June 19, 2020

The Honourable Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3
(Sent via email to: christine.elliottco@ola.org)

Dear Minister Elliott

RE: Endorsement of correspondence regarding the 2020 Municipal Cost Share of Public Health Funding from Eastern Ontario Health Unit and correspondence regarding COVID-19 and Reconsiderations Related to Public Health Modernization from the Association of Local Public Health Agencies

At its meeting held on June 18, 2020, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit) passed the following motion:

“THAT the correspondence sent by the Eastern Ontario Health Unit to the Minister of Health regarding the 2020 Municipal Cost Share of Public Health Funding (attached), and the correspondence sent by the Association of Local Public Health Agencies to the Minister of Health requesting consideration of a pause on the Public Health Modernization initiative (attached) be endorsed; and THAT the provincial share of public health funding be reinstated to its previous level; and THAT a letter of support be sent to The Honourable Christine Elliott”.

The Board Health agrees with the Eastern Ontario Health Unit and the Association of Local Public Health Agencies that the Public Health Modernization process should be deferred until after the COVID-19 response is examined and that public health funding should be restored to its previous level for 2020.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Doug Elmslie
Chair, Board of Health

DE/alin/ed

Cc (via email): Dr. David Williams, Ontario Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Association of Municipalities of Ontario (AMO)
Jennifer Moore, CAO, Northumberland County
Mike Rutter, Chief Administrative Officer, County of Haliburton
Ron Taylor, Chief Administrative Officer, City of Kawartha Lakes
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

Attachments: 2
Cornwall, February 12, 2020

The Honorable Christine Elliott  
Minister of Health and Deputy Premier  
Heptburn Block, 10th Floor, 80 Grosvnor Street  
Toronto ON  M7A 1E9

Dear Minister Elliott:

RE: 2020 Municipal Cost Share of Public Health Funding

At its meeting on January 30, 2020, the Eastern Ontario Health Unit (EOHU) Board of Health unanimously passed the following motion number 2020-1393:

WHEREAS the Ontario Government’s Public Health Modernization Consultation process is still ongoing and in fact delayed;

WHEREAS the Public Health Modernization Consultation process does not address public health funding models including municipal cost-share;

WHEREAS without prior consultation nor discussion with health units or municipalities and before a new public health structure model has been devised and implemented, the municipal public health funding share for 2020 has been increased to 30% and now extends to include programs not previously cost-shared with municipalities;

WHEREAS the 30% share across all programs, including those previously not cost-shared will result in significant and likely unsustainable increase of close to 50% to the EOHU’s 3 obligated, mostly rural municipalities which have a limited tax base;

WHEREAS the EOHU’s obligated municipalities have planned for a 2020 modest overall contribution increase of up to 2% which is less than their new 30% cost-share formula 2020 contribution, even offset by verbally confirmed one-time transitional funding by the Ministry of Health;

THEREFORE, BE IT RESOLVED THAT for the calendar year of 2020 the provincial Ministry of Health reverse the 30% cost-share formula and return to previous years’ municipal share of 25% applicable only to previously shared mandatory programs;

and

FURTHERMORE THAT copies of this motion be forwarded to local municipalities, the Wardens Caucus of Eastern Ontario, the Association of Municipalities of Ontario (AMO), ROMA, local MPPs, MPP Steven Clark, all Ontario Boards of Health, the Association of Public Health Agencies (aPHa) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.

.../2
Thank you for your attention to this important public health issue.

Sincerely,

Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy:  Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
       Viarden’s Caucus of Eastern Ontario
       Association of Municipalities of Ontario (AMO)
       ROMA
       City of Cornwall
       Ontario Boards of Health
       Association of Public Health Agencies (alPHa)
       Office of the Chief Medical Officer of Health
       Jim McDonell, MPP, Stormont - Dundas - South Glengarry
       Amanda Simard, MPP, Glengarry - Prescott-Russell
       Steven Clark, Minister of Municipal Affairs
Hon. Christine Elliott
Minister of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3

March 6, 2020

Dear Minister Elliott,

Re: COVID-19 and Reconsiderations Related to Public Health Modernization

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to urge you to consider pausing the Public Health Modernization initiative until the COVID-19 emergency is declared over in order to ensure that the response can be analysed, evaluated and incorporated into the consultations.

After a long period of uncertainty within the public health sector, we were indeed very grateful for your January 31 news release that included your praise of public health’s “remarkable responsiveness” to the 2019 novel coronavirus and your expression of confidence that dedicated public health professionals are keeping Ontarians safe.

As we noted in our submission to the Public Health Modernization consultation paper, commitments to strengthening Ontario’s public health system in response to the Walkerton, SARS and H1N1 health emergencies (including increased provincial responsibility for funding, strengthened role of the Chief Medical Officer of Health and creation of The Ontario Agency for Health Protection and Promotion) have led to measurable improvements to the Ontario public health sector’s capacity to detect and respond to emerging threats. The swift collective and thorough response to the COVID-19 epidemic is a clear application by Ontario’s public health sector of the lessons learned from the 2003 SARS outbreak.

This is not to say that activating our emergency response mechanisms has become a simple matter. Emergency response is by its very nature incredibly resource intensive and requires a high degree of ingenuity and nimbleness to adapt the response to a constantly evolving situation. Unfortunately, this can have a measurable impact on the equally important health protection and promotion activities that Ontario’s dedicated public health professionals carry out every day to keep Ontarians well.

As we also noted in our submission to the Public Health Modernization team, the capacity for most public health units has been steadily eroding over the years largely due to the Ministry putting caps (often 0%) on annual budget increases that are necessary to cover the costs of delivery of new programs, annual CPI increases and honouring collective agreements. This erosion will be significantly and immediately compounded by the Province’s abrupt and unjustified decision to immediately shift 5% of the cost-shared and 30% of previously 100% provincially funded public health programs to municipalities.
It is often said that public health is at its best when it's invisible to the public. In other words, its most important and effective contributions to population health are in fact those day-to-day health promotion, disease prevention and surveillance activities that we know will protect people from ever-present threats to their health and well being. In the Ontario Public Health Standards, this province has one of the world's strongest foundations for these contributions. The chronic inadequacy of resources to meet our daily obligations is regretfully brought into stark relief when they need to be diverted to emergency response duties.

As the response to COVID-19 has progressed, the PH-EMS Modernisation team has recognized the need for local public health to focus on its work without distraction and postponed further face to face consultations with local public health in addition to extending the deadline for written submissions. We are respectfully asking that you reinforce this by providing official direction to pause the modernization process at least until the COVID-19 emergency is declared over, a full analysis of the response has been conducted and the lessons learned have been applied.

In addition, we are asking you to immediately reverse the downgrading of the provincial portion of the public health funding envelope to restore the degree of financial certainty required to ensure that both the extraordinary response and routine public health activities remain robust.

We see this test of public health as an important opportunity to take a collective step back and reconsider the approach that is being taken towards Ontario’s public health sector, as a keener understanding of its purpose is re-entering the public and political discourse. We are eager to assist you in achieving your vision of a “coordinated public health sector that is nimble, resilient, efficient and responsive to the province’s evolving health priorities” and we look forward to continuing the vital Public Health Modernisation discussions that have already begun.

In the meantime, we are once again asking that the public health aspect of the PH-EMS Modernisation endeavour be deferred until such a time as the COVID-19 response can be examined in retrospect and inform those discussions, and that the provincial share of public health funding be restored to its previous level at least until the discussions have concluded.

We would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,

Carmen McGregor,
alPHA President

COPY: Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Adviser, Public Health Modernization