

September 12, 2011

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Dear Public Health Colleague:

As a member of alPHa, last June you were provided with the attached proposal, *Future Directions*. The proposal is a response to the increased pressure on alPHa and its staff to work within Ontario's reformed public health sector. Prior to 2004, alPHa and its member public health units dealt with a single government Ministry – the Ministry of Health and Long-term Care (MOHLTC). Today we maintain relationships with four Ministries, a provincial public health agency, and a federal public health agency:



Pre-SARS, the public health system in Ontario was given far less attention than it is today. As Dr. Lynn Noseworthy, former alPHa Vice-President expressed it in her address to you at the June Annual General Meeting,

Our public health system is changing around us – with the creation of the Agency, the new Ontario Public Health Standards, the new Organizational Standards, Accountability Agreements, Funding Review, funding uncertainties – more than before we need to count on alPHa to help us be effective in our relationships with the four ministries and the Agency; help us provide timely input into legislative changes; help us participate on the myriad committees and work groups that are created to deal with an increasingly complex public health system.

A number of questions have come forward since you originally received the proposal for expanded resources at alPHa and I would like to take this opportunity to address each of them.

Why Are These Changes Needed at this Time?

alPHa has built a strong organization in the last 5 years. It has become a 'go to' organization for government leaders and partner associations and NGOs. It is important for alPHa to build on its strength in 2 key areas. The first and foremost is to support its members. As its members are requested to participate in decision making processes with four Ministries, alPHa must be in a position to support its members in this work. Secondly, alPHa's members are passionate about public health and want to make a difference on key public health issues. alPHa is preparing to become focused on a set of priority public health issues where alPHa is uniquely positioned to have a significant impact. The Board's current strategic planning process will result in the selection of key issues on which to focus. The additional resources will allow alPHa to have a stronger role in strengthening the public health system for all Ontarians.

How Will the Fee Increase be Utilized by alPHA?

The fee increase will go directly to hire additional staff to support alPHA’s membership. alPHA currently has 5 staff who focus on addressing member health unit needs, guided by a representative, 21-person Board of Directors. The majority of effort goes into providing members with professional development opportunities and supporting alPHA’s Board, committees, and projects. alPHA does not plan to reduce focus on any of these areas, but will increase support to committees and working groups, as well as for policy, issues management, leadership, strategic planning and advocacy. This means that alPHA will be able to better evaluate and address proposed legislative changes, as well as resolutions passed by you, alPHA’s members. The current and future division of staff time to specific business functions is illustrated in the following chart.

Business Functions	Current FTEs	Future FTEs	Increased Support
Board, Committees, Working Groups, and Projects (includes PHAC position)	2.25	2.50	0.25
Professional Development, Knowledge Exchange, Networking	1.00	1.00	-
Administration	0.75	0.75	-
Issues Management, Policy	0.50	1.00	0.50
Leadership, Strategic Planning and Advocacy	0.50	0.75	0.25
TOTAL	5.00	6.00	1.00

What Services Will Toronto Public Health Be Providing on an In-kind Basis?

Toronto Public Health has a large policy department that reviews and provides recommendations on public health issues for the City of Toronto. A number of those issues overlap with issues that alPHA’s members have directed alPHA to concentrate on through a formal resolution. For their part, Toronto Public Health is interested in generating provincial level interest in a number of issues. Working together, alPHA and Toronto Public Health can develop strategies to tackle priority policy issues at the provincial level.

How Does The Proposed Fee Increase Address Existing Inequities in the Fee Structure?

The proposed graduated fee increase has a larger impact on the larger health units who currently pay a smaller fee as a percentage of their core budget. Fully, two-thirds of the total fee increase falls upon health units with a core budget of \$10 million or more. Another way to state this is 53 percent of the health units, those with the largest budgets, are being asked to bear 67 percent of the total fee increase.

What Are Some of alPHA’s Recent Activities?

Most recently, alPHA is developing recommendations for a public health unit activities database that will be part of Public Health Ontario’s web-based strategy. This database will give Ontario’s health units a way to connect with colleagues who are engaged in activities of mutual interest. This past summer, alPHA also worked with PHO to develop a presentation on drinking water fluoridation that was presented to delegates at the Association of Municipalities of Ontario (AMO) conference in August.

On behalf of its members alPHA maintains positive relationships with numerous organizations and government departments. In the past year, representatives of alPHA met with government leaders on key public health issues. These include:

- ✓ Laurel Broten, Minister and George Zegarac, Deputy Minister, Ministry of Children and Youth Services, to discuss proposed enhancements to the Healthy Babies, Healthy Children Program; and
- ✓ Margaret Best, Minister of Health Promotion to discuss strategies for active living across the lifespan.
- ✓ Dr. Charles Pascal, Special Advisor to the Premier on Early Learning and Jim Grieve, Assistant Deputy Minister, Early Learning Division, Ministry of Education, to discuss the province's Early Years vision;
- ✓ Judith Wright, Deputy Minister, Ministry of Health Promotion & Sport, to discuss ministry policy and organizational priorities;

These meetings resulted in increased public health involvement in important government decision making processes, and in the case of the HBHC program, resulted in agreement to re-think recently announced program changes.

alPHA also organizes three conferences annually that bring together board of health members and public health professionals to network, learn, and discuss current public health issues. In the past 3 years, conferences have provided an average of 42 continuing medical education credits annually for physicians.

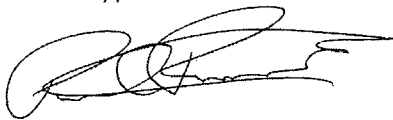
alPHA has also enhanced the experience of its members at conferences by securing professional development funding from the Ministry of Health and Long-Term Care that helped to fund high quality speakers and allowed community medicine residents to participate and impact their interest in public health career. Following the municipal elections in 2007 and 2011, alPHA delivered orientation sessions for new board of health members and provided a detailed orientation manual.

A special highlight was securing \$2 million in funding in 2008 from the provincial government to upgrade health unit computer equipment and software used for environmental health inspection activities.

More highlights can be found in alPHA's annual reports at www.alphaweb.org.

In closing, I would like to take this opportunity to thank you for your ongoing support of alPHA. We can be proud of our accomplishments and look forward to working together as an association into the future. I also want to thank alPHA's staff and my colleagues on the alPHA Board of Directors for their dedication and passion for public health. We can anticipate important challenges in the years ahead and I am confident that with your support of this proposal we can be positioned to meet them. At this time, I ask that you come prepared to vote on the proposal at the alPHA Fall Symposium in Toronto on October 20-21st.

Sincerely,

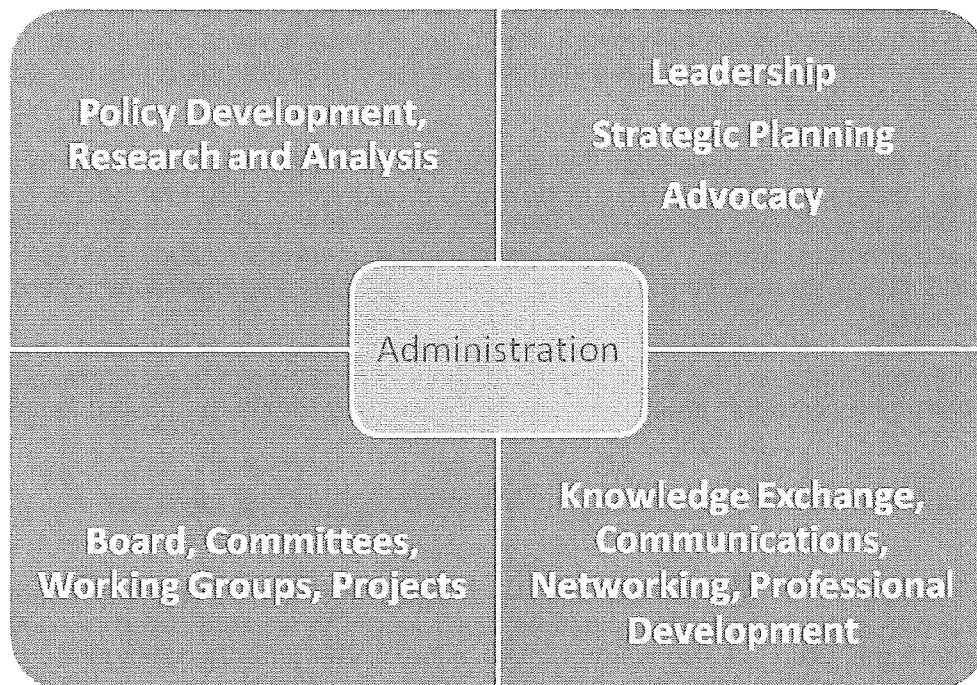


Paul Roumeliotis,
President

Attachment

Future Directions
A Proposal to alPHa Members
May 24, 2011

A Better Balance



Prepared by:

Linda Stewart
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Association of Local Public Health Agencies

INTRODUCTION

Since its establishment in 1986, alPHa has become a well-respected champion for public health in Ontario. alPHa is proud to represent and support organizations that are committed to promoting and protecting the health of the population. This is a privilege about which we are passionate. The strength of alPHa and its members has grown in the past decade as a renewed Ontario public health system has been realized.

Success brings rewards and increased responsibility. Public health agencies in Ontario have benefited from annual funding increases, modernized Ontario Public Health Standards and invaluable new system of supports including the Ontario Agency for Health Protection and Promotion (OAHPP). In 2009, alPHa was fortunate to have been selected as one of twenty-seven sites across Canada for placement of a full-time permanent Public Health Officer funded fully by the Public Health Agency of Canada (PHAC). At present, we are looking forward to becoming a placement site for community medicine residents which will bring additional resources to share with our members. alPHa has also been invited to help develop and become part of a collaborative model of leadership at the provincial level. Success for alPHa, its members, and the public health sector has revitalized us all and alPHa's Board of Directors recognizes that the Association can and should do more to support those who govern and lead in Ontario's public health sector. alPHa's Board has discussed a number of approaches to enhancing the resources available to the Association and has come to the conclusion that the organization needs to expand its resources if it is to increase its focus on advocacy and policy analysis while building and supporting relationships with a growing number of stakeholders.

BUSINESS FUNCTIONS OF alPHa

To meet the demands of the renewed public health system in Ontario, alPHa needs to be resourced to support the following key business areas.

- 1) Policy Development, Research and Analysis.** At present, alPHa focuses on issues identified through Board discussion, resolutions and member concerns. Expanded Association resources will increase capacity to respond both proactively and reactively to important public health policy issues. This includes ongoing strategic advocacy focused on priority public health issues, as well timely responses to important issues that arise on an ad hoc basis.
- 2) Board, Committees and Working Groups.** Over the past few years, the demands on alPHa's members and staff to participate on government and partner organizations' committees have grown. The coordination of member and staff participation on committees and working groups needs enhanced support for both committee processes, i.e., selecting representatives, representative preparation, administrative support, etc., and the ongoing tracking and reporting of committee activities to alPHa's Board and membership.
- 3) Projects.** Most years alPHa seeks out funding for special projects that benefit its members. The Association is also approached by government and partner organizations with requests, sometimes accompanied by funding, to participate in special projects. Projects can vary in the demands placed on alPHa resources from year to year, but they must be managed effectively to ensure maximum benefit to alPHa and its members.

- 4) Leadership, Strategic Planning and Advocacy.** alPHA's Board is increasing its emphasis on strategic planning and advocacy. This includes emerging opportunities to participate in a collaborative model of leadership at the provincial level. To fully realize plans in these areas, a system of supports from both staff and members will be required. The coordination of member and staff participation in the planning and execution of a stronger strategic planning process will require additional support from alPHA staff.
- 5) Professional Development, Knowledge Exchange and Networking.** alPHA provides its members with a website, a quarterly newsletter, three conferences each year, and technological means for ongoing communication. The creation of the OAHPP with a mandate to provide evidence and professional development for public health professionals in Ontario has provided alPHA's members with a valuable resource. There is an ongoing role for alPHA, however, working closely with this new partner to coordinate professional development programming requires re-focussing existing Association resources.
- 6) Association Administration.** There is an ongoing need for the administration of alPHA's meetings, finances, audit, website, and listserv.

ASSOCIATION RESOURCES

Currently, alPHA utilizes 5 full-time staff to support its 36 member public health agencies. Business functions are supported as follows:

Business Functions	Staff
Board, Committees, Working Groups and Projects (includes PHAC position)	2.25
Professional Development, Knowledge Exchange, Networking	1.0
Administration	0.75
Issues Management, Policy	0.5
Leadership, Strategic Planning and Advocacy	0.5
TOTAL	5.0

RECOMMENDATION FROM alPHA's BOARD

At this time, we would like to introduce a proposal to achieve the better balance between business functions outlined in Exhibit A. If we are to enhance support for policy development and advocacy, alPHA requires a minimum permanent increase to ongoing funding of \$100,000. This will cover the costs associated with salaries, benefits, equipment, overhead, and professional development. The Board recommends that the Association maintain its current financial independence by funding the additional resources through a permanent increase to member fees. Since Toronto Public Health's policy development resources are substantial, they have offered to provide additional support to alPHA on an in-kind basis.

OPTIONS FOR IMPLEMENTATION

The following options focus on approaches to increasing alPHA's revenue by the minimum amount while maintaining alPHA's independence. It is important to note that any fee increases will be permanent and subject to annual increases as is current practice.

1. Percentage of Budget. alPHA's fee structure could be changed to one based on a percentage of member core public health budgets. With the current fee structure, smaller health units pay a larger percentage (around 1 percent) of their budget to alPHA than do larger health units (around 0.5 percent). A fee of 0.7 of a percent would yield the minimum funds required and would resolve an apparent inequity in the fee schedule. However, while smaller health units would experience a reduction in fees, larger health units would experience quite large increases ranging from \$10,000 to \$20,000 with alPHA's largest member's fee increasing by \$52,000, or almost doubling. Medium-sized health units would experience increases ranging from \$2,000 to \$9,000.
2. Equal Flat Fee Increase. This approach is based on each member organization equally sharing the burden of a \$100,000 increase, amounting to \$2,778 each. While this approach is equitable from one perspective, it may place an unequal burden on smaller health units.
3. RECOMMENDED OPTION: Graduated Flat Fee Increase. This approach is similar to the above, but rather than each member paying an equal portion of the required funding, amounts ranging from \$1,000 to \$5,000 would be levied based on members' budgets.

RECOMMENDED FEE INCREASE OPTION

To raise the funds required for the additional resources, Option 3, a graduated flat fee increase is recommended, starting with the 2012-13 fiscal year. This approach is most equitable among member organizations and does not yield excessive changes for either large or small members (see Exhibit B).

PROPOSAL FOR DISCUSSION

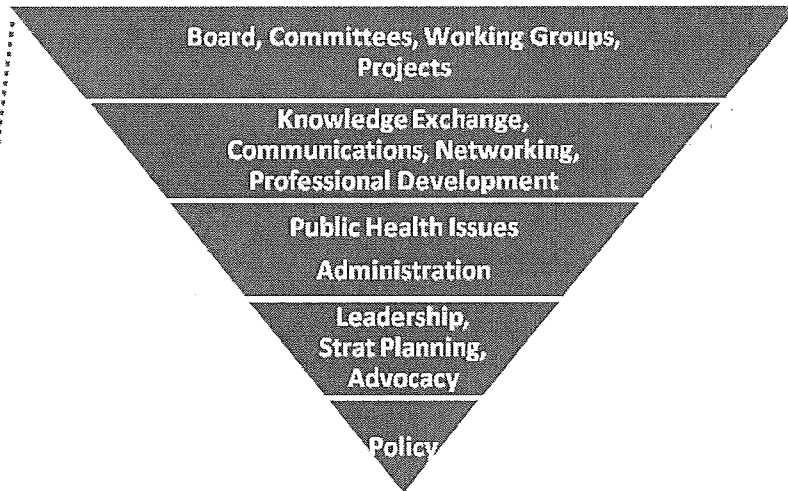
At its April 15, 2011 meeting, alPHA's Board of Directors passed a motion to "approve an alPHA staffing increase". The Board also recommended that the proposal for additional alPHA staff be considered at the upcoming June annual conference. As a result, we ask you to consider the following motion:

That the 2011-12 fee schedule for the Association of Local Public Health Agencies be permanently increased by a graduated flat fee ranging from \$1,000 to \$5,000 depending on the size of the member organization's budget for core services as reported by the Ministry of Health and Long-term Care. The new fee schedule will take effect as described as Option 3 in Appendix B starting April 2012 and will be subject to annual increases as is current practice.

alPHA Membership Fees			
HU Core Budget	2011-12	Increase	2012-13
up to \$4 M	\$4,279	\$1,000	\$5,279
\$4 M to \$7 M	\$5,783	\$2,000	\$7,783
\$7 M to \$12 M	\$8,096	\$3,000	\$11,096
\$12 M to \$20 M	\$10,409	\$4,000	\$14,409
\$20 M to \$30 M	\$12,722	\$4,000	\$16,722
\$30 M to \$50 M	\$15,036	\$5,000	\$20,036
\$50 M to \$70 M	\$17,349	\$5,000	\$22,349
over \$70 M	\$57,829	\$5,000 (in-kind)	\$57,829

alPHA Future Directions Moving Towards a Better Balance

Today's Balance of Effort



2012-13 • A Better Balance

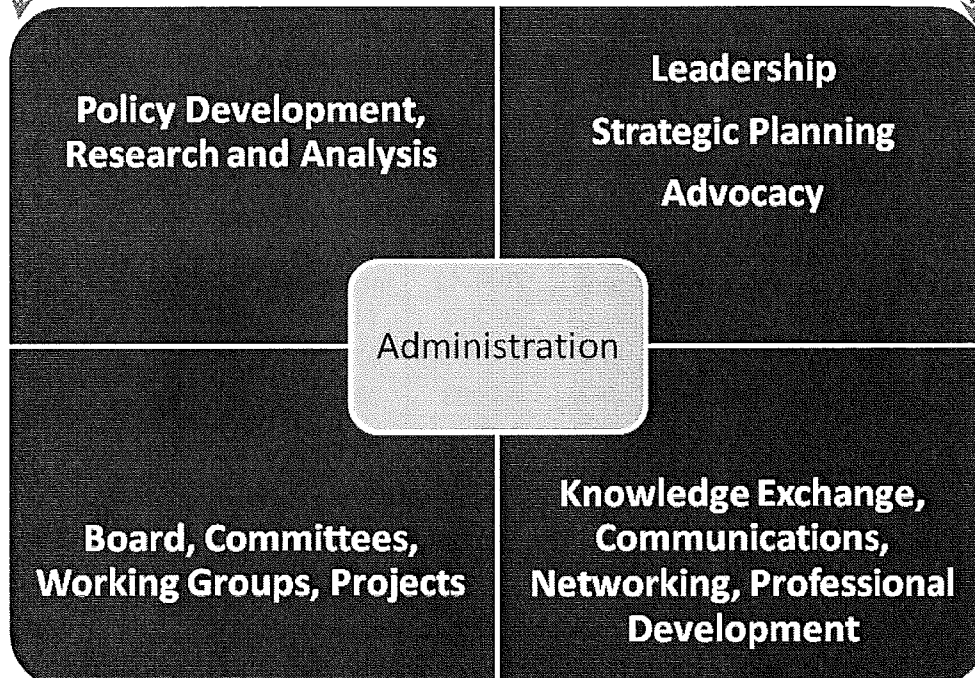


Exhibit B Health Unit	Current Fees		Options for Permanent Fee Increase			
	2010 Core Budget	2011-12 Fees	Option 3 RECOMMENDED		Option 1 % Budget 0.070%	Option 2 Flat Increase \$2,777.78
			Graduated Flat Increase			
			Increase	New Fee		
Timiskaming	\$3,599,296	\$4,279	\$1,000	\$5,279	\$2,520	\$7,057
Huron	\$4,355,945	\$5,783	\$2,000	\$7,783	\$3,049	\$8,561
Haldimand-Norfolk	\$5,378,800	\$5,783	\$2,000	\$7,783	\$3,765	\$8,561
Perth	\$5,658,425	\$5,783	\$2,000	\$7,783	\$3,961	\$8,561
Oxford	\$5,743,099	\$5,783	\$2,000	\$7,783	\$4,020	\$8,561
Elgin-St. Thomas	\$5,776,204	\$5,783	\$2,000	\$7,783	\$4,043	\$8,561
Renfrew	\$6,223,699	\$5,783	\$2,000	\$7,783	\$4,357	\$8,561
Peterborough	\$6,665,520	\$5,783	\$2,000	\$7,783	\$4,666	\$8,561
Lambton	\$6,754,245	\$5,783	\$2,000	\$7,783	\$4,728	\$8,561
Chatham-Kent	\$7,198,827	\$8,096	\$3,000	\$11,096	\$5,039	\$10,874
Northwestern	\$7,398,160	\$8,096	\$3,000	\$11,096	\$5,179	\$10,874
Eastern Ontario	\$7,801,571	\$8,096	\$3,000	\$11,096	\$5,461	\$10,874
Porcupine	\$8,022,619	\$8,096	\$3,000	\$11,096	\$5,616	\$10,874
Brant County	\$8,117,255	\$8,096	\$3,000	\$11,096	\$5,682	\$10,874
Leeds, Grenville, Lanark	\$8,526,235	\$8,096	\$3,000	\$11,096	\$5,968	\$10,874
Algoma	\$9,234,729	\$8,096	\$3,000	\$11,096	\$6,464	\$10,874
Grey Bruce	\$10,164,363	\$8,096	\$3,000	\$11,096	\$7,115	\$10,874
Hastings-Prince Edward	\$10,421,171	\$8,096	\$3,000	\$11,096	\$7,295	\$10,874
Thunder Bay	\$10,657,772	\$8,096	\$3,000	\$11,096	\$7,460	\$10,874
Kingston, Frontenac, L & A	\$11,510,591	\$8,096	\$3,000	\$11,096	\$8,057	\$10,874
North Bay- Parry Sound	\$12,512,305	\$10,409	\$4,000	\$14,409	\$8,759	\$13,187
Haliburton-Kawartha-Pine Ridge	\$13,207,448	\$10,409	\$4,000	\$14,409	\$9,245	\$13,187
Wellington-Dufferin-Guelph	\$14,942,641	\$10,409	\$4,000	\$14,409	\$10,460	\$13,187
Windsor-Essex	\$15,388,693	\$10,409	\$4,000	\$14,409	\$10,772	\$13,187
Sudbury	\$18,166,968	\$10,409	\$4,000	\$14,409	\$12,717	\$13,187
Middlesex-London	\$19,162,635	\$10,409	\$4,000	\$14,409	\$13,414	\$13,187
Halton	\$21,604,156	\$12,722	\$4,000	\$16,722	\$15,123	\$15,500
Niagara	\$24,630,087	\$12,722	\$4,000	\$16,722	\$17,241	\$15,500
Waterloo	\$25,173,137	\$12,722	\$4,000	\$16,722	\$17,621	\$15,500
Simcoe- Muskoka	\$26,587,887	\$12,722	\$4,000	\$16,722	\$18,612	\$15,500
Hamilton	\$28,613,428	\$12,722	\$4,000	\$16,722	\$20,029	\$15,500
Durham	\$31,767,111	\$15,036	\$5,000	\$20,036	\$22,237	\$17,813
Ottawa	\$34,609,157	\$15,036	\$5,000	\$20,036	\$24,226	\$17,813
York	\$46,472,217	\$15,036	\$5,000	\$20,036	\$32,531	\$17,813
Peel	\$50,698,728	\$17,349	\$5,000	\$22,349	\$35,489	\$20,127
Toronto	\$158,229,543	\$57,829	\$5,000 In-kind	\$57,829	\$110,761	\$60,607
Totals	\$690,974,665	\$385,952	\$114,000	\$499,952	\$483,682	\$485,952
Total Increased Revenue for alpha				\$114,000	\$97,730	\$100,000

