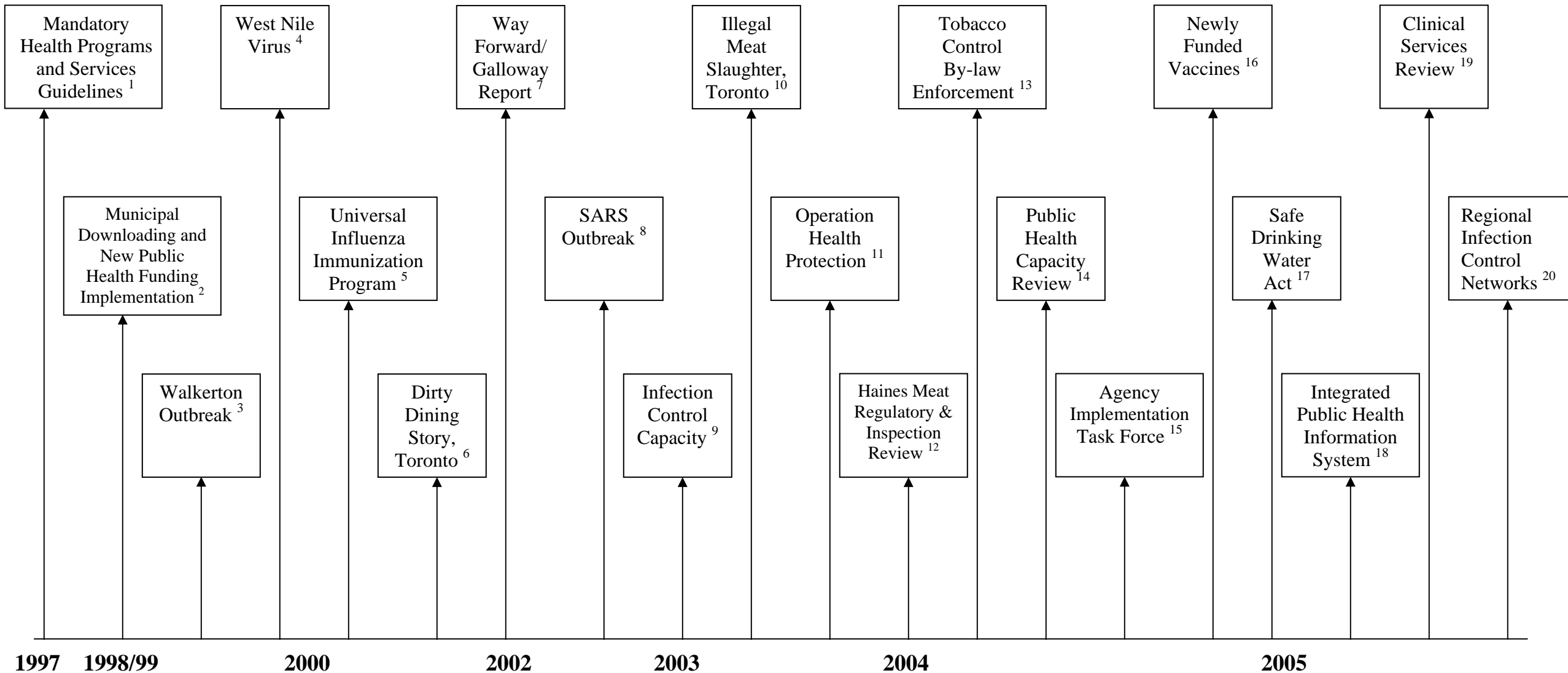


**SOCIAL & HEALTH SERVICES DIVISION  
COMMUNITY HEALTH SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH & PREVENTION SERVICES  
HISTORICAL IMPACTS TIMELINES**



**SOCIAL & HEALTH SERVICES DIVISION  
COMMUNITY HEALTH SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH & PREVENTION SERVICES**

**HISTORICAL IMPACTS SHAPING PUBLIC HEALTH**

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**Mandatory Health Programs and Services Guidelines (MHPSG) <sup>1</sup>**

- In 1989, the Minister of Health published standards for fundamental programs and services targeted at prevention of disease, health promotion and health protection. The guidelines required all boards of health to provide, as a minimum, various programs and services to address aspirations for health of all Ontarians.
- Boards of health plan for and deliver a variety of health programs and services pertinent to local circumstances and needs. Only minimum standards for public health programs and services that all boards of health must meet are included in this document. Currently, Environmental Health & Prevention Services (EHPS) delivers 11 of the 14 programs outlined in this document.
- The MHPSG were revised in December 1997 for the main purposes of updating outdated protocols, objectives and outcomes. Recent announcements from the Public Health Division suggest that this review is scheduled to be undertaken throughout 2005/2006.

**Municipal Downloading & New Public Health Funding Implementation <sup>2</sup>**

- In 1998, through Local Services Realignment, the province announced that funding and responsibility for the delivery of mandatory public health programs and services was transferred to municipalities. In 1999, the implementation took place and the responsibility for funding public health programs became a municipal responsibility.
- Prior to municipal downloading, the provincial share of public health funding was 75% for most health units. In addition, the province paid 100% of selected programs including tobacco control and sexual health. In 2000, the Ministry of Health and Long-Term Care (MOHLTC) committed to funding 50% of each local health departments costs, up to a maximum of 50% of the health departments locally approved budget for providing the mandatory programs and services detailed in the Ministry's guidelines.
- A recent analysis performed by the Ministry identified that significant variations in per capita funding for the mandatory programs still exists among local health departments. While the 2002 average per capita rate for the province was approximately \$37, the rate ranged from approximately \$23 to \$64 among local health departments/units.

- Funding for public health programs continues to be a shared provincial-municipal responsibility. Currently funding is cost shared with the province paying 65% in 2006 and 75% by 2007. The past ten years have been challenging ones for Ontario's municipalities as they have absorbed many new service responsibilities and financial obligations. There is ongoing work by the MOHLTC to examine if the current and projected funding model will sustain the efficacy of Ontario's public health infrastructure in the future.

**Walkerton Outbreak<sup>3</sup>**

- In May 2000, 7 people died and over 2,300 people became ill in Walkerton, Ontario as a result of drinking water contaminated with E. Coli bacteria. The Walkerton community was the focus of international news as public health officials worked to identify the source of the outbreak and determine what went wrong.
- The importance of the role of public health was first brought to prominence by the Walkerton tragedy. The Premier ordered an inquiry which was conducted by Justice Dennis O'Conner. A total of 121 recommendations were released in Justice O' Conner's report which would shape the way Ontarians receive their drinking water.
- O'Conner identified six principles to guide inspectors through effective, consistent and transparent approaches to safe water delivery. The report recommended Ontario develop a new Safe Drinking Water Act to regulate issues related to treatment and distribution of drinking water.
- The Province introduced strict legislation that focused on training for operators, public health labs, private labs and Ministry of Environment (MOE) staff.
- Both Ministries believe this more rigorous and comprehensive approach in the inspection of water systems will lead to better protection of drinking water in Ontario.
- Since this event, the number of hours allocated to the safe water program has increased 4 times, and has resulted in other program work not being done. The province is currently working on a funding allocation formula to fund public health departments to undertake this new legislative responsibility. The new legislation will be enforced by public health departments.
- In 2004, County Council increased EHPS staff levels by 0.5 FTE to deal with capacity in the safe water program.

- In December 2005 the Clean Water Act was introduced for First Reading. The Act, if passed, will ensure that communities are able to identify potential risks to their supply of drinking water, and take action to reduce or eliminate these risks.

#### **West Nile Virus (WNV)<sup>4</sup>**

- The first known emergence of WNV in North America occurred in New York City in 1999. In 2001, WNV was confirmed for the first time in Ontario. Since this time Lambton County has experienced two human cases, including one death in 2005. The Province has enacted legislation, enforced by health departments to protect the public from this disease.
- In October 2002 an Environmentalist was hired for the WNV program. In addition, a public health inspector, public health nurse and enforcement officer spend time on WNV activities.
- In 2003, County Council enacted a Standing Water By-Law to control WNV.
- EHPS contracts larviciding services - partnership with St. Clair Parks Commission. The MOHLTC pays for larviciding product.
- Since the inception, the West Nile Virus program has been funded as follows:
  - 2001 - 100%
  - 2002 - 100%
  - 2003 - 50% larviciding, 100% mosquito testing, 50% other activities
  - 2004 - 50% larviciding, 100% mosquito testing, 50% other activities
  - 2005 - 55% larviciding, 100% mosquito testing, 55% other activities
  - 2006 - 65% all activities

#### **Universal Influenza Immunization Program (UIIP)<sup>5</sup>**

- In 2000, the MOHLTC developed the UIIP in an effort to reduce the burden of influenza related illness in Ontario. The Ministry set up a reimbursement program of \$5.00 per dose to remunerate health units for doses given by health unit staff.
- To deliver this service seasonally, EHPS hires up to 20 casual registered nurses to administer this vaccine.
- Currently, 18,000 doses of flu vaccine annually are administered. Combined with the vaccine doses given by other health care providers in the community and in long term care facilities, more than 55,000 Lambton residents receive the flu shot annually.
- The MOHLTC is in the process of evaluating the efficacy of this program in preventing influenza outbreaks across the province.

#### **Dirty Dining Story, Toronto<sup>6</sup>**

- In February 2000, Toronto's local daily newspaper launched an exposé of public health breaches in the city's restaurants, known as the "dirty dining campaign".
- City of Toronto's Medical Officer of Health, Sheela Basrur, stated there are faults in the food safety program in Toronto at many levels. The MOHLTC provided a program to support Mayor Lastman's push for mandatory posting of inspection grades in the windows of Toronto restaurants.
- This news story has changed public's expectation with regard to disclosure of reports related to food safety. Toronto developed a restaurant inspection disclosure system policy.
- In November 2005, Lambton County Council mandated that results of convictions for mandatory programs including food safety will be proactively displayed to the public. This program is currently under development.
- Currently the Department is not meeting mandated inspection frequency levels for food premises. In 2005, County Council approved 1.0 FTE to assist EHPS in meeting food safety objectives.

#### **Way Forward/Galloway Report<sup>7</sup>**

- Way Forward Report released fall 2001; implementation January 2002.
- On March 1, 2002, the Lambton Health Unit was renamed the Community Health Services Department.
- Restructuring the Community Health Services Department saw the management team reduced by two positions. Five management positions (Child Health, Family Health, Preventative Services, Environmental Health, and Business Administration) were reduced to three program areas namely: Environmental Health & Prevention Services; Health Promotion & Program Support; and the Children's Services Department. Business functions including Human Resources, Information Technology and Finance were moved to the Corporate Services Division.
- The EHPS team was restructured under the new Manager to include two supervisors and an administrative assistant.

#### **SARS Outbreak<sup>8</sup>**

- The February 2003 outbreak of Severe Acute Respiratory Syndrome (SARS) that struck Toronto is discussed as one of the most devastating events in public health. This outbreak has taught public health experts that preparedness is paramount and local health departments/units cannot become relaxed in planning for infectious diseases.

- SARS demonstrated the immense impact of another new disease on the life of a city and indeed a country. The experience laid bare the pressing need for effective public health programs and services and the necessity for strengthening them locally, provincially and nationally.
- Justice Archie Campbell's SARS Commission Report highlighted the central importance of public health in protecting health and preventing the spread of disease. These reports collectively questioned how the current system was funded, managed and governed. They stated unequivocally that while the public health system in Ontario is clearly strong in parts, overall, the status quo is not acceptable.
- In 2004, Justice Campbell submitted his first interim report to the MOHLTC recommending a number of controls, specifically, an Ontario Centre for Disease Control independent of the MOHLTC.
- To support local preparedness the MOHLTC provided 100% funding to local Boards of Health to increase Communicable Disease and Infection Control capacity. County of Lambton received 1.5 FTE additional staffing under this mandate.

### **Infection Control Capacity**<sup>9</sup>

- Post-SARS initiative developed by MOHLTC to enhance the surge capacity of health departments/units to deal with outbreaks of communicable diseases.
- The MOHLTC announced funding in the last quarter of 2003 to support staff to increase the health department's ability to monitor and control infectious diseases and enhance its ability to deal with surges in activity related to outbreaks of disease. Infectious diseases continue to be a burden around the world causing disability, illness and death.
- In 2003, CHSD hired 1.5 FTE public health nurses to meet the Ministry's objectives. This addition of staff complemented the existing Communicable Disease Team which was predominantly made up of public health inspectors. The balance of both these disciplines is expected to increase skills in monitoring and investigating disease trends in Lambton.
- Funding under the Infection Control Capacity initiative reverted back to 50% in March 2004. As a result, the program was temporarily discontinued until funding was reconfirmed in July 2004, after which time staff was shortly rehired. Since inception, funding for the program is as follows:

2003 - 100% for 1.5 FTE, plus start-up costs and training

2004 - 100% for 1.5 FTE plus start-up costs, training and computer equipment

2005 - 100% for 1.5 FTE

### **Illegal Meat Slaughter, Toronto**<sup>10</sup>

- In August 2003, a major investigation concerning possible offences involving the illegal processing of dead stock was conducted. The Canadian Food Inspection Agency (CFIA) led the investigation conducting random product sampling from food processing plants. This resulted in a recall of all meat distributed by Aylmer Meat Plant Inc.
- At the local level, the MOHLTC required all health departments to coordinate procedures to ensure any of the meat originating from Aylmer Meats was detained until further notice. Other agencies involved included: the Ministry of Natural Resources and Ontario Ministry of Agriculture and Food.
- Inspection efforts to ensure any of the affected meat was detained and did not enter the human food-chain took a great deal of staff time and resources. This issue challenged the Department's ability to meet routine compliance rates, as it required staff to be educated on procedures, data collection methods, attend teleconferences, and conduct detailed investigations and reports.
- The impact of this investigation resulted in a Regulatory Meat and Inspection Review by the Honourable Roland J. Haines. Justice Haines made number of recommendations in his report. The notable "Farm to Fork" strategy is one initiative that was developed in Haines' efforts to protect public health

### **Operation Health Protection**<sup>11</sup>

- Operation Health Protection is a 3-year Action Plan to revitalize the public health system by preventing threats to public health and promoting a healthy Ontario. The plan was announced by the Ontario Ministry of Health and Long-Term Care on June 24, 2004.
- The Plan sets out specific actions over three years. Acting on the recommendations in the reports on the SARS crisis by the National Advisory Committee on SARS and Public Health, the Expert Panel on SARS and Infectious Disease Control, and the Interim Report of Mr. Justice Archie Campbell, *Operation Health Protection* calls on the Ministry, the Chief Medical Officer of Health, municipalities, health providers and Public Health Departments to work together to rebuild Ontario's public health system. The 3 key goals of Operation Health Protection are: Rebuilding Public Health Capacity; Enhancing Public Health leadership and accountability; Improving system collaboration and partnerships.
- In order to increase local capacity for public health, Operation Health Protection began phased in changes to the provincial/municipal cost-share funding formula.
  - Funding shifted to 55% provincial / 45% municipal effective January 2005.
  - Funding shifted to 65% provincial / 35% municipal effective January 2006.
  - Funding will shift to 75% provincial / 25% municipal in January 2007.

## **Haines Meat Regulatory & Inspection Review** <sup>12</sup>

- In January 2004, the report of Meat Regulatory and Inspection Review was conducted by the Honourable Roland J. Haines to review the existing regulatory standards and the roles of the various Ministries that are responsible for overseeing adherence to those standards. The objective was to strengthen public health and safety and improve business confidence in the system.
- Haines made a number of recommendations as a result of the review that have been used to improve the current system by implementing strategies for accelerating harmonization with the federal government. Some recommendations include:
  - Implementation of Integrated Public Health Information System (iPHIS) to track all food-borne illnesses across the province and permit access and analysis of the data.
  - MOHLTC develop a standard food safety testing policy and procedure for the Boards of Health.
  - Amendments to the Ontario Food Premises Regulation to require food handlers education.
  - Additional staff for Food Safety and Safe Water programs in public health units.
  - Adequate resources to Boards of Health to hire sufficient staff and support staff to fill requirements of food safety program and meet 100% completion rates.
  - Standardized inspection reports for food safety inspections to ensure that critical infractions are consistently recorded and that data is collected and shared with MOHLTC.
  - Maximize cooperation, efficiency and effectiveness of investigation and response between local Boards of Health, Ontario Ministry of Agriculture and Food, Ministry of Natural Resources, Health Canada and the Canadian Food Inspection Agency.
- In October 2005, County Council approved 1.0 FTE Public Health Inspector under funding announced by the MOHLTC to meet demands under the food safety program.

## **Tobacco Control By-Law Enforcement** <sup>13</sup>

- In September 2004, County Council adopted a Smoking in Public Places and Workplaces By-Law. A total of 2.5 FTE Enforcement Officers were hired to enforce the By-Law. 1.0 FTE was funded 100% by the MOHLTC and the remaining 1.5 FTE is provincially funded. The 100% provincial funds discontinued in March 2005 which caused a reduction in the number of enforcement staff in Environmental Health & Prevention Services.

- Significant staff resources have been required to develop an enforcement strategy. EHPS has worked closely with the Health Promotion and Program Support team, Legal department and staff from the Provincial Offences office.

## **Public Health Capacity Review** <sup>14</sup>

- Key activities under Operation Health Protection are the Public Health Capacity Review. The goal of the review is to assess the capacity of local health departments to deliver public health programs. The Capacity Review Committee advises the Chief Medical Officer of Health and, through her, MOHLTC on options to improve the function and configuration of the local Public Health Unit system.
- The advice to be provided encompasses the following : core capacities required (such as infrastructure, staff, etc.) at the local level to meet communities' specific needs (based on geography, health status, health need, cultural mix, health determinants, etc.) and to effectively provide public health services (including specific services such as applied research and knowledge transfer);
- Issues related to recruitment, retention, education and professional development of public health professionals in key disciplines (medicine, nursing, nutrition, dentistry, inspection, epidemiology, communications, health promotion, etc.);
- Identifying operational, governance and systemic issues that may impede the delivery of public health programs and services;
- Mechanisms to improve systems and programmatic and financial accountability;
- Strengthening compliance with the Health Protection and Promotion Act, associated Regulations and the Mandatory Health Programs and Services Guidelines;
- Organizational models for Public Health Units that optimize alignment with the configuration and functions of the Local Health Integration Networks, primary care reform and municipal funding partners; and staffing requirements and potential operating and transitional costs.
- The review process included extensive surveys of staff, public health units, boards of health, as well as site visits to each health unit.
- The Capacity Review Committee released its Interim Report in November of 2005, and is expected to deliver its final report in February of 2006. Implementation of the final report recommendations is expected to take place in 2007.

### **Agency Implementation Task Force**<sup>15</sup>

- The MOHLTC has established the Agency Implementation Task Force to provide technical advice on the development and implementation of Ontario's Health Protection and Promotion Agency. Specifically, the task force will confirm the mandate, core activities, structure, and governance of the Agency. The task force will recommend operational responsibilities for the Agency in relation to the Ministry, academia, the broader public health system, the Public Health Agency of Canada, and other potential partners. In addition, the Task Force will provide advice on short-term and long-term facility requirements.
- The task force's membership includes provincial and national experts representing the proposed functional areas of the Agency (e.g., research, laboratory, infectious diseases, epidemiology, health promotion, chronic disease and injury prevention, etc.) as well as in the areas of governance and finance.
- As the Agency works to strengthen Ontario's public health system, system-wide changes that will change the way Ontario manages public health. This new preparedness strategy will prepare Ontario to meet emerging public health challenges.
- One of the key recommendations is to establish a new Public Health Agency for Ontario which strives to make the Province a recognized leader. The focus of the new Agency will be research and knowledge transfer, funding, public health lab capacity, teaching, and policy development. A number of key policy reports indicate that this type of resource is long overdue for public health.

### **Newly Funded Vaccines**<sup>16</sup>

- In January 2005, the MOHLTC began to provide funding for three new publicly funded vaccines which were added to the recommended schedule of childhood immunizations. The three new vaccines include: pneumococcal vaccine for infants, varicella (chicken pox) vaccine, and meningococcal vaccine for both infants and teens.
- Local health departments received funding for the administration of the meningococcal vaccine for the adolescent group, on the basis of \$8.50 per dose. This was provided through school-based and community clinics for Grade 7 students, and for secondary school students ages 15 – 18, as per Ministry guidelines.
- To meet demands for this service, County Council approved an additional 0.5 FTE for the EHPS team.
- Approximately 2600 doses of vaccine were administered in 2005. This program will generate revenue to offset costs of other services.

### **Safe Drinking Water Act**<sup>17</sup>

- In Part Two Report of the Walkerton Inquiry, Commissioner O'Connor recommended that the Ontario Government enact a Safe Drinking Water Act (SDWA) to deal with matters related to the treatment and distribution of drinking water.
- The Drinking Water Systems Regulation (Ont. Reg. 170/03) was made under the SDWA to regulate municipal and private water systems.
- In May 2004, the Minister of the Environment established the Advisory Council on Drinking Water Quality & Testing Standards. One of the Council's duties was to provide advice on Ont. Reg. 170/03 with respect to the impact of its requirements on small drinking water systems, in particular, privately-owned systems.
- One of the recommendations was to transfer the responsibility for non-residential water systems and non-municipal seasonal residential water systems from the Ministry of the Environment (MOE) to the MOHLTC with administration of the programs for inspection, compliance, and enforcement residing with the public health departments.
- To meet this objective, the MOE and MOHLTC developed Ontario Regulation 252/05. This legislation regulates drinking water systems serving non-residential and non-municipal seasonal residential uses, excluding designated facilities. The MOE currently enforces this regulation until its intended transfer to the public health departments expected to occur as early as Fall 2006.
- Once the transfer of this regulation occurs, public health agencies will evaluate risk for individual water systems and develop a system-specific water protection plan to ensure compliance with provincial drinking water quality standards.
- Prior to the transfer of Regulation 252/05 responsibilities to public health, time will be needed to develop policies and procedures; training and recruitment of public health inspectors and administration staff; and identification of the funding requirements needed.

### **Integrated Public Health Information System (iPHIS)**<sup>18</sup>

- iPHIS is a database used for the purpose of public health reporting and surveillance of communicable diseases in Ontario. It replaced the Reportable Disease Information System.
- iPHIS was phased in throughout Ontario in 2005 as part of "Operation Health Protection", a post-SARS initiative.
- Community Health Services Department's "Go Live" date was July 18, 2005.
- MOHLTC provided funding of \$38,000 in 2005 to cover 100% of costs for equipment, training, travel expenses, and staffing for iPHIS implementation.
- This system improves the Department's ability to manage cases of emerging diseases and be informed of disease trends across the province.

### **Clinical Services Review**<sup>19</sup>

- As part of the Department's initiative to meet County Council's strategic direction of continuous improvement of programs, EHPS is undertaking a Clinical Services Review of the programs that currently provide clinical services.
- This review will focus on the following programs: vaccine preventable diseases, sexual health and family planning services, and sexually transmitted infections.
- A request for proposal has been developed and advertised for the purpose of engaging an external consultant/company to undertake this review in 2006.
- The review will include assessing current clinical services, comparing these services with other similar municipalities, and then making recommendations regarding a service delivery model that is effective and efficient in providing the mandated services to the residents of the County of Lambton.

- The report generated from this review will assist the Department in planning and design of a long-term clinical space platform and improve the department's ability to meet the needs of the community.

### **Regional Infection Control Networks (RICN)**<sup>20</sup>

- As part of Operation Health Protection's plan to increase infection control and communicable disease capacity RICNs are being set up across the province to coordinate infection prevention and control activities.
- The SARS experience identified a need to improve access to infection control and prevention information across the health care continuum. The networks will include representation from public health, acute care, long-term care and community care.
- Funding for networks was established in March 2005 for the purpose of establishing 14 RICNs. Lambton is currently working with Chatham-Kent and Windsor-Essex on a funding proposal due March 2006.

**SOCIAL & HEALTH SERVICES DIVISION  
COMMUNITY HEALTH SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH & PREVENTION SERVICES**

**EXECUTIVE SUMMARY**

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For over 55 years the Community Health Services Department (CHSD) has provided specialized public health programs and services for the residents of Lambton County. These programs are delivered for the purpose of addressing aspirations for health needs pertinent to local circumstances. Through planning, evaluation and promoting equal access to services the Department works to compliment the infrastructure that establishes public health. Currently there are 36 health departments throughout the Province of Ontario. Public health experts agree that the efficacy of the overall public health system is only as strong as its weakest link. This requires CHSD to maintain high program standards to which Ontarians are accustomed.

Attached are two accompanying documents which explain our core services: *Historical Impacts Shaping Public Health Timeline*, and *Historical Impacts Shaping Public Health Background*. Both documents provide an overview of events that have shaped public health as it is known today. The first document denotes the timelines, and the second provides detailed background on each event impacting the Department.

Background

The Ministry of Health and Long-Term Care (MOHLTC) administers the Health Protection and Promotion Act (HPPA). This legislation provides for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.

There are 36 health departments/units in Ontario. A health unit is a geographic area over which a Board of Health has jurisdiction. Under the provisions of the HPPA, the Minister of Health establishes *Mandatory Health Programs & Service Guidelines* that every Board of Health is required to provide.

The Community Health Services Department is comprised of two main program areas: Environmental Health & Prevention Services (EHPS) and Health Promotion & Program Support. EHPS protects the public's health by delivering a number of programs and services, including but are not limited to:

• Prevention of Food Borne Illness	• Sexually Transmitted Infections and AIDS
• Recreational Water Quality	• Control of Tuberculosis
• Safe Drinking Water	• Sexual Health and Family Planning
• Control of West Nile Virus	• Universal Influenza and Travel Immunization
• Outbreak Management	• Health Hazard Abatement
• Infection Control and Communicable Disease Consultation	

To deliver these programs a multidisciplinary team of public health nurses, public health inspectors, enforcement officers, registered practical nurses, an environmental health specialist and an environmentalist is employed. Additionally, contracted services from community physicians and a nurse practitioner to deliver clinical programs are used. It is this multidisciplinary approach to program delivery that works to protect the residents of the County of Lambton.

Mandate and Objective for Public Health

The public health system's mandate is to protect, prevent and promote good health among the members of a population. Through a population-based perspective, public health views the health of the whole community, not just the individual within a community. It involves health protection and promotion and disease and injury prevention strategies that focus on the entire population or segments of it such as high risk groups. Because public health emphasizes a population based approach, it works with members of communities and community agencies to ensure long-range health.

Below are the types of strategies employed by public health to do this:

- disease and injury prevention: surveillance for outbreaks, screening for cancer, immunization to control infectious diseases;
- health promotion: public education on healthy lifestyles, community partnerships and advocacy for public policy that promote good health at the population level;
- health protection: regulatory inspections and enforcement to control infectious disease and prevent/reduce exposure to environmental hazards.

Among these many responsibilities the public health system has a critical role in the prevention, detection, investigation and management of outbreaks due to infectious diseases. Fulfilling all of these responsibilities depends on the strength and capacity of the system as a whole.

Responsibility for setting strategic direction for public health is vested with the local Board of Health. The Board is required to liaise with agencies such as the Local Health Integrated Network, social services, municipal/educational organizations and other health professionals for the purpose of accessing relative data for local health planning. Details for program planning are described in the *Mandatory Health Programs & Services Guidelines*.

The Ministry outlines objectives for Boards of Health to measure their services. In addition, random audits are conducted to review policies and procedures and survey health department staff on their perspective of their responsibilities related to the delivery of programs and services. In 2002, MOHLTC conducted a random assessment of CHSD programs related to Tobacco Control, Sexual Health, and the availability of the (A) Medical Officer of Health. These assessments can also serve as a benchmark against which progress towards a public health system that supports specific health goals can be measured.

To this end, the Ministry's Public Health Branch has announced that a program review will be undertaken, part of which will clearly address the need for current evaluation tools and standards to be reviewed and modernized. This endeavour is part of the Province's plan to strengthen Ontario's public health system through a program called *Operation Health Protection*.

#### Funding Public Health Services

The past ten years have been challenging ones for Ontario's municipalities as they have absorbed many new service responsibilities and financial obligations. In some communities, this has led to tensions between public health and local government as municipal councils struggle to meet their requirement for a balanced budget while health departments seek to meet their provincially mandated program obligations. Municipal involvement with public health has also brought strengths and opportunities, for example the ability to influence healthy public policy in other areas of municipal domain, and to share municipal support services in some instances. What is less clear is whether the maintenance of close and productive ties with municipalities necessitates an ongoing role in funding and/or governance.

On January 1, 1998, the Province of Ontario transferred responsibility for public health to local municipalities. On that day, the Lambton Health Unit officially became a Department of the County of Lambton. The downloading initiative was part of a plan known as Local Services Realignment. Municipalities saw the funding impact as the implementation took place in 1999.

Ontario is unique among Canadian provinces for its involvement with municipalities in the funding, and in some cases, the delivery of public health programs. In other provinces public health is provincially funded and operates as part of regional health authorities.

Prior to municipal downloading, the provincial share of public health funding was 75% for most health departments. In addition, the Province paid 100% of selected programs including tobacco control and sexual health. Currently, funding is cost shared, with the province paying 55%. Provincial funding levels will increase to 65% in 2006 and then to 75% by 2007. The table below describes the history of public health funding:

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Funding Provincial/ Municipal	75/25	75/25	50/50	50/50	50/50	50/50	50/50	50/50	55/45	65/35	75/25

In the fall of 2001, the *Way Forward Report* was released as part of an initiative of the County of Lambton to review services in the new millennium. One recommendation in the report identified the need to increase horizontal integration of operations across the County. When recommendations from the *Way Forward Report* were implemented in January 2002, there was significant restructuring of management levels in the organization. The impact on CHSD saw five management team positions reduced by two. Business functions including Human Resources, Information Technology and Finance were moved to Corporate Services Division in Wyoming.

On March 1, 2002, the Lambton Health Unit was renamed the Community Health Services Department.

#### Responding to Needs of Public Health

Over the last 5 years Ontario was faced with a number of public health emergencies. Some were highly publicized while others drew less attention. The *Walkerton* tragedy in May 2000 changed the way the public perceive their drinking water. This disaster was responsible for more than 2300 illnesses and seven deaths.

Justice Dennis O'Connor's Walkerton Inquiry has resulted in new *Safe Water Legislation* which has directly impacted work loads for public health units in Ontario.

In 2001, mosquito-borne *West Nile Virus* spread across North America causing significant illness and death throughout Ontario. Lambton has since had two human cases and one death. Both the province and Lambton enacted legislation to assist public health in controlling the spread of *West Nile Virus*. In 2003, an Environmentalist (1.0 FTE) was hired to assist with the program.

In 2003, *Severe Acute Respiratory Syndrome (SARS)* demonstrated the immense impact of another new disease on a city and indeed a country. *SARS* was the most profound and widespread public health crisis in Ontario's history because it put unprecedented demands on the public health care system. More than 23,000 people were identified as contacts and 13,373 were quarantined. *SARS* raised the issue of public health capacity and surge capacity. The MOHLTC responded shortly after *SARS* by introducing 100% funding for health departments to increase *Infection Control Capacity*. Lambton received 1.5 FTE additional staffing under the *Infection Control Capacity* program. As a result, two additional public health nurses (1 full-time and 1 part-time) have been added to the Department. Additional infection control resources are being set up in *Regional Infection Control Networks* established in regions across the province.

Other programs which have impacted staffing levels include the *Universal Influenza Immunization Program* which was established in 2000 to assist in reducing the burden of influenza illness. This program requires mass immunization annually which prepared staff to meet the demands associated with mass vaccine administration.

This preparedness is also of value in pandemic planning for the residents of Lambton.

Three *Newly Funded Vaccines* have been added to the recommended schedule of childhood immunizations. They include pneumococcal vaccine for infants, chicken pox and meningococcal vaccine for infants and teens. To deliver this service in the community, an additional 0.5 FTE staff was hired.

To continue to meet service needs in Lambton for continuous improvement of services, EHPS is undertaking a *Clinical Services Review* of all clinical services related to vaccine preventable diseases, sexual health and family planning and sexually transmitted infections. This project will improve the Department's ability to meet the needs of the community.

The report of *Haines Meat Regulatory & Inspection Review* focussed on allegations of illegal meat slaughter activities at certain provincial abattoirs. A great deal of media attention put public focus on the issue of meat safety in Ontario. To meet increased demands in the food safety program, County Council approved 1.0 FTE public health inspector effective October 2005. Other media events which have changed public health work demands include Avian Flu and Pandemic, *Illegal Meat Slaughter*, *Dirty Dining* exposé, and *Tobacco Control By-Law Enforcement*.

### Challenges Facing Public Health

Responding to public health needs has created challenges. The issue of capacity and surge capacity through *SARS* also drew attention to the complexities of controlling an outbreak of disease, and the skills required by staff to respond to these complexities.

The MOHLTC undertook an assessment of issues related to shortages of public health professionals in the field. Key findings indicated that public health is highly dependent upon multidisciplinary approaches found in few other sectors; there are a high number of vacancies in public health nurses and public health inspectors.

These findings are consistent with challenges faced by the EHPS team over the past decade in recruiting staff. Some reasons for public health shortages include: lack of public health profile, shortages in supply of qualified public health professionals, job instability, salary compensation issues and lack of professional development opportunities. Strategies to address these issues are being explored under *Operation Health Protection*.

*Operation Health Protection* outlines major initiatives which will reshape public health in a three year Action Plan designed to revitalize the public health system. Acting on direction from numerous public health reports, *Operation Health Protection* calls on the Ministry, the Chief Medical Officer of Health, municipalities, health providers and Public Health Departments to work together to rebuild Ontario's public health system. The objectives include:

- Creation of a Health Protection and Promotion Agency
- Public Health Renewal
- Health Emergency Management
- Infection Control and Communicable Disease Capacity
- Health Human Resources
- Infrastructure for Health System Preparedness

The government is investing a total of \$273 million to support this plan in 2004/05, growing to \$469 million by 2007/08. This includes an immediate investment of \$41.7 million in new funding in 2004/05 to support this plan.

One key component of *Operation Health Protection* is the *Capacity Review*, which is a comprehensive assessment of local health units' capacity to provide the public health services Ontarians need in the most effective way possible. It is informed by the work of Justice Campbell through the *SARS* review.

*The Capacity Review* is looking at public health as it could be in the future, as a system – as it could be better delivered, managed, governed and funded. *The Capacity Review* is not an operational review or field assessment; it is not intended to grade health departments/units as good or bad, nor will it examine the details of health department programs. The process will look at how local public health can work more effectively as part of an integrated provincial public health system.

The *Agency Implementation Task Force* has also identified needs for enhanced surveillance, specialized laboratory resources, and research and knowledge functions. As part of *Operation Health Protection* this task force will work to strengthen public health through confirming the mandate, core activities, structure and governance.

To assist in communication and data sharing challenges related to infectious disease, the MOHLTC has established the *Integrated Public Health Information System (iPHIS)*, which connects all 36 health departments to a provincial database for infectious disease reporting, tracing and management. More work needs to be done on sharing information from this system, but the first steps have been taken to improve surveillance and communication. *iPHIS* will meet challenges faced by the field related to disease case management and timely access to relevant data.

## Summary

This is a timely opportunity for Ontario's public health system to redefine directional changes. Both the gravity and urgency of this need have been well demonstrated through outbreaks of *SARS and Walkerton* and recent events of Rubella and Legionnaires disease. The potential risks of not maintaining program services in the Environmental Health & Prevention Services area are too costly. Not meeting demand in planning and preparedness for emerging infectious

and communicable diseases such as Avian Influenza and Pandemic puts Lambton residents at risk.

The province is in the process of revitalizing the public health system to update scientific and technical resources for front line public health workers. It is important that we continue to deliver services and maintain a flexible approach to program delivery throughout the process. This will prepare the department in meeting the demands of Ontario's new public health system as outlined in *Operation Health Protection*.