Community and Health Services Department
Office of the Commissioner

MEMORANDUM

TO: Community and Health Services Committee Members

FROM: Adelina Urbanski, Commissioner of Community and Health Services

DATE: March 7, 2012

RE: **Community and Health Services Statistical Information Year End 2011**

I am pleased to provide a data snapshot on the services our department provides.

The data contained in the attached document details activity from January to December 2011 in each of our service areas. As requested at Committee staff are providing increased analysis with the data.

Our next semi-annual report will provide information for January to June 2012.

I hope you find this information helpful.

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Adelina Urbanski
Commissioner of Community and Health Services

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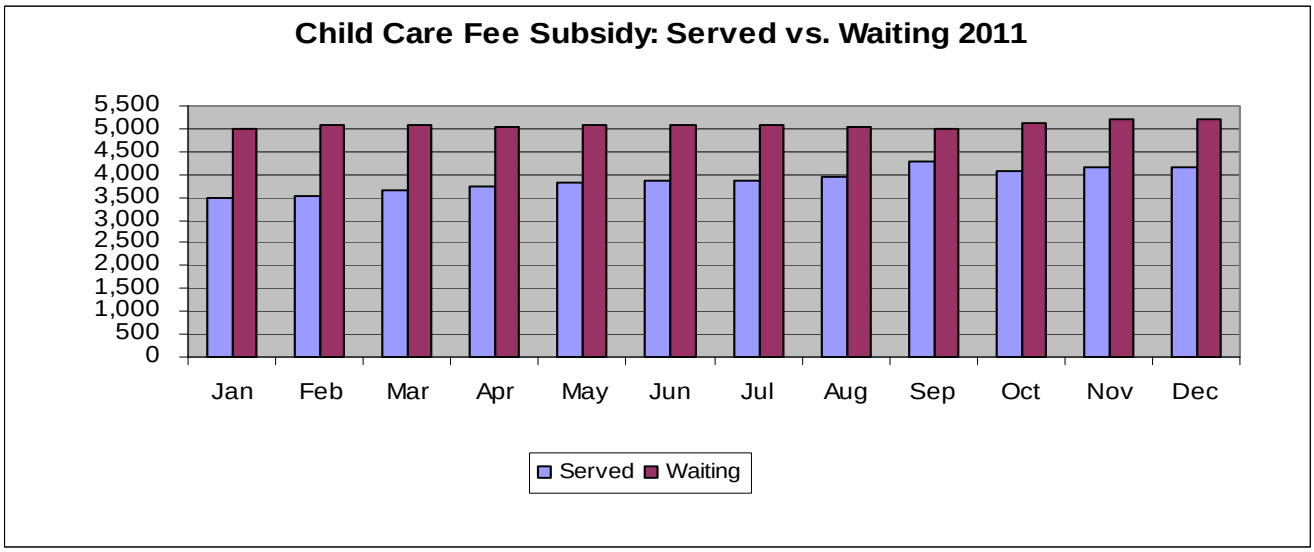
Attachment - 1

Children's Services



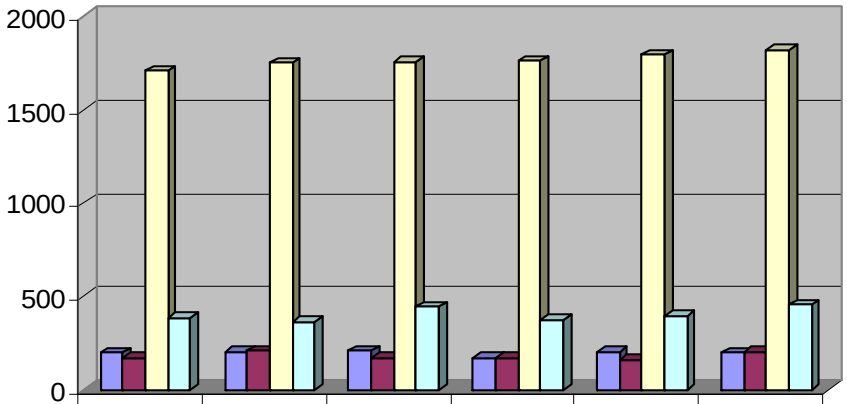
2011 Comparison	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Served *	3,469	3,528	3,630	3,722	3,800	3,874	3,867	3,961	4,268	4,081	4,167	4,171
Waiting**	4,988	5,076	5,071	5,038	5,076	5,091	5,090	5,024	4,994	5,126	5,187	5,196

Monthly Number of Families with Children Waitlisted

- Children requiring subsidy is exceeding the number of children receiving subsidy as a result of a rapidly growing child population and inadequate levels of provincial funding.
- Waitlist is growing but at a declining rate; 2010 Waitlist growth 23.2%; 2011 Waitlist growth 4.2%
- Variance between waitlist and service levels decreased by 19% between January and December 2011.
- Increased provincial funding and MYP funding supported increased service levels in 2011.
- Continued service pressures support ongoing emphasis in the MYP to increase the budget for child care fee subsidy and summer care only subsidy.

Children's Services

Early Intervention Services: Enrollment

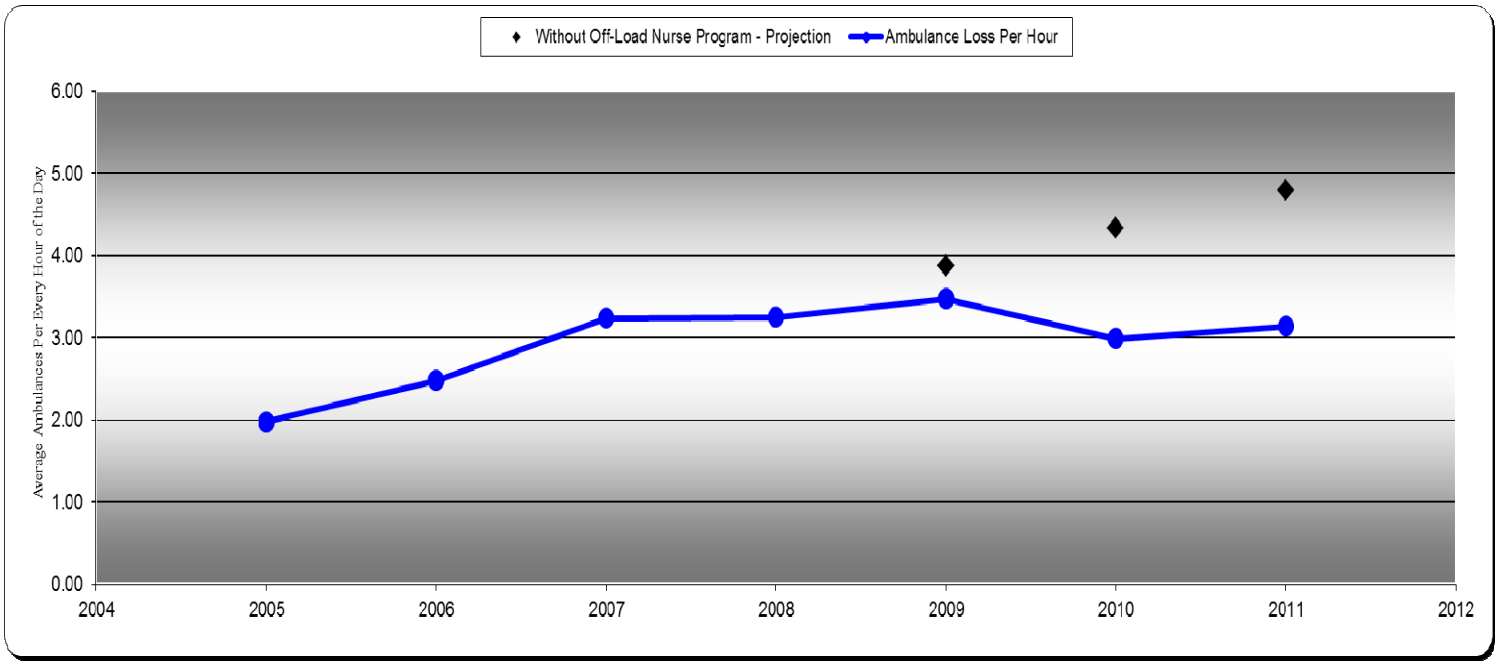


	Q3-10	Q4-10	Q1-11	Q2-11	Q3-11	Q4-11
Newly Enrolled	198	203	209	171	202	199
Discharged	170	208	173	170	164	201
Total Active	1705	1749	1754	1758	1790	1817
On Wait List	382	368	444	377	398	455

- Newly enrolled maintains a fairly level trend line due to static capacity to enrol more
- Discharged maintains a relatively flat trend line due to complexity of child needs and 50% of families delaying entry into school
- Q4 spikes in discharges linked to 50% of children transitioning to school
- Total active population continues to rise due to children remaining in service longer and service delivery innovations
- Children on wait list increasing due to increased demand for services from better early identification efforts in community

Emergency Medical Services

Ambulances Unavailable as a Result of Off-Load Delays



Year	2005	2006	2007	2008	2009	2010	2011
Ambulance Loss without Nurse Program (1)					3.88	4.33	4.79
Ambulance Loss with Nurse Program	1.98	2.48	3.23	3.25	3.47	2.99	3.14
Total Hours of Off-Load Delay Per Year	17,310	21,734	28,336	28,440	30,408	26,179	27,463

	Average Minutes of Off-load Delay per Transport*			
Hospital	**2008**	**2009**	**2010**	**2011**
Markham Stouffville	35	41	44	36
Southlake	45	44	39	36
York Central	61	58	58	48

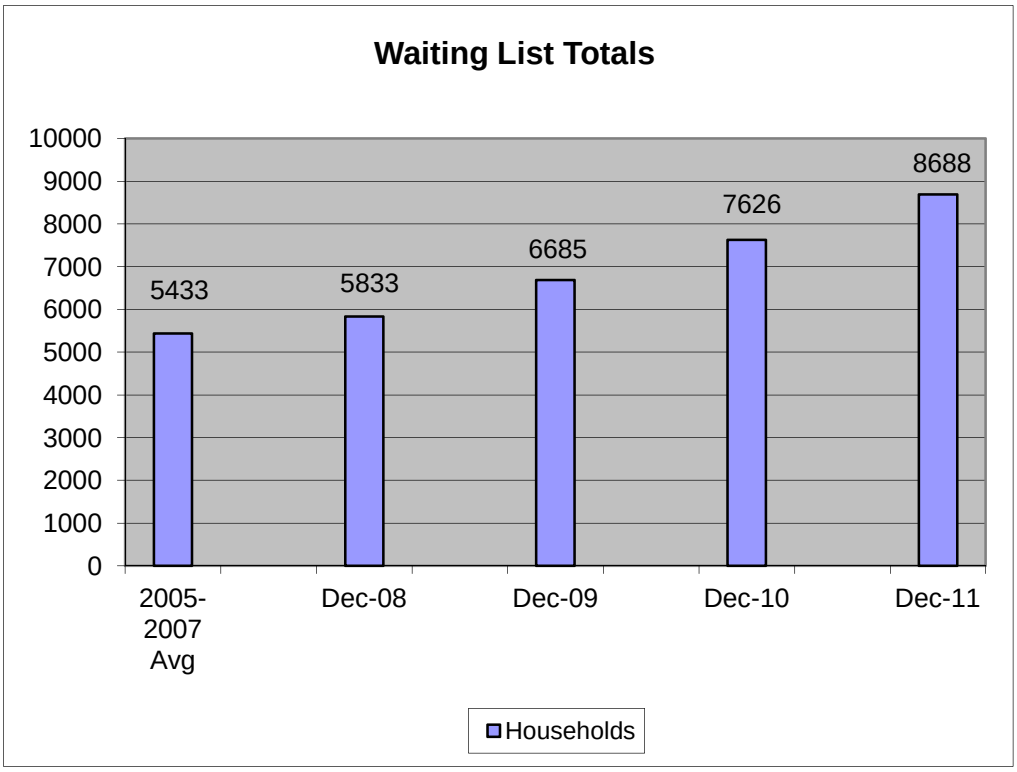
**Average time over the expected 30 Minutes per transport*

Off-Load Delays:

- The provincial standard for Paramedics transferring care at a hospital and being available for a subsequent response is 30 minutes.
- Off-Load Delays refer to the length of time above the expected 30 minutes between Paramedics arriving at a hospital with a patient up to the time the hospital assumes care of the patient and Paramedics are able to respond to another EMS call.
- Growing off-load delays have reduced the number of Ambulance resources available to respond to incidents in the Region.
- This graph depicts the number of Ambulances that are not available to respond due to off-load delay. The projection indicates the number of Ambulances that would be unable to respond if the Off-Load Nurse Program (1) project were not in place.

(1) In 2008, with provincial funding, York Region EMS commenced a project placing dedicated nurses in York Region hospitals to receive EMS patients. This project has been able to slow down the growth of the off-load delay phenomenon.

Housing Services



Notes:

- As of December 2011 there are 8,688 households on the municipal waiting list. The number of households has grown by 3,255 since 2005 representing a 40% increase.
- Over the last two years the waitlist has grown an average of 22%, and the number of households continues to increase based primarily on rising housing costs in York Region, the lack of available supply, and low vacancy rates (average vacancy rate in York Region for 2011 is 0.8%).
- The need for housing among seniors and non-seniors is equal, with both representing 50% of the waiting list.
- The growing waiting list speaks to the need to continue to source and build more affordable housing units for York Region families and is a key indicator of the gap between the need for affordable housing and the available supply.

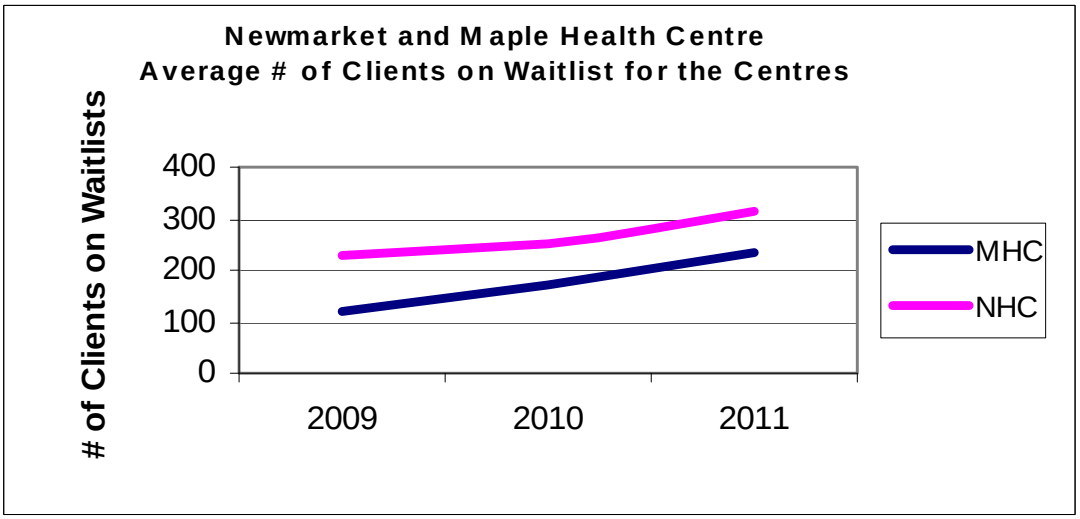
Inventory of Social Housing Units

	# Social Housing Units	# Applicants	# Applicants per unit
Non-Senior Units	3,383	4,348	1.3
Senior Units	2,687	4,340	1.6
Combined Total	**6,070**	**8,688**	**1.4**

Notes:

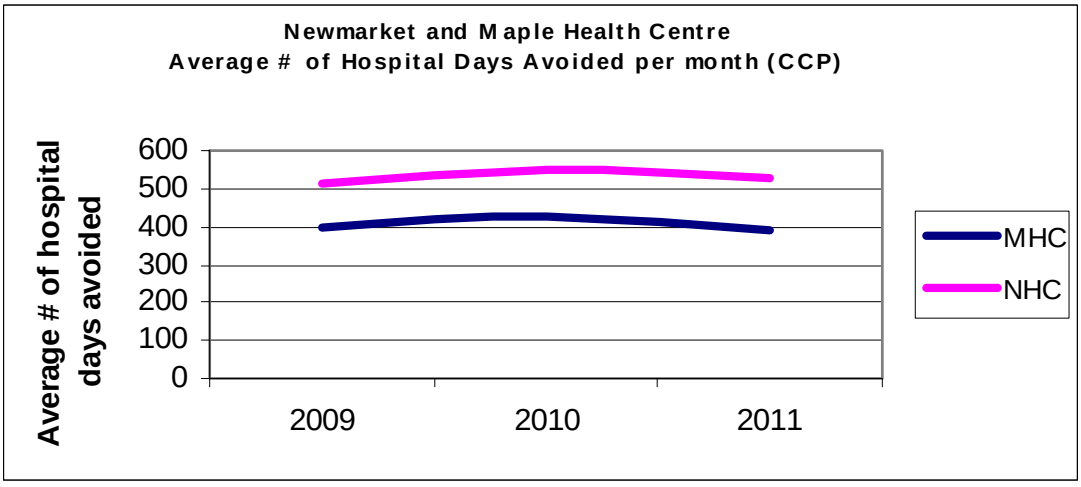
- Social housing units include market rent units in social housing communities.
- Social housing unit totals include Affordable Housing Program (AHP) projects with Social Housing Reform Act (SHRA) rent supplements, excludes all other AHP projects.

Long Term Care Services



Notes:

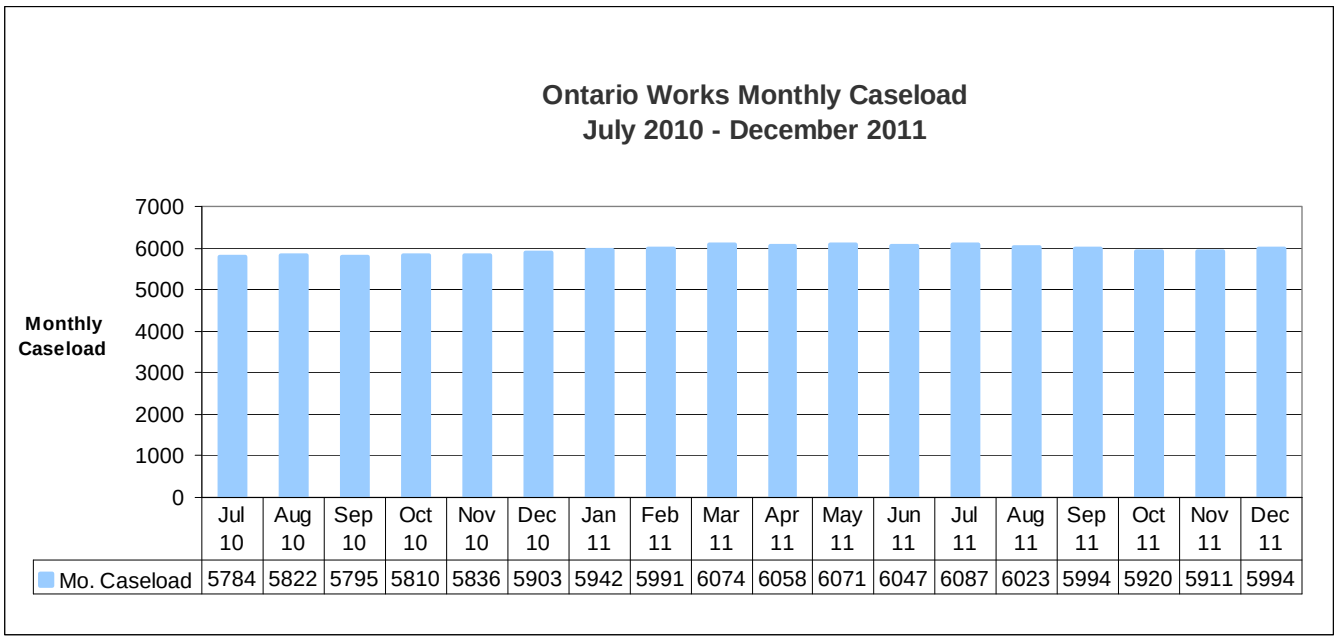
- The number of clients on the waiting list has increased over the last 3 years. Demand for long term care continues to outstrip the available supply of beds. While this creates a backlog in patient flow across the health care system, the Region is unable to provide additional beds until additional funding and bed licences are made available by the Ministry of Health and Long-Term Care.
- Managed by the Community Care Access Centre (CCAC), 549 individuals are currently listed on the waitlist for LTC beds owned by York Region (MHC 234 / NHC 315)



Notes:

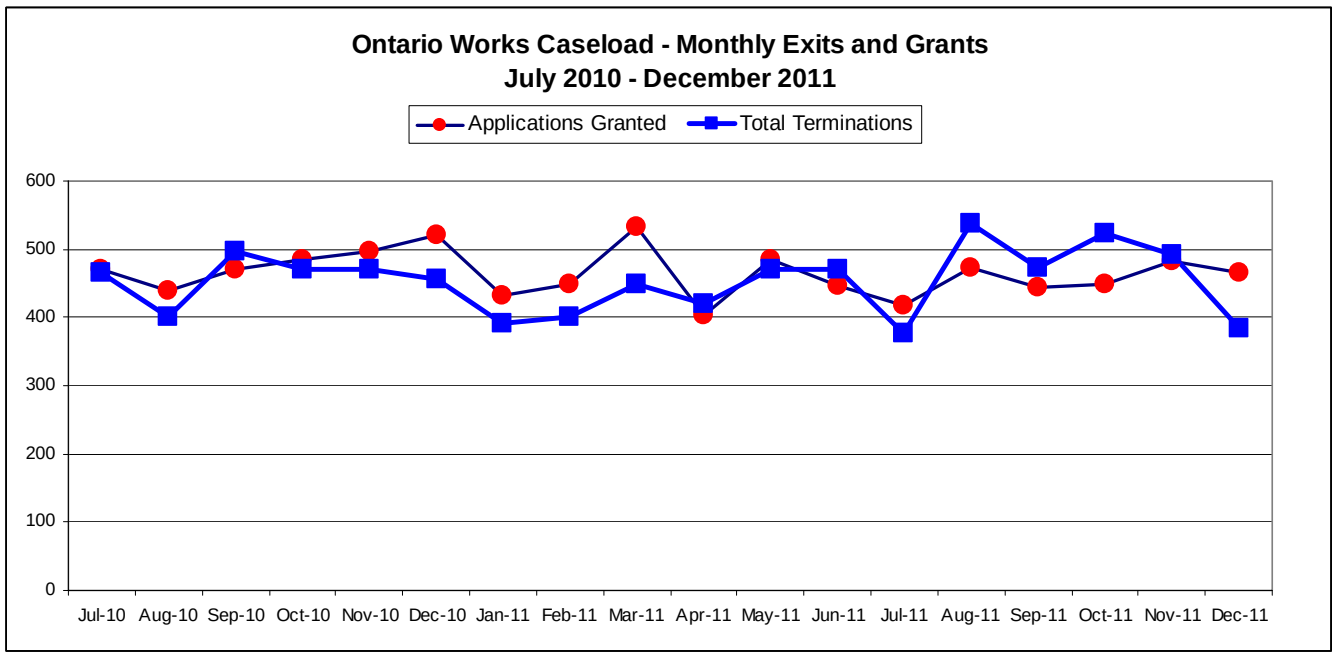
- Total long stay beds available at Maple Health Centre = 85
- Total long stay beds available at Newmarket Health Centre = 113
- Convalescent Care beds available = 34 (MHC 15 / NHC 19)

- The Convalescent Care Program handles a high number of admissions and discharges, with most residents remaining in the program for no more than 60 days, with the maximum length of stay allowed being 90 days.
- On average, occupancy in the CCP is 86% and 90% respectively at the Maple and Newmarket Health Centres. The average number of occupancy in the Homes, resulting in hospital days avoided is 392 days for Maple Health Centre and 525 days for Newmarket Health Centre per month.



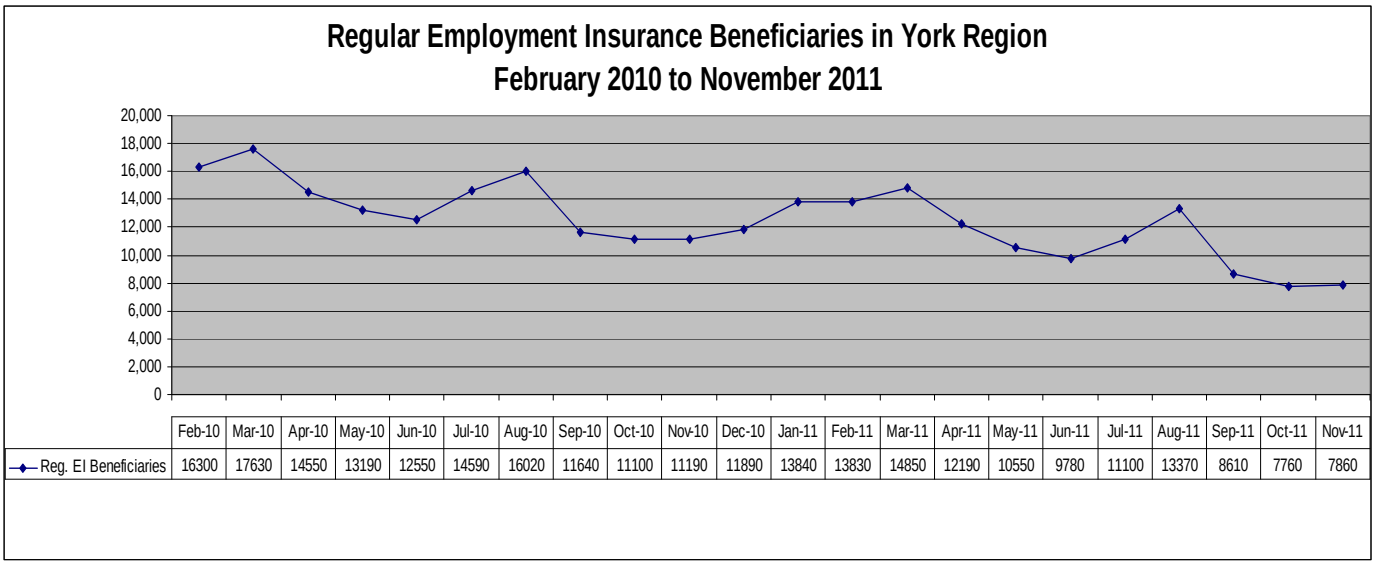
	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11
Mo. Caseload	5784	5822	5795	5810	5836	5903	5942	5991	6074	6058	6071	6047	6087	6023	5994	5920	5911	5994

- Despite continued population growth, the Ontario Works caseload has remained relatively stable over the past 18 months. The caseload showed modest growth in early 2011 followed by a slight decline and a levelling off in the latter half of the year. The caseload (which is expected to average 6180 in 2012) will continue to be monitored throughout the year with an emphasis on skill development, training and labour market participation.



- The OW caseload is very dynamic. The individuals comprising the caseload routinely turn over, as new people come on to the program and others exit. On average in 2011, 457 cases came onto assistance and 449 exited the program each month. This high level of turn-over creates a need for responsive customer service, tailored case management and innovative program design.

Strategic Service Integration & Policy



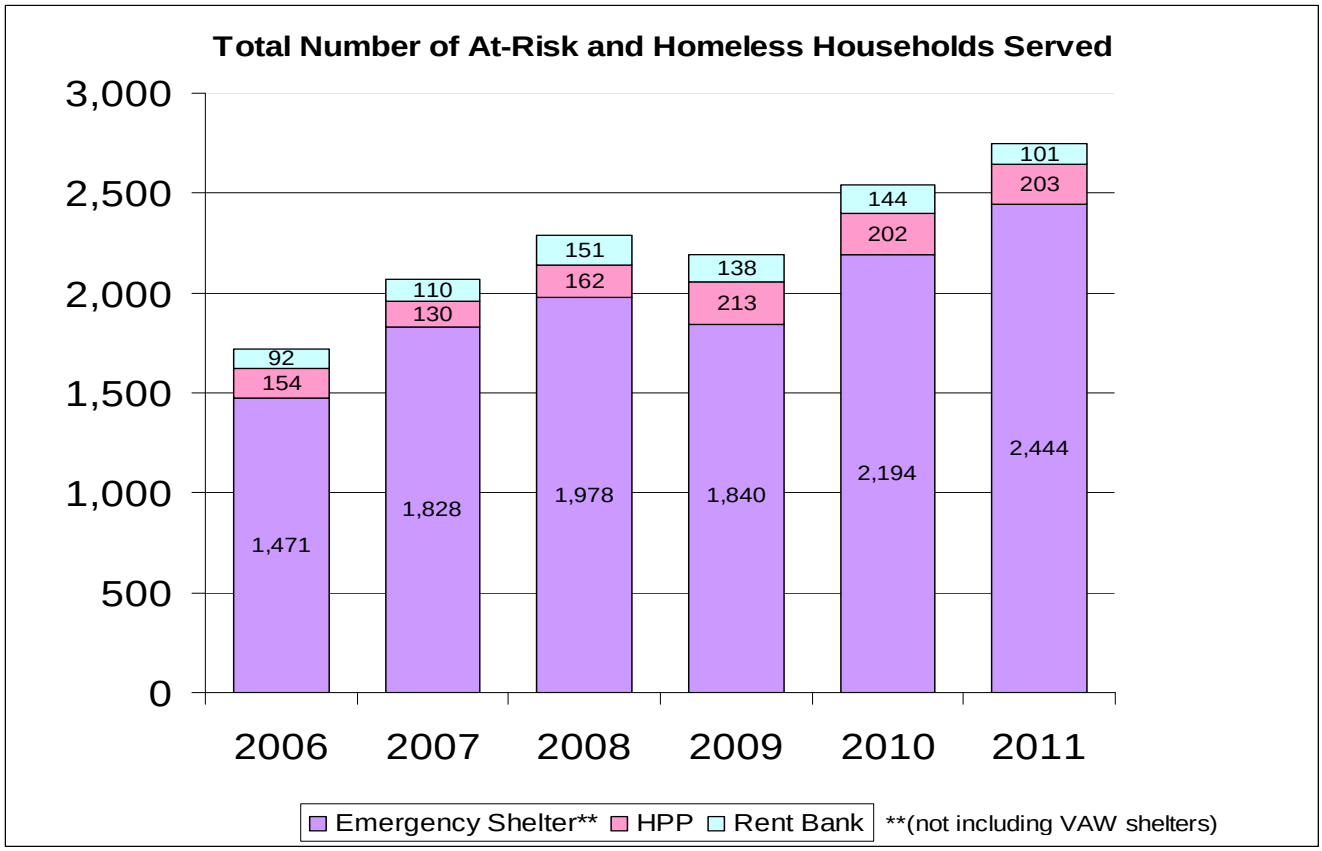
	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
Reg. EI Beneficiaries	16300	17630	14550	13190	12550	14590	16020	11640	11100	11190	11890	13840	13830	14850	12190	10550	9780	11100	13370	8610	7760	7860

Data Source: Statistics Canada, Employment Insurance Program.

- York Region posted an overall decrease in the number of people receiving regular Employment Insurance (EI) benefits between February 2010 and November 2011. The number of beneficiaries has been on a year-long downward trend, which mirrors the national trend.
- Between November 2010 and November 2011, the number of people receiving regular EI benefits fell by 3,330 (-29.8%).
- Following an increase in August 2011, the number of people receiving regular EI benefits fell by 4,760 (-35.6%) to 8,610 in September. The monthly average remained under 8,000 for both October and November.

Definition: *Regular Employment Insurance Beneficiaries* includes people who received EI regular benefits which is available to individuals who lost their jobs through no fault of their own (e.g. shortage of work, seasonal layoffs or mass layoffs) and who are available for and able to work but are unable to find a job. This statistic should not be confused with the EI claims, which includes all those who submitted an EI claim but may or may not meet the eligibility criteria to receive the benefits. Moreover, people who received other types of EI benefits are excluded from this statistic (e.g. EI Maternity and Parental Benefits, EI Compassionate Care Benefits and EI Fishing Benefits).

Note: According to Statistics Canada, the regular Employment Insurance beneficiary data for the month of December 2011 is currently unavailable.



Total Number of At-Risk and Homeless Households Served						
Year	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Rent Bank	92	110	151	138	144	101
Homelessness Prevention Program (HPP)	154	130	162	213	202	203
Emergency Shelter	1471	1828	1978	1840	2194	2444
Total Households Served	**1717**	**2068**	**2291**	**2191**	**2540**	**2748**

Statistics provided by the Social Services and Business Operations and Quality Assurance branches

- In 2011, the total number of at-risk and homeless households served increased by 8%.
- The Rent Bank program experienced a 30% decrease in households served which may be attributed in part to restrictions to exclude rent-geared-to-income residents from accessing the program.
- Based on trend analysis, the impact of the rent-geared-to-income restriction is an estimated 20% decrease in the number of households served. Although there was a decrease in households served under the Rent Bank program, the total expenditures for rental arrears remained consistent due to increased average payments per household. The Homelessness Prevention Program (HPP) also provided higher payments per household in 2011.
- The number of households served in Emergency Shelters increased by 11% in 2011 and 19% in 2010 due in part to the addition of 40 beds at the family shelter in late 2009.
- Overall, an increasing number of at-risk and homeless households continued to access support through Rent Bank, HPP and Emergency Shelters in 2011. A growing number of households are struggling with an increasing gap between their income and the high cost of living in York Region.
- This trend will continue to be monitored and is a key area of discussion in the *Making Ends Meet* initiative, where solutions are being identified to improve affordable housing options and programs and help reduce the economic vulnerability for low to moderate income residents.

Proportion of schools in which immunization records were reviewed and the *Immunization of School Pupils Act* was enforced (as of December 2011)

School Year	2008/09		2009/10†		2010/11		2011/12	
	% reviewed	% enforced	% reviewed	% enforced	% reviewed	% enforced	% reviewed	% enforced
Public Schools	100%	30%	100%	0%	100%	27%	27%	--
Catholic Schools	100%	23%	100%	0%	100%	23%	23%	--
Private Schools	0%	0%	0%	0%	0%	0%	0%	--

† In the 2009/10 school year, the *Immunization of School Pupils Act* was not enforced due to the H1N1 pandemic response.

BACKGROUND:

Ontario's *Immunization of School Pupils Act* requires that all children attending school in the province be immunized against tetanus, diphtheria, polio, measles, mumps and rubella unless they have been legally exempted.* The Ontario Public Health Standards mandate specific activities that must be carried out by public health units to make sure that students have up-to-date immunization records according to the Act, which allows the Medical Officer of Health to suspend students with incomplete records from attending school. These activities include:

- **Review** of immunization records to determine completeness, and sending questionnaires to get missing information.
- **Enforcement** of the Act through a student suspension process *if* records remain incomplete after the questionnaire as well as a follow-up letter are sent. First, a suspension order is mailed to parents indicating the date the student could be suspended from school. After a further 3-4 weeks, if no response or inadequate information is received, the student is suspended unless adequate proof of immunization or a valid exemption is provided.
  (Note: While enforcement entails initiating a suspension process, it does not necessarily result in suspension since students who provide the required information are not suspended.)

There are 198 public schools, 106 separate schools and 125 private schools in York Region, with a total enrollment of approximately 250,000 students.

WHAT DOES THE TABLE SHOW?

- This table demonstrates program reach with regards to schools, not to individual students. It reflects data for both elementary and secondary schools.
- The table shows the percentage of schools in the Region where the Public Health Branch has reviewed student immunization records and the percentage of schools where it has undertaken enforcement of the *Immunization of School Pupils Act*.
- By the end of each school year, Public Health staff have completed the review of immunization records in all public and Catholic schools. Review is not conducted in private schools, which often only maintain paper immunization records, because there are presently no resources to manually input thousands of records.
- Due to resource constraints, the Public Health Branch currently enforces the *Immunization of School Pupils Act* on a school-by-school basis. Enforcement is carried out in all high schools, but only in those elementary schools with the lowest coverage rates each year (approximately 10% of elementary schools), for a total of 27% of all public schools and 23% of all Catholic schools in the 2010/11 school year.
- Branch staff begin the review process by focusing on all high schools and those elementary schools who had the lowest coverage rates during the previous year. For the 2011/12 school year, immunization records had been reviewed in 27% of public schools and 23% of Catholic schools as of December 2011. The immunization review process will be completed in the rest of schools by the end of the school year. Enforcement activities will also be carried out by the end of the school year.

NEXT STEPS:

With additional staff, the Public Health Branch plans to improve the immunization review process by beginning it before the start of the school year and by working with schools and parents to increase complete responses to vaccine questionnaires. The Branch is also aiming to expand its enforcement of the *Immunization of School Pupils Act* to all public and Catholic schools, as well as to private schools, over the next five years.

* Exceptions are in situations where a parent has filed, with the Medical Officer of Health, a Statement of Medical Exemption or a Statement of Conscience or Religious Belief Affidavit.