An Overview of the Public Health System in Ontario

Dr. George Pasut
Acting Chief Medical Officer of Health
Ministry of Health and Long-Term Care

January 31, 2007
Orientation Overview

- Ontario Public Health System
- Relevant Public Health Legislation
- Financial Cycles and Operational Process
- Meet the team!
History of Public Health in Ontario

- 1833 - Legislature of Upper Canada allowed local municipalities to establish boards of health
- 1882 - First board of health
- 1912 - Amendment to permit County boards of health
- 1945 - Provincial grants
- 1967 - Reorganization to achieve efficiency (district, multi-county, requirement in organized municipalities)
- 1983 - Health Protection and Promotion Act
- 1998 - Services Improvement Act 100% municipal financing
- 1999 - Cost-sharing re-introduced on “50/50” basis
- 2000 – Walkerton and resulting Commission of Inquiry
- 2003 – SARS and Federal and Provincial Reviews and Inquiries
- 2004 – Operation Health Protection (Capacity Review Committee, Agency Implementation Task Force)
- 2004 – Budget decision to increase the provincial share of public health funding to 75% by 2007
- 2005 – Ministry of Health Promotion was created
Mandate of Public Health

• In 2002, the F/P/T Advisory Committee on Population Health defined five core functions for public health in Canada:
  • Population Health Assessment;
  • Health Surveillance;
  • Health Promotion;
  • Disease and Injury Prevention; and
  • Health Protection.

• Discussion has occurred as to whether emergency response and preparedness as well as population health advocacy should be added to the core functions for public health.
U.S. Essential Public Health Services

• The United States has developed ten essential public health services. Performance standards and assessment instruments have also been established for local and state public health systems based on the essential services.

• Essential Public Health Services
  • **Monitor** health status to identify community health problems.
  • **Diagnose and investigate** health problems and health hazards.
  • **Inform, educate and empower** people about health issues.
  • **Mobilize community partnerships** to identify and solve health problems.
  • **Develop policies and plans** that support individual and community health efforts.
  • **Enforce laws and regulations** that protect health and ensure safety.
  • **Link people** to needed personal health services and assure the provision of health care when otherwise unavailable.
  • **Assure a competent public** and personal health care workforce.
  • **Evaluate** effectiveness, accessibility and quality of personal and population based health services.
  • **Research** for new insights and innovative solutions to health problems.
# Elements of Public Health System Infrastructure

<table>
<thead>
<tr>
<th>Sufficient and Competent Workforce</th>
<th>Organizational Capacity</th>
<th>Information and Knowledge Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Planning</td>
<td>Legislation</td>
<td>Research and Evaluation</td>
</tr>
<tr>
<td>Training and Career Development</td>
<td>System Governance</td>
<td>Knowledge Management and Translation</td>
</tr>
<tr>
<td>Human Resource Capacity</td>
<td>Leadership</td>
<td>Information Infrastructure</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>Business Processes</td>
</tr>
<tr>
<td></td>
<td>Defined Functions, Programs and Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>System Development and Structural Capacity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaboration and Strategic Decision-making</td>
<td></td>
</tr>
<tr>
<td></td>
<td>System Expenditures</td>
<td></td>
</tr>
</tbody>
</table>
CMOH Wears Many Hats

Deputy Minister
MOHLTC

Ontario Public
Health Laboratories

Deputy Minister
MHP

Public Health
Units

Legislature

CMOH/ADM

Public Health Division

= reports

= directs
MOHLTC – Organization Chart

Deputy Minister

DM Direct Reports
- Drugs Office
- Communications
- Legal
- Medical Advisory Secretariat
- I& IT

Corporate and Direct Service

Health System Information Management

Health System Strategy

Public Health & CMOH

Health System Investment & Funding

Health System Accountability & Performance

Health Human Resources
*As published in the December 2006 issue of NEW Directions*
MOHLTC Public Health & CMOH – Organization Chart
MOHLTC Strategic Directions

VISION
• “A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

STRATEGIC DIRECTIONS
• MOHLTC has adopted the following strategic directions:
  • Renewed community engagement and partnerships in and about the health care system;
  • Improve the health status of Ontarians;
  • Ontarians will have equitable access to the care and services they need no matter where they live or their socio/cultural/economic status;
  • Improve the quality of health outcomes; and
  • Establish a framework for sustainability of the health care system that achieves the best results for consumers and the community.

• In Spring 2007, MOHLTC will be releasing a 10-year Health Strategy Plan.
MOHLTC Restructuring

Local Health Integration Networks (LHINs)

• In March 2006, the government passed the *Local Health Integration Act, 2006.*
• The legislation gives the LHINs the power to plan health care services in each community

http://www.lhins.on.ca

Future Role of the MOHLTC will be as “Stewards of the Health Care System“

• Strengthen accountability frameworks and mechanisms
• Establish strategic directions and provincial priorities for the health system
• Develop legislation, regulations, standards, policies and directives
• Monitor and report on the performance of the health care system
• Plan and establish funding models and levels of funding for the health system
Public Health Unit Overview

• 36 areas of the province called health units, each with a board of health

• each board of health has medical officer of health

• different types of boards:
  
  • 4 autonomous boards that are integrated into municipal structures (Chatham-Kent, Huron, Lambton, Toronto)

  • 4 single tier health departments (Haldimand-Norfolk, Hamilton, Ottawa, Oxford)

  • 6 regional or upper tier health departments (York, Durham, Peel, Halton, Niagara, Waterloo)

  • 22 autonomous county/district health units
# Comparison of Health Units

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Smallest</th>
<th>Largest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic area covered</td>
<td>880 sq km Toronto</td>
<td>277,075 sq km Porcupine</td>
</tr>
<tr>
<td>Population Served</td>
<td>38,000 Timiskaming</td>
<td>2,600,000 Toronto</td>
</tr>
<tr>
<td>Budget (2004 Public Health Division Approved Budgets)</td>
<td>$2.5M Timiskaming</td>
<td>$34.0M Peel $124.0M Toronto</td>
</tr>
<tr>
<td>Number of Program Staff</td>
<td>38 Huron County</td>
<td>1,762 Toronto</td>
</tr>
</tbody>
</table>
Health Units by Population and Geographic Size

- <135
- 135-400
- 401-600
- 600+

Population (1000s)

Square kms.

<2  '2-5  '5-10  '10-20  20+

Ontario
Interactions with the Provincial Government

- Ministry of Health and Long-Term Care
- Ministry of Health Promotion
- Ministry of Child and Youth Services
- Ministry of the Environment
- Ministry of Municipal Affairs and Housing
- Ministry of Community and Social Services
- Ministry of Community Safety and Correctional Services
- Ministry of Labour
Interactions with the Federal Government

- Public Health Agency of Canada (PHAC)
- Canadian Food Inspection Agency (CFIA)
- Health Canada
  - Health Products and Food Branch
  - First Nations and Inuit Health Branch
  - Health Policy and Communications Branch
  - Pest Management Regulatory Agency
- Environment Canada
- National Defense
- Public Safety and Emergency Preparedness Canada
Public Health Organizations

- Association of Local Public Health Agencies  www.alphaweb.org
  - Board of Health Section
  - Council of Medical Officers of Health
- Ontario Council on Community Health Accreditation  www.occha.org
- Ontario Public Health Association  www.opha.on.ca
Professional Organizations in Public Health

- ANDSOOOHA – Public Health Nursing Management in Ontario
- AOPHBA – Association of Ontario Public Health Business Administrators
- APHEO – Association of Public Health Epidemiologists in Ontario
- ASPHIO – Association of Supervisors of Public Health Inspection (Ontario)
- CHNIG – Community Health Nurses Initiatives Group (Registered Nurses Association of Ontario)
- CIPHI – Canadian Institute of Public Health Inspectors, Ontario Branch
- HPO – Health Promotion Ontario – Public Health
- OAPHD – Ontario Association of Public Health Dentistry
- OPHLA – Ontario Public Health Library Association
- OSNPPH – Ontario Society of Nutrition Personnel in Public Health
Colleges and Professional Organizations in Health Care

- College of Dental Hygienists of Ontario
- College of Dietitians of Ontario
- College of Nurses of Ontario
- College of Physicians and Surgeons of Ontario
- Dietitians of Canada
- Ontario/Canadian Dental Association
- Ontario/Canadian Dental Hygienists Association
- Ontario/Canadian Medical Association
- Registered Nurses Association of Ontario
- Royal College of Dental Surgeons of Ontario
- Royal College of Physicians and Surgeons of Canada
Public Health Renewal Initiatives

- Establishment of:
  - A Health Protection and Promotion Agency for Ontario
  - Capacity Review Committee recommendations
  - Mandatory Health Programs, Services and Guidelines review process
• The final report from the Capacity Review Committee (CRC), released on May 4, 2006, recommends a number of areas of improvement with regards to the guidelines including:

  • Replace the existing Mandatory Health Programs and Services Guidelines with program standards;

  • Incorporate organizational-level standards including effective human resources management, board of health functioning, financial management and research and knowledge exchange; and

  • Develop valid, reliable and meaningful performance measures to accompany the program standards.
• The CRC also recommended a new approach to accountability – a *performance management system* – that links performance standards and measures to a reporting system.

• A performance management system:
  • Links standards with specific performance measures to meet multiple information needs.
  • Allows for continuous quality improvement.
  • Captures, reports on and responds to the performance of health units and the overall public health system.

Source: Final CRC Report, May 2006
Relevant Public Health Legislation
Overview of Legislation

By Reference
- Legislation that references Boards of Health
- Legislation that references Medical Officers of Health

By Content
- Specific to Public Health
- Where MOH/Board has a Public Health Responsibility
- Where a Public Health Function is Delegated to MOH/Board
- Which Apply to the Board as an Employer
- Which Refer to Health Practitioners
- Which Refer to Municipalities and Their Local Boards, or Public Bodies
Legislation and Regulations that Reference Boards of Health

  - Building Code Act, 1992 - O. Reg. 350/06 (5 of 5)
- Charitable Institutions Act - R.R.O. 1990, Reg. 69
- Child and Family Services Act - R.R.O. 1990, Reg. 70
- City of Greater Sudbury Act, 1999, S.O. 1999, c. 14, Sched. A
- City of Toronto Act, 2006, S.O. 2006, c. 11, Sched. A
  - City of Toronto Act, 2006 - O. Reg. 596/06
  - City of Toronto Act, 2006 - O. Reg. 597/06
- Day Nurseries Act - R.R.O. 1990, Reg. 262
- Developmental Services Act - R.R.O. 1990, Reg. 272
- Environmental Assessment Act - O. Reg. 627/91
- Environmental Protection Act - O. Reg. 153/04
- Food Safety and Quality Act, 2001, S.O. 2001, c. 20
- Health Protection and Promotion Act, R.S.O. 1990, c. H.7
  - Health Protection and Promotion Act - O. Reg. 166/03
  - Health Protection and Promotion Act - O. Reg. 489/97
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 568
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 566
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 562
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 559
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 557
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 554
- Homes for the Aged and Rest Homes Act - R.R.O. 1990, Reg. 637
- Long-Term Care Act, 1994, S.O. 1994, c. 26
- Medicine Act, 1991 - O. Reg. 865/93
Legislation and Regulations that Reference Boards of Health

- Mental Health Act, R.S.O. 1990, c. M.7
  - Municipal Act, 2001 - O. Reg. 204/03
  - Municipal Act, 2001 - O. Reg. 586/06
- Municipal Affairs Act, R.S.O. 1990, c. M.46
- Municipal Conflict of Interest Act, R.S.O. 1990, c. M.50
- Ontario Municipal Board Act, R.S.O. 1990, c. O.28
- Pay Equity Act, R.S.O. 1990, c. P.7
- Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A
  - Personal Health Information Protection Act, 2004 - O. Reg. 329/04
- Pesticides Act - R.R.O. 1990, Reg. 914
- Planning Act, R.S.O. 1990, c. P.13
- Retail Sales Tax Act - R.R.O. 1990, Reg. 1012
- Retail Sales Tax Act - R.R.O. 1990, Reg. 1013
- SARS Assistance and Recovery Strategy Act, 2003, S.O. 2003, c. 1
  - Town of Haldimand Act, 1999 - O. Reg. 465/01
Legislation and Regulations that Reference Medical Officers of Health

- Cemeteries Act (Revised), R.S.O. 1990, c. C.4
  - Cemeteries Act (Revised) - O. Reg. 130/92
- Charitable Institutions Act - R.R.O. 1990, Reg. 69
- Child and Family Services Act - R.R.O. 1990, Reg. 70
- City of Toronto Act, 2006, S.O. 2006, c. 11, Sched. A
- Commissioners for taking Affidavits Act, R.S.O. 1990, c. C.17
- Coroners Act - O. Reg. 264/99
- Day Nurseries Act - R.R.O. 1990, Reg. 262
- Developmental Services Act - R.R.O. 1990, Reg. 272
- Education Act, R.S.O. 1990, c. E.2
- Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9
- Environmental Protection Act - R.R.O. 1990, Reg. 352
  - Environmental Protection Act - O. Reg. 153/04
  - Environmental Protection Act - O. Reg. 419/05
- Food Safety and Quality Act, 2001, S.O. 2001, c. 20
  - Food Safety and Quality Act, 2001 - O. Reg. 31/05
- Health Protection and Promotion Act, R.S.O. 1990, c. H.7
  - Health Protection and Promotion Act - O. Reg. 166/03
  - Health Protection and Promotion Act - O. Reg. 199/03
  - Health Protection and Promotion Act - O. Reg. 338/96
  - Health Protection and Promotion Act - O. Reg. 428/05
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 569
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 568
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 566
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 562
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 557
  - Health Protection and Promotion Act - R.R.O. 1990, Reg. 554
Legislation and Regulations that Reference Medical Officers of Health

- Homes for Special Care Act - R.R.O. 1990, Reg. 636
- Homes for the Aged and Rest Homes Act - R.R.O. 1990, Reg. 637
- Immunization of School Pupils Act, R.S.O. 1990, c. I.1
- Laboratory and Specimen Collection Centre Licensing Act - R.R.O. 1990, Reg. 682
- Mental Health Act, R.S.O. 1990, c. M.7
- Mental Hospitals Act - R.R.O. 1990, Reg. 744
- Occupational Health and Safety Act, R.S.O. 1990, c. O.1
- Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A
  - Personal Health Information Protection Act, 2004 - O. Reg. 329/04
- Pesticides Act - R.R.O. 1990, Reg. 914
- Private Hospitals Act - R.R.O. 1990, Reg. 937
- Provincial Offences Act - R.R.O. 1990, Reg. 950
  - Safe Drinking Water Act, 2002 - O. Reg. 169/03
  - Safe Drinking Water Act, 2002 - O. Reg. 170/03
  - Safe Drinking Water Act, 2002 - O. Reg. 242/05
  - Safe Drinking Water Act, 2002 - O. Reg. 248/03
  - Safe Drinking Water Act, 2002 - O. Reg. 252/05
- SARS Assistance and Recovery Strategy Act, 2003, S.O. 2003, c. 1
- Technical Standards and Safety Act, 2000 - O. Reg. 218/01
- Tourism Act - R.R.O. 1990, Reg. 1037
- Vital Statistics Act, R.S.O. 1990, c. V.4
Board of Health Legislative Mandate

Health Protection and Promotion Act

• 2. The purpose of this Act is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario

• 5. Every board of health,
  • (a) shall … provide … the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board
Board of Health

- Shall be a board of health for each health unit
- Between three and thirteen municipal members
- The Lieutenant Governor in Council may make appointments (less than the number of municipal members), whose length is up to three years
- Board shall pay remuneration to each member except to a member of the council of a municipality who is paid annual remuneration or expenses by the municipality
- Board shall pay reasonable and actual expenses of each member
- Term of office of municipal members continues at the pleasure of council
- Certain provisions (e.g. composition) do not apply to,
  - the regional municipalities of Durham, Halton, Niagara, Peel, Waterloo and York and the County of Oxford; or
  - a single-tier municipality that has the powers, rights and duties of a local board of health or a board of health established under this Act.
Agreements with Bands

• May enter into an agreement with the band on a reserve, and band has right to appoint member to the board
Proceedings

• Every board of health is a corporation without share capital, and may acquire and hold property

• A majority of members constitutes a quorum

• Shall pass by-laws respecting the management of property, banking and finance, calling of and proceedings of meetings and the appointment of an auditor

• May pass by-laws respecting the appointment, duties and removal of officers (other than the MOH) and employees, and the remuneration, pensions and other benefits, and any other matter necessary or advisable for the management of the affairs of the health unit
Proceedings

• Shall hold its First meeting not later than February 1st, and shall elect a chair and vice chair.

• Shall keep minutes of its proceedings and the text of the by-laws and resolutions passed by it.

• May charge fees for such services and in such amounts as the Minister may approve.

• Shall keep records of all its financial affairs, and shall cause to be prepared statements of its financial affairs (income and expenses, assets and liabilities, and estimate of expenses for the next year).
Duties - “...Shall”

- superintend, provide or ensure the provision of health programs and services (as specified previously) (s. 5)
- superintend and ensure the carrying out of HPPA Parts II, III and IV and the regulations (s. 61)
- provide health programs and services as are prescribed by regulations to the pupils attending schools within the health unit (s. 6)
- appoint a full-time medical officer of health (s. 62)
- hire staff as necessary to carry out the functions of the board (s. 71)
- give annually to each obligated municipality a written (budget) notice (s. 72(5))
Duties - “...May”

• provide any other health program or service in any area of the health unit if it is of the opinion that it is necessary or desirable and the councils of the municipalities approve the provision of the health program or service (s. 9)
Medical Officer of Health

• Generally a specialist physician appointed by the Minister of Health and Long-Term Care who has a current license to practice medicine from the College of Physicians and Surgeons, and a Fellowship in Community Medicine or equivalent, including:

  • a degree from a university in Canada that is granted after not less than one academic year of full time post graduate studies or its equivalent in public health comprising (i) epidemiology, (ii) quantitative methods, (iii) management and administration, and (iv) disease prevention and health promotion.

• Reports directly to the board of health on issues relating to public health concerns and to public health programs and services
Medical Officer of Health

• Is responsible to the board for the management of the public health programs and services

• Staff of the board of health are subject to the direction of, and are responsible to the medical officer of health if their duties relate to the delivery of public health programs or services

• Authority is limited to the health unit served by the board of health

• Is entitled to attend each meeting of the board and its committees (except as relates to performance and remuneration of the MOH)
Financial Overview

• HPPA s. 72.
  • The obligated municipalities shall pay the expenses of the board of health and the medical officer of health
  • The obligated municipalities shall ensure that the amount paid is sufficient to enable the board of health to provide or ensure the provision of health programs and services
  • The obligated municipalities shall pay the expenses in such proportion as is agreed upon among them or as determined in accordance with regulations
  • A board of health shall give annually to each obligated municipality a written notice that specifies the amount required to defray expenses referred to above
Finance Overview

• HPPA s. 76.
  • The Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate
Program Overview

- HPPA s. 5.
  - Every board of health shall superintend, provide or ensure the provision of health programs and services in the following areas:
    - Community sanitation
    - Control of infectious disease
    - Health promotion, health protection and disease and injury prevention
    - Family health
    - Collection and analysis of epidemiologic data
    - Such additional health programs and services as are prescribed by regulations
Guidelines

• HPPA s. 7

  • The Minister may publish guidelines for the provision of mandatory health programs and services and every board of health shall comply with the published guidelines
Program Mandate

• The *MHPSG* are minimum requirements for fundamental public health services targeted at disease prevention, health promotion and health protection to which all 36 boards of health are expected to comply.

• There have been three published versions of the *MHPSG*:
  
  1984  
  1989  
  1997  

• In *Operation Health Protection* (2004), MOHLTC committed to initiate a review of the *MHPSG* as part of the overall strategy to rebuild public health capacity within the province.
Mandatory Health Programs and Services Guidelines (1997)

- 3 General Standards

- 14 Program Standards
  - Prevention of Chronic Diseases and Injuries

- Family Health

- Infectious Diseases

(minimum requirements for fundamental public health programs and services)

Equal Access
Health Hazard Investigation
Program Planning & Evaluation

Chronic Disease Prevention
Early Detection of Cancer
Injury Prevention Including Substance Abuse Prevention

Sexual Health
Reproductive Health
Child Health – Healthy Babies, Healthy Children

Control of Infectious Diseases
Food Safety
Infection Control
Rabies Control
Safe Water
Sexually Transmitted Disease/ HIV/AIDS
Tuberculosis Control
Vaccine Preventable Diseases
Ministry Responsibilities for Mandatory Programs

• Three provincial ministries are involved with the current *MHPSG*:
  • **Health Promotion** (MHP) – Chronic Disease Prevention, Injury Prevention including Substance Abuse, Child Health and Reproductive Health;
  • **Children and Youth Services** (MCYS) – Healthy Babies Healthy Children component of Child Health; and
  • **Health and Long-Term Care** (MOHLTC) – Control of Infectious Diseases, Infection Control, Food Safety, Safe Water, Rabies Control, Vaccine Preventable Diseases, Tuberculosis Control, Sexually Transmitted Diseases, Sexual Health, Early Detection of Cancer and the three General Standards.

• All three Ministers will need to review and approve the new program standards that fall within their ministry’s jurisdiction.

• In addition to the three ministries with direct involvement, many other ministries across the Ontario government are impacted by the work of public health.
Health Services Improvement Bill

• The Ontario government introduced the Health System Improvements Bill in December 2006 which proposes changes to various existing laws that, among other things, would:

  • Establish the first-ever Ontario Agency for Health Protection and Promotion – a centre for public health excellence that will provide research, scientific and technical advice and support.

  • Transfer legislative responsibility for five categories of non-residential and seasonal residential drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care. These proposed changes are in response to public consultations that indicated a preference for public health units to oversee small drinking-water systems.

  • Additional public health powers to manage immediate risks to human health and to strengthen public health administration though business improvements
Financial Cycles and Operational Process
Financial Overview

• History of Cost-sharing:
  • Pre 1998 - 75% provincial (40% Metro Toronto), plus 100% funding for Tobacco Use Prevention, Sexual Health, AIDS
  • 1998 - 100% local municipal except Healthy Babies/Healthy Children Program which was 100% provincial
  • 1999 - “50/50” cost shared, plus 100% provincial Healthy Babies/Healthy Children Program
  • Operation Health Protection
    • 2005 – 55% Provincial share
    • 2006 – 65% Provincial share
    • 2007 – 75% Provincial share
Fiscal Environment - Overview

• MOHLTC’s operating budget is $34.2B in 2006-07.

• Over the past 4 years, operating funding for health expenditures has grown by an average of 7.5% per year. Annual growth rates for selected programs are:
  - 8.1% for drugs program
  - 7.1% for hospitals funding
  - 9.4% for mandatory programs*

• The government has committed to balancing the budget by 2008-09.

*excludes the upload from 50% in 2004, to 55% in 2005, 65% in 2006, and 75% by 2007
Public Health Funding

Mandatory Programs (includes MHP and MOHLTC)

• The Province has increased its share of mandatory program funding from 50% in 2004 to 75% effective January 1, 2007.

• The growth rate for mandatory programs funding was 8.8% in 2005, beyond the 55% upload for that year. Average annual growth is estimated at 9.4% since 2001.

• MOHLTC reviewed 2006 grant requests within a provincial envelope that provides up to 5% growth in funding (beyond the 65% upload). Funding decisions were communicated to health units on August 21st.
Public Health Funding

- In addition to increased funding for the 17 mandatory programs, the Province provides funding to health units to support the following initiatives:

  - Funding for Unorganized Territories;
  - Public Health Research, Education & Development (PHRED);
  - West Nile Virus;
  - Infection Control (180 FTEs); and
  - Other grants (including one-time grants).
Fiscal Environment – Government Cycle

- Provinces Approves Results-Based Plan (RbP) (Fall/Winter)
- Year-End Interim Actuals (Winter/Spring)
- Tabling of Provincial Budget (Winter/Spring)
- Tabling of Printed Estimates (Spring)
- Program Allocations Communicated (Spring/Summer)
- Develop Multi-year Financial Outlook (Spring/Summer)
- Public Accounts (Summer/Fall)
- Ministry Develops and Submits Results-Based Plan (Summer/Fall)
Fiscal Environment – Provincial & Municipal Timelines

**FALL**
- **Approve**
  - Provincial RbP process begins for upcoming fiscal year
- **Derive Budget Request**
  - Ministry distributes guidelines for Grant Requests
  - Province approves Results-based plans

**WINTER**
- **Municipality(ies) approve**
  - BoH budget
- **Note, PHU year ends**
  - Dec 31

**SPRING**
- **Grant Requests due to Ministry**
- **Review**
  - Ministry starts Grant analysis
  - Determine current fiscal year’s expenditure outlook (interim actuals)
  - Budget & Printed Estimates

**SUMMER**
- **Set Allocation**
  - Ministry communicates program allocations to divisions
  - Ministry provides details of grant approval for current year to BoH
- **Annual Settlement Report (approved by BoH) due to Ministry, including Audited Financial Statement**

Generally, public health units (PHU) start budget prep for next year

MOH/CEO approved PHU’s proposed budget for following year. PHU budget forwarded to Boards of Health (BoH)
Public Health Funding - 2007 and Beyond

Direction for 2007
• MOHLTC is committed to reviewing 2007 budget requests for mandatory programs within a provincial envelope that provides up to 5% in growth funding.
  • This is subject to approval of 2007-08 Printed Estimates by the Legislature.

Initiatives/projects underway:
• Mandatory Program and Service Guidelines
• Performance Management Strategy

Initiatives/projects under consideration:
• Multi Year funding to assist public health units with longer term planning
• A New Capital Projects Policy
• Business Processes to support future directions
Contacting Public Health Division
Enter a keyword, select the type of search and organization from the menu above, and click "GO". If the name has accents, include them, or enter the % symbol instead of the accented letter.
Organization ALL

Enter a keyword, select the type of search and organization from the menu above, and click "GO". If the name has accents, include them, or enter the % symbol instead of the accented letter.

BROWSE BY ORGANIZATION

GOVERNMENT SERVICES
HEALTH AND LONG-TERM CARE
HEALTH PROMOTION
INFORMATION AND PRIVACY COMMISSION INTERGOVERNMENTAL AFFAIRS

Select an organization from the picklist and then click "GO".

ONTARIO HOME | CONTACTS | HELP | SITEMAP | FRANÇAIS

This site is maintained by the Government of Ontario, Canada.

PRIVACY | IMPORTANT NOTICES

Copyright information: © Queen's Printer for Ontario, 2005
Last Modified: March 30, 2006
HEALTH AND LONG-TERM CARE [Services & Offices Directory]

General Inquiry: 416-327-4327
TTY: 800-307-5559
Toll Free: 800-268-1153
Web Site: www.health.gov.on.ca
Address:
Hepburn Block
10th Flr
80 Grosvenor St
Toronto ON M7A2C4

or select one of the following
- MINISTER'S OFFICE
- DEPUTY MINISTER'S OFFICE
- ACUTE SERVICES DIVISION
- COMMUNITY HEALTH DIVISION
- CORPORATE AND DIRECT SERVICES DIVISION
- CORPORATE SERVICES AND ORGANIZATIONAL DEVELOPMENT DIVISION
- E-HEALTH PROGRAM
- HEALTH HUMAN RESOURCES STRATEGY DIVISION
- HEALTH SERVICES CLUSTER, INFORMATION AND INFORMATION TECHNOLOGY
- HEALTH SYSTEM ACCOUNTABILITY AND PERFORMANCE DIVISION
- HEALTH SYSTEM STRATEGY DIVISION
- PUBLIC HEALTH DIVISION
- AGENCIES, BOARDS AND COMMISSIONS
ServiceOntario INFO-GO

OFFICE TELEPHONE

Telephone  Services & Offices

HEALTH AND LONG-TERM CARE
PUBLIC HEALTH DIVISION [Services & Offices Directory]

General Inquiry: 416-212-3831
Fax: 416-325-8412
Address:
Hepburn Block
11th Flr
80 Grosvenor St
Toronto ON M7A1R3

or select one of the following

- CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION BRANCH
- EMERGENCY MANAGEMENT UNIT
- ENVIRONMENTAL HEALTH BRANCH
- EXECUTIVE DIRECTOR'S OFFICE
- HUMAN RESOURCES BRANCH
- INFECTIOUS DISEASES BRANCH
- OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH AND ASSISTANT DEPUTY MINISTER
- OPERATIONAL EFFECTIVENESS
- PUBLIC HEALTH SYSTEM TRANSFORMATION
- PUBLIC HEALTH UNITS
Meet the Team
Emergency Management Unit

Mandate

• Provides provincial leadership for health emergency management planning and response through the development of a sustainable emergency readiness program for MOHLTC and its broader health sector stakeholders.

• Provides provincial leadership for:
  - Specialized health emergency plans including pandemics, bioterrorism, avian flu, smallpox
  - Emergency preparedness/response within the Public Health Division and the Ministry

• Leads the Ministry’s operational response to an emergency.

• Ensures Ministry compliance with legislation regarding emergency management and MOHLTC responsibilities

Key Areas of Responsibility

• Oversees and advises on a comprehensive emergency readiness strategy and program for all aspects of the health system

• Aligns provincial health emergency response with federal and municipal levels

• Leads for Ontario health emergency related Federal, Provincial and Territorial initiatives, and Aboriginal health emergency initiatives.
Strategic Planning and Implementation Branch

Mandate

• Ensures that PHD is looking ahead strategically, achieving alignment with stakeholder goals and priorities, government policy commitments and corporate directions.
• Provides leadership to development and implementation of key strategic initiatives.

Key Areas of Responsibility

• Strategic and secretariat support to Agency Implementation Task Force (AITF)
• Strategic management of AITF recommendations
• Divisional planning and priority setting
• Divisional research, policy and planning support
• Advice and counsel on divisional policy initiatives and submissions
• Policy support to public health related Federal, Provincial and Territorial initiatives, and Aboriginal public health initiatives
Controllership & Resources Management Branch

Mandate

- Ensures consistently applied operations and financial practices, processes and controls to manage our resources responsibly.
- Coordinates reporting of divisional performance management.
- Facilitates effective and accessible communication and knowledge transfer with key internal and external stakeholders to ensure effective partnerships.

Key Areas of Responsibility

Controllership and Planning
- Support results-based planning, Estimates defence, and ministry financial reporting processes
- Review policy submissions and MB20s to assess compliance to corporate guidelines/directives, financial and other implications, alignment with legislative/regulatory framework, etc

Operational Support
- Provide advisory and support services to the division on facilities management, human resource and staffing, information technology, and procurement issues
- Exercise controllership over division’s tangible asset and real property inventory

Program Management/Grant Administration
- Administer / manage mandatory programs funding to public health units through the review and analyses of: budgets, quarterly reports, financial statements, payments, and settlements
- Implement accountability and reporting frameworks, tools and systems to support grant administration / management of mandatory programs.
- Manage relationships with internal (e.g., other ministry divisions) and external (e.g., grant recipients) parties
Public Health Standards Branch

Mandate

• Contribute to the renewal of public health, including the development of:
  - Review of the May 4, 2006 Capacity Review Committee Final Report recommendations on the optimal configuration of Ontario’s Public Health Units
  - Legislative amendments to the Health Protection and Promotion Act
  - Public Health Human Resource Strategy
  - Accountability frameworks
  - Support for better governance by Boards of Health
• Contribute to the renewal of public health through strategic direction for programs and services in Ontario via evidence-based and results-driven program standards, which form the basis of accountability relationships with public health providers.

Key Areas of Responsibility

• Strategic management of the review, development, implementation and on-going evaluation of Public Health system transformation activities, including the Capacity Review Committee recommendations
• Strategic management of the review, development, implementation and on-going evaluation of public health legislation
• Strategic management of the review, development, implementation and continuous improvement of program standards, other performance standards and the accompanying performance measures in consultation with internal and external specialists
• Divisional lead for performance measurement and continuous quality improvement of the public health system
• Divisional lead for public health Health Human Resources (HHR) activities.
Public Health Information & Information Technology Strategy Office (PHIIT)

Mandate

- Enables and ensures information sharing, communications, collaborative decision-making and systematic data-sharing across the healthcare system and among governments, where required.
- Ensures that the public health system in Ontario has access to the information systems required to support programs and services.

Key Areas of Responsibility

- Align public health I&IT projects with local, provincial and pan-Canadian public health goals through shared strategic planning, integration and rationalization of policies, business models, best practices, standards and access control
- Work closely with Smart Systems for Health (“SSHA”) and Ministry IT (“Cluster”)
- Develop and implement business/program support for:
  - PublicHealthOntario.ca Portal
  - Integrated Public Health Information System (iPHIS)
  - Public Health Inspection Information System
  - Immunization Information System
Infectious Diseases Branch

Mandate

• Provides provincial leadership and oversight in the prevention and control of infectious disease in Ontario through surveillance, policy and legislation, technical expertise, programs, outbreak management, evaluation and research.

• Enhances the capacity of local public health system and health service providers to prevent and control infectious diseases.

Key Areas of Responsibility

• Surveillance and epidemiology services
• Expert advice on prevention, surveillance and control measures (PIDAC)
• Clearinghouse for program-specific information and research
• Centralized development of plans, policies and program materials
• Centralized program management in specific program areas
• Program consultants, sharing expertise with Public Health Units
• Provincial coordination and management of cross-jurisdictional infectious disease outbreaks
• Collaboration and coordination with other jurisdictions across Canada and across the U.S. border
Environmental Health Branch

Mandate

- Provides provincial leadership to contribute a human health perspective to environmental policy and related issues (air quality and climate change, drinking water protection, land use and sprawl management, cleaner energy sources, etc.).
- Enhances the capacity of local public health system to support the legal duty of medical officers of health to investigate, prevent and reduce the human health impacts arising from environmental hazards (unclean food and water, contaminated soil, etc.).

Key Areas of Responsibility

- Develop a long-term environmental surveillance program and identify short-term initiatives
- Strategic program and policy leadership for environmental human health issues
- Partnerships with key federal, provincial and municipal government agencies
- Expert research and advice on environmental human health threats, responses and prevention
- Clearinghouse for program-specific information and research
- Program consultants, sharing expertise with Public Health Units
- Centralized development of plans, policies and program materials including risk assessment and toxicology frameworks
- Centralized program management in specified program areas
Chronic Disease Prevention & Health Promotion Branch

Mandate

• Provides provincial leadership and oversight in the prevention of chronic disease and injuries through surveillance, policy and legislation, technical expertise, programs, and evaluation and research.
• Enhances the capacity of local public health system and health service providers to prevent chronic disease and injuries in the areas of healthy living, tobacco use, healthy weights, substance abuse prevention and injury prevention.

Key Areas of Responsibility

• Development of the mandate and key areas of responsibility for the Chronic Disease Prevention & Health Promotion Branch will be guided by the strategic objectives and mandate of the new Ministry of Health Promotion
• Initiatives include:
  • Implementation of Smoke-Free Ontario (SFO) Legislation & regulations and strategy components related to prevention, protection and cessation
  • Partnership with key internal and external stakeholders to advance strategy goals
  • Implement MHP’s Healthy Eating and Active Living Action Plan, a strategy that responds to the former Chief Medical Officer of Health (CMOH) report on Healthy Weights and promotes healthy eating and physical activity
  • Implementation of strategies, system supports and community-based initiatives for: Heart Health; Stroke; Focus Alcohol Prevention; Ontario Health Promotion Resource Centres; Osteoporosis; Problem Gambling
  • Provincial focal point for public health mandatory programs related to Chronic Disease, Injuries and Substance Abuse, Reproductive Health and Child Health.
Questions & Discussion