

Public Health 2008 Budget Document

Section I. Existing Services and Service Levels:

Public Health services are mandated by the *Ontario Health Protection and Promotion Act* and other legislation.

Peel Public Health provides programs and services in six key areas: communicable disease control and prevention, clinical services, enforcement, youth and adult illness prevention, early childhood development and health surveillance.

Communicable Disease Control and Prevention programs protect communities from communicable and infectious diseases. Work in this area includes:

- Control of infectious diseases, e.g., Tuberculosis Control, West Nile Virus.
- Infection prevention and control.
- Prevention and treatment of Sexually Transmitted Infections (STIs) including HIV/AIDS.
- Communicable disease investigation and control.

Clinical Services are offered by Public Health at various locations in Peel Region. Clinic Services include:

- Immunization clinics and vaccine distribution.
- Healthy Sexuality clinics.
- Breastfeeding clinics.
- Dental clinics.
- Smoking cessation clinics.
- Services supporting homelessness initiatives.

Enforcement activities protect communities from environmental health hazards and infectious diseases. Work in this area includes:

- Food handler education.
- Food safety education and promotion.
- Tobacco sale and use control.
- Environmental health advocacy.
- Public pool and beach safety.
- Safe drinking water.
- Immunization record services for pre-school and school-aged children.
- Rabies control.
- Health hazard investigations.
- Food safety inspections.
- Infection control inspections.
- Personal services settings inspections.
- Vaccine safety inspection.

Youth and Adult Illness Prevention programs provide screening for early disease detection and education to promote healthy behaviours and prevent chronic diseases. Programs include:

- Injury prevention.
- Tobacco and substance abuse prevention.
- Healthy sexuality education and promotion.
- Workplace health.
- School health.
- Cancer and heart health.
- Healthy eating.
- Physical activity.
- Violence prevention.

Early Childhood Development programs provide parents and caregivers with the information and supports they need to raise children. Programming in this area includes:

- Reproductive health.
- Prenatal health.
- Breastfeeding.
- Screening, assessment, referral, intervention and home visiting, as required, e.g., Healthy Babies Healthy Children.
- Parent and caregiver education and skill building.
- Support for single parent families.
- Children with developmental disabilities.
- Case management.

Health Surveillance activities ensure that Public Health is aware of emerging health issues and ready to respond to emergencies. Activities include:

- Communicable disease surveillance.
- Health status surveillance.
- Environmental monitoring.
- Emergency management.

Service level information can be found in Section II - 2007 Summary.

Section II. Resources to Deliver 2007 Services:

Current \$'000	2006 Actual	2007 Budget	2007 Projection	2007 Variance Under/(Over)
Total Expenditures	\$55,500	\$65,322	\$61,494	\$3,828
Total Revenue	\$37,288	\$46,180	\$42,955	\$3,225
Net Cost	\$18,212	\$19,142	\$18,539	\$603
FTE	625.94	621.94	621.94	0

Note: Transfer of 5 FTE to Corporate Finance due to reorganization

2007 Budget:

Through the 2007 Budget Process, Public Health was given a net Current Budget approval of \$19.1 million and 621.94 full-time equivalents (FTEs) to deliver the services listed in Section I –Existing Services, to the residents of the Region of Peel. The 2007 Budget included \$3.6 million for funding service enhancements initially approved by Council under the *Setting Directions for Public Health in Peel, 2005 – 2007* plan, and deferred in 2006. A partial list of deferred services is described in the table below.

Services Deferred
<ul style="list-style-type: none"> • Food safety education training programs to support FoodCheck Peel and inspections services for up to 200 new food premises • Breastfeeding support services to 3,500 clients • Reproductive health services for 2,500 at-risk client contacts • Dental services for 1,500 at-risk children • Substance abuse prevention strategy for youth • Services to children attending up to 20 new schools in Peel • Protecting children through immunization coverage • Sexually transmitted infection (STI) case management services • Surveillance of communicable diseases • Small water system safety

Provision of these service improvements was included in the 2007 Budget subject to securing additional provincial funding.

2007 Projection:

Staff forecast to complete the year with a net expenditure \$18.5 million representing a \$0.6 million surplus. The projected surplus is resulting from reduced expenditures across a variety of accounts with no one key driver.

In 2007, the Province uploaded cost-shared public health funding from 65 per cent to 75 per cent, however, limited program growth at five per cent. Throughout the past year the Regional Chair and senior staff have vigorously advocated with Provincial staff and Ministers for recognition of population growth in any funding formula. As in 2006 public health grant allocations for 2007 did not take into account population growth or current service levels. Staff reported to Council in September the provincial funding allocation for Peel was \$8.8 million less than the prescribed 75 per cent cost-shared funding level. The 2007 approved budget anticipated continued provincial fiscal constraint. As a result service enhancements in the table above were not implemented in 2007.

2007 Output / Outcomes

Output/Outcome Measure	2007 Target	2007 Projection	Variance Commentary
Mandatory Programs – Overall compliance to standards	81%	87.4%	<i>Setting Directions</i> service enhancements approved by Council and implemented prior to Provincially imposed limits on funding growth translated to an improved level of service in 2006 and 2007.
Food Safety Inspection completion Rates High Risk Premises Medium Risk premises Low Risk Premises Overall anticipated rate	95% 75% 60% 70%	95% 75% 60% 70%	
Reproductive Health Prenatal services, education programs and support for at risk prenatal families	800 families	800 families	
Child Health Public Health Nurses provide parenting information to families with children 0 to 6 years old – 30% of 40,000 families	12,000 families	16,000 families	Over target due to expansion of data collection to be more inclusive of programs providing information to families with children 0-6 yrs.
Dental Follow-up rate of children identified as in Need of Urgent Dental Treatment Eligible children receiving preventative treatment	90% 25%	80% 15%	Targets reduced to reflect the actual turnover rate among contract staff and program capacity. Targets reduced to reflect staff vacancies, recruitment challenges and program capacity.
Healthy Babies, Healthy Children Telephone Assessments within 48 hours of discharge from hospital	11,740	9,600	Target will not be fully achieved due to staff vacancies on the Assessment Team and implementation of newly developed electronic documentation system.
Postpartum Home Visits	11%	11%	

Output/Outcome Measure	2007 Target	2007 Projection	Variance Commentary
West Nile Virus Catch Basins treated 4 times per year	81,000	87,000	Catch basins actually treated by pest control contractor exceeding the target by 7% reflect growth in urban areas of Peel, particularly Brampton. All catch basins were treated four times in 2006 and four times in 2007.
Surface water breeding sites monitored and treated as necessary	2,150	2,400	Exceeding the target by 12% reflects the return of experienced students who required less training, were operational one week earlier than in 2006, and who were more effective in identifying spring woodland pools. The increase was not complaint driven.

Section III. Performance Measurement/Benchmarking:

Public Health is one of the last areas within the Health Care sector where the Province will conduct a comprehensive performance measurement review. Peel participates in the Ontario Municipal CAO's Benchmarking Initiative (OMBI) only to the extent of comparing cost per capita, Appendix VI. As service levels vary from one health unit to another, this particular benchmark is of little benefit in isolation. The Province discontinued benchmarking Mandatory Program compliance as of 2002. At that time Peel had the second lowest public health service levels in the province; service capacity is directly related to the level of funding. The Province will introduce new Ontario Public Health standards in 2008 along with performance and accountability agreements.

Peel Public Health uses a variety of performance measurement indicators and processes including Health Status reports, logic models, OMBI, Peel's Employee Satisfaction Survey Building Employee Satisfaction Together (BEST), client surveys including Rapid Risk Factor Surveillance System, program evaluation and service improvement initiatives or process reviews.

In 2007 Internal Audit completed an assessment of program maturity with Public Health's performance management framework. As a result of this review, action plans have been developed to improve utilization of performance management metrics in decision making. The Public Health performance management processes and indicators will be aligned to new Regional and provincial accountability frameworks.

Section IV. 2008 Base Pressures:

In order to continue supporting the Public Health programs at the 2007 approved service level, there are increases to the base cost for these services in the following sections, as identified in Appendix I:

Annualization:

Although there is no annualization impact of 2007 service improvements, previous service enhancements approved initially in 2006 under the *Setting Directions for Public Health in Peel, 2005 – 2007* plan were included in 2007 subject to securing additional Provincial funding. Additional funding was not secured in 2007 and as such the service improvements valued at \$3.6 million are shown as a reduction to the 2008 base budget.

Cost of Living Increase/Inflation:

Within Public Health the base pressures are primarily related to inflationary pressures of salary and wages, which increases by \$3.0 million due to cost of living and normal staff progression through the salary ranges.

Due to inflation all other Goods and Services costs are increasing by \$0.2 million. The total cost of living and inflation impact is \$3.2 million.

Base Subsidy:

The 2008 Public Health budget includes base funding increase of \$0.2 million for 100 per cent funded provincial programs.

Section V. Cost Mitigation Through Efficiencies and Recoveries:

Efficiencies:

As reported to Council in 2006 poor immunization coverage rates in Peel posed a significant health risk. Following Council direction resources were redirected to develop an immunization risk mitigation strategy for Peel. New processes were developed including web-based self service options for parents to update children's immunization records. To mitigate the risks in Peel, 2008 provincial growth funding will be utilized to further enhance the immunization program covering all school aged children. Ensuring immunization coverage of school aged children using past processes would have required significantly more resources. With a new immunization records management process in place an estimated \$0.7 million in additional costs will be avoided annually.

Built into the 2008 current budget for cost-shared programs is a reduction of \$1.03 million for salary gapping to reflect the financial impact of normal employee turnover rates. The practice of gapping salaries has been in place for Public Health for the past six years.

In early 2007 Peel's Internal Audit completed an operational review of select Public Health program activities. Opportunities to improve processes and operational efficiencies identified by the audit, such as tier two telephone services, are being assessed. Future savings of these process reviews will be reported to Council.

Recoveries:

The 2008 Current Budget includes a small increase of \$48.0 thousand in client fees, primarily in the area of sale of clinical products, as identified in Appendix I.

The total net base pressures to deliver 2007 level of service in 2008 are \$1.2 million.

Section VI. Challenges and Emerging Trends:

In 2006 and again in 2007, the Province provided five per cent provincial growth funding for local public health services. The limited provincial growth funding stalled the full implementation of *Setting Directions for Public Health in Peel, 2005-2007*. In 2006 Regional Council directed the deferral of service improvements pending securing required provincial funding. To date only one third of the plan was implemented. The five per cent increase in provincial growth funding will permit some service improvements in high risk areas such as immunization coverage and communicable disease case management to move forward in 2008. While the rate of growth in funding is adequate to keep pace with inflation pressures and Peel's growing population it does not allow Public Health to address past service shortfalls as proposed through the *Setting Directions for Public Health in Peel, 2005-2007* plan.

In 2008, the Medical Officer of Health will lead the development of a new Public Health strategic planning process. The process will take into account the 2006 Public Health Capacity Review Committee (CRC) recommendations, Peel's strategic plan, new Ontario Public Health standards findings from a comprehensive health status report for Peel, the impact of Local Health Integration Networks, other agency changes and consultations with key stakeholders. The strategic planning process will lead to the development of a long-term master plan for Public Health as well as an updated multi-year plan to replace *Setting Directions for Public Health in Peel, 2005-2007*. The new plan will be presented to Regional Council in 2008.

Other key issues facing Public Health include:

- Provincial response to key funding and governance recommendations contained in the Public Health Capacity Review Committee recommendations which are on hold pending a review with Association of Municipalities of Ontario, of services to be uploaded to the Province.
- New Ontario Public Health standards in 2008 – the Province has stated the new standards must be cost neutral.
- Increasing performance and accountability standards driven by the Province.
- Sustained population growth of 34,000 residents including increases in workplaces, schools and food premises.

Increased annual funding is required from both the Province and the municipality to support a growing population. More importantly a new strategy is required to bring current levels of service up to an appropriate level in Peel as was previously envisioned in *Setting Directions for Public Health in Peel, 2005-2007*.

Section VII. 2008 Program Pressures – Current:

Growth:

Population growth of about 34,000 residents per year increases demand for clinical services including immunization, healthy sexuality, dental and breastfeeding services, Healthy Babies, Healthy Children (HBHC), school health and food safety programs. Resources identified under Service Demand below represent service improvements originally planned under *Setting Directions for Public Health in Peel, 2005-2007* and address a catch up of services for past population growth.

Service Demand:

i) Mandatory Services:

Under the *Health Protection and Promotion Act*, the *School Pupils Act* and other legislation Public Health is required to provide minimum service levels in Peel. The required services are provincially mandated and funded under cost-shared funding formula with municipalities. Public Health's *Setting Directions for Public Health in Peel, 2005-2007* plan was intended to bring service levels in Peel into compliance with requirements.

Growth in cost-shared provincial funding in 2008 will permit the implementation of some of the outstanding service improvements, previously approved in *Setting Directions for Public Health in Peel, 2005-2007*, at a net cost of \$537.0 thousand. The service listed in this section primarily draw on FTE (19.5) approved in 2006 plus two new FTE. The following services are included for implementation in the 2008 budget as identified in Appendix I:

- Implement the Immunization Risk Mitigation strategy to improve immunization coverage rates from a current level of about 85 per cent to 95 per cent by 2010 in Peel and thereby reduce the risk of a significant outbreak – net cost of \$114.0 thousand.
- Increase communicable disease case investigation and case management to deal with increasing number and complexity of cases given Peel's rapidly growing and diverse population. The cost to service this increasing caseload is estimated at a net cost of \$114.0 thousand in 2008.
- Move from complaint based inspection program to regular inspections of an estimated 200 high-risk personal service settings such as tattoo and piercing establishments at a net cost of \$6.0 thousand.
- Improve quality assurance initiatives by enhancing client access to services via the web, for example, self service approach to immunization records, standardizing health professional development and establishing regular efficiency and effectiveness reviews using performance driven data; resources will also benefit Long Term Care and Paramedic Services. Net cost for these initiatives totals \$57.0 thousand and includes an additional two FTE.
- Phase-in an enhanced Children's Dental program at a net cost of \$208.0 thousand. The enhancement will provide capacity to reach an additional 7,650 children annually.
- Continue Gardisal vaccination program in schools aimed at reducing incidence of cervical cancer. In 2008 the human papillomavirus vaccination program will reach 5,000 grade eight girls at a net cost of \$37.0 thousand.

- Implement the balance of *Setting Directions for Public Health in Peel, 2005 – 2007* year two service improvements, \$2.1 million approved by Council in 2006, is contingent on securing provincial funding in 2008. These service improvements include for example such programs as meeting minimum standards for food premise inspections, breast feeding support for 3,500 moms, reproductive health service for 2,500 at-risk clients, additional school health nurses, and small water system safety. Inclusion in the budget supports ongoing funding advocacy with the Province.

ii) Discretionary Services:

Public Health may implement discretionary services which benefit the residents of Peel but which fall outside of provincial mandate and funding for public health services. As such these services are funded through other sources of revenue including the municipal tax base. The 2008 Current Budget proposes the following discretionary service enhancements:

- In 2007 Public Health assumed responsibility for inspecting marijuana grow operations in Mississauga and Brampton. The service will be cost recovered and requires the addition of 0.5 FTE with no net cost.
- Staff has received ongoing requests to support communities that are struggling to deal with issues surrounding youth violence. To implement a Neighbourhood Connections program two FTE and a net program cost of \$260.0 thousand per year is required to support these communities.
- The 2008 budget includes a modest investment of \$591 thousand and one FTE to initiate a Seniors Dental program in Peel to offer dental service to 1,575 clients annually beginning July 2008. Peel is advocating for cost-shared provincial funding.

Subsidy Changes:

In 2007 the Province completed an upload of funding to 75 per cent for cost-shared mandatory public health programs. No changes in subsidy formula are expected within the 2008 budget.

Other Pressures:

The 2008 current budget also includes programs deemed to be funded 100 per cent by the Province. Included in these programs are Healthy Babies Healthy Children (HBHC), Smoke Free Ontario and Peel Case Management. Often provincial funding falls short of Peel's service needs based on provincial standards. Program services are scaled to work within approved provincial funding levels and staff actively advocate through Council to the Province to secure adequate funding to meet the service requirements to serve the needs of the Peel community.

In 2007 funding advocacy with the Ministry of Children and Youth Services has resulted in funding enhancement for Peel's HBHC program. Positions previously funded have been restored resulting in an improved service to the community. Ongoing funding advocacy is required to continue to close the service gap in Peel.

Section VIII. 2008 Program Pressures – Capital:

Public Health's 2008 Capital Plan consists of one project for building maintenance at 44 Peel Centre Drive. The project will fund leasehold improvements to bring work space up to standard following the relocation of some staff to the new 10 Peel Expansion Project. The project will be funded from available reserves. The details reside in [Appendix II](#).

The following table lists the new capital plan for 2008 as well as the carry forward capital balance from 2006 that concludes the total capital budget available for Public Health to spend in 2008.

Carry –Forward from 2007 \$'000	2008 New Capital \$'000	2008 # of New Projects	Total Capital Available \$'000	2009 – 2017 Forecast \$'000	2009 - 2017 # of New Projects
\$332	\$1,400	1	\$1,732	\$6,982	14

The carry forward of approved projects from 2007 relate to ongoing development of information management systems in Public Health.

Section IX. 2008 Summary:

Budget Summary \$'000s	2007 Budget	2007 Projection	2008 Proposed	2009 Forecast	2010 Forecast
Current Budget – Total Expenditures	\$65,322	\$61,494	\$68,356	\$73,237	\$76,984
Current Budget – Total Revenue	\$46,180	\$42,955	\$46,609	\$48,937	\$51,384
Current Budget – Net Cost	\$19,142	\$18,539	\$21,747	\$24,301	\$25,600
FTE	621.94	621.94	627.44	641.44	656.44
Capital Carry Forward from prior year			\$332	\$980	\$1372
New Capital			\$1,400	\$1,767	\$0
Total Capital Available			\$1,732	\$2,747	\$1,372
Forecasted Capital Spending			\$752	\$1,375	\$1,372

Future Outlook:

2009 and 2010 Current Budget:

In 2004, Regional Council approved *Setting Directions for Public Health in Peel, 2005 – 2007*, a three year plan to improve public health services in Peel. The plan was one third implemented prior to the Province limiting growth to five per cent. It is difficult at this time to provide a clear financial forecast for Public Health due to uncertainty surrounding public health reform, including new Ontario Public Health standards, and due to current provincial fiscal constraint. It should be noted the new standards are being developed on the basis that they will be cost neutral. Given that Public Health currently falls below minimum standards there will be a deficit under the new standards also.

The outlook for 2009 budget includes an increase in the Region contribution allowing for inflation, annualization of 2008 enhancements, and service provision for demand driven programs. The outlook assumes minimal improvement in provincial growth funding. Assuming inflation of three per cent per year and the cost to servicing demand increases caused by a growing population at two per cent per year the outlook is as follows:

2009	\$24.3 million
2010	\$25.6 million

2009-2017 Capital Plan:

To support the above initiatives, the capital plan for 2009-2017 is \$7.0 million and includes the following as identified in Appendix V:

- Public Health Clinics – \$3.4 million to develop new clinics to provide improved access to clinical services to a growing Region.
- Public Health Information Management – \$2.2 million to maintain and improve public health information systems.
- Vehicle Replacement - \$0.4 million to replace Public Health vehicles including the Heartmobile and mobile dental clinic.

Service Level Contract for 2008:

Resources:

The 2008 Current Budget for Public Health has a total value of \$68.4 million and a net value of \$21.7 million at a 13.6 per cent increase over 2007. The base budget increase is \$1.2 million or 6.3 per cent while service enhancements total \$1.4 million or 7.2 per cent.

5.5 additional FTE added for a total of 627.4 FTEs.

The Public Health budget also includes the FTE of the Office of the Commissioner and the Business and Information Services division. Cost for Health Services administration is allocated to Public Health, Paramedic Services and Long Term Care based on an estimate of work effort.

The 2008 Capital Budget for Public Health totals \$1.4 million in new capital projects, funded through development charges and capital reserves.

Outputs/Outcomes:

Output/Outcome Measure	2007 Projection	2008 Target	Variance Commentary
Mandatory Programs – Overall compliance to standards	87.4%	TBD	The Province is introducing new Ontario Public Health standards in 2008. A new performance measurement tool will be required.
Food Safety Inspection completion Rates High Risk Premises Medium Risk premises Low Risk Premises Overall anticipated rate	95% 75% 60% 70%	95% 75% 60% 70%	Process improvements implemented over the past two years will permit the program to provide the same level of service to a growing number of food premises.
Reproductive Health Prenatal services education programs and support for at risk families	800 families	1,000 families	Increase due to the projected increase in the number of births in Peel and a more inclusive measurement of services provided for at risk prenatal families. Target for 2008 represents reaching 54% of 1,860 at-risk families.
Child Health Public Health Nurses provide parenting information to families with children 0 – 6 years old Breastfeeding Direct Service to infants and families	16,000 families N/A	16,500 families 7,950 babies	Increase due to the projected increase in the number of births in Peel and a more inclusive measurement of dissemination of parenting information. Target for 2008 represents 41% of 40,000 families. New measure for 2008. Breastfeeding is an essential component of child health promotion. The services will ensure support for the best method of infant feeding.
Dental Follow-up rate of children identified as in Need of Urgent Dental Treatment Eligible children receiving preventative treatment	80% 15%	80% 15%	The dental program is implementing strategies and resources to improve services to vulnerable children.

Output/Outcome Measure	2007 Projection	2008 Target	Variance Commentary
Immunization Number of immunization records updated from incomplete to complete	N/A	39,500	New measure for 2008 that is indicative of activities related to the Immunization Risk Mitigation Plan.
Healthy Babies, Healthy Children Telephone Assessments within 48 hours of discharge from hospital In Depth Assessments as a percentage of families consenting to service	9,600 assessments N/A	11,900 assessments 1,800 assessments	With full staffing in place, telephone contact will be made within 48 hours. In 2007 about 20% of assessments took longer than mandated 48 hours. New measure for 2008. Measure indicates the number of families who will have a comprehensive assessment to connect with the Home Visiting component of the program and community services. In 2007 the number of In Depth assessments is estimated at 1,750.
West Nile Virus Catch Basins treated 4 times per year Surface water breeding sites monitored and treated as necessary	87,000 2,400	88,000 2,200	2008 target adjusted to reflect 2007 actual activity plus growth in urban areas. Some variability expected year to year depending on weather and seasonal staff expertise.

Section X. Pressures not included in 2008 Budget:

Although the Province uploaded provincial funding for public health to 75 per cent in 2007, growth of provincial funding was limited to five per cent. Approved 2007 Mandatory Program provincial funding fell \$8.8 million below the grant request.

Full implementation of Peel's *Setting Directions for Public Health in Peel, 2005 – 2007*, was deferred due to limited provincial growth funding. Current increases in provincial growth funding levels for cost-shared Mandatory Programs are adequate to address Peel's growth needs and inflation. Additional funding is required to ensure the "catch up" service enhancements included under Peel's *Setting Directions for Public Health in Peel, 2005 – 2007* plan can be fully implemented.

As noted earlier the budget does not include the cost to fully implement new Ontario Public Health standards which will replace the current Mandatory Program standards in 2008.

Public Health programs funded 100 per cent by the Province, HBHC and Smoke Free Ontario is in the 2008 Current Budget with service levels adjusted to fit within anticipated provincial funding. Although Peel received an enhanced level of funding in 2007, current HBHC service levels do not achieve provincial service level standards for Peel. An additional 12 FTE or \$1.3 million provincial funding would be required to eliminate wait times for in-depth assessments for at-risk families and to increase postpartum visits to 75 per cent of new moms. To achieve provincial Smoke Free Ontario service level standards for enforcement activities in Peel would require an additional 4.3 FTE or \$0.4 million provincial funding.

Appendices:

Appendix I	2008 Current Pressures
Appendix II	2008 Capital Overview
Appendix III	Existing Capital Project List
Appendix IV	2008 New Capital Detail
Appendix V	Ten Year Capital Plan
Appendix VI	Performance Measures/Benchmarks
Appendix VII	Staffing Information
Appendix VIII	User Fee

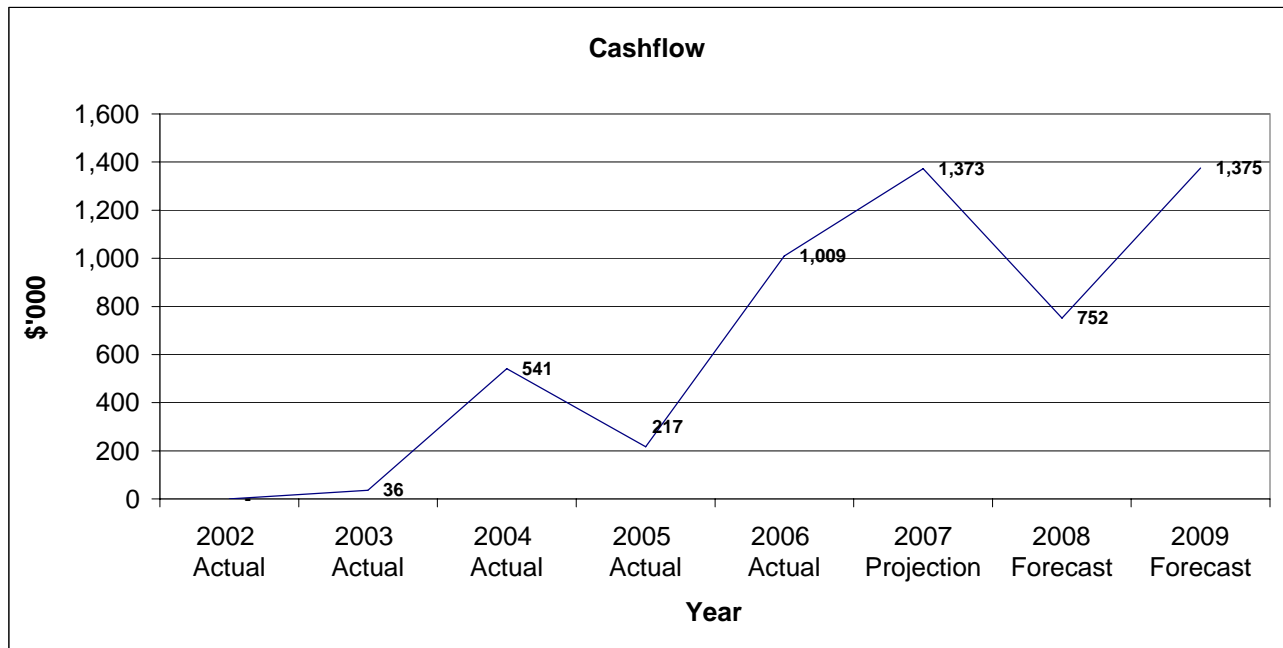
APPENDIX I
PUBLIC HEALTH
2008 CURRENT PRESSURES (\$'000)

	Public Health		
	Total Expenditures	Total Revenue	Net Cost
2007 Cost of Service	65,322	46,180	19,142
Less: Unfunded Setting Directions - Service Enhancements	(3,600)	(3,600)	-
<i>Subtotal</i>	(3,600)	(3,600)	-
2007 Revised Cost of Service	61,722	42,580	19,142
Cost of Living Increase/Inflation - Section IV			
Salary & wage increase	3,004	-	3,004
Increased costs of Goods & Services	150	-	150
<i>Subtotal</i>	3,154	-	3,154
Efficiencies - Section V			
Immunization process improvements result in a cost avoidance of \$671	(671)	-	(671)
Base budget includes Salary gapping of \$1.03 Million	(1,030)	-	(1,030)
<i>Subtotal</i>	(1,701)	-	(1,701)
Recoveries - Section V			
Provincial subsidy	-	187	(187)
Client fees	-	48	(48)
<i>Subtotal</i>	-	235	(235)
2008 Base Changes	1,453	235	1,218
Growth - Section VII			
Service improvements listed under Service Demand address historical growth	-	-	-
<i>Subtotal</i>	-	-	-
Service Demand - Section VII			
Mandatory Service Enhancements			
2006 Setting Directions utilizing increase in cost-shared funding:			
Immunization risk mitigation strategy	455	341	114
Manage increasing and complex communicable disease caseload increase	455	341	114
HPV vaccination program - 5,000 grade eight girls	165	128	37
Enhance inspection program for high risk personal service setting	30	24	6
Quality assurance initiatives to improve effectiveness and efficiency	229	172	57
Increase Dental services to additional 7,650 children	831	623	208
Balance of Setting Directions - Enhancements pending Provincial funding	2,145	2,145	-
<i>Subtotal</i>	4,310	3,774	536
Discretionary Service Enhancements			
Inspect Marijuana Grow Operations	20	20	-
Enhance Neighbourhood Connections	260	-	260
Initiate Dental services for 1,575 seniors annually	591	-	591
<i>Subtotal</i>	871	20	851
Subsidy and Fee Changes - Section VII - N/A			
<i>Subtotal</i>	-	-	-
Other - Section VII - N/A			
<i>Subtotal</i>	-	-	-
2008 New Pressures	5,181	3,794	1,387
Total 2008 Pressures	6,634	4,029	2,605
2008 Recommended Cost of Service	68,356	46,609	21,747

**APPENDIX II
PUBLIC HEALTH
2008 CAPITAL OVERVIEW**

Existing Capital Public Health (\$'000)							
Year of Projects	Carry-forward from 2006	2007 Budget	Total Approved Capital	In-Year Adjustments as at July 31, 2007	2007 Projected Spending (Includes Closed Projects)	2007 Carry-forward to 2008	# of Projects Carry-forward to 2008
2002	0	0	0	0	0	0	0
2003	211	0	211	0	158	53	1
2004	38	0	38	0	-1	0	0
2005	0	0	0	0	0	0	0
2006	1,831	0	1,831	-729	1,102	0	0
2007	0	400	400	0	120	280	1
Total	2,080	400	2,480	768	1,380	332	2

2008 - 2017 Capital Plan (\$'000)					
Carry-forward from 2007	2008 Budget	2008 # of New Projects	Total Capital Available	2008 Total # of Projects	2009 - 2017 Forecast
332	1,400	1	1,732	3	6,982



Commentary on Cash Flow Variance:

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**APPENDIX III
PUBLIC HEALTH
EXISTING CAPITAL PROJECT LIST**

As of July 31, 2007

Project	Description	Gross	Gross	Gross	Net	Net	Net	Net
		Revised	Project	Carry-	Revised	Project	Carry-	%
		Budget	Actuals	Forward	Budget	Actuals	Forward	Spent
035301	Info Sys Impv Insp Ser 02-1190	488,394	347,802	52,722	488,394	333,595	154,799	68%
065307	Hlth Fac Multi Use Cli 05-1496	1,429,000	211,381		825,150	188,869	636,281	23%
065306	Health Fac N Miss 05-1496	1,318,918	892,129		1,318,918	892,129	426,789	
075306	Public Health Management Infor	400,000	33,075	280,000	400,000	33,075	366,925	8%
Total		3,636,312	1,484,387	332,722	3,032,462	1,447,668	1,584,794	47.74

APPENDIX IV
PUBLIC HEALTH
2008 NEW CAPITAL DETAIL

2008 Financing Sources and Funding Status (\$'000)

2008 Funding Status:
Approved or Pending
(A/P)



Project #

Project Name

Ward

2008			
<u>Total</u>	<u>Funding</u>		
<u>Expense</u>	<u>External</u>	<u>Internal</u>	<u>DCA</u>

New Health Clinics and Other Health Facilities
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A 06-5306 PUBLIC HEALTH FACILITIES	1,400	0	1,260	140
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<i>Totals for Budget Year: 2008</i>	1,400	0	1,260	140
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**APPENDIX V
PUBLIC HEALTH
TEN YEAR CAPITAL PLAN**

Ten Year Combined Capital Program (\$'000)

<u>Sub Type</u>	<u>Description</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>Yrs 6-10</u>	<u>Gross</u>
New Health Clinics and Other Health Facilities								
06-5306	PUBLIC HEALTH FACILITIES FUNDS FOR LEASING OF PUBLIC HEALTH CLINICS RELATED TO GROWTH	1,400	1,137	0	936	1,137	1,137	5,747
<i>10 YearTotals For:</i>	NEWCLINIC	1,400	1,137	0	936	1,137	1,137	5,747
Information Management Solutions								
07-5306	PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS	0	450	0	250	250	1,250	2,200
<i>10 YearTotals For:</i>	INFOMGT	0	450	0	250	250	1,250	2,200
Vehicle Replacement								
08-5303	HEARTMOBILE REPLACE HEARTMOBILE	0	180	0	0	0	0	180
16-5304	MOBILE DENTAL CLINIC TO REPLACE MOBILE DENTAL CLINIC	0	0	0	0	0	255	255
<i>10 YearTotals For:</i>	VEHICLE	0	180	0	0	0	255	435
Totals for 10 Year Capital Plan:		1,400	1,767	0	1,186	1,387	2,642	8,382

**APPENDIX VI
PUBLIC HEALTH
PERFORMANCE MEASURES/BENCHMARKS**

OMBI Benchmarks

Source of Measure	Measure						Comments	2006	2005	Action Plan
		Service Level	Efficiency	Customer Satisfaction	Community Impact					
CAO Priority Measure*	Gross Public Health Investment per Capita	Peel Value	37					1st	1st	This measure does not measure comparable levels of service. While Peel benefits from economies of scale and utilizes efficient methods of service delivery, Peel also has amongst the lowest levels of public health service delivery in the Province.
		OMBI Median	58							
		Rank	2/13							
CAO Priority Measure*	Net Public Health Investment per Capita	Peel Value		14			1st	1st	Same as above	
		OMBI Median		18						
		Rank		3/13						

Lower rank indicates high performance or low cost

4th Quartile	Low performer or high costs
2nd or 3rd Quartile	Average performer or average cost
1st Quartile	High performer or low cost

Note: New Provincial performance and accountability standards are expected in 2008 to accompany the new Ontario Public Health standards. Performance metrics will be revisited for 2009.

**APPENDIX VII
PUBLIC HEALTH
STAFFING INFORMATION**

Program	2007 Complement	Change Request for 2008	2008 Council Approved
Public Health	621.9	5.5	627.4
TOTAL Public Health	621.9	5.5	627.4

Change Request for 2008 Commentary

- 1.0 FTE for development of a Seniors Dental program
- 1.0 Project Manager - to achieve operational efficiencies using performance based data
- 1.0 Specialist - improve client access to web based services
- 2.0 FTE for Neighbourhood Connection
- 0.5 FTE Public Health Inspector - inspection of marijuana grow operations

5.5 Total

**APPENDIX VIII
PUBLIC HEALTH
USER FEES**

Description of service or activity for which the fee or charge is being imposed	Service Unit	2007 Current Fee	2008 Proposed Fee	GST +	PST +	Variance 2007 vs. 2008
PART 5: HEALTH SERVICES						
<u>Public Health</u>						
Family Health						
<i>Prenatal/Postpartum Class Fees*</i>						
Client File Summary Letters	letter	\$75.00	\$75.00	n/a	n/a	\$0.00
How to Breast Feed Your Baby (booklet)	copy	\$1.00	\$1.00	n/a	n/a	\$0.00
Keep on Track resource binder	binder	\$75.00	\$75.00	n/a	n/a	\$0.00
Any Reproductive Health Supervisor is authorized to exempt, in whole or in part, any person from the Prenatal/Postpartum Class Fees where he or she is of the opinion that the payment of such fees may cause undue economic hardship to the person requiring the service in question:						
<u>Public Health</u>						
Chronic Disease and Injury Prevention						
Workplace Health Events	participant	\$75.00 to \$125.00 based on session offered	\$75.00 to \$125.00 based on session offered	n/a	n/a	\$0.00
<u>Public Health</u>						
Environmental Health						
Food Handler Classroom Instruction and Certification Exam	client	\$35.00	\$35.00	n/a	n/a	\$0.00
Food Handler Home Study (materials only)	client	\$25.00	\$25.00	n/a	n/a	\$0.00
Food Handler Certification Exam only	client	\$10.00	\$10.00	n/a	n/a	\$0.00
Swimming Pool Operator Course Fees	client	\$50.00	\$50.00	n/a	n/a	\$0.00
<u>Public Health</u>						
Communicable Diseases						
Healthy Sexuality Clinic Fees*						
Antibacterial Antiprotozoal Products	package	\$6.00 (stat), \$12.00 (other)	\$6.00 (stat), \$12.00 (other)	n/a	n/a	\$0.00
Birth Control Products	package	\$6.00 to \$60.00	\$6.00 to \$60.00	n/a	n/a	\$0.00
Program Manuals	manual	\$25.00	\$25.00	n/a	n/a	\$0.00
Thermometers	client	\$30.00	\$30.00	n/a	+	\$0.00
Any manager, supervisor, physician, registered nurse or public health nurse employed by or on behalf of the Regional Corporation's Healthy Sexuality Program is authorized to exempt, in whole or in part, any person from the Healthy Sexuality Clinic Fees, where he or she is of the opinion that the payment of such fees may cause undue economic hardship to the person requiring the service in question;						
Healthy Sexuality Program Staff (managers, supervisors, physicians, registered nurses and/or public health nurses employed by the Regional Corporation) are authorized to adjust Healthy Sexuality Clinic Fees as a result of changes to the cost of existing projects and/or changes in products as directed by the Ministry of Health and Long-Term Care"						