To: Mayor and Members
   Board of Health

From: Dr. Elizabeth Richardson
      Medical Officer of Health

Date: January 25, 2006

Re: PHRED Update PH06002 (City Wide)

Council Direction:
Not Applicable

Information:
For nearly two decades, City of Hamilton Public Health Sciences (PHS) and its predecessor departments have had links with McMaster University and the University of Guelph, along with other academic institutions. These links enable the department to benefit from expertise in program design and evaluation, while building an evidence base for local public health practice.

In large part these relationships have been funded and delivered through a provincial/municipal cost-shared program called PHRED - Public Health Research, Education and Development. Health units (HU) in Sudbury, Ottawa, London and Kingston also support PHRED programs although each site differs in terms of whether PHRED resources flow through partnership agreements or are used to employ staff within the HU.

Hamilton's PHRED program is also the mechanism through which PHS has delivered the majority of the mandated activities under the Program Planning and Evaluation standard of the Mandatory Health Programs Standards and Guidelines.

Public Health in Ontario is undergoing its most dramatic reform since the early 1980's. As part of that reform, the province has struck two task forces:

- The **Agency Implementation Task Force** is making recommendations on the start-up of Ontario's new Public Health Agency, which will provide scientific and technological advice for those working to protect and promote the health of Ontarians, and

- The **Capacity Review Committee** is making recommendations on how best to organize and deliver local public health services, including those related to governance and structure, funding, research and knowledge transfer and health human resources.
It is clear that initiatives such as the PHRED program, which draws together the expertise in local public health agencies and Ontario’s academic health science centres to ensure the initial and ongoing training of public health practitioners, and applied research on which to build effective and efficient public health practice, will continue to be important as the renewal of public health in Ontario proceeds. It is also clear that there will be a period of transition. What is not yet clear, is what we are transitioning to.

Initially, the MOHLTC had committed to the PHRED program budget moving, along with all other cost-shared public health services, from a 50:50 funding ratio, to 75:25 provincial:municipal funding. Despite this, and the value that the program has delivered to date, the MOHLTC has now announced that PHRED is to be excluded from this funding transition. Rather, PHRED is to be cost-shared at 50:50. On January 23, 2006, the MOHLTC stated that the grant for 2006 would be at the same level in dollar terms as the grant for 2005. Written confirmation of this latest change has yet to be received.

The PHRED budget is currently $959,000 which funds City PHS library services and staff and a coordinator for student placements, while the remainder flows to partners at the University of Guelph and McMaster.

With the changes underway in the Public Health system, staff have been actively participating in discussions and seeking opportunities to build the future of the PHRED program. Change in the program is viewed as an opportunity to further build excellence in public health. However, with the exclusion of PHRED from the move to 75:25 funding for public health and the Ministry's unwillingness to commit to any funding beyond 2006, it has become necessary to acknowledge the realities of the new funding situation and begin to change our program despite the fact that the new system for public health research, education and knowledge transfer has not yet been built.

Our partners, McMaster Institute for Environmental Health, McMaster's School of Nursing, and the University of Guelph have all been informed that funds for 2006 will continue at the 2005 level and that a significant reduction of 60% or more is expected for 2007. Over the coming months, staff will be identifying the proportion of current PHRED resources that are required for compliance with the MHPSG standard for Program Planning and Evaluation and ensure their inclusion in the cost-shared budget for 2007. Staff will also continue to participate in discussions around building new opportunities for public health research, education and knowledge transfer with our university partners, other PHRED units and the Ministry. An information report to update the Board will be submitted during the second quarter.

Dr. Elizabeth Richardson
Medical Officer of Health