



Hamilton

# INFORMATION REPORT

**CITY WIDE  
IMPLICATIONS**

<b>To:</b>	Mayor and Members Board of Health		
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<b>Date:</b>	April 15, 2009		
<b>Re:</b>	<b>Downloading in Public Health Services programs BOH09010 (City Wide)</b>		

## **Council Direction:**

That Public Health Services staff report to the Board of Health respecting all the mandated services that are not 100% funded by the Province. In order to avoid duplication of the recent budget process, this information report describes the services relevant to the discussion at the Board of Health regarding clinical and other services that are not adequately funded by the Province.

## **Information:**

This report describes five recent examples of various forms of Provincial downloading of costs for public health programs:

1. Children in Need of Treatment (CINOT): this treatment program is being expanded, with increased costs and financial risks for the City of Hamilton.
2. Infection Control Practitioner (ICP): this position was advertised as a new, 100% funded position, but the funding provided will not cover the costs associated with the position.
3. Small Drinking Water Systems (SDWS): responsibility for implementing this program is being transferred from the Ministry of the Environment, but the funding being transferred is inadequate to complete the mandated work.
4. Surveillance Program: this program, a key component of the enhanced capacity of local public health units to respond to future events like the SARS crisis of 2003, has been 100% funded at a set dollar level for several years, with no increases to cover inflation or higher salary costs.
5. Anonymous HIV Testing program has been in place with Hamilton Public Health Services and the 100% funding increases have not kept pace with employee

costs, resulting in a reduction of full time equivalent staff (FTE) designated to the program.

### **1. Children in Need of Treatment (CINOT) Dental Program**

The Children in Need of Treatment (CINOT) program was created in 1987 to provide dental treatment for children in families who could not afford to pay for the care needed. Historically, it has covered essential/emergency treatments for children aged 0-13 years of age.

Services are delivered by private dentists, who, using the CINOT Fee Schedule, submit claims to Public Health Services. Public Health Services reimburses the service providers via the funding received for the program. Essentially, Public Health Services acts as a conduit through which CINOT financing flows. Public Health Services also provides other dental care and prevention services separate from the CINOT program.

As part of the global budget for mandatory cost-shared public health programs, the funding model for CINOT has varied since its inception. Originally funded 100% by the Province of Ontario, it was downloaded in 1998 (100% levy funding), then partially uploaded again in 1999 to a 50%/50% Provincial/Municipal split. Since 2005, the Province has gradually increased its share of the funding to 55/45 in 2005, 65/35 in 2006, and up to 75/25 in 2007.

This year, the expansion of the CINOT program to teenagers up to their 18<sup>th</sup> birthday is being funded 100% by the Province for 2009. As of 2010, the City is expected to pay 25% so that the expansion portion of CINOT will be funded on a 75/25 model, consistent with the rest of the program. This will represent a new funding pressure on the levy.

Among programs that Public Health Services provides, this may be one that is particularly appropriate for 100% provincial funding. Although this is clearly an important program for Hamilton residents given the high levels of poverty here, the majority of the program is treatment focused, with the availability of select preventive services for eligible clients. There is value in the program being run by Public Health Services in that Public Health Services can enhance the program through our community collaborations and links with other public health programs. However, there is no direct funding for prevention, and only limited flexibility to allow for re-orientation of services toward prevention.

This program is mandated by the Provincial government through the Ontario Public Health Standards (OPHS) via reference in the Health Protection and Promotion Act (HPPA). Further, there is no cap permitted in the number of treatments that must be provided each year. If the demand for services exceeds the allocated budget, this would likely limit the financial ability for the City to provide other public health programs.

## **2. Small Drinking Water Systems (SDWS)**

Funding from the MOHLTC has not changed and remains to be 100% for the initial two year start-up phase (to the end of 2010) after which it will become 75% funded by the MOHLTC and 25% funded by the City of Hamilton. The MOHLTC has indicated during recent teleconferences that there is some flexibility for increasing funding to health units where the number of SDWS is confirmed to be higher than the number of SDWS's used to calculate the initial 100% MOHLTC funding in March 2008. Any need for additional funding will be determined in 2009 as Public Health Services staff perform site visits and risk assessments.

Previously Public Health Services has reported to Council on this issue.

- SPH05054 – October 2005
- BOH07067 – December 2007
- BOH08014 – August 2008

The 100% start-up funding offered by the MOHLTC is \$47,700 per year for the first two years of the SDWS inspection program. Public Health Services will monitor and track the actual costs of implementing this new program in 2009.

The MOHLTC calculated their 100% start-up funding based on only 206 SDWS being in Hamilton, even though it was indicated by Public Health Services to the provincial government in 2005 that 387 SDWS were believed to exist in Hamilton.

After two years, the funding for the SDWS inspection program will become 75% funded by the MOHLTC and 25% funded by the local tax levy. It is estimated that this will present a pressure on the levy of approximately \$11,925 in 2011.

This cost may increase given the discrepancies in the number of systems that may be present in the City.

## **3. Infection Control Practitioner (ICP)**

The Ministry of Health and Long Term Care (MOHLTC) has committed \$80,000 annually to fund a position in Public Health Services. This funding is a direct result of new responsibilities required for Public Health Services as a result of new public reporting of infection rates and *Clostridium difficile* Associated Disease (CDAD) outbreaks to the Medical Officer of Health (MOH) from public hospitals in the province.

Further information from the Province indicated that this position must be a Registered Nurse with the ICP designation. This restriction on accessing the funding has resulted in a challenge in recruiting qualified staff. Salary and benefits for a full time RN exceed the \$80,000 cap in provincial funding. Given the simultaneous increase in demand across the province for this type of position as all 36 Public Health Units receive this funding, as well as new recruitment for ICP's in the hospital sector, finding someone to fill this position part time has become virtually impossible. To access and utilize this funding, Public Health Services has had to utilize other funding sources to fully fund a 1.0 FTE in this position.

**4. Surveillance Program**

As a result of the SARS outbreak in Ontario in 2003, under Operation Health Protection, the province provided Hamilton Public Health Services with Infection Control and Capacity Development funding at 100% provincial expense. This funding has specific criteria as to the types of staff that may be hired by Public Health Services, up to a maximum of 10 FTE's.

The table below shows that this funding has not sufficiently increased to match the employee's costs since 2004. Year after year management has had to decrease operating lines in order to keep within budget. Pressures for the 2010 budget will result in completely eliminating the operating lines in order to keep staffing levels and service levels the same. The alternative is to reduce staffing levels with a resulting service level reduction.

Program Funding - Surveillance											
2003	YOY %	2004	YOY %	2005	YOY %	2006	YOY %	2007	YOY %	2008	YOY %
192,367		1,072,200	457.4%	1,072,200	0.0%	1,078,800	0.6%	1,078,800	0.0%	1,078,800	0.0%

**5. Anonymous HIV Testing Program**

Since the late 1980's Public Health Services has received 100% funding from the Province to perform anonymous HIV testing at our 4 public health clinic sites. Not all Public Health Units in the province receive this funding. These clinic sites are the only sites in Hamilton to provide anonymous HIV testing.

Public Health Services has previously hired a 0.6 FTE Public Health Nurse to work on the Sexual Health Team to work in a distributed model for of all the Sexually Transmitted Infection programs including the Anonymous HIV Testing program.

Funding for this program has not kept pace with the employee costs associated with the 0.6 FTE. Management has attempted in the last few years to reduce operating lines in this budget to maintain the 0.6 FTE. Unfortunately, Public Health Services has reduced the hours to 0.5 FTE in this position as a result of inadequate provincial funding to meet the increases in staffing costs, while maintaining the service levels the public demands for anonymous HIV testing.

Program Funding – Anonymous Testing														
2001	2002	YOY %	2003	YOY %	2004	YOY %	2005	YOY %	2006	YOY %	2007	YOY %	2008	YOY %
50,500	50,500	0.0%	50,500	0.0%	54,035	7.0%	54,845	1.5%	55,745	1.6%	56,645	1.6%	56,645	0.0%

**Conclusion:**

There remain several areas of clinical and other services where either provincial mandating or other mechanisms shift costs to the City of Hamilton when full provincial funding would be appropriate. These are opportunities for advocacy through the Fairness to Hamilton subcommittee and/or directly by the Board of Health.

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