

**2010 PUBLIC HEALTH
Budget Overview**

Budget Summary \$'000s	2009 Budget	2009 Projection	2010 Proposed	09 vs 10 Variance	2011 Forecast	2012 Forecast
Current Budget – Total Expenditures	\$72,762	\$72,991	\$76,329	3,568	\$78,919	\$82,786
Current Budget – Total Revenues	\$51,066	\$52,276	\$53,348	2,282	\$54,873	\$57,645
Current Budget – Net Cost	\$21,696	\$20,715	\$22,981	1,286	\$24,046	\$25,141
FTE	598.4	602.2	624.2	25.8	639.2	654.2
New Capital			\$175		\$1,427	\$1,550

2010 BUDGET HIGHLIGHTS:

Current Budget

The proposed 2010 Total Budget is \$76.3 million and Net Budget is \$22.9 million which is a \$1.3 million increase over the 2009 Budget. The main drivers to the budget changes include:

- Cost Shared Programs - inflationary increase of \$1.1 million. New staff requests of \$0.2 million. Impact of funding change in Teen Children in Need of Treatment (CINOT) program of \$175 thousand (moved from 100 per cent to cost shared funding).
- 100% Municipal Programs – an increase in the recovery for Public Health’s safe water program of \$80 thousand is offset by request for a contract dental case aide of \$57 thousand for the Seniors’ Dental program. As directed by Council, the Seniors’ Dental budget has been increased for one year by \$1.2 million, fully funded from reserves.

Staffing

The 2010 Budget includes a request for 22 Full Time Equivalent (FTE) and one contract position.

- Nine FTE requested as a result of the recent funding announcement disclosed to Council on October 22, 2009. These FTE will be cost-shared with the province and will bring us closer to full compliance with Ontario Public Health Standards (OPHS) and will help address identified community needs,
- 13 FTE (and \$200 thousand in dental fees) requested for year one of the new four-year Peel Public Health plan to further close service gaps within the community and to achieve full compliance with the OPHS. These FTE would be brought in for 2010 at no net cost to the Region. In order for service enhancements to be eligible for provincial funding, they must be included in the Council-approved budget.
- One contract dental case aide to support the Seniors’ Dental program.

Capital

The Proposed Capital Budget for 2010 is \$175 thousand. These funds will be utilized in the implementation of Panorama (the Pan-Canadian Public Health Surveillance Solution), the latest surveillance and public health data management system mandated by the Ministry of Health and Long Term Care (MOHLTC).

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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
- Diabetes 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

Key Initiatives in 2009 included:

Launching of the Peel Public Health 10-Year Strategic Plan

Publication of the Comprehensive Health Status Report – “A Picture of Health”

Completion of the Accelerated Immunization Risk Mitigation Project which raised the proportion of completed and documented immunizations for students in Peel’s two largest school boards from 43 to 93 per cent

Response to Pandemic H1N1 Influenza – including preparatory activities related to immunization of all Peel residents who choose to receive Pandemic H1N1 vaccine (the largest mass immunization exercise undertaken in Peel’s history)

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Implementation (within the limits of available resources) of the OPHS, the guidelines for mandatory public health programs and services to be provided by Ontario's boards of health. These Standards replaced the Mandatory Health Programs and Services Guidelines on January 1, 2009.

Section II. Resources to Deliver 2009 Services:

Current \$'000	2008 Actual	2009 Budget	Projection As of Sept. 2009	2009 Variance Under/(Over)
Total Expenditures	\$65,899	\$72,762	\$72,991	229
Total Revenue	\$45,982	\$51,066	\$52,276	(1,210)
Net Cost	\$19,916	\$21,696	\$20,715	981
FTE	592.3	598.4	602.2	(3.8)

Note: In-year changes include 2.8 FTE approved by Council for HPV and the Infection Control Nurse, 1.0 FTE transferred to Human Services for Neighbourhood Connections and 2.0 FTE transferred from Health Services – Program Support to Public Health.

2009 Budget:

Public Health has an approved Current Net Budget for 2009 of \$21.7 million and 602.2 full-time equivalents (FTEs) to deliver its programs and services.

2009 Projection:

Staff forecast to complete the year with a net expenditure of \$20.7 million, resulting in a year-end net surplus of approximately \$1.0 million. This surplus is due primarily to the additional \$1.2 million in provincial funding received in August 2009, over and above what was anticipated for 2009, for delivery of OPHS cost-shared programs.

The Province has committed to provide \$10.00 per dose for H1N1 and to provide funding of the extraordinary costs. The criteria for the extraordinary costs are not known at this time. Based on the financial impact of H1N1, the \$1.0 million year end projected net surplus may not materialize.

Public Health expects to meet or exceed the Output/Outcome targets established in the 2009 Budget process. The exceptions are a projected five per cent shortfall in prenatal education and support programs for at-risk families and an 8 per cent shortfall in two indicators related to the Healthy Babies Healthy Children Program (due to frozen funding from MOHLTC and vacancies in staffing.)

Section III. Performance Measurement/Benchmarking:

Since 2002, when the MOHLTC discontinued monitoring of public health units on their compliance with Mandatory Health Programs and Services Guidelines (MHPSG), there has been no provincially-directed benchmarking program. With the replacement of the MHPSG with the OPHS in 2009, the MOHLTC indicated that they intend to implement a Public Health Performance Management Framework to assess the extent to which public health units are meeting their obligations under the OPHS. This framework is reportedly under development.

Peel Public Health launched its 10-Year Strategic Plan in 2009. One of the departmental priorities articulated under this plan is Performance Measurement. Under this strategic priority, it is anticipated

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that we will develop performance metrics that will aid in program planning and decision-making and align with regional and provincial accountability frameworks.

Section IV. 2010 Base Pressures:

In 2010, net base pressures on the Public Health budget will result in a net increase of \$1.0 million over the 2009 budget. Details on the factors contributing to this increase are described below, as identified in Appendix I.

Inflationary Increase:

Cost Shared Programs

Within Public Health, the net base pressures are primarily related to cost-of-living increases and normal progression through the salary ranges for a total of \$938 thousand.

100% Municipal Programs

There is an increase of \$80 thousand in the recovery for Public Health's safe water program.

Other pressures:

As more work in Healthy Sexuality clinics is being performed by nurses rather than physicians, a reduction in revenue from Ontario Health Insurance Plan (OHIP) of \$50 thousand is projected for 2010.

Base Subsidy:

The 2010 Public Health budget includes a base funding increase of \$1.2 million for cost-shared programs to reflect the recent funding announcement of the approved 2009 grant from the province plus a further three per cent increase over the 2009 approved grant for a total funding increase of approximately \$2.0 million dollars. The 2009 provincial funding increase will allow Public Health to recruit 5.3 FTE that have been put on hold pending provincial funding and to request for an additional nine FTE to be cost-shared with the Province.

Other base subsidy changes include the following:

- Vector-Borne Disease – This program is frozen at 2007 funding levels. Expenditure reductions to maintain a 75:25 Provincial to Regional cost-sharing ratio have resulted in a net budget reduction of \$77 thousand.
- Small Drinking Water Systems – The transition of this program from 100 per cent provincial funding to cost-shared funding results in a net budget increase of \$15.0 thousand.
- Teen CINOT – The change from 100 per cent provincial to cost-shared funding results in a net budget increase of \$175 thousand.
- Discontinuation of the Youth Action Alliance, High School Grants and the Lay Health Educator - Breast Screening Programs - no net cost to the Region.
- The Province has committed three months of funding (for 2010) for the Community Diabetes and Workplace Diabetes programs - no net cost to the region.

Section V. Cost Mitigation Through Efficiencies and Recoveries:

Efficiencies:

In 2009:

- Ongoing implementation of the recommendations from the Process Review of second tier telephone services has allowed for service improvements
- The 10-Year Strategic Plan for Peel Public Health has been further developed to include program priorities, in addition to the infrastructure priorities described in the 2009 Budget Document. As we proceed with implementation of our Strategic Plan, we expect to improve service delivery while making the best use of limited resources
- Implementation of the Physician Information Management System (PIMS), which has allowed for more efficient communications with the 1,600 physicians practising in Peel

In 2010:

- Process Review of immunization records system – will minimize new permanent resources required to maintain gains achieved over the last two years through the Accelerated Immunization Risk Mitigation Project
- Tuberculosis Program Review – to enable maintenance of service levels to an increasing number of complex TB cases with existing resources
- Vaccine Management Process Review – to allow more efficient and effective delivery of vaccines to physicians and clinics and reduce wastage due to expired vaccines and cold-chain failures
- Healthy Babies Healthy Children – adjustment of service from six to five days a week, resulting in a savings of \$60 - \$70 thousand. These savings have been re-invested in client service.
- Reduced frequency of divisional meetings
- Increased use of students of all disciplines and community medicine residents, allowing for work to be done at reduced or no cost
- External funding received, enabling key activities to be undertaken without additional cost:
 - Executive Training for Research Application (EXTRA) project – to enhance the use of evidence in public health practice: \$100 thousand value over 2 years, from Canadian Health Services Research Foundation (CHSRF)
 - Unemployment and Health workshop: \$15,000 from Ontario Agency for Health Protection and Promotion (OAHP) and \$1,500 each from Case Worker (CW) LHIN and Mental Health (MH) LHIN.
 - Geographic Information Systems project – to develop a Geospatial Decision Support Tool for Infectious Diseases: \$210 thousand received in GeoConnections funding
 - Built Environment and Health Initiative – to improve health outcomes and mitigate health risks through the built environment. This national initiative through the Canadian Partnership Against Cancer involves some of the largest municipalities in Canada. It has a total project value of approximately \$3.5 million over 2.5 years, with \$330 thousand in grants for Peel. The project involves developing, enhancing, and field-testing a range of new and innovative tools to promote healthy built environments.
 - Urban Form Models - \$50 thousand in-kind from Public Health Agency of Canada (PHAC)

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Efficiencies will continue to allow Public Health to offer a level of service higher than would otherwise be the case. This is especially important for Peel because current funding from the MOHLTC is not adequate to meet all mandated requirements.

Section VI. Challenges and Emerging Trends:

Growth

During the 1990s, when funding caps were imposed by the province, there was significant population growth in Peel. The resultant imbalance between available funding and the increasing demand for service from a growing population created a resource gap, which has never been closed. In fact, with continuing growth, this resource gap continues to widen, placing a significant strain on Peel Public Health's capacity to respond effectively to community needs and to achieve compliance with the OPHS.

To prepare for OPHS implementation, Peel Public Health carried out a broad capacity analysis. Significant shortfalls in resources were identified. To fully meet, not exceed, the requirements of OPHS, an estimated additional 70 FTE are required.

The Healthy Babies Healthy Children Program requires 26 additional FTE, as well as funding for the 5.5 FTE currently being gapped.

Diversity

Forty-nine per cent of Peel's population is comprised of immigrants. Immigrants also comprise the largest proportion of yearly growth to the region. This shift in demographics, along with the health issues faced by immigrants and visible minority groups, requires specialized approaches in public health service delivery. This is reiterated in the OPHS, which identifies immigrants as a "priority population", requiring targeted programming to address their unique challenges. However, current resources are insufficient to meet their needs.

Emerging Infectious Diseases

Preparation for and response to the Influenza H1N1 pandemic has been a significant pressure in 2009, and will continue into the beginning of 2010.

Section VII. 2010 Program Pressures - Current:

Growth:

Population growth of about 34,000 residents per year results in increased demand for clinical services including immunization, healthy sexuality, dental and breastfeeding services, Healthy Babies, Healthy Children (HBHC), school health and food safety programs.

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 an additional 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

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2008. In 2009, using the same formula, the Province provided an increase of 8.6 per cent over 2008 funding level.

Other Pressures:

The 2010 budget also includes programs deemed to be fully funded (100 per cent) by the Province. Program pressures and reductions are shown in Section IV of this document. The largest funding shortfall is experienced in the HBHC program, which would require an additional 26 FTE and a total of \$3.15 million to reach the performance targets set province-wide by the Ministry of Children and Youth. The HBHC budget will likely remain frozen in 2010. To date, we have adjusted levels of service to keep expenditures within the funding envelope provided by the Province. Public Health staff continues to advocate through various channels, including Council, for funding that is sufficient to meet 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 and 2009 fell short of inflationary pressures within the program. Public health units across Ontario are mandated to provide postpartum / newborn home visiting to 75% of the birth cohort which in Peel equates to 12,525. Peel Public Health are doing none.

User Fees:

User fees for Public Health services remain the same with the exception of a \$6.00 increase in the price charged to physicians for thermometers (for use in vaccine refrigerators) due to a price increase from the vendor and increased shipping charges.

Section VIII. 2009 New Initiatives - Current:

To meet the demands associated with population growth and to enhance compliance with the OPHS as set out by the MOHLTC, the following new initiatives are proposed:

Mandatory Services

- To maintain gains made during the Accelerated Immunization Risk Mitigation project for student immunization records, additional customer service staff is required: four FTE
- Human resources to plan, deliver and support a comprehensive strategy to address obesity in our community. This strategy will address the multiple risk factors associated with obesity and will involve the co-ordination of activities within Public Health, with other Regional departments and with community stakeholders: three FTE
- Additional staff and financial resources to support to increased access to urgent dental treatment for children 0 – 18 years of age: six FTE and \$200,000 in dental fees
- Qualified health professional to plan, develop, implement and evaluate strategies with key partners/stakeholders to improve rates of exclusive breastfeeding: one FTE
- For uniform and comprehensive implementation of key OPHS in the area of health protection, including inspections of boarding and lodging houses and the growing number of food premises and delivery of education and training for food handlers : two FTE

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- To meet OPHS in the area of surveillance and data analysis. These functions are critical for the Medical Officer of Health and the Public Health Management Team in terms of setting program priorities and making efficient and effective use of available resources: three FTE
 - Staff to facilitate compliance with provincial standards for vaccine management and distribution: two FTE
 - An additional public health nurse to provide school-based public health programs: one FTE
 - Public Health's portion of Health Services Information Management Program Support for New Initiatives: \$24 thousand

Approval of the Provincial funding for 2009 was received on September 4, 2009. An increase of 8.6 per cent has allowed for implementation of the remaining three FTE in the frozen allotment created by the "Setting Directions" plan, restoration (with cost-shared funds) of two of the 100 per cent provincially-funded FTE in the tobacco program, and hiring of the six FTE approved in the 2009 budget. The 2009 provincial funding increase also allows Public Health to make a request for an additional 9 FTE, to be cost-shared with the Province.

Discretionary Services:

- The demand for services provided under the Seniors' Dental program continues to be very high. In order to better meet this demand, the addition of a contract dental case aide to facilitate the processing of applications and dental claims is proposed for the 2010 budget. The cost of this proposed initiative is \$55 thousand. In addition, Council approved a one-time budget increase in 2010 for the Seniors' Dental Program. This one-time increase is being funded from the working fund reserve.

Section IX. 2009 Program Pressures – Capital:

Ongoing Capital Projects:

As of January 1, 2009, there were five active Public Health capital projects carried forward from 2008. There were two projects approved by Council in 2009: one project's budget was increased in-year and another project is scheduled to be closed.

As of December 2009, there will be six active Public Health Capital Projects with an estimated total remaining value of \$2.3 million.

Major projects underway include 44 Peel Centre Drive leasehold improvements and Public Health Information Management. Furthermore, Public Health was approved for one-time cost-shared funding of approximately \$0.8 million for 44 Peel Centre Drive leasehold improvements and one-time cost-shared funding of approximately \$58 thousand for Tier II electronic documentation from the province.

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2010 Capital Programs:

The following table lists the new capital plan for 2010, as well as the carry forward capital balance from 2009. Together, these constitute the total capital budget for Public Health for 2010. The cash flow for capital project expenditures is presented in Appendix II.

Carry - Forward from 2009 \$'000	2010 New Capital \$'000	2010 # of Planned and New Projects	Total Capital Available \$'000	2011 – 2019 Forecast \$'000	2011-2019 # of New Projects
\$2.3	\$0.2	1	\$2.5	\$5.8	12

Public Health's 2010 Capital Budget consists of one capital project, which is for implementation of a new information management tool, Panorama (the Pan-Canadian Public Health Surveillance System). Implementation of this information management system is mandated by the MOHLTC.

The 2010 Capital Budget program for Public Health is \$0.2 million. Funding details for the 2010 Capital Budget are presented in Appendix III.

Major changes to the 2010 Capital Budget Program:

There is no major change to the 2010 Capital Budget for Public Health with the exception of the Heart-Mobile replacement which has been deferred to 2011.

Section X. Future Outlook:

2011 and 2012 Current Budget:

Public Health's 10-year Strategic Plan and Comprehensive Health Status Report will guide decision making on local public health priorities.

The outlook for 2011 and 2012 allows for three per cent inflation and includes the estimated costs and funding for year two and year three of the new four-year Public Health plan to achieve full compliance with the OPHS.

2011 \$24.0 million
2012 \$25.1 million

Section XI. Pressures not included in 2010 Budget:

Peel has received additional funding from MOHLTC for growth in 2008 and 2009. For 2010 onwards, a new funding formula will be developed, but this is likely to inform only the allocation of new funds over and above base increases. As a result, we anticipate that it will take many years for Peel to catch up with average per capita funding.

As noted earlier, the budget does not include the cost to fully implement new OPHS which replaced the previous Mandatory Health Programs and Services Guidelines in 2009.

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Public Health programs that are funded 100 per cent by the Province, such as HBHC and Smoke Free Ontario, are in the 2010 Current Budget with service levels adjusted to fit within anticipated provincial funding envelopes. Current HBHC funding is insufficient to achieve provincial service level standards: public health units across Ontario are mandated to provide postpartum / newborn home visiting to 75 per cent of the birth cohort which in Peel equates to 12,525. Peel Public Health are doing none. Achievement of 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 of provincial funding.

Appendices:

Appendix I	2010 Current Pressures
Appendix II	2010 Capital Overview
Appendix III	2010 New Capital Detail
Appendix IV	Ten Year Capital Plan
Appendix V	Output/Outcome Measures

**APPENDIX I
PUBLIC HEALTH
2010 CURRENT PRESSURES (\$'000)**

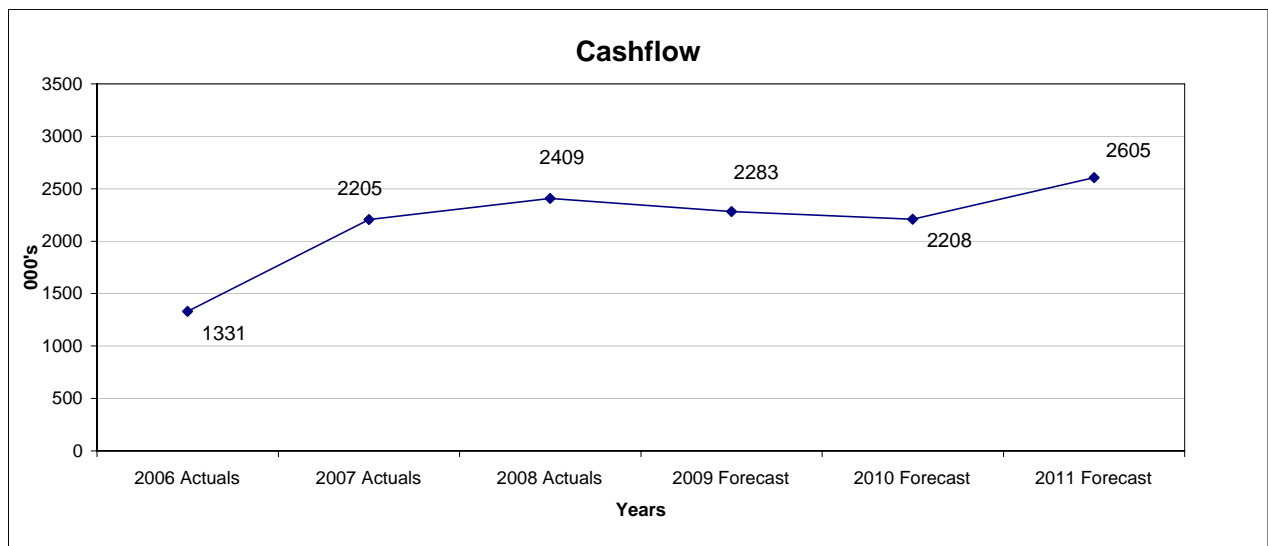
	Public Health		
	Total Expenditures	Total Revenue	Net Cost
2009 Revised Cost of Service	72,762	51,066	21,696
Cost of Living Increase/Inflation - Section IV			
Cost Shared Programs			
Salary & wage increase	1,649	1,258	391
Increased costs of Goods & Services	719	171	547
Accelerated Immunization Risk Strategy	(498)	(498)	(0)
Subtotal	1,869	932	938
100% Provincial Programs			
Salary & wage increase	187	187	-
Decrease costs of Goods & Services	(9)	(9)	(0)
Subtotal	178	179	(0)
100% Municipal Programs			
Salary & wage increase	19	-	19
Decrease costs of Goods & Services	(629)	(541)	(89)
Subtotal	(611)	(541)	(70)
Subtotal - Cost of Living/Inflation - Section IV	1,437	570	867
Base Subsidy changes - Section IV			
Teen CINOT moving from 100% funded to cost shared funding in 2010	-	(175)	175
Impact of VBD funding frozen at 2007 levels	(303)	(226)	(77)
SFO - Youth Action Alliance & Highschool grants programs discontinued	(298)	(298)	(0)
Lay Health Educator - Breast Screening Program discontinued	(38)	(38)	(0)
Small Drinking Water Systems moving from 100% funded to cost shared	8	(7)	15
Community Diabetes - only 3 months of funding in 2010	(560)	(560)	(0)
Workplace Diabetes - only 3 months of funding in 2010	(214)	(214)	(0)
OHIP recoveries	-	(50)	50
Subtotal	(1,405)	(1,565)	160
Efficiencies - Section V			
Subtotal	-		-
2009 Base Changes	32	(995)	1,027
Service Demand - Section VII			
Mandatory Services Enhancements - New & Emergent Issues			
Various positions to meet OPHS (9 FTE)	714	536	179
Various positions to meet OPHS (15 FTE) - 1st year of 4 year plan	1,541	1,541	(0)
PH portion of Health Services - Program Support for New Initiatives	24	-	24
Subtotal - Mandatory Service Enhancements Cost Shared Program	2,279	2,077	202
Discretionary and other Services Enhancements			
100% Municipal Program - Senior Dental Case Aide plus \$1.2 million increase funded by reserves as directed by Council	1,257	1,200	57
Subtotal - Discretionary & other Service Enhancements	1,257	1,200	57
2010 New Pressures	3,535	3,277	259
Total 2010 Pressures	3,568	2,282	1,286
2010 Recommended Cost of Service	76,329	53,348	22,981

**APPENDIX II
HEALTH
2010 CAPITAL OVERVIEW (\$'000)**

	Capital Budget	
	Number of Projects	Total Budget
Carry Forward: January 1, 2009	5	1,309
Additions:		
2009 Capital Plan		
New 2009 Projects	2	1,329
New funding to Existing Projects		500
In year Approvals(i.e. Council Approval, Redelopments)	0	-
Subtractions:		
Budget Reductions		
Closed Projects		-
Expenditures to July 31, 2009		(430)
Subtractions: Projections from August 1 - December 31, 2009		
Closed Projects	(1)	
Expenditures		(425)
Balance: December 31, 2009	6	2,283
Additions:		
New Proposed 2010 Capital Plan		
New 2010 Projects	1	175
New funding to Existing projects		
Balance: January 1, 2010 with approval	7	2,458
Subtractions:		
Projected 2010 Cashflow		(250)
Projected Balance: December 31, 2010		2,208

Comments on Changes in Funding:

** Note: Public Health received \$816K in one-time cost-shared funding for Leasehold Improvements at 44 PCD and \$58K one-time*



APPENDIX III
PUBLIC HEALTH
2010 NEW CAPITAL DETAIL

2010 Financing Sources and Funding Status (\$'000)

2010 Funding Status:
Approved or Pending
(A/P)



Project #

Project Name

Ward

2010			
<u>Total</u>	<u>Funding</u>		
<u>Expense</u>	<u>External</u>	<u>Internal</u>	<u>DCA</u>

Information Management Solutions

A 09-5306	PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS	Peel	175	0	175	0
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<i>Totals for Budget Year: 2010</i>	175	0	175	0
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**APPENDIX IV
PUBLIC HEALTH
TEN YEAR CAPITAL PLAN**

Ten Year Combined Capital Program (\$'000)

<u>Sub Type</u>	<u>Description</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>Yrs 6-10</u>	<u>Gross</u>
New Health Clinics and Other Health Facilities								
09-5307	PUBLIC HEALTH CLINICS AND FACILITIES FUNDS FOR LEASING OF PUBLIC HEALTH CLINICS RELATED TO GROWTH	0	990	1,300	0	1,300	0	3,590
<i>10 Year Totals For:</i>	NEWCLINIC	0	990	1,300	0	1,300	0	3,590
Information Management Solutions								
09-5306	PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS PUBLIC HEALTH MANAGEMENT INFORMATION IMPROVEMENTS	175	250	250	250	250	750	1,925
<i>10 Year Totals For:</i>	INFOMGT	175	250	250	250	250	750	1,925
Vehicle Replacement								
10-5303	PUBLIC HEALTH HEART MOBILE	0	187	0	0	0	0	187
16-5304	MOBILE DENTAL CLINIC TO REPLACE MOBILE DENTAL CLINIC	0	0	0	0	0	255	255
<i>10 Year Totals For:</i>	VEHICLE	0	187	0	0	0	255	442
<i>Totals for 10 Year Capital Plan:</i>		175	1,427	1,550	250	1,550	1,005	5,957

**APPENDIX V
PUBLIC HEALTH
OUTPUT AND OUTCOME MEASURES**

Outputs/Outcomes

Output/Outcome Measures	2009 Target	2009 Projection	2010 Target	Commentary
Food Safety Inspection Completion Rates				
High Risk Premises	95%	98%	1 compliance inspection per quarter	2009: On target.
Medium Risk Premises	90%	90%	2 compliance inspections per year	2009: On target.
Low Risk Premises	85%	90%	1 compliance inspection per year	2009: Slightly ahead of target due to student assistance.
Overall anticipated rate	90%	92%	90% of all food premises receive requisite no. of compliance inspections	2009: On target.
Reproductive Health				
Prenatal services education programs and support for at risk families	1,100	1,050	1,050 families	2009: Projecting to be slightly below target (5 per cent). 2010: Target remains unchanged from 2009 projected actual. Resources allocated to program remain at 2009 level. Target represents 31% of at risk families, a reduction in percent reached from previous year, due to increase in 2010 birth cohort (17,100) combined with increase of families at risk (20 per cent).
Child Health				
Breastfeeding Direct Services to infants and families	9,000	9,200	9,200	2009: Projecting to be slightly above target (2 per cent). 2010: Target remains unchanged from 2009 projected actual. Resources allocated to program remain at 2009 level. Target represents 54 per cent of babies born in Peel, a reduction in percent reached from previous year due to increase in 2010 birth cohort (17,000).
Dental				
Total number of children screened	45,000	55,000	55,000	2009: Adjusted target for 2009 is 55,000. The variance from the original council approved target is + 10,000 children. This is the result of hiring contract hygienists who completed all assigned schools and clinics operating in 2009. 2010: 2010 budget request included additional staff who were contract in 2009. Maintaining this number may be affected by ongoing roll-out of new Ministry software.
Total number of children identified in need of urgent treatment	4,500	7,700	7,700	2009: Adjusted target for 2009 is 7,700 to correspond with the increase in screening. 2010: Percentage based on number screened
Immunization				
Number of immunization records updated from incomplete to complete (for mandatory vaccines)	74,176	65,580	N/A	2009: Adjusted target for 2009 is 65,580 (based on accurate information that was available after data cleaning project completion in Oct 2008). 2010: Indicator to be replaced by new in 2010.
Number of student immunization records reviewed for students in the Peel District School Board and the Dufferin-Peel Catholic District School Board	N/A	N/A	239,685	2009: New indicator for 2010. 2010: The target reflects the population of students in the Peel District and Dufferin Peel District School Boards because the goal is to review all immunization records for all students registered in those two boards. The review or screening of all student immunization records in the two major boards of education will maintain the low risk of outbreaks of vaccine preventable diseases achieved with the successful completion of the Immunization Risk Mitigation Project in 2009.
Healthy Babies, Healthy Children				
Telephone Assessments within 48 hours of discharge from hospital	11,900 (79% of 15,050 consenting families)	11,000	10,850	2009: 8 per cent below target related to revised service delivery from 6 days/week to 5 days/week. Adjusted projection: July - December (Q3 & Q4), 70 per cent of clients will be contacted within 48 hours of hospital discharge. 2010: 2010 target based on live birth cohort of 17,000 = 16,650 families with a live birth. Families consenting to service = 15,500. 70 per cent of families consenting to service will be contacted within 48 hours of hospital discharge.
In Depth Assessments as a percentage of families consenting to service	1,800 (12% of 15,050 consenting families)	1,650	1,650	2009: 8 per cent below target. Original target based on full funding. Adjusted projection reflects funding shortfall and gapping of staff positions resulting in decreased service. 2010: 2010 target based on 2009 projections. Resources remain unchanged as funding not anticipated to increase for 2010.
Vector Borne Disease (West Nile Virus)				
Total catch basin treatments Name change for 2010 to: Treatments applied to catch basins	352,000 (88,000 catch basins x 4 treatments)	360,000	364,000	2009: Actual reflects an increase in the number of new catch basins treated. 2010: Four rounds of larvicide applications planned. Projected that 1,000 new catch basins will be assumed, resulting in a total of 91,000 catch basins requiring treatment (91,000 x 4).
Surface water breeding sites monitored and treated as necessary	2,200	2,200	2,200	2009: On target. 2010: Projection based on sustained Ministry funding and that average to above average precipitation will occur.