

alPHa's members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

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 Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

February 14, 2023

The Honourable Peter Bethlenfalvy, MPP
Minister of Finance
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

Dear Minister Bethlenfalvy,

Re: 2023 Pre-Budget Submission: Public Health Programs and Services

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation.

We were pleased that the 2022 Speech from the Throne included commitments to actively engage with health-system partners to identify and implement actionable solutions to help ease pressures on the health care system, which, as you know, have been considerable as a trio of respiratory diseases surged in recent months.

Many of those solutions are inherent in what Ontario's public health professionals do every day and should thus be a major focus for the meaningful investments that you have pledged to contribute to a stronger, more resilient health system and prioritize the health of the population.

Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, done in collaboration with a wide range of partners both within and outside of the health care system, results in a healthier population and in so doing conserves costly and increasingly scarce health care resources.

Indeed, your commitment of \$47 million through 2023 to public health units in addition to the increased provincial investments to support the public health sector's response to COVID-19 was a welcome demonstration of your support for public health stability, and we hope that this has set the stage for more permanent solutions.

alPHa published a detailed report in 2022 ([Public Health Resilience in Ontario](#)), the purpose of which is to demonstrate the need for additional investments in public health that will be required for ongoing pandemic response, clearing the backlog of public health services, and resuming routine activities mandated under the Ontario Public Health Standards. alPHa continues to stand strongly behind this document and its principles.

As we emerged further from the crisis phase of the COVID-19 response in the late spring of last year and the notion of returning to routine programming became more concrete, our leadership agreed that a more specific assessment of our members' local public health units' base budget requirements in the coming years would be advisable.

To this end, aLPHa conducted a detailed survey of all 34 local public health units (June 2022) to assess the funding needs for the delivery of these programs and services, including specific base budgets and one-time funding allocations, for the 2023 year. Most of the questions focused on quantifying the gaps between amounts requested in Ontario health units' Annual Service Plans and amounts granted per the Ministry funding letters. In addition, we canvassed our members last month and invited them to share their own input to the pre-budget consultation to identify common priorities for amplification.

Key Findings

1. Overall, the current funding envelope for PHUs in Ontario is not sufficient to meet the provincially mandated standards. Though this has been the case for many years, our survey indicated that local public health units are projecting additional budget pressures from multiple sources in the coming years, including collective agreements, substantially increased inflationary pressures, the additional demands of the COVID-19 response, and the backlog of programs and services that has built up over nearly three full calendar years.
2. Effectively meeting the Ontario Public Health Standards, excluding the Healthy Babies Healthy Children program for 2023 will require an estimated \$132M in total additional funding, representing an average increase of 11.8% across health units. This represents an increase of just 0.2% of the entire Ministry of Health budget.
3. Effectively meeting the requirements of the Healthy Babies Healthy Children program for 2023 will require an estimated \$12.5M in total additional funding, representing an average increase of 13.8% across health units. This represents an increase of only 0.08% of the entire Ministry of Children, Community and Social Services budget.
4. There is an overreliance on mitigation and one-time funding to underwrite ongoing and predictable costs. It creates unnecessary uncertainty in the budget planning process and carries significant enough financial risk that it can result in the curtailment of important services. The absence of sufficient, predictable, and timely funding of public health through multi-year budgets and a consistent funding formula is a long-standing issue that can and should be easily resolved.
5. Changing the funding formula for public health will result in no net savings for the Ontario taxpayer but cause a disproportionate hardship for Ontario's municipalities. The provincial government has already recognized this by providing mitigation funding to offset this burden, so we reiterate our call to Immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province.
6. COVID-19 has become society's third leading cause of death after cancer and heart disease, so it is reasonable to assume that related public health efforts such as vaccination and outbreak control will become routine. Language in the public health mandate (i.e., the Ontario Public Health Standards) and permanent funding to sustain these efforts will be required.

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. According to the 2018-19 Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was

\$1.267 billion, or about 2% of the total Ministry operating expenses. This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.

To illustrate this, alPHA's latest infographic, [Public Health Matters – Public Health Fall Vaccine Success](#), which builds upon the first, [Public Health Matters infographic \(A Public Health Primer\)](#), focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations. This is just one small example of how public health work can have an immediate impact within the broader health care system.

The Ontario Medical Association has identified strengthening of Public Health as one of its key pillars in its [Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care](#), which includes a recommendation to provide "a clear, adequate and predictable funding formula for local public health."

The Association of Municipalities of Ontario, in its August 26 submission entitled [Strengthening Public Health in Ontario: Now and for the Future](#), has also made a clear call to reinforce public health resources, including continuing funding to cover COVID-19 response costs, new funding to address the backlog of routine public health services, and a legislated reversion to the 75%-25% cost-sharing arrangement between the Province and the municipalities. It also calls for an assessment of what is required to fully fund the delivery of services as mandated under the Ontario Public Health Standards as well as all COVID-related costs at the local level, and a strategy to address its own health human resource challenges.

As noted in more detail in our [Public Health Resilience in Ontario](#) paper (January 2022), none of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required for the COVID-19 response. Service backlogs specifically related to children's health are a major concern, with oral health screening in schools effectively ceased, Healthy Babies Healthy Children activities severely curtailed and a significant backlog of required childhood immunizations built up.

In addition to these, mental health promotion, substance use and harm reduction, and health equity considerations were brought into sharp relief through the pandemic, and the OPHS requirements related to these are expected to become priorities for public health action for the foreseeable future. We are aware that many of our members, including individual boards of health and Affiliate organizations will be making their own submissions to this consultation that cover these and other public health priorities at the operational level. We strongly urge you to take these into equal consideration.

Ontario's unique, locally based public health system is designed to create healthy individuals and communities, which are in turn fundamental to a strong, vibrant, and economically prosperous Ontario. Investment in upstream, preventive local public health is therefore essential to achieving the goals articulated in the August Speech from the Throne. In those words, we are a key health system partner that is well positioned to identify urgent, actionable solutions to ease immediate pressures. Our fundamental purpose of keeping people healthy is also essential to a strong economy, as a strong economy is not possible without healthy people.

We certainly appreciate that the unprecedented spending throughout the pandemic has created fiscal challenges in Ontario that will require prudent economic management in the months and years to come. We acknowledge that this will require an incremental approach to meeting resource requirements

across sectors, and we are prepared to assist in setting priorities and sharing ideas for a longer-term plan to ensure that we are all well positioned to meet our shared objectives.

We look forward to working with you and would like to request an opportunity to meet with you and your staff to provide further details on our survey findings and discuss options to ensure a sustainable and resilient public health system. To arrange a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

A handwritten signature in blue ink, appearing to read "Trudy Sachowski". The signature is fluid and cursive, with a large loop at the beginning.

Trudy Sachowski,
President

Copy: Hon. Sylvia Jones, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.