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**To:** [Kolar, Loren](#)  
**Subject:** 05.1 ENDORSE (2019-08-06) Kingston Frontenac Lennox Addington - Principles and Criteria to Guide PH Restructuring  
**Date:** September 4, 2019 3:04:42 PM  
**Attachments:** [Board Letter - Principles and Criteria Aug 6, 2019.pdf](#)

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### Krislyn Fernandes

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**Sent:** August 6, 2019 2:25 PM  
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**Subject:** KFL&A Board of Health Letter - Principles and Criteria - Aug 6, 2019

Dear Minister Elliott:

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its July 24, 2019 meeting:

*“THAT the KFL&A Board of Health share with the Government of Ontario key principles, and decision-making criteria that should be used to guide the restructuring process at the provincial level, and further that KFL&A Public Health looks forward to the opportunity to directly work with the Ministry on public health reorganization in the promised consultation process.”*

Please find attached a letter from Denis Doyle, Chair, KFL&A Board of Health regarding the above.

Kind regards,

*Wynando Moore*

**Wynando Moore**

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August 6, 2019

The Honourable Christine Elliott, Deputy Premier  
Minister of Health  
Hepburn Block 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9

Dear Minister Elliott:

In this time of public health restructuring in Ontario, it is crucial that we maintain a clear vision for the principles and criteria by which we can design and evaluate the amalgamation process. The Medical Officers of Health from across much of Eastern Ontario, all partners in the Eastern Ontario Wardens Caucus, along with CAOs from their counties, and myself came together on July 8, 2019, to develop a set of principles and criteria we believe should be used to guide the restructuring process at the provincial level. The Board of Health at KFL&A met on July 24, 2019 then to discuss the principles and criteria and agreed to unequivocally support the following below.

Key Principles for Restructuring Local Public Health in Ontario:

1. **Improve population health:** any modernization approaches and changes must protect and enhance population health.
2. **“Say for pay”** must be maintained for municipalities in a meaningful way, meaning the autonomous board must contain a majority of municipal representatives. It must allow for all “obligated municipalities”, whether municipal or First Nation (Section 50, HPPA) to have meaningful decision-making to ensure public health remains responsive and accountable to the local communities it serves.
3. As a health unit composed of small urban, rural, and First Nations areas, the structure and delivery of services and programs must **meet the needs of these communities**. Local access and delivery must be maintained despite regionalization of back-office supports and efficiencies.
4. The **funding model and formula** for local public health must take factors into account such as equity, the older age of the population, the rural-urban mix, and must be sustainable.
5. The **best available evidence** should be considered as part of the policy decision making.
6. **Efficiencies will be identified and optimized** wherever possible, without sacrificing the quality and effectiveness of services provided.
7. Any new organizational structure will **build on the current strong collaborative relationships** among the current health units and local public health agencies in Eastern Ontario.
8. Any proposed infrastructure will **build on the assets** of the current local boards of health and respond to their challenges, looking for opportunities to improve public health services.

Decision-Making Criteria for Boundary Development:

1. **Alignment with Ministry of Health direction** - proposals must be evaluated considering the directions, vision and outcomes for Public Health as outlined by the Ministry.
2. **Maintenance of current partner alignment** – current relationships and partnerships with proposed Ontario Health Teams, Tertiary Care Centres, Universities/Colleges, neighbouring health units, school boards and other key partners should be maintained whenever possible.
3. **Meaningful governance by "obligated municipalities"** – consistent with the principle of “say for pay”, decision-making must consider a meaningful governance model for obligated municipalities who are required to fund public health programs under the Health Protection and Promotion Act.
4. **Inclusion of Indigenous populations and Francophone populations**– amalgamation models need to ensure that Indigenous and Francophone populations are engaged at the governance level and in program planning and delivery.
5. **Efficiencies** – the potential for cost savings and efficiencies is paramount in the evaluation of models including evidence of economies of scale.
6. **Sufficient resources** – resources must be sufficient at the local level for regular programs and surge capacity, including resources to fill key positions including the Medical Officer of Health and other public health experts.

Our Board of Health feels that the current proposal by the Ministry would adversely affect KFL&A Public Health, and further, does not fulfill the key principles and criteria outlined above. Projections of the planned amalgamation estimate a costly process with potential impact on front-line services. A strength that will be lost is our strong working partnerships with both Hastings Prince Edward Public Health and Leeds Grenville Lanark District Health Unit formed through many years facing similar issues across our geography. If these partnerships are maintained, we would be able to achieve a solution that is beneficial for all stakeholders in our region.

We believe that this process should not be rushed to ensure decisions consider evidence and best practices to remove the risk of unintended negative consequences. To achieve our mutual goals, we look forward to the opportunity to directly work with the Ministry on public health reorganization in the promised consultation process and to consider these proposed principles and criteria.

Sincerely,



Denis Doyle, Chair  
KFL&A Board of Health

*Copy to:*

*Hon. D. Ford, Premier of Ontario*  
*Hon. H. Angus, Deputy Minister of Health*  
*Ian Arthur, MPP Kingston and the Islands*  
*Daryl Kramp, MPP Hastings-Lennox and Addington*  
*Dr. David Williams, Chief Medical Officer of Health*  
*Loretta Ryan, Association of Local Health Agencies*  
*Ontario Boards of Health*  
*KFL&A Board of Health members*  
*Dr. Piotr Oglaza, MOH, HPEPH*  
*Jo-Anne Albert, Board Chair, HPEPH*  
*Dr. Paula Stewart, MOH, LGLDHU*  
*Doug Malanka, Board Chair, LGLDHU*  
*Warden R. Higgins, County of Frontenac*  
*Warden E. Smith, County of Lennox and Addington*  
*Kelly Pender, CAO, County of Frontenac*  
*Brenda Orchard, CAO, County of Lennox and Addington*  
*Mayor B. Paterson and City Councillors, City of Kingston*  
*Monica Turner, Director of Policy, Association of Municipalities of Ontario*