



ML MIDDLESEX-LONDON
HEALTH UNIT

**Middlesex-London Board of Health
Roles and Responsibilities**


Presentation to
Community Services Committee

April 23, 2012



ML MIDDLESEX-LONDON
HEALTH UNIT

**Health Protection and
Promotion Act (HPPA)**



Board of Health Composition

Health Protection and Promotion Act

Section 48 – There shall be a board of health for each health unit. R.S.O. 1990,c.H.7,s.48

Section 49 (1) – A board of health is composed of the members appointed to the board under this Act and the regulations R.S.O. 1990,c.H.7,s.40 (1)



Board Composition

- 3 City Council Appointees
- 3 County Council Appointees
- 5 Provincial Appointees



Board of Health 2012



Board of Health Duties and Responsibilities

Section 4 of HPPA

Every board of health,

- (a) shall superintend, provide or ensure the provision of 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; and
- (b) shall perform such other functions as are required by or under this or any other Act. R.S.O. 1990, c. H.7, s. 4.



HPPA Section 5 – Mandatory Health Programs and Services

- Community Sanitation
- Control of Infectious Diseases and Reportable Diseases
- Health Promotion, Health Protection, and Disease and Injury Prevention
- Family Health

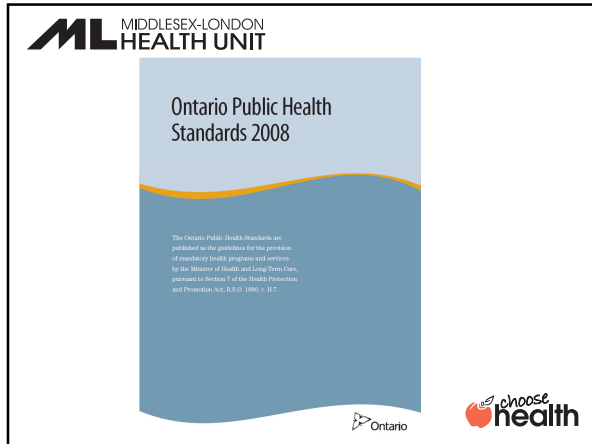


HPPA – Section 7 (1)

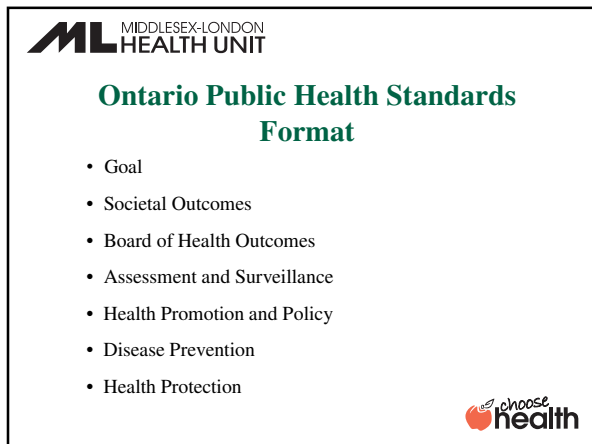
The Minister may publish guidelines for the provision of mandatory health programs and services and every board of health shall comply with the published guidelines.

R.S.O. 1990,c.H.7,s.7(1)









Ontario Public Health Organizational Standards

- Define 44 specific management and governance requirements for all boards of health



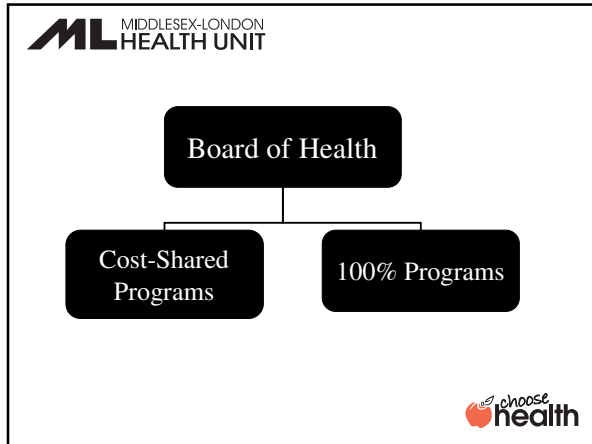
Board of Health Mandate Other Legislated Duties

1. Health Protection and Promotion Act - Regulations
2. Smoke Free Ontario Act
3. Immunization of School Pupils Act
4. Safe Drinking Water Act



Board of Health Funding





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Cost-Shared Programs	100% Programs
<p>Calendar year programs:</p> <ul style="list-style-type: none"> • Mandatory Programs • VBD Program • CINOT • Small Drinking H2O Systems 	<p>Calendar year programs:</p> <ul style="list-style-type: none"> • Infectious Disease Control (MHLTC) • Smoke Free Ontario (MHLTC) • Healthy Communities (MHLTC) • HBHC (MCYS) • Healthy Smiles Ontario (MHLTC) • Dental Clinic (User Fees) • Vaccine Delivery (\$ Per Dose) (Influenza/Hep B/HPV)

VBD – Vector-Borne Disease
CINOT – Children In Need of Treatment (Dental)
HBHC – Healthy Babies, Health Children Program
MHLTC – Ministry of Health and Long-Term Care
MCYS – Ministry of Children and Youth Services

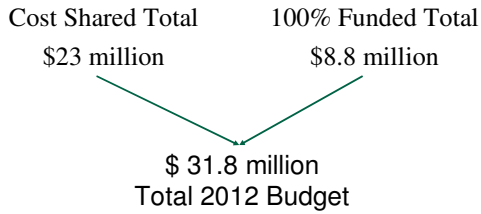
choose health

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Cost-Shared Programs	100% Programs
<p>No cost shared fiscal year programs</p>	<p>Fiscal year programs (Apr-Mar)</p> <ul style="list-style-type: none"> • tykeTALK (MCYS) • Infant Hearing Prg. (MCYS) • Blind Low Vision (MCYS) • Smart Start for Babies (Federal)

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2012 Health Unit Budget



Total Public Health Funding by Funding Body (%)

	Province	City	County	Federal
2004	59.82%	33.75%	6.43%	0.00%
2005	69.00%	25.52%	4.86%	0.62%
2006	70.47%	24.30%	4.83%	0.80%
2007	73.84%	21.53%	4.10%	0.53%
2008	75.48%	20.18%	3.84%	0.50%
2009	77.15%	18.81%	3.58%	0.46%
2010	75.81%	19.89%	3.79%	0.51%
2011	76.90%	19.01%	3.62%	0.47%
2012	77.04%	18.89%	3.60%	0.47%



Mandatory (Cost-Shared) Program Funding by Funding Body (%)

	Province	City	County
2004	50.00%	42.00%	8.00%
2005	55.00%	37.80%	7.20%
2006	62.00%	31.90%	6.10%
2007	66.00%	28.60%	5.40%
2008	66.30%	28.31%	5.39%
2009	67.18%	27.57%	5.25%
2010	68.58%	28.09%	5.35%
2011	67.21%	27.54%	5.25%
2012	68.40%	26.54%	5.06%



**HPPA – Section 72(1)
(Payment by Obligated Municipalities)**

The obligated municipalities in a health unit shall pay,

(a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under this or any other Act; and

b) the expenses incurred by or on behalf of the medical officer of health of the board of health in the performance of his or her functions and duties under this or any other Act. 1997, c. 30, Sched. D, s. 8.



**HPPA - Section 76
(Provincial Funding Obligations)**

The Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate. 1997, c. 15, s. 5 (2).



**Public Health Accountability
Agreement**

The contract between each board of health and the Province of Ontario to fulfill all duties and responsibilities assigned to boards of health under the Health Protection and Promotion Act, including compliance with the Ontario Public Health Standards and the Ontario Public Health Organizational Standards.

Signed by Board of Health Chair September 2011



Middlesex-London Board of Health Roles and Responsibilities

Summary

1. Legislatively constituted body
2. Legislatively mandated to provide specific public health programs and services
3. Legislatively responsible for the governance and administration of the Public Health Unit
4. Legislatively authorized to determine annual municipal funding level



History of Current Budget Situation



Funding History

Pre 1998 – 75% Provincial – 25% Municipal
1998 – 100% Municipal
1999 – 50% Provincial – 50% Municipal



SARS - 2003

Federal and Provincial Reviews of
Public Health Response conducted
in 2004



Justice Campbell Report

“ SARS showed that Ontario’s public health system is broken and needs to be fixed. Despite the extraordinary efforts of many dedicated individuals and the strength of many local public health units, the overall system proved woefully inadequate.”



Provincial Response to SARS Reviews Recommendations

A commitment to strengthen Public Health by increasing the total funding available for Public Health in order to improve local Public Health capacity and a commitment to increase the provincial portion of the cost shared arrangement with municipal funders.



**Proposed Provincial Funding
Arrangement Transition**

2005 – 55% Provincial – 45% Municipal
2006 – 65% Provincial - 35% Municipal
2007 – 75% Provincial – 25% Municipal



**2005 Board of Health Business
Plan - Objective**

To enhance local Public Health programs and services on an ongoing basis through annual Provincial grant increases with no increase in Municipal funding (using 2004 as the base year) until a 75% Provincial / 25% Municipal cost-sharing arrangement is achieved.



**Board of Health Business
Plan Rationale**

1. The change in the provincial/municipal funding formula is intended to increase resources for public health to address the deficiencies identified by the Provincial SARS Response Reviews.
2. There is no increase in the funding allocated by either the City or the County from that designated by both in 2004.



Board of Health Business Plan - Rationale

- 3. The Middlesex-London Health Unit on a per capita funding basis is 34th of 36.
- 4. Funding increases to the Middlesex-London Health Unit have not kept pace with the provincial average over the past five years.



Board of Health Business Plan - Implementation

Approved by City Council and County Council each year since 2005



Success of Board of Health Business Plan

2004 - 2011 Cost-Shared Program Funding (\$000's) by Funding Source

