



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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A REVIEW OF THE 2003 MANDATORY HEALTH PROGRAMS AND SERVICES GUIDELINES GAP ANALYSIS

Recommendation

It is recommended that the Board of Health receive Report No. 133-13 re A Review of the 2003 Mandatory Health Programs and Services Guidelines Gap Analysis for information.

Key Points

- This report contains historical and contextual information on an analysis conducted by the Board of Health in 2003.
- The analysis was in response to a 2001 provincial survey which determined that the Board of Health was not able to comply with the provincially mandated Mandatory Health Programs and Services Guidelines.

Background

Prior to the [Ontario Public Health Standards \(OPHS\)](#) coming into effect in 2009, the Ministry of Health and Long Term Care (MOHLTC) published Mandatory Health Programs and Services Guidelines (“guidelines”). Similar to the OPHS, the guidelines set out minimum public health program and service requirements for Boards of Health. The guidelines were accompanied by a questionnaire which measured the degree to which Boards of Health were in compliance with the guidelines. The questionnaire identified program or service delivery shortfalls (i.e., failure to comply with section 7 of the [Health Protection and Promotion Act](#) which requires Boards of Health to comply with provincial standards).

In 2003, after receiving the most recent questionnaire results (from 2001), the Board of Health undertook a gap analysis to determine the staff and program resources needed to bring MLHU into full compliance with the guidelines. A summary of the results of the 2001 questionnaire and 2003 gap analysis are presented in this report.

Results of the 2001 Questionnaire

The 2001 questionnaire reported:

- MLHU was 75.6% in compliance with the guidelines, placing it in the bottom performance quartile, and 28th out of the 37 Boards of Health in existence at the time ([see Appendix A](#))
- Middlesex-London spent \$27.86 per capita on public health, as compared to the provincial average of \$33.76
- Middlesex-London ranked 32nd in per capita spending (out of 37)
- MLHU’s budget was increasing by 3%, compared to the provincial average of 10% for Ontario Boards of Health

Results of the 2003 Gap Analysis

The subsequent 2003 gap analysis revealed that MLHU required significant resources in order to comply with the guidelines (see Table 1). This included 38.05 additional full-time staff as well as \$196K in program resources. Together this represented a required investment of \$2.7 million dollars.

Service Area	Full-Time Employees Required to Meet Guidelines		Program Resources
	Year-One	Ongoing	
Communicable Disease & Sexual Health	5.3	4.8	\$10,000
Dental Health	3.0	3.0	\$12,500
Environmental Health & Chronic Disease Prevention	5.55	5.55	\$27,500
Family Health	21.2	19.2	\$146,000
Research, Education, Evaluation and Development	3.0	3.0	-
TOTAL	38.05	35.55	\$196,000

Furthermore, the estimated resources required to be fully compliant with the guidelines did not include related administrative costs such as rent, travel, materials, supplies or increased demand on back office functions (e.g., human resources, information technology, finance, etc.).

Implications

Given that compliance with the guidelines is required under section 7 of the [Health Protection and Promotion Act](#), the 2001 questionnaire results and subsequent gap analysis provided a rationale for the Board of Health (circa 2003) to pursue additional staff and resources. As depicted in the Appendix A, the strategy to hold the municipal contribution to 31% resulted in MLHU being able to meet its service delivery mandate.

Although similar, the OPHS are less specific than the guidelines and therefore the MOHLTC does not currently conduct a similar questionnaire. Work is underway at the provincial level to develop new accountability agreement indicators that would measure more broadly the compliance of each health unit with the OPHS. There is also a health unit risk assessment tool being developed that will help identify how health units are meeting their obligations under the Ontario Public Health Organizational Standards as well as other risks.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects.



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