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ACTIVITY REPORT FOR YORK REGION HEALTH SERVICES DEPARTMENT MID YEAR, JANUARY 1 – JUNE 30, 2005

(Regional Council at its meeting on October 27, 2005 amended the following report by replacing recommendation 2 with the following:

2. Staff be requested to submit a report to the November 3, 2005 Health and Emergency Medical Services Committee meeting with a business case for posting EMS staff at each area hospital and make a presentation to the area hospital boards relating to the collaborative strategies to deal with offload delays affecting response times.)

The Health and Emergency Medical Services Committee recommends:

1. The recommendation contained in the following report, September 22, 2005, from the Commissioner of Health Services be adopted;

2. Staff be requested to *submit a report to the November 3, 2005 Health and Emergency Services Committee meeting and* make a presentation to the area hospital boards relating to the collaborative strategies to deal with offload delays affecting response times; and

3. Staff provide a report to the November 3, 2005 Health and Emergency Services Committee meeting with respect to an Emergency Medical Services performance efficiency and effectiveness review.

1. RECOMMENDATION

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

2. PURPOSE

The purpose of this report is:
- To provide Council with data regarding the programs and services provided by the Health Services Department for the first half of 2005.
- To compare service levels between mid-year 2004 and mid-year 2005.

3. BACKGROUND

The Health Services Department has reported program activities on a semi-annual basis since 2004 and prior to that on a quarterly basis. Throughout the year, the Health Services Department collects and analyzes 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 mid-year results for 2005.

4. ANALYSIS AND OPTIONS

4.1 Activity Report Data and Rationale

Indicators are reviewed on an annual basis for applicability and utility purposes and refined as required. Therefore, differences exist between some of the indicators reported in 2004 as compared to 2005. The following section gives a breakdown by branch comparing the mid-year activities in 2005 to 2004 and showing the percentage change for each indicator. Highlights of the data are also discussed for various program areas.

4.1.1 Emergency Medical Services Branch

4.1.1.1 Call Volumes

Table 1*
Call Volumes

CALL VOLUMES BY DISPATCH PRIORITY	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
1) Deferrable/non-urgent transfer (Patient condition not dependant on timely treatment or transport)	1,811	**1,770**	**-2%**	3,852
2) Scheduled transfer (Patient scheduled to arrive at a health care facility or medical appointment)	635	**512**	**-19%**	1,150
3) Prompt/non life threatening (Non-life threatening requiring a timely response)	4,894	**4,755**	**-3%**	9,561
4) Urgent/life threatening (Patient conditions requires emergency response)	21,117	**22,264**	**5%**	45,072
8) Emergency Coverage Redeployments (Relocation of an ambulance to facilitate balanced emergency coverage)	16,094	**22,418**	**39%**	32,295
Totals	**44,551**	**51,719**	**16%**	**91,930**

Data Source: Ministry of Health and Long-term Care, ARIS link as of August 15, 2005

* Data subject to change: The accuracy of the call volume and response time data cannot be validated by York Region EMS. There are approximately 3,000 call records missing for the first half of 2005 from the MOHLTC Addas database for download into the York Region EMS ARIS reporting link.

The overall call volumes for January through June 2005 as reported have increased by 16% from the same time period in 2004. A breakdown of volumes by priority include:

emergency priority 3 & 4 calls increased by 4%, non-emergency priority 1 & 2 calls decreased by 6.7% and emergency standby priority 8 calls increased by 39%.

- The overall increase of 4% in emergency priority 3 & 4 calls is consistent with previous years.
- The overall decrease of 6.7% in non-emergency priority 1 & 2 calls can be attributed to the lack of resource availability for low priority calls.
- The 39% increase in emergency standby priority 8 calls can be attributed to reduced resource availability and maintaining balanced emergency coverage.

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	**Mid Year (Jan – June)** 2004	**2005**	**% Difference (2005-2004)**	**Year End** 2004
90th Percentile Response Time maximum response time for 9 out of 10 calls	11:42	**12:11**	**4.1%**	11:46
Percent Compliance to 11:39 Responses (arrive on scene) within 11min 39sec	89.9%	**87.9%**	**-2%** †	89.6%
Average Emergency Response Time	7:35	**7:54**	**4.2%**	7:38

† Percent difference for these indicators is calculated by the following equation (2005 – 2004). All other indicators are calculated by the following equation (2005 - 2004)/2004 x 100.

The 90th percentile response for York Region increased by 4.1%, therefore reducing our compliance to 11 minutes 39 seconds.

Table 2b*
Responses Time by Municipality

LOWER TIER MUNICIPALITY	**Mid Year (Jan – June)** 2004		**2005**		**% Difference (2005-2004)**		**Year End** 2004	
	90TH	Avg	**90TH**	**Avg**	**90TH**	**Avg**	90TH	Avg
Whitchurch-Stouffville	13:20	8:15	**14:01**	**8:42**	**5.1%**	**5.5%**	13:06	8:07
Vaughan	12:19	8:14	**12:54**	**8:26**	**4.7%**	**2.4%**	12:40	8:22
Richmond Hill	9:55	6:36	**10:31**	**6:57**	**6.1%**	**5.3%**	9:58	6:38
Newmarket	9:32	6:28	**9:42**	**6:33**	**1.8%**	**1.3%**	9:18	6:19
Markham	10:49	7:13	**11:50**	**7:59**	**9.4%**	**10.6%**	11:00	7:22
King	15:54	10:09	**16:10**	**10:11**	**1.7%**	**0.3%**	16:07	10:03
Georgina	13:26	8:23	**13:32**	**8:15**	**0.7%**	**-1.6%**	13:06	8:15
East Gwillimbury	13:46	9:35	**14:19**	**9:22**	**4.0%**	**-2.3%**	14:00	9:28
Aurora	9:35	6:21	**9:42**	**6:33**	**1.2%**	**3.1%**	9:27	6:20

Data Source: Tables 2a & 2b Ministry of Health and Long-term Care, ARIS link as of August 15, 2005

* Data subject to change: The accuracy of the call volume and response time data cannot be validated by York Region EMS. There are approximately 3000 calls missing for the first half of 2005 from the MOHLTC database.

All nine lower tier municipalities experienced an increase in the 90th percentile response time between mid-year 2004 and mid-year 2005. The greatest increase was seen in Markham (9.4%) and Richmond Hill (6.1%).

Table 3
Customer Service

CUSTOMER SERVICE RECOGNITIONS & COMPLAINTS (number per 1000 times units arrive on scene)	Mid Year (Jan – June)		Year End
	2004	**2005**	2004
Recognitions	0.56	**0.34**	0.57
Complaints	0.49	**0.14**	0.55

Data Source: Table 3 Emergency Medical Services as of August 15, 2005

4.1.2 Long Term Care and Seniors Branch (LTC)

Two new indicators have been included for the Long Term Care and Seniors Branch. Client satisfaction (percent of clients rating the services as either good or excellent) for both the Alternative Community Living (ACL) and Day programs have been included to illustrate customer services.

4.1.2.1 LTC Facility Programs

Table 4
LTC Facility Programs

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Percent Occupancy				
- Newmarket Health Centre	98.6	**97.7**	**-1%**	97.5
- Maple Health Centre	98.6	**97.9**	**-1%**	98.7
Attrition Rate	12.8	**16.3**	**27%**	20.7
LTC Facility Wait List				
- Newmarket Health Centre	96	**77**	**-20%**	67
- Maple Health Centre	102	**67**	**-34%**	100
Percent of Municipal Beds to Total Beds in York Region	6.8	**6.8**	**0%**	6.7
Total Volunteer Hours	17,109	**13,436**	**-21%**	32,251

The LTC Facility wait list at the Newmarket Health Centre and the Maple Health Centre decreased by 20% and 34% respectively between mid-year 2004 and mid-year 2005 (as shown in Table 4). The decrease in wait list numbers can be attributed to the opening of new LTC beds within York Region.

The total number of volunteer hours decreased by 21% during mid-year 2005, as compared to mid-year 2004. This decrease is attributable to a decrease in student volunteer placements.

4.1.2.2 LTC Day Programs

Table 5
LTC Day Programs

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Cognitive Disorders	2,975	**3,206**	**8%**	5,574
Acquired Brain Injury	587	**689**	**17%**	1,193
Communicative Disorders	267	**260**	**-3%**	505
Physically Disabled	616	**663**	**8%**	1,162

As shown in Table 5, from mid-year 2004 to mid-year 2005, acquired brain injury program attendance increased by 17% and both the cognitive disorder program and physically disabled programs increased by 8%. 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

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
ACL Program Respite Days	412	**575**	**40%**	863
LTC Facility Respite Days	453	**598**	**32%**	1,010
Day Centre Respite Units of Service (1 Unit = 5.5–7.5 hours)	212	**136**	**-36%**	448

ACL program respite days and LTC Facility respite days increased by 40% and 32% respectively during mid-year 2005 compared to mid-year 2004 (as shown in Table 6). This can be attributed to an increased community need and demand for this service due to inadequate amounts of senior housing in the Region. Similarly, the demand for the Day Centre Respite Program is customer driven. The 36% decrease in Day Centre respite units can be attributed to the fact that there were no requests for this service during April and June.

4.1.2.4 Community Outreach Programs

Table 7
Community Outreach Programs

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Regional Psychogeriatric & Mental Health Consulting Services				
- Consultations	464	**557**	**20%**	816
- Number of participants	2,842	**3,285**	**16%**	4,203
Alternative Community Living (ACL Program)				
- ACL Supportive Housing Client Days	146	**169**	**16%**	158
- ACL Supportive Housing Wait List	308	**407**	**32%**	340

Table 8
Client Satisfaction

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
LTC Client Satisfaction – percent of clients rating the services as either good or excellent	89.5	**83.1**	**-6.4%** †	90.0
ACL Client Satisfaction – percent of clients rating the services as either good or excellent (will be reported on annual basis)	NA	**NA**	**NA**	NA
Day Centre Program Client Satisfaction – percent of clients rating the services as either good or excellent (will be reported on annual basis)	NA	**NA**	**NA**	NA

† Percent difference for these indicators is calculated by the following equation (2005 – 2004). All other indicators are calculated by the following equation (2005 - 2004)/2004 x 100.

Regional psychogeriatric and mental health consultations and participants increased by 20% and 16% respectively during mid-year 2005 compared to mid-year 2004 (Table 7). Awareness of the Regional Psychogeriatric and Mental Health Consulting Services program has led to an increase 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 client days increased by 16% from mid-year 2004 (Table 7). The ACL Supportive Housing wait list increased by 32% during mid-year 2005 compared to mid-year 2004. 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 32% between mid-year 2004 and mid-year 2005.

4.1.3 Public Health Branch

The Public Health Branch activities are grouped into three major categories:

- Prevention and Control of Infectious Diseases
- Health Promotion

- Health Information Lines

New indicators have been included for the Public Health Branch to better reflect program activity (e.g. number of in-services provided in Infectious Diseases Control Division, number of immunization records reviewed, number of falls clinics and the number of educational events for the Chronic Disease Prevention and Early Detection of Cancer Program).

Prevention and Control of Infectious Diseases

4.1.3.1 Infectious Diseases Control

Table 9
Infectious Diseases Control

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Number of in-services provided ‡	133	**125**	**-6%**	225
Number of new infectious disease reports	2,983	**3,131**	**5%**	5,967
- Rate of new infectious disease reports per 100,000 population	373.2*	**381.7**	**2.3%**	746.6*
Number of infectious disease outbreaks	77	**120**	**56%**	154
Tuberculosis				
- Number of people on medical surveillance	276	**196**	**-29%**	498
- Number of contacts screened for Tuberculosis ‡	820	**508**	**-38%**	1828
Immunization				
- Number of vaccines distributed	96,500*	**161,778**	**68%**	485,041
- Number of shots given through York Region Health Services Public Clinics	8,841	**11,171**	**26%**	33,001*
- Number of records reviewed ‡ **	152,556	**156,776**	**3%**	152,556**
- Percent of total enrolment records ‡ **	100%	**100%**	**0%**	NA
Sexual Health				
- Number of new clients to clinics	564	**427**	**-24%**	1,048
- Number of client revisits to clinics	2,060	**1,752**	**-15%**	4,107

* Revised 2004 figures as of July 2005
‡ New indicator as of July 2005.
** Review period follows the school year September to June. Indicators are reported in June for the entire proceeding school year.

In the first six months of 2005, the number of infectious diseases outbreaks investigated increased by 56% compared to the same time period in 2004 (120 compared to 77). The increase in outbreak investigations was largely due to the level of influenza and pertussis activity in the region.

The number of vaccines distributed increased by 68% (161,778 compared to 96,500) and the number of vaccines administered by York Region Health Services Department increased by 26% (11,171 compared to 8,841) between mid-year 2004 and mid-year 2005. During the first six months of 2005, 17,040 doses of Varicella vaccine were

distributed to physicians as this was a new publicly funded vaccine and account for a large amount of the increase in vaccine distribution compared to the same time period in 2004.

Sexual Health clinics experienced a decrease in attendance for both new client visits (-24%) and return visits (-15%) from mid-year 2004 to mid-year 2005. The reasons for the decrease in Sexual Health clinic utilization are multifactorial: the lack of transportation for residents of York Region to access the clinics, and current clinic hours and locations may not be meeting client needs (a survey is currently underway to assess these issues).

4.1.3.2 Food Safety

Table 10
Food Safety

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Units as of July 28, 2005				
- Inspections High Risk [1,729 Units] * (3/year)	2,263**	**2,325**	**3%**	5,058
- Inspections Medium Risk [1,961 Units] * (2/year)	1,868**	**2,025**	**8%**	3,688
- Inspections Low Risk [2,841 Units] * (1/year)	1,512**	**1,785**	**18%**	2,643
Total number of inspections	5,643	**6,135**	**9%**	11,389
- Total number of re-inspections	1,072	**740**	**-31%**	1,928
Infractions/Charges				
- Total number of charges laid	34	**59**	**74%**	104
- Number of restaurant closures	4	**7**	**75%**	19
Certifications				
- Number of food handlers certified	807	**848**	**5%**	1,300

** Revised 2004 figures as of July 2005.

The total number of food safety inspections increased by 9% from mid-year 2004 to mid-year 2005 (3% for high risk inspections, 8% for medium risk inspections, and 18% for low risk inspections). The number of food safety re-inspections decreased by 31% between mid-year 2004 and mid-year 2005. This decrease is a positive reflection of the Health Protection Division enforcement strategy because fewer infractions are found on initial inspection; this decreases the need for re-inspection. A 74% increase in the number of food safety charges laid and a 75% increase in the number of restaurant closures between mid-year 2004 and mid-year 2005 is attributable to the increased number of inspections and continuing enforcement strategy for laying charges and using guidelines set out in the new enforcement protocol.

4.1.3.3 Infection Control

Table 11
Infection Control

Infection Control Audits and Inspections (totals do not include Food Safety Inspections)	**Mid Year (Jan – June)**		**% Difference**	**Year End**
	2004	**2005**	**(2005-2004)**	2004
Day Nurseries as of July 28, 2005 – [244 Units] (2 inspections per year)				
- Total number of daycare infection control inspections	200	**241**	**21%**	433
- Percent of daycare infection control inspections	43%	**49%**	**6%** †	93%
LTC Facilities as of July 28, 2005 – [76 Units] (1 audit per year)				
- Total number of LTC Facility infection control audits	13	**18**	**38%**	77
- Percent of LTC Facility infection control audits	17%	**23%**	**6%** †	103%

† Percent difference for these indicators is calculated by the following equation (2005 – 2004). All other indicators are calculated by the following equation (2005 - 2004)/2004 x 100.

The total number of infection control inspections for daycare and audits for LTC Facilities increased by 21% and 38% respectively. This increase is due to the fact that the Infection Control Program reached a full staff complement during the second half of 2004, therefore, inspectors were able to perform more infection control audits during mid-year 2005.

4.1.3.4 Dental Services

Table 12
Dental Services

	Mid Year (Jan – June)		**% Difference**	**Year End**
	2004	**2005**	**(2005-2004)**	2004
Number of children screened from birth to grade 8	36,390	**33,774**	**-7%**	66,590
Number of cases with urgent dental needs	1,463	**1,516**	**4%**	3,202
Number of urgent cases resolved – (will be reported on annual basis)*	NA	**NA**	NA	3,079

*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.

As shown in the table above, there was a 7% decrease in the number of children screened from birth to grade 8. This decrease can be explained by the provision of dental screenings to students in late 2004 that would have normally been received in 2005. Despite the apparent decrease, all schools and eligible students have received dental screenings. It is anticipated that the number of screenings in the second half of 2005 will once again be higher due to scheduling, increased attendance at clinics, increased visits to childcare centres and early years centres, as well as overall population growth in the Region.

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	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Nursing and Dietitian Line (Health Connection) (Initial and follow-up calls)	22,375	**19,807**	**-11%**	44,732
Sexual Health Line	4,244	**3,906**	**-8%**	8,165
Health Protection Information Disclosure Line (HPIDL) (Initial and follow-up calls)	4,410	**4,025**	**-9%**	8,465*
Total number of calls	**31,029**	**27,738**	**-11%**	**61,362**
Number of calls from HPIDL related to Safe Water (incoming calls only)	789	**704**	**-11%**	1,738

* Revised 2004 figures as of July 2005

Health Connection provides counselling and education on a variety of public health topics and marketing for Health Connection has focussed on this. While the number of calls has decreased, the length of calls has dramatically increased. Many callers are repeat callers with more than one question. In addition the complexity of the calls has increased.

The Health Protection Information Disclosure Line (HPIDL) received 9% fewer calls during mid-year 2005 compared to mid-year 2004. The decrease in the number of calls relating to WNv was the main contributor to call levels received by the HPIDL. As public awareness of WNv has grown, the need for WNv information from the HPIDL has decreased, resulting in fewer calls during mid-year 2005.

Health Promotion

4.1.3.6 Children (ages 0-6)

Table 14
Children (ages 0-6)

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Healthy Babies Healthy Children (HBHC)				
- Number of births York Region Health Services received notice of	4,355	**4,578**	**5%**	8,865
- Number of families contacted after discharge from hospital	4,073	**4,321**	**6%**	8,295
- Number of families who received a postpartum home visit	1,514	**1,029**	**-32%**	2,829
- Number of families identified as “high risk” who received home visiting	299	**288**	**-4%**	430
- Number of visits to “high risk” families	3,071	**1,841**	**-40%**	5,277
- Number of referrals to HBHC from Health Connection	609	**562**	**-8%**	1,175

Injury Prevention				
- Percent of car seats used incorrectly checked through car seat clinics (number seats correctly installed/total number car seats checked)	83%	**93%**	**10%** †	88%

† Percent difference for these indicators is calculated by the following equation (2005 – 2004). All other indicators are calculated by the following equation (2005 - 2004)/2004 x 100.

Forty percent fewer "high risk" families received home visits during mid-year 2005 compared to mid-year 2004. This can be attributed to a decrease in the number of visits per family from 10 to 6.

Over the past year, HBHC staff have completed specialized training in order to increase their skills and tools. This has led to visits with better outcomes and more of a focus on family goals. Some families also receive support through our Breastfeeding/Baby Place Clinics. Staff also continue to work on service coordination with community partners such as the Children's Aid Society and Early Intervention Services.

4.1.3.7 Adults

Table 15
Adults

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Breastfeeding				
- Number of breastfeeding clinic units	99	**96**	**-3%**	196
- Number of breastfeeding clinic visits	693	**1,081**	**56%**	1,668
Tobacco Control Act				
- Number of visits to vendor establishments	191	**1,076**	**463%**	887
- Number of compliance survey visits	67	**100**	**49%**	164
- Percent of non-compliance identified during compliance survey visits	26%	**32%**	**6%** †	21
No-Smoking By-law				
- Total number of visits (workplaces and public places)	1,562	**1,491**	**-5%**	2,583
- Total number of charges laid (workplaces and public places)	225	**184**	**-18%**	402
Injury Prevention (pool, spa, waterslide) [301 Units] (677 inspections required) as of July 4, 2004				
- Number of inspections	348	**372**	**7%**	657
- Number of closures	4	**9**	**125%**	11
Fall Clinics				
- Number of clinics ‡	3	**3**	**0%**	3
- Number of clients screened ‡	27	**29**	**7%**	27
- Percent of high risk clients ‡	9%	**12%**	**3%** †	9%
Workplace Wellness [27,000 businesses in York Region]**				
- Number of worksites subscribing to newsletter or other promotional material	805	**879**	**9%**	890
- Number of companies receiving direct services	89	**206**	**131%**	198

Chronic Diseases‡‡				
- Number of education events (Chronic Disease Prevention Program and Early Detection of Cancer Program) ‡	NA	**171**	**NA**	NA

** The number of businesses in York Region is approximate. Source: York Region Economic & Development Review, 2004.
‡ New indicators as of July 2005.
‡‡ New reporting format, therefore data is not available for 2004.

The number of breastfeeding clinic visits has increased 56% between mid-year 2004 and mid-year 2005. The increase in clinic attendance is the result of improvements in the referral process from Health Connection to the clinics.

The number of visits to vendor establishments under the *Tobacco Control Act* increased by 463% between mid-year 2004 and mid-year 2005. This increase can be attributed to a request to conduct an Ontario Tobacco Network Survey on all tobacco vendors and to establish a complete tobacco vendor list for the Ontario Tobacco Strategy. The increase in the number of visits was made possible by the hiring of more staff.

The number of companies receiving direct services from the Workplace Wellness program increased 131% during mid-year 2005 as compared to mid-year 2004. The increase in the number of companies receiving direct services from the Workplace Wellness program can be attributed to the expansion of an email-based communication strategy to widen the network with clients.

4.1.3.8 Nutrition and School Services

Table 16
Nutrition and School Services

	Mid Year (Jan – June)		% Difference	Year End
	2004	**2005**	**(2005-2004)**	2004
Nutrition				
- Number of workshops/presentations provided to professionals (e.g. child care staff, school staff, community agency staff)	30	**19**	**-37%**	49
- Number of workshops/presentations provided for the public (e.g. parents, workplace employees, community members)	92	**95**	**3%**	153
- Total number of workshops/presentations	122	**114**	**-7%**	202
Schools				
- Number of comprehensive school activities	1	**10**	**900%**	10
- Number of schools involved	1	**10**	**900%**	10

The 37% decrease in the number of workshops/presentations provided to professionals between mid-year 2004 and mid-year 2005 can be attributed to the promotion of workshops in the child care sector and a high-level of media attentions to the release of Call to Action: *Creating a Healthy School Nutrition Environment* report in 2004.

The number of comprehensive school activities increased from 1 in mid-year 2004 to 10 mid-year 2005. The number of schools involved in these activities also increased from 1 to 10 during the same time period (increase of 900%). The increase in the number of comprehensive school activities and participating schools can be attributed to the schools carrying out their activities during the last half of 2004. These programs were continued during the first 6 months of 2005.

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. During the first six months of 2005 activity levels for programs and services remain at 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 the first six months of 2005.

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.

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.

The Health Information and Planning Branch will continue to monitor and analyze the activities of the Health Services Department and subsequently report to Committee and Council on a regular basis. Ongoing comparison of service levels and an examination of trends will assist with the efficient use of resources, ensuring compliance to mandatory programs, and planning for the future.