
DATE: August 15, 2012

REPORT TITLE: **PUBLIC HEALTH PROVINCIAL FUNDING UPDATE**

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

RECOMMENDATION

That the 13.0 Full Time Equivalent (FTE) contract staff approved on February 25, 2010, in a report titled "Low-Income Dental Program for Youth (Healthy Smiles Ontario)" and on December 20, 2010 in a report titled "One-Time Funding for the Food Safety Program"; be adjusted to the 2012 staffing complement as a result of the funding shifting from one time to base.

REPORT HIGHLIGHTS

- The Ministry of Health and Long-Term Care (MOHLTC) announced that Peel Public Health's 2012 operating grant was approved at \$46,038,776.
- 13.0 Council approved contract positions be adjusted to 13.0 Full Time Equivalent positions as a result of the programs being included in base funding.
- The Province placed a global two per cent cap on funding increases for mandatory programs on all boards of health.
- Included in the grant is \$531,742 in one-time funding for various initiatives.
- Full implementation of the third year of the Public Health multi year plan, originally approved as a four year plan in May 2010, will need to be delayed until additional provincial funding becomes available.

DISCUSSION

1. Background

As reported previously to Council, the Ministry of Health and Long-Term Care (MOHLTC) has been committed to renewing Ontario's public health system through the implementation of Operation Health Protection. Provincial investments included the launch of the new Ontario Public Health Standards (OPHS), which set out the minimum requirements for Ontario health units' programs and services.

2. Funding Update

On July 17, 2012, the Ministry of Health and Long-Term Care announced that Peel's 2012 operating grant for Mandatory and Related programs was approved at \$46,038,776 (see Appendix I).

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Mandatory and Related Programs	MOHLTC Approved Funding
Base Funding	45,507,034
One-Time Funding	531,742
Total	46,038,776

a) 2012 Mandatory and Related Programs Funding Announcement – Base

Peel demonstrated a solid business case for increasing provincial funding to address low per capita public health funding, rapid population growth, and the needs of new immigrant groups. However, the Province opted to place a global two per cent cap on funding increases for mandatory programs on all boards of health.

In 2012, two programs (identified in Appendix II) moved from one-time funding to base funding at 100 per cent: Sexually Transmitted Infections Week and World Tuberculosis Day, resulting in base funding increasing by \$9,000.

New base funding was annualized in 2012 for the Chief Nursing Officer Initiative at \$116,699.

One time funding for the Healthy Smiles program was announced by the Ministry of Health and Long-Term Care in 2010. As approved in a report to Regional Council on February 25, 2010 contract staff have been utilized to meet service delivery needs in the Region of Peel. The Healthy Smiles Ontario program has moved from a one-time funding initiative to 100 per cent base funding (see Appendix II). The program is 100 per cent funded by the Ministry of Health and Long-Term Care and 12.0 FTE are required to provide continued service delivery for the Healthy Smiles Ontario program. There are no additional costs to the Region of Peel.

The 100 per cent funded Enhanced Food Safety programs also moved from one-time funding to base funding in 2012. The original contract position was approved as part of the report on December 20, 2010 and 1.0 FTE will be required to provide continued service delivery of Enhanced Food Safety. Funding provided by the Province will fully cover these costs.

b) 2012 Mandatory and Related Programs Funding Announcement – One-time

One-time funding was granted for the Panorama implementation and additional vaccine refrigerators (see Appendix II). The largest one-time grant of \$511,954 is for Peel to prepare for Panorama implementation in the Builder Role. As noted in the report to Council on April 12, 2012, the new Panorama health information management system will replace three separate data systems for immunization records, vaccine and medication inventory, and communicable disease case and outbreak management. Implementation will be completed in phases from 2013-2014. Builder health units have received this one-time funding to continue business process improvements, data cleaning activities, data migration preparation, technological support, and training plans. Staff is participating in several provincial working groups and committees to prepare for the provincial roll-out of Panorama.

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Various additional announcements for one-time funding have been shared with Council in 2012. One-time funding announcements related to the annual Mandatory and Related Programs budget submission are included in Appendix II. One-time funding is an opportunity for Peel to access additional funding for shorter term projects.

Base funding for the Healthy Babies Healthy Children program remains at \$6,735,004. The Ministry of Child and Youth Services has not increased base funding for this program since 2008, although one-time funding has periodically in the past been provided.

There are still funding announcements pending for some programs. It is anticipated that funding for the enforcement and education programs to support the *Smoke Free Ontario Act* will remain frozen at the 2009 level of just over \$650,000. As well, funding for the youth engagement program that was announced in 2010 is expected to be capped at \$80,000.

3. Proposed Direction**a) Deferred Implementation of the Public Health Multi Year Plan, originally approved as a 4 Year Plan in May 2010**

As with the first two years, full implementation of the third year of the Public Health Multi Year Plan will need to be delayed until additional provincial funding becomes available. The 2012 operating grant provided by the Province does not allow for the hiring of 18 of the FTEs approved in the 2010 and 2011 budget. Peel Public Health will phase in these resource improvements as funding enhancements are provided by the Province, and will work to mitigate the impacts of the 2012 funding shortfall in the delivery of services. Additionally, no new FTEs were requested in the 2012 Budget, which further erodes the program's ability to implement the Multi Year Plan.

Overall, the impacts of the 2012 funding shortfall include slower progress on addressing Public Health's strategic priorities and continued inability to fully meet the requirements of the Ontario Public Health Standards.

For example, with the current funding shortfalls, Peel Public Health has prioritized available resources to focus on Term of Council Priorities such as early child development, obesity and diabetes prevention, and tobacco use.

However, the lack of sufficient funding continues to compromise Public Health's ability to provide mandated services to all Peel residents who might benefit. For example, Peel Public Health is currently providing service to approximately 1/3 of low income children in need of urgent dental treatment, while staff in the Communicable Diseases division is unable to fully implement immunization records screening in all day cares throughout Peel.

b) Efforts to Increase Efficiency

Tuberculosis (TB) medical surveillance is a program mandated by Citizenship and Immigration Canada (CIC) to screen certain types of immigrants for active TB in

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Canada. This process requires the majority of immigrants from high incidence TB countries to be screened for TB through an Immigration Medical Exam prior to entry. If CIC determines they are at high risk for TB based on the Immigration Medical Exam, they are placed on TB medical surveillance. After arrival in Canada, the local public health unit facilitates their medical surveillance follow up, assessment by a physician for TB and compliance reporting.

This program consumes significant public health resources to detect a small proportion of TB cases; in fact, only one per cent of our medical surveillance episodes resulted in the early detection of TB. Between 2005-2010, there were 36 cases of TB detected by medical surveillance, compared with a total of 3,517 medical surveillance episodes in that period. On average, we use up 880 hours of staff time for each active TB case detected by medical surveillance. It costs over \$240,000 annually to operate this program.

Furthermore, the medical surveillance process is repeated when temporary residents such as people on work or student visas have to renew their status or apply to permanent residency. This administrative requirement does not have any correlation to the actual risk of TB and does not appear to have any public health rationale.

In mid-April, 2012, Peel Public Health streamlined the TB medical surveillance process to have physicians and clients communicate the results of the medical assessment directly to Citizenship and Immigration Canada, rather than have public health act as a liaison. The MOHLTC directed Peel Public Health to reverse these changes in July 2012 because we did not fulfill the Ontario Public Health Standards requirements. As a result, we have had to redirect resources back to this program at the expense of implementing other strategic and Term of Council Priorities.

c) Provincial Advocacy

As previously reported to Council, Peel Public Health is involved in the MOHLTC's working group to develop a needs-based funding formula, which will restart its meetings in October 2012 after a hiatus of 15 months. This formula aims to recognize and respond to the variances in per capita funding among boards of health across the Province. Given Peel's position as the lowest per capita provincially funded health unit in Ontario, this may result in funding increases. However, the MOHLTC's position is that relative adjustments will require incremental funding increases, which will not necessarily become available in any given year. Meanwhile, advocacy to the Province highlighting Peel's growing demand for public health services will continue. In particular, staff continues to work with the Intergovernmental Relations Advisory Committee to advocate for additional provincial funding.

FINANCIAL IMPLICATIONS

Base funding has increased mainly due to growth funding on Mandatory programs (see Appendix II for details).

Staff will continue to use two per cent growth for budgeted funding projections, unless there are changes due to the MOHLTC working group recommendation.

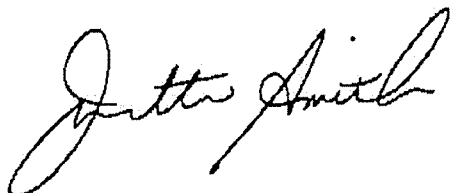
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There are three programs that are moving from one time cost-shared (75 per cent) to 100 per cent base funding for 2012 (see Appendix II). This will result in a net reduction and will be reflected in the 2013 Public Health budget.

CONCLUSION

Peel Public Health will continue to advocate to the Province for adequate levels of funding. Service improvements for 2012 identified in the original Public Health 4 Year Plan will be deferred and reflected in the proposed budget for 2013.



Janette Smith
Commissioner of Health Services



David L. Mowat, MBChB, MPH, FRCPC
Medical Officer of Health

Approved for Submission:



D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Dr. David L. Mowat at extension 2566 or via email at david.mowat@peelregion.ca

Authored By: Heidi Bischof

c. Legislative Services
 Manager, Financial Support Unit (FSU)

HE-A4-61 -
APPENDIX I
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APPENDIX I

Ministry of Health
and Long-Term Care
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Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
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Ministère de la Santé
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JUL 17 2012

HLTC2976FL-2012-147

Regional Municipality of Peel
Office of the Regional Chair

JUL 20 2012

RECEIVED

Mr. Emil Kolb
Chair
Peel Regional Board of Health
10 Peel Centre Drive
Brampton ON L6T 4B9

Dear Mr. Kolb:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Peel Regional Board of Health up to \$45,507,034 in annual base funding for the 2012 funding year to support the provision of mandatory and related public health programs and services in your community, and up to \$531,742 in one-time funding to support projects related to the delivery of these initiatives.

Roselle Martino, Executive Director (A) of the Public Health Division, and Kate Manson-Smith, Assistant Deputy Minister of the Health Promotion Division, will write to Dr. David Mowat, Medical Officer of Health, Peel Public Health, shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to Ontario's public health system.

Sincerely,

Deb Matthews

Deb Matthews
Minister

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Mr. Emil Kolb

c: Sylvia Jones, MPP, Dufferin-Caledon
Jagmeet Singh, MPP, Bramalea-Gore-Malton
Hon. Linda Jeffrey, MPP, Brampton-Springdale
Vic Dhillon, MPP, Brampton West
Hon. Charles Sousa, MPP, Mississauga South
Amrit Mangat, MPP, Mississauga-Brampton South
Hon. Harinder S. Takhar, MPP, Mississauga-Erindale
Dipika Damerla, MPP, Mississauga East-Cooksville
Bob Delaney, MPP, Mississauga-Streetsville
Dr. David Mowat, Medical Officer of Health, Peel Public Health
Dr. Arlene King, Chief Medical Officer of Health, Public Health Division
Roselle Martino, Executive Director (A), Public Health Division
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division
Liz Haugh, President, Ontario Public Health Association
Gary McNamara, President, Association of Municipalities of Ontario
Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies

PUBLIC HEALTH PROVINCIAL FUNDING UPDATE

APPENDIX II

PROGRAM-BASED GRANTS

Peel Regional Board of Health

Base Funding (1)	2012 Approved Allocation
Existing Base	
Mandatory Programs (75%)	39,948,062
Vector-Borne Diseases Program (75%)	767,221
Children In Need of Treatment (CINOT) Expansion Program (75%)	474,300
Healthy Smiles Ontario Program (100%)	2,484,171
Infectious Diseases Control Initiative (100%)	1,166,722
Public Health Nurses Initiative (100%)	173,441
Enhanced Food Safety - Haines Initiative (100%)	138,521
Enhanced Safe Water Initiative (100%)	99,128
Infection Prevention and Control Nurses Initiative (100%)	86,569
Needle Exchange Program Initiative (100%)	22,500
Small Drinking Water Systems Program (100%)	12,700
Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)	8,000
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	45,381,335
Moving from One-Time to Base	
Chief Nursing Officer Initiative (100%)	116,699
Sexually Transmitted Infections Week (100%)	7,000
World Tuberculosis Day (100%)	2,000
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	125,699
Sub-Total	45,507,034

One-Time Funding (1)	2012 Approved Allocation
New Purpose Built Vaccine Refrigerators (100%)	19,788
Panorama (100%) (2)	511,954
Sub-Total	531,742

Total	46,038,776
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(1) Base and one-time funding is approved for the 12 month period of January 1, 2012 to December 31, 2012 unless otherwise noted.

(2) One-time funding is approved for the 12 month period of April 1, 2012 to March 31, 2013.