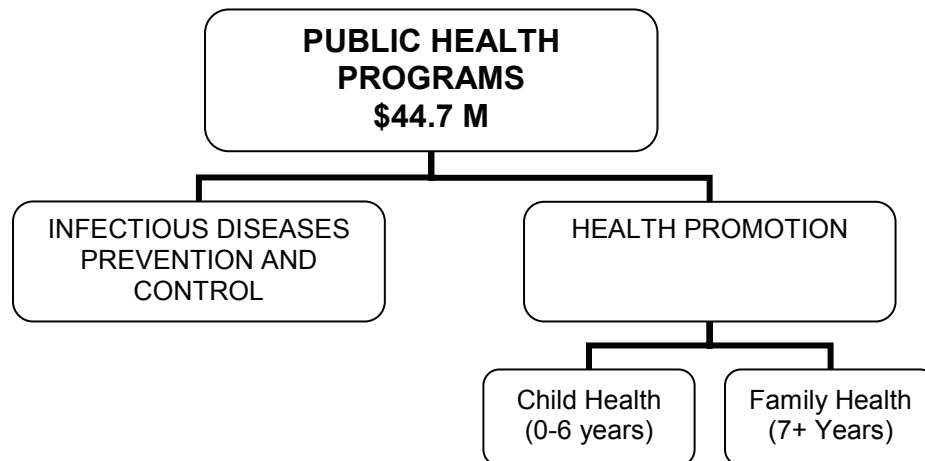


Public Health

Services That We Provide



York Region Public Health delivers programs and services legislated by the Ontario Ministry of Health and Long-Term Care (MOHLTC). Under the requirements of the Health Protection and Promotion Act (HPPA), the Public Health Branch ensures the provision of Mandatory Health Programs and Services according to the provincial guidelines published in December 1997. The Dental, Nutrition and School Services, Child and Family Health, Health Protection, Infectious Diseases Control and Healthy Lifestyles Divisions together with the Community Development, Health Information and Planning, and Business Services Branches utilize highly specialized professionals to deliver and support public health programs and services that endeavour to meet the mandate of the HPPA, while being responsive to the special needs of York Region's unique community.

The standards set out in the Mandatory Health Programs and Services Guidelines, December 1997 are as follows:

GENERAL STANDARDS

- Equal Access
- Health Hazard Investigation
- Program Planning and Evaluation

PROGRAM STANDARDS

Chronic Diseases and Injuries

- Chronic Disease Prevention
- Early Detection of Cancer
- Injury Prevention Including Substance Abuse Prevention

Family Health

- Sexual Health
- Reproductive Health
- Child Health (including Healthy Babies, Healthy Children)

Public Health

Infectious Diseases

Control of Infectious Diseases

Food Safety

Infection Control

Rabies Control

Safe Water

Sexually Transmitted Diseases (STDs) including HIV/AIDS

Tuberculosis (TB) Control

Vaccine Preventable Diseases

Through these standards, boards of health seek to enable residents of the community to realize their fullest health potential. This is achieved by promoting health, preventing disease and injury, controlling threats to human life and function, and facilitating social conditions to ensure equal opportunity in attaining health for all.¹

Other Programs

Ontario Works Dental Program

Master Plumbers Registry

Given the increasing complexity of public health emergencies and broad programs within the growing mandate of public health, York Region Health Services Department strives to provide strong leadership in the areas of health promotion and disease prevention in order to ensure that our citizens are protected.

¹ Ontario Ministry of Health and Long-Term Care. Public Health Branch. (1997). Mandatory Health Programs and Services Guidelines. Toronto, Ontario: Ontario Ministry of Health and Long-Term Care, p.3.

2005 Objectives and Key Work Initiatives

1. Provide customer service in response to the need for medical and epidemiological expertise related to program areas such as infectious diseases outbreaks, emergency preparedness and environmental health issues.

- In response to an increasing demand for Public Health as an emergency responder and the need for increasing consultation advice being sought by community physicians, the Health Services Department seeks to ensure that leadership and customer service continue to be provided to community health partners and that these relationships are further strengthened in the future.
- During the SARS outbreak, a separate “MD Hotline” was set up to respond to the needs of community physicians. As a result of this and many other initiatives (including newsletters, physician alerts and faxes), physicians have come to rely on the Health Services Department as an expert source of medical advice related to infectious disease control, environmental health concerns, and medical emergency response.
- Program areas of growth include a demand for clinical Public Health services as well as expert source in environmental health concerns and emergency response. In addition, public health staff are required to assist in responding to and providing advice on concerns such as electro-magnetic fields (EMFs), chemical spills and chemical, biological, radiological and nuclear (CBRN) exposures.
- 1.0 FTE Public Health Physician and 1.0 FTE Environmental Epidemiologist are required in order to provide the necessary expertise and support to community partners such as physicians, schools and community residents.
- The 20th century saw three influenza pandemics. The most deadly, the “Spanish Flu” of 1918-19, killed an estimate 20 million people worldwide. Public health officials have warned that a global influenza pandemic is overdue. It is estimated that an influenza pandemic in Ontario, depending on the number of people infected, could result in between 22,000 and 52,000 hospitalizations, 980,000 to 2.25 million outpatient visits, and 5,000 to 12,000 deaths.¹
- The Health Services Department has undertaken extensive emergency preparedness and contingency planning initiatives in response to legislated requirements, as well as in light of the recent event of SARS and the future potential of a pandemic flu outbreak. Appropriate contingency planning can reduce the extent of an outbreak as well as morbidity and mortality rates. It is vital that York Region be prepared to mobilize resources quickly and

¹ Ministry of Health and Long-Term Care, *Ontario Health Pandemic Influenza Plan* (May 2004), p.2.

Public Health

effectively to contain, for example, a pandemic influenza outbreak and limit its impact.

- 1.0 FTE Emergency Preparedness and Contingency Planning Specialist is required to further these essential initiatives.

2. Expand the Seniors Dental Health Program to improve the oral health status of community living and institutionalized seniors, in response to poor access to dental services, and unmet needs in the community.

- In York Region, there is an increasing population of seniors who are still able to live in the community but require more support in order to ensure a good quality of life. Due to the aging population and increasing longevity of seniors in our community, an ever-widening gap has been identified with respect to senior's dental health.
- On September 4, 2003 a presentation was made to Health and EMS Committee on the Dental Program for seniors in Long Term Care facilities. The presentation covered the services provided currently to our seniors. This included preventive dental services including dental screening, denture cleaning and identification of oral dental issues, as well as in-services for staff. Health and EMS Committee was very supportive of the program and also recognized that there are many seniors in the York Region community who cannot access the program, but would benefit from these services. Committee was supportive of Dental Services expanding the current program to include more seniors outside of long-term care centres living in the community.
- To-date, Dental Services has been unable to address any program expansion due to the lack of management time for new program development. Additional staff resources would allow program expansion to two additional Long Term Care sites (from 15 to 17), 5 Alternative Community Living Programs, 24 retirement homes and 2 York Region Day Programs for Seniors reaching a total of approximately 2,267 additional York Region seniors. In addition, the number of in-services currently being provided would increase from 8 to 32 which would cover all sites previously mentioned as well as Community Care Access Centres (C.C.A.C.) and Community Home Assistance to Seniors (C.H.A.T.S.) staff.
- 1.0 FTE Dental Health Manager is required for this program expansion.

3. Provide adequate program support to ensure the efficient and effective delivery of Mandatory Health Programs and Services.

- Over the past several years, the addition of front line program staff has placed significantly increased pressures on clerical support requirements. Additional clerical staff is required to not only provide dedicated program backup and support but to also provide assistance in program areas such as Tuberculosis Control, Vaccine Preventable Diseases and Program Planning

Public Health

and Evaluation. This additional resource would allow professional staff to focus their efforts on programming rather than administrative functions. Staff would be cross-trained in order to provide clerical coverage to any of the Public Health Program areas. This would allow for staff to be deployed to program areas on an as needed basis across the Branch. Cross-training would also allow for the effective redeployment of clerical resources in the event of an emergency.

- 3.0 FTE Administrative Clerk Intermediates are required in order to ensure the provision of adequate program support.
- The Department requires a dedicated Local Systems Support Officer to ensure continuous quality improvement and the development of planning objectives related to the ongoing maintenance and upgrading of new and existing Department software applications in addition to improving functionality of Departmental data base systems. The Local Systems Support Officer will be required to provide technical expertise and support, develop creative solutions to complex technology problems unique to the Health Services Department and provide network expertise and support for provincially and regionally mandated data communication and telephony systems.
- 1.0 FTE Local System Support Officer is required for this initiative.
- In order to ensure that information is properly stored and easily accessible and to address additional requirements under the Personal Health Information Protection Act, a dedicated Records and Information Analyst is required. This position would be responsible for assisting staff in determining records series, applying business rules, ensuring the application of proper classification codes, security and access as well as ensuring the appropriate implementation of Electronic Document Management Systems across the Department.
- 1.0 FTE Records and Information Analyst is required to ensure that the Department is able to keep abreast of the increased legislative requirements under the newly implemented Personal Health Information Protection Act.
- In order to meet provincial requirements for comprehensive health strategy development in York Region an additional staff resource is required to provide adequate support to the Department. This position would focus on specific topic areas which include falls in seniors, seniors service programming and other issues representative of the diverse population in York Region. The position would also assist in the development of holistic and integrated long range strategy planning.
- The additional position would encourage partnership development with typical and atypical partners such as businesses, health-care organizations, faith groups and cultural groups. The position would ensure program

Public Health

sustainability and provide health education and promotion to the residents in York Region.

- 1.0 FTE Health Educator is required to address these initiatives and to provide adequate support to the Department.

4. Introduce a Customer Service and Quality Assurance Program within the Public Health Branch, with a focus on strengthening Key Performance Indicators (KPIs) in Public Health.

- Creating healthier communities through the delivery of public health services requires clear, consistent, and effective programs to be delivered and evaluated appropriately through independent and objective measurement.
- In order to ensure that public health programs are customer focused, and delivered in the most efficient and cost-effective manner, a “systems review” is required of internal functions key to the success of achieving the objectives and outcomes of the corporate vision.
- With the introduction of a customer focused quality assurance program, specific key indicators will be designed and measured as part of ongoing performance of specific measurable programs.
- It is anticipated that the introduction of project specific reviews of internal functions, the design and review of specific performance indicators, and assurance of consistency in the delivery of programs, will ultimately provide an enhanced level of customer service and cost-efficiency.
- 1.0 FTE Continuous Quality Assurance Co-ordinator is required for this planning and evaluation initiative.

5. Expand an internationally recognized best-practise pilot project addressing falls prevention in seniors with proven results to decrease falls in the elderly, reduce risk factors to prevent injury, and increase social participation of seniors in the community.

- Falls account for 66% of hospital admissions and are the leading cause of fatal injury among Canadian seniors.
- In 2003/2004, the municipalities of Vaughan and Markham piloted an evidence-based project designed to reduce the number of falls and the consequence of falls for seniors. Over the two-year period, York Region Health Services Injury Prevention Team partnered with two other lead organizations (Toronto Public Health, Baycrest Centre for Geriatric Care) to design and implement a multi-disciplinary in-home falls prevention program for frail seniors.

Public Health

A Falls Intervention Team (F.I.T.) targeted the seniors most at risk for falls and the least likely to be able or willing to access clinics or educational programs. Program staff provided a confidential, comprehensive falls risk assessment in the client's own home examining issues of medication use, balance, environmental hazards, blood pressure and self care. A public health nurse and a physiotherapist made home visits over a period of twelve weeks providing education around lifestyle modification as well as introducing prevention strategies including a home based exercise program.

Seniors and their families were very enthusiastic about the program and the results were significant, including a decrease in the number of falls, decreased risk factors for falls, increased social participation and adherence to the exercise program.

- The F.I.T. project requires expansion and dedicated staff in order to make it available to seniors throughout York Region including those seniors whose language of origin is not English. This expansion requires extensive planning, marketing, implementation and evaluation. Quantitative and qualitative evaluation strategies will be utilized (including outcome-based scientific tools already developed and implemented) to measure program effectiveness.
- The expansion of the F.I.T. project will improve not only Public Health compliance with Mandatory Core Program requirements in Injury Prevention, but also the quality of life of seniors in our community.
- 1.0 FTE Seniors Clinical Nurse Specialist, 2.0 FTE Public Health Nurses are required to ensure the program expansion as well as York Region's continued participation in this vital initiative.

6. Implement an expanded breastfeeding clinic, in response to the special needs of York Region's unique and diverse community. This includes the introduction of expanded hours of service and the provision of breastfeeding services in previously difficult to reach populations and communities.

- One of the most important determinants of child health is the length of breastfeeding for infants. The breastfeeding clinics delivered by York Region Health Services Department provide information and skill development at a critical point to ensure breastfeeding success.
- The response of the York Region community (1,255 visits or a 300% increase in the first 3 months of 2004) has overwhelmed the resources of the clinics producing unacceptable waiting times. Implementation of an expanded breastfeeding clinic program to address approximately 3,000 visits in 2005 will respond to the diverse needs of the community, and continue outreach to previously difficult to access populations and communities.
- 1.0 FTE Public Health Nurse is required to expand this program area.

Public Health

7. Provide improved customer service through the integration and provision of additional staff resources dedicated to the Health Connection call centre.

- The increasing rates of childhood and adult obesity in Canada have resulted in a call for Canadians to make significant healthy lifestyle changes. Consumer demands for information and advice about healthy eating choices, healthy eating habits and how to incorporate these into one's lifestyle have led to a significant increase in calls to Health Connection over the past year. The need for specialized information regarding certain disease processes (i.e. diabetes) and their dietary implications has also increased the complexity of the calls received.
- Nutrition-related calls to Health Connection from York Region residents increased by 106% or 2,254 calls from 1st quarter 2003 to 1st quarter 2004. The increase from 2nd quarter 2003 to 2004 was 234% or 5,646 calls. In addition, the number of requests for information resources and presentations by dietitians from community-based organizations is rising.
- It is anticipated that this trend will continue due to the recent release of Health Weights, Healthy Lives, a report prepared by the Chief Medical Officer of Health for Ontario promising increased health promotion campaigns, ongoing media coverage, and increased awareness by the general public of the importance of making significant lifestyle changes.
- 1.0 FTE Dietitian is required for Health Connection to address the increase volume of nutrition-related calls and the need for specialized information by York Region residents.
- Current coverage of the Sexual Health Line is provided by a rotation of approximately 20 staff from within the clinic and sexual health programs. This has resulted in a patchwork of coverage for this service which requires specialized knowledge and skills.
- The quality and consistency of information provided, adherence to customer service standards, training requirements and coverage of the service will all be greatly improved by full integration into the Health Connection Line.
- In addition, the sharing of information between a consistent Sexual Health Nurse and the Health Connection staff will result in an increased level of expertise for all staff and improved customer service for callers.
- 1.0 FTE Sexual Health Nurse is required in order to fully integrate the current Sexual Health Line into Health Connection.

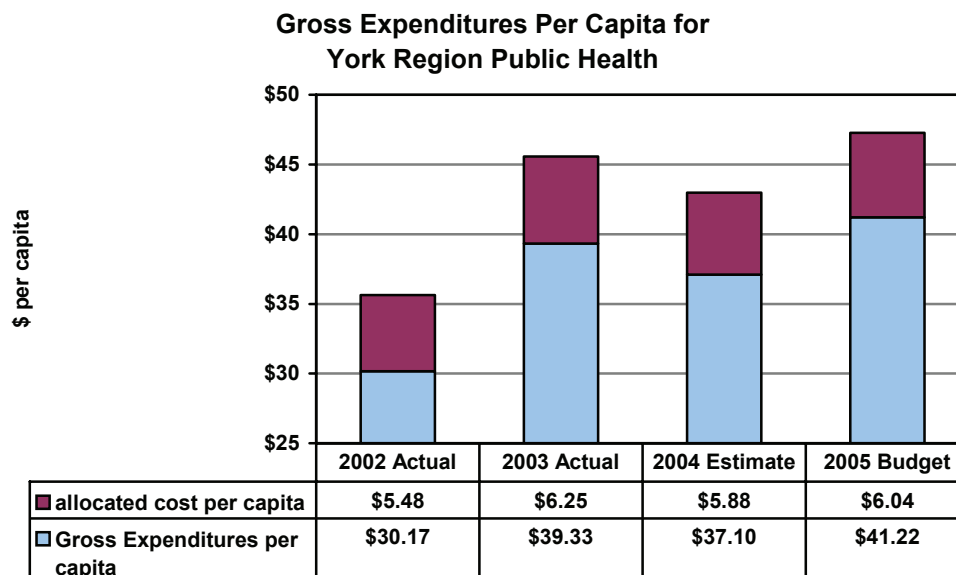
Public Health

2006/2007 Objectives

1. Continue to provide high quality programs and services to ensure that the health of York Region residents is protected.
2. Focus on and advocate for the broader determinants of health that impact, from a fundamental level, the health of all people in York Region.

Performance Measures and Benchmarks

Key Performance Indicators

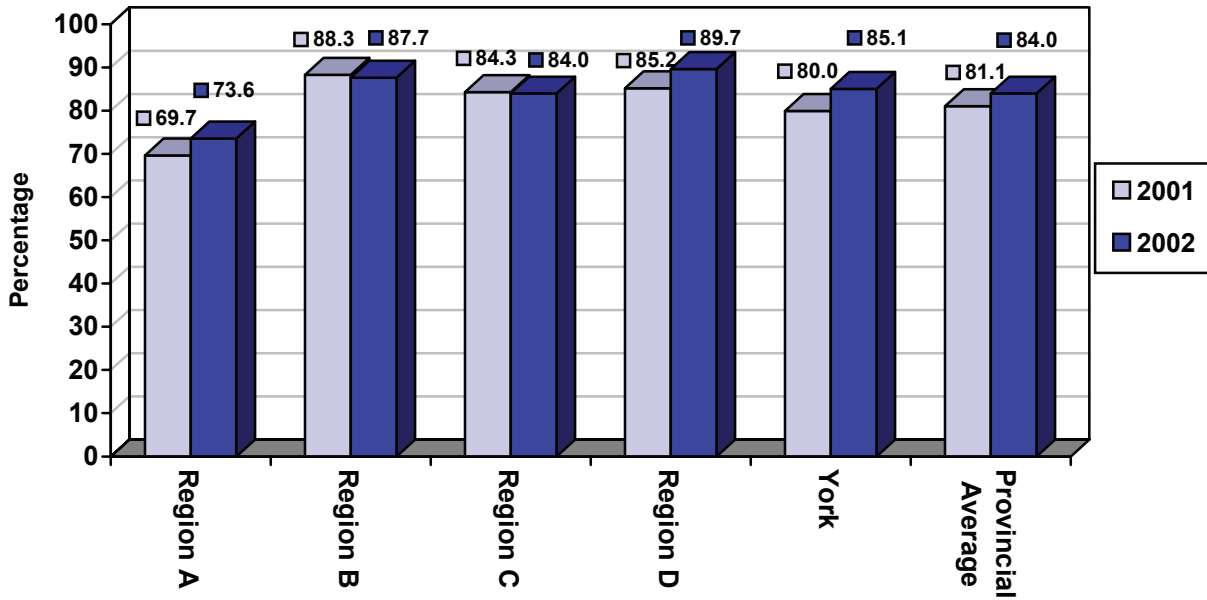


Note: Gross expenditures are net of fees and charges.

	2002	2003	2004	2005
Data	Actual	Actual	Actual	Budget
Allocated Costs	\$4,525,900	\$5,227,800	\$5,134,382	\$5,539,956
Dept. Costs (excluding allocations)	\$24,904,030	\$32,909,646	\$32,389,541	\$37,783,533
Population	825,593	836,770	873,000	916,473

Public Health

Mandatory Program Compliance Comparison - 2001 & 2002



Note: York Region 2002 data is currently being verified with the MOHLTC.

Operating Impact of Capital

There are no capital projects in the 2005 Business Plan and Budget for the Public Health Branch.

Public Health

Staffing Resources

	2003 Budget	2004 Budget	2005 Budget	2006 Outlook	2007 Outlook
Permanent FTE's	370.2	405.0	422.0	455.5	488.5
Net Change	6.0	34.8	17.0	33.5	33.0
Casual FTE's	2.0	2.0	2.0	2.0	2.0

Public Health 2005 Permanent Staff Justifications

- 1.0 FTE Public Health Physician:** This position will work closely with the MOH and AMOH to respond to community physician concerns, provide medical advice and consultation to public health staff, and will lead the public health sexual health clinical services for York Region.
- 1.0 FTE Dental Health Manager:** This position is required in order to respond to an increasing gap of unmet dental needs for seniors in our community. The addition of this position will reduce the current management to staff ratio of 1:22.
- 1.0 FTE Local Systems Support Officer:** This position is required to provide technical expertise and support, develop creative solutions to complex technology problems unique to Health Services Department and provide network expertise and support for provincially and regionally mandated data communication and telephony systems.
- 3.0 FTE Administrative Clerk Intermediates:** These positions are required to provide adequate program support and backup across all program areas with specific focus on Infectious Diseases Control, Immunization Record Information, Tuberculosis and Health Information and Planning.
- 1.0 FTE Records and Information Analyst:** This position is required to ensure that the Department is kept abreast of increased legislated requirements.
- 1.0 FTE Dietician:** This position is required to address the increased number of nutrition-related calls to Health Connection from York Region residents.
- 1.0 FTE Emergency Preparedness and Contingency Planning Coordinator:** This position will be responsible to further the emergency preparedness and contingency planning initiatives required of the York Region Health Services Department.

Public Health

- 8. 1.0 FTE Public Health Continuous Quality Assurance Coordinator:** This position will work with all divisions of public health leading project based initiatives to strengthen measurement tools (KPIs), monitor and enhance customer service, improve efficiency, ensure consistency, and share best practises in the delivery of public health services.
- 9. 1.0 FTE Seniors Clinical Nurse Specialist and 2.0 FTE Public Health Nurses:** These positions are required to expand the internationally recognized evidence-based falls in seniors pilot project into a formal program for York Region seniors.
- 10. 1.0 FTE Environmental Epidemiologist:** This position will be required to respond to inquiries and concerns regarding environmental health issues, develop and implement environmental health programs and provide professional and knowledgeable recommendations/advice on environmental impact assessments.
- 11. 1.0 FTE PHN:** With the growing diversity and increasing mobility of residents in this region, this position will greatly assist in enhancing customer service through the expansion of hours of the breastfeeding clinics, target hard to reach communities and populations, and reduce wait times for breastfeeding services.
- 12. 1.0 FTE Public Health Nurse:** This position is required to ensure quality and consistency of information provided and adherence to customer service standards related to the integration of the Sexual Health Line into Health Connection.
- 13. 1.0 FTE Health Educator:** This position is required to address the increased need for enhanced program delivery and the development of a comprehensive long range strategy plan.

Public Health

Operating Financial Summary

\$000's	2003 Actual	2004 Estimate	2004 Budget	2005 Budget	2006 Outlook	2007 Outlook
Gross Expenditures:						
Staff Related Costs	25,064.7	28,523.8	28,723.8	31,625.7	35,779.2	40,941.9
Program Costs	8,087.4	6,495.8	6,495.8	6,069.8	6,388.8	6,790.6
Occupancy/R & M Costs	800.9	923.5	923.5	949.4	1,065.2	1,865.3
Minor Capital	320.5	344.3	344.3	512.8	738.4	1,475.3
Contributions to Reserves	0.0	0.0	0.0	0.0	0.0	0.0
Financial Items	88.0	85.0	85.0	195.1	200.9	215.0
Inter Charges/Recoveries	(157.0)	(182.1)	(182.1)	(185.7)	(191.3)	(197.0)
Total Expenditures	34,204.5	36,190.4	36,390.4	39,167.1	43,981.3	51,091.2
Revenues:						
Municipal Revenues	0.0	0.0	0.0	0.0	0.0	0.0
Provincial Funding	(21,046.6)	(21,376.7)	(21,476.7)	(24,461.8)	(29,604.1)	(37,531.9)
Federal Grants	0.0	0.0	0.0	0.0	0.0	0.0
Fees and Charges	(203.5)	(205.3)	(205.3)	(265.3)	(273.3)	(281.5)
Development Charges	0.0	0.0	0.0	0.0	0.0	0.0
Contribution from Reserves	(1,037.5)	(1,576.2)	(1,576.2)	(1,325.7)	(1,365.5)	(1,406.5)
Other	(586.6)	(611.0)	(611.0)	(611.0)	(629.3)	(648.2)
Total Revenues	(22,874.2)	(23,769.2)	(23,869.2)	(26,663.9)	(31,872.2)	(39,868.1)
Tax Levy Impact	11,330.3	12,421.2	12,521.2	12,503.2	12,109.1	11,223.1
Interdepartmental Allocations	5,227.8	5,134.4	5,134.4	5,540.0	5,706.2	5,877.3
Business Plan excl. Cont. to Cap.	16,558.1	17,555.6	17,655.6	18,043.1	17,815.3	17,100.5
Contribution to Capital	-	-	-	-	99.2	392.9
Business Plan Total	16,558.1	17,555.6	17,655.6	18,043.1	17,914.5	17,493.4

Public Health

Financial Explanations

(000's)	Gross		Net	
	\$	%	\$	%
2004 Operating Budget	36,390.4		12,521.2	
Base				
Contracted wage settlement and benefits (ONA & CUPE)	1,454.8	4.0%	598.9	4.8%
Leasehold renewal costs	41.5	0.1%	18.7	0.1%
OHIP costs - Sexual Health Clinic Services(100% funded)	60.0	0.2%	0.0	0.0%
Cell phones to address staff/program requirements	13.8	0.0%	6.2	0.0%
Audit fees and utilities and insurance costs	34.0	0.1%	15.3	0.1%
Vehicle maintenance, clinic supplies & membership fees	18.3	0.1%	8.2	0.1%
Provincial grant increase applied to Base costs	-	0.0%	(676.0)	(5.4%)
Subtotal Base	1,622.3	4.5%	(28.7)	(0.2%)
Efficiencies/Program Reductions				
Efficiencies on WNV contracts	(318.9)	(0.9%)	0.0	0.0%
End of Chinese & Italian Tobacco Awareness Campaign	(70.4)	(0.2%)	0.0	0.0%
Corporate Reductions - Special Promotions	(40.0)	(0.1%)	(18.0)	-0.1%
No Smoking By-Law cost reduction	(45.0)	(0.1%)	(20.3)	(0.2%)
Subtotal Efficiencies/Program Reductions	(474.3)	(1.3%)	(38.3)	(0.3%)
Total Base	1,148.0	3.2%	(66.9)	(0.5%)
Mandatory/Legislated				
Total Mandatory/Legislated	-	0.0%	-	-
Annualization				
Total Annualization	0.0	0.0%	0.0	0.0%
Growth				
Expand Health Connection Database	78.7	0.2%	35.4	0.3%
Children in Need of Treatment - increased cost	30.0	0.1%	13.5	0.1%
Staff to support/deliver Mandatory Programs & Services (8.0 FTE)	678.2	1.9%	305.2	2.4%
Provincial grant increase - program growth costs	-	0.0%	(305.2)	(2.4%)
Total Growth	786.9	2.2%	48.9	0.4%
Enhancements				
Staff to expand/enhance Mandatory Programs & Services (9.0 FTE)	841.7	2.3%	378.8	3.0%
Provincial grant increase - program expansion/enhancement costs	-	0.0%	(378.8)	(3.0%)
Total Enhancements	841.7	2.3%	(0.0)	0.0%
Sub-total 2005 Budget Pressures before Capital	2,776.7	7.6%	(18.0)	(0.1%)
2005 Tax Levy contribution to Capital Reserve	-		-	
Total 2005 Budget Pressures	2,776.7	7.6%	(18.0)	(0.1%)
Total 2005 Operating Budget	39,167.1		12,503.2	