

2. MANDATORY PROGRAM PRIORITIES FOR YEAR 2000 BUDGET

COMMITTEE RECOMMENDATION

That Council approve that \$880,000 be allocated from the Community Services envelope to address pressing gaps in Public Health Mandatory Programs.

DOCUMENTATION

1. Medical Officer of Health report dated 14 Dec 99 is immediately attached.
2. Extract of Draft Minute, Community Services Committee, 16 Dec 99 will be circulated prior to Council and will contain a record of all votes.

REGION OF OTTAWA-CARLETON

REPORT

RÉGION D'OTTAWA-CARLETON

RAPPORT

Our File/N/Réf. 03-07-99-0127
Your File/V/Réf.

DATE 14 December 1999

TO/DEST. Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **MANDATORY PROGRAM PRIORITIES FOR YEAR 2000 BUDGET**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee recommend Council approve that \$880,000 be allocated from the Community Services envelope to address pressing gaps in Public Health Mandatory Programs.

BACKGROUND

There are a number of areas where the Region does not fulfil its mandate as Board of Health under the Health Protection and Promotion Act. A review of programming at the Health Department, currently under way as part of the Human Services Review, is not yet complete. The acceleration of the year 2000 budget process and Council's Budget Directions have resulted in the following program requests which provide a direct service response to a number of pressing community health needs while addressing the deficiencies in Mandatory Programs and staying within the Community Services Envelope.

The requests are divided into two general categories. The first group addresses the issue of Access, outlined as a General Standard in the Mandatory Programs, by targeting educational, social, and environmental barriers to health for both marginalized high risk groups and new Canadians. Individually the four requests address specific program gaps in health protection, sexually transmitted disease, child health, and communicable disease. The second group of requests focuses on health priorities for the school aged and youth population by addressing specific program gaps in sexual health, tobacco control, and injury prevention programming.

PROGRAM REQUESTS (see summary in ANNEX A)

Group I - Access - reducing barriers to basic needs and services

Street Outreach (\$63,000) (1 FTE)

It has been estimated that between 250 and 606 youth in Ottawa-Carleton are out of school on a permanent or transitory basis, living on the street or with no fixed address. Data support the belief that youth living on the street, are frequently engaging in risky behaviours: 20% work in prostitution full time and others may work occasionally, or trade sex for shelter, money or drugs. About one half have spent time in detention centres.

Most of the prostitutes working on the street have used intravenous drugs, over 60% are moderate to heavy drug users. Needles are shared, condoms are not used consistently. Clients will often pay extra if condoms are not used. Sexual activity under the influence of drugs or alcohol significantly increases the risks for pregnancy or contracting sexually transmitted diseases.

The Department has hired a Street Outreach Worker to reach out to those not well served by existing services. notably street youth, sex trade workers, and those in residential, treatment, and correctional institutions. Working on the street with medical supplies in a knapsack, Street Outreach Workers gain the trust of their clientele, provide information and advice which meets their needs, and link them up with acceptable and appropriate services. This has been a highly successful initiative valued both by its users and by the other agencies providing service in the area. One worker does not meet the need. Two more workers are required to fully meet the need with an urgent need for the worker currently being requested.

Health and Social Crisis Intervention (\$200,000) (3 FTEs)

The health and social crisis cases referred to the Health Department have risen dramatically from 2-3 a year to over 60 so far this year. Most cases involve individuals over 65 years of age with impaired judgement, deteriorating physical health and ability to look after themselves, living in unsanitary and deteriorating conditions. They often have no friends or family. Public Health becomes involved when neighbours complain about odour, cockroaches, and unsupervised or neglected animals. Calls also come from agencies who have tried everything they know to help. Public Health Nurses and Inspectors work with Social Services, Community agencies and individuals to delay eviction, be flexible in criteria for care, obtain medical care, arrange placement and obtain health cards. These cases need a coordinated response because they are intensive and require a great deal of time to solve. This time is currently taken from other Public Health programs resulting in an erosion of resources.

This proposal is for a collaborative intervention involving Health and Social Services Departments to form a Health and Social Crisis team of 3 FTEs from public health nursing, inspection and social work. The team would combine case management and community development strategies, advocating for

access to care for those unable to do so, in keeping with the Equal Access Standard in Mandatory Health Programs.

Targeted School and Preschool Dental Health Promotion (\$63,000) (1 FTE)

There is an increasingly urgent need for a proactive targeted dental health education program in the preschool population. Through our dental clinics, school screening programs and Healthy Babies, Healthy Children program, we are seeing increasing numbers of severe preventable dental pathology in children from multicultural communities and disadvantaged families related to Nursing Bottle syndrome, excessive sweets and poor brushing and flossing habits. We propose a project for a dental health promoter to work with these communities to raise the profile of this issue and develop a comprehensive plan to address it.

To meet the Mandatory Program minimum standard for dental health in the schools, one person is required to cover 90 high needs schools and provide direct educational support to teachers of some 100,000 children. Much of the tooth decay that we are seeing in young school children between age 3 to 6, could be prevented with an earlier intervention. Our goal is to reduce the number of children referred to hospital for treatment through direct education of parents, day care workers and lay home visitors in the community. The dental community is committed to making a difference, we currently have a volunteer work force of 10 dental professionals who have committed their time to assist with this project. In addition to helping the existing worker address mandatory programs in the schools, the second dental health promotion officer will coordinate the volunteer activities and ensure that they have the educational materials to do their job. The direct cost savings for preventing one child from developing this serious form of dental decay is over \$3000 of Regional funding.

Tuberculosis Outreach (\$110,000) — (1 FTE plus purchase of service)

The tuberculosis rate in the Region has generally increased since 1990 with 72 cases reported in 1998. Of these, 58 were born outside Canada—usually in a country where TB is common and infection is acquired as a child, 5 were co-infected with HIV and 2 were resistant to multi-drug therapy. In the past few years, 1-2 active TB cases annually have been homeless. Periodic screening in shelters and drop-in centres shows 10-13% of clients to be infected with TB. They are not contagious, but are at risk of developing TB disease and becoming contagious unless preventive therapy is taken. A proven model for improving TB prevention and treatment in immigrant and homeless populations is to use Community Health Centre outreach workers providing other services to these populations. Workers provide directly observed treatment of persons with disease to prevent irregular treatment which can lead to antibiotic resistance. They also provide preventive therapy to persons with infection to prevent progression to disease.

The new Tuberculosis Protocol of the Mandatory Guidelines requires more active case management for non-respiratory TB cases (30 of 72 cases in 1998) in order to find the source of their infection if possible and to prevent development of antibiotic-resistant bacteria. It continues to require follow-up of

immigrants admitted with inactive TB, who are not contagious at the time of immigration but do often require preventive therapy to prevent future active disease. The increased requirements are currently met on an urgent basis by Public Health Nurses from health promotion programs, to the detriment of their regular assignments.

Group II - Health Priorities for the school aged and youth population

Enforcement of Tobacco Control Act- Sales to Minors-\$88,000 (1 FTE)

In 1997, the smoking rate in youth (12-19) in Eastern Ontario climbed to 28.6%. Studies elsewhere tell us that if 90% or more of the 1,300 tobacco vendors in Ottawa-Carleton refuse to sell to minors, youth smoking will decrease significantly. Rates of vendor compliance with the provincial *Tobacco Control Act* (TCA) dropped from a high of 89% in 1997 to 72% in 1998. November, 1999 results will be available in January, 2000. Staff budgeted in 1999 include 1.0 full time Enforcement Officer and 0.5 FTE public health inspector time spent on TCA enforcement along with their other inspection duties. There was one retailer compliance survey by an independent contracted agency. Students were hired as necessary for enforcement checks, where young test shopper attempts to purchase tobacco from vendor who has failed a previous compliance check. If attempt is successful, vendor is charged. This is inadequate to provide an effective deterrent to 1300 retailers who have high staff turnover.

With an additional Enforcement Officer and \$15,000 to allow surveillance during off hours and more student time to assist with compliance and enforcement checks, there will be compliance checks of all vendors each year, warning letters as needed and follow-up enforcement checks with charges as needed. Some of the compliance checks will be done by an independent contracted agency in order to publish vendor compliance rates semi-annually. There will also be more staff time to respond to smoking in areas prohibited by the TCA.

School Age Children and Youth Programs Targeted to at Risk Children and Youth- \$300,000. (1 FTE Co-ordinator Peer Volunteers; 3 FTE's PHN's; School Based Program Funding \$50,000)

The rate of teenage pregnancy is on the rise, currently 850 teen mothers are on Social Assistance in Ottawa-Carleton, and the cost to society of children having babies is incalculable. The Student Drug Survey in 1999 identified the tobacco use rate for students in Ontario a 28.3%, up from 21.7% in 1991. Teens who smoke are considered 9 times more likely to use illicit drugs and 16 times more likely to drink heavily. The prevalence of obesity has grown, by more than 40% in Canadian youth aged 12 to 17 in the past 15 years.

There are 340 schools, 140,000 students and 9,000 teachers in Ottawa-Carleton. With 1 public health worker for every 18 schools, the school health program is seriously under funded, and does not come close to meeting mandatory requirements. A total of four positions and \$50,000 of program funding are needed to target priority health problems, and to maximize the leverage of existing resources:

- Three PHN positions are needed for an intensive prevention program to address schools with high rates of teen pregnancy.
- A volunteer co-ordinator of youth health projects is requested to mobilize peer leadership in the schools. Projects would target low income neighbourhoods to develop activities focussed on alcohol risk reduction; tobacco use prevention; healthy nutrition and healthy sexuality practices.
- Program funding totalling \$50,000 would be used to assist locally generated school based projects, half of the funds would be reserved for projects in low income neighbourhoods.

Injury Prevention in Youth and Young Adults \$70,000 (Social Marketing Campaign)

Injury is the leading cause of death and disability among youth and young adults. Social marketing campaigns are essential to change attitudes and better equip youth to judge their risks and improve decision making. While this has been a departmental priority, existing budgets cannot sustain the ongoing communication and media campaigns required to meet mandatory requirements. The budget request calls for \$20,000 of project management and \$50,000 of campaign funding.

The priority area is drinking and driving and road safety. The funding is well leveraged because there is close collaboration with partnering departments (Police, Environment and Transportation) as well as with agencies in the community which include colleges, universities, MADD, the hospitals, and the Ottawa-Carleton Safety Council. The result is a campaign with much greater impact than what this funding and the Health Department could do on its own.

Our roads claim more lives before the age of 45 than heart disease, cancer or any other single cause of death. Regional Government, with police, transportation, public transit, and public health, is strategically positioned to provide leadership and results on this major public health issue which affects the safety and well-being of everyone in our community.

CONCLUSION

The budget requests contained in this report provide a direct service response to a number of pressing community health needs while allowing the Region to address a number of areas where it is not fulfilling its mandate under the Health Protection and Promotion Act.

Approved by
R. Cushman

MANDATORY PROGRAM PRIORITIES FOR YEAR 2000 BUDGET

	FTE's	Salary	Program	Description
<u>Access</u>				
Street outreach	1.00	\$62,000	\$4,000	Increasing need to provide a streetwise outreach service to youth on sexuality, substance use and related issues
Social Crisis Intervention	3.00	\$181,000	\$16,000	Dedicated multidisciplinary crises response team to address dramatically escalating needs.
Dental Health Promotion	1.00	\$62,000	\$5,000	Preventive Preschool Dental Health Education with disadvantaged communities
TB Outreach	1.00	\$60,000	\$50,000	Increasing need for case management and follow-up and purchase of service from community Health Centres for prevention and directly observed therapy
Access	6.00	\$365,000	\$75,000	
<u>Health Priorities</u>				
TCA Enforcement	1.00	\$55,000	\$15,000	Annual inspections of vendors and annual "compliance checks" to at least 10% of vendors.
Schools	4.00	\$250,000	\$50,000	Teen pregnancy prevention in high risk schools. Community based health promotion project in low income neighborhoods. School peer educator programs. Support for school based health promotion projects.
Injury Prevention Social Marketing			\$70,000	Drinking, driving and road safety for youth and young adults
Health Priorities	5.00	\$305,000	\$135,000	
Total	11.00	\$670,000	\$210,000	
Salary and Program Costs		\$880,000		