

TORONTO STAFF REPORT

November 9, 2004

To: Board of Health

From: Dr. David McKeown, Medical Officer of Health

Subject: Additional Public Health Service Options for Consideration

Purpose:

The purpose of this report is to identify additional service options to strengthen public health programs and services for consideration in the 2005 Operating Budget, in light of changes in the provincial cost sharing formula, as requested by the Board of Health Budget Subcommittee.

Financial Implications and Impact Statement:

In addition to service enhancements included in the 2005 Public Health Operating Budget submission, this report includes further service enhancement requests that add \$2,302.8 thousand gross expenditures and \$1,036.1 thousand net expenditures in 2005 with an incremental annualization cost of \$790.2 thousand gross and \$369.9 thousand net in 2006.

The net cost of these proposals will be offset in 2005 by additional revenues of \$6,332.5 thousand expected from the change in the Ministry of Health and Long Term Care funding formula from 50% in 2004 to 55% in 2005 for all mandatory programs. The total of these proposals in addition to the 2005 Operating Budget submission does not add pressure to the City's share of Toronto Public Health funding as it exists in the 2004 budget.

The Chief Financial Officer and Treasurer has reviewed this report and concurs with the financial impact statement.

Recommendations:

It is recommended that:

- (1) the service options as identified in Table 1: "Summary of 2005 Additional Services Options" of this report totalling \$2,302.8 thousand gross and \$1,036.1 thousand net, be approved;

- (2) this report be forwarded to the Budget Advisory Committee for its consideration; and
- (3) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

This report responds to the following motions passed by the Board of Health Budget Subcommittee at its meeting on October 26, 2004:

1. That additional provincial revenues from the change in cost-sharing arrangements be used primarily to move towards full compliance with mandatory provincial program guidelines, as anticipated by the Province in providing the additional funds. In addition, some of the increased funding should be used so that the net cost to the City for Toronto Public Health does not increase over 2004; and
2. That the Medical Officer of Health be requested to report back to the Board, for its meeting on November 22, 2004, with additional proposals to strengthen public health programs and services with a view to addressing unmet needs.

Comments:

The 2005 Toronto Public Health Operating Budget submission totals \$191,297.0 thousand gross/\$71,510.9 thousand net. This is a \$6,899.8 thousand or 3.7% increase in gross expenditures and a \$1,416.3 thousand or 1.9% decrease in net expenditures from the 2004 Operating Budget. These figures assume full provincial cost sharing for eligible programs.

The Province has committed to strengthen the resource base for public health by increasing the provincial share of funding for local public health units from 50% in 2004 to 55% in 2005. This increase represents an additional \$6,332.5 thousand in revenue on Toronto Public Health's base budget. The Toronto Public Health 2005 operating budget submission reflects a net decrease of \$1,416.3 thousand from the 2004 Operating Budget. The additional service options included in this report will further use provincial revenues to strengthen Toronto Public Health's programs and services.

The proposed service options are listed in Table 1: "Summary of 2005 Additional Services Options" followed by a description of each proposal. The proposals are classified in two categories - Maintenance/Sustainability of Services and Service Enhancements/Mandatory Programs.

The first category, Maintenance/Sustainability of Services, includes those services that Toronto Public Health (TPH) currently offers that require resources to maintain and sustain the current service level provided. The second category, Service Enhancements/Mandatory Programs, includes proposed services that will either enhance the current level of service offered on provincially mandated programs or will initiate a new service that will support mandated program compliance.

Table 1
Summary of 2005 Additional Service Options
(\$000s)

Priority Classification	Description	2005 Add'l Service Request			Staff Positions			2006 Net Incr. Impact
		Gross	Revenue	Net	Perm	Temp	Total	
Maintenance / Sustainability of Services	French Language Service Sustainability	107.7	59.3	48.4	2.0		2.0	18.3
	Cancer Prevention Initiatives	112.3	61.8	50.5	2.0		2.0	19.4
	Sub-total	220.0	121.1	98.9	4.0	-	4.0	37.7
Service Enhancements - Mandatory Programs	Planning, Evaluation & Policy Support for Healthy Families and Oral Health	252.5	138.9	113.6	5.0		5.0	42.1
	Hepatitis B & C Enhanced Follow-up	347.1	190.9	156.2	6.0		6.0	58.0
	Day Nursery VPD Immunization	286.7	157.7	129.0	7.0		7.0	43.9
	Car Free Day Promotion	102.9	56.6	46.3	1.0		1.0	12.6
	Repro & Infant Health - CPNP Support	192.4	105.8	86.6	4.0		4.0	32.2
	Injury & Substance Abuse Prevention Program	214.1	117.8	96.3	4.0		4.0	36.4
	Youth Reunification and Adaptation	277.3	152.5	124.8	8.0		8.0	38.4
	Improving Healthy Food Choices in Schools	409.8	225.4	184.4	8.0		8.0	68.6
	Sub-total	2,082.8	1,145.6	937.2	43.0	-	43.0	332.2
	Total	2,302.8	1,266.7	1,036.1	47.0	-	47.0	369.9

(1) Maintenance/Sustainability of Services

(a) French Language Service Sustainability:

The Healthy Families program provides services to support the growth and development of children and build parenting capacity. The establishment of a dedicated French Language Healthy Families team using a Canada-Ontario Agreement on the Promotion of Official Languages Grant has allowed Toronto Public Health to establish strong linkages and deliver quality service to the French community. With the end of this grant at the end of 2004, sustaining this service is essential to ensure that francophone families have full access to Healthy Families programs.

The City of Toronto French Committee has established a list of essential services, including health services. The TPH Access and Equity Framework supports the right to equal access to Public Health services. Prior to the establishment of the French Language Healthy Families team, the francophone community had limited access to Healthy Families services. Recruitment and retention of French speaking health professionals was greatly enhanced by the establishment of a dedicated team thus ensuring ongoing access to quality services for Toronto's francophone families.

Approval of this request will ensure that francophone families continue to have full access to Healthy Families services through a team of French speaking Family Home Visitors and Public Health Nurses. It will allow the provision of liaison and programming to the French Early Years

Centre. If not approved, services to the French community will be provided on an ad hoc basis when resources are available within the pool of Healthy Families staff.

(b) Cancer Prevention Initiatives

Cancer prevention is mandated by the province within the Chronic Disease Prevention program. However, TPH has insufficient resources for research, policy and program support in cancer prevention.

Toronto Public Health provides support to the Toronto Cancer Prevention Coalition which plays a vital role in advocating for cancer prevention policies, education and action at the local level and beyond. The City of Toronto plays a leadership role in the Coalition and in cancer prevention initiatives overall. The new funding will both strengthen cancer prevention efforts by supporting the Coalition's work and TPH's work in cancer prevention policy development and research analysis.

(2) Service Enhancements - Mandatory Programs

(a) Planning, Evaluation & Policy Support for Healthy Families and Oral Health

To continue to deliver efficient, effective Reproductive and Child Health programming in a complex, changing urban environment, ongoing evaluation of programs is essential. Program reviews have recommended evaluation of the Healthiest Babies Possible Program, Early Postpartum Discharge Follow-up Program, food access support for high risk pregnant women, and parenting interventions. Without additional resources it will not be possible to conduct such evaluations.

The Mandatory Programs and Services Guidelines requires that Boards of Health engage in advocacy related to Reproductive and Child Health in areas such as child poverty, access to child care, and food access. The development of position statements and related advocacy strategies requires extensive knowledge and understanding of the current situation and the broad determinants of children's health. Research is proposed in the areas of low birth weight, Fetal Alcohol Spectrum Disorder, transition to parenthood, and violence affecting women of reproductive age.

TPH also requires program evaluation and quality assurance resources for the Dental and Oral Health Services to ensure that the services are relevant, meet community needs and professional expectations and reflect current scientific knowledge. Such support would also promote cost-effective service delivery. The resources would also be used to support community advocacy efforts to secure provincial and federal funding for dental treatment services for residents who do not have dental insurance or the financial ability to pay for these services.

(b) Hepatitis B & C Enhanced Follow-up

Hepatitis B & C are serious viral infections of the liver that may become chronic. Each year, TPH receives approximately 2,400 new reports of acute and chronic hepatitis B and 1,380 new

reports of hepatitis C. Toronto Public Health attempts to follow up with every client to collect surveillance information, counsel clients on transmission prevention of the disease, and to offer hepatitis B vaccine to susceptible contacts.

Currently, TPH completes only 31% of Hepatitis B and 45% of Hepatitis C investigations within the 2-month guideline due to the high volume of reports. The additional resources for this program will enable the investigations to be completed within the required timeframe. Increased awareness of the risk factors involved in transmission of these diseases and increased vaccination rates for contacts of hepatitis B will result in decreased spread of hepatitis B and C in the community.

(c) Day Nursery VPD Immunization Program

Currently immunization in day nurseries is not being addressed in Toronto. Under the Day Nurseries Act, all day nursery children should be immunized as recommended by the Medical Officer of Health. Immunization is an effective preventive measure and has controlled and/or eliminated many communicable diseases in Toronto.

The requested resources to support this program will assess the immunization status of 40,000 children in approximately 900 day nurseries and to follow-up on outstanding immunization requirements.

Children in day nurseries represent a vulnerable population who are receiving their primary vaccine series and spend considerable time in a closed day nursery environment where communicable diseases can spread rapidly. TPH is not currently carrying out its mandate to ensure that these children receive their necessary vaccinations. The health of approximately 40,000 children, their families as well as day nursery staff will be protected by this service.

(d) Car Free Day Promotion

At its meeting of July 20-22, 2004, Council endorsed Car Free Day to be held on September 22, 2005. The Medical Officer of Health was designated as a lead to establish a multi-stakeholder working group to plan Toronto's 2005 Car Free Day. Funding is required to co-ordinate promotional events, facilitate community partnerships, attract external funding, and develop a campaign brand and promotional materials. This initiative will benefit city-wide programs such as smog reduction, physical activity and injury prevention

A co-ordinator is required for 6 months to liaise with the appropriate City departments, agencies, boards, and commissions, community groups and business partners and to recruit active participation from 20 community groups and 10 businesses. Additional funds are required to develop a campaign brand and creative material for use in advertising including in 60 transit shelters, and to print educational materials for use by staff and community partners (e.g. 10,000 brochures and 30,000 post cards).

Car Free Day events serve as a catalyst for increased public participation in healthier and more environmentally friendly ways to travel to and within the city, including walking, cycling, car-

pooling, car-sharing and using public transit. Car Free Day engages people to try new behaviours for a day, and provides tools to shift their practices on a year round basis.

(e) Reproductive & Infant Health – Canada Prenatal Nutrition Program Support

This service request will increase capacity to support new and expanded program sites with community partners in prenatal nutrition and will enable an additional 4,000 hours of nutrition services for at risk pregnant women.

The proposed resources will support the Canada Prenatal Nutrition Program (CPNP) sites. The CPNP is a collaborative initiative with Health Canada and local CPNP/Prenatal Coalitions that TPH supports as a means of meeting goals and objectives of the Reproductive Health program. The CPNP is designed to meet the needs of pregnant women at risk for poor birth outcome such as women living in poverty and teens.

(f) Injury & Substance Abuse Prevention Program

This program will enhance the capacity of parents/caregivers to deal with high-risk behaviours of children and youth related to injury and substance abuse. Staff will work with parenting groups on injury prevention and substance abuse prevention programs e.g. Kids have Stress Too; Ready or Not; Home Alone.

Program resources will work with parents in at-risk communities to enhance their capacity to address injury and substance abuse in children and youth.

(g) Youth Reunification & Adaptation

The Reunification & Adaptation Project (RAP) engages parents and youth who are dealing with complex issues of adaptation and reunification to work with their own peer group. The separation of children from their families/parents and their reunion causes many difficulties including family violence, substance abuse and depression. This initiative will help youth and children who are isolated and marginalized to adjust to Canada and to reunify successfully with their families and increase their ability to connect with the community. Concerns addressed by the Reunification & Adaptation Project include family dynamics, economic deprivation, and isolation.

Funding is required for a co-ordinator to engage and work with parent and youth peer workers. These peer workers would outreach and provide support to other parents and youth that are isolated. This is a comparable initiative to one in 2002, when Toronto Public Health initiated a peer mentoring pilot project through the Ontario Works Incentive Fund. At that time a co-ordinator was hired and through intensive community outreach 13 parents and 18 youth were recruited and hired across the City of Toronto representing ten different ethno-racial groups.

The RAP project would fall within the Substance Abuse and Injury Prevention Program as well as the Access and Equity Program Standard.

(h) Improving Healthy Food Choices in Schools

Promoting healthy eating and nutrition programs in schools is a key strategy for supporting healthy growth and development of children, preventing obesity and reducing the risk of developing chronic diseases in the adult years, as reported to the Board of Health at its meeting of September 20, 2004.

The requested funding for six Public Health Nurses and two dietitians will enable Toronto Public Health to support an additional 75 schools and 30,000 students, particularly in at risk neighbourhoods, including at least 25 new schools and 10,000 students as a result of TSM (Toronto District School Board) and HAT (Toronto Catholic District School Board) initiatives.

TPH staff work with parents, students, teachers and food service providers to improve healthy eating options in schools, establish supporting nutrition policies and advise on appropriate healthy eating curriculum resources. School councils, administrators and food service operators require assistance in changing the school environment to encourage students to select healthy food choices.

Conclusions:

The additional provincial resources provided to public health units for 2005, will strengthen public health programs and services in the City of Toronto and will enable Toronto Public Health to move towards being fully compliant with mandatory provincial program guidelines. These initiatives are additional to those included in the 2005 Operating Budget submission and will not increase the net cost to the City over 2004 funding levels for Toronto Public Health.

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