



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	February 22, 2018
SUBJECT/REPORT NO:	OPHS Modernization - Annual Service Plan & Budget BOH17010(e) (City Wide)
WARD(S) AFFECTED:	City Wide
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RECOMMENDATION

That Appendix A attached to Report BOH17010(e) respecting the City of Hamilton Public Health Services 2018 Annual Service Plan and Budget be approved for submission to the Ministry of Health and Long-Term Care.

EXECUTIVE SUMMARY

The new Ontario Public Health Standards (Standards) were released by the Ministry of Health and Long-Term Care (Ministry) for implementation by boards of health and public health units effective January 1, 2018. The Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units and include protocols and guidelines that establish accountability for achieving compliance.

As a new requirement of the Standards, all boards of health must approve and submit to the Ministry each year an Annual Service Plan and Budget (ASPB). The ASPB includes an assessment of population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding. The ASPB requires an additional level of detail that is new for the Board of Health (BOH), including a detailed narrative of programs and services offered to demonstrate action.

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To better understand the impact of the new Standards on Public Health Services (PHS), work groups were established to review the Standards, assess compliance and recommend changes to current service delivery. The review also included an analysis of population health data to describe the current health of the community and identify priority populations. Based on the assessment of population health data, three priority areas of focus were identified including mental health and addictions, obesity and health equity. Assessment of compliance with the Standards also resulted in the reallocation of 3.0 FTE from existing positions across PHS programs to invest into the Vaccine Program. This reallocation was managed within existing budget to address the need to maintain compliance with the new Standards.

The ASPB replaces the Program-Based Grants Budget Submission template and acts as the new process to make additional base and one-time funding requests to the Ministry. As directed by the Ministry, funding requests that are made to support the same initiatives year after year should be requested as base funding. As a result, PHS has requested \$619,770 in additional base funding to support the raccoon rabies response, Public Health Inspector practicum program, Smoke Free Ontario expanded smoking cessation programming for priority populations and additional operating costs above the current approved funding to support mandatory programs. No requests for one-time funding were made to the Ministry for 2018.

The City of Hamilton Public Health Services 2018 ASPB is found in Appendix A and is due to the Ministry on March 1, 2018. Moving forward, it is expected that public health units submit their ASPB to the Ministry by December 31, prior to the beginning of the program year. PHS has developed an annual planning process to meet expectations for completion and submission of the ASPB on an annual basis.

Alternatives for Consideration – Not applicable.

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: BOH approval of the ASPB for submission to the Ministry is required to receive provincial funding to support the delivery of public health programs and services. The ASPB replaces the Program-Based Grants Budget Submission template and acts as the new process to make additional base and one-time funding requests to the Ministry.

For 2018, PHS has requested \$619,770 in additional base funding as outlined below.

Raccoon Rabies: Request for \$327,160 to continue funding two temporary full time Public Health Inspector positions to meet increased service levels due to unexpected and extraordinary raccoon rabies outbreak in Hamilton and surrounding areas that began in December 2015.

Public Health Inspector Practicum Program: Annual grant of \$10,000 available to hire 0.16 FTE Public Health Inspector Trainee between Victoria Day and Labour Day for program support and to provide training for future Public Health Inspectors.

Smoke Free Ontario Expanded Smoking Cessation Programming for Priority Populations: Request to continue funding of \$25,000 to operate a quit smoking clinic that offers one-on-one counselling and access to free nicotine replacement therapy. Priority is given to pregnant and breastfeeding women, families with children under one year of age, persons living in poverty, persons with mental illness, persons new to Canada, and those without a family physician.

Mandatory Programs: Request of \$257,610 to support additional operating costs above the total gross operating cost of the current approved funding to deliver programs and services. Historically PHS continues to be funded below the provincial funding share as determined by the equity based funding formula.

Staffing: Assessment of compliance with the Standards resulted in the reallocation of 3.0 FTE across PHS programs to invest into the Vaccine Program. This reallocation was managed within existing budget to work towards compliance with the new Standards. In 2018, as new protocols continue to be released, PHS will review the requirements within each protocol and may need to reallocate resources in-year to successfully implement service.

Legal: The Ministry expects that boards of health are accountable for meeting all requirements included in legislation (e.g., Health Protection and Promotion Act) and the documents that operationalize them (e.g., the Standards, Ministry-Board of Health Accountability Agreement). It is a requirement within the Standards that boards of health submit an ASPB each year. Approval and submission of the 2018 ASPB for submission to the Ministry fulfils this requirement. Full compliance with the Standards has not yet been achieved, and a report to the BOH will be brought forward to identify these gaps in compliance. In-year performance and financial reporting by boards of health on the commitments within the ASPB are also required to demonstrate accountability to the Ministry.

HISTORICAL BACKGROUND

In November 2015, the Minister of Health formally announced a review and modernization of the Standards to support ongoing transformation of the health system in Ontario. The new Standards were released by the Ministry for consultation by boards of health and public health units on February 17, 2017 and were introduced through a presentation to the BOH on March 20, 2017 (BOH17010). Consultation with the BOH and PHS was conducted to collect feedback to inform a letter responding to the draft Standards sent to the Ministry in April 2017 (BOH17010(a)).

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As a requirement of the Standards, all boards of health must now approve and submit to the Ministry population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding each year through an ASPB. The ASPB requires an additional level of detail that is new for the BOH, including a detailed narrative of programs and services offered under each Standard as outlined in (BOH17010(d)).

To better understand the impact of the new Standards on PHS and complete the 2018 ASPB, work groups were established to review the Standards, assess compliance and recommend changes to current service delivery as described in BOH17010(b). The review also included an analysis of population health data to describe the current health of the community, identify priority populations and establish local need (BOH17030).

Review of compliance with the Standards demonstrated substantial compliance to the new regulations. The outcomes of this review were used to inform the development of the City of Hamilton Public Health Services 2018 ASPB that provides narrative details about Hamilton's health issues and the programs and services that address these issues. Work will continue over 2019 and 2020 to bring all programs into compliance with the Standards. Programs will review and assess compliance with the final Standards as of January 1, 2018 (BOH17010(c)) and any new protocols released in the upcoming year. Results of compliance will be reported to the BOH in 2018, prior to submission of the 2019 ASPB.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Ontario Public Health Standards outline requirements that direct the delivery of mandatory public health programs and services by public health units pursuant to the Health Protection and Promotion Act. Other legal authority for boards of health within the Standards include: Building Code Act, 1992; Child Care and Early Years Act, 2014; Employment Standards Act, 2000; Immunization of School Pupils Act; Healthy Menu Choices Act, 2015; Smoke Free Ontario Act; Electronic Cigarettes Act, 2015; Skin Cancer Prevention Act (Tanning Beds), 2013; Occupational Health and Safety Act; and the Personal Health Information Protection Act, 2004.

RELEVANT CONSULTATION

Consultation on the City of Hamilton Public Health Services ASPB occurred with the Mayor as the Chair of the Board of Health, as well as, Councillor Whitehead and Councillor A. Johnson as the appointed Public Health Champions.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

An overview of the content within the City of Hamilton Public Health Services 2018 ASPB is provided in the analysis section below. It is prohibitive to highlight all program plans in the report. For more details, refer to the full ASPB in Appendix A.

Community Assessment

Hamilton is ethnically and socially diverse, but challenged by a high concentration of urban poverty and extreme health inequities. The following local health priorities have been identified through assessment of population health data:

- Health Equity
 - Hamilton has high concentrations of people with low income, seniors living alone, and lone parent families. Many of these populations have poorer health outcomes and are concentrated in the lower city.
- Mental health and addictions
 - Suicide is the leading cause of death for those under 45.
 - Self-harming behaviours among young Hamiltonians are high and increasing.
 - Opioid overdoses are increasing and half of Hepatitis C cases report injection drug use.
 - While teen pregnancy is declining in Hamilton it is still higher than the rate in Ontario.
- Obesity
 - 2 in 3 adults are overweight or obese.
 - Men, middle-aged adults, and low-income households report more sedentary behaviour and poorer nutrition. These health behaviours reflect the significant burden of chronic diseases in all local morbidity and mortality data.

Key Partners and Stakeholders

It is an expectation within the Standards that public health units continue to build and strengthen relationships with partners across the health and social sector. The City of Hamilton Public Health Services 2018 ASPB highlights strategic partnerships in which PHS is engaged with to support each of the foundational and program standards. In 2018, PHS will specifically look to develop relationships with Indigenous communities in a way that is meaningful to the particular community or organization as well as in alignment with the City of Hamilton's Urban Indigenous Strategy. In addition, PHS will continue to engage in and support the Sub-Region Anchor Table for the Hamilton Sub-Region of the Hamilton Niagara Haldimand Brant Local Health Integration Network.

Program Plans

Program plans have been established for each of the standards. There are one or more program plans that outline the work of PHS within each standard. Program plans were

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created for each health issue in which public health provides service delivery. The programs based on health issues do not match exactly with programs according to the PHS organizational structure and were created based on direction from the Ministry.

Each program plan describes the objectives and interventions that address the local health issues identified within each standard through population health assessment. Where available, indicators of success have been included in each program plan to monitor the success and understand the impact of each program. Where there are no indicators of success currently available, PHS has developed a Performance Measurement Plan to address these gaps by creating indicators to include in the 2019 ASPB submission. All indicators will be developed according to the Results Based Accountability Framework used across the City of Hamilton.

Highlights from program plans addressing the priority areas of health equity, mental health and addictions, and obesity are outlined below. The full program plans can be seen in Appendix A.

Health Equity

Hamilton is ethnically and socially diverse, but challenged by a high concentration of urban poverty and extreme health inequities. Hamilton has high concentrations of people with low income, seniors living alone, and lone parent families. Many of these populations have poorer health outcomes and are concentrated in the lower city. The census counted 7,665 Indigenous people in Hamilton. Of these individuals, 78% lived in poverty and 69% received support from Ontario Works. Indigenous people also face higher rates of infectious and chronic diseases and 68% identify as individuals who smoke daily and 19% use opioids.

Each program is expected to consider health equity in delivering programs and services. For example, the School Program is working with local school boards to determine universal services for all publicly funded schools as well as targeted and more intensive services for identified priority schools with the highest level of need. Healthy Growth and Development programs prioritize populations with greater social and systemic barriers in supporting parents and children including lone parent households, young parents, newcomers, Indigenous families and LGBTQ+.

Mental Health and Addiction

Self-harm emergency visits have doubled for female students since 2006. Poisoning by drugs and/or intentional harm are in the top 5 causes of hospital admission, discharge and death for 15-24 years. There has been a recent five-times increase in drug-related disorders among 18-year-old females with the primary cause related to opioid and methamphetamine/amphetamine use. Hamilton faces significant rates of adverse outcomes related to opioid misuse. Among the ten most populous health units in

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Ontario, Hamilton has the highest rates of opioid-related deaths, emergency department visits, and hospital admissions.

Work will continue in collaboration with community partners to address the opioid crisis through 2018 including a focus on early warning and surveillance of opioid overdoses, expansion of naloxone distribution and training as well as the development of a city-wide drug and opioid strategy that supports the four pillars of prevention, harm reduction, treatment and social justice.

Based on the population health data, a priority area of focus within mental health and addiction is youth school aged to 24 years. Interventions will focus on the promotion of mental wellness and resilience to address issues of alcohol, tobacco, substance misuse and unsafe sexual practices. PHS is collaborating with school boards to plan for intensive and universal resource allocation to address mental health and addictions.

Obesity

In Hamilton, 67.8% of adults over the age of 18 and 27.0% of youth age 12-17 self-report as being overweight or obese. Males are more overweight or obese than females in Hamilton. Only 26.4% of residents (12+), 47.6% (12-19) of adolescents reported that they were active during their leisure time. There are 30% of students in lower Hamilton that do not eat breakfast and 70-80% of students that do not eat fruit and vegetables daily.

Obesity is a challenging health issue as it is influenced by many factors outside of public health programs and services. PHS participated with the development of the Hamilton Food Strategy to ensure availability of healthy, sustainable, and just food for all. Healthy Kids Community Challenge focuses on reducing screen time and sedentary behaviour in children. PHS participates with advocacy for Health in All Policies through regular input into development, zoning, planning applications, secondary and master plans such as the application of Healthy Development Assessment to greenfield development.

Budget Allocation and Budget Summaries

Within the ASPB, staffing and operational expenses are allocated at both the standard and program level. Allocations at the program level are based on the program plans created for each health issue in which public health provides service delivery. The programs based on health issues do not match exactly with programs according to the PHS organizational structure and were created based on direction from the Ministry. The PHS requested budget submitted through the City of Hamilton 2018 budget process was used as the basis for budget allocations within the City of Hamilton Public Health Services 2018 ASPB.

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Next Steps

The City of Hamilton Public Health Services 2018 ASPB is due to the Ministry on March 1, 2018. Moving forward, it is expected that public health units submit their ASPB to the Ministry by December 31, prior to the beginning of the program year. Based on submissions from health units, the Ministry will adapt the ASPB to support use of common categories for program descriptions, indicators, consistency in program interventions and financial costing at the intervention level. In-year performance and financial reporting to the Ministry is expected through 2018, however, reporting templates are not yet available.

PHS has developed an annual planning process to meet expectations for completion and submission of the ASPB on an annual basis. Work will continue over 2019 and 2020 to bring all programs into compliance with the Standards. Programs will review and assess compliance with the final Standards (January 1 2018) and any new protocols in 2018. Results of compliance will be reported to BOH in 2018, prior to submission of the 2019 ASPB.

ALTERNATIVES FOR CONSIDERATION

Not applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

Our People and Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH17010(e) City of Hamilton Public Health Services 2018 Annual Service Plan and Budget.