

**From:** [Fernandes, Krislyn](#)  
**To:** [Kolar, Loren](#)  
**Subject:** 05.2 ENDORSE (2019-08-09) Middlesex London - Essential Components of Strong Public Health  
**Date:** September 4, 2019 2:55:39 PM  
**Attachments:** [image001.jpg](#)  
[MLHU-Letter to CElliott re-Essential-components-for-local-public-health.pdf](#)

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### **Krislyn Fernandes**

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**From:** Elizabeth Milne <[Elizabeth.Milne@mlhu.on.ca](mailto:Elizabeth.Milne@mlhu.on.ca)>  
**Sent:** August 9, 2019 3:32 PM  
**To:** [allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org)  
**Subject:** Middlesex-London Board of Health Letter & Response Paper: Essential Components for Strong Local Public Health

### **ATTENTION: BOARDS OF HEALTH**

Please see the attached correspondence sent to Minister Christine Elliott on behalf of the Middlesex-London Board of Health.

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**From:** Elizabeth Milne  
**Sent:** Friday, August 9, 2019 10:15 AM  
**To:** [christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)  
**Cc:** [kbunting@middlesex.ca](mailto:kbunting@middlesex.ca); Cathy Saunders <[csaunder@london.ca](mailto:csaunder@london.ca)>; [allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org)  
**Subject:** Middlesex-London Board of Health Letter & Response Paper: Essential Components for Strong Local Public Health

Dear Minister Elliott,

Please find attached a letter from Ms. Trish Fulton, Chair of the Middlesex-London Board of Health regarding essential components for strong local public health.

A copy of [Report No. 053-19](#) and a response paper titled [Keeping Middlesex-London Safe and Healthy: Essential components for a strong local public health sector through modernization](#) are

attached for your reference.

Sincerely,  
Elizabeth Milne

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**Elizabeth Milne**

Executive Assistant to the Board of Health and Communications Coordinator  
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July 19, 2019

The Honourable Christine Elliott  
Minister of Health  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario  
M7A 2C4

Dear Minister Elliott,

Re: Essential Components for Strong Local Public Health

At its meeting on July 18, 2019, the Middlesex-London Board of Health voted to endorse the following motion:

Moved by: Mr. Michael Clarke

Seconded by: Mr. Ian Peer

That the Board of Health:

- 1) Receive [Report No. 053-19](#) re: “[Essential Components for Strong Local Public Health](#)” for information; and
- 2) Direct staff to forward the Report in [Appendix A](#) to the Minister of Health, other boards of health, and relevant stakeholders.

The Board of Health also took time to hold a generative discussion concerning public health unit amalgamation. Members are looking forward to the opportunity to be involved in the consultation process. Members wanted to identify what is important about public health work that needs to continue, what input to and involvement in amalgamation plans going forward Board members are seeking.

In our discussion, we concluded that the current mission of the Middlesex-London Health Unit “to promote and protect the health of our community” remains appropriate but requires building a new understanding of the community to be served. Public health should remain a local focus however needs will necessarily arise across a larger more diverse catchment area, and with regionalization, the new public health entity will comprise a collection of very diverse communities.

Good governance for public health has so far reflected the local nature of public health delivery with a locally accountable governance structure. Members are concerned that the governance structure for a regional public health entity will struggle to maintain that important local accountability.

We hope that you will find this brief summary of our generative discussion helpful. We look forward to hearing details about the timelines and structure of the summer consultation process.

A copy of Report No. 053-19 and its Appendix re: *Keeping Middlesex-London Safe and Healthy: Essential components for a strong local public health sector through modernization* is enclosed for your reference.

Yours sincerely,

A handwritten signature in black ink that reads "Trish Fulton". The signature is written in a cursive, flowing style.

Trish Fulton  
Chair, Middlesex-London Board of Health

c.c. Ontario Boards of Health  
County of Middlesex  
City of London



TO: Chair and Members of the Board of Health  
FROM: Christopher Mackie, Medical Officer of Health / CEO  
DATE: 2019 July 18

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## ESSENTIAL COMPONENTS FOR STRONG LOCAL PUBLIC HEALTH

### *Recommendation*

*It is recommended that that the Board of Health:*

- 1) Receive Report No. 053-19 re: "Essential Components for Strong Local Public Health" for information; and*
- 2) Direct staff to forward the Report in Appendix A to the Minister of Health, other boards of health, and relevant stakeholders.*

### **Key Points**

- Public Health Modernization will result in significant disruption to local public health.
- As the provincial government embarks on this modernization, it is important that key considerations, born out of decades of public health history, be contemplated.
- MLHU has prepared a response paper with key considerations and essential components for strong local public health.

### **Background**

On April 11, 2019, the provincial budget introduced plans to significantly restructure Ontario's public health system, including the dissolution of its 35 health units and creation of 10 new regional public health entities. New boards of health under a common governance model would be established in line with the new regional entities, and substantial adjustments to provincial-municipal cost-sharing would occur over three budget years, as well as a reduction of the overall budget envelope for local public health. Since the announcement in April, the Health Unit has received further information regarding the proposed geographic boundaries and reviewed responses from stakeholders across the province. Please see: [https://www.alphaweb.org/page/PHR\\_Responses](https://www.alphaweb.org/page/PHR_Responses).

### **Response to the 2019 Public Health Modernization**

Given the magnitude of the impact that public health modernization will have on Middlesex-London, a response paper titled *Keeping Middlesex-London Safe and Healthy* (see [Appendix A](#)) has been prepared.

The paper outlines four essential components for a strong local public health sector:

1. Maintaining public health's unique upstream population health and disease prevention mandate;
2. Keeping public health at the community level to best serve residents and lead strategic community partnerships;
3. Ensuring public health funding and a strong workforce to fulfill its mandate; and
4. Governance structures that are transparent and locally accountable.

### **Next Steps**

The response paper will be forwarded to the Minister of Health, local boards of health, and other relevant stakeholders. Additionally, MLHU will be participating in consultations regarding public health modernization throughout the summer and fall.

This report was prepared by the Healthy Organization Division.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health/CEO

## **Keeping Middlesex-London Safe and Healthy**

Essential components for a strong local  
public health sector through modernization



July 2019

For information, please contact:

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## Executive Summary

Public health services provide high returns on investment. On average, one dollar invested in public health generates an eight dollar return through avoided health and social care costs (1). Despite this, public health only receives about two percent of all provincial health care spending in Ontario, with funding projected to decrease in future years.

The Provincial government recently announced plans to modernize the public health system by consolidating 35 public health units into ten new Regional Public Health Entities by 2020-2021. Also, there will be a progressive reduction in the funding cost-share formula with municipalities bearing a more significant portion of the costs. In Middlesex-London, this will mean shifting from a 75 percent provincial and 25 percent municipal share to 60 percent provincial and 40 percent municipal share by 2021-2022. Programs that were 100 percent provincially-funded will change to a cost-share structure in 2019-2020, except for the new Provincial Low-Income Seniors' Dental Program.

History has shown that when the public health system is weakened, serious consequences arise. After the Walkerton drinking water contamination in 2000 and the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003, major expert reports highlighted the need for a strong and autonomous public health sector to protect the health and safety of the public (2,3).

In this paper, we propose that modernization preserve the following components, which are essential for a strong local public health sector:

1. Maintaining public health's unique upstream mandate;
2. Keeping public health local;
3. Ensuring adequate funding and a strong workforce; and
4. Transparent and locally accountable governance.

The following summary illustrates how each component in a strong public health sector helps achieve our shared goal: healthy, productive, and thriving communities.

1. Maintaining public health's unique upstream population health and disease prevention mandate
  - Public health's unique mandate is to keep people healthy, prevent disease, and reduce health inequities.
  - We focus upstream – long before people need hospitals and health care. We collaborate with and complement other health care services to proactively reduce the impact of illness on “hallway medicine” and the acute care system.
  - To be successful leaders in prevention, we have five core public health functions:
    - population health assessment and surveillance – understanding who is sick and why
    - health promotion and policy development – creating supportive environments for healthy living by making the healthy choice the easy choice
    - health protection - identifying hazards to our health and taking action to stop or reduce their risk
    - disease prevention – working directly with clients to prevent and treat some illnesses, and working with community organizations, municipalities and the Province to create healthy public policies
    - emergency management – planning for and leading the response to public health emergencies
2. Keeping public health at the community level to best serve residents and lead strategic community partnerships

- A strong public health sector is responsive to local health priorities through collaborative engagement with local municipalities, schools, health care professionals, community organizations, and residents.
  - Middlesex-London has a unique set of health issues that require tailored community responses and coordination.
  - Local perspectives add value to provincial priority-setting and decision-making.
3. Ensuring public health has adequate funding and a strong workforce to fulfill its mandate
- Overall funding for local public health should be sufficient to achieve the mandate and enable communities to thrive. Cost-sharing between the Province and municipalities should be achieved in a way that meets community needs and minimizes the burden on the local taxpayer.
  - The new Regional Public Health Entities should be empowered to identify the number, mix, and distribution of human resources necessary to meet local health needs.
4. Governance structures that are transparent, autonomous, and locally accountable
- As boards of health are regionalized, it is vital that the role of the Medical Officer of Health and the Board of health, their autonomy, composition, and ability to promote healthy public policy be maintained.

Local public health has a unique mandate not fulfilled by any other organization at the local level. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur. When the Provincial consultation begins, we strongly recommend the consideration of these essential components of a strong local public health sector to enable the achievement of our shared goal of healthy and thriving communities.

## Purpose

The Middlesex-London Health Unit (MLHU) has prepared this report in response to recent provincial announcements regarding the modernization of Ontario's public health sector. The scale of the proposed changes to the governance, organization, and funding of local public health organizations in Ontario is unprecedented.

As the Province consults on modernization of public health there are important considerations, borne out of decades of public health experience, that support the Province's goals of enhancing municipal engagement, better integrating with health care to support more efficient service delivery, and preserving the essential components of a strong public health system in a new structure.

Our vision is: ***People Reaching Their Potential***

Our mission is: ***To protect and promote the health of our community***

To continue to achieve this vision and fulfill this mission, the future regional public health entity must:

1. Maintain public health's unique upstream population health and disease prevention mandate;
2. Keep public health at the community level to best serve residents and lead strategic community partnerships;
3. Ensure public health has adequate funding and a strong workforce to fulfill its mandate; and
4. Implement governance structures that are transparent and locally accountable.

Lessons from history show that when the public health system is weakened, serious consequences arise. After the Walkerton E. coli contamination in 2000 and SARS outbreak in 2003, many expert reports highlighted the need for a strong and autonomous public health sector (2,3).

## Background

On April 11, 2019, the Ontario provincial budget introduced sweeping changes to the public health system. Objectives outlined in the provincial budget include replacing Ontario's 35 health units with 10 regional public health entities by April 1, 2020. This would dissolve all existing Boards of Health across the province.

The newly proposed boundaries (Figure 1) would see Middlesex-London Health Unit amalgamate with the Southwestern, Lambton, Chatham-Kent, and Windsor-Essex Health Units. The estimated population of this regional entity would be 1.3M.

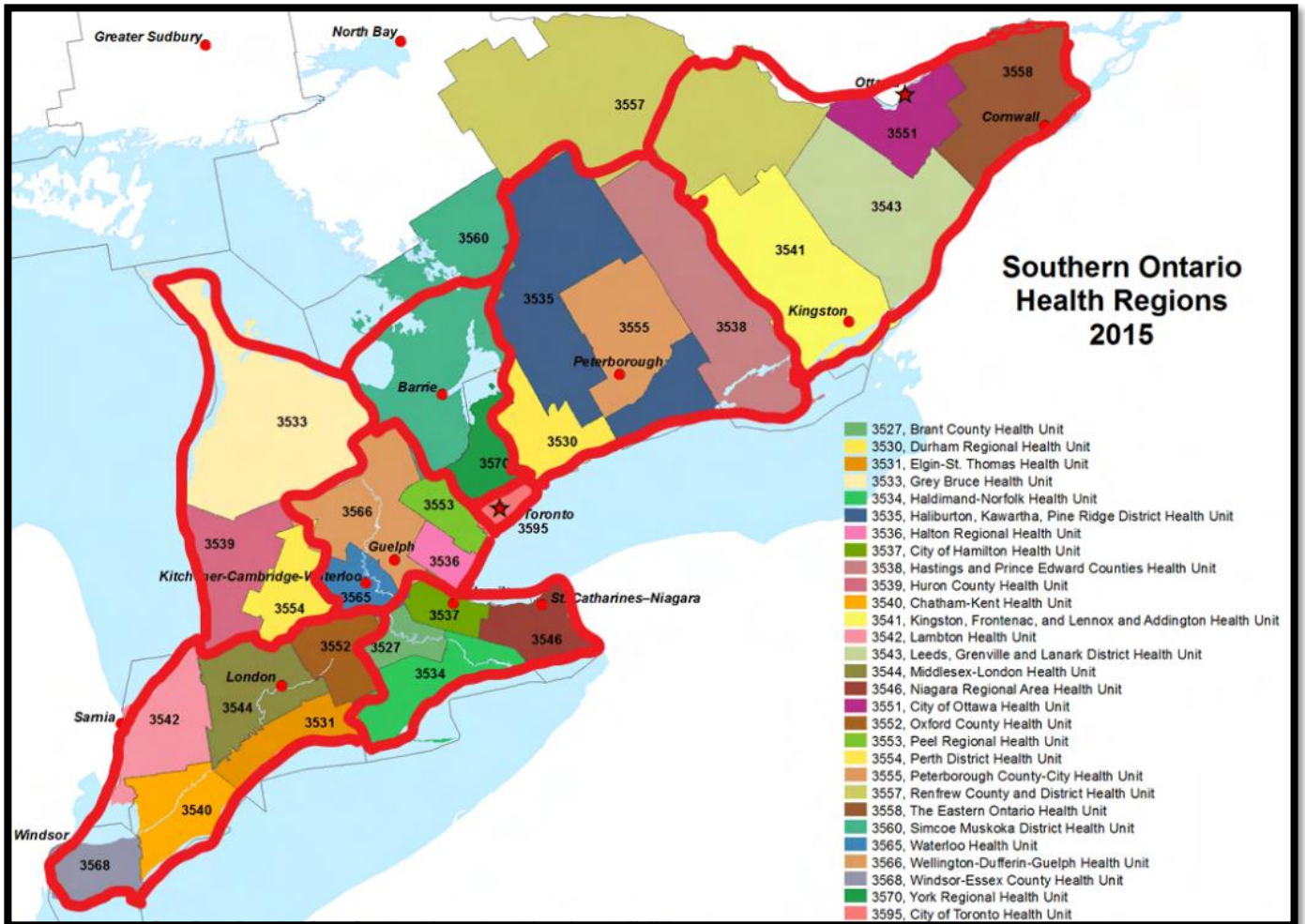


Figure 1 - Regional Public Health Entity Boundaries. Source: Statistics Canada, Health Regions, Boundaries and Correspondence with Census Geography, (82-402-x). Produced by the Statistical Registers and Geography Division for the Health Statistics Division, 2015.

The budget also proposes reducing total provincial funding for public health by \$200 million over the next two to three years and amending the cost-sharing arrangements between the provincial government and the municipalities from 75% Provincial / 25% Municipal to 70% Provincial / 30% Municipal in the 2020-2021 fiscal year and then to a 60% Provincial / 40% Municipal in the 2021-2022 fiscal year.

A significant increase in contributions from municipalities would be necessary to accommodate the change to the cost-sharing formula if health units are expected to continue providing comprehensive public health programs and services to communities that are served. The potential changes to the municipal contributions are outlined in Figure 2.

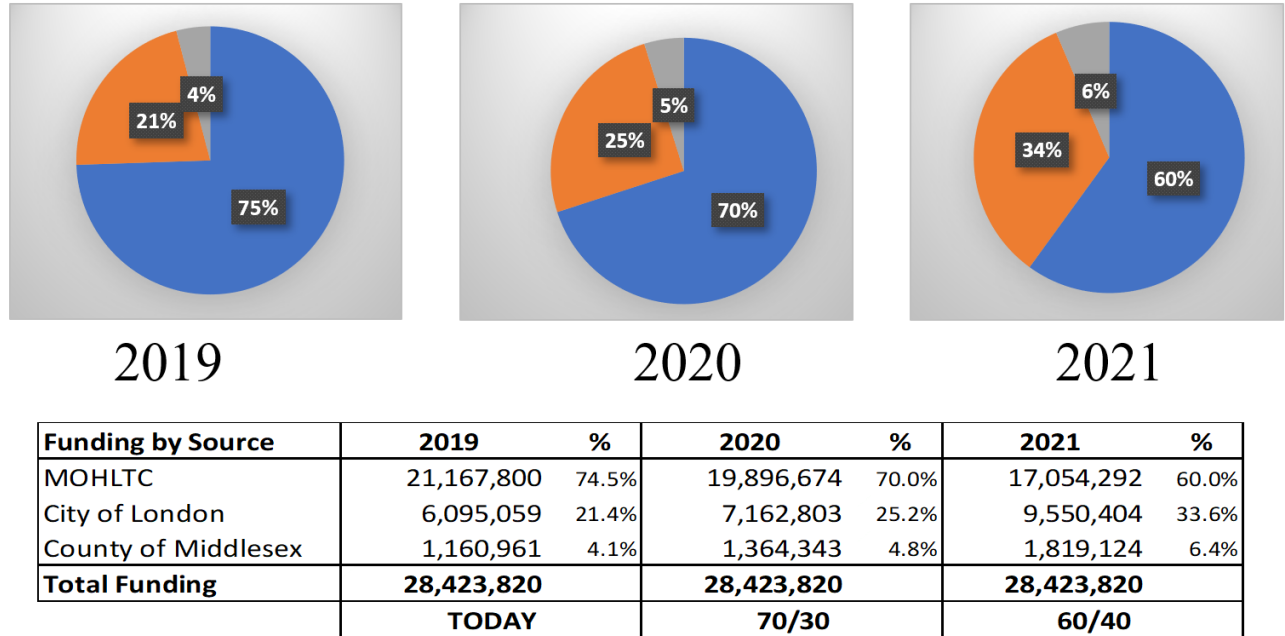


Figure 2 – Potential Impact of the Proposed Cost-Sharing Arrangements of the City of London and County of Middlesex

The Ministry of Health and Long-Term Care (MOHLTC) expects to find the \$200 million in savings from public health through the centralization of leadership, streamlining of back-office functions, IT services as well as the move to digital solutions at the regional level. These savings are expected to be achieved by 2021.

To lessen the immediate impact of these changes, the Province is considering one-time funding to offset costs as well as potential exceptions, or “waivers”, from some aspects of the Ontario Public Health Standards. Such funding and exceptions would be considered on a board-by-board basis.

The Province has also committed to consulting with public health units and municipalities on the phased implementation of the proposed changes.

Each of the following sections illustrates the vital elements of a strong local public health sector that will support the Province’s desired outcomes and ensure the public health needs of communities are met. These elements should be carried forward to a new structure.

## Essential Considerations for Local Public Health

The essential components for local public health are drawn from the Ontario Public Health Standards, peer-reviewed literature and reports that have been previously prepared for the Middlesex-London Health Unit, and all levels of government in Canada.

### 1. *Maintaining public health’s unique upstream population health and disease prevention mandate*

As outlined in the Ontario Public Health Standards:

*The role of boards of health is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes (4).*

MLHU’s focus on the health of the population stands in contrast to many of the other organizations and health service providers in the Middlesex-London region and it is imperative that its focus be maintained, if not strengthened.

#### What does this mean?

- Public health’s unique mandate is to keep people healthy, prevent disease, and reduce health inequities.
- To be successful leaders in prevention, we have five core public health functions:
  - **Population Health Assessment and Surveillance** – understanding who is sick and why
  - **Health Promotion and Policy Development** – creating supportive environments for healthy living by making the healthy choice the easy choice
  - **Health Protection** - identifying hazards to our health and how to stop or reduce their risk
  - **Disease Prevention** – delivering comprehensive disease prevention services by working directly with clients to prevent and treat some illnesses, and working with community organizations, municipalities, and the Province to create healthy public policies
  - **Emergency Management** – planning for and leading the response to public health emergencies
- We focus upstream – long before people need hospitals and health care. We collaborate with and complement other health care services to proactively reduce the impact of illness on “hallway medicine” and the acute care system.
- The Medical Officer of Health and Chief Executive Officer (MOH / CEO) and the Board of Health use evidence and data to act in the interest of the health and safety of the community. The MOH / CEO leads a group of multi-disciplinary public health professionals to ensure public health crises are addressed quickly and effectively, ensure the public is aware of how to prevent disease and enhance health, and provide expert advice to decision-makers.

## Why is this important?

*Local public health’s mandate is unique and considers everyone in the community, particularly those most vulnerable (e.g., low-income, newcomers, children, seniors).*

Public health uses a population health approach, which means reducing the factors that cause disease, injury, and death in the community. While some actions should be taken across all communities, we also recognize that communities are diverse and the importance of building on strengths and reducing vulnerabilities in individual communities. Figure 3 provides examples of core public health activities that keep people healthy, productive, and out of the health care system.

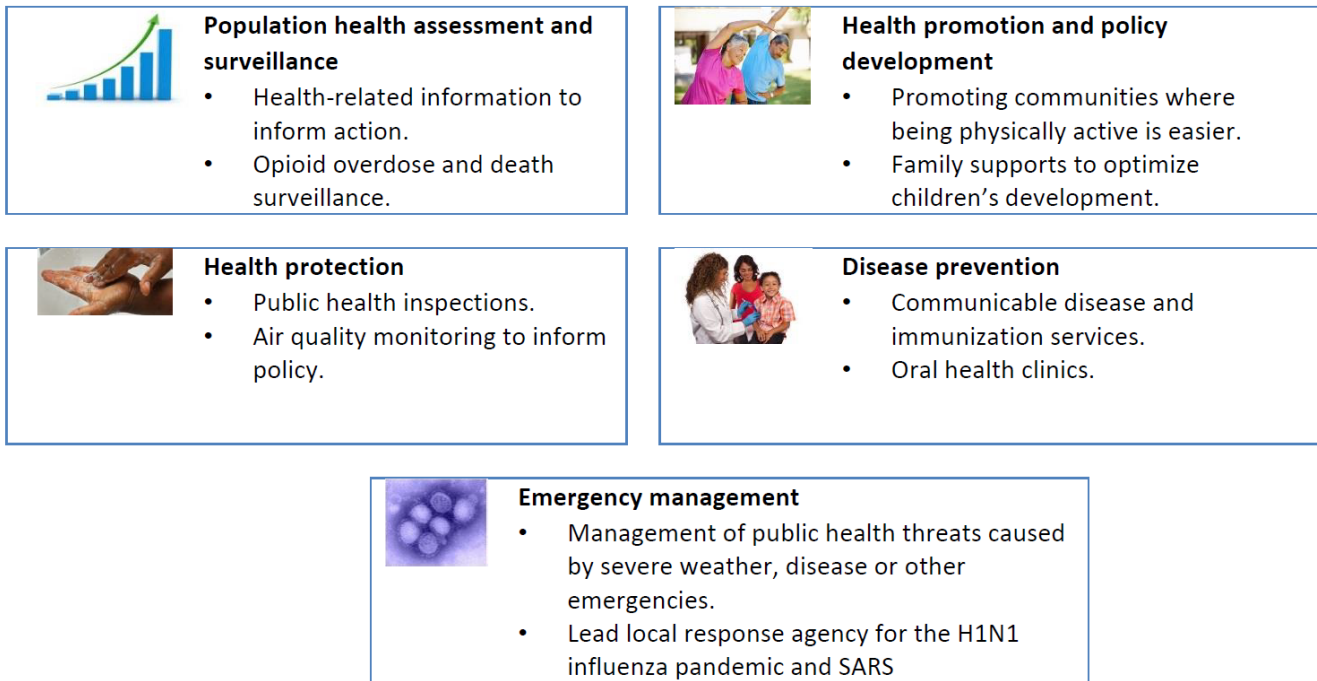


Figure 3 - Core Public Health Functions with Examples

While the success of prevention is mostly invisible, social and economic benefits are immense. When people avoid disease and injury, they are more likely to be productive and contribute to the economy. They require fewer hospital visits and rely less on health care throughout their lives (5). Figure 4 illustrates the loss in productivity due to communicable diseases.



**\$8.3 billion**

- 2008 cost of communicable diseases in Canada
- Mostly from lost productivity due to illness

**Public health prevents the spread of communicable disease**

*Figure 4 - Public Health Helps Decrease Lost Productivity due to Communicable Diseases (6)*

The economic impact of SARS provides an example of the costs associated with outbreaks that are not prevented. Looking at the increase in provincial expenditures alone, and not considering the personal financial costs of those affected, there were \$1.073 billion in unforeseen expenditures in the 2003-4 fiscal year (7).

*A strong public health sector keeps people out of overcrowded hospitals.*

The goal of public health is to keep people healthy, long before they become patients in the health care system. Public health programs focus on reducing risks to all residents. This ultimately drives down health care costs and makes the health care system more sustainable.

To achieve optimal health, both health care and public health are needed, and their roles are essential and complementary (Figure 5). Public health focuses on interventions with the greatest potential impact across a population and efforts to address the conditions where people live, work, play, grow and age to make healthy choices easier (8).

No other entity is primarily focused on upstream efforts to prevent illness before it arises. Investment in preventive strategies is an essential component to reduce “hallway medicine” and other strains on acute health care services.



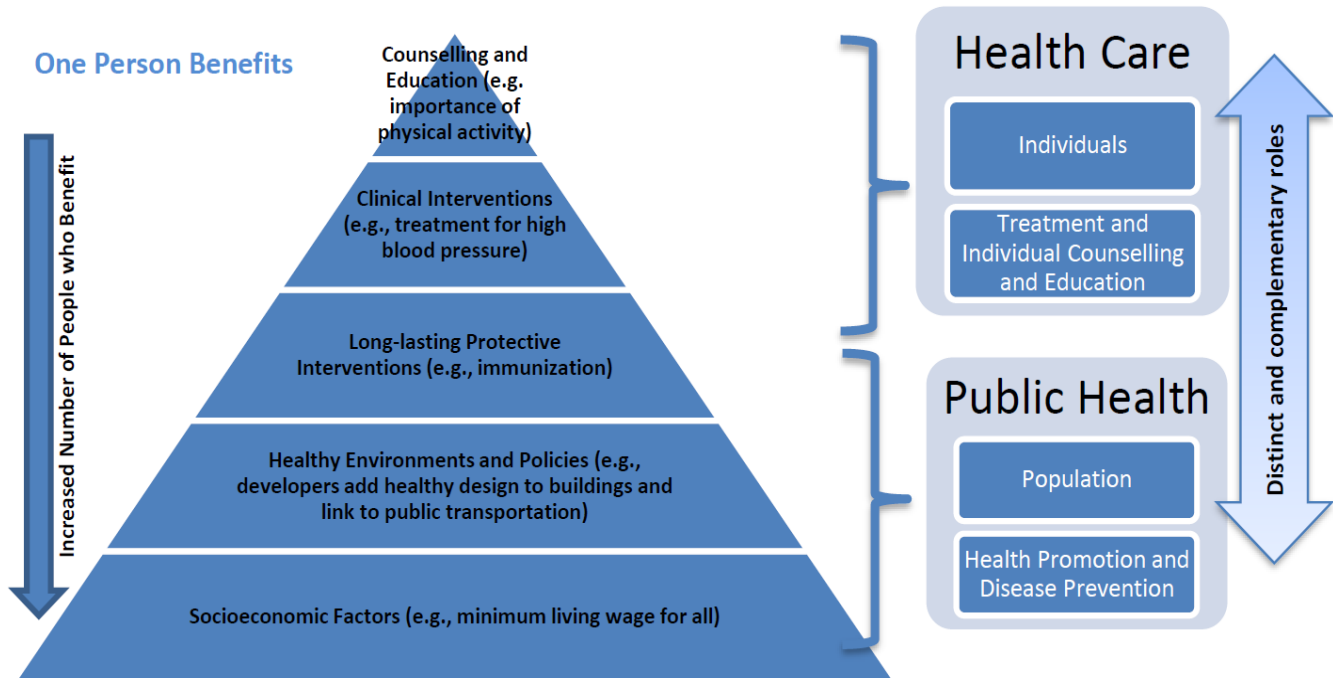


Figure 5 - How Public Health Complements Primary / Acute Care (Adapted from the Health Impact Pyramid)

*A strong public health sector leads to multiple invisible benefits.*

Some of public health’s key successes, such as safe food and water or the control of communicable, vaccine-preventable diseases, have paradoxically reduced its perceived value among voters and decision-makers, making it vulnerable to budget cuts and weakened governance structures (9). The average lifespan of Canadians has increased by almost 25 years since 1920, with public health advances being among the main reasons for improvement (10).

*Public health has a unique role in helping everyone have a fair chance to live a healthy life.*

All Middlesex-London residents should have the opportunity to make healthy choices regardless of their income, education or ethnic background. It is known that the poorest people in Ontario are nearly twice as likely as the richest people to report multiple chronic conditions (11). This impacts municipalities through health service utilization, lower productivity, and other social costs.

Public health collaborates with municipalities and other stakeholders to decrease health inequities in their communities. Health inequities are differences in health that groups of people experience because of unfair and modifiable social advantage or disadvantage. Public health addresses health inequities through programs that benefit everyone and some that help those most in need. For instance, mothers who give birth in the Middlesex-London region are screened for a referral to the Healthy Babies, Healthy Children or Nurse Family Partnership home visiting program. Mothers at highest risk for poor infant and maternal outcomes (e.g., postpartum depression, lack of social or financial support) are prioritized for at home support from a Public Health Nurse and/or Family Visitor.

In addition, we offer free services to all residents of Middlesex-London in our dental, immunization, and sexual health clinics, regardless of health insurance (OHIP)-coverage or immigration status.

In sum, local public health has a unique mandate not fulfilled by any other organization at the local level. It keeps people healthy and out of overcrowded hospitals. It has multiple invisible benefits, including a great return on investment and it has a special role in helping everyone have a fair chance to live a healthy life.

## *2. Keeping public health at the community level to best serve residents and lead strategic community partnerships*

Middlesex-London Health Unit is located in Southwestern Ontario. These are the traditional lands of the Attawandaran (Neutral) peoples who once settled this region alongside the Algonquin and Haudenosaunee peoples. The three First Nations communities with longstanding ties to this geographic area are Chippewa of the Thames First Nation (Anishinaabe), Oneida Nation of the Thames (Haudenosaunee); and Munsee-Delaware Nation (Leni-Lunaape) (12).

Middlesex-London covers 3,317 square kilometers; a relatively small land area compared to other health units with a relatively large population of 455,526 people in 2016. Nine out of 10 people in Middlesex-London live in urban areas, predominately London, and Strathroy (12).

### **What does this mean?**

- A strong public health sector is responsive to local health priorities through collaborative engagement with local municipalities, schools, health care professionals, community organizations and residents.
- Middlesex-London has a unique set of health issues that require tailored community responses and coordination.
- Local perspectives add value to provincial priority-setting and decision-making.

### **Why is this important?**

#### *Unique public health issues in Middlesex-London.*

There are many health issues to consider locally. The community health status resource details the health status of Middlesex-London and highlights several issues that demand attention (12):

1. The projected growth rate between 2016 and 2041 for Middlesex-London is 26.1% (with those aged 65 years and older doubling in this period). This translates to increased demand for public health services (e.g., immunizations, clinic visits, dental screening, and inspections).
2. In Middlesex-London, approximately 1 in 5 people are immigrants and over one in ten immigrants are recent immigrants (12.9%).
3. Injuries represent an area of substantial burden in the Middlesex-London, particularly in the rural population. Falls are the leading cause of injury-related deaths and visits to the emergency department and disproportionately those who are elderly.
4. Middlesex-London has multiple overlapping drug-related crises: opioid-related overdoses, invasive Group A Streptococcal (iGAS) disease, endocarditis, hepatitis C, HIV, and hepatitis A.
5. The proportion of women reporting a mental health concern during their pregnancy is significantly higher in Middlesex-London compared to Ontario and increased over time from 2013 to 2017.

“Moving the needle” on complex health issues like these requires keen local insight, solid knowledge of health behaviour and illness prevention, combined with strong local partnerships.

*Engaged and empowered communities and stakeholders are essential for public health.*

Public health emergencies, such as SARS and pandemic influenza H1N1, demonstrate that local investments are needed to ensure clear coordination among hospitals, health care providers, and government. Beyond emergencies, strong collaboration is essential to tackle complex health issues, such as substance use.

An example of the latter is MLHU's work on the Community Drug and Alcohol Strategy. This brought a collaborative focus to addressing the multiple and overlapping challenges gripping the community, including opioids, crystal meth, alcohol, and other substances. The partnership leading the development of this strategy included representatives from the health, education and social services sectors, as well as from law enforcement, the private sector, municipal government, and people with lived experience. Extensive community input was vital in helping to shape the Strategy. The Strategy consists of 23 recommendations with 98 associated actions and sets a long-term comprehensive plan to prevent and address local substance-related harms. Work to implement the recommendations is underway and will continue through 2019 and beyond (13).

In sum, engagement with municipal partners and community members improves the health outcomes of whole population groups, including those involved, and saves money. Public health governance is an opportunity to increase community involvement, reflect the diversity of residents, and maintain local priorities.

Additionally, research has shown that public health engagement and empowerment of local communities leads to better health outcomes:

- Higher performing public health units were found to have greater community interaction (14).
- Public health departments that prioritize the community's needs and who partner with the community will see differences in health outcomes (15).
- Partnerships not only with academia but also with hospitals, community organizations, social services, private businesses, and law enforcement are important (16).
- Engaging outside agencies in planning of program and service delivery is significantly related to public health performance (17).
- The longer that public health agencies have been engaging in partnerships, the better their performance metrics related to partnership development (18).

### *3. Ensuring public health funding and a strong workforce to fulfill its mandate*

Public health is the responsibility of all levels of government. In Ontario, Provincial policy has typically cost-shared public health funding with municipalities being legally obligated to pay their cost-share as per the Health Protection and Promotion Act.

In addition to having the appropriate resources, all health units in Ontario should be fully staffed with enough people and the right mix of people and competencies. There must be strong and effective leadership at all levels.

#### **What does this mean?**

- Overall funding for local public health should be adequate to achieve the mandate and enable communities to thrive. Cost-sharing between the Province and municipalities should be achieved in a way that meets community needs and minimizes the burden on the local taxpayer.
- The new Regional Public Health Entities should have the capacity to identify the optimal number, mix and distribution of public health skills, and workers to meet local health needs.

#### **Why is this important?**

Imagine you are raising a child. If you feed, clothe, and give the child a roof over their head, they will live. But to thrive, the child also needs social interaction, love, interesting experiences, and so much more.

Public health is in the business of helping community health to thrive. If public health funding is not increased or protected, and if human resource capacity is compromised, there will be significant implications, such as:

- Challenges meeting current and future community health needs;
- Inability to detect and respond to future public health emergencies;
- Difficulties delivering mandated public health programs and services; and
- Needing to divert resources from some programs to others or stop completely.

*Adequate funding is required to meet community health needs.*

Provincial contributions to public health spending have fluctuated since the mid-1990s, as illustrated in Figure 6.

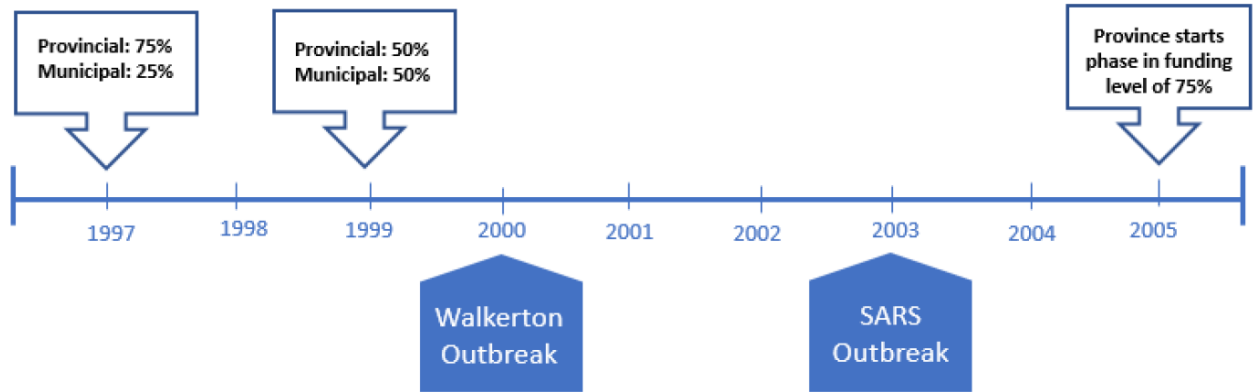


Figure 6 - Timeline of Provincial and Municipal Funding Share for Public Health Services in Ontario (19, 20)

The increase in provincial funding in 2005 was in response to the two public health emergencies – the outbreak in Walkerton in 2000 and the SARS epidemic in 2003. The purpose of the increased contribution was to enhance the capacity of the public health system, which had been weakened by reduced investment in public health in the years prior.

The Province intended to reach the 75/25 funding split within three years, but this did not occur. For example, in 2011, only 17 of the 36 health units had reached the 75/25 funding split for mandatory programs (21).

In 2015, the Ministry of Health and Long-Term Care Funding Review Working reviewed the funding formula and made recommendations. The recommended funding allocations for public health units were based on population and equity measures and identified MLHU as one of the lowest provincially funded public health units on a per capita basis. Middlesex-London benefited from a needs-adjusted funding model and saw an increase in mandatory program funding in 2016 and 2017.

*The Middlesex-London Health Unit has already identified program efficiencies given historical provincial underfunding.*

Since 2005, MLHU has been able to maintain municipal funding increases at 0%. This has been accomplished through responsible financial governance and stewardship and using a Program Budgeting Marginal Analysis (PBMA) process. Every health organization has limited resources and the need to make choices about how to allocate these resources. The PBMA process aims to align resources with the mandate and strategic priorities of the organization, improve decision-making transparency and rigor, and provide staff and public ownership of the decision-making process.

Over the past five budget cycles, MLHU has been able to find savings of \$3.9 million and approve ongoing investments of \$3 million and \$1.6 one-time investments to maximize the impact our services have on the community. Examples of these investments include:

- Increased public health nursing capacity for outreach work with people who use injection drugs and who have HIV, Hepatitis C, or other blood-borne diseases to prevent the spread of these diseases and improve health outcomes. This program has essentially ended an HIV outbreak in people who inject drugs.

- The Nurse-Family Partnership home visiting program for young, low-income, and first-time mothers. This program helps teenage mothers meet their education and employment related objectives, and set their children up for success in life.
- An innovative needle-syringe recovery partnership program where a team sweeps high-risk urban areas to reduce waste related to discarded harm reduction equipment

*Investment in public health saves money and improves health.*

The public health sector receives a small portion (about two percent) of the provincial health care budget, yet it provides a high return on investment. Under proposed modernization plans, this already small portion of the provincial health care budget will be reduced even further over the next three years.

This is counterintuitive, given that public health programs offer such a high return on investment. For example, every dollar invested in public health programming saves eight dollars of avoided health and social care costs (1). The return on investment, illustrated in Figure 7, is even more favorable for interventions that changed public policies such as limiting tobacco marketing or using infrastructure to make active transportation easier (1).

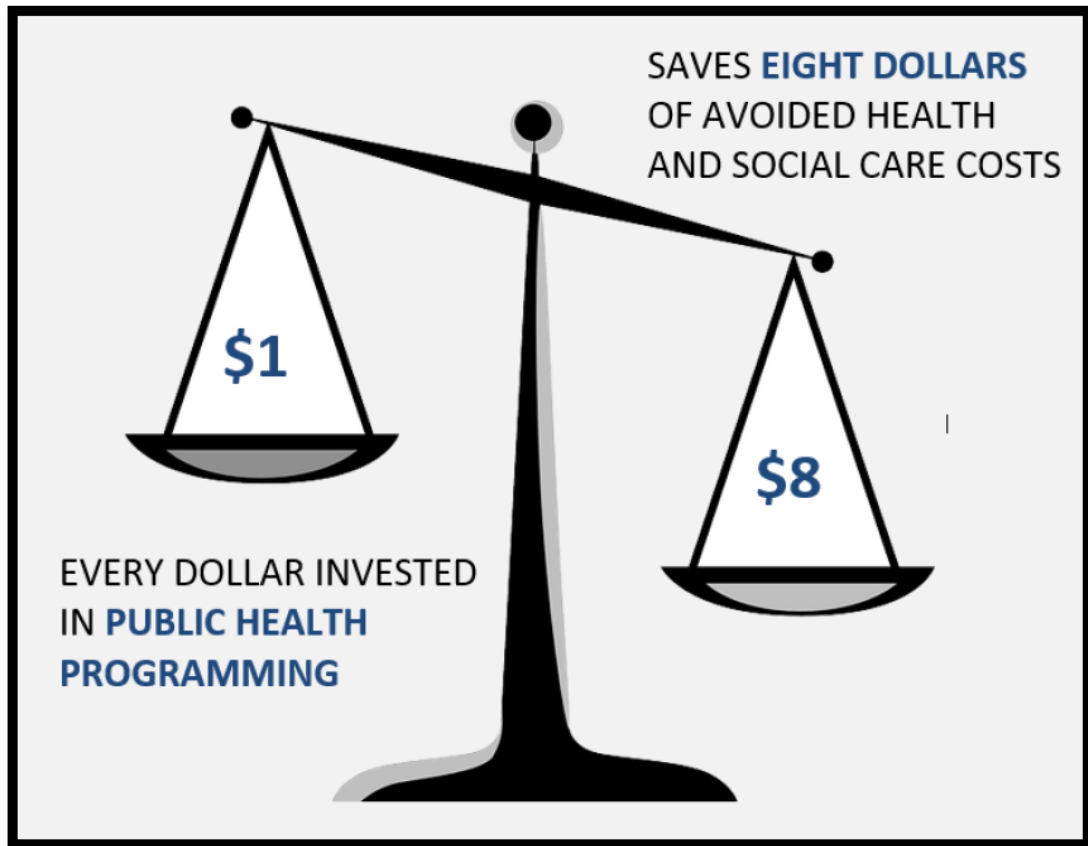


Figure 7 – Public Health Return on Investment

Some additional examples of the extent to which public health is a good return on investment include:

- \$1 invested in immunizing children saves \$14 in health and social costs (22).
- \$1 invested in heart disease prevention pays back \$11 in health and social benefits (23).
- \$1 invested for improved walkability pays back \$2 in health benefits (24).

Public health investments are a crucial way to improve the “social determinants of health” within a population. As seen in Figure 8 below, the most important factors in health or illness are socially determined, such as income, early childhood experiences, education, and housing. In contrast, only 25 percent of what influences our health is related to health care.

Despite this, nearly all funding goes to the health care system. In fact, only about two percent of health care funding goes to public health initiatives, even though these focus on improving the environment and social determinants of health.

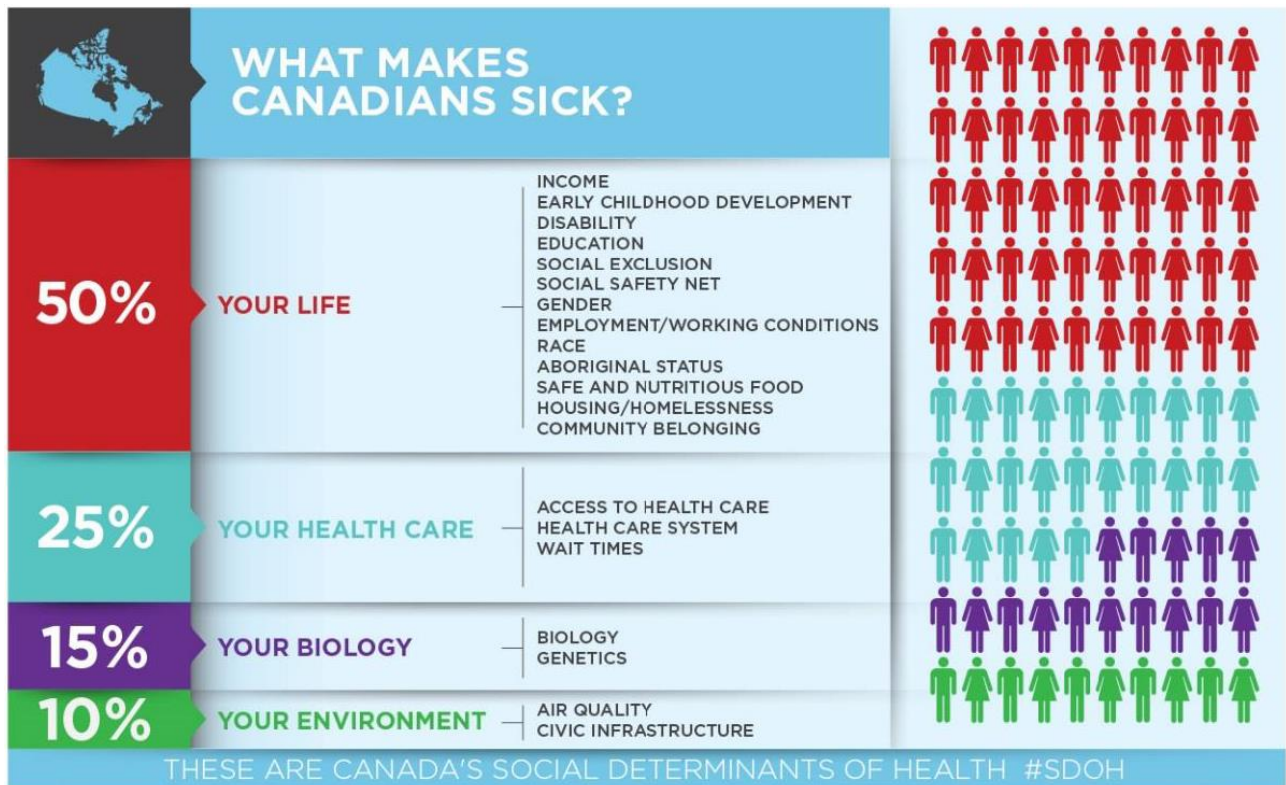


Figure 8 – What Makes Canadians Sick (25)

*The new Regional Public Health Entities should have the capacity to identify the optimal number, mix and distribution of public health skills, and staff to meet local health needs.*

One of the most important strengths of our public health system lies in its dedicated workforce. Public health expertise spans several health disciplines, including nutritionists, nurses, health promoters, inspectors, epidemiologists, and many more. The distribution of public health expertise, resources and services should be tailored to meet current and future local needs and priorities (26).

Reduced available funding would impact the critical mass of staff required to deliver quality programs and services and reduce our capacity to respond to public health emergencies or



periods of increased need. In addition, the application of cost-cutting initiatives that limit staffing (e.g., hiring freezes) compromise efforts to attract and keep qualified individuals in the public health workforce (27).

#### 4. *Governance structures that are transparent and locally accountable*

Transparency and local accountability are essential for health units to maintain the trust of the public and to be able to respond effectively in the event of a public health emergency. Governance structures contribute significantly to the ability of a regional health entity's ability to act in this way.

##### **What does this mean?**

- As boards of health are regionalized, it is important that the role of the Medical Officer of Health and the Board of health, their autonomy, composition, and ability to promote healthy public policy be maintained.

##### **Why is this important?**

*Weakening the roles of the Medical Officer of Health and Board of Health can compromise key parts of the public health sector and negatively impact the community.*

- Public health and safety. The Medical Officer of Health and Board of Health must act quickly and effectively during public health crises. This includes the ability to rapidly deploy a skilled team of public health professionals to work with municipalities, health care, and others, and have the continuing legal authority to put the public's health first.
- Public trust. All residents have the right to know about the health of the community and what can be done to improve it. As the doctor for the community, the Medical Officer of Health should never be prevented from being honest and transparent about the community's health. Additionally, the Board of Health should have the ability to act on the independent advice provided by the Medical Officer of Health to ensure public health and safety.

*The independence to allocate resources to local public health needs and engage in the promotion of healthy public policy ensures that community health needs are addressed.*

Allocation and expenditure of resources are some of the most important predictors of health unit performance (16). Additionally, the presence of a local board of health with policymaking authority is associated with positive performance of essential public health standards (16, 28).

The strongest predictor of public health agency performance is the size of the population served (16, 28). Specifically, the larger the jurisdiction size, up to a maximum of 500,000 people, was found to be a positive predictor of performance (29).

The socioeconomic status of a community is a strong predictor of health status in a community (28, 30, 31). Addressing the social determinants of health in a community may be one of the most successful methods of elevating health status in the community.

## Conclusion

Public health plays a distinct role in protecting the health of residents. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur. Investments in public health should be viewed as a cost-effective way to improve the sustainability of our health care system by relieving the strain on primary and acute care.

Investments in public health have proven to generate high returns on investment. We know, for example, that for every dollar invested in public health, communities benefit from an \$8 return on investment (1). Despite this, public health receives just about two percent of all provincial health care spending.

As the Ontario Government considers its approach to public health modernization, it is critical the core components of a strong public health system are maintained or strengthened. Positive public health outcomes require:

- Maintaining public health’s unique upstream population health and disease prevention mandate;
- Keeping public health at the community level to best serve residents and lead strategic community partnerships;
- Ensuring public health has adequate funding and a strong workforce to fulfill its mandate; and
- Governance structures that are transparent and locally accountable.

Analyses of historical public health crises clearly show that, without these components in place, our communities are less protected and at higher risk for avoidable illness and death.

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