

alPHA's members are
the 36 public health
units in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

November 3, 2015

11.3

Hon. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

Re: Public Health Funding Model

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing today to provide our comments following the October 2nd alPHA Board of Directors dialogue with Ministry staff about the development and implementation of the Public Health Funding Formula that was announced to our members on September 4th 2015.

We were very pleased to welcome Paulina Salamo and Brent Feeney from the Public Health Division and Brian Pollard from the Health Sector Models Branch to our meeting. They provided us with details about the development of the new public health funding model, its relationship to the fiscal management of the health care sector as a whole and its implementation in the short term. This and the ensuing dialogue were very helpful to us in formulating the following comments.

We recognize the fiscal challenges that Ontario continues to face and understand the reality that governments are under intense pressure to demonstrate fiscal accountability to the public. We fully understand that there was a need to develop a defensible formula for how tax dollars are allocated to boards of health, and appreciate that efforts were made to develop an evidence-informed model that would facilitate their equitable distribution.

As you are likely aware, our members have been awaiting the release of the Funding Review Working Group's report, Public Health Funding Model for Mandatory Programs (December 2013), for nearly two years, with the expectation that an opportunity to provide fully informed feedback on the proposed recommendations would be afforded to them prior to a Government response. As it was not offered, we are taking this opportunity to present our initial response.

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Our major concern is about the cumulative impact of the new approach to funding boards of health in the coming years. Boards of health have received modest funding increases in recent years even while other parts of the health sector have been frozen, and this underscores the essential roles boards of health play in the prevention of disease and the protection and promotion of health in Ontario. We would argue that imposing a freeze on boards of health, which, as annual costs rise, is essentially a cut to health protection, prevention and promotion, will have negative impacts on the communities served by boards of health.

Many of Ontario's boards of health experience difficulties in meeting the public health needs of their communities, let alone their health promotion and protection obligations at current funding levels. If these levels remain static or decline for the foreseeable future, cuts to already stretched services will be inevitable and it is not unreasonable to assume that the impact of such cuts will be magnified in the smaller health units, where health status is poorer and the capacity to improve it is already limited. This, we fear, may inadvertently demonstrate public health's value-for-money as negative health outcomes and increasing pressures on local health care providers rise in correlation to ever-increasing limitations on the capacity of local boards of health to mitigate them.

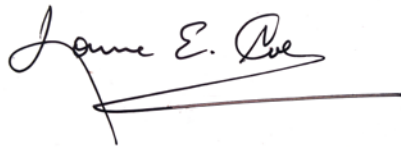
In the broader context of health system transformation, we continue to argue that curtailing investments in demonstrably cost-effective upstream health promotion and protection interventions is short-sighted. The Commission on the Reform of Ontario's Public Services (chaired by Don Drummond), recommended a heightened focus on public health's role in preventing health problems, having observed a correlation between health outcomes and the amount provinces spend on public health. The Commission also recommended avoiding applying the same degree of fiscal restraint to all parts of the health system.

In your strategic plan for Ontario's health care system, *Patients First: Action Plan for Health Care*, you recognize the importance of supporting people to be as healthy as possible. We share that primary interest with you and are concerned about the erosion of what is arguably the best local public health system in Canada. Local boards of health need to continue to build and maintain capacity to work with communities to effect healthy conditions in which people can thrive in good health.

We know that the new funding model comes with the understanding that, as a new model, it will need to be evaluated, revised and improved. We urge you to work closely with us to establish a process to review the model with a view to exploring whether relatively minor changes can result in a distribution of growth money that may better reflect the needs of boards of health and the communities they serve across Ontario.

For your consideration, we have attached the resolution passed by alPha's Board of Directors following the October 2nd meeting. We look forward to working with you to ensure that Ontario's boards of health can fulfill their mandates and continue their essential role in making Ontario the healthiest place in which to grow up and grow old.

Yours truly,

A handwritten signature in dark ink, appearing to read "Lorne E. Coe", with a long horizontal line extending from the end of the signature.

Lorne Coe
President

COPY: Hon. Kathleen Wynne, Premier of Ontario
Hon. Charles Sousa, Minister of Finance
Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health (A)
Roselle Martino, Executive Director, Public Health Division
Jackie Wood, Assistant Deputy Minister (A), Health Promotion Division
Laura Pisko, Assistant Deputy Minister (A), Health Promotion Division
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation
Paulina Salamo, Director (A) Public Health Standards, Practice and Accountability Branch
Brent Feeney, Manager, Funding and Accountability Unit (MOHLTC)
Brian Pollard, Director, Health Sector Models Branch (MOHLTC)
Victor Fedeli, Critic, Finance (PC)
Catherine Fife, Critic, Finance (NDP)
Jeff Yurek, Critic, Health (PC)
France G  linas, Critic, Health and Long-Term Care (NDP)
Gary McNamara, President, Association of Municipalities of Ontario (AMO)
Chairs, Boards of Health

ATTACHED: Resolution

alPHA Board of Directors' Resolution

Passed October 30, 2015

TITLE: Public Health Funding Formula

- WHEREAS public health interventions result in significant improvements in the health of the population and cost savings in the health care system; and
- WHEREAS the reviews of the Walkerton E.coli outbreak in 2001 and the SARS epidemic in 2005 resulted in widespread recognition that Ontario's public health system had significant weaknesses and that investments were required to create a robust public health system essential for the protection of the health of the citizens of Ontario; and
- WHEREAS investments in Ontario's public health system have occurred since the SARS epidemic, however, public health programs delivered through boards of health still only receive 1.4 percent or \$700.4 million of the \$50.2 billion total Ministry of Health and Long Term Care 2015-16 budget; and
- WHEREAS grants provided by the Ministry of Health and Long-Term Care, enabled by the *Health Protection and Promotion Act*, constitute the majority of funding for boards of health in Ontario; and
- WHEREAS the majority of the remaining funding for boards of health comes from the obligated municipalities as assigned in the *Health Protection and Promotion Act*; and
- WHEREAS the Ministry of Health and Long-Term Care has accepted the recommendations contained in the December 2013 report: *Public Health Funding Model for Mandatory Programs: The Final Report of the Funding Review Working Group*; and
- WHEREAS the intent of the recommendations was to develop a funding model for grants from the Ministry of Health and Long-Term Care to boards of health that identify an appropriate funding share for each Board that reflects its needs in relation to all other; and
- WHEREAS in 2015, the Ministry of Health and Long-Term Care began the application of the public health funding model recommended in the Report without further consultation with boards of health; and
- WHEREAS boards of health have been advised to plan for 0% funding increases for the foreseeable future; and
- WHEREAS funding increases at or near 0% are de facto cuts as annual costs rise; and
- WHEREAS the primary goals of boards of health are to prevent illness and to protect and promote the health of Ontarians; and

WHEREAS the impacts on public health programming, municipal funding contributions and population health outcomes resulting from the changes to the Ministry of Health and Long-Term Care's funding model need to be examined with a view to quality improvement;

NOW THEREFORE BE IT RESOLVED THAT alPHa urge the Ministry of Health and Long Term Care to commit to maintaining a minimum cost of living annual growth rate for grants provided to all boards of health to fund public health programs;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to make an evidence-informed decision to adjust upwards the overall percentage of the Ministry's total budget that is allocated to fund public health programs delivered through boards of health;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to engage in a process to implement a comprehensive monitoring strategy in close consultation with Ontario's boards of health to evaluate the impacts of the new funding model, both in terms of health outcomes and total public health expenditures at the local level.