Ministry of Health and Long-Term Care

Public Health Activity

Follow-up to VFM Section 3.09, *2003 Annual Report*

Background

Under the direction of the Chief Medical Officer of Health, the Ministry's Public Health Division's responsibilities include administering the Public Health Activity. The primary legislative authority governing the Activity is the *Health Protection and Promotion Act*. During the 2004/05 fiscal year, the Ministry provided approximately $275 million ($240 million in 2002/03) to 37 local health units, primarily for the delivery of mandatory health programs and services.

We concluded in our *2003 Annual Report* that the Ministry did not have adequate procedures to ensure that its expectations for public health were being met in a cost-effective manner. In particular, we were concerned that the Ministry had not analyzed the extent to which individuals received differing levels of service or were exposed to differing levels of risk depending on where in Ontario they live. For instance, in 2002, per capita funding for mandatory health programs and services ranged from approximately $23 to $64 among the 37 local health units.

The Ministry had conducted virtually no regular assessments in the previous five years to determine whether the health units were complying with the guidelines for mandatory programs and services. Such assessments were recommended in the *Report of the Walkerton Inquiry*. Some of the other matters we noted included the following:

- None of the 33 local health units reporting information to the Ministry had conducted the necessary inspections of all of the food premises within their jurisdiction. In fact, 13 of the 33 local health units had only conducted the required inspections for less than 50% of the high-risk premises in their jurisdictions. Four local health units did not report their information.
- Seventeen out of 25 local health units that provided information to the Ministry reported that less than half of the high-risk food premises in their jurisdictions had food handlers who had the required training to help recognize and prevent risks associated with food-borne illnesses.
- In 2001, local health units inspected only approximately 60% of Ontario's tobacco vendors to verify compliance with the Mandatory Health Programs and Services Guidelines regarding sales to people under the age of 19.
- In 2001, only 65% of individuals identified as requiring medical surveillance for tuberculosis were successfully contacted and managed by local health units in accordance with the Ministry's Tuberculosis Control Protocol. Also, we were informed that nine local health units would provide a letter for immigrants with inactive tuberculosis to verify that the individuals were complying with federal medical

surveillance requirements, even though the individuals had not had the physical examination and x-ray required by the federal guidelines.
- The limited information the Ministry had with respect to immunization indicated that at least 14% of children had not had all required vaccinations by age seven.
- The Ministry lacked accurate and timely information on communicable diseases and immunization, limiting its ability to identify and take any necessary action.
- The Ministry had not yet developed a process to ensure that local health units were conducting risk assessments of and taking appropriate action against the West Nile virus.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take action to address our concerns.

Current Status of Recommendations

According to information received from the Ministry of Health and Long-Term Care between February and May 2005, some progress has been made in addressing all of the recommendations in our *2003 Annual Report,* with significant progress being made on several. The current status of action taken on each of our recommendations is as follows.

FUNDING

Recommendation

To help it meet its objectives for the Public Health Activity, the Ministry should ensure that individuals with similar needs and risks receive a similar level of service regardless of where in the province they live.

To help ensure that provincial funding is allocated on a consistent basis, the Ministry should provide clear guidance on what constitutes an eligible public health expenditure.

Current Status

The Ministry advised us at the time of our follow-up that improved equity in public health services across Ontario would be facilitated through increasing the province's share of public health costs from 50% to 75% by the year 2007, as announced in the *2004 Ontario Budget.*

In addition, a new Financial Planning and Accountability Guide, issued in February 2005, clarified the Ministry's funding policy and provided some guidance on what constitutes an eligible public health expenditure. The Ministry indicated that the revised Guide will ensure more consistency among public health units' grant requests and related reporting.

In January 2005, the Ministry established a Capacity Review Committee to advise the Ministry on ways to improve the public health system. The Ministry informed us that as part of this review, the Committee is expected to make recommendations on an evidence-based approach to public health funding, with a modernized and needs-based allocation methodology. The Committee's final report is expected in December 2005.

COMPLIANCE WITH LEGISLATION AND GUIDELINES

Recommendation

To help ensure compliance with legislation and the Mandatory Health Programs and Services Guidelines, the Ministry should:
- *establish more valid measures for assessing the performance and overall effectiveness of public health programs and services delivered by local health units;*
- *periodically verify the reliability of the compliance information reported by local health units; and*
- *ensure that every local health unit has a full-time medical officer of health as required by legislation.*

Where local health units are using other measurement tools, such as accreditation, the Ministry should:

- *obtain any resulting reports and analysis; and*
- *assess whether any of these tools should be used by all local health units.*

Current Status

The June 2004 Operation Health Protection action plan includes a review of the Mandatory Health Programs and Services Guidelines, whose measures for assessing the performance and effectiveness of local health units in delivering programs and services were found to be problematic in 2002. The Ministry informed us that the review was to ensure that the Guidelines are consistent with needs, best practices, and lessons learned from Ontario's experience with Walkerton, West Nile virus, and SARS. The Ministry also informed us that a performance measurement system for local health units was being introduced in 2005, whereby the local health units are to be monitored against performance measures in order for the Ministry to assess local-health-unit performance and overall program effectiveness.

As well, the Ministry is planning to seek approval in the 2005/06 fiscal year to create an enhanced program to conduct more comprehensive assessments and to measure the performance of local health units. The program is to include verifying the compliance information reported by local health units.

The Ministry indicated that a Local Public Health Capacity Review, included in the June 2004 Operation Health Protection action plan, is to include an approach to addressing the requirements for and availability of medical officers of health. The report resulting from the Review is expected by December 2005.

As well, the Ministry stated that it had conducted an in-depth review of accreditation as it pertains to the accountability framework for public health and that the resulting options analysis document would be considered as part of the Local Public Health Capacity Review. The Review report is also to address whether the Ministry should obtain the results of accreditation or other measurement tools used by local health units.

FOOD SAFETY

Inspection of Food Premises

Recommendation

To help minimize the risk to the public of food-borne illnesses, the Ministry should ensure that local public health units are conducting the required inspections and Hazard Analysis Critical Control Point Protocol audits of food premises to ascertain whether food premises are complying with acceptable public health practices.

Current Status

The Ministry indicated that at the time of our follow-up it was continuing to collect information annually from local health units on the completion of inspections and Hazard Analysis Critical Control Point Protocol audits. It informed us that data collected to date showed that more inspections and audits were now being completed. Also, the Ministry now requests explanations from those local health units whose results fall below average.

Food-handler Training

Recommendation

To help minimize the risk to the public of food-borne illnesses, the Ministry should:

- *ensure that public health units are complying with food-handler-training requirements;*
- *assess the risk of not requiring trained food handlers at food premises using fewer than three employees to prepare food; and*
- *determine whether food-handler training should be legislated.*

Current Status

The Ministry informed us that, as a first step towards ensuring compliance with food-handler-training requirements, its review of the Mandatory Health Programs and Services Guidelines would include a review of the Food Safety Program. We were advised that, in this regard, the Federal, Provincial and Territorial Committee on Food Safety Policy was in the process of determining what food-safety-training criteria to adopt, which would in turn help shape the Ontario model for food-safety training and certification. As well, ministry staff were in ongoing discussions with stakeholders regarding mandatory food-handler training and certification and were also reviewing the Food Premises Regulation under the *Health Protection and Promotion Act* to determine the implications of introducing into the legislation mandatory food-handler training and certification for high- and medium-risk food premises.

TOBACCO CONTROL

Recommendation

To improve tobacco control in Ontario and thereby help achieve the Ministry's goal of reducing premature mortality and morbidity from preventable chronic diseases, the Ministry should:

- *ensure that local health units work towards the goal of reducing the number of minors having access to tobacco products by conducting the required number of inspections and compliance checks; and*
- *determine whether changes to legislation would assist the Ministry and local health units in better meeting tobacco control objectives.*

Current Status

In June 2005, legislation was passed that will make workplaces and public places smoke-free throughout Ontario and will strengthen controls on youth access to tobacco. The Ministry informed us that the number of compliance checks that local health units are required to conduct would be increased. In addition, at the time of our follow-up, the Ministry informed us that increased tobacco enforcement training and support occurred in 2004 and would be expanded substantially in 2005. Additional funding was approved for a comprehensive Ontario tobacco strategy that is committed to preventing youth from starting to smoke, helping people who smoke to quit, and protecting the public from the health effects of second-hand smoke.

TUBERCULOSIS CONTROL

Medical Surveillance

Recommendation

To help reduce the incidence of active tuberculosis, the Ministry should enhance the effectiveness of medical surveillance by:

- *ensuring that local health units consistently and appropriately complete the medical surveillance of individuals with inactive tuberculosis, including ensuring that they have undergone a physical examination and x-ray; and*
- *using all available sources of information, including the Ontario Health Insurance Program's Registered Persons Data Base, to track those individuals under medical surveillance who were not successfully contacted and managed by local health units.*

Current Status

The Ministry informed us that it held a teleconference with local health units in spring 2004 to reinforce the medical surveillance requirements of the Ministry's Tuberculosis Control Protocol, which includes a requirement that individuals with inactive tuberculosis who are referred for medical surveillance undergo a physical examination and an x-ray. In addition, the Ministry indicated that an electronic database was set up in March 2004 to capture information about medical surveillance reporting and that changes were made to the Reportable Disease Information System in June

2004 to capture compliance requirements. In this regard, the Ministry informed us that it conducts regular monitoring to ensure that local health units update these information systems within established time frames. As well, the planned implementation of the Integrated Public Health Information System across all local health units by December 2005 should improve the follow-up of persons on medical surveillance, since it would enable the local health units to access tuberculosis data from other Ontario local health units.

The Ministry also informed us that a process is being finalized for locating individuals on medical surveillance by accessing their addresses without their consent from the Ontario Health Insurance Program's Registered Persons Data Base. The address and other information to help locate an individual will be available once all other possibilities for contacting the individual have been exhausted.

Contact Tracing

Recommendation

To help monitor the effectiveness of tuberculosis control in reducing the risk of spreading active tuberculosis, the Ministry should obtain more complete information on the results of tuberculosis contact tracing by local health units.

Current Status

The Ministry indicated that consultations with the appropriate parties were ongoing to ensure that complete contact tracing information would be captured in the previously mentioned Integrated Public Health Information System, which was expected at the time of our follow-up to be fully implemented by December 2005.

Treatment

Recommendation

To help prevent the spread of drug-resistant tuberculosis, the Ministry should develop and implement strategies to better ensure that all patients actually complete the required treatment.

Current Status

The Ministry indicated that it was reviewing the criteria used by local health units for placing individuals with tuberculosis on Directly Observed Therapy (DOT) and that it expected to issue a new DOT assessment tool to local health units in August 2005. In addition, the Ministry stated that treatment completion data were being compiled and analyzed monthly and that local health units were being contacted to update the Reportable Disease Information System as necessary. These data are to be captured in the Integrated Public Health Information System once it is implemented.

The Ministry noted that treatment completion data were not being entered in the Reportable Disease Information System after an individual left Ontario. Therefore, the Ministry was developing at the time of our follow-up an inter-jurisdictional form, expected to be finalized in late fall 2005, for local health units to obtain information on the treatment of patients who have moved outside of Ontario.

VACCINE-PREVENTABLE DISEASES

Vaccines Covered

Recommendation

To help reduce the incidence of vaccine-preventable diseases, the Ministry should ensure that other vaccines recommended by the National Advisory Committee on Immunization are added to Ontario's routine immunization program unless sound reasons exist for not including the recommended vaccines.

Current Status

Since our 2003 audit, three new publicly funded vaccines have been added to the recommended schedule of routine childhood immunizations. The Ministry indicated at the time of our follow-up that it was continuing to review the National Advisory

Committee on Immunization's recommendations for new vaccinations.

Immunization

Recommendation

To help achieve its goal of reducing the incidence of vaccine-preventable diseases, the Ministry should more effectively monitor the immunization status of children to ensure that all school-aged children have had the required vaccinations. To this end, the Ministry should ensure that it has an immunization registry that provides complete, accurate, and timely immunization information.

Current Status

The Ministry informed us that it was in the process of preparing a comprehensive plan, with timelines for the development and implementation of an immunization information system. In this regard, the Ministry indicated that it is working with Canada Health Infoway, a federal corporation with a mission to foster and accelerate the development and adoption of electronic health information systems. Until a new immunization system is implemented, the Ministry continues to use its Immunization Record Information System to provide some immunization information. The Ministry indicated that, at the time of our follow-up, this system included immunization coverage data up to the 2001/02 school year. The Ministry expected that coverage data up to the 2003/04 school year would be included by September 2005.

In addition, the Ministry was continuing to participate in the Canadian Immunization Registry Network, a federal/provincial/territorial working group that makes recommendations for nationally consistent data and standards for immunization registries.

Influenza Vaccine

Recommendation

To help determine the effectiveness of the universal influenza immunization program, the Ministry should evaluate whether the program is meeting its objectives of decreasing the number of cases and severity of influenza and reducing the impact of influenza on emergency room visits and other areas of the health-care system.

Current Status

The Ministry indicated at the time of our follow-up that a formal evaluation of the universal influenza immunization program had commenced and would be completed in two phases over a number of years. Results from Phase 1 are expected by February 2006, and Phase 2 results are expected in spring 2010. The results of the evaluation are expected to provide information on whether the program is reducing the burden of influenza in Ontario.

Vaccine Wastage

Recommendation

To help limit vaccine wastage, the Ministry should obtain accurate and complete information about vaccine wastage and take appropriate action to reduce wastage.

Current Status

In October 2003, the Ministry issued revised guidelines to improve vaccine storage and handling and thereby reduce wastage. In addition, the Ministry informed us at the time of our follow-up that it was tracking vaccines that were not maintained at the correct temperature and therefore resulted in vaccine wastage. The Ministry indicated as well that requirements for vaccine inventory management were to be included in the comprehensive plan for the previously mentioned proposed immunization information system.

WEST NILE VIRUS CONTROL

Recommendation

To facilitate an effective response to West Nile virus by local health units, the Ministry should ensure that:

- *local health units comply with the Control of West Nile Virus regulation and other guidance provided by the Ministry, including conducting risk assessments;*
- *local health units carry out West Nile virus interventions in a cost-effective manner based on the results of local risk assessments; and*
- *there is an electronic system in place to record and report all cases of the West Nile virus on a timely basis.*

Current Status

The Ministry indicated at the time of our follow-up that its monitoring of local health units for compliance with the Control of West Nile Virus regulation, including monitoring of risk assessments, was ongoing.

In response to the second part of the recommendation, the Ministry indicated that it reviewed detailed budget reporting templates for all local health units to determine the cost-effectiveness of their West Nile virus–related activities. In addition, the Ministry held West Nile virus teleconferences with local health units to help them in their virus interventions, while routinely receiving mosquito data during 2004. As well, the Ministry stated that it had been working with the Public Health Agency of Canada and the Ministry of the Environment to keep up to date on effective West Nile virus surveillance, prevention, and control measures. The Ministry shares this information with the local health units.

The Ministry also advised us that the Reportable Disease Information System was updated in 2004 to include human cases of West Nile virus. As well, all reported cases of West Nile virus are able to be tracked in the Integrated Public Health Information System expected to be implemented by December 2005.

INFORMATION SYSTEMS

Recommendation

To help ensure that timely, consistent, and integrated information is available to deliver public health services across the province, the Ministry should implement, either in conjunction with the federal/provincial/territorial initiative to implement an automated public health information system or independently, an adequate public health surveillance system for communicable diseases and immunization.

Current Status

The Ministry indicated that, as previously mentioned, it was expecting to have the Integrated Public Health Information System implemented across all local health units by December 2005. The system was piloted in two local health units as well as at the Ministry, and enhancements were undertaken for outbreak management, contact tracing, and quarantine management. Also, as previously mentioned, a comprehensive plan for the development and implementation of a new immunization information system, which is to include timelines for various aspects of the plan, was being developed at the time of our follow-up.