

# 2005 Operating Budget

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Sudbury & District Health Unit  
November 19, 2004





# 2005 Operating Budget

1. Factors determining the 2005 board-approved budget
2. Details of the 2005 board-approved budget



# 2005 Budget at a Glance

- Total revenue-shared budget of \$16,493,077 resulting in **no change** to the public health levy to the City of Greater Sudbury\* & **10.1%** increase overall including:
  - \$500,000 WNV contingency
  - Clinical and Sudbury East outreach
- One-time municipal rebate

\*due to changes in the municipal/provincial funding formula



# 1. Factors Determining the 2005 Board-Approved Budget

- *Operation Health Protection*
- Assessor's report on the Muskoka-Parry Sound Health unit
- Budgets, compliance and health status



# Operation Health Protection

June 22, 2004

“An effective public health system rests on the foundation of strong local public health units.”

“We expect that municipalities will continue to meet their funding commitment to public health.”

“Our government will accept greater accountability for public health.”

“Public health is the very bedrock of health care.”



- Vision: revitalized system that supports the health of Ontarians
  - decisive steps to rebuild a system weakened by a decade of decline
- Strategic priority:
  - renew public health and rebuild capacity
  - enhance public health leadership and accountability
  - increase provincial funding to 75%
  - review mandatory programs, review health unit and PHRED program capacity, report on public health performance
- Local public health units: the backbone of the public health system



# Assessor's Report on the Muskoka-Parry Sound Health Unit

October 20, 2004

## TERMS of REFERENCE

ASSESSMENT by the Ministry of Health and Long-Term Care  
Of the Muskoka-Parry Sound Board of Health

### Objectives:

1. To assess the quality of the management or administration of the affairs of the Muskoka-Parry Sound Board of Health under s. 82(3) (c) of the Health Protection and Promotion Act ("HPPA");
2. To ascertain whether the board of health is complying in all other respects with the Act the regulations and the guidelines under s. 82(3) (b) of the HPPA; and
3. To make a written assessment report for the Chief Medical Officer of Health that makes recommendations respecting the Board of Health and/or the Ministry about any issue relating to the assessment's purposes in 1. and 2. above, including but not limited to the Board's:
  - a) governance and administration
  - b) public health leadership and program management
  - c) human resource management
  - d) protection of assets
  - e) quality assurance and risk management.



# Assessor's Report Excerpts

## *A must-read* for municipal councillors

- Public health law sets out a process of balanced responsibility:
  - HPPA attempts to create a regime which constitutes a fine balancing act between the role of **government** in establishing a **comprehensive public health program** for the province, while at the same time devolving the **funding requirements** and **program delivery** to the **municipalities**.
  - While the budget is a particularly significant factor in smaller jurisdictions ... the fact remains that the **principal role** of the **Board of Health** is to oversee **effective delivery of public health programs**.



# Assessor's Report Excerpts Findings & Conclusions

## ■ Findings:

- Board failed to comply with HPPA and failed to ensure adequacy and quality of its administration and management

## ■ Conclusions:

- Dissolve the existing Board and merge with the Simcoe and North Bay health units
- Every public health unit in Ontario is a crucial part of our front line defence against disease ... Any health unit that is dysfunctional puts at risk, to the extent it weakens that defence, the health of its citizens.





# Budgets, Compliance & Health Status

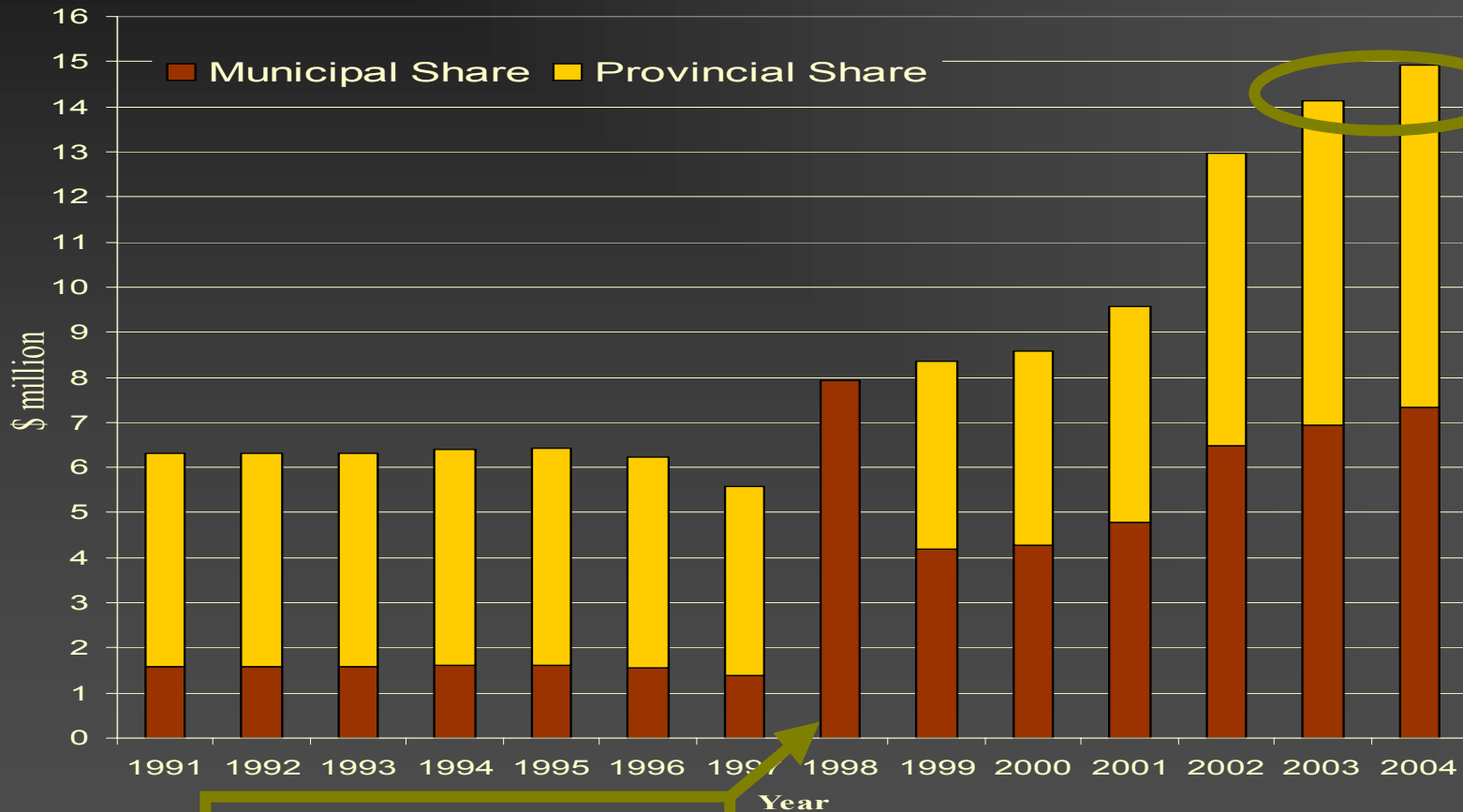
- How well is the Sudbury & District Board of Health balancing *its* responsibilities?
  - 2002 significant financial investment in response to MOH recommendation re compliance with new mandatory programs
  - Compliance with mandatory programs significantly improving
  - Health status lagging behind but signs of improvement



# SDHU Budget History 1991-2004

## Cost-Shared Programs Only

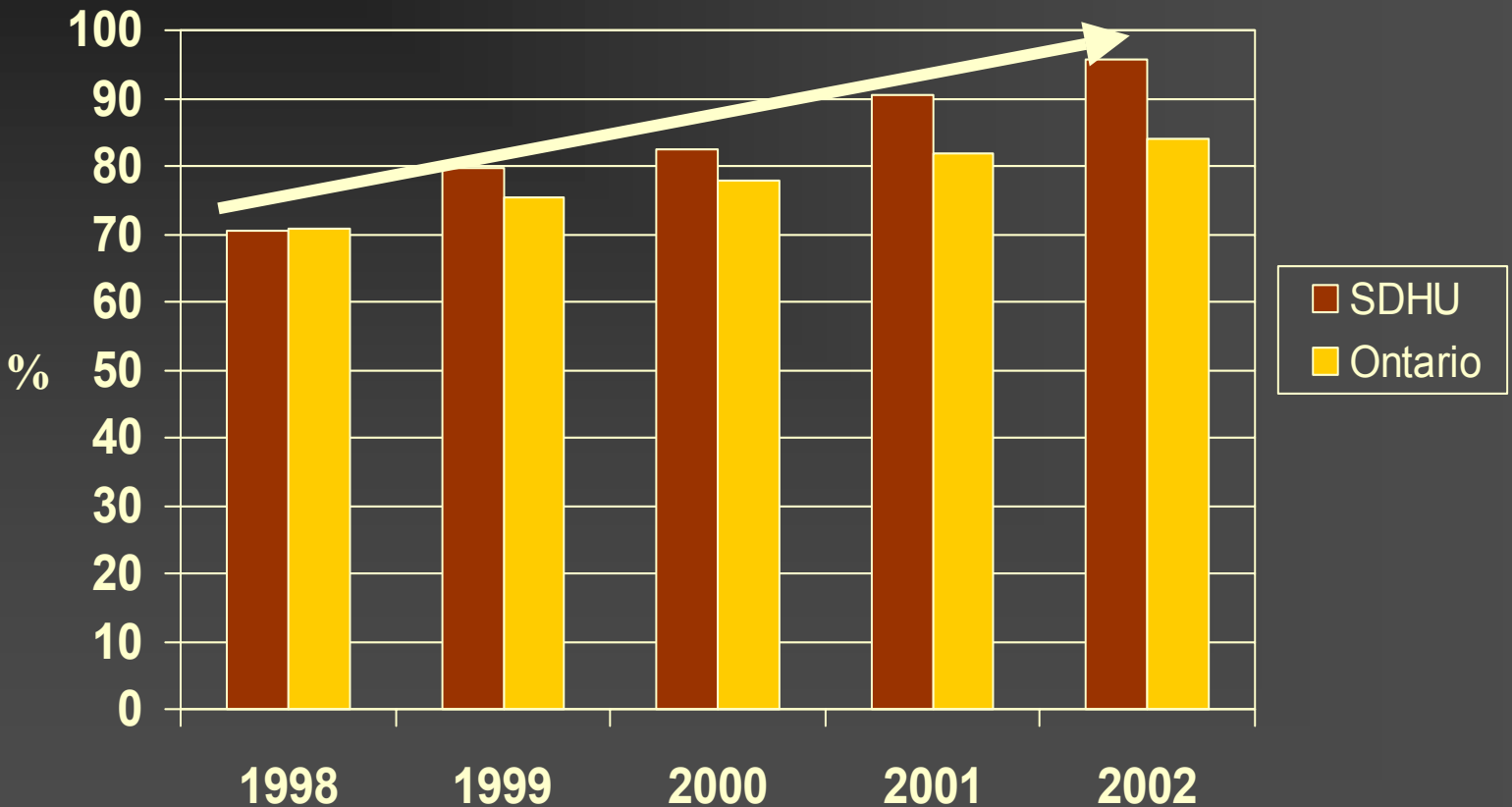
Includes WNV  
contingency of  
\$500,000



New mandatory programs



# Compliance with “Mandate” Responses to the MPIQ\* 1998-2002



\*MPIQ=Mandatory Programs Indicator Questionnaire



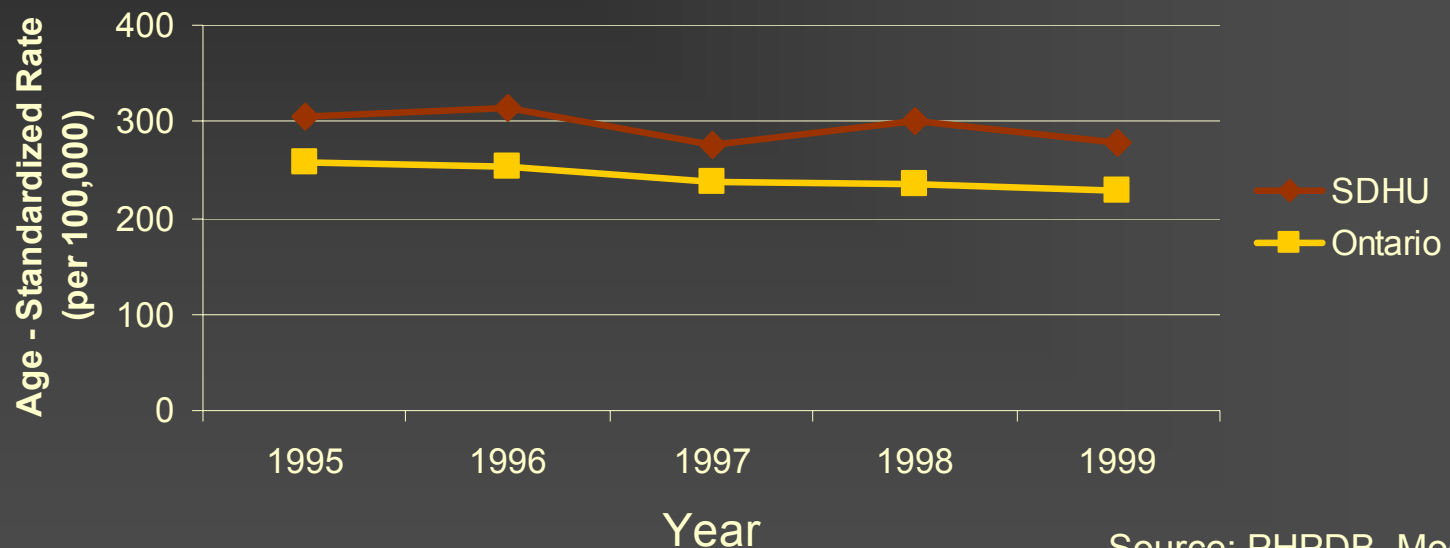
# Health Status of Sudbury and Manitoulin Residents

- Compared to Ontario, Sudbury & District Health Unit area residents have poorer health status including higher rates of ...
  - Chronic disease including heart disease and cancer
  - Injuries, including accidental poisoning and suicide



# Time Trends: Cardiovascular Diseases

**Mortality from Diseases of the Circulatory System,  
Ontario and SDHU area, 1995 to 1999**

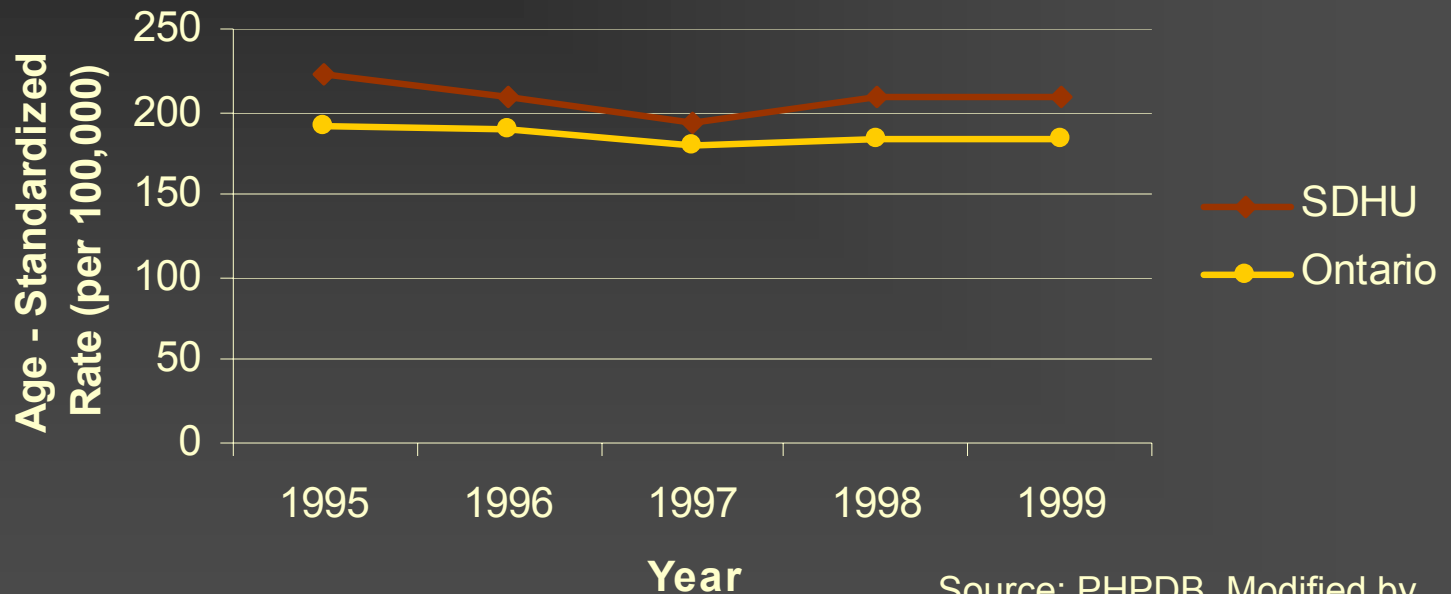


Source: PHPDB, Modified by  
Northern Health Information Partnership



# Time Trends: Cancers

**Mortality from Neoplasms, Ontario and SDHU Area,  
1995 to 1999**

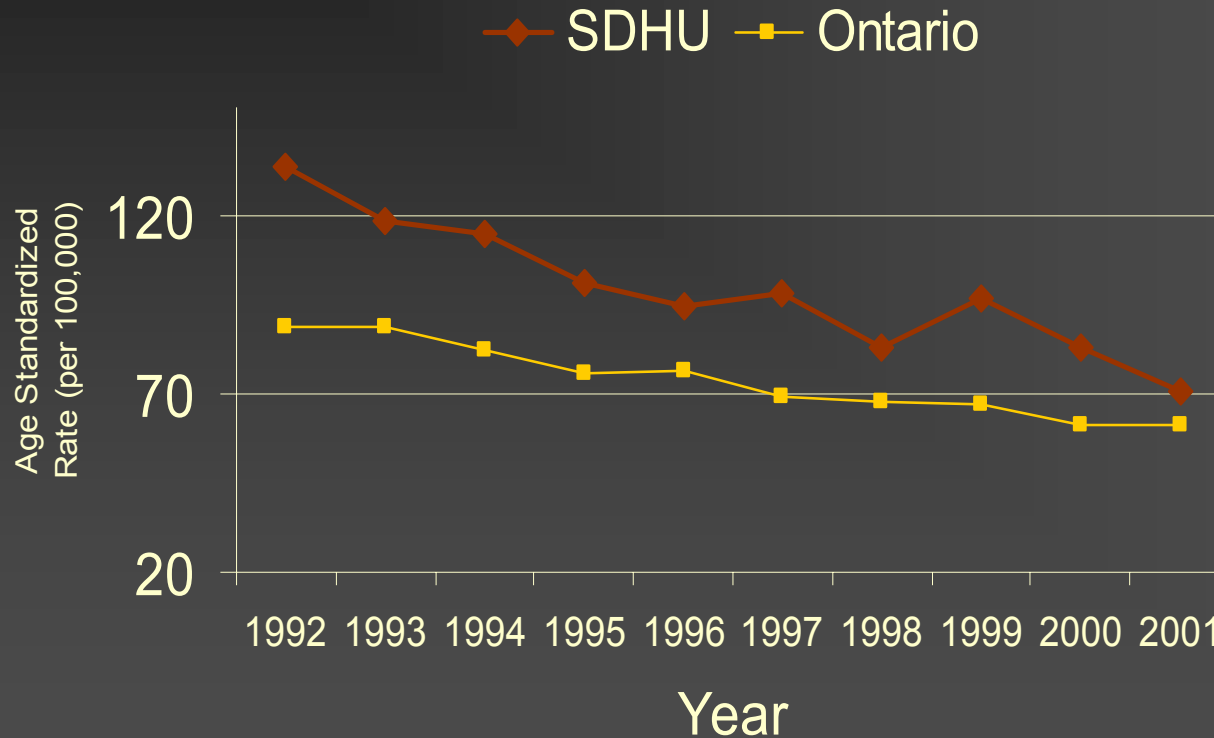


Source: PHPDB, Modified by  
Northern Health Information Partnership



# Time Trends: Motor Vehicle Collisions

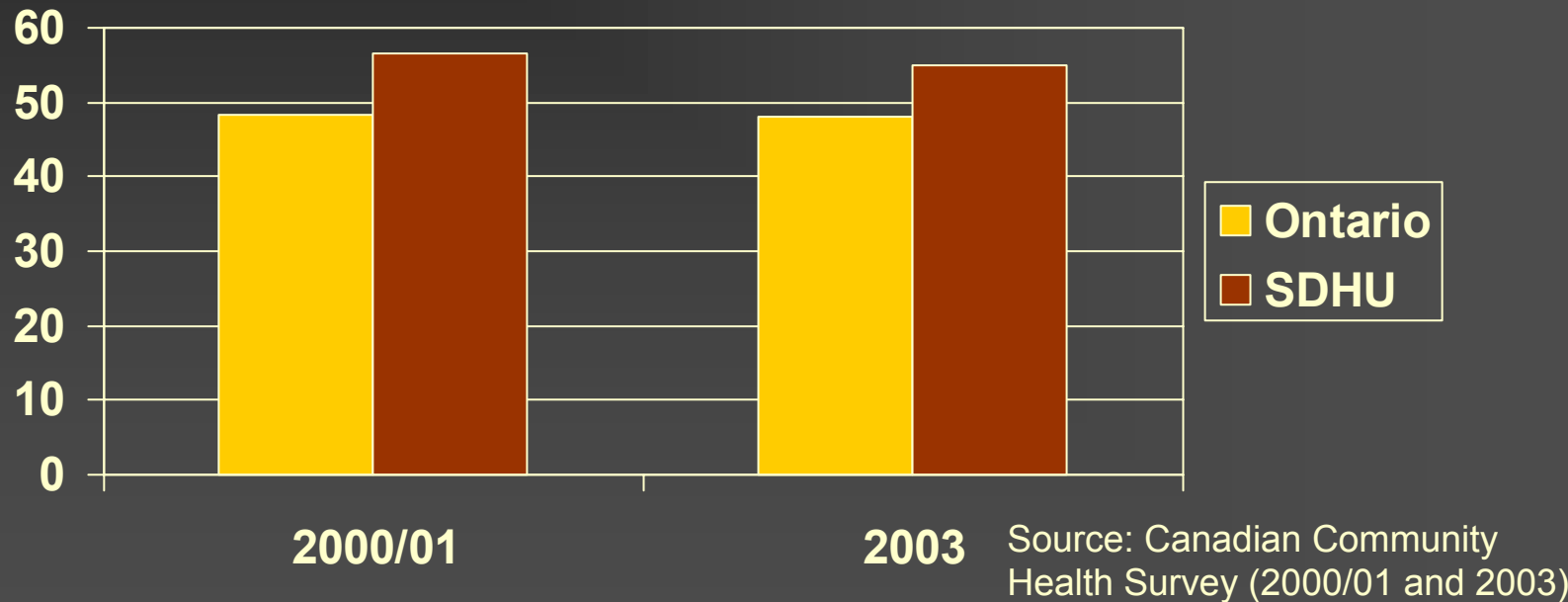
## Hospitalizations from Motor Vehicle Traffic Collisions





# Overweight and Obesity

Overweight & Obesity for Ontario and SDHU  
2000/01 >19 yo; 2003 >17

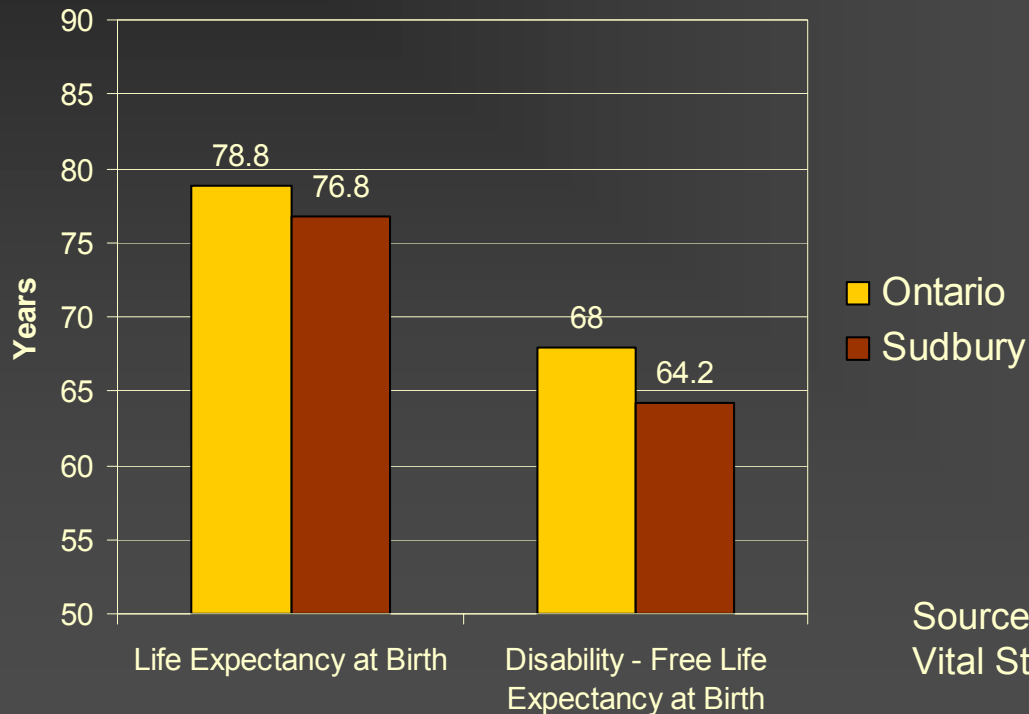






# Life Expectancy

## Life Expectancy in Ontario and SDHU Area



Source: Statistics Canada,  
Vital Statistics 1996/1997



# Behaviour and Health

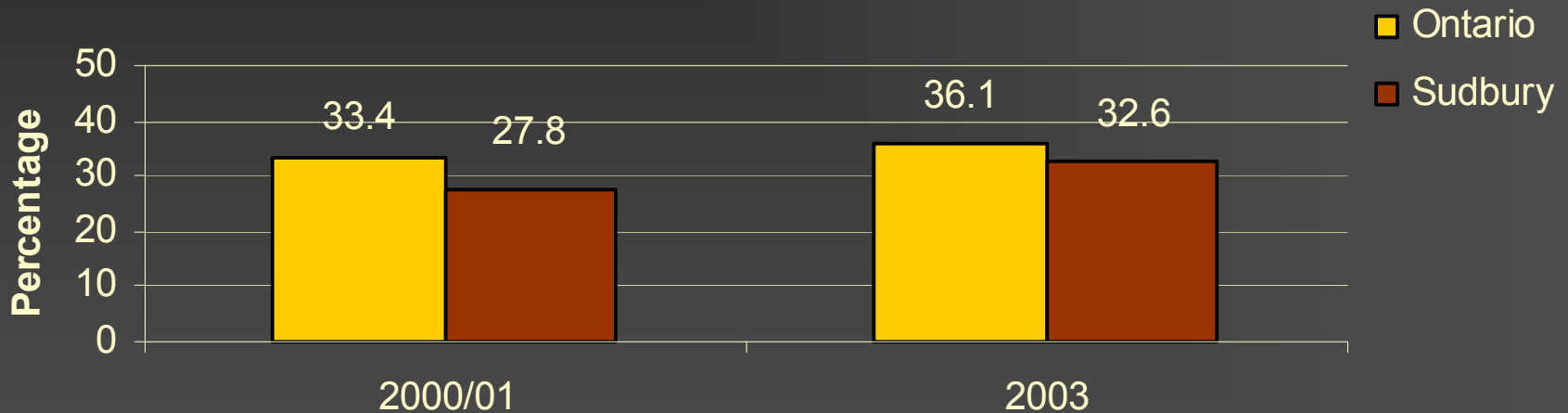
- Behaviour and health are interrelated
- Health Canada's data suggests:
  - 24% of cancer deaths are due to dietary factors
  - 29% of cancer deaths are due to tobacco
- Rates of health risk behaviours are higher in Northern Ontario – but we can see progress!

Source: Northern Ontario Cancer Profile Report, 2000



# Health Behaviours: Fruit & Vegetable Consumption

**Fruit and Vegetable Consumption  
(5-10 servings per day) for Ontario and Sudbury, 2000/01 and 2003**

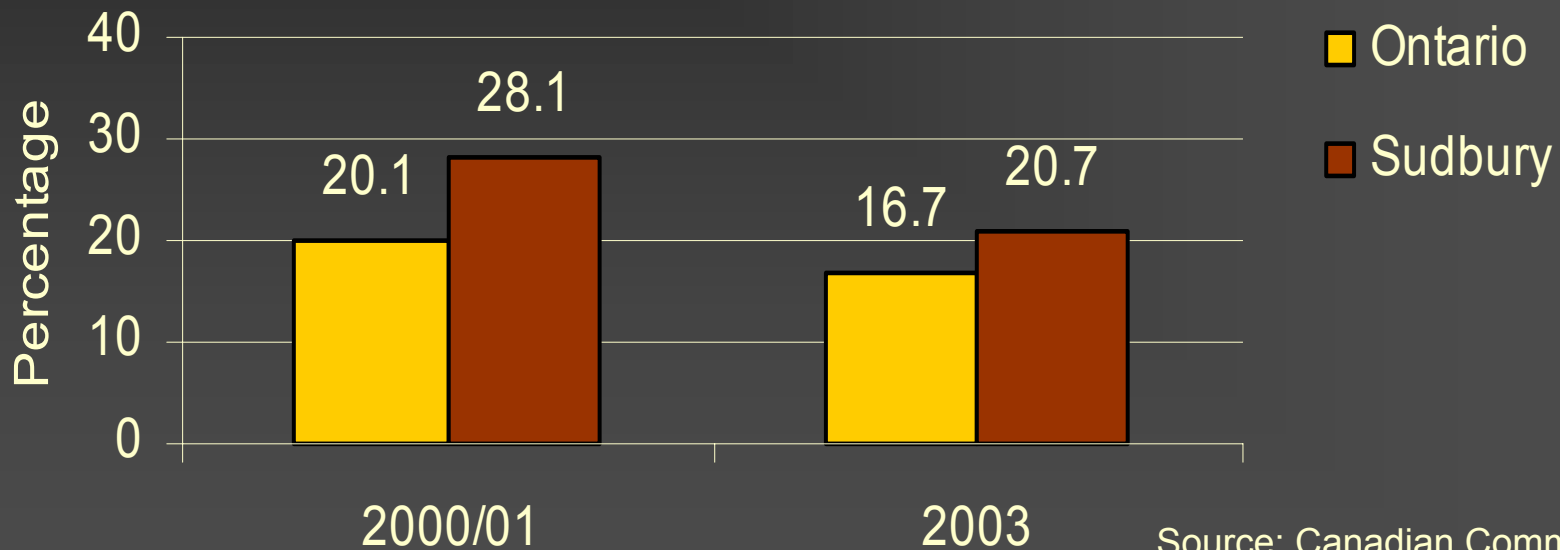


Source: Canadian Community  
Health Survey (2000/01 and 2003)



# Health Behaviours: Smoking

Daily Smokers, ages 12 and over for Ontario and Sudbury,  
2000/01 and 2003

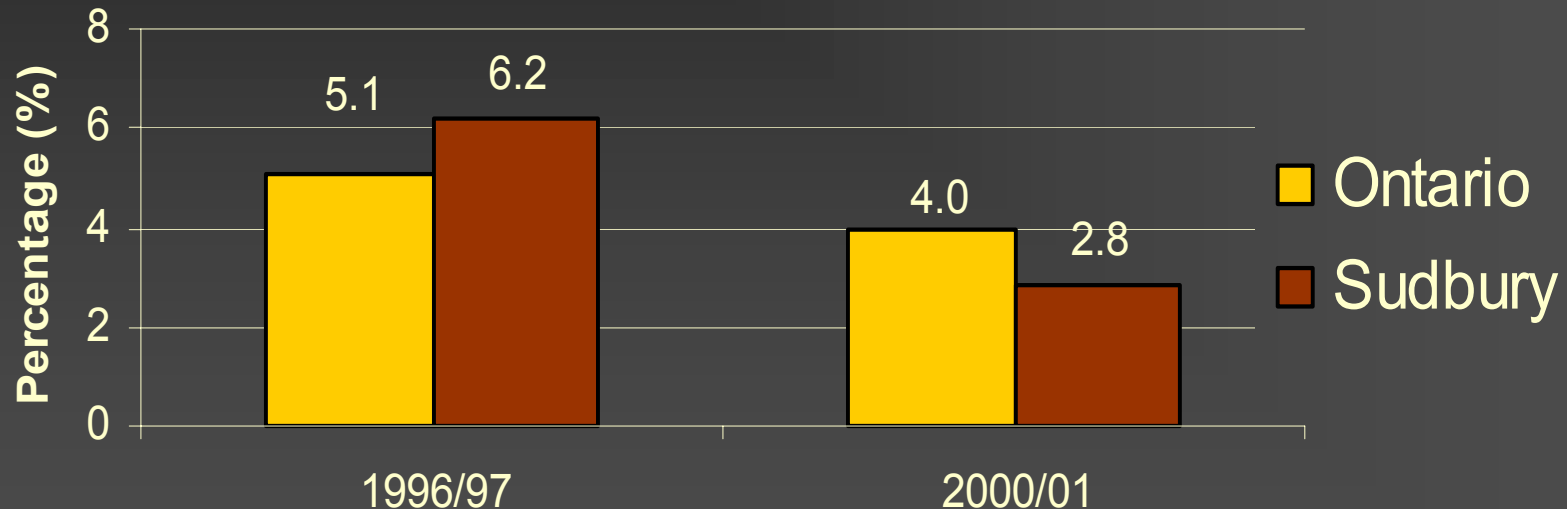


Source: Canadian Community  
Health Survey (2000/01 and 2003)



# Drinking and Driving

Passengers of Drivers Under the Influence Aged 12 and Over, Ontario and Sudbury, 1996/97 & 2000/01





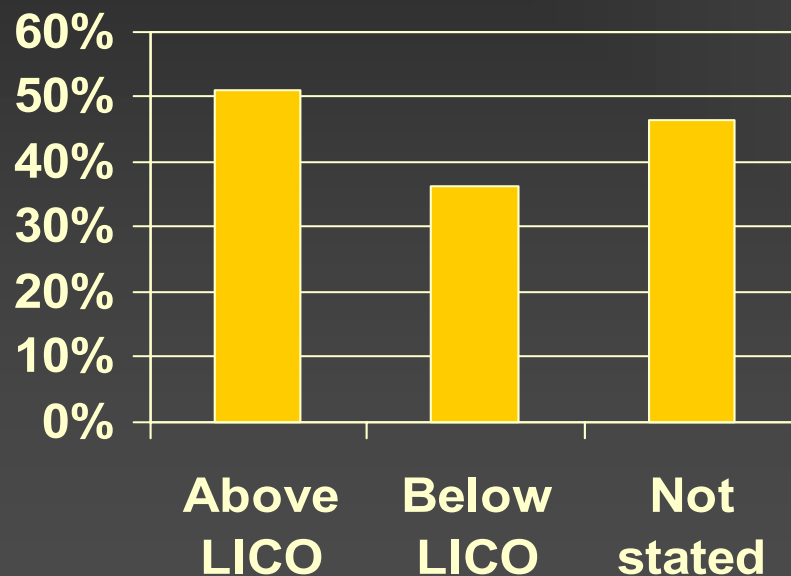
# Determinants of Health

- Complex relationship between behaviour and health is influenced by environmental factors
- For example, new cancers and cancer deaths are negatively affected by:
  - Poverty
  - Lack of employment
  - Lower education
  - Living and working conditions
  - Physical environment
  - Personal health practices
  - Access to health services



# Determinants of Health: Income and Prenatal Classes

Northern Ontario Prenatal  
Class Attendance by  
Income



Women with incomes below “low-income cut-off” were less likely to attend prenatal classes

LICO: “Low-income cut-off”

Source: Determinants of Child Health in Northern Ontario, 2003



# Local Populations: Additional Health Needs

- Francophone population (28%):
  - Older population
  - Lower levels of literacy, education and income
  - Rate their health lower
  - Higher self-reported rates of some chronic conditions
  - Higher rates of smoking & youth sexual activity
  - Higher use of emergency services and less use of dental services
- First Nations population (7.5%):
  - Life expectancy on average is 10 years less than Canadian average
  - Infant mortality is 2 to 3 times higher
  - Injury deaths are 4 times higher





# Health Status: Implications for Programs and Budget

- Findings:
  - Poorer health status
  - Populations with higher health needs
  - Higher rates of health risk behaviours though improvements!
  - Ongoing challenges with broader determinants
- Conclusion:
  - Health behaviours improving  $\Rightarrow$  health status/healthy community to follow?
- Implications:
  - Improve access to “hard to reach”
  - Intensify health behaviour approaches
  - Intensify activities to “buffer” and change determinants of health



# Budget Goals

- Factors determining the 2005 budget:
  - *Operation Health Protection*
  - Assessor's report on the Muskoka-Parry Sound Health unit
  - Budgets, compliance and health status



- Improve capacities in budget goal areas:
  - accountability & performance measurement
  - risk management and 'right person doing right job'
  - outreach to vulnerable & improve access and equity



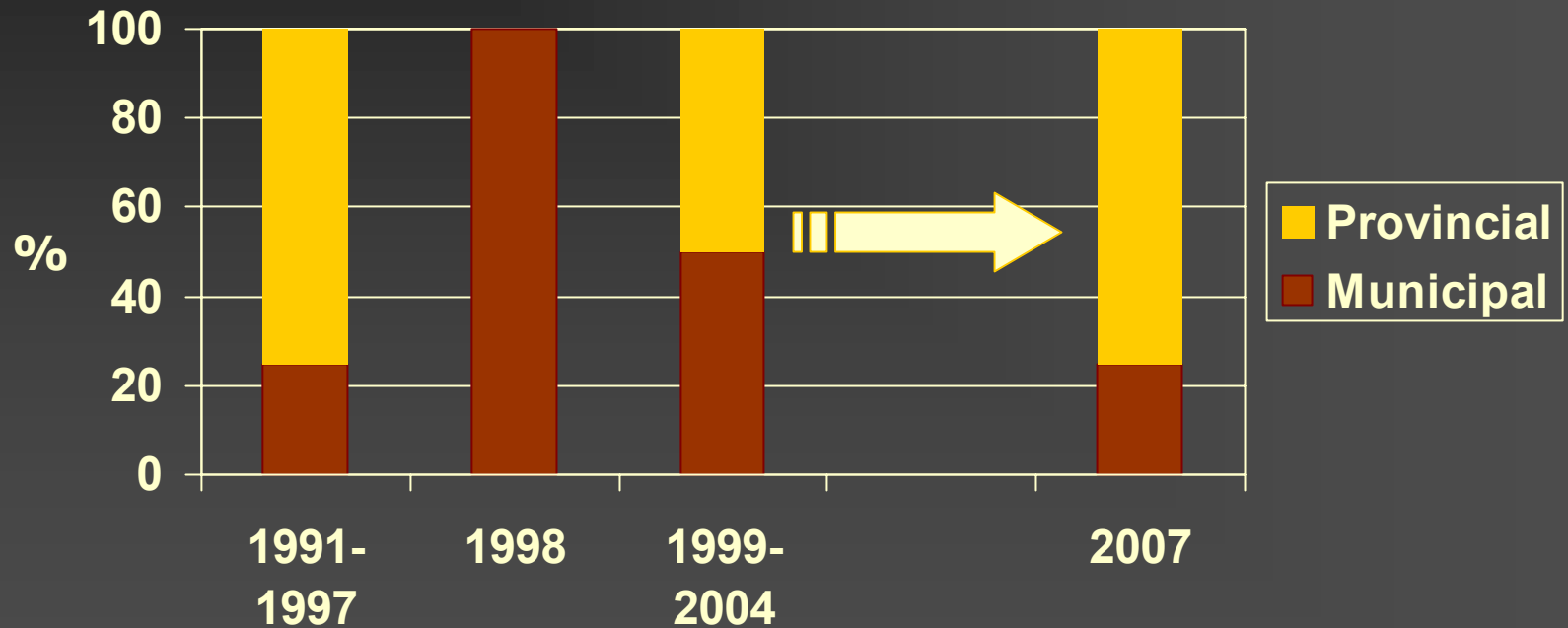
# Public Health Funding is Legislated

- Obligated municipalities shall pay the expenses
- Boards of Health shall set the budgets
- The Minister may make grants



# Changes to the Public Health Funding Formula

## Historical Context of Cost-Shared Budget





## 2. Details of the 2005 Board-Approved Budget

- Approved budget 2005 \$16.493 million
- No change in municipal levy for public health
- Overall increase of 10.1%:
  - Salary & benefits
    - Net changes to FTEs (2.3) 0.7%
    - Contractual rate & step increases 4.1%
    - Contractual benefits 0.7%
  - Non-salary
    - Staff development 1.0%
    - Other 2.4%
  - Outreach
    - Sudbury East 0.6%
    - Clinical preventive 0.6%



# West Nile Virus

- Health Protection and Promotion Act
  - Medical Officer of Health determines whether action is required by municipalities for WNV control activities
  - Municipalities are notified and shall comply with requirements

O.Reg. 199/03



# West Nile Virus (cont'd)

- Including WNV contingency in HU budget creates mechanism for municipalities to access 55% funding for their required actions
  - \$500,000 contingency; not levied unless required
  - 2003 & 2004: no required action → not levied
  - 2005:
    - unpredictable activity
    - potential municipal surplus
    - potential overall municipal public health levy reduction (-3.4%) if not reallocated from 2004



# Outreach

- Clinical preventive services
  - reaching the 'hard to reach'
  - marginalized by income, culture, geography or other reasons
- Sudbury East
  - full service branch office for high need area
  - partnership with Sudbury East Municipal Association





# One-Time Municipal Rebate

- Unique one-time potential surplus of \$135,000 related to:
  - GST-full-refund status
  - 100% funding of infectious disease positions
- Board motion to rebate municipalities upon 2004 audit, encouraging investments in healthy communities



# Board-Approved 2005 Operating Budget

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A balanced approach to  
community public health needs

