

August 6, 2021

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The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

As per its recommendation on July 21st, 2021, I am writing on behalf of the Board of Health for Peterborough Public Health (PPH) requesting the Ministry of Health (MOH) consider funding an increase to our cost-shared base budget to accommodate the addition of 2.8 full-time equivalent (FTE) staff positions and monies to update the Environmental Health database used by PPH, for the implementation of the *Menu Labelling*, *Child Visual Health and Vision Screening*, and *Consumption and Treatment Services Compliance and Enforcement* protocols under the Ontario Public Health Standards (OPHS).

In 2018, the *Menu Labelling* and the *Child Visual Health and Vision Screening* protocols were added to the *OPHS and Protocols*. The BOH appreciated receiving one-time funding for the implementation of the *Menu Labelling* protocol, however we are concerned that no additional base funding is being provided to support the sustained implementation of the *Menu Labelling* protocol.

In addition on June 10, 2021, PPH received a memo from the Chief Medical Officer of Health indicating an amendment of the OPHS which included the addition of a requirement to deliver the Ontario Seniors Dental Care Program (OSDCP) in accordance with the revised *Oral Health Protocol, 2021* and amendments to the Effective Public Health Practice; Healthy Environments; and Substance Use and Injury Prevention Program Standards to require routine and complaint-based inspections of Consumption and Treatment Services and reference to the new *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (CTSCEP)*. Although the OSDCP is 100% funded by the Ministry of Health, no additional funding was announced to support the implementation of the CTSCEP.

This is a particular concern in Peterborough as community partners have made application to the provincial government for a Consumption and Treatment Site (CTS) for 220 Simcoe Street, Peterborough. A Health Canada Exemption to allow for illicit drug use on site has been approved. A separate application for CTS funding was submitted to the MOH for operations funding for staffing/facility and awaits approval.

Although the 2021 amended standards and associated protocols are welcomed, local public health agencies (LPHAs) like PPH have very limited capacity to implement them without a supporting budget. As noted above, LPHAs are already carrying a load of previously mandated protocols that have never been funded, including the vision screening and menu labelling protocols. In addition, due to the COVID-19 pandemic, LPHAs are behind in implementing many requirements of these programs and need all allocated FTE for programs and services that have fallen behind. We are concerned that these FTE cannot be stretched even further to fulfill the requirements of these unfunded programs.

With the anticipated return to regular programs and services in the upcoming fall and winter and the ongoing demands of COVID-19 response, it will be critical that programs that have not been operating for the past 16 months respond to the gaps and inequities created or exacerbated during the pandemic. We fear that the addition of new mandates may jeopardize the prioritization of programs and services that are intended to reduce health inequities and are evidence based.

More specifically we note:

Rationale for CTS-Related Funding

The addition of the new CTS protocol will add more pressure to divert finite resources from other programs and services to complete these new requirements. It is anticipated that additional Health Promoter time, up to 1.0 FTE in the first year, and funding to support reporting would be required to fulfill the requirements of the new protocol including routine inspections, responding to complaints, creating an inspection and reporting module, additional licenses for the inspection and reporting software, and collaborating with stakeholders.

Rationale for Increased Public Health Inspector Resources

Prior to the pandemic, PPH dedicated Public Health Inspector (PHI) resources to focus on menu review and inspections of existing regulated food service premises that fall under the *Healthy Menu Choices Act, 2015* (HMCA), and inspections of each new food service premise within their first year of operation. Compliance to date with this protocol is estimated at 60% and was identified as an Environmental Health priority in 2020. Additional PHI time, up to 0.5 FTE, is needed in 2022 to complete HMCA inspections (not routine inspections).

Rationale for Vision Screening Staffing Request

Prior to the emergency response to COVID-19, at PPH, the Vision Screening program was subsidized by staffing from the Oral Health and Ministry of Children, Community and Social Services (MCCSS)-funded programs, including a Certified Dental Assistant and an Administrative Assistant, amounting to a total of 1.3 FTE. Moving into the post-pandemic era this support will not be possible since many of the Oral Health screening program recipients will be priority for services. All of the staffing allocated to these programs will be needed to make up for lost time and ensure the oral health of school children is assessed and appropriate treatment offered.

Our Board of Health, looks forward to working with the Ministry to ensure that all mandated programs are adequately resourced and that health of the community continues to be protected.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. Kieran Moore, Incoming Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health