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UPDATE ON THE REVIEW OF MANDATORY PUBLIC HEALTH PROGRAMS

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, December 15, 2006, from the Commissioner of Community Services, Housing and Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Council urge the province to consult with the Association of Municipalities of Ontario (AMO) before legislating the revised Mandatory Health Programs and Services Guidelines (MHPSG), in accordance with the Memorandum of Understanding (MOU) between AMO and the province.

2. Staff report back to Council once further information is available regarding the development and impact of the mandatory program review.

2. PURPOSE

The purpose of this report is to provide Council with an update on the development of new program standards for public health in Ontario, and to outline potential implications for the Regional Municipality of York.

3. BACKGROUND

3.1 History of the Mandatory Health Programs and Services Guidelines (MHPSG)

The *Health Protection and Promotion Act* (HPPA) is the principal legislation related to public health in Ontario. It first came into effect in 1984, replacing the *Public Health Act*, the *Venereal Disease Prevention Act*, and the *Sanatoria for Consumptives Act*. The HPPA mandates the establishment of boards of health and the provision of public health programs and services, such as community sanitation, control of infectious diseases, health promotion and family health.

The HPPA gives legal authority to the Minister of Health and Long-Term Care to publish guidelines on these mandatory programs and services, and mandates boards of health to comply with the guidelines. The MHPSG outlined the first minimum standards for public health in Ontario in 1984. In 1989, a revised version of the MHPSG was published, incorporating a population-based approach to disease prevention and health

promotion. In 1997, the MHPSG were revised again to establish more comprehensive guidelines for boards of health. The MHPSG have not been revised since 1997.

3.2 Components of the Current MHPSG

The 1997 MHPSG are made up of three general standards and 14 program standards.

General Standards, which address themes to be considered in the provision of all programs and services, consist of:

- Equal Access
- Health Hazard Investigation
- Program Planning and Evaluation

Program Standards consist of fourteen standards divided into three areas:

- Chronic Diseases and Injuries
  1) Chronic Disease Prevention
  2) Early Detection of Cancer
  3) Injury Prevention Including Substance Abuse Prevention

- Family Health
  4) Sexual Health
  5) Reproductive Health
  6) Child Health

- Infectious Diseases
  7) Control of Infectious Diseases
  8) Food Safety
  9) Infection Control
  10) Rabies Control
  11) Safe Water
  12) Sexually Transmitted Diseases (STDs) including HIV/AIDS
  13) Tuberculosis (TB) Control
  14) Vaccine Preventable Diseases

For each of the 14 standards, a goal, objectives, and specific requirements and standards are outlined. In total, the MHPSG contain over 240 specific requirements and standards.

3.2.1 Mandatory Program Indicator Questionnaire (MPIQ)

From 1999 until 2002, the Ministry of Health and Long-Term Care (MOHLTC) monitored health unit compliance with the guidelines through the MPIQ, a self-reporting tool completed annually by the health units. Detailed questions were asked on each of the approximately 240 requirements and standards of the MHPSG, with a focus on identifying targeted groups and on volume of delivery. The MPIQ measured whether each mandated activity had been carried out, but did not measure outcomes of the

activity. MPIQ responses from health units were sent to the MOHLTC to be reviewed and scored, and results were shared with health units during the following year.

3.2.2 Limitations of the MPIQ and MHPSG

The use of the MPIQ has since been discontinued as a result of concerns that it did not accurately reflect the processes and outcomes of public health in Ontario. For example, it assessed compliance in absolute terms, often requiring "yes or no" answers rather than allowing for different degrees of compliance. Perhaps most problematic, however, is that the MHPSG themselves require updating. Since the MHPSG were last revised in 1997, many protocols on which standards are based have been updated, and new evidence on the effectiveness of various public health interventions has been published.

3.3 Operation Health Protection

The revitalization of the provincial and national public health systems has been recommended by various experts appointed to study the circumstances that led to the SARS outbreak of 2003. Consequently, in 2004, the Ontario government launched Operation Health Protection, a three-year plan to renew the province's public health system. As part of the overall strategy to rebuild public health capacity across the province, the government committed to a review of the MHPSG.

4. ANALYSIS AND OPTIONS

The review of the MHPSG is being undertaken with the following priorities in mind:

- To identify strengths, gaps and redundancies.
- To incorporate new evidence and best practices.
- To incorporate the concept of standards and performance measurement.
- To take into account determinants of health (the set of social conditions which determine an individual's health).
- To identify connections between the MHPSG and other provincial or national programs.
- To ensure that revisions can take place within the current budget for mandatory programs.

4.1 Anticipated Changes to Mandatory Programs

The new MHPSG are expected to differ from the 1997 version in certain key aspects, such as greater emphasis on emergency preparedness and increased attention to climate change in environmental health areas.

4.1.1 Performance Management System

Another important component of the revised MHPSG is a greater focus on performance measurement and accountability. The current mandatory guidelines are to be replaced by performance standards linked to specific performance measures that will provide evidence to determine whether or not a standard is being met. Performance standards and

measures are at the centre of a new public health performance management system that will also include a public reporting component. This performance management system will enable benchmarking between health units, facilitate continuous improvement exercises, and will guide local decision making about resource allocation and service delivery levels.

4.1.2 Increased Flexibility

The replacement of performance guidelines with provincial standards does not necessarily entail a rigid system, as the new standards will incorporate parameters to allow for greater responsiveness to health needs, which may vary by health unit. The new standards will include both core programs to be provided by health units across the province and flexible programs to be adapted to community need.

Processes will also be developed to enable ongoing review and enhancement of the standards to address changing needs and new developments in public health.

4.2 Components of the MHPSG Review Process

The review of program standards is being guided by a Program Standards Technical Review Committee (TRC) comprised of members of public health units, academia, the Association of Municipalities of Ontario (AMO), and representatives from the three provincial ministries accountable for elements of the MHPSG (the MOHLTC, the Ministry of Health Promotion, and the Ministry of Children and Youth Services.)

Components of the review process include public health unit staff workshops, an Inter-Ministry Committee, and Program Standards Development Teams.

4.2.1 Workshops with Public Health Unit Staff

Workshops were held in June, July, and September of 2006 to seek input from public health unit staff on the strengths and limitations of the current guidelines. York Region Health Services (YRHS) staff participated in workshops in the following areas:

- Child Health and Reproductive Health
- Chronic Disease Prevention/Early Detection of Cancer
- Control of Infectious Diseases and Infection Prevention and Control
- Environmental Health
- Injury and Substance Abuse Prevention
- Sexual Health/AIDS/Sexually Transmitted Diseases
- Tuberculosis Control

4.2.2 Inter-Ministry Committee

In order to obtain input from all provincial ministries whose work is related to or affected by the *MHPSG*, representatives from the Ministry of Education, the Ministry of Labour, the Ministry of Municipal Affairs and Housing, the Ministry of the Environment and other ministries are contributing to an Inter-Ministry Committee that will provide strategic advice to the TRC.

4.2.3 Program Standards Development Teams (Writing Teams)

At the end of October 2006, Program Standards Development Teams began developing draft program standards to reflect feedback from workshops and current public health best practices. These draft standards are to be reviewed by the TRC and stakeholders, then revised by the writing teams.

York Region staff are participating in three Program Standards Development Teams:

- Chronic Disease Prevention/Early Detection of Cancer
- Environmental Health Hazard and Risk Management
- Tuberculosis Control

4.3 Next Steps: Consultation Process

The draft program standards will likely undergo a consultation process before they are approved.

In order to give key external stakeholders the opportunity to provide input and expertise on system-wide issues related to the MHPSG, the TRC will set up a reference panel that will have the opportunity to comment on the draft renewed program standards. Members of the reference panel may include representatives from:

- The Association of Municipalities of Ontario (AMO)
- The Ontario Public Health Association (OPHA)
- The Association of Local Public Health Agencies (alPHa)
- The Association of Public Health Epidemiologists of Ontario (APHEO)

Public health units and the Inter-Ministry Committee are also expected to have an opportunity to comment on revised standards.

Once the consultation process has been completed, the Minister of Health and Long-Term Care will publish the revised program standards under the authority of the HPPA.

It is anticipated that renewal of the MHPSG will be completed in the summer of 2007.

4.4 Potential Impact on York Region

Following the finalization of the new mandatory programs, the YRHS Public Health Branch shall be realigning existing resources in accordance with the revised standards and, over time, indicators of performance. Realignments will directly impact volume and type of service delivery, and will inform decision making about resource allocation.

4.5 Relationship to Vision 2026

Renewal of the MHPSG contributes to the Vision 2026 goal of “Responding to the Needs of Our Residents.”

5. FINANCIAL IMPLICATIONS

The province expects that changes to programs based on the revised MHPSG will be revenue neutral. The intention is to realign existing resources within public health's fiscal envelope rather than to expand programs.

Staying within the fiscal envelope is contingent on the establishment of reasonable performance standards, attainable service delivery levels for mandated programs and a clear distinction between mandated "core" programs and "flexible" options. The performance standards are under development and are not yet established, so it is difficult to evaluate their reasonableness at this time.

It is advisable that the municipalities, who share the cost of program delivery, have input at this time into the establishment of these parameters. This should take place through the municipal representative body AMO, in accordance with the MOU between AMO and the province of Ontario, which promotes the principle of consultation whenever the province proposes statutory or regulatory changes that have significant impact on municipal budgets.

6. LOCAL MUNICIPAL IMPACT

The renewal of the MHPSG will have a positive impact on the provision of public health services in York Region. Residents of the Region will benefit from an improved performance measurement and accountability framework and from revised standards that are more responsive to local need.

7. CONCLUSION

As part of a strategy to strengthen public health capacity throughout Ontario, the provincial government has embarked on the first review of Mandatory Public Health Programs since 1997. A renewal of mandatory programs will result in a greater focus on performance measurement and accountability in public health.

Since changes to mandatory public health programs may have budgetary and resource allocation implications for the Region, it is advisable that AMO be formally consulted in the development of program standards and in the choice of performance measures.

For more information on this report, contact Dr. Karim Kurji, Acting Medical Officer of Health, in the Health Services Department.

The Senior Management Group has reviewed this report.