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REPORT
Meeting Date: June 28, 2012
Regional Council

For Information

DATE: May 15, 2012

REPORT TITLE: **ONTARIO PUBLIC HEALTH STANDARDS - PEEL UPDATE**

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

OBJECTIVE

The purpose of this report is to present on the ongoing challenges Peel Public Health is experiencing in meeting the Ontario Public Health Standards due to provincial under-funding.

REPORT HIGHLIGHTS

- The Ontario Public Health Standards (Standards) establish requirements for boards of health to provide public health programs and services.
- Peel's per capita funding from the Ministry of Health and Long-Term Care is the lowest in the province. This under-funding will worsen as Peel's population continues to grow faster than the provincial average.
- An analysis of the gaps in the achievement of full compliance with the Standards is provided.
- Program areas that are critically under resourced include dental services (Children in Need of Treatment), Healthy Babies Healthy Children, and Tobacco strategies.
- Council previously approved a four-year plan to acquire the human resources necessary to meet the provincial Standards, subject to provincial cost sharing. This plan is now several years behind schedule, but some improvements have been possible.
- The Medical Officer of Health will monitor the situation and will continue to advocate for enhanced funding.

DISCUSSION

1. Background

The Ontario Public Health Standards (Standards) establish requirements for fundamental public health programs and services, which include assessment and surveillance; health promotion and policy development; disease and injury prevention; and health protection. They outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs. The document specifies only those programs and services that all boards of health shall provide and is not intended to encompass the total potential scope of public health programming in Ontario.

In Ontario, the funding for public health is shared between the Ministry of Health and Long-Term Care (MOHLTC) and boards of health which are in turn funded by municipalities. Some programs are funded 100 per cent by the province (e.g. the Healthy Babies Healthy Children Program, funded 100 per cent by the Ministry of Children and Youth Services).

Each year the MOHLTC sets a limit on allowable increases in the budget: the actual increase will be the lesser of that amount or 75 per cent of the budget approved by the board. The same increase is offered to all health units, regardless of population growth or any indicators of need. Historically, if potential funding from the Ministry has been declined by a board of health, the following year's allowable increase applies to the accepted budget from the previous year; therefore the original funding can never be recovered. This has resulted in historically low base funding. Combined with rapid population growth, per capita funding in health units in the outer Greater Toronto Area has fallen further behind.

In Peel, advocacy efforts resulted in significant increases in the provincial subsidy in 2008 (8.2 per cent) and 2009 (8.6 per cent). However, the return to a 3 per cent increase in 2010 and 2011 has created a challenge to maintain existing service levels in light of the significant gap from past years, population growth and inflationary pressures. Peel's per capita funding from the MOHLTC is among the lowest in the province.

In 2010 the MOHLTC established a working group to propose a needs-based funding formula for public health. The intent was that provincial funding would gradually move towards this formula as new funds became available, without any health unit having its funding reduced. The work was substantially complete when the working group's activities were suspended in October 2011 for the election. This work has not resumed, and there is no information concerning when this might occur.

2. Population Impact

The population growth experienced in Peel translates to increasing demand for public health services. For example, Peel's birth cohort is the second largest in Ontario. In 2010, there were approximately 15,832 births.

Peel's population is very culturally diverse. Approximately half of Peel's population is not Canadian-born and two-thirds of Peel immigrants are parents. Ten per cent of Peel's population is new immigrants who have migrated within the last 5 years.

The prevalence of chronic diseases has a significant impact upon the residents of the region. Peel's prevalence of diabetes is increasing rapidly, and is higher than that of the province. Rates of diabetes and cardio-vascular disease are high in the South Asian population.

On March 30th, 2012 the Medical Officer of Health and senior staff met with the Chief Medical Officer of Health, the Executive Director, Public Health Division and the Assistant Deputy Minister, Health Promotion Division to review the challenges our Board of Health faces in achieving the Ontario Public Health Standards. Also discussed were proposed solutions for program efficiencies and funding alternatives. This is the third such meeting since 2006. So far no reply has been received.

3. Findings

Underfunding has implications for a broad range of public health programs mandated within the Ontario Public Health Standards. Highlights of significant gap areas include:

- Immunization Records: inadequate resources to screen day nurseries;
- Healthy Sexuality: limited capacity to plan and deliver harm reduction services and for Sexually Transmitted Infection prevention;
- Surveillance: more staff resources required to support outbreak investigations and detailed epidemiological analysis;
- Family Health: inadequate resources for outreach strategies to priority populations;
- Healthy Babies Healthy Children: no capacity to offer universal postpartum home visit component;
- Dental Program - Children in Need of Treatment (CINOT): 55 per cent of eligible children (60,000) not currently screened, limited capacity to deal with urgent cases;
- Healthy Smiles Ontario: 100 per cent funded until March 2013 only, additional $600,000 required to meet service needs;
- Chronic Disease and Injury Prevention: no capacity to address tobacco prevention, cessation or enforcement in schools or local use of other tobacco products;
- Smoke-Free Ontario: funding remains at 2005 levels, forcing the program to eliminate all discretionary costs;
- Environmental Health: growth in food premises including Lester B. Pearson International Airport has increased demands on the Food Safety program significantly.

In 2010, Council approved the Public Health 4 Year Plan, 2010-2013. The plan is a strategic, phased approach to delivering services and increasing our capacity to meet the Standards. According to the plan, Peel Public Health requires an additional 103.5 full time equivalents (FTE). Each year, Council has granted approval to proceed with staffing positions subject to provincial cost sharing. To date, 24 of the 39 FTEs approved by Council have yet to be hired due to the provincial funding shortfall. Appendix I provides a detailed breakdown of specific provincial Standards -related program gaps.

4. Proposed Direction

a) Program Efficiencies: Tuberculosis Medical Surveillance

The Standards require the completion of a specific follow-up protocol for all persons admitted to Canada as immigrants who have evidence of inactive tuberculosis (TB). The protocol involves both staff at Peel Public Health and family physicians. Very few cases of active TB are identified through this program. Peel Public Health has introduced modifications to the program which will reduce the workload. See Appendix II.

b) Priorities

Peel Public Health will continue to provide a broad range of public health programs and services, recognizing that significant gaps in capacity will limit the comprehensiveness and/or reach of some of these programs. Priority will continue to be given to those health issues listed in Peel Public Health's 10-Year Strategic Plan (presented to General Committee on May 7, 2009).

c) Proposed Funding Solutions

Public Health continues to solicit one-time funding from the MOHLTC, with some success. External grants from other sources have also been obtained, as well as in-kind assistance from medical residents, students, federal field epidemiologists etc. However, these supports are relatively small and time limited.

Continued advocacy to the MOHLTC for increased provincial funding will be necessary.

CONCLUSION

Inadequate provincial funding limits Peel Public Health's ability to provide all of the programs and services in the Ontario Public Health Standards to the extent necessary. The Chief Medical Officer of Health and other senior officials of the MOHLTC have been made aware of the situation.

The Medical Officer of Health will continue to monitor the impact of provincial funding decisions and to advocate for increased funding from the MOHLTC.

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Approved for Submission:

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c. Legislative Services

APPENDIX I

Appendix I- *Ontario Public Health Standards Gaps Analysis for Peel Public Health*

OPHS Requirement	Summary of Current Activity and Resource Gaps	Resources Needed to Meet OPHS Requirements
Communicable Diseases		
Vaccine Preventable Diseases Requirement #1 Immunization record screening and enforcement of the *Day Nurseries Act*	▪ Immunization records for daycares are currently not reviewed, resulting in increased risk of communicable disease outbreaks	▪ Additional staff to screen day nurseries -Immunization Records Coordinator(s)
TB Prevention and Control Requirement #5 TB Medical Surveillance requirement Requirement #9 Effective public health management of individuals with Latent Tuberculosis Infection	▪ The OPHS requires boards of health to facilitate the timely identification of active cases of tuberculosis (TB) and referrals of persons with inactive TB through immigration medical surveillance ▪ Review of the data reveals few active TB cases are identified through immigration medical surveillance ▪ Peel has less than 30% treatment completion of preventative medication for over 1000 Latent Tuberculosis Infection cases per year ▪ Program has limited capacity at the population health or individual levels to increase the uptake of these effective medications	▪ No evidence-base to support current practice. Peel does not have the resources to sustain current protocols. If deemed necessary by the MOHLTC, additional staff would be required ▪ Additional staff would be necessary to follow up with these cases and develop and implement a more effective population health delivery system to increase treatment completion rates

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OPHS Requirement	Summary of Current Activity and Resource Gaps	Resources Needed to Meet OPHS Requirements
Healthy Sexuality Requirements #4, #11, #12, p 36 Harm reduction planning, STI prevention social marketing	▪ Peel's Healthy Sexuality program is insufficiently staffed to meet expanded service demands to create Sexually Transmitted Infection public education and awareness programs; engage community partners and priority populations in harm reduction programming; and provide access to harm reduction services	▪ Additional staff required to plan and deliver required services, and ensure equitable access to a variety of harm reduction delivery models across Peel ▪ Additional resources required to implement successful social marketing campaigns
Surveillance Foundational Standards and several requirements under Communicable Diseases protocols to conduct epidemiological analysis of surveillance data	▪ Currently 2 epidemiologists support the Communicable Diseases and Environmental Health divisions in surveillance of reportable diseases and health hazards ▪ Requirements also include the support of outbreak investigations and other research ▪ Students are often used to assist in meeting requirements ▪ Resources are inadequate to effectively monitor immunization coverage and to conduct detailed epidemiological analysis of our increasing Sexually Transmitted Infection rates	▪ Additional staff required for surveillance activities
Environmental Health		
Food Safety	High risk – 99.3% completion rate (N = 263) Medium risk – 97.7% completion rate (N = 3,259) Low risk – 98.1% completion rate (N = 1,780) Overall – 98.1% completion rate (N = 5,302) ▪ Growth in food premises, including Lester B. Pearson International Airport, requiring 70-80 additional inspections	▪ For the past two years the MOHLTC has provided enhanced funding for Food Safety ($140K) which has enabled the program to hire additional contract staff to maintain high completion rates ▪ 1 additional staff person required to inspect additional premises or re-allocation of current resources will be required

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OPHS Requirement	Summary of Current Activity and Resource Gaps	Resources Needed to Meet OPHS Requirements
Personal Service Settings	High risk – 100% completion rate (N = 40) Medium risk – 99.6% completion rate (N = 685) Low risk – 99.8% completion rate (N = 435) Overall – 99.6% completion rate (N = 1,160)	▪ Continue enhanced funding
Recreational Water	High risk – 94.9% completion rate (N = 311) Medium risk – 90.4% completion rate (N = 208) Low risk – 86.4% completion rate (N = 22)	▪ For the past two years the MOHLTC has provided enhanced funding for Safe Water ($100K) which has enabled the program to hire additional contract staff to maintain high completion rates ▪ Continue enhanced funding
Smoke Free Ontario Act (SFOA)	Tobacco retailers in Peel – 762 Completed inspections/educational visits - 762 Completed compliance inspections - 798 Completed retailer youth test shops – 1,104 Complaints/services requests – 233 ▪ SFOA funding has not increased since 2005, forcing PPH to eliminate any discretionary program activities and associated costs. This year's shortfall of $65,000 will result in a .5 FTE reduction ▪ Compared to York Region, Peel Public Health's SFOA program is under-funded. (i.e. York Region has 6 FTEs allocated to much fewer tobacco venders which allows for broader scope of service)	▪ Additional staff required to address current gapping and to be comparable to similar boards of health
Other Indicators	Boarding and Lodging Home Inspections - 100% completion rate (N = 16) Day Care infection control inspections - 100% completion rate (N = 232) Tier II Contact centre – 5,500 calls received Complaints/services requests – 2,630 Rabies investigations – 903 Small Drinking water Systems – 75 (36 assessed in 2011; 100% last two years)	

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OPHS Requirement	Summary of Current Activity and Resource Gaps	Resources Needed to Meet OPHS Requirements
	Family Health	
Reproductive Health and Child Health Repro Health Requirement #3, Child Health Requirement #5	▪ OPHS require boards of health to increase public awareness of preconception health/pregnancies, preparation for parenting and parenting programs both through supplementation of national and provincial strategies and local communications strategies ▪ Peel has had to use gapping dollars to fund a contract communications specialist position	▪ Funding for communications staff and more effective social marketing/social advertising campaigns and advancing Web 2.0 and Social Media applications ▪ Additional staff required for general outreach strategies
Repro Health Requirement #6 Child Health Requirement #8: Outreach to priority populations	▪ Current outreach strategies to priority populations are minimal. Must address knowledge gap regarding how to meet the needs of priority populations ▪ Needs assessment activities are required to address the current gap in reaching childbearing families with key messages ▪ The Ministry of Children and Youth Services Best Start Child and Family Centre initiative would offer a means to reach priority populations. However participation is *not possible without additional* Public Health Nurses	▪ The Best Start initiative is still under development in Peel. Resource requirements are unknown at this time
Child Health Requirement #6- in collaboration with community partners parenting programs, services and supports a. consultation, assessment and referral and b. group sessions	▪ Peel Pubic Health does not provide any direct group sessions on parenting independently or with community partners. Community Partners provide very minimal programs for parents of 0 to 6 year olds ▪ Peel Public Health has undertaken a review to identify more effective interventions, and will develop evidence-informed interventions	▪ Additional resources required for planning, implementation and evaluation of new interventions

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OPHS Requirement	Summary of Current Activity and Resource Gaps	Resources Needed to Meet OPHS Requirements
Healthy Babies Healthy Children (HBHC) Requirement #7 Child Health, Requirement #9 Provided in accordance with the HBHC Protocol (2008)	▪ HBHC program: continued chronic under-funding of the program has required a shift to a high risk approach ▪ Universal Postpartum Home Visit component is not being offered ▪ At risk in-depth assessments and high risk home visiting is limited	▪ Implementation of the universal postpartum home visit would require significant additional staff ▪ Additional staff required to overcome under-funding
Chronic Diseases and Injury Prevention		
Oral Health Services: Children in Need of Treatment (CINOT)	▪ Peel Public Health should screen at least 110,000 children each year. However, current staff capacity only allows the program to screen 50, 000 children (less than 50% of eligible children) ▪ There is a high rate (20%) of urgent cases among those children who are screened	▪ Significant additional staff required to meet the standards ▪ Also an additional $3.5 million required to reimburse dental claims
Oral Health Services: Smiles Ontario Program	▪ The MOHLTC has committed to 100% funding until March 2013. To date there has been no communication about continued funding ▪ Currently Peels employs 14.6 staff on contract pending formalized commitments from the MOHLTC. The overall funding is adequate with the exception of the $200,000 that is allocated to reimburse dentists	▪ Based on response to other low-income dental programs, it is anticipated that an additional $600,000 is required to meet service needs for approximately 1600 additional children. These funds are required to pay the community dentists ▪ Require MOHLTC commitment to extend 100% funding beyond 2013 ▪ Dental reimbursement funding should be increased
Dental Follow-up Protocols	▪ Standards require referral and follow-up with Children's Aid Society for Children in Need of Treatment clients who do not show up for treatment. The dental program does not have the capacity to do this	

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OPHS Requirement	Summary of Current Activity and Resource Gaps	Resources Needed to Meet OPHS Requirements
Type 2 Diabetes Prevention	▪ Peel has diverted approximately 40 staff to focus on developing supportive environments for healthy eating and physical activity. This is inadequate given the impact of diabetes on the Peel population ▪ While one-time funding schemas have been helpful to initiate response to these growing health concerns, they are not sufficient to sustain impact in this area	▪ Additional resources to focus on supportive environments for health eating and physical activity
Tobacco Transition Years Strategy	▪ Peel has no capacity to address ethnocultural diversity in use of alternative tobacco products or transition years strategies (i.e. prevention, cessation and enforcement in schools and post-secondary institutions)	▪ Additional FTEs required to comprehensively address ethnocultural diversity and the transitions years
Substance Misuse/Injury Prevention	Alcohol consumption is a modifiable risk factor for cancer and other chronic diseases, and is linked to injuries ▪ A health status report on the impact of alcohol consumption on the health of Peel residents is in process. Youth have been identified as a priority population ▪ Additional resources will be required to implement interventions to support alcohol policy implementation at the local level ▪ Additional resources will be required to support Health professionals in screening for alcohol use and initiating interventions to reduce alcohol consumption and alcohol related injuries	▪ Additional FTEs required

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APPENDIX II

Tuberculosis Medical Surveillance

Background

Citizenship and Immigration Canada mandates that all persons seeking permanent residency in Canada, refugee claimants and certain applicants for temporary residency are required to undergo an Immigration Medical Exam to prevent the importation of infectious tuberculosis (TB) into Canada.

Individuals with non-infectious TB, inactive TB or a previous history of TB disease require medical surveillance follow up by physicians and public health units for up to two years once in Canada.

For local public health units, this requires facilitating, monitoring and reporting the client's compliance with medical surveillance.

Citizenship and Immigration Canada Medical Surveillance Requirements

Citizenship and Immigration Canada instructs a client placed on medical surveillance to contact the public health authority within 7 days (for urgent referrals) or 30 days (routine referrals) of arrival in Canada.

Clients require proof of compliance with the first medical appointment.

Ontario Public Health Standards TB Prevention and Control Protocol (2008)

The document outlines a number of requirements within the TB Prevention and Control Protocol that require public health to:

1) **Have a mechanism in place for urgent referrals for immigration medical surveillance notification to:**

   i. Locate these persons; and
   ii. Refer and facilitate the process for medical assessment of these persons within seven calendar days of receipt of the urgent notification or immediately if they have signs or symptoms of active TB.
   iii. Once active TB is ruled out continue to follow these persons as per Regular Immigration Medical Surveillance

2) **Have a mechanism in place for regular referrals for immigration medical surveillance notification to:**

   i. Locate these persons within 30 calendar days
   ii. Conduct preliminary assessment for symptoms of active TB

3) **Provide TB education at first contact with these persons, which would include:**

   - Symptom recognition and the need to notify the board of health should symptoms occur;
   - Availability of TB for Uninsured Persons Program as required;
   - Requirements of medical surveillance; and
   - Instructions for obtaining Ontario Health Insurance Program (OHIP) coverage

4) **Facilitate medical assessment for active TB disease and/or Latent Tuberculosis Infection** including sputum collection if the individual has signs or symptoms of active TB, tuberculin skin testing as appropriate and chest X-ray.

5) **Utilize strategies to facilitate the early identification of active TB in individuals referred for medical surveillance.**

6) **Complete Integrated Public Health Information System entry of medical surveillance episodes.**

TB Medical Surveillance in Peel

Of the 731 cases of active TB in Peel from 2005-2010, 36 cases (5 per cent) were detected due to medical surveillance. These cases accounted for 1 per cent of 3,517 medical surveillance episodes from 2005-2010. Approximately 25 per cent of clients have to repeat medical surveillance due to changes in immigration status. The cost per active case detected is approximately $30,000 and 880 hours of staff time.

New Process for Routine Medical Surveillance

In an effort to enhance efficiencies and to reduce workload, Peel Public Health has introduced the following program modifications:

1) **New website:**

- Medical surveillance clients will be directed by our call centre to our website to download the necessary "Certificate of Completion" to bring to their physician. Clients can also request these forms to be mailed.
- All urgent cases will be directly referred to a public health nurse.
- Public health nurses will still be available by phone to provide support to all clients.

2) **Direct fax to Citizenship and Immigration Canada:**

- Clients will be instructed to fax the "Certificate of Completion" directly to Citizenship and Immigration Canada, which will speed up their immigration process.