MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 131-12

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2012 November 15

PER CAPITA FUNDING ANALYSIS AND IMPROVEMENTS IN INSPECTION SERVICES

Recommendation

It is recommended the Report No. 131-12 re "Per Capita Funding Analysis and Improvements in Inspection Services" be received for information.

Key Points

- In 2003, the Middlesex-London Health Unit ranked 34th of the then 37 health units in Ontario based on per capita funding.
- Using 2007 budget data, ranking based on per capita funding for the Health Unit rose to 23rd of 36 health units.
- An analysis of inspection frequencies indicate significant increases since 2005 as a result of increased provincial funding.

Background

This report provides an analysis of the Middlesex-London Health Unit's ranking among other health units based on per capita funding comparing 2003 to 2007. It also outlines the improvements in inspection frequencies as a result of increased provincial funding as referred to in Report No. 117-12 "2013 Budget – Protecting the Gains" and the Questions and Answers to Assist in Understanding the Health Unit's Budget.

Comparison of Per Capita Funding of Health Units

Context and Sources of Data

Appendix A provides an analysis of per capita funding by health unit in 2003 compared to 2007. It is sorted from highest to lowest per capita funded health unit in 2003. Per capita funding was collected annually by the Ministry of Health and Long-Term Care (MOHLTC) until 2004 and has not been released since then. However, an Initial Report on Public Health, August 2009 was prepared by the MOHLTC in 2009. It provides information that allows for an analysis of per capita funding based on Total Board of Health Expenditures in 2007. The expenditures include both cost-shared and 100% funded budgets. Although 2007 data are relatively old, they reflect a time period when most of the increases in public health funding had occurred after SARS and so provide a reasonable estimate of health unit rankings that would exist today.

In order to compare 2003 and 2007, the information for Simcoe and Muskoka-Parry Sound was combined for the 2003 data as these health units merged between 2003 and 2007. Also provided in Appendix A is information on the cost-sharing arrangements of the health units, which was collected by the Middlesex-London Health Unit in February 2012. This is expressed as the percentage of the cost-shared budget that is municipally funded.

In interpreting Appendix A, it also should be noted that some health units provide speech and language programs which serve jurisdictions beyond their health unit boundaries, while many do not. Preschool Speech and Language and Infant Hearing Programs were the two programs that existed in 2007. The health

units that provide one or both of these programs are shown in the final column of Appendix A. This is important to include in a comparison of health units since the health units that provide these services will have higher per capita costs than health units that do not provide these services.

Ranking Based on 2007 Data

In 2003, the Middlesex-London Health Unit ranked 34th of the then 37 Ontario health units. Based on the analysis in Appendix A, it can be seen that the Middlesex-London Health Unit ranked 23rd of 36 health units in 2007. It should be noted that the Middlesex-London Health Unit provides all of the speech and language programs, not only for the Middlesex-London area, but also for other jurisdictions in South West Ontario. In 2012 dollars, these programs have a total budget of approximately $2.4 million and therefore increase the per capita costs of this Health Unit. Without including the costs of these programs, the Middlesex-London Health Unit would have a lower per capita budget and rank lower than 23rd of 36 health units.

Considerations when Comparing Health Units

When comparing per capita funding of health units, it is important to note that northern health units tend to have higher per capita funding due to the additional costs of travel and higher costs of living in these jurisdictions. Additionally, smaller health units tend to have higher per capita costs due to the need to have a core staff complement whose costs are distributed over a small population base. It should be noted that there may also be other factors that raise or lower per capita costs that are not accounted for in the analysis in Appendix A. A public health funding review is currently underway to determine a more needs-based approach to public health funding and to reduce inequities in funding between health units over time.

Improvement in Services Due to Increased Funding

Report No. 117-12 "2013 Budget – Protecting the Gains" noted that as a result of provincial increases in funding, the Health Unit has been able to increase services in areas such as inspections, disease follow-up and health promotion, including dental care programs for low-income families and increased services that help ensure healthy pregnancies, healthy babies, healthy schools and healthy families.

Inspections frequencies provide an area where improvements can be easily measured. In follow-up to Report No. 117-12, the London Free Press requested inspection frequencies dating back a number of years. The report in Appendix B was produced in response to this request based on historical data back to 2005.

It can be seen from Appendix B that notable increases in inspections have occurred in areas such as: food premises; personal services settings (tattoo and piercing premises, barber shops and hair and nail salons); cold chain inspections of health care locations that store publicly-funded vaccines in their refrigerators; and to a lesser extent, child care centres. Additionally, inspections of small water drinking systems became a new public health responsibility in late 2008 (transferred from the Ministry of the Environment).

Conclusion

The 2005 Business Plan, that held municipal funding at 2004 levels and allowed the Health Unit's budget to increase because of increased provincial funding, has resulted in an improvement in the ranking of the Middlesex-London Health Unit from 34th of 37 health units to 23nd of 36 health units. This improvement in funding has allowed for increased service delivery in several areas. Improvements in inspection frequencies are outlined in this report.

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