Haliburton, Kawartha, Pine Ridge District Health Unit

Briefing Note

TITLE:	**Prioritization of Public Health Programs and Services**
TO:	Board of Health
FROM:	Dr. N. Bocking, Medical Officer of Health
DATE:	December 7, 2023
APPROVED BY:	N/A

IN CAMERA? ☐ Yes ☒ No

Introduction

The provincial contribution to the HKPRDHU base budget increased by 3% between 2018 and 2024. During this same time period, operational expenditures increased dramatically due to historically high inflation and program workloads expanded due to increased provincial expectations to respond to COVID-19 as an ongoing infectious disease of public health significance and program catch-up resulting from the COVID-19 pandemic.

Local Public Health Program Requirements:

Under the Health Protection and Promotion Act (HPPA), Section 7, the Minister of Health is responsible for determining the minimum program requirements for Boards of Health to deliver. Program and service requirements are communicated by the Ministry of Health via the Ontario Public Health Standards (OPHS) which includes:

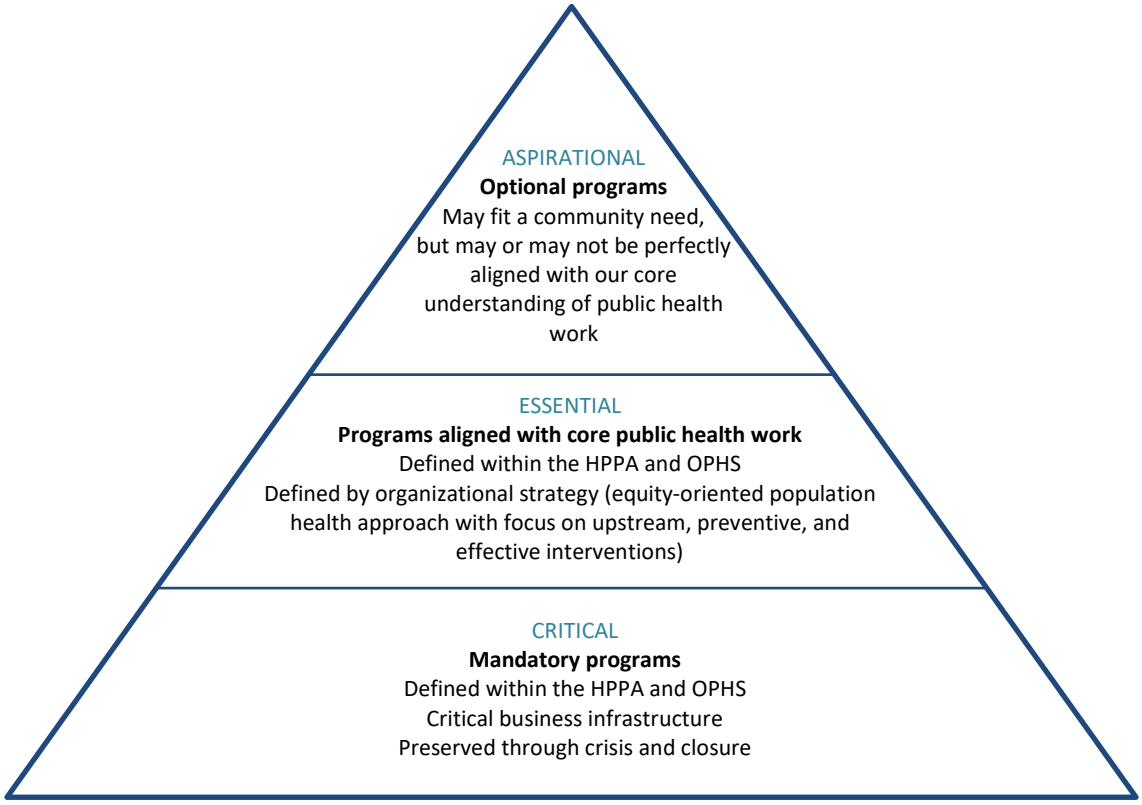
- 21 standards
- 22 protocols
- 17 guidelines

It is important to note that there is variation in how prescriptive Ministry standards, protocols, and guidelines are. Requirements range from being specific to the frequency, content, and communication of premise inspections to broader statements/requirements in the fields of chronic disease and injury prevention.

Approach to Prioritizing Public Health Programs and Services:

Programs and services at HKPRDHU can be broadly categorized under the headings of aspirational programs, essential programs, and critical programs. Currently the only service that falls in the aspirational category is the fluoride varnish program, the remainder are either essential or critical. While fluoride varnish is not a requirement under the OPHS, the costs to the program are minimal as the varnish is applied during a required

visit by oral health team members and there are clear population health benefits given the absence of fluoridated water in our region. A recent evaluation of the fluoride varnish program demonstrated significant benefit to the oral health of participating children/families.



Given that HKPRDHU does not have sufficient financial resources to fully implement the suite of interventions and activities outlined in the OPHS, the organization recently undertook Program Based Marginal Analysis (PBMA) to assist in prioritizing the work that we do and identifying areas of possible divestment.

To guide the work of PBMA, a set of statements and principles was established to inform the prioritization of interventions and activities.

What is considered core public health work?

- Interventions that protect and promote the health of the community.
- Interventions that have a population-level impact on health.
- Interventions that are equity-oriented with consideration of proportionate universalism.
- Interventions that are upstream.
- Interventions where public health is "the only game in town".

Principles used when prioritizing public health work?

- Is the program considered critical vs essential? ("shall" vs "may" do language in the OPHS)
- Does the intervention fit "core public health work"
- Does the intervention target health inequities?
- Is there a demonstrated need?
- Is there evidence that the intervention will impact the health need?
- Are other organizations already doing this work?
- Could this work be done better by another organization?
- Is the potential impact of the activity sufficient to justify the current resources?
- Are the resources better spend maximizing partnerships (external and internal)?

The following table provides an outline of the work the Health Unit completes that supports implementation of the Program and Foundational Standards in the OPHS. It includes comments on program work that has already been divested and efficiencies found.

Standard	**Requirements**	**Comments**
Food Safety	▪ Inspections ▪ Complaint investigations ▪ Food recall awareness ▪ Public disclosure ▪ Food handler training	Fewer food handler courses being offered. Exploring provision of food handler courses by third party. Exploring having decreased frequency of very low and low-risk inspections.
Healthy Environments	▪ Health hazard complaint investigations ▪ Climate change and health assessment and adaptation planning ▪ Built environment – review of municipal plans ▪ General public awareness raising	Decreased number of general awareness raising campaigns.
Safe Water *Small Drinking Water Systems (SDWS)*	▪ Risk assessments ▪ Inspections ▪ Complaint investigations ▪ Adverse water quality response ▪ Public disclosure	Operators referred to education courses by third parties. Currently have large number of outstanding risk assessments and inspections for SDWS.

Recreational Water (beaches, pools, spas)	▪ Operator awareness/education ▪ General public awareness raising	
Infectious & Communicable Diseases Prevention and Control	▪ Case management ▪ Contact tracing ▪ Outbreak management ▪ IPAC lapse investigations ▪ Inspection of personal service settings ▪ Sexual health clinics ▪ Harm reduction programming ▪ Rabies prevention and control ▪ Vector borne disease control ▪ Respond to applications under Mandatory Blood Testing Act	Decreased frequency of sexual health clinics. Strengthened relationships with health system partners to link clients to primary care options. Decreased vector borne disease surveillance (i.e. decreased number of mosquito traps for West Nile Virus).
Immunization	▪ School based immunization program ▪ ISPA enforcement ▪ Child Care and Early Years Act (CCEYA) immunization enforcement ▪ Vaccine storage and distribution ▪ Vaccine inventory management ▪ Response to Adverse Events Following Immunization ▪ Response to cold-chain lapses	Have not yet resumed CCEYA immunizations enforcement. Decreased number of COVID immunization clinics available to general public. Decreased number of general awareness raising campaigns.
Healthy Growth & Development	▪ Healthy Babies Healthy Children program	Prenatal and parenting programs offered online through third party.

	▪ Nurse Family Partnership program ▪ Infant feeding support and surveillance ▪ Health care provider education ▪ General public education	Decreased number of infant feeding clinics and working with health system partners to refer to other organizations providing this support. Focusing work on highest-risk families through Nurse Family Partnership.
School Health	▪ Support school boards and schools ▪ Oral health screening ▪ Vision screening ▪ Enforcement of ISPA	Not implementing vision screening. Working with school boards and individual schools on small list of health priorities identified by them, schools prioritized based on need/local data.
Substance Use & Injury Prevention	▪ Policy development ▪ Public awareness raising ▪ Community mobilization ▪ Enforcement of Smoke Free Ontario Act	Focused support for key community coalitions (i.e. HKLN Drug Strategy), strengthened relationships with partners to streamline services. Decreased production of local awareness raising campaigns.
Chronic Disease Prevention & Well-Being	▪ Policy development ▪ Public awareness raising ▪ Tanning bed inspections ▪ Menu labelling inspections	Streamlined focus on: - Supporting municipalities for built environment and active transportation plans - Supporting local coalitions (decreased number of groups that we are able to support) Decreased production of local awareness raising campaigns. Tanning bed and menu-labelling inspections done on complaint basis only.

The following table provides an outline of the work the Health Unit completes to support implementation of the Foundational Standards in the OPHS.

Standard	**Requirements**	**Comments**
Population Health Assessment	▪ Report on current health status, behaviours, risk and protective factors of the population.	Maintaining virtual dashboards on respiratory infections and opioid overdoses. Data provided to program teams to inform program planning, monitoring and evaluation. Community health status analysis ongoing.

	▪ Maintain surveillance of infectious diseases and environmental health risks. ▪ Use data to communicate information on risks to relevant audiences.	
Health Equity	▪ Assess and report on health inequities. ▪ Engage in multi-sectoral collaboration to decrease health inequities. ▪ Lead, support and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies.	Focused support/participation in key community coalitions/partnerships (i.e. food security, housing, etc.).
Effective Public Health Practice	▪ Routinely monitor program activities and outcomes ▪ Ensure all programs and services are informed by evidence. ▪ Engage in knowledge exchange activities ▪ Foster relationships with community researchers, academic partners and other organizations ▪ Use a variety of communication modalities ▪ Ensure a culture of quality and continuous improvement ▪ Publicly disclose results of inspections	Program planning rooted in examination of local need and evidence to support the intervention/activity – systematically implemented across organization. CQI initiatives supported across organization. Decreased participation in number of provincial level working groups/communities of practise in program areas. New website continues to find efficiencies (e.g. online booking, etc.).
Emergency Management	▪ Effectively prepare for emergencies 24/7	Historically underdeveloped program.

		Full update of emergency response plan in progress based on lessons learned from pandemic.

Corporate Services

The historical long-term funding limitations have been at odds with the increasing support requirements from corporate services. The Health Unit has continued to develop process efficiencies, implement automations, and adopt people-oriented strategies that have also realized savings. A notable example is our adoption of a hybrid-working arrangement that has heavily reduced travel related expenses.

In 2023 alone, we have matured our utilization of financial software to eliminate or automate manual work, enhanced the reliability of internet service to our offices while reducing costs, and pivoted our technology owner/leasing model to realize medium-term cost savings.

Conclusion

The scope of public health work is infinite yet the financial resources to support public health have not kept pace with operational pressures. In response, the Health Unit senior leadership team has led the organization through a series of team activities to identify program activities for divestment and to identify opportunities for efficiencies. There is no extra work that the Health Unit does that is not a requirement under the OPHS and beneficial to population health.

Recommendations to Board

THAT the Board of Health receive the briefing note, Prioritization of Public Health Programs and Services, for information.