP 04 2009

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

Dear Dr. Mowat:

In follow up to the letter from the Honourable David Caplan, Minister of Health and Long-Term Care, this letter confirms that in 2009, Peel Public Health will receive \$39,720,114 (including a one-time grant of \$874,404) for the provision of mandatory and related public health programs in your community. This includes funding previously announced for an Infection Prevention and Control Nurse for each public health unit and the Small Drinking Water Systems Program. I am enclosing a breakdown of the 2009 grant allocation for your public health unit and a signed copy of the Grant Terms and Conditions for the period of January 1, 2009 to December 31, 2009.

In maintaining our commitment to renewing the province's public health system, we have made every effort to ensure appropriate funding is provided for public health units, including uploading the cost of mandatory programs and providing additional growth funding over the past few years.

In 2009, notwithstanding the current economic environment, the government is continuing to build upon its strong commitment to public health services by increasing its funding for mandatory programs by 5%. Consistent with the 2008 funding strategy, the 5% growth funding for mandatory programs is being allocated as follows: 3% across-the-board increase to all public health units, 1% for population growth, and 1% for low income populations. Within this available envelope of provincial funding, each local board of health is expected to deliver programs and services that meet the Ontario Public Health Standards and other requirements of the *Health Protection and Promotion Act*.

Over and above the growth funding for mandatory programs, the ministry is continuing to provide funding for other public health programs such as Vector-Borne Diseases, Infectious Diseases Control, Infection Prevention and Control Nurses, Public Health Research, Education & Development (PHRED), Small Drinking Water Systems and Unorganized Territories.

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Dr. Mowat

In closing, as we work through the complex challenges and opportunities facing public health, I would like to extend my sincere thanks for your ongoing commitment and support.

Yours truly,



Allison J. Stuart
Assistant Deputy Minister (A)

Attachment

- c: Hon. David Caplan, Minister of Health and Long-Term Care
- Hon. Margaret R. Best, Minister of Health Promotion
- Dr. Arlene King, Chief Medical Officer of Health, Public Health Division
- Jean Lam, Assistant Deputy Minister, Ministry of Health Promotion
- Mary Beth Valentine, Assistant Deputy Minister, Ministry of Health Promotion
- Stephen VanOfwegen, Director, Business Information Systems, Peel Public Health
- Valerie Sterling, President, Association of Local Public Health Agencies
- Carol Timmings, President, Ontario Public Health Association
- Peter Hume, President, Association of Municipalities of Ontario

IMPLEMENTATION OF THE NEW ONTARIO PUBLIC HEALTH STANDARDS

Public Health Division
MANDATORY AND RELATED PROGRAMS
2009 Approved Allocation

Peel Public Health		
Mandatory and Related Programs		2009 Approved Allocation
Mandatory Programs (75%)		\$36,916,549 *
Infectious Diseases Control (100%)	# of FTEs 10.50	\$1,061,447
Infection Prevention and Control Nurses (100%)	# of FTEs 1.00	\$80,000
Small Drinking Water Systems (100%)		\$27,525
Vector-Borne Diseases (75%)		\$760,189
Sub-total		\$38,845,710
One-Time (75%)		2009 Approved Allocation
Projects Funded:		
Tier Two Electronic Documentation		\$57,658
LHI Public Health 44 Centre		\$816,746
Sub-total		\$874,404
Total		\$39,720,114

* 2008 approval plus 3% growth (\$1,019,791), 1% for population growth (\$1,439,969), 1% for low income population (\$463,771)

IMPLEMENTATION OF THE NEW ONTARIO PUBLIC HEALTH STANDARDS

2009 GRANT TERMS AND CONDITIONS
Between Boards of Health and the Government of Ontario

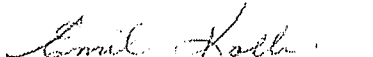
Public Health Division, on behalf of Ministry of Health and Long-Term Care and Ministry of Health Promotion, hereby offers the board of health a grant under section 76 of the *Health Protection and Promotion Act* for the provision of public health programs and services. According to section 76, the Ministers may make grants for the purposes of the Act on such conditions as the Ministers consider appropriate.

With a view to establishing an accountability framework for the use of the grant by the board of health, Grant Terms and Conditions for the period of time from January 1, 2009 to December 31, 2009 are attached as Schedule "A". Please note that a prerequisite to receiving the grant is acceptance of the Grant Terms and Conditions by the board of health.

If you have any questions respecting the Grant Terms and Conditions agreement, please contact:

Manager, Program Funding and Management
Controllership & Resource Management Branch
Public Health Division, Ministry of Health and Long Term Care
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel. (416) 212-6397
PHDFinance@ontario.ca

I hereby accept the terms and conditions of the grant as specified in the 2009 Grant Terms and Conditions and attached Schedule "A".


Chair, Board of Health

April 15 2009
Date

NO
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PEEL PUBLIC HEALTH
Name of Health Unit

Execution No. 103-10353



SEP 04 2009
Date

HER MAJESTY THE QUEEN IN RIGHT
OF ONTARIO
As represented by the Ministry of Health and
Long-Term Care and the Ministry of Health Promotion

Per: Allison J. Stuart
Assistant Deputy Minister (A)
Public Health Division