

DATE 17 March 1998

TO/DEST. The Chair and Members of  
Regional Council

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **MANDATORY HEALTH PROGRAMS AND SERVICES  
GUIDELINES**

Information Previously Distributed  
To Be Listed on Community Services  
Committee Agenda 2 April 1998

BACKGROUND

As part of the megaweek changes in the funding of Public Health Services, the Ministry of Health conducted a review of the Mandatory Health Programs and Services Guidelines of 1989. A draft version of these guidelines and a detailed staff response was reviewed by Community Services Committee at its meeting of June 5, 1997.

After some delay, the final version of the draft guidelines has been released by the Ministry (Annex A). A comparison of the new guidelines versus the 1989 version is also attached (Annex B).

DISCUSSION

Staff is currently reviewing the new guidelines and their implication for our programs. Our initial impression is that despite a reorganization of the program structure, the program content is essentially unchanged. There are some new and specific requirements which staff is reviewing to see how they can be accommodated within existing resources. Staff will be bringing forward a report detailing any financial and resource implications related to the new Guidelines. At the present time staff are not recommending any changes to the 1998 budget estimates based on the new guidelines.

PUBLIC CONSULTATION

No public consultation was done in the preparation of this report.

FINANCIAL IMPLICATIONS

This report has no financial implications for the RMOC.

*Approved by*  
*Robert Cushman, MD, MBA, FRCPC*

Attach. (2)

### MANDATORY HEALTH PROGRAMS AND SERVICES GUIDELINES: COMPARISON OF 1989 AND 1997 CONSOLIDATED STANDARDS

The 1989 Mandatory Health Programs and Services Guidelines for public health programs have been reviewed and updated to reflect current health needs and priorities.

More specifically, the consolidated Guidelines respond to the following considerations:

- recent scientific literature related to health needs and the ability of public health to impact on those needs. This has produced some deletions and some enhancements of program requirements.
- programs which all boards of health have been delivering but which were not in the earlier Guidelines, such as children's dental treatment program, Tobacco Control Act enforcement, and Hepatitis B immunization, and already existing requirements in the Health Protection and Promotion Act have now been incorporated into the document.
- opportunities for improving efficiency and effectiveness. This has resulted in some regrouping to combine programs which have similar broad goals, objectives and/or target audiences.
- experience with the 1989 program standards. This has provided direction for more efficient service delivery opportunities.
- Who Does What decisions to devolve funding to municipalities while maintaining the Province's ability to monitor and enforce provincial standards. This has necessitated more specificity in wording of program requirements. (Specific instances not given on chart.)
- the scope of the Mandatory Health Program Guidelines being limited to those that reflect a provincial interest. This will allow municipalities greater flexibility to meet local needs within the existing public health resource base.

The attached chart compares the 1997 mandatory programs and their 1989 counterparts, and briefly summarizes the key regrouping and requirements changes.

1997 STANDARDS	1989 STANDARDS	REGROUPING CHANGES	REQUIREMENT CHANGES
<b>INFECTIOUS DISEASES</b>			
Control of Infectious Diseases	Outbreak Control	Combines 1989 Outbreak Control Program, and already existing requirements under the HPPA such as the investigation and reporting of Reportable Diseases and control measures for Communicable Diseases	None
Infection Control	Infection Control in Institutions	None	Adds requirements related to blood borne pathogens in personal care settings. Inspection requirements for institutions are clarified and only food premises and sanitary facilities are included. These apply also to migrant worker dwellings.
Food Safety	Food Safety	Note	Requirements are more specific with numbers/ types of required inspection specified and a requirement to report inspection data to the Ministry. Overall, results in small reduction in resource requirements.
Safe Water	Water Quality	Now includes only standards related to safe drinking water.	Inspection/monitoring of private drinking water supplies no longer required.
Rabies Control	Rabies Control	None	In light of potential racoon rabies outbreak, all boards of health are now required to have an outbreak contingency plan.
Sexually Transmitted Diseases (STDs) including AIDS/HIV	Sexually Transmitted Diseases	None	Concept of prevention by use of needle and syringe exchange which was not understood when 1989 standards developed, has been included.
TB Control	TB Control	None	Provides specific definition of the requirements currently accepted as standard for TB control.
Vaccine Preventable Diseases	Vaccine Preventable Diseases	None	Adds components not in place when 1989 standards were developed but which boards currently provide: pneumococcal vaccine, hepatitis B school program, vaccine storage and handling requirements to reduce wastage, and vaccine and advice for travel.

1997 STANDARDS	1989 STANDARDS	REGROUPING CHANGES	REQUIREMENT CHANGES
<b>FAMILY HEALTH</b> Reproductive Health	Reproductive Health	None	More emphasis on working with community partners to assist people to plan for a healthy pregnancy and on policies to support pregnant women and families
Sexual Health	Sexual Health	None	None
Child Health	Healthy Children Healthy Adolescents	Consolidates requirements from two 1989 programs directed to children and youth.	More emphasis on working with community partners to support skill development in parents/caregivers and policies that promote child and family health  Screening such as preschool vision, hearing, speech and language are no longer required, in keeping with scientific evidence. These were resource-intensive requirements.  New requirement related to linking and providing appropriate services and supports to families with children "at risk" and "high risk" (the provincially funded Healthy Babies/Healthy Children Program).  Reduced dental requirements in keeping with current scientific evidence including discontinuation of fluoride rinse program, reduced dental screening and frequency of dental surveys, and increased focusing of clinical dental preventive services to higher risk children (previously in School Health Section and Program Regulations).

1997 STANDARDS	1989 STANDARDS	REGROUPING CHANGES	REQUIREMENT CHANGES
<b>CHRONIC DISEASES AND INJURIES</b>  Chronic Disease Prevention	Tobacco Use Prev. Nutrition Promotion Physical Activity Promotion Components of: - Healthy Children - Healthy Adolescents - Healthy Adults - Healthy Elderly	Combines the three preventable risk factors for heart disease, cancer and other chronic diseases from seven programs, to improve effectiveness and efficiencies in program delivery. Program targets all age groups previously outlined in 4 separate programs (children to elderly)	Requirements added to address - enforcement of Tobacco Control Act which did not exist in 1989 - reduction in exposure to ultra violet radiation and prevention of skin cancer
Early Detection of Cancer	Healthy Adults	None	Specifies that boards of health work with and promote the Ontario Breast Screening Program which did not exist in 1989. Specifies that boards focus on hard-to-reach groups for cervical screening.
Injury Prevention Including Substance Abuse Prevention	Substance Abuse Prevention Water Quality Components of: - Healthy Children - Healthy Adolescents - Healthy Adults - Healthy Elderly	Combines components of six 1989 programs which are directed specifically at preventing avoidable injuries, including injuries associated with alcohol and other drug use, such as motor vehicle crashes and falls. As well drowning or injuries in recreational waters (pools, spas, wading pools) are included	Increased emphasis on working with all population groups and volunteer groups. Requirements to address prevention of drowning, which is an important public health issue, have been included.

**MANDATORY HEALTH PROGRAMS AND SERVICES GUIDELINES:  
COMPARISON OF 1989 AND 1997 STANDARDS**

1997 STANDARDS GENERAL STANDARDS	1989 STANDARDS	REGROUPING CHANGES	REQUIREMENT CHANGES
Equal Access	Equal Access	None	Public health programs are to ensure accessibility to various languages and cultural groups, in addition to those outlined in 1989 standards
Health Hazard Investigation	Emergency Response Non-communicable Disease Investigation	Combines health unit responsibilities to respond to all adverse health outcomes or threat to health in community (whether caused by biological, physical, or chemical, natural or man-made), into one program	None
Program Planning and Evaluation	Included Community Health Status Information component only	Community Health Status Information Standard combined with additional new requirements	Require annual report on current key public health issues rather than an update every two years States requirement, consistent with prevalent current practice, for evidence-based program development and evaluation.