

April 4, 2011

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To: All Interested Parties

From: Toronto Board of Health

Subject: Communicable Disease Control Programs 100% Funded by the Ministry of Health and Long-Term Care

The Toronto Board of Health on April 4, 2011:

1. Called on the Minister of Health and Long-Term Care for sufficient and sustainable provincial funding to ensure that Toronto Public Health can adequately deliver:
 - i. the provincial AIDS and Sexual Health Information Line, and
 - ii. the Universal Influenza Immunization Program and the human papillomavirus and meningococcal immunization programs.
2. Forwarded the report (March 21, 2011) from the Medical Officer of Health to the Minister of Health and Long-Term Care; the Chief Medical Officer of Health for Ontario; the Provincial Infectious Diseases Advisory Committee; the Association of Local Public Health Agencies; the Council of Medical Officers of Health in Ontario; the Boards of Health in Ontario; the Ontario Public Health Association; and the Ontario Agency for Health Protection and Promotion.

Background:

The Toronto Board of Health on April 4, 2011, considered a report (March 21, 2011) from the Medical Officer of Health entitled "Communicable Disease Control Programs 100% Funded by the Ministry of Health and Long-Term Care".

Background Information

(March 21, 2011) Report from the Medical Officer of Health on Communicable Disease Control Programs 100% Funded by the Ministry of Health and Long-Term Care (<http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-36797.pdf>)

C. Davidovits

Secretary,
Board of Health

C. Davidovits/ed
Item HL3.5

Attachment

c. Medical Officer of Health

HL3.5



**STAFF REPORT
ACTION REQUIRED**

**Communicable Disease Control Programs 100% Funded
by the Ministry of Health and Long-Term Care**

Date: March 21, 2011
To: Board of Health
From: Medical Officer of Health
Wards: All

**Reference
Number:**

SUMMARY

Toronto Public Health (TPH) currently delivers two Communicable Disease services that receive 100% funding from the Ministry of Health and Long-Term Care (MOHLTC): (i) the AIDS and Sexual Health Information Line (ASHIL) and (ii) the per-dose funded immunization programs of the human papillomavirus (HPV) and meningococcal vaccines, and the Universal Influenza Immunization Program (UIIP). Services within these programs are delivered in accordance with the Ontario Public Health Standards (OPHS), related Protocols, and/or provincial program requirements.

Funding levels from the MOHLTC have remained constant over the last several years, with no increase to respond to the cost of service pressures or rising program demands. While TPH is endeavouring to maintain the highest level and quality of service possible within existing funding, the ability to deliver these programs is gradually being eroded. Current funding levels have already resulted in direct service cuts for the ASHIL and indirect service reductions for the vaccine-preventable disease program. Existing and ongoing service reductions will mean continued erosion of these programs and services. Supplementation of these programs from the cost-shared budget diverts resources from fulfilling other OPHS-mandated services and is not a sustainable solution.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health call on the Minister of Health and Long-Term Care for sufficient and sustainable provincial funding to ensure that Toronto Public Health can adequately deliver:

- (i) the provincial AIDS and Sexual Health Information Line, and
 - (ii) the Universal Influenza Immunization Program and the human papillomavirus and meningococcal immunization programs; and
2. The Board of Health forward this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health for Ontario, the Provincial Infectious Diseases Advisory Committee, the Association of Local Public Health Agencies, the Council of Medical Officers of Health in Ontario, the Boards of Health in Ontario, the Ontario Public Health Association and the Ontario Agency for Health Protection and Promotion.

Financial Impact

All programs identified in the report are 100% funded by the MOHLTC. There are no financial implications to the City directly resulting from this report.

DECISION HISTORY

AIDS and Sexual Health Information Line

The ASHIL budget has been flat-lined since 1998. TPH requested an increase in funding from the MOHLTC for both the 2009 and 2010 Operating Budgets to restore and sustain service levels. These requests were not approved by the MOHLTC.

Per-Dose Funded Immunization Programs

At its meeting on September 18, 2008 the Board of Health requested that the Ontario Minister of Health and Long-Term Care compensate local public health units for the full administrative costs of the HPV immunization program.

The MOHLTC responded in November 2008 indicating that over the upcoming months the Ministry would review the program, including an "assessment of the financial resources available". However, as of this report, the per-dose remuneration remains the same and local public health units are required to absorb the administrative costs of delivering the HPV immunization program.

ISSUE BACKGROUND

AIDS and Sexual Health Information Line

The ASHIL is a province-wide hotline run by TPH that began in 1988 and is 100% funded by the MOHLTC. The ASHIL is a component of Ontario's HIV/AIDS program, and meets the OPHS requirement of implementing regional communications strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections. It provides anonymous counselling, information and referral to resources for the residents of Toronto, and the rest of Ontario, on HIV/AIDS, other sexually transmitted infections, birth control and sexual health. Clients also call on matters related to drug usage, needle exchange and harm reduction. The program's objectives include: prevention of infection through informed choices, reduction of infection transmission, promotion of testing and early treatment, and the provision of adequate support to clients. Regular reporting to the

MOHLTC provides information collected from the ASHIL that helps alert sexual health programs to emerging trends and issues to develop strategies and responses.

The program focuses on providing non-judgemental, respectful education and counselling about sexual health issues. Although the majority of calls are in English, a total of 17 languages are offered to serve Ontario's diverse population. The ASHIL is currently open seven days a week, with hours of operation from 10:00 am to 10:30 pm Monday to Friday and 11:00 am to 3:00 pm on Saturday and Sunday.

Due to budget constraints, the ASHIL staffing has been reduced from four counsellors on each shift to the current level of two counsellors per shift. In January 2010, the hours of operation were reduced by one hour on each shift, from a total of 80.5 hours per week to 70.5 hours per week, which was a 12.4% reduction in hours. This reduction in service has had a negative impact on call volumes and the capacity of staff to answer all calls in a timely manner. There was a 15.7% reduction in calls from 29,809 in 2009 to 25,118 in 2010 due to the reduced total shift hours. Approximately 10% of calls are dropped because of limited staff dealing with high call volumes.

Per-Dose Funded Immunization Programs

Immunization programs are one of public health's most successful and cost-effective interventions for the prevention and control of illness and death. Public health units are mandated to deliver a Vaccine-Preventable Diseases (VPD) program in accordance with Requirement #7 of the Vaccine Preventable Diseases Ontario Public Health Standard.

Generally, the TPH-VPD program is funded by a cost-shared base budget (75% MOHLTC and 25% City of Toronto). For the UIIP, HPV and meningococcal immunization programs, the MOHLTC reimburses health units per dose of vaccine administered as 100% provincial funding.

The UIIP was introduced in 2000 and provides free influenza vaccine yearly to all Ontarians over the age of six months. Each fall, TPH holds approximately 65 influenza vaccine clinics across the city in malls, community centres, libraries, civic centres and other public places, and administers an average of 30,000 to 35,000 doses yearly.

In 2004, an adolescent dose of meningococcal vaccine was added to the Ontario immunization schedule. TPH delivers this one-dose immunization in conjunction with the grade 7 hepatitis B school-based clinics. Approximately 18,000 doses of meningococcal vaccine were given by TPH in 2009-2010.

Since 2007, grade 8 females are offered the three dose course of HPV immunization. TPH administered over 23,000 doses of HPV vaccine in 2009-2010. There are approximately 450 grade 7 and 8 schools in Toronto. Each year, TPH holds over 1300 school-based clinics and 16 catch-up clinics for the hepatitis B, meningococcal and HPV immunization programs.

The per-dose funding of the influenza, meningococcal and HPV vaccines has not increased and does not meet the growing costs of delivering these programs. The Vaccine-Preventable Disease cost-shared budget has been used to supplement the per-dose immunization programs in order to keep running these programs. Redirecting the cost-shared budget has limited TPH's ability to promote and support cost-shared programs such as the school immunization assessment program and contributes to TPH's non-compliance with the OPHS requirement to assess the immunization status of children enrolled in licensed child care programs.

Funding Levels

Both of these programs are 100% funded by the Ministry of Health and Long-Term Care on a January to December budget cycle. The base funding provided to ASHIL has remained static at \$520,000 since the year 1999. Health Units have been reimbursed \$8.50 per dose of meningococcal vaccine since 2004 and \$8.50 per dose of HPV vaccine since 2007. Funding for the UIIP has remained at \$5.00 per dose of influenza vaccine since 2000 (excluding 2009 when it was temporarily raised to \$10 per dose for the H1N1 pandemic and then dropped back to \$5 per dose in 2010).

COMMENTS

To-date, TPH has addressed funding pressures in these programs through a variety of strategies. These strategies have included:

- realigning available resources
- minimizing non-salary operating expenses (which are now less than 8% for each of the programs)
- subsidizing the per-dose funded immunization programs with cost-shared funding
- reducing service levels for the ASHIL by decreasing the number of staff per shift and total shift hours
- reducing the provision of opportunities for staff education (essential for training staff and for keeping up in an ever-changing environment of new knowledge and emerging infectious diseases)
- reducing the promotion of the ASHIL and per-dose funded immunization programs (essential for achieving service delivery of these programs)

AIDS and Sexual Health Information Line

Over the past years, funding shortfalls for the ASHIL have resulted in a gradual erosion of service delivery. In 2009, the AIDS Bureau implemented the 'Say Yes to Knowing' campaign that provides point-of-care testing for HIV at specific sites across Ontario. The ASHIL applied to the MOHLTC for enhanced funding to cope with the increased number of calls resulting from this campaign, but was unsuccessful. Another request to the MOHLTC was made to increase the 2010 Operating Budget to prevent a budget-driven reduction in service provision from 80.5 hours per week to 70.5 hours per week. This was also declined and the number of calls fell from 29,809 in 2009 to 25,118 in 2010 due to the reduced shift hours. The reduced capacity to answer all calls also increases wait times for service and the number of dropped calls. Budget restrictions have also reduced the

promotion of the ASHIL through advertising and participation in different venues contributing to decreased call volumes.

As program delivery costs continue to grow, further service cuts will be required to remain within the current allocated budget. Language services might have to be reduced, impacting clients from ethnic communities. Training opportunities for staff will be further reduced. As staff are already working shorter shift hours, lower retention rates and higher turnover are expected. With these reductions, call wait times will likely lengthen, there will be more dropped calls and fewer calls will be received. This means the ASHIL is less able to promote HIV/AIDS initiatives such as the point-of-care HIV testing campaign. This also reduces the ASHIL's ability to detect sexual health trends and emerging issues in the community that help inform local and provincial strategies and responses.

Per-Dose Funded Immunization Programs

There is an ongoing and growing disparity between the actual costs of delivering immunization programs and the per-dose funding provided by the province. In addition to the rising expense of administering and delivering these programs, there are new costs of delivering vaccines. As of July 1, 2010, as per O. Reg. 474/07 under the Occupational Health and Safety Act, all health care organizations in Ontario were legally required to use Safety Engineered Needles (SENs) to minimize the risk of needle stick injuries to health care workers. This requirement has significantly increased the cost of delivering vaccines.

The MOHLTC per-dose funding of \$5 for influenza vaccine and \$8.50 for the HPV and meningococcal vaccines is out-of-step with the actual costs of delivering these programs. The total costs of these immunization programs include human resources, mileage, administration, supplies, promotion, printing, translation and removal of hazardous waste. The largest increase has been in human resources where TPH unionized staff salaries and benefits have increased by 31% between 2000 and 2010. The actual per-dose cost to TPH (excluding vaccine) is \$15 for the influenza and meningococcal vaccines and \$15 to \$20 for the HPV vaccine. The resulting funding gap ranges between \$6.50 and \$11.50 per-dose of vaccine. As HPV immunization requires three doses, the funding gap becomes as high as \$34.50 per person immunized.

This funding gap has resulted in fewer resources available to achieve target vaccination rates. The January 26, 2009 Board of Health report on immunization coverage in Toronto reported only 81.6% of grade seven students were up-to-date for meningococcal vaccine in 2007-08, and only 56% of eligible grade eight girls had received three doses of HPV vaccine through the school based clinics. High levels of vaccine coverage are required¹ for an effective immunization program. Increased funding would be used to increase

¹ The National immunization target for meningococcal vaccine is 90% of adolescents by their 17th birthday by 2012. Source: Public Health Agency of Canada, (2002). Canadian National Report on Immunization, 1996: General Goals and Targets. *Canada Communicable Disease Report*; Volume:23S4- May 1997. Retrieved on October 23, 2008 from: <http://www.phac-aspc.gc.ca/publicat/ccdrmtc/97vol23/23s4/index.html>

student support and access to these vaccines, for example through the provision of more immunization catch-up clinics.

Inadequate per-dose funding has resulted in using cost-shared program funding to subsidize the per-dose funded programs. Under the *Immunization of School Pupils Act (1990)*, students who fail to provide proof of immunization or exemption based on medical, religious or conscientious grounds may face suspension. TPH nursing support for assisting schools and students facing suspension has been eroded due to the growing cost of the per-dose immunization programs. Under the *Day Nurseries Act (1990)* and the Ontario Public Health Standards, Health Units shall conduct an assessment of the immunization status of children in licensed day nurseries. Increased funding from the MOHLTC could provide funding for TPH to partner with day nurseries on an immunization communication strategy and strengthen their ability to collect immunization information from parents.

Other Funding Pressures

Although these programs are described as 100% provincially funded, funding levels do not cover the full costs of administering and delivering them. It is expected that additional expenses (e.g., office rental, human resources support, legal costs), which are not included in the approved program operating budgets, will be absorbed by the operating agency.

CONCLUSION

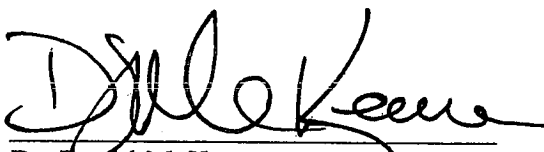
TPH remains committed to delivering the highest quality service possible within available resources. Whereas provincial funding levels for the AIDS and Sexual Health Information Line and the per-dose funded immunization programs had been adequate in the past, these programs are no longer able to cope with their financial pressures. Without sufficient and sustainable funding from the MOHLTC, the resulting diminished service levels will be inadequate to achieve the expected outcomes of preventing and reducing the burden of communicable diseases.

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SIGNATURE



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