

## Public Health 2009 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.

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:

- Infection prevention and control
- Prevention and treatment of sexually transmitted infections (STIs) including HIV/AIDS
- Investigation and control of communicable diseases, e.g. Tuberculosis Control, West Nile Virus

***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

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*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
- Case management for children with developmental disabilities
- Dental screening and treatment

*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 2008 Services:** (includes Public Health and Health Services Administration – that also supports Public Health, Long-Term Care and Paramedic Services)

Current \$'000	2007 Actual	2008 Budget	Projection As of October 2008	2008 Variance Under/(Over)
<b>Total Expenditures</b>	\$60,644	\$68,781	\$65,830	2,951
<b>Total Revenue</b>	\$42,398	\$46,892	\$45,744	(1,148)
<b>Net Cost</b>	\$18,246	\$21,890	\$20,086	1,804
<b>FTE</b>	621.94	627.44	635.44	(8)

Footnote: There were 8.0 FTE added to Public Health and Health Services Administration throughout 2008, of which, 2.0 FTE were approved by Council and 6.0 FTE were transferred from other departments.

### **2008 Budget:**

Through the 2008 Budget Process, Public Health was given a net Current Budget approval of \$21.9 million and 635.44 full-time equivalents (FTEs) to deliver the services listed in Section I –Existing Services, to the residents of the Region of Peel. The 2008 Budget included \$2.1 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:**

- Food safety education training programs to support Food Check Peel and improve inspection rates to 100 per cent of standards
- 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

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

### **2008 Projection:**

Staff forecast to complete the year with a net expenditure of \$20.1 million representing a \$1.8 million surplus. The projected surplus is a result of the late provincial approval and increased grant for Public Health's cost-shared programs, as well as a delay in launching Peel's Senior Dental program.

In 2008, the Province provided Peel's cost-shared Public Health programs with an 8.2 per cent funding increase or \$1.0 million higher than anticipated. Throughout the past two years, the Regional Chair and senior staff have vigorously advocated with Provincial staff and Ministers for recognition of population growth in any funding formula. The 2008 funding increase reflects an allocation of funding for population growth between 2001 and 2006 census periods as well as an adjustment for proportion of low income residents. Peel received the largest increase in the Province. However, as Staff reported to Council in October, 2008 the provincial funding allocation for Peel was still \$7.5 million less than the prescribed 75 per cent cost-shared funding level. The 2008 approved budget anticipated continued provincial fiscal constraint. As a result of the increased funding, public health priority services, e.g. food safety, children's dental and school health, were implemented in 2008.

Following a measles outbreak in the spring of 2008, Council authorized Public Health to accelerate the Immunization Risk Mitigation strategy at a cost of \$0.4 million in 2008. This initiative did not receive Provincial funding but has been managed within the overall Health Services approved budget.

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### 2008 Output / Outcomes

Output/Outcome Measure	2008 Target	2008 Projection	Variance Commentary
<b>Mandatory Programs –</b> Overall compliance to standards	TBD	N/A	No target was established in 2008 due to the late timing of the new Ontario Public Health Standards, release in November 2008. Public Health will transition to the new standards during 2009 and is developing more relevant performance measures for implementation by 2010
<b>Food Safety Inspection Completion Rates:</b>			
High Risk Premises	95% visited 4 times	95%	On target
Medium Risk Premises	75% visited 2 times	90%	Service levels enhanced by casual student public health inspectors.
Low Risk Premises	60% visited 1 time	85%	Service levels enhanced by casual student public health inspectors.
Overall anticipated rate	70%	92.0%	
<b>Reproductive Health</b>			
Prenatal services education programs and support for at risk families	1,000 families	1,100	10% above target
<b>Child Health</b>			
Public Health Nurses provide parenting information to families in the Region with children 0-6 years old	16,500 families	8,800	Target included Family Fair which was downsized by organizers by 3,500 attendees and events not attended due to staff vacancies. Tier Two calls less than projected due to completion of 3 year campaign cycle.
Breastfeeding Direct Services to infants and families	7,950 babies	9,000	Breastfeeding services are busy and well known in the community, birth cohort up by 1,000.
<b>Dental</b>			
Follow-up rate of children identified as in Need of Urgent Dental Treatment	80%	50%	Third quarter decrease in numbers for urgent treatment because we are screening in daycares and clinics, not schools. Year end projection 50% due to new software data system OHISS training and decreased screening from 44PCD redesign.

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Output/Outcome Measure	2008 Target	2008 Projection	Variance Commentary
Eligible children receiving preventative treatment	15%	12%	Number of children screened and resulting preventative clients decreases in the 3rd quarter because screening in daycares and clinics, not schools. Preventative year end projection 12% due to the decrease in service at 44PCD clinic resulting from redesign; some clients transferred to Fairview clinic.
<b>Immunization</b>			
Number of immunization records updated from incomplete to complete	39,500	43,952	2008 Target revised as of July 1, 2008 to reflect change in program direction.
<b>Healthy Babies, Healthy Children</b>			
Telephone Assessments within 48 hours of discharge from hospital	11,900 assessments	11,560	3% below target. Due to PHN vacancy.
In Depth Assessments as a percentage of families consenting to service	1,800 assessments	1,800	on target
<b>West Nile Virus</b>			
Catch Basins treated 4 times per year	88,000	86,000	Actual catch basin treatments is lower than anticipated due to the fact that the subdivision development has not been as fast as expected resulting fewer catch basin treated.
Surface water breeding sites monitored and treated as necessary	2,200	3,349	Inflated service level related to spring snow melt and precipitation resulting in many more standing water/mosquito breeding sites than anticipated.

### 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 late 2008 and the Province will require Peel to be fully compliant with the new standards by 2010. No

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additional funding will be provided by the Province to achieve compliance with the more rigorous standards.

Public Health uses a variety of performance measurement indicators and processes including Health Status reports, logic models, 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 measurement framework. As a result of this review, action plans have been developed to improve utilization of performance measurement metrics in decision making. The Public Health performance measurement processes and indicators will be aligned to new Regional and provincial accountability frameworks.

### **Section IV. 2009 Base Pressures:**

Service enhancements initially approved in 2006 under the *Setting Directions for Public Health in Peel, 2005 – 2007* plan were included in 2008 subject to securing additional provincial funding. Additional funding of \$1.0 million was secured in 2008 and as such, the remaining un-funded 2006 Public Health service priorities valued at \$1.1 million are shown as a reduction to the 2009 base budget.

In order to continue supporting the Public Health programs at the 2008 approved service level, there are increases to the base cost for these services in the following sections, as identified in Appendix I:

#### ***Annualization:***

Annualization of Senior's Dental program is \$511 thousand.

The final phase of the Council-approved accelerated Immunization Risk Mitigation Strategy in 2008 will be implemented and completed in 2009. The program will improve immunization coverage rates from a current level of about 85 per cent to 95 per cent by 2010 in Peel thereby reducing the risk of a significant outbreak. This will require annualized contract staff costs of \$498.0 thousand funded by working fund reserves.

#### ***Cost of Living Increase/Inflation:***

Public Health provides services which are funded from a variety of sources; e.g. cost-shared with the Province, 100 per cent funded by the Province, and 100 per cent funded by the Region of Peel. The pressures below include all Public Health programs.

Within Public Health, the base pressures are primarily related to inflationary pressures of salary and wages, which increased by \$1.7 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 \$0.6 million. The total cost of living and inflation impact is \$2.3 million.

### ***Base Subsidy:***

The 2009 Public Health budget includes base funding increase of \$0.705 million for 100 percent provincial funded programs. Furthermore, 2009 Public Health budget includes a base increase for mandatory cost-shared programs of \$1.1 million or 3.0 per cent increase based on provincial guidance.

### **Section V. Cost Mitigation Through Efficiencies and Recoveries:**

#### ***Efficiencies:***

Following a 2007 internal audit, Public Health undertook a process review of second tier telephone services. With the support of a process management consultant, staff reviewed existing telephone service processes, conducted employee and client satisfaction surveys and produced a series of recommendations to improve the quality of the service. Recommendations will be implemented throughout 2009. While the focus of the review was geared toward quality improvement, any efficiency gained will be reinvested in services to a growing community.

In 2008, Public Health embarked on the development of a 10-Year Strategic Master Plan. The initial phase of this project has focussed on infrastructure priorities. Six internal priorities were identified including: workforce development, evidence-informed decision making, performance measurement, enhancing internal and external communications and ethno-cultural diversity. As these priorities are developed and implemented, Public Health services will improve and ultimately will result in the best use of limited resources.

Following a review of Family Health management meetings, the division was able to optimize meeting schedules and participants resulting in an elimination of over 2,300 hours of meeting time per year. Based on the cost per employee, the savings in employee time will be about \$75 thousand per year. Time saved has been reinvested into front-line service delivery.

Technology advancements are continually being leveraged to improve productivity and quality in the delivery of Public Health services. Recently, the Healthy Babies Healthy Children program implemented electronic charting thereby improving quality and reducing data entry. The improvement results in savings of \$50.0 thousand for this 100 per cent provincial funded program. The Dental program is in the process of implementing tablet PCs which will allow staff to directly enter client information while in the field. This initiative will enhance quality and reduce manual data entry which is anticipated to save \$80.0 thousand. In 2008, Public Health developed a new Physician Information Management System to consolidate a number of databases using different data sources. The new system will enhance the ability to communicate effectively with Peel's physicians.

#### ***Recoveries:***

The 2009 Current Budget includes a small decrease of \$195.0 thousand in recoveries from reserves and other revenue sources including clinic and client fees, as identified in [Appendix I](#).

The total net base pressures to deliver 2008 level of service in 2009 are \$1.1 million.

### Section VI. Challenges and Emerging Trends:

In 2008, the Province introduced some needs-based allowances within the public health funding formula. Two per cent of the five per cent funding allocation for 2008 was distributed to Health Units using the following criteria: one per cent for proportion of population growth during the last census period and one per cent for proportion of low income population. The increase in 2008 funding was utilized to implement critical Public Health priorities which were first approved by Council in the *Setting Directions for Public Health in Peel, 2005-2007*. While the increase in funding is adequate to keep pace with inflation pressures and Peel's growing population, it does not fully allow Public Health to address past service shortfalls as proposed through the *Setting Directions for Public Health in Peel, 2005-2007* plan.

For 2009, the Province has identified they will introduce a new funding formula which will provide a three per cent base increase as well as a two per cent for new and emerging issues. Unfortunately, the Province has not established, at this time, any criteria for allocating the two per cent. Ontario's public health system requires an open and transparent needs-based funding formula to adequately support Public Health budget planning. To be eligible to receive the two per cent new funding, Public Health has included critical service enhancements within the 2009 Budget.

In 2008, the Medical Officer of Health oversaw the development of a new Public Health 10-year strategic plan and comprehensive health status report for Peel. The new strategic plan will replace *Setting Directions for Public Health in Peel, 2005-2007*. Both the strategic plan and the comprehensive health status report will be presented to Regional Council in 2009.

The new Ontario Agency for Health Protection and Promotion (OAHPP) was launched in 2008. The mandate of this OAHPP is to protect and promote health of all Ontarians by serving as a hub linking researchers, practitioners and front-line health care workers to the best scientific intelligence from around the world. Reporting to the Ontario's Chief Medical Officer of Health, the OAHPP will operate the Ontario Public Health Labs, and will provide scientific and technical support and advice to government, public health units and health care providers in the areas of infectious disease and infection prevention and control, health promotion, chronic disease and injury prevention, and workplace and environmental health. This agency will be a key leader and support to Public Health.

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. Full implementation by 2010.
- Increasing performance and accountability standards driven by the Region and Province
- Sustained population growth of 21,000 residents including increases in workplaces, schools and food premises
- Increasingly diverse population
- Health system planning and integration e.g. Local Health Integration Networks
- A changing fiscal climate in Ontario and Peel

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 envisioned in Public Health 10-Year Strategic Plan.

### Section VII. 2009 Program Pressures – Current:

#### *Growth:*

Population growth of about 21,000 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. In 2009, the current provincial standards will be replaced with **Ontario Public Health Standards**.

Growth in cost-shared provincial funding in 2009 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 \$170.0 thousand. The services listed in this section primarily draw on 6.0 FTE approved in 2006. The following services are included for implementation in the 2009 budget as identified in Appendix I:

- The following critical public health service improvements for Peel are proposed based on Provincial guidance for an available two per cent funding increase for new/emergent issues (net cost of \$170 thousand). FTE for these initiatives were originally approved by Council in 2006:
  - Phase-in an enhanced Children's Dental program. The enhancement will provide capacity to reach an additional 4,500 children annually – one FTE
  - Increase Public Health support to school aged children – currently provide 1 Public Health Nurse for every 28 schools. Optimal ratio is 1:20. School boards project up to 25 new schools over the next three years - two FTE
  - To support obesity prevention in children aged 0-6 years by providing nutrition support to parents – one FTE
  - Respond to increasing demand for healthy sexuality clinical services – two FTE
- Implement the balance of *Setting Directions for Public Health in Peel, 2005 – 2007* year two service improvements, \$0.4 million approved by Council in 2006, is contingent on securing provincial funding in 2009. 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. 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 2009 Current Budget proposes the following discretionary service enhancements:

- Internal Audit recommended Health Services improve information management and performance measurement capability allowing process improvements to be implemented more effectively and efficiently; resources will also benefit Long Term Care and Paramedic Services; net cost of \$32.0 thousand, three FTEs
- Youth violence continues to be a growing concern in Peel. Additional resources are required to strengthen activities of the Peel Youth Violence Prevention Network – 1.6 FTE, \$132.0 thousand

### *Subsidy Changes:*

In 2008 the Province introduced changes to how provincial public health cost-shared funding is allocated to health units. Each health unit received a three per cent base funding increase and two per cent was allocated to health units based on proportional share of census growth between 2001 and 2006 and low income levels. As a result, Peel received an increase of 8.2 per cent in 2008. The cost-shared funding rate remains at 75 per cent for mandatory public health programs. The Province is revisiting the funding formula for 2009 budget, but has advised Public Health that the allocation will be within an overall five per cent envelope including a base increase of three per cent (inflation) and two per cent of new and emerging issues.

### *Other Pressures:*

The 2009 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 resulted in funding enhancements for Peel's HBHC program. Wait listing for at-risk children was significantly reduced. However, funding approvals in 2008 fell short of inflationary pressures within the program. Currently approximately 9,200 children in Peel do not receive a postpartum home visit. Ongoing funding advocacy is required to continue to close the service gap in Peel.

## **Section VIII. 2009 Program Pressures – Capital:**

Public Health's 2009 Capital Plan consists of two projects, one for the development of a new multi-service public health clinic and the other project for funding Public Health information management needs. Both projects will be funded from available reserves and/or development charges. The details reside in Appendix II.

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The following table lists the new 2009 capital plan as well as the carry forward capital balance from 2008;

Carry –Forward from 2008 \$'000	2009 New Capital \$'000	2009 # of Planned and New Projects	Total Capital Available \$'000	2010 – 2018 Forecast \$'000	2010 - 2018 # of New Projects
\$876	\$1,829	2	\$2,705	\$5,861	4

The carry forward of approved projects from 2008 relate to ongoing development of information management systems in Public Health.

### Section IX. 2009 Summary:

Budget Summary \$'000s	2008 Budget	2008 Projection	2009 Proposed	2010 Forecast	2011 Forecast
<b>Current Budget – Total Expenditures</b>	\$68,781	\$65,830	\$72,051	\$74,378	\$77,835
<b>Current Budget – Total Revenue</b>	\$46,892	\$45,744	\$48,770	\$50,419	\$52,750
<b>Current Budget – Net Cost</b>	\$21,890	\$20,086	\$23,281	\$23,959	\$25,085
<b>FTE</b>	627.4	635.4	640.0	650.8	660.8
<b>Capital Carry Forward from prior year</b>			\$876	\$497	\$0
<b>New Capital</b>			\$1,829	\$362	\$1,240
<b>Total Capital Available</b>			\$2,705	\$859	\$1,240
<b>Forecasted Capital Spending</b>			\$2,208	\$859	\$694

#### *Future Outlook:*

##### 2010 and 2011 Current Budget:

Public Health's new 10-year strategic plan and comprehensive health status report will guide decision making on local public health priorities. 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 and changing funding allocation formula. 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 also be a service deficit under the new standards.

The outlook for 2010 budget includes an increase in the Region contribution allowing for inflation, annualization of 2009 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:

2010 \$23.9 million  
2011 \$25.0 million

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### 2010-2018 Capital Plan:

To support the above initiatives, the capital plan for 2010-2018 is \$5.9 million and includes the following as identified in Appendix V:

- Public Health Clinics – \$3.5 million to develop new clinics to provide improved access to clinical services to a growing Region
- Public Health Information Management – \$1.9 million to maintain and improve public health information systems
- Vehicle Replacement - \$0.5 million to replace Public Health vehicles including the Heartmobile and mobile dental clinic

### *Service Level Contract for 2009:*

#### Resources:

The 2009 Current Budget for Public Health has a total value of \$72.1 million and a net value of \$23.3 million. The base budget increase is \$1.1 million while service enhancements total \$0.3 million.

4.6 additional FTE added for a total of 640.0 FTEs.

The Public Health budget also includes the Health Services 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.

The 2009 Capital Budget for Public Health totals \$1.8 million in new capital projects, funded through development charges and capital reserves.

#### Outputs/Outcomes:

Program Name	2008 Projection	2009 Target	Commentary
<b>Compliance</b>			
Overall compliance: standards for cost-shared programs Mandatory Programs			In November 2008 the Province released replaced current public health standards with the Ontario Public Health Standards. Public Health will transition to the new standards during 2009 and is developing more relevant performance measures for implementation by 2010
<b>Food Safety - Inspection Completion Rates</b>			
High Risk Premises	95%	95%	Seasonal, student public health inspectors were instrumental in increasing completion rates in medium and low risk food premises during 2008. This strategy will be employed again in 2009
Medium Risk Premises	90%	90%	
Low Risk Premises	85%	85%	
Overall completion rate	90%	90%	
<b>Reproductive Health</b>			

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Program Name	2008 Projection	2009 Target	Commentary
Prenatal services education programs and support for at risk families	1,100	1,100	2009 Target - Maintain level of service reached in 2008, resources allocated to services remain at 2008 level, projected birth cohort has increased by 7% (16,700), target represents 55% of at risk families
<b>Child Health</b>			
Breastfeeding Direct Service to infants and families	9,000	9,000	Target slightly higher than 2008, reflects increased birth cohort and utilizing maximum numbers of available clinic appointments

<b>Dental</b>			
Total number of children screened	45,000	45,000	Several new dental programs are being initiated in 2008-09 including, new software database, new seniors' dental program, potential new low income adult and teen program. We will be in the second phase of "catch-up" for the children's program where new staff are being hired to screen the unmet need among approximately 20,000 children. Finally we are moving to tablet PCs so that data can be input directly in the field therefore we need to adjust the measures to capture screening and urgent until all of these program changes are implemented and we can then predict indicators such as we have tracked in the past. Past indicators would not be meaningful and they would be difficult to predict this year because of the numerous variables that will influence them.
Total number of children identified in need of urgent treatment	4,500	4,500	

<b>Immunization</b>			
Number of immunization records updated from incomplete to complete	43,952	74,176	This measure is of records that are identified as being <u>incomplete and are subsequently updated to complete</u> through the progressive enforcement of the Immunization of School Pupils Act (1990). The measure of records updated to complete is used rather than total number of records screened as records identified as incomplete represent the most risk as well as is a major resource requirement for this program. With approval of the Accelerated Immunization Risk Mitigation Strategy by Regional Council on July 3 the 2009 targets have been adjusted to reflect the goal to complete screening in both major boards of education by June 30, 2009. It also reflects one round of maintenance screening that will take place in the fall of 2009. Given the larger screening being completed under the Accelerated Strategy the maintenance screening is expected to identify fewer than 50% incomplete records as many records will have been update in response to communication related to the accelerated screening.

<b>Healthy Babies, Healthy Children</b>			
Telephone Assessments completed within 48 hours of discharge from hospital	82% (11,560 assessments of 14,000 consenting families)	79% (11,900 assessments of 15,050 consenting families)	Projected birth cohort has increased by 7% from 15,500 to 16,700. With no additional resources, level of service will be maintained at 2008 level. Therefore, 2009 target represents 79% of consenting families contacted within 48 hours of hospital discharge (11900/15050). Targets will increase if additional funding is allocated from the province.
In Depth Assessments completed	1,800	1,800	Projected birth cohort has increased by 7% from 15,500 to 16,700. With no additional resources level of service will be maintained at 2008 level. 2009 target represents 12% of families consenting to service (1800/15050). Targets will increase if additional funding is allocated from the province.
<b>West Nile Virus</b>			
Total catch basin treatments	344,000	352,000	The 2009 target activity level is based on the projected total number of treatments to catch basins for the year. 75% of the work occurs in the Q3 and approximately 1,000 new catch basins added each year.
Surface water breeding sites monitored and treated as necessary	3,349	2,200	During 2008 Peel experienced unusually high snow and rain fall which caused the number of potential mosquito breeding sites, and public requests for service, to increase. The 2009 predicted service level is based on average precipitation.

**Section X. Pressures not included in 2009 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 globally and Peel received 8.2 per cent in 2008. Approved 2008 Mandatory Program provincial funding fell \$7.5 million below the grant request.

Full implementation of Peel’s *Setting Directions for Public Health in Peel, 2005 – 2007*, continues to be 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” of service enhancements identified through the 10-year strategic plan and comprehensive health status report for Peel.

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 2009.

Public Health programs funded 100 per cent by the Province, such as HBHC and Smoke Free Ontario, are in the 2009 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 estimated 9,200 children in Peel do not receive the universal postpartum home visit. To achieve provincial Smoke Free Ontario service level standards for enforcement activities in Peel Public Health would require an additional 4.3 FTE or \$0.46 million provincial funding.

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The Ministry of Health and Long Term Care has informally announced an extension of the Children's Dental Treatment program to include children 14 – 18 years. This program, starting January 2009, will be 100 per cent funded for the first year. A formal announcement is anticipated December 2008. Resources for this program expansion are not included in the 2009 Budget.

### **Appendices:**

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

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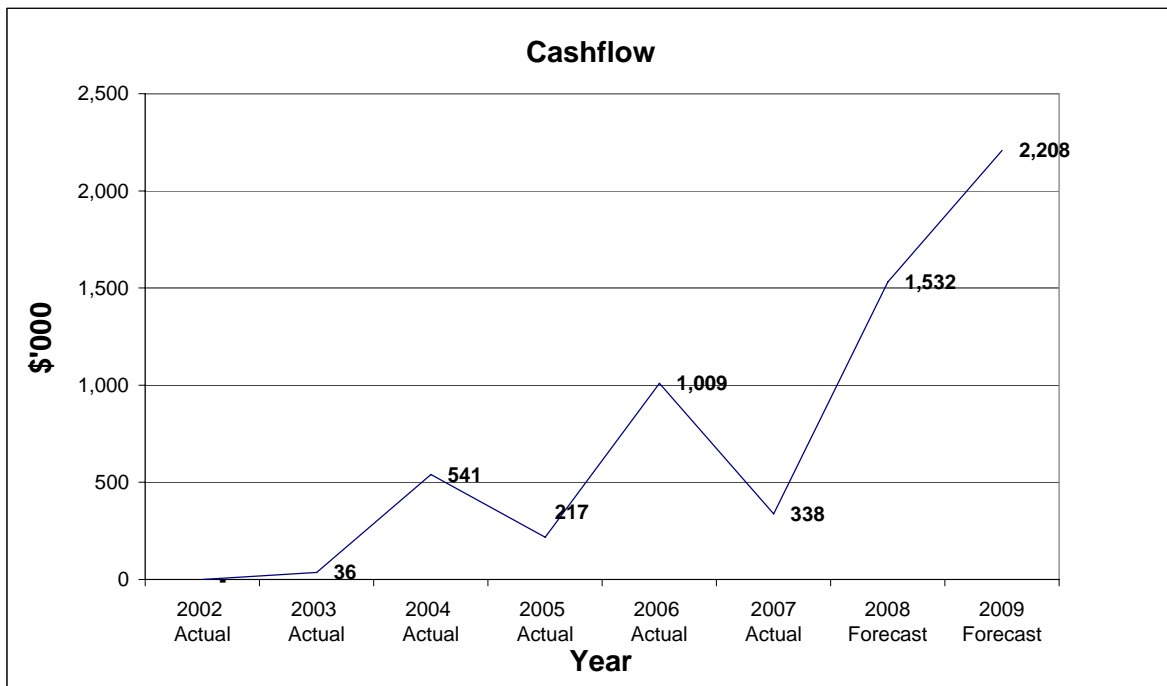
**APPENDIX I  
PUBLIC HEALTH  
2009 CURRENT PRESSURES (\$'000)**

	Public Health		
	Total Expenditure	Total Revenue	Net Cost
<b>2008 Cost of Service</b>	<b>68,781</b>	<b>46,892</b>	<b>21,890</b>
Less: Unfunded <i>Setting Directions</i> - Service Enhancements	(1,148)	(1,148)	-
<b>2008 Revised Cost of Service</b>	<b>67,634</b>	<b>45,744</b>	<b>21,890</b>
<b>Annualization</b>			
Seniors' Dental - 100% Municipal Program	511	-	511
Immunization risk mitigation strategy (funded from Reserve) - one time initiative approved by Council in 2008 and to be completed in 2009	498	498	-
<i>Subtotal</i>	1,009	498	511
<b>Cost of Living Increase/Inflation - Section IV</b>			
<b>Cost Shared Programs</b>			
Salary & wage increase	1,081	793	288
Increased costs of Goods & Services	378	278	100
<i>Subtotal</i>	1,459	1,071	389
<b>100% Provincial Programs</b>			
Salary & wage increase	578	578	-
Increased costs of Goods & Services	127	127	-
<i>Subtotal</i>	705	705	-
<b>100% Municipal Programs</b>			
Salary & wage increase	40	-	40
Increased costs of Goods & Services	78	-	78
<i>Subtotal</i>	118	-	118
<b>Subtotal - Cost of Living/Inflation - Section IV</b>	<b>2,282</b>	<b>1,776</b>	<b>507</b>
<b>Efficiencies - Section V</b>			
Review of FH meetings resulted in staff time savings of over 2,300 hours	(75)	-	(75)
Electronic charting in HBHC program improve quality and reduce	(50)	(50)	-
Tablet PC's in the Dental program improve program efficiency	(80)	-	(80)
<i>Subtotal</i>	(205)	(50)	(155)
<b>Recoveries - Section V</b>			
Client fees and contribution from reserves	-	(195)	195
<b>2009 Base Changes</b>	<b>3,086</b>	<b>2,029</b>	<b>1,057</b>
<b>Service Demand - Section VII</b>			
<b>Mandatory Service Enhancements - New &amp; Emergent Issues</b>			
Children's Dental Program	230	172	57
School Health Program	180	135	45
Increased one Dietician for Family Health service	90	67	22
Enhanced Multi Services Clinic services	180	135	45
<i>Subtotal: New Services utilizing 2% Provincial Funding for New &amp; Emerging Issues</i>	680	510	170
Balance of <i>Setting Directions</i> - Enhancements pending Provincial funding	391	391	-
<i>Subtotal - Mandatory Service Enhancements Cost Shared Programs</i>	1,071	901	170
<b>Discretionary and other Service Enhancements</b>			
<b>Cost Shared</b> -Quality assurance initiatives to improve effectiveness & efficiency for PH, LTC and Paramedics; address Internal Audit recommendations	128	96	32
<b>100% Municipal Program</b> - Youth Violence Prevention Strategy	132	-	132
<i>Subtotal - Discretionary &amp; other Service Enhancements</i>	260	96	164
<b>2009 New Pressures</b>	<b>1,331</b>	<b>997</b>	<b>334</b>
<b>Total 2009 Pressures</b>	<b>4,417</b>	<b>3,026</b>	<b>1,391</b>
<b>2009 Recommended Cost of Service</b>	<b>72,051</b>	<b>48,770</b>	<b>23,281</b>

**APPENDIX II  
PUBLIC HEALTH  
2009 CAPITAL OVERVIEW**

Existing Capital Public Health (\$'000)							
Year of Projects	Carry-forward from 2007	2008 Budget	Total Approved Capital	In-Year Adjustments as at July 31, 2008	2008 Projected Spending (Includes Closed Projects)	2008 Carry-forward to 2009	# of Projects Carry-forward to 2009
2003	115	0	115	0	104	10	1
2004	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0
2006	508	0	508	0	215	294	1
2007	384	0	384	-100	100	184	1
2008		1,400	1,400	100	1,113	387	2
<b>Total</b>	<b>1,007</b>	<b>1,400</b>	<b>2,407</b>	<b>0</b>	<b>1,532</b>	<b>876</b>	<b>5</b>

2009 - 2018 Capital Plan (\$'000)						
Carry-forward from 2008	2009 Budget	2009 # of Planned and New Projects	Total Capital Available	2009 Total # of Projects	2010 - 2018 Forecast	
876	1,829	2	2,705	7	2	



**Commentary on Cash Flow Variance:**

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

As of July 31, 2008

<b>Project</b>	<b>Description</b>	<b>Gross Revised Budget</b>	<b>Gross Project Actuals</b>	<b>Gross Carry-Forward</b>	<b>Net Revised Budget</b>	<b>Net Project Actuals</b>	<b>Net Carry-Forward</b>	<b>Net % Spent</b>
035301	Info Sys Impv Insp Ser 02-1190	488,394	433,855	54,539	488,394	419,648	68,746	86%
065307	Hlth Fac Multi Use Cli 05-1496	1,429,000	946,521	482,479	825,150	258,023	567,127	31%
075306	Public Health Management Infor	300,000	89,667	210,333	300,000	89,667	210,333	30%
085305	Physician Contact Center	100,000	74,622	25,378	100,000	74,622	25,378	75%
085306	Pub Health Facilities	1,400,000	-	1,400,000	1,400,000	-	1,400,000	
<b>Total</b>		<b>3,717,394</b>	<b>1,544,665</b>	<b>2,172,729</b>	<b>3,113,544</b>	<b>841,960</b>	<b>2,271,584</b>	<b>27.04</b>

APPENDIX IV  
PUBLIC HEALTH  
2009 NEW CAPITAL DETAIL

**2009 Financing Sources and Funding Status (\$'000)**

2009 Funding Status:

Approved or Pending

(A/P)



Project #

Project Name

Ward

2009			
<u>Total Expense</u>	<u>Funding</u>		<u>DCA</u>
	<u>External</u>	<u>Internal</u>	

<b>New Health Clinics and Other Health Facilities</b>							
A 08-5306	PUBLIC HEALTH FACILITIES	PEEL	500	0	0	500	
A 09-5307	PUBLIC HEALTH CLINICS AND FACILITIES	Peel	1,154	0	231	923	
<b>Information Management Solutions</b>							
A 09-5306	PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS	PEEL	175	0	175	0	
<i>Totals for Budget Year: 2009</i>			1,829	0	406	1,423	

**APPENDIX V  
PUBLIC HEALTH  
TEN YEAR CAPITAL PLAN**

**Ten Year Combined Capital Program (\$'000)**

<u>Sub Type</u>	<u>Description</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Yrs 6-10</u>	<u>Gross</u>
<b>New Health Clinics and Other Health Facilities</b>								
<b>08-5306</b>	<b>PUBLIC HEALTH FACILITIES</b> PUBLIC HEALTH FACILITIES	<b>500</b>	0	0	0	0	0	<b>500</b>
<b>09-5307</b>	<b>PUBLIC HEALTH CLINICS AND FACILITIES</b> FUNDS FOR LEASING OF PUBLIC HEALTH CLINICS RELATED TO GROWTH	<b>1,154</b>	0	990	1,252	0	1,252	<b>4,648</b>
<b>10 YearTotals For: NEWCLINIC</b>		<b>1,654</b>	0	990	1,252	0	1,252	<b>5,148</b>
<b>Information Management Solutions</b>								
<b>09-5306</b>	<b>PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS</b> PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS	<b>175</b>	175	250	250	250	1,000	<b>2,100</b>
<b>10 YearTotals For: INFOMGT</b>		<b>175</b>	175	250	250	250	1,000	<b>2,100</b>
<b>Vehicle Replacement</b>								
<b>10-5303</b>	<b>PUBLIC HEALTH HEART MOBILE</b>	<b>0</b>	187	0	0	0	0	<b>187</b>
<b>16-5304</b>	<b>MOBILE DENTAL CLINIC</b> TO REPLACE MOBILE DENTAL CLINIC	<b>0</b>	0	0	0	0	255	<b>255</b>
<b>10 YearTotals For: VEHICLE</b>		<b>0</b>	187	0	0	0	255	<b>442</b>
<b>Totals for 10 Year Capital Plan:</b>		<b>1,829</b>	362	1,240	1,502	250	2,507	<b>7,690</b>

APPENDIX VI  
PUBLIC HEALTH  
PERFORMANCE MEASURES/BENCHMARKS

## OMBI & MPMP Benchmark Data For Budget Review

### **Public Health**

*\* Note: Comparisons with member Municipalities that reported data to OMBI*

		4th Quartile	Low performer or high costs	
		2nd or 3rd Quartile	Average performer or average cost	
		1st Quartile	High performer or low cost	
		2007	2006	2005
1	<b>Service Level Measure: Gross Public Health Investment per Capita</b>			
	Peel Result	40.96	37.17	33.53
	OMBI Median	58.03	57.06	52.37
	Ranking	12/14	12/14	14/14
	Peel Y/Y % Change	10.20%	10.86%	
2	<b>Service Level Measure: Net Public health Investment per Capita</b>			
	Peel Result	14.19	14.05	14.47
	OMBI Median	15.13	17.84	20.01
	Ranking	9/14	11/14	11/13
	Peel Y/Y % Change	1.00%	-2.90%	
<b>Your Comments -</b>				
<b>What is the data telling you?</b>				
<b>Action Plan:</b>				
<b>Additional Comments -</b>				

**APPENDIX VII  
PUBLIC HEALTH  
STAFFING INFORMATION**

Program	2008 Complement	Requested Complement for 2009	Proposed 2009 Council Approved
<b>PUBLIC HEALTH</b>	635.4	4.6	640.0
<b>TOTAL Program</b>	<b>635.4</b>	<b>4.6</b>	<b>640.0</b>

**Commentary for "Requested Complement for 2009"**

Administrative Assistant for Gender & Violence Prevention	1.0
Public Affairs Associate for Gender & Violence Prevention	0.6
Quality Assurance:	
Performance measurement and reporting	1.0
Health information management	2.0
<b>Total FTE</b>	<b>4.6</b>

**APPENDIX VIII  
PUBLIC HEALTH  
USER FEES**

Description of service or activity for which the fee or charge is being imposed	Service Unit	2008 Current Fee	2009 Proposed Fee	GST +	PST +	Variance 2008 vs. 2009
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**PART 5: HEALTH SERVICES**

Public Health

<u>Family Health</u>						
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

Public Health

**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
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Public Health

**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
Marijuana Grow Ops Investigation	case	\$0.00	\$500.00	n/a	n/a	\$500.00
Swimming Pool Operator Course Fees	client	\$50.00	\$45.00	n/a	n/a	<b>-\$5.00</b>

Public Health

**Communicable Diseases**

<u>Healthy Sexuality Clinic Fees*</u>						
Antibacterial Antiprotozoal Products	package	\$6.00 (stat), \$12.00 (other)	\$6.00 (stat); \$12.00 (other); \$10.00 one fee only	n/a	n/a	\$10.00 one fee only
Birth Control Products	package	\$6.00 to \$60.00	\$10.00 to \$100.00	n/a	n/a	\$4.00 to \$40.00
Program Manuals	manual	\$25.00	\$25.00	n/a	n/a	\$0.00
Thermometers	client	\$30.00	\$25.00	n/a	+	<b>-\$5.00</b>

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, w

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 p