

**SOCIAL AND HEALTH SERVICES DIVISION
COMMUNITY HEALTH SERVICES DEPARTMENT**

CORE SERVICES REVIEW

BENCH MARKING

Data are not available for public health programs through the Municipal Performance Measurement Program (MPMP) or the Ontario Municipal CAO's Benchmarking Initiative (OMBI).

The Community Health Services Department is currently involved in the following measurement activities:

- Mandatory Programs Indicator Questions (MPIQ)
- Ontario Public Health Benchmarking Partnership (OPHBP)
- Rapid Risk Factor Surveillance Survey (RRFSS)
- Program-Based Budgeting Submission to Ministry of Health and Long-Term Care

Mandatory Programs Indicator Questions (MPIQ): All Ontario health units are required to report these results annually to the Ministry of Health and Long-Term Care (MOHLTC). MPIQs include basic questions regarding whether mandatory program requirements are, or are not being met. The Department continues to collect data, however the Province has discontinued publication of province – wide comparisons. The Public Health Branch determined that that data is not reliable and is not comparable between health units/departments. Pilot testing of a new system is currently underway in four health units.

The most recent MPIQ results are available for 2002. Overall compliance levels for CHSD were 80%, while provincial compliance levels were 84%. CHSD compliance in clinical programs (i.e. Sexual Health, STD/HIV/AIDS, TB Control and Vaccine Preventable Diseases) was 94%, while provincial compliance for these programs ranged from 85-95%. With respect to the food

safety program, CHSD compliance levels were 67%, while provincial compliance was 75%. In the Injury Prevention program, 2002 compliance for Lambton was 73%, compared with a 78% provincial compliance rate.

Ontario Public Health Benchmarking Partnership (OPHBP): This partnership includes the Provincial Public Health Research, Education and Development program (PHRED), the Association of Local Public Health Agencies (aLPHa) and the Ontario Council on Community Health Accreditation (OCCHA). The partnership provides participating health units with a means of comparing their practices and performance with other health units in the province. Online questionnaires are completed by participating health units and benchmarking project teams compile the results and produce reports for each survey topic.

Rapid Risk Factor Surveillance System (RRFSS): RRFSS is an on-going telephone survey occurring in select public health units across Ontario. Lambton has been participating in RRFSS since 2002/2003. On a monthly basis, a random sample of 100 adults aged 18 years and older is interviewed regarding risk behaviours, knowledge, attitudes and awareness about public health related topics. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to respond to community needs.

For example, the vaccine preventable disease modules revealed that 46% of RRFSS respondents had a flu shot during the 2004/2005 flu season. This compares with a target of 60% coverage for the general population based on the Mandatory Health Programs and Services Guidelines. While CHSD did not meet this target, they surpassed the target of 70% coverage for adults aged 65 years and older, attaining a coverage rate of 79% among this high-risk age group.

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Program-Based Budget Submission: The annual cost-shared budget submission to the Ministry of Health (MOHLTC) and Long Term Care is organized according to the 17 Mandatory public health programs. Every staff position and all related costs are allocated to one or more of the mandatory programs. The Ministry uses this information to determine the total cost of program delivery, to compare with compliance data and costs between health units/departments.

BEST PRACTICES

The Ontario Centre for Municipal Best Practices has currently only produced Best Practice Reports in the areas of Roads, Transit, Waste Management, Water and Sewer.

The goals of benchmarking include improved performance and more efficient use of resources through the identification and implementation of best practices modified to local circumstances. While participation in OPHBP does not lead to a list of best practices that should be followed by all organizations, it does allow comparisons with other health unit programs around the province and allows one to identify how their own results can be improved.

Program planning and evaluation is a mandatory function of public health. Benchmarking, literature reviews, data collection, application of best practices, and compliance reviews are all important tools that are used regularly by managers and staff to continuously improve programs and ensure that they continue to serve the needs of Lambton residents.

Health Promotion and Program Support (HPPS)

- **Ontario Heart Health Best and Promising Practices Project:** This provincial project is designed to ensure that community level initiatives to support healthy living are effective and based on scientific evidence. Three programs (smoking cessation, healthy happenings school

program, good food box) have been evaluated during phase 1 of this project. Phase 2 will include a detailed evaluation of the healthy happenings program. The results of the evaluation will be used to support further program development and to model best practices for other communities.

- **Social Planning Compliance Reviews:** The Social Planning department has conducted compliance audits and reviews on several programs where service agreements with community partners are in place. The audits assess the level of compliance with the terms of the service agreement and the objectives of the project. To date, compliance reviews have been completed for Peer Nutrition, Welcome Basket, and others. These reviews are a valuable program planning tool.

Environmental Health & Prevention Services (EHPS)

- **Clinical Services Review:** An external consultant has been contracted to review the clinical services delivered as part of EHPS. This will aid in determining where gaps exist and where changes can make services more effective. This initiative is designed to meet County Council's strategic direction of continuous improvement of programs and services.
- **The Integrated Public Health Information System (iPHIS):** iPHIS is currently being used throughout Ontario health units. iPHIS is a database used for the reporting and surveillance of communicable diseases in Ontario. It improves the Department's ability to manage cases of emerging diseases and to be informed of disease trends across the province.
- **Data Management:** The Department plans to utilize tablet PCs for public health inspections. This technology will improve data collection and reporting processes and increase efficiency. A scheduling program is being developed for use in the clinical areas for the purpose of tracking client and staff activities. This application will enable us to

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establish benchmarks and plan operational activities for clinical services. This tool will also provide management with detailed statistical data which is currently tracked manually.

CHSD also has access to the following program evaluation resources:

- **Effective Public Health Practice Project (EPHPP):** This is a City of Hamilton PHRED project. EPHPP conducts systematic reviews on the effectiveness of public health interventions and summarizes other recent reviews. Their reviews are published on their website: <http://old.hamilton.ca/phcs/ephpp/>.
- **Health Evidence Knowledge Broker Project (www.health-evidence.ca):** This website was developed through a study funded by the Canadian Institute of Health Research (CIHR) and was primarily conducted by the City of Hamilton PHRED branch. The ultimate goal of the project and the website is to facilitate the adoption and implementation of effective policies/programs/interventions at the local and regional public health decision-making levels. The website includes a searchable registry of systematic reviews related to public health.

PROVINCIAL FUNDING COMMITMENTS

The Ministry of Health and Long Term Care (MOHLTC) is committed to funding 75% for mandatory public health programs and services by 2007. Currently, these services are funded 65% provincially and the remaining 35% is a municipal responsibility. In addition to these funds, the MOHLTC, Ministry of Health Promotion and Ministry of Children and Youth Services provide 100% funds for all or portions of programs. Some 100% programs include: Ontario Tobacco Strategy, Healthy Living Lambton, Early Child Development, and Infection Control Capacity.

Programs that generate revenue to offset costs of other services include: Vaccine Preventable Diseases, Sexual Health, and Food Safety. These programs collectively generate close to \$200,000 annually.

While the Province has committed to providing their portion of approved budgets, there are two issues of concern to public health administrators:

1. In 2004, per capita funding for mandatory health programs and services ranged from approximately \$31 to \$80 dollars per capita among the 37 local health units. The per capita funding for Lambton County in 2004 was \$42.48, below the provincial average of \$44.75. For comparison, 2004 per capita costs for Chatham Kent were \$57.06, while per capita costs for Brant County were \$44.60.
2. Also of concern is the province's recent decision to impose a 5% cap on the provincial portion of health units' cost shared budgets. Recent provincial direction has been to enhance funding available for public health in order to improve local public health capacity, with municipalities expected to contribute their full share to this area of public service. Allowing for only a 5% increase in funding could result in a real reduction in resources due to non-discretionary budget increases, such as collective bargaining and rising benefit costs.
3. Recognizing the need to increase public health capacity, as recommended in the Walker, Naylor and SARS reports, most Ontario health units have requested significant budget increases for 2006. The average budget increase requested is 16%, compared to Lambton's 5% requested provincial increase. As well, space constraints continue to affect the department's ability to deliver programs and services.

ALTERNATIVE SOURCES OF DELIVERY

Addressing approaches to alternative sources of program delivery is a complex issue for public health. Public health professionals who deliver

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mandatory public health programs are prescribed under authority of the Health Protection and Promotion Act, R.S.O. cH7. Specifically, Regulation 566 requires the Board of Health (BOH) to employ staff with specific qualifications to support the expertise in providing community health services. The BOH has little room for flexibility with regards to staffing. Additionally, management must respect the collective agreements in place with numerous Union affiliations. In HPPS, staff is represented by the Ontario Nurses Association and Canadian Union of Public Employees.

The current service delivery model, which utilizes a blend of health promotion officers, communication specialists, dietitians, public health nurses, public health inspectors as well as other allied health specialists, recognizes the complex nature of public health programming and the diverse and specialized skills required to meet the objectives set out in the Health Protection and Promotion Act.

With unionized staff costs representing the largest percentage of costs, there is little room for alternative delivery sources through staffing arrangements. The current practice of using multidisciplinary staff throughout programs is both cost-efficient and effective.

Health Promotion and Program Support

The area with the greatest potential for savings through alternative delivery sources are in facility operations, purchasing and maintenance.

Options for Purchasing Office Supplies

1. Each department order office supplies as needed from the most convenient supplier.
2. Central ordering of office supplies attempting to get the best price per item.

3. Current Practice: Centralized ordering of office supplies through common supplier with pre-approved pricing based on group purchasing Chatham Kent Lambton Administrators Group rate.

Option 1. Each department order office supplies as needed from the most convenient supplier

- Disadvantages include overstocking, less cost control, greater unit cost, more paper work associated with multiple vendors.
- Advantages include convenience for staff and greater selection of items.

Option 2. Central ordering of office supplies attempting to get the best price per item.

- Disadvantages include time spent finding best price and slower turn around for ordering, reliability issues.
- Advantages include greater cost control.

Option 3. Current Practice: Centralized ordering of office supplies through common supplier with pre-approved pricing based on group purchasing Chatham Kent Lambton Administrators Group rate.

- Disadvantages include less selection of items, greater coordination required to meet terms of agreement with respect to ordering and delivery schedules.
- Advantages include guaranteed cost savings, reliability of supplier, and leverage of purchasing group results in excellent customer service. Single vendor solution with one contract greatly streamlines paperwork and ordering process.

RECOMMENDATION

That the current practice of ordering through purchasing coordinator-negotiated CKLAG agreement results in guaranteed maximum cost

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savings, of up to 15-20%, as well as greatest reliability through single vendor.

Options for Snow Removal and Grounds Maintenance:

1. Hire additional maintenance staff.
2. Individual contract for services with local service provider.
3. Current Practice: Joint tender for multiple county sites through the purchasing coordinator.

Option 1: Hire additional maintenance staff to perform the work.

- Disadvantages include costs of hiring, payroll and benefits, purchase and storage of equipment, including lawn tractor, snow removal equipment, etc., lack of coverage if employee is ill or on vacation.
- Advantages include increased ability to perform work as needed.

Option 2: Individual contract for services with local service provider.

- Disadvantages include less flexibility with when and how service is performed.
- Advantages include reduced employer costs and no need to purchase, maintain and store equipment.

Option 3: Current Practice: Joint tender for multiple county sites through the purchasing coordinator.

- Disadvantages include less flexibility with when and how service is performed.
- Advantages include greatest available cost savings by leveraging group purchasing power, purchasing coordinator coordinates tendering process in consultation with facility manager. Multiple year contracts save time and guarantee rates.

RECOMMENDATION

Maintain the current practice achieves greatest cost savings, efficient purchasing process, and fixes costs which simplify budgeting process.

Options for photocopying service and maintenance, printing:

Option 1: Outsource all photocopying and printing.

Option 2: Outsource high volume work and contract with local supplier for in-house copying equipment.

Option 3: Current practice: Negotiate vendor agreement with one print provider and negotiate corporate pricing for single photocopying vendor.

Option 1: Outsource all photocopying and printing.

- Disadvantages include much higher costs, slower turn-around time, and inconvenience accessing printing off-site and multiple purchase orders and requests for quotations.
- Advantages may include less staff time spent printing and collating documents, no need to lease equipment.

Option 2: Outsource high volume work and contract individually with local supplier for in-house copying equipment.

- Disadvantages include slower turnaround time, high costs.
- Advantages include in house equipment that support staff can operate for most daily needs. Outsourcing high volume work may be more cost-efficient.

Option 3: Current practice: Negotiate vendor agreement with one print provider and negotiate corporate pricing for single photocopying vendor.

- Disadvantages include lack of flexibility; one printer may not be able to do all print jobs well.
- Advantages include lowest possible costs by leverage group purchasing power, best unit cost on photocopying, stronger commitment on service.

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RECOMMENDATION

Maintain the current practice achieves lowest cost per copy, efficient purchasing process, and better quality service and fixed printing pricing.

Environmental Health and Prevention Services

Clinical Services

In anticipation of the need to develop options for alternative service delivery, a Clinical Services Review is underway. This review engages the services of a third party consultant for the purposes of assessing our current clinical services and comparing them with other similar municipalities for the purposes of identifying gaps and improvement opportunities. This review will focus on clinical programs related to vaccine preventable diseases, sexual health/family planning, and sexually transmitted infections and AIDS. The Clinical Services Review will assist in improving our ability to meet the needs of the residents of Lambton County.

RECOMMENDATION

Maintain the current practice of Status Quo until the recommendations from the consultant can be reviewed and analyzed and forwarded to Social and Health Services Committee and Council for consideration.

Community Health Services Department

Options for Public Health Governance, Mandate, and Regional presence

The Ministry of Health and Long Term Care is set to release the final report from its Public Health Capacity Review task force in May 2006. It is

anticipated that the report will recommend significant changes to the number of health units in Ontario, as well as changes in governance, human resources management and accountability. Additionally, the Public Health Branch is set to review the current Mandatory Public Health Programs. The Chief Medical Officer of Health has indicated that this review will be completed over the next nine (9) months.

RECOMMENDATION

Maintain current approach to public health program delivery pending the outcomes and recommendations of provincial capacity review and Mandatory Public Health Programs.