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: September 12, 2012

RE: **Community and Health Services Statistical Information Jan. to June 2012**

I am pleased to provide a data snapshot of our department's services.

The data contained in the attached document details activity from January 2012 to June 2012 in each of our service areas.

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

I hope you find this information helpful.

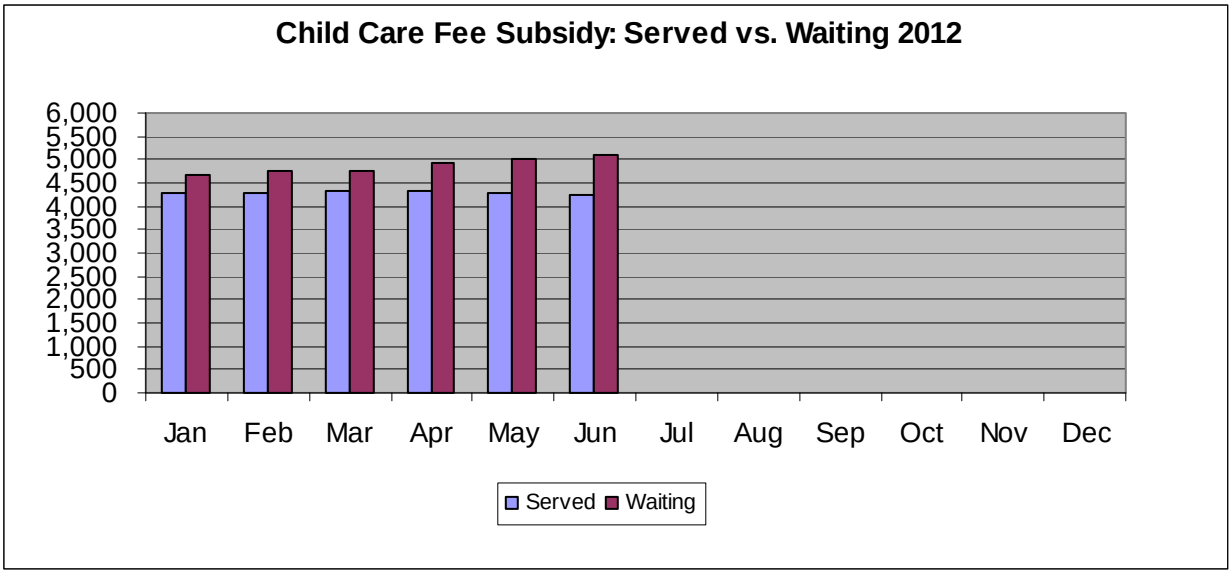
_____

Adelina Urbanski
Commissioner of Community and Health Services

/tk

Attachment

Children's Services

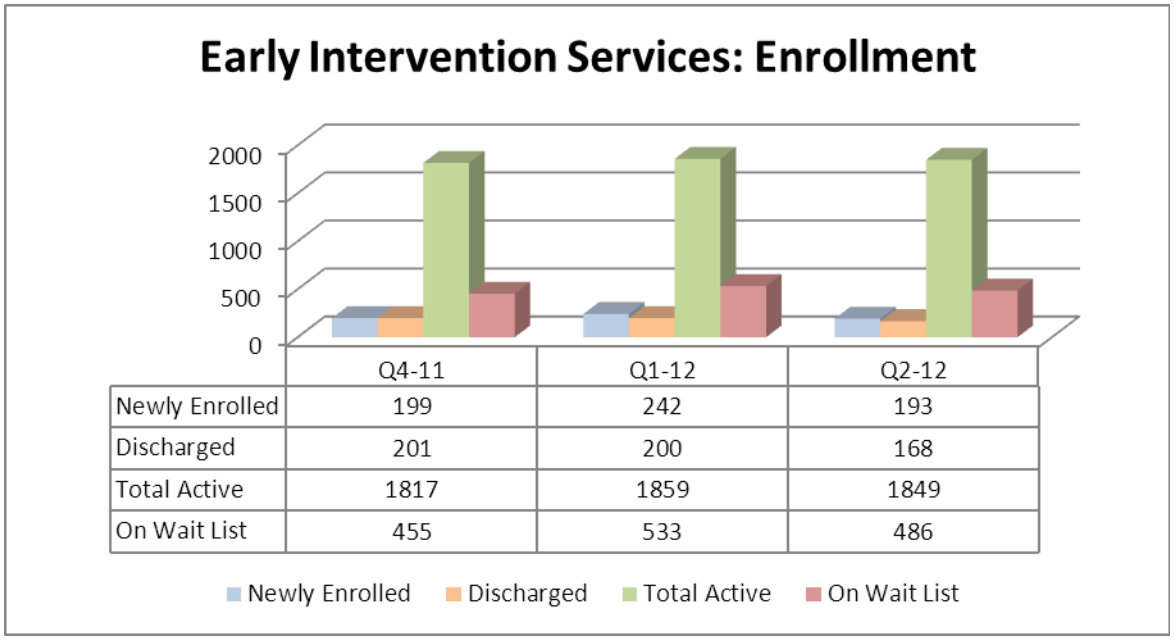


2012 Comparison	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Served	4,276	4,296	4,320	4,310	4,273	4,245						
Waiting	4,672	4,758	4,772	4,946	4,998	5,121						

Monthly Number of Families with Children Waitlisted

- The number of children waiting for subsidy exceeds the number of children receiving subsidy. The waitlist has increased by 9.6% in the first six months of 2012. This is primarily due to the rapidly growing population of children 0 – 12 years of age.
- The average number of children served each month, for the first six months in 2012 was 4,287; this is a 10% increase over the average number of children served each month in 2011. This is primarily due to MYP funding and an increase in provincial funding for fee subsidy.
- It is anticipated that service levels will continue to increase slightly over the remainder of 2012 as a result of provincial funding for fee subsidy announced in July 2012.

Children's Services

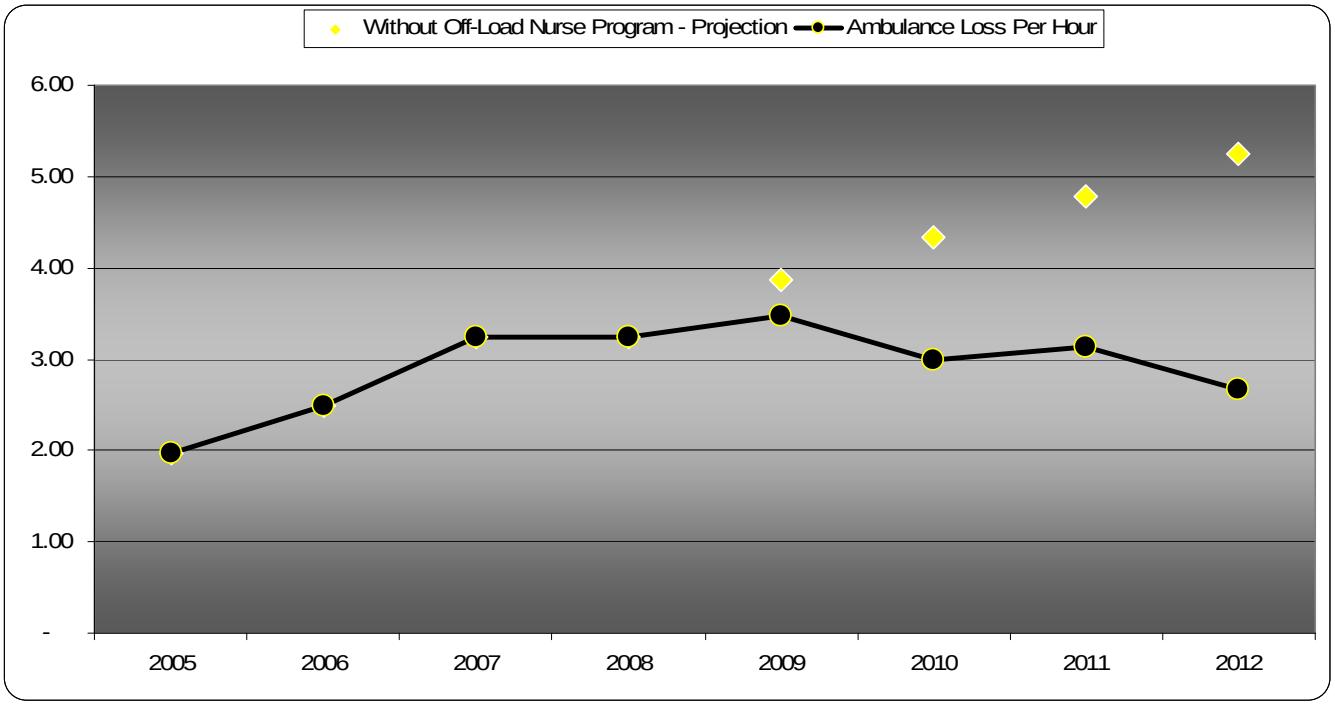


	Newly Enrolled	Discharged	Total Active	On Wait List
Q4-11	199	201	1817	455
Q1-12	242	200	1859	533
Q2-12	193	168	1849	486

- Average Newly Enrolled increased 9.5 % for Q1& Q2 of 2012 compared to the Q4 of 2011.
- Average Total Active increased by 2.0 % for Q1 & Q2 of 2012 compared to Q4 of 2011.
- In Q1&2 of 2012, 67 more children were newly enrolled than discharged; in Q4, 2011 newly enrolled did not exceed discharged.
- Children with more complex needs are remaining longer in service, which contributes to the Newly Enrolled – Discharge difference.
- Average Total On Wait list increased 12.0 % for Q1 & Q2 of 2012 compared to Q4 of 2011.

Emergency Medical Services

Ambulances Unavailable per Hour as a Result of Off-Load Delays



Year	2005	2006	2007	2008	2009	2010	2011	2012*
Without Off-Load Nurse Program – Projection					3.88	4.33	4.79	5.25
Ambulance Loss Per Hour	1.98	2.48	3.23	3.25	3.47	2.99	3.14	2.68
Total Hours of Off-Load Delay Per Year	17,310	21,734	28,336	28,440	30,408	26,179	27,463	23,447

** Projection based on 2012 Jan-Jun offload delay stats = 11,723 hours*

	Average Minutes of Off-load Delay per Transport**				
Hospital	**2008**	**2009**	**2010**	**2011**	**2012***
Markham Stouffville	35	41	44	36	32
Southlake	45	44	39	36	28
McKenzie Health	61	58	58	48	46

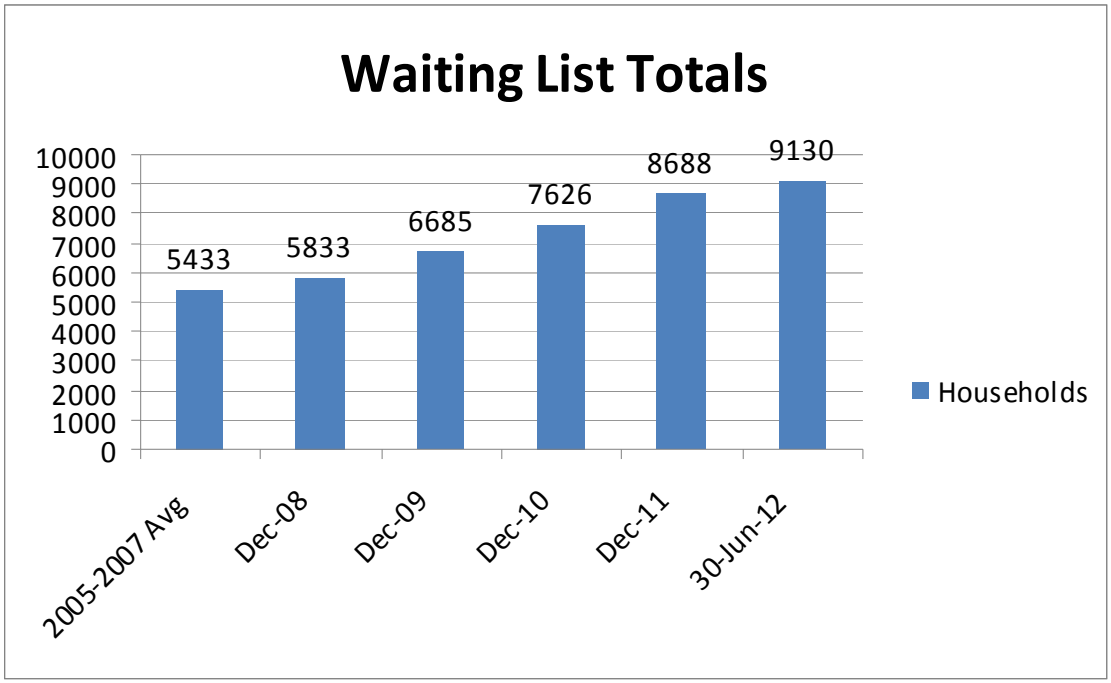
***Average time over the expected 30 Minutes per transport*

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 June 2012 there are 9,130 households on the municipal waiting list. The number of households has grown by 3,697 since 2008 representing a 64% 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.

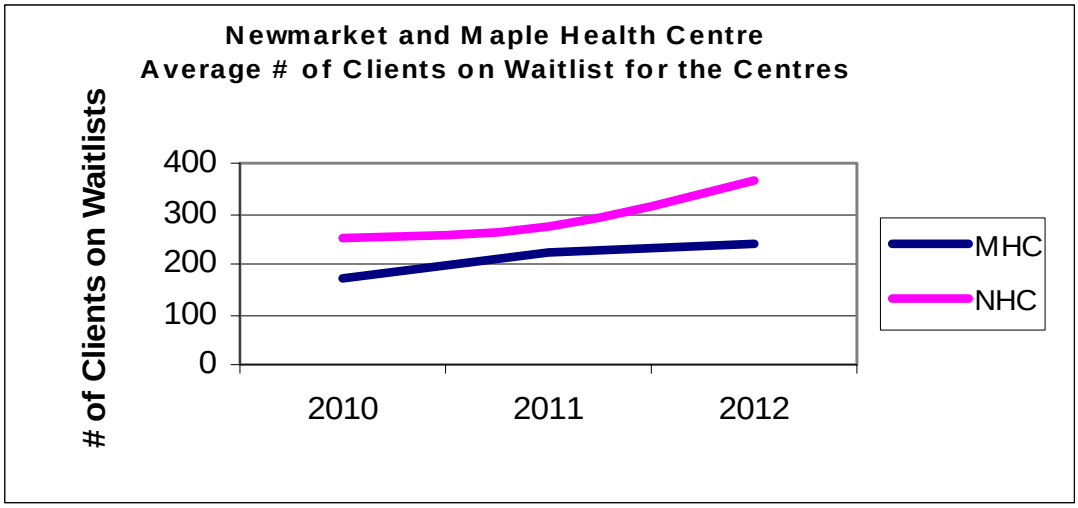
Inventory of Social Housing Units

	# Social Housing Units	# Applicants	# Applicants per unit
Non-Senior Units	3,383	4,522	1.3
Senior Units	2,737	4,608	1.7
Combined Total	**6,120**	**9,130**	**1.5**

Notes:

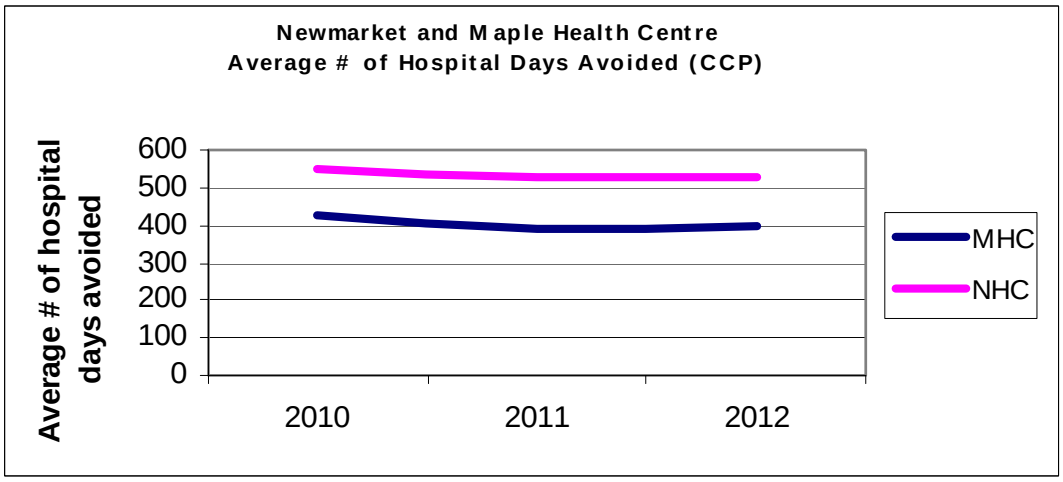
- Social housing units include market rent units in social housing communities.
- Social housing unit totals include Affordable Housing Program (AHP) projects with Social Housing Reform Act (SHRA) rent supplements, excludes all other AHP projects.
- Unit totals increased from 2011 with rent supplements being placed at the Region's new AHP developments, and the opening of 19 new units at Kingview Court and 50 new units at Mapleglen Residences.
- The number of applicants per unit increased slightly to 1.5 as of June 2012 from 1.4 in December 2011.

Long Term Care Services



Notes:

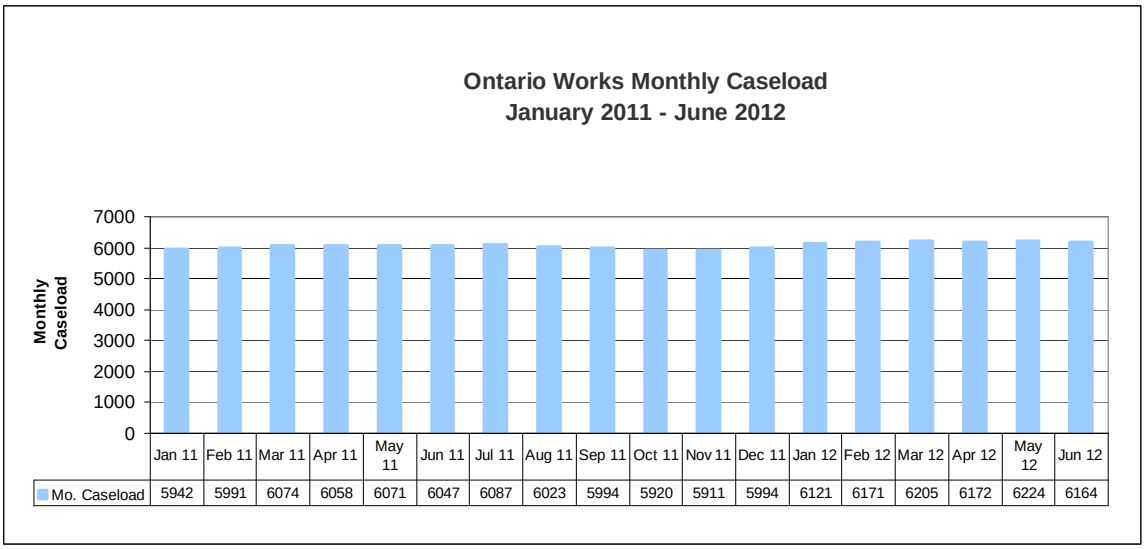
- The number of clients on the waiting list has increased over the last 3 years. Demand for long term care continues to outstrip the available supply of beds. While this creates a backlog in patient flow across the health care system, the Region is unable to provide additional beds until additional funding and bed licences are made available by the Ministry of Health and Long-Term Care.
- Managed by the Community Care Access Centre (CCAC), 609 individuals are currently listed on the waitlist for LTC beds owned by York Region (MHC 242/NHC 367)



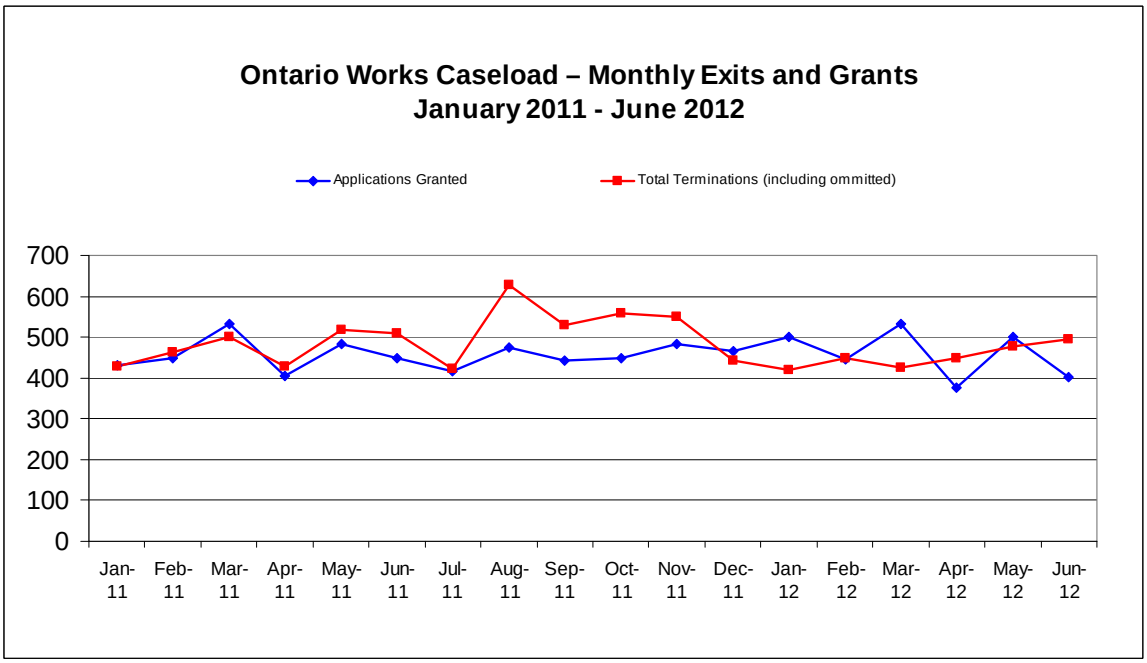
Notes:

- 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 87% and 91% respectively at the Maple and Newmarket Health Centres. The actual monthly average of hospital days avoided from January to June 2012 is 398 days for Maple Health Centre and 527 for Newmarket Health Centres.

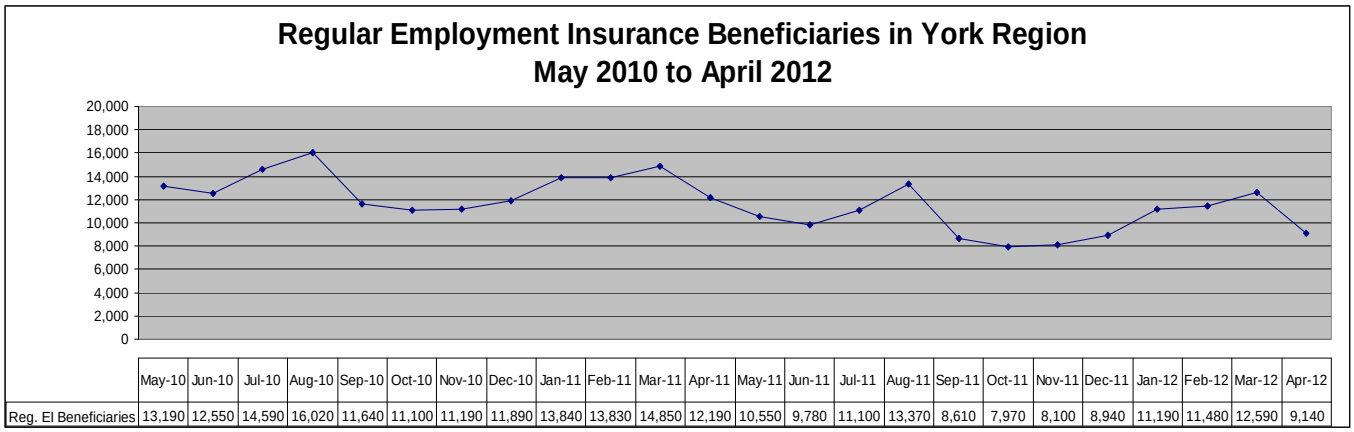


- The Ontario Works caseload showed modest growth during the first six months of 2012. The average monthly caseload in the first six months of 2012 was 6,176 representing a 2.7% increase over the average for 2011. In York Region, population growth and economic conditions remain the key contributing factors for caseload growth.



- The individuals comprising the Ontario Works caseload routinely turn over, as new people come on to the program and others exit. On average for the first six months of 2012, 460 cases came onto assistance and 452 exited the program each month. This high level of turn-over continues to create a need for responsive customer service and case management.

Strategic Service Integration & Policy



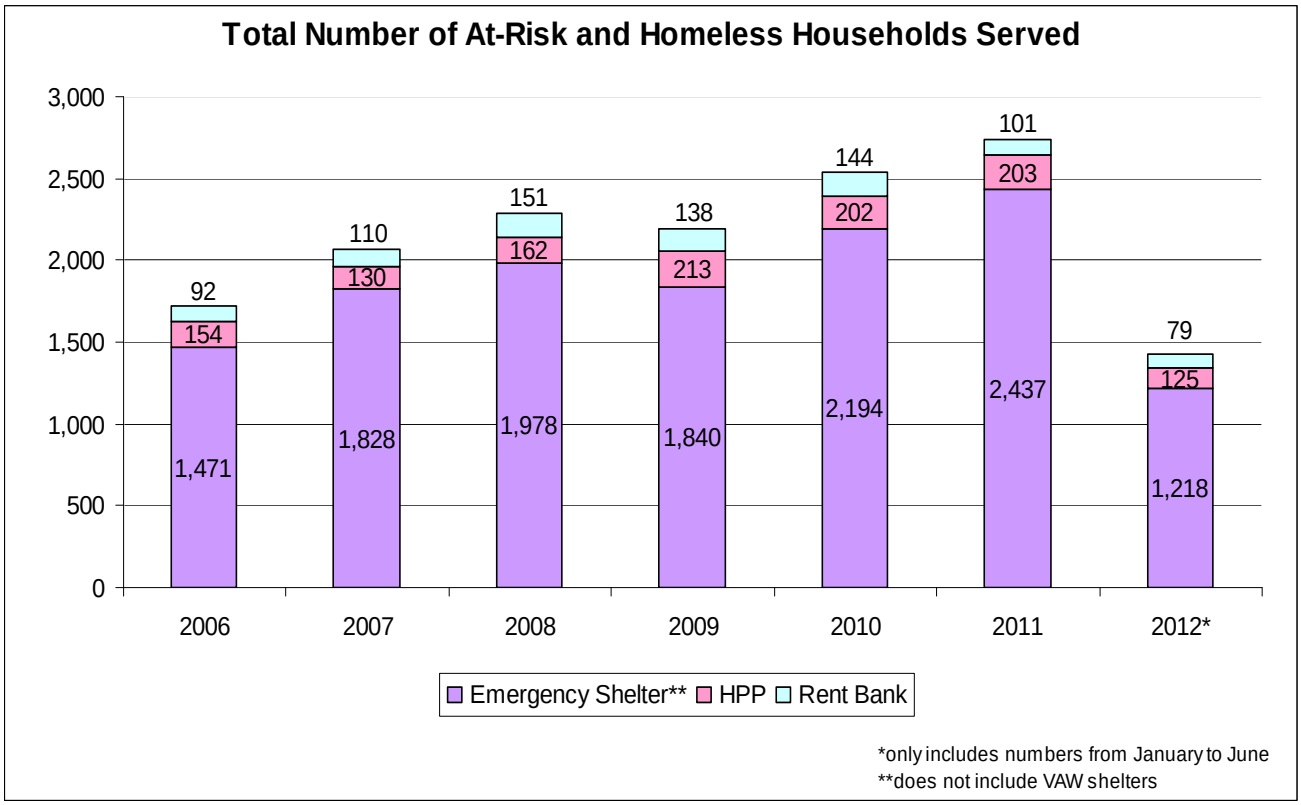
	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Reg. EI Beneficiaries	13,190	12,550	14,590	16,020	11,640	11,100	11,190	11,890	13,840	13,830	14,850	12,190	10,550	9,780	11,100	13,370	8,610	7,970	8,100	8,940	11,190	11,480	12,590	9,140

Data Source:
Statistics Canada. Table 276-0006 - Employment Insurance Program (E.I.). CANSIM (database). Last updated June 21, 2012.

- York Region posted an overall decrease in the number of people receiving regular Employment Insurance (EI) benefits between May 2010 and April 2012.
- Between April 2011 and April 2012, the number of people receiving regular EI benefits fell by 3,050 (or a 25% drop).
- An increasing trend is observed through the end of 2011 to the early months of 2012. Following a substantial drop starting from August to October 2011, the number of EI beneficiaries increased for the fifth consecutive month and reached a peak at 12,590 in March 2012.
- In April 2012, the number of people receiving regular EI benefits totalled 9,140, a significant drop (3,450 people or 27%) from the previous month.

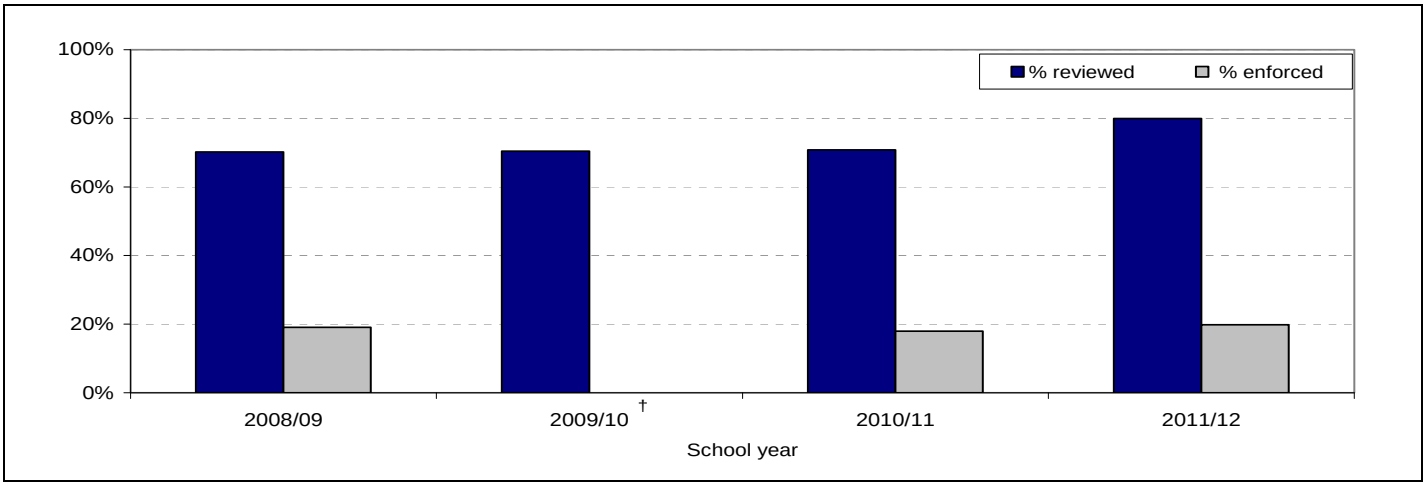
Definition:
Regular Employment Insurance Beneficiaries includes people who received EI regular benefits which is available to individuals who lost their jobs through no fault of their own (e.g. shortage of work, seasonal layoffs or mass layoffs) and who are available for and able to work but are unable 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:
Data for May and June 2012 are not yet available at the time of preparation of the current report.



- From January to June 2012, there was a 7% increase in the total number of at-risk and homeless households served compared to the same period in 2011.
- As compared to the same period last year to date in 2012, the number of households served by the Homelessness Prevention Program (HPP) has increased by 60%, and Rent Bank has increased by 84%.
- Based on year-to-date spending, the Emergency Energy Fund to be fully spent by mid-summer. Residents facing an energy crisis will receive support through HPP.
- The Homelessness Prevention Program and Rent Bank continue to offer support to York Region residents from every municipality.
- The number of households served in Emergency Shelters increased by 3% compared to the same period in 2011 due to population growth and a lack of affordable housing which resulted in longer shelter stays.
- In March 2012, a fire in several Housing York Inc units resulted in a small increase in the overall total of hotel bed nights as households were accommodated in their local community to minimize the disruption due to the fire.
- Compared with the same period in 2011, there was a 20% decrease in the occupancy at the Sutton Youth Shelter and a 22% increase in the Newmarket Youth Shelter. The increased occupancy rate of the Newmarket Youth Shelter may be due to the proximity of the shelter to a large urban area and an overall higher number of homeless males seeking emergency shelter.

Proportion of schools in which immunization records were reviewed and the *Immunization of School Pupils Act* was enforced (as of July 2012)



Data Source: York Region Community and Health Services, Infectious Diseases Control Division; Immunization Program Statistics

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

The Ontario Public Health Standards mandate the specific activities that public health units must follow to ensure that children in schools have up-to-date immunization records. These activities include:

- **Review** of student immunization records to determine completeness, and sending questionnaires to parents to obtain missing information.

- **Enforcement** of the *Immunization of School Pupils Act* by initiating a student suspension process *if* records remain incomplete after the questionnaire and a separate follow-up letter are sent.
  (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.)

This 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*. It demonstrates program reach with regards to schools, not to individual students. It reflects data for both elementary and secondary schools, and includes private schools.

- ♦ The graph shows that in 2011/2012 school year, the Public Health Branch increased the proportion of schools in which it reviewed student immunization records to 80%, up from 70% in previous years.

- ♦ The proportion of schools in which Public Health enforced the *Immunization of School Pupils Act* has increased only slightly over the past few years. During the 2011/12 school year, enforcement occurred in 20% of schools in the Region.

As part of a focus on strengthening infectious diseases controls in the Regional 2011-2015 Strategic Plan, the Public Health Branch has begun to improve its school immunization program. In the next school year, the Branch will expand both review and enforcement to all separate and public schools; it will also initiate review of immunization records in private schools across the Region.