5
2004 YEAR END ACTIVITY REPORT

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, April 20, 2005, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:
1. Committee and Council receive this report for information.

2. PURPOSE

The purpose of this report is:
- To provide Committee and Council with data regarding the programs and services provided by the Health Services Department in 2004.
- To compare service levels between 2003 and 2004 and explain observed trends.

3. BACKGROUND

Throughout 2004, the Health Services Department collected and analyzed data regarding the programs and services provided by its three operational branches: Emergency Medical Services (EMS), Long Term Care and Seniors (LTC) and Public Health. This report presents the cumulative results for the Year 2004.

4. ANALYSIS AND OPTIONS

4.1 Activity Report Data and Rationale

Beginning in 2004, the reporting of program activities shifted from a quarterly to a semi-annual basis.

Indicators are reviewed on an annual basis for applicability and utility purposes and refined as needed. Therefore, differences exist between some of the indicators reported in 2003 as compared to 2004. The following section gives a breakdown by branch comparing the total activities in 2004 to 2003 and showing the percentage change for each indicator. Highlights of the data are also discussed for various programs areas.

4.1.1 Emergency Medical Services Branch

For 2004, average emergency response times are now reported for York Region and the nine area municipalities (see Tables 2b and 2c). Although not reported in this format in 2003, data for the year 2003 are included for comparative purposes.

The EMS data listed in this report are subject to change—a request has been sent to the Ministry of Health and Long-Term Care (MOHLTC) Emergency Health Services Branch to resolve issues of data integrity, inconsistencies and timeliness. The accuracy of the call volume and response time data cannot be validated by York Region EMS as of April 2005.

4.1.1.1 Call Volumes

Table 1*
Call Volumes

CALL VOLUMES BY DISPATCH PRIORITY	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
1) Deferrable/non-urgent transfer (Patient condition not dependant on timely treatment or transport)	1,811	2,015	**3,852**	4,120	**-7%**
2) Scheduled transfer (Patient scheduled to arrive at a health care facility or medical appointment)	635	507	**1,150**	1,329	**-14%**
3) Prompt/non life threatening (Non-life threatening requiring a timely response)	4,894	4,596	**9,561**	9,250	**3%**
4) Urgent/life threatening (Patient conditions requires emergency response)	21,117	23,735	**45,072**	41,007	**10%**
8) Emergency Coverage Redeployments (Relocation of an ambulance to facilitate balanced emergency coverage)	16,094	16,034	**32,295**	37,966	**-15%**
Totals	**44,551**	**46,887**	**91,930**	**93,672**	**-2%**

Data Source: Ministry of Health and Long-term Care, ARIS link as of February 21, 2005

* Data subject to change: A request has been sent to the MOHLTC Emergency Health Services Branch to resolve the data integrity, inconsistencies and timeliness. The accuracy of the call volume and response time data cannot be validated by York Region EMS.

The overall decrease in non-emergency priority calls (deferrable/non-urgent transfer and scheduled transfer) can be attributed to the increase in hospital off-load delays resulting in a decrease of ambulance availability for scheduled and non-emergency transfers. The 14% decrease in emergency coverage redeployment calls can be attributed to York EMS realizing a full year benefit of a revised deployment plan implemented in December 2003. The objective of the revised plan was to reduce vehicle movement created by standbys. Decreases in call volumes can be further explained by the consolidation of the two MOHLTC Central Ambulance Communication Centres (CACC) serving York Region into one centre located in Barrie in mid 2004.

4.1.1.2 Response Times

Table 2a*
Response Times

EMERGENCY RESPONSE TIME York Region EMS resources in York Region Time crew notified to crew arriving at scene	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
90th Percentile Response Time maximum response time for 9 out of 10 calls	11:42	11:52	**11:46**	12:18	**-4.3%**
Percent Compliance to 11:39 Responses (arrive on scene) within 11min 39sec	89.9%	89.3%	**89.6%**	87.6%	**2.3%**
Average Emergency Response Time	7:35	7:40	**7:38**	7:55	**-3.6%**

Table 2b*
90th Percentile Response Time by Municipality

LOWER TIER MUNICIPALITY	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Whitchurch-Stouffville	13:20	13:02	**13:06**	13:55	-5.9%
Vaughan	12:19	12:59	**12:40**	13:02	-2.8%
Richmond Hill	9:55	10:03	**9:58**	10:32	-5.4%
Newmarket	9:32	9:07	**9:18**	10:09	-8.4%
Markham	10:49	11:10	**11:00**	11:18	-2.7%
King	15:54	16:17	**16:07**	17:04	-5.6%
Georgina	13:26	12:33	**13:06**	13:48	-5.1%
East Gwillimbury	13:46	14:05	**14:00**	14:17	-2.0%
Aurora	9:35	9:24	**9:27**	10:13	-7.5%

Table 2c*
Average Emergency Response Times by Municipality

LOWER TIER MUNICIPALITY	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Whitchurch-Stouffville	8:15	8:02	**8:07**	8:32	-4.9%
Vaughan	8:14	8:29	**8:22**	8:40	-3.5%
Richmond Hill	6:36	6:40	**6:38**	7:03	-6.0%
Newmarket	6:28	6:10	**6:19**	6:39	-5.0%
Markham	7:13	7:31	**7:22**	7:27	-1.1%
King	10:09	9:58	**10:03**	10:54	-7.8%
Georgina	8:23	8:08	**8:15**	8:23	-1.6%
East Gwillimbury	9:35	9:22	**9:28**	9:22	1.1%
Aurora	6:21	6:18	**6:20**	6:47	-6.6%

Data Source: Tables 2a, 2b & 2c Ministry of Health and Long-term Care, ARIS link as of February 21, 2005

* Data subject to change: A request has been sent to the MOHLTC Emergency Health Services Branch to resolve the data integrity, inconsistencies and timeliness. The accuracy of the call volume and response time data cannot be validated by York Region EMS.

Table 3
Customer Service

CUSTOMER SERVICE RECOGNITIONS & COMPLAINTS (number per 1000 times units arrive on scene)	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Recognitions	0.56	0.57	**0.57**	0.84	-32%
Complaints	0.49	0.58	**0.55**	0.66	-17%

Data Source: Table 3 Emergency Medical Services as of February 21, 2005

Improvements in response times (as shown in Tables 2a, 2b and 2c) can be attributed to three factors:

- The Georgian Central Ambulance Communication Centre started using the Automated Vehicle Locator system in May 2004. This provides the dispatchers with satellite location tracking of ambulances allowing for better determination of the closest unit to an emergency call location, therefore decreasing the amount of time it takes EMS to arrive on scene
- The Cane Parkway Paramedic Response Station serving Newmarket and Aurora became fully operational in 2004. This expanded and centralized station allows for more efficient deployment of ambulances.
- EMS realized the full year benefit of the addition of one King City Paramedic Response Unit and two additional 12 hour peak-loaded ambulances.

4.1.2 Long Term Care and Seniors Branch (LTC)

This year several new indicators have been included for Long Term Care to better reflect program activity. For example, percent occupancy and LTC Facility wait list are now reported for both the Newmarket Health Centre and Maple Health Centre. LTC client satisfaction (percent of clients rating the services as either good or excellent) has also been included to illustrate customer service levels.

4.1.2.1 LTC Facility Programs

Table 4
LTC Facility Programs

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Percent Occupancy					
- Newmarket Health Centre	98.6	95.5	**97.5**	99.1	**-2%**
- Maple Health Centre	98.6	98.9	**98.7**	98.8	**0%**
Attrition Rate	12.8	9.7	**20.7**	28.7	**-28%**
LTC Facility Wait List					
- Newmarket Health Centre	96	67	**67**	143	**-53%**
- Maple Health Centre	102	88	**100**	88	**14%**
Percent of Municipal Beds to Total Beds in York Region	6.8	6.7	**6.7**	6.8	**-2%**
Total Volunteer Hours	17,109	15,142	**32,251**	24,727	**30%**

The LTC Facility wait list at the Newmarket Health Centre and the Maple Health Centre decreased by 53% and 12% respectively between 2003 and 2004 (as shown in Table 4). The decrease in wait list numbers can be attributed to the opening of new LTC beds within York Region, including 32 beds at the Newmarket Health Centre.

The total volunteer hours increased by 30% in 2004, as compared to 2003. The 30% increase in total volunteer hours is attributable to an increase in student volunteer placements.

4.1.2.2 LTC Day Programs

Table 5
LTC Day Programs

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Cognitive Disorders	2,975*	2,599*	**5,574***	6,705	**-17%**
Acquired Brain Injury	587	606	**1,193**	1,059	**13%**
Communicative Disorders	267	238	**505**	510	**-1%**
Physically Disabled	616	546	**1,162**	1,192	**-3%**

* Revised figures for 2004 as of February 2005

As shown in Table 5, from 2003 to 2004, cognitive disorder program attendance decreased by 17% and acquired brain injury programs increased by 13%. These programs are client driven and statistical fluctuations occur from year to year, depending on the demand.

4.1.2.3 LTC Respite Programs

Table 6
Respite Programs

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
ACL Program Respite Days	412	451	**863**	1,266	**-32%**
LTC Facility Respite Days	453	557	**1,010**	1,090	**-7%**
Day Centre Respite Units	212*	236	**448***	435	**-3%**

* Revised figures for 2004 as of February 2005

The decrease (32%) in ACL program respite days between 2003 and 2004 can be attributed to the addition of 26 new ACL units through the opening of Armitage Gardens at the Newmarket Health Centre in February 2004. This has reduced the need for respite services.

4.1.2.4 Community Outreach Programs

Table 7
Community Outreach Programs

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Regional Psychogeriatric & Mental Health Consulting Services					
- Consultations	464	352	**816**	227	**260%**
- Number of participants	2,842	1,361*	**4,203***	2,888	**46%**
Alternative Community Living (ACL Program)					
- ACL Supportive Housing Client Days	146	158	**158**	124	**27%**
- ACL Supportive Housing Wait List	308	340	**340**	262	**30%**

* Revised figures for 2004 as of February 2005

Table 8
Client Satisfaction

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
LTC Client Satisfaction – percent of clients rating the services as either good or excellent	89.5	90.5	**90**	93.5	**-4%**

Regional psychogeriatric and mental health consultations and participants increased by 260% and 46% respectively in 2004 compared to 2003 (as shown in Table 7 above). Awareness of the Regional Psychogeriatric and Mental Health Consulting Services program has lead to increases in the service needs of LTC facilities and community

health providers. This is reflected in the increased number of consultations and participants.

The ACL Supportive Housing clients days increased by 27% from 2003 (see Table 7). The ACL Supportive Housing wait list increased by 30% in 2004 compared to 2003. The opening of Armitage Gardens can account for an increased capacity to accommodate clients in the ACL Supportive Housing program. The unique partnership that has been developed between Armitage Gardens and the Newmarket Health Centre facility has increased the demand on the ACL Supportive Housing wait list by 30% between 2003 and 2004.

4.1.3 Public Health Branch

The Public Health Branch section has been reorganized in order to better reflect the business of the five divisions. The Public Health Branch activities are grouped into three major categories:

- Prevention and Control of Infectious Diseases
- Health Promotion
- Health Information Lines

Several new indicators have also been included for the Public Health Branch to better reflect program activity (e.g. number of vaccines distributed, number of food handlers certified, infection control audits and inspections and the number of comprehensive school activities).

Prevention and Control of Infectious Diseases

4.1.3.1 Infectious Diseases Control

Table 9
Infectious Diseases Control

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Number of new infectious disease reports	2,983	2,984	**5,967**	4,981	**20%**
- Rate of new infectious disease reports per 100,000 population	332.0	332.15	**664.2**	584.6	**14%**
Number of infectious disease outbreaks	77	77	**154**	144	**7%**
Number of reportable diseases	1,509*	1,283	**2,792**	3,181	**-12%**
- Rate of reportable diseases per 100,000 population	276	222	**498**	571	**-13%**
Tuberculosis					
- Number of people on medical surveillance	276*	222	**498**	571	**-13%**
- Number of tuberculosis cases	17*	20	**37**	49	**-25%**
- Rate of confirmed cases per 100,000 population	1.6	2.23	**4.12**	5.75	**-28%**
Immunization					
- Number of vaccines distributed	93,454*	391,587	**485,041**	467,956	**4%**
- Number of shots given through York Region Health Services Public Clinics	8,841	24,160	**33,001**	31,621	**4%**
- Percent of school-aged children up-to-date for MMR (Measles/Mumps/Rubella)	90.7%	90.1%	**90.1%**	90.7%	**-1%**
Sexual Health					
- Number of new clients to clinics	564	484	**1,048**	1,040†	**1%**
- Number of client revisits to clinics	2,060	2,047	**4,107**	3,524	**17%**
- Rate of Sexually Transmitted Infections (STI) per 100,000 population	41.1	36.4	**98.95**	102.58	**-4%**

* Revised 2004 figures as of February 2005
† Revised 2003 figures as of February 2005

In 2004, the number of infectious diseases reports investigated increased 20% compared to 2003. This can be explained in part by the increase in investigations of Hepatitis B cases (425). These 168 cases accounted for a large portion of the 20% increase in investigations of infectious diseases from 2003 to 2004.

The number of investigations of Influenza, Tuberculosis, Chlamydia, and Pertussis were also higher in 2004. Conversely, investigations decreased in 2004 for SARS (0 in 2004, compared to 266 in 2003), West Nile virus (WNv) (39 fewer cases in 2004), and Campylobacter (26 fewer cases in 2004). The overall increase in infectious disease investigations in 2004 can also be partially accounted for by population growth in York Region.

Sexual Health clinics experienced a 17% increase in attendance for return visits from 2003 to 2004. The reasons for the increase in Sexual Health clinic utilization are multi-factorial and reflect the demographics of York Region's population: clients experiencing

difficulty accessing a family physician, recent immigrants who do not have OHIP coverage, residents who do not have a drug plan and require access to low cost contraception, street youth who can access Sexually Transmitted Infection (STI) testing and contraception, residents who want confidential STI testing and physicians referring clients to access STI medication which is provided at no cost.

4.1.3.2 Food Safety

Table 10
Food Safety

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Units as of April 30, 2004*					
- Inspections High Risk [1,637 Units] * (3/year)	2,263	2,795	**5,058**	4,108	**23%**
- Inspections Medium Risk [1,781 Units] * (2/year)	1,868	1,820	**3,688**	3,185	**16%**
- Inspections Low Risk [2,691 Units] * (1/year)	1,512	1,131	**2,643**	2,009	**32%**
Total number of inspections	5,643	5,746	**11,389**	9,302	**22%**
- Total number of re-inspections	1,072	856	**1,928**	1,839	**5%**
Infractions/Charges					
- Total number of charges laid	34*	70	**104**	45	**131%**
- Number of restaurant closures	4	15	**19**	5	**280%**
Certifications					
- Number of food handlers certified	807	493	**1,300**	1,297	**0%**

* Revised 2004 figures as of February 2005

The total number of food safety inspections increased by 22% from 2003 to 2004 (23% for high risk inspections, 16% for medium risk inspections, and 32% for low risk inspections). There were 104 food safety charges laid in 2004, an increase of 131% from 2003. 2003 numbers were impacted by the fact that Health Protection Division Inspection staff were redeployed from their regular duties to deal with the SARS outbreak. This redeployment resulted in fewer inspections to all levels of establishments. In 2004, inspectors have been able to devote their time to meeting mandatory core program requirements. Since more inspections were completed, there was also an increase in the number of food safety changes from 2003 to 2004.

4.1.3.3 Infection Control

Table 11
Infection Control

Infection Control Audits and Inspections (totals do not include Food Safety Inspections)	**Year 2004**		**Total**		**% Difference**
	January - June	July - December	**2004**	2003	**(2004-2003)**
Day Nurseries as of July 4, 2004 – [232 Units] (2 inspections per year)					
- Total number of daycare infection control inspections	200	233	**433**	247	**75%**
- Percent of daycare infection control inspections	43%	50%	**93%**	53%	**76%**
LTC Facilities as of July 4, 2004 – [75 Units] (1 audit per year)					
. - Total number of LTC Facility infection control audits	13	64	**77**	69	**12%**
- Percent of LTC Facility infection control audits	17%	85%	**103%**	92%	**12%**

In 2004, the total number of infection control inspections for daycare and LTC facilities increased by 75% and 12% respectively. Since the Infection Control Program reached a full staff complement during the second half of 2004, inspectors were able to perform Infection Control Audits for all LTC Facilities in York Region during 2004, resulting in an increase.

4.1.3.4 Dental Services

Table 12
Dental Services

	Year 2004		**Total**		**% Difference**
	January - June	July - December	**2004**	2003	**(2004-2003)**
Number of children screened from birth to grade 8	36,390*	**30,200**	**66,590**	57,003	**17%**
Number of cases with urgent dental needs (will be reported on annual basis)	1,463	**1,739**	**3,202**	2,944	**9%**
Number of urgent cases resolved – (reported on annual basis)	NA†	**NA**†	**3,079**	2,854	**8%**

† The number of urgent cases resolved can only be reported on an annual basis due to the MOHLTC follow-up criteria which allows parents a certain time period to ensure their child receives care.
* Revised 2004 figures as of February 2005

As shown in Table 12 above, there was a 17% increase in the number of children screened from birth to grade 8. This increase can be explained by the following factors: a rise in the York Region school population, an increase in the number of children receiving screenings at the dental clinics and the expansion of the dental program into more Ontario Early Years Centres satellite sites. Also, dental staff were redeployed during the SARS outbreak, leading to less screenings completed in 2003.

Health Information Lines

4.1.3.5 Call Volumes to Health Information Lines

Table 13
Call Volumes to Health Information Lines

CALL VOLUMES TO HEALTH INFORMATION LINES	Year 2004		Total		% Difference
	January - June	July - December	2004	2003	(2004-2003)
Nursing and Dietitian Line (Health Connection)	22,375	22,357	**44,732**	58,080	**-23%**
Health Protection Information Disclosure Line (HPIDL)	4,410	3,085	**7,495**	14,681	**-49%**
Sexual Health Line	4,244	3,921	**8,165**	7,011	**17%**
Total number of calls	31,029	29,363	**60,392**	79,772	**-24%**
Number of calls from HPIDL relating to Safe Water (incoming calls only)	789	949	**1,738**	2,200	**-21%**

The Nursing and Dietitian Line (Health Connection) received 23% fewer calls in 2004 compared to 2003. In 2004, Health Connection (Health Information and Planning Branch) received 44,732 calls—a 16% increase from the number of calls received in 2002 (38,462). The 23% decrease in the number of calls received by the Nursing and Dietitian Line in 2004 can be attributed to the large number of SARS-related calls received in 2003 (21,575 calls).

The Health Protection Information Disclosure Line (HPIDL) received 49% fewer calls in 2004 compared to 2003. In 2003, inquiries about the WNv Program were the main contributor to call levels received by the Health Protection Information Disclosure Line (HPIDL). In 2004, several public service announcements and educational ads sponsored by the MOHLTC were released during the mosquito season. As public awareness of WNv has grown, the need for WNv information from the HPIDL has decreased, resulting in fewer calls for 2004.

Health Promotion

4.1.3.6 Children (ages 0-6)

Table 14
Children (ages 0-6)

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Healthy Babies Healthy Children (HBHC)					
- Number of births York Region Health Services received notice of	4,355*	4,535	**8,865**‡	8,560	**4%**
- Number of families contacted after discharge from hospital	4,073*	4,224	**8,295**‡	7,590	**9%**
- Number of families who received a postpartum home visit	1,514*	1,314	**2,829**‡	2,508	**13%**
- Number of families identified as "high risk" who received home visiting	299*	293	**430**‡	328	**31%**
- Number of visits to "high risk" families	3,071*	2,206	**5,277**	5,211	**1%**
- Number of referrals to HBHC from Health Connection	609	566	**1,175**	1,054	**12%**
Injury Prevention					
- Percent of car seats used incorrectly checked through car seat clinics	83	95	**88**	88	**0%**

* Revised 2004 figures as of February 2005
‡ Sum of January-June 2004 and July to December 2004 do not equal the total for 2004. Families overlap reporting periods and would be counted more than once if added over the year.

Thirty-one percent more "high risk" families received home visits in 2004 due in part to the implementation of a "brief solution focused intervention" strategy that has led to increased program efficiencies. The HBHC program experienced increases in all program activity indicators for 2004. This can be attributed to both an increased awareness of the HBHC program and the population growth in York Region.

4.1.3.7 Adults

Table 15
Adults

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Breastfeeding					
- Number of breastfeeding clinic units	99	97	**196**	118	**66%**
- Number of breastfeeding clinic visits	693	975	**1,668**	469	**256%**
Tobacco Control Act					
- Number of visits to vendor establishments	191	696	**887**	792	**12%**
- Number of compliance survey visits	67	97	**164**	166	**-1%**
- Percent of non-compliance identified during compliance survey visits	25	18	**21**	13	**62%**
No-Smoking By-law					
- Total number of visits (workplaces and public places)	1,562	1,021	**2,583**	2,859	**-10%**
- Total number of charges laid (workplaces and public places)	225	177	**402**	397	**1%**
Workplace Wellness [26,000 businesses in York Region]‡					
- Number of worksites subscribing to newsletter or other promotional material	2,205	2,202	**4,407**	4,418	**0%**
- Number of companies receiving direct services	124	254	**378**	261	**45%**
Chronic Diseases					
- Number of presentations/workshops (related to the Healthy Choices for Healthy Living Program)	87	68	**157**	152	**3%**
Injury Prevention (pool, spa, waterslide) [301 Units] (677 inspections required) as of July 4, 2004					
- Number of inspections	348	309	**657**	656	**0%**
- Number of closures	4	7	**11**	6	**83%**

‡ The number of businesses in York Region are approximate. Source: York Region Economic & Development Review, 2003

The number of breastfeeding clinic visits has risen dramatically between 2003 and 2004 (256%). The increase in clinic attendance can be attributed to the following: an increased number of clinic units during 2004 (clinics were closed during SARS outbreak 2003), an increased number of staff at each clinic, a higher level of staff expertise at the breastfeeding clinics (addition of lactation consultants), a change in clinic hours to accommodate more clients and the marketing of clinic services throughout the community.

The number of visits to vendor establishments under the *Tobacco Control Act* increased by 12% between 2003 and 2004. During the first half of 2003, Tobacco Officers focused on preparing for the implementation of the final phase of the No-Smoking By-law which came into effect in June 2003. In 2004, Tobacco Officers had the full year to conduct tobacco vendor visits.

The number of companies receiving direct services from the Workplace Wellness program increased 45% in 2004 as compared to 2003. The increase in the number of companies receiving direct services from the Workplace Wellness program can be attributed to the expansion of email-based communication, consultation and marketing to companies.

4.1.3.8 Nutrition and School Services

Table 16
Nutrition and School Services

	Year 2004		Total		% Difference
	January - June	July - December	**2004**	2003	**(2004-2003)**
Nutrition					
- Number of workshops/presentations provided to professionals (e.g. child care staff, school staff, community agency staff)	30	19	**49**	NA‡	**NA‡**
- Number of workshops/presentations provided for the public (e.g. parents, workplace employees, community members)	92	61	**153**	NA‡	**NA‡**
- Total number of workshops/presentations	122	59	**181**	112	**62%**
Schools					
- Number of comprehensive school activities	1	9	**10**	1	**900%**
- Number of schools involved	1	9	**10**	4	**150%**

‡ Tracking of reported indicators commenced in January 2004 and therefore data for 2003 is unavailable

The 62% increase in the number of nutrition workshops in 2004 can be attributed mainly to the impact of nutrition staff being re-deployed during the SARS outbreak in 2003. The release of the *Call to Action: Creating a Healthy School Nutrition Environment* report has also increased the number of requests for presentations at York Region schools. The Healthy Measures workplace program was also promoted in early 2004, increasing the number of requests for nutrition presentations in workplaces. As well, the number of requests for presentations to parenting groups increased in 2004.

The number of comprehensive school activities increased from one in 2003, to ten in 2004. The number of schools involved in these activities also increased from four in 2003, to ten in 2004 (increase of 150%). In 2004, the increase in the number of comprehensive school activities and participating schools is attributable to the implementation of a School Services Pilot Project and the release of the *Call to Action: Creating a Healthy School Nutrition Environment* report.

5. FINANCIAL IMPLICATIONS

Costs associated with the delivery of Health Services programs and services and the reporting of these data are included in the Health Services Department's annual budget.

6. LOCAL MUNICIPAL IMPACT

York Region Health Services Department continues to provide mandatory and integrated programs and services in order to meet the health needs of the residents of York Region. While 2003 activity levels for programs and services experienced a decrease (mainly due to SARS), 2004 programs and services have returned to expected levels.

7. CONCLUSION

This report reflects activity level changes in the programs and services provided to York Region residents by the Health Services Department during 2004.

Semi-annual and year-end activity reports are prepared and used to improve resource allocation by the Health Services Department and the delivery of programs and services.

The SARS outbreak in 2003, along with the population growth in York Region and an increased awareness of the programs and services offered by the Health Services Department are seen to be the major reasons for many of the increases in program activity detailed in this report.

Activities will continue to be monitored and analyzed by the Health Information and Planning Branch of the Health Services Department and reported to Committee and Council on a regular basis. The ongoing comparison of service levels and examination of trends will assist with the efficient use of resources, ensuring compliance to mandatory programs, and planning for the future.

The Senior Management Group has reviewed this report.