
DATE: April 15, 2010

REPORT TITLE: **PUBLIC HEALTH 4 YEAR PLAN, 2010-2013**

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

RECOMMENDATION

That the service improvements for the “Public Health 4 Year Plan, 2010-2013” be approved in principle, submitted to the Ministry of Health and Long-Term Care as representing the needs of Peel Region, and considered by Regional Council during budget deliberations for 2011, 2012, and 2013.

And further, that the Regionally-funded portion of the approved service enhancements for 2010 be implemented now, at a cost of approximately \$200,000, to be funded from the 2010 approved divisional budget.

REPORT HIGHLIGHTS

- Current public health resources are inadequate for meeting the needs of Peel’s growing, diverse population, and achieving full compliance with the Ontario Public Health Standards (OPHS).
- Population growth, the increasing number of new immigrants who experience a disproportionate burden of ill health, and historical underfunding of Public Health by the province have reduced the capacity to deliver services.
- The Public Health 4 Year Plan (2010-2013) proposes the addition of 90.5 Full-Time Equivalent (FTE) staff for the balance of the Plan to continue closing the resource gap and ensure Peel residents have access to an effective level of public health services comparable to those provided elsewhere in the province.
- A deferral of Public Health service enhancements would result in Peel residents being increasingly vulnerable to a range of health risks.
- The Plan’s strategic, phased investment will improve health status and quality of life, reduce health disparities, and mitigate the risk of outbreaks, while bringing Peel Public Health in closer alignment with the Ontario Public Health Standards.
- Each annual set of staff enhancements will be brought forward to the budget deliberations.

DISCUSSION

1. Background

In the October 2009 report “Implementation of the New Ontario Public Health Standards,” Council was advised that current public health resources are inadequate for meeting the

April 15, 2010

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

needs of Peel's growing, diverse population, and achieving full compliance with the Ontario Public Health Standards (OPHS), which are mandatory under the provisions of *Health Protection and Promotion Act (HPPA)*. The report committed Public Health to develop a 4 year plan (2010-2013) to continue closing the resource gap and ensure Peel residents have access to an effective level of public health services, comparable to those provided elsewhere in the province. The previous service improvement plan, "Setting Directions for Public Health in Peel, 2005-2007" provided for the improvement of staffing levels over three years; implementation could not be completed until 2009, after increases in provincial funding of 8.2 per cent and 8.6 per cent in 2008 and 2009.

HPPA requires that most public health programs be cost-shared 75 per cent by the Province and 25 per cent by the municipality. In addition, a few programs, most notably Healthy Babies, Healthy Children are 100 per cent provincially funded.

The findings presented in the "Comprehensive Report on Health in Peel" provide an overview of the many health issues that significantly impact Peel's population (presentation to Council December, 2008). Peel Public Health demonstrated its commitment to mitigating these public health risks by identifying priority public health issues in the "Public Health 10 Year Strategic Plan", which targets new and emerging issues, while improving the effectiveness of service delivery (reported to Council in April 2009).

This 4 Year Public Health Plan, 2010-2013 identifies the resources needed to enhance Peel residents' quality of life and health status. It presents a strategic, phased approach to delivering services, while increasing our capacity to meeting our mandated obligations.

a) Pressures on Service Delivery

Increases in provincial funding have been offered to the 36 health units for many years at a uniform rate, regardless of population growth. As the population of Peel has grown, per capita provincial funding has fallen behind, until Peel's provincial per capita funding has fallen to the lowest of all health units in the province. Much of Peel's recent growth has been driven by new immigrants, many of whom have particular needs.

The Ministries of Health and Long-Term Care and of Health Promotion have proposed to develop a needs-based funding formula for provincial funding for health units, which should be available for 2011. However, there is at present no intention to re-allocate funding, and, during the current economic climate, little incremental funding would be available to be directed towards underfunded health units.

b) Risks Resulting from Service Gaps

A deferral of Public Health service enhancements would result in a population increasingly vulnerable to a range of health risks. Peel Public Health's recent "Comprehensive Report on Health" identified several health issues in which Peel compares unfavorably to the rest of Ontario. Peel's population continues to grow rapidly, placing additional strains on Public Health's capacity to respond to new and emerging issues. Additionally, an increasingly large proportion of new residents to the region are new immigrants, who experience a disproportionate burden of ill health. Given these needs, the current service gap will continue to increase unless Public Health's capacity to respond is improved through an increase in resources.

April 15, 2010

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

As reported previously, current population health issues in Peel include the following:

- Almost half of adults are overweight or obese. One of the many conditions associated with obesity is diabetes, for which Peel rates are the highest in Ontario and rising rapidly. South Asians are particularly at risk.
- Poor dental status among immigrants, with many children unable to access dental plans. Approximately 30,000 children in Peel go unscreened for dental diseases, leaving many in pain and without access to care.
- Increasing numbers of food premises are not provided with food handler training, as required by the OPHS, leaving the public at a greater risk for disease outbreak.
- Double the average rate of active tuberculosis.
- One of the largest birth cohorts in Ontario, as well as a higher than average rate of low birth weight and stillbirths. Over 10,000 families a year do not receive support from a public health nurse through a postpartum home visit.

2. Findings

A review of current program capacities and gaps was carried out to identify the resource requirements. This process was guided by the health needs identified in the "Comprehensive Report on Health in Peel" and in the "Public Health 10 Year Strategic Plan." These needs were further validated by identifying which mandated services, as directed by the new Ontario Public Health Standards (OPHS), are not being delivered fully.

Further enhancement, beyond that in the 2005-2007 plan, is required to meet additional standards (including the needs of immigrants as a "priority group") to allow for a further six years' worth of growth, to extend services to all those in need, and to respond to significant health issues identified in the Comprehensive Report.

a) Service Improvements

The proposed service improvements will target priority health issues and ensure there is sufficient reach and impact to effect a sustainable improvement in the health status of Peel residents.

Overall, the plan requires an addition of 103.5 FTE, of which 13.0 FTE were already approved for 2010; requirements for the later years are shown below.

Year	FTE PER YEAR	GROSS COSTS PER YEAR
2011	35.0	\$3,380,863
2012	29.0	\$3,151,000
2013	26.5	\$3,250,313
TOTALS	90.5	\$9,782,176

Proposed program enhancements include the following:

- Improving Public Health's capacity to respond to rising rates of overweight and obesity, as well as developing interventions to target populations. This includes South Asians who are particularly vulnerable for developing diabetes and cardiovascular disease, as well as targeting youth and workplaces. Expected impacts include better awareness of the risks of becoming overweight and

April 15, 2010

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

developing diabetes, changed personal habits, and sustainable changes in the environment which support healthy eating and physical activity.

- Increasing staffing to support the projected 2012 opening of a new multi-service public health clinic. This site will provide services including breastfeeding support, dental services, smoking cessation, prenatal classes, healthy sexuality services, and food handler training.
- Providing additional support in the area of health protection, including inspections of boarding and lodging houses, as well as a growing number of food premises. Additional support is also required for education and training of food handlers to prevent disease outbreaks.
- Maintaining gains made in the accelerated immunization risk management strategy, which reduces risks for communicable disease outbreaks through the review of children's immunization records, leading to increased rates of immunization and fewer outbreaks of vaccine-preventable diseases.

It should be noted that for the 100 per cent provincially funded programs an additional 39.5 FTE would be required, with 38.5 FTE to meet the service delivery standards of the Healthy Babies, Healthy Children program, and 1.0 FTE to meet the requirements of the Tobacco Enforcement program. Peel Health will continue advocacy to the Ministry of Child and Youth Services and the Ministry of Health Promotion for funding to bridge this gap.

3. Proposed Direction

The proposed Public Health enhancements are set out in Appendix I. Each annual set of enhancements will be brought forward to the budget deliberations. If Council members would like additional information on the proposed service enhancements by division, staff will bring back additional reports or presentations.

The staff (FTEs) and other resource requirements for the 2010 portion of the Plan were outlined in the approved 2010 budget. 13.0 FTEs were approved contingent upon provincial funding. Although provincial resources are likely to be constrained this year, it is possible that some health units will not take up all the provincial funding available, in which case additional funding above the base increase may be available for Peel.

To meet urgent needs, to avoid falling behind with the four-year schedule of the Plan, to increase service for Peel taxpayers who fund 25 per cent of Public Health, and to demonstrate to the Province the need for the programs and Council's commitment to them, staff propose to implement the Regionally-funded portion of the Council-approved 2010 service enhancements now. This equates to approximately 25 per cent of the 13.0 FTE of permanent staff, at a cost of \$200,000 for the balance of 2010, which can be accommodated within the approved 2010 budget.

FINANCIAL IMPLICATIONS

The first year of the Public Health 4 Year Plan, 2010-2013 was included in the approved 2010 budget. The balance of the Plan for 2011-2013 is estimated at \$9.7 million gross in order to increase the staffing resource by a total of 90.5 FTE. At 75 per cent provincial funding, the estimated subsidy is expected to be \$7.3 million which results in a cost of \$2.4 million to the Region.

April 15, 2010

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

In addition, the total cost for 100 per cent provincially funded programs is anticipated at \$4.2 million gross, with an increase of 39.5 FTE. As this program is 100 per cent provincially funded, there will be no Regional net cost.

Furthermore, the partial implementation of 25 per cent of the first year's service plan is estimated at a cost of approximately \$200,000 for 2010, which can be funded from the 2010 approved divisional budget.

Staff will bring forward future year's budget impact as part of the annual budget process.

CONCLUSION

This 4 Year Public Health Plan, 2010-2013, presents a strategic, phased investment to improving the population's health status, mitigating the risk of public health outbreaks, reducing public health disparities in vulnerable groups, and bringing Peel Public Health in closer alignment with provincially legislated service provision.



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 Dr. David L. Mowat, Medical Officer of Health, Peel Public Health, at extension 2566 or via email at david.mowat@peelregion.ca

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

- c. Legislative Services
N. Trim, Chief Financial Officer and Commissioner of Corporate Services
Manager, Financial Support Unit (FSU)



APPENDIX I

PUBLIC HEALTH 4 YEAR PLAN: 2010-2013

Public Health 4 Year Plan Goals:

- Improve the quality of life and enhance the health status of Peel residents by responding to new and emerging local public health issues.
- Reduce disparities in health status, particularly within vulnerable groups including new immigrants and visible minorities.
- Improve capacity to prepare for and respond to outbreaks and emergencies.
- Reduce the service delivery gaps exacerbated by population growth and the needs of ethno-culturally diverse groups, while improving compliance with the Ontario Public Health Standards (OPHS).

CHRONIC DISEASE & INJURY PREVENTION

Obesity & Diabetes

Situation:

- Rates of obesity are rising rapidly, with almost half of Peel adults classified as overweight or obese. Medical problems associated with obesity include diabetes, heart disease and stroke. Diabetes rates in Peel are a cause for concern as they are higher than the rest of Ontario. Ethno-cultural groups including South Asians are at particularly high risk. Obesity and diabetes have been identified as Public Health 10 Year Strategic Plan program priorities.

Proposed Response & Service Improvements:

- Work to mitigate rising obesity rates involves developing a comprehensive health promotion strategy through collaborating with institutions such as schools and workplaces. It will also require working in partnership with planning departments to positively influence the built environment by creating healthier, walkable communities.
 - 7 FTE to develop nutrition and physical activity policies and programs (e.g. school food policy), as well as working with influential community leaders, including at risk ethno-cultural groups.
 - 10 FTE, including peer health educators and dietitians, to develop and implement a diabetes train-the-trainer program targeting high risk ethno-cultural groups and involving leaders within key community agencies and health centres.
 - 2 FTE to work with local and Regional planning departments to develop policies and tools to work towards a health-enhancing built environment.

Tobacco

Situation:

- Smoking remains the single largest preventable cause of disease and premature death, responsible for 30% of all cancer deaths. Tobacco has been identified as a Public Health 10 Year Strategic Plan program priority, requiring a focus on reaching vulnerable populations including youth, pregnant and postpartum mothers, and low socio-economic populations.

Proposed Response & Service Improvements:

- A prevention and cessation strategy must be developed and implemented that is based on the needs of the target population.
 - 4 FTE to develop and implement evidence-informed intervention strategies and support continued excellence in program delivery.

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013**Dental***Situation:*

- There is a significant need for dental services by the many low income Peel residents who are without dental insurance. Vulnerable populations include new immigrants, children, and seniors. Approximately 30,000 children in Peel go unscreened for dental diseases, leaving many in pain and without access to care. At present, demand for services outstrips the supply. Additionally, Peel Health is far from meeting the OPHS requirements for dental service delivery.

Proposed Response & Service Improvements:

- Additional resources to expand the Seniors' Dental Program, the Children in Need of Treatment Program, and the design and implementation of the Ministry of Health and Long-Term Care's Low Income Dental Program.
 - 10 FTE, including hygienist and case aides, to expand existing programs and provide access to urgently needed dental care for vulnerable Peel residents. This would bring Peel Health to 1/3 compliance with the OPHS and would result in the screening of an additional 10,000 children.

ENVIRONMENTAL HEALTH**General, Support and Health Hazard Programs***Situation:*

- There are currently insufficient resources to ensure adequate levels of inspection in the community and mitigate the risks of food borne illnesses and infectious disease outbreaks. Population growth places a continuous strain on the capacity to deliver inspection and outreach services.
- A 2003 Peel Public Health report described significant disease rates associated with food borne illnesses. The OPHS requires public health to support food handlers' access to training and safe food handling practices in order to reduce the risk of outbreaks in the community.
- Additionally, Peel Health does not have a boarding and lodging home inspection program, as is required under a number of OPHS protocols, which places the community at further risk.

Proposed Response & Service Improvements:

- Reduce the rate of infectious disease outbreaks in boarding and lodging homes through developing and implementing an inspection program.
- Provide more resources to the Food Safety program to ensure sufficient reach in the community and support continuous quality improvement.
 - 3 FTE to promote food safety and the delivery of effective food handler training.
 - 3 FTE to meet the growth in food premises and need for additional staff for inspections. These resources would result in the certification of an additional 1500 food handlers.
 - 2.5 FTE to ensure continuous quality assurance and excellence in the delivery of inspection services.
 - 1 FTE to develop a boarding and lodging home inspection program carried out by public health inspectors.

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

FAMILY HEALTH

Child & Reproductive Health, and Divisional Needs

Situation:

- Rapid population growth, and the increase in vulnerable, priority populations has resulted in the need for additional resources to meet community needs. Moreover, the new OPHS include requirements that are not being fully implemented due to resource gaps.
- The Public Health 10 Year Strategic Plan identified “Nurturing the Next Generation” as a program priority.
- The new provincial early years initiative based on the Pascal Report, “With Our Best Futures in Mind: Implementing Early Learning in Ontario” will require integration and expansion of Family Health services into Child and Family Centres. Located either within schools or neighbourhood locations, a one-stop service will exist for parents to access pre and post natal supports such as prenatal education, breastfeeding support, parenting services, early identification of children’s developmental needs and other supportive services.
- The new proposed multi-service clinic in Brampton will offer Family Health programs including a breastfeeding clinic.

Proposed Response & Service Improvements:

- Develop and implement a service integration strategy with the forthcoming full day learning program that simplifies and increases parent access to early child development services.
- Bridge the gap in service delivery due to population growth and the increase in ethno-cultural groups, and staff a new multi-service clinic.
 - 3 FTE to provide clinical and training programs to family health staff and support the development and implementation of evidence-informed strategic initiatives. This will include conducting situational assessments and monitoring of emerging trends in priority populations.
 - 1FTE to meet OPHS standards in working with community partners and developing a comprehensive health promotion approach that includes assessment and surveillance.
 - 10 FTE to develop and deliver services to an increasingly diverse new parent population through an integrated neighbourhood service model in keeping with provincial early child development initiatives (e.g. prenatal education, parenting support, etc.).
 - 5 FTE to staff the new multi-service clinic meet the service delivery needs of population growth with services such as providing breastfeeding and prenatal support.
 - 4.5 FTE staff to meet the demand for, and access to, reproductive health services while supporting strategic directions. These resources will also improve access for ethno-cultural and hard-to-reach, high risk prenatal clients.

COMMUNICABLE DISEASES

Tuberculosis, Communicable Disease Investigations, and Case Management:

Situation:

- Rapid population growth in Peel, with a significant proportion of new residents falling into high risk groups for communicable diseases such as tuberculosis, is placing a stress on Peel Health’s response capacity.
- There is insufficient staffing to support community outbreak investigation and management while maintaining the delivery of regular services. These resource gaps compromise Peel Health’s ability to meet obligations under the OPHS.

Proposed Response & Service Improvements:

- Additional support and professional staff to deliver services to a growing, high risk population.

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

- 4 FTE staff to enhance capacity to conduct timely communicable disease investigations thereby preventing the transmission of infectious diseases in the community.

Vaccine Preventable Diseases:*Situation:*

- As a result of the enhanced immunization risk mitigation strategy, records for the 2 main school boards have been fully reviewed; however, additional resources are required to ensure that the records of new students are kept up to date and another backlog does not occur.
- A 2009 process improvement review identified significant resource needs. Immunization records for children in French language boards, private schools and daycares are not currently reviewed, resulting in an increased risk for communicable disease outbreaks.
- The MOHLTC frequently adds immunization programs, which are expected to be delivered by Public Health.
- Due to the complexity of immunization information and the lack of immediate threat of diseases, there is a need for a comprehensive health promotion initiative to increase vaccine uptake. This is evidenced by screening of secondary school students' immunization records and the recent outbreaks of mumps.

Proposed Response & Service Improvements:

- Additional support is required to screen immunization records and deliver new and existing vaccines, as well as ensure that programs continue to evolve by integrating new evidence into practices.
- Vaccine communication and promotion strategies need to be more sophisticated to reach audiences.
 - 8 FTE to meet Public Health's obligations under the Immunization of School Pupils Act, and ensure that Peel Health is closer to meeting targets outlined in the OPHS.
 - 3 FTE to deliver evidence-informed immunization promotion initiatives, as well as meet the demand generated by newly added vaccines.

Healthy Sexuality:*Situation:*

- A fourth multiservice clinic location is planned for the Brampton area. Healthy sexuality services are in high demand and will need to be provided at this new location.
- The OPHS requires Peel Health to provide access to harm reduction services through the needle exchange program; however, the program is insufficiently staffed to meet service demand.

Proposed Response & Service Improvements:

- Additional staff will be needed to support implementation of healthy sexuality services in the field and at the new multiservice clinic, and ensure existing programs are adequately resourced.
 - 0.5 FTE to increase OPHS compliance in the delivery of the needle exchange program and reduce public health risks.
 - 3 FTE to ensure effective and efficient delivery, management and support of healthy sexuality programs.
 - 7 FTE professional staff for the new multiservice clinic.

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

Surveillance & Vaccine Management:

Situation:

- A program review identified the need for an enhanced role in providing infection prevention and control expertise to Peel Health clinics, as well as conducting surveillance of acute and long-term care.
- In 2009, there were 450 cold chain vaccine storage failures reported. A review of the Vaccine Management Program identified the need for additional support in the follow-up and education of healthcare providers who administer publicly-funded vaccine.

Proposed Response & Service Improvements:

- Improve surveillance capacity to target services more effectively and respond to new OPHS requirements.
- Collaborate with hospitals and community partners to develop more robust surveillance systems, and enhance expertise in infection prevention and control.
- Increase the capacity to mitigate risks, improve distribution of vaccines and reduce the number of cold chain failures.
 - 1 FTE to improve capacity to respond to infection control issues.
 - 2 FTE to support reduction of cold chain failures.

STRATEGIC INITIATIVES AND OTHER

Situation:

- The Public Health 10 Year Strategic Plan identified “Evidence Informed Decision Making”, “Developing our Workforce”, and “Surveillance” as key programmatic areas for capacity building. These directions provide the framework for more effectively addressing community needs and improving the health status of priority and vulnerable groups.
- There is a need for enhancing surveillance capacity to better respond to new and emerging public health challenges.
- The Public Health Customer contact Centre responds to over 40,000 inquiries per year that are increasing in number and complexity. An operational assessment identified a number of program improvements needed to ensure Peel Health responds efficiently and effectively.

Proposed Response & Service Improvements:

- Building capacity to integrate evidence into service delivery planning, improve surveillance, and enhance the skill sets of the Public Health workforce would improve the effectiveness and efficiency of service delivery. This resource enhancement would also help meet obligations under the OPHS, including the integration of evidence in program design, as well as new surveillance requirements.
 - 4 FTE to implement customer call centre service delivery improvements.
 - 1 FTE to assist in the implementation of strategic initiatives, including workforce development.
 - 4 FTE to provide expertise in epidemiology and surveillance.

PUBLIC HEALTH 4 YEAR PLAN, 2010-2013

FTE SUMMARY:

	2010	2011	2012	2013
Office of the MOH	2.0	5.0	1.0	1.0
Chronic Disease & Injury Prevention	6.0	11.0	8.0	8.0
Environmental Health	1.0	1.5	2.0	5.0
Family Health	-	5.0	9.0	9.5
Communicable Diseases	4.0	12.5	9.0	3.0
TOTAL PER YEAR	13.0	35.0	29.0	26.5

Note: The 2010 FTE are part of the approved 2010 budget.