



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

Wednesday, October 5, 2022

Listing of Information Items Board of Health Meeting – October 5, 2022

1. Ministry of Health - Letter from S. Jones re official appointment of Dr. Ethan Toumishey to Medical Officer of Health for Hastings Prince Edward Public Health dated September 14, 2022.
2. Ministry of Health - Letter from Dr. K. Moore re congratulations to Dr. Ethan Toumishey for appointment as Medical Officer of Health dated September 15, 2022.
3. Grey Bruce Health Unit - Letter to S. Jones and M. McNaughton re support for a local board of health (Niagara Region) - employer paid sick days dated September 7, 2022.
4. Grey Bruce Health Unit - Letter to S. Jones re support for a local board (Niagara Region) - funding shortfalls dated September 7, 2022.
5. aPHa - September 2022 InfoBreak.
6. Sudbury & Districts Public Health - Letter to D. Ford re saving lives through lifejacket and personal flotation device legislation dated September 22, 2022.
7. Haliburton, Kawartha, Pine Ridge District Health Unit - Letter to M. Fullerton re Healthy Babies Healthy Children funding dated September 15, 2022.
8. Ministry of Health - Memo re Provincial supports for COVID-19 response and recovery dated September 29, 2022.

The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
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Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

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September 14, 2022

eApprove 72-2022-369

Ms. Jo-Anne Albert
Chair, Board of Health
Hastings & Prince Edward Counties Health Unit
179 North Park Street
Belleville ON K8P 4P1

Dear Ms. Albert:

I am writing with respect to the Board of Health's appointment of Dr. Ethan Toumishey to the position of Medical Officer of Health for the Hastings & Prince Edward Counties Health Unit.

I am pleased to approve the appointment of Dr. Toumishey as Medical Officer of Health for the Hastings & Prince Edward Counties Health Unit. This approval is granted in accordance with Clause 64(c) of the *Health Protection and Promotion Act*.

I would like to take this opportunity to congratulate Dr. Toumishey on his appointment as Medical Officer of Health for the Hastings & Prince Edward Counties Health Unit.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones', written over a light blue horizontal line.

Sylvia Jones
Deputy Premier and Minister of Health

- c: Dr. Ethan Toumishey, Medical Officer of Health, Hastings & Prince Edward Health Unit
- Valerie Dunham, Director, Hastings & Prince Edward Counties Health Unit
- Dr. Kieran Moore, Chief Medical Officer of Health
- Ric Bresee, MPP, Hastings-Lennox and Addington
- Hon. Todd Smith, MPP, Bay of Quinte

Ministry of Health

Office of Chief Medical Officer of
Health, Public Health
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Ministère de la Santé

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September 15, 2022

Dr. Ethan Toumishey
Medical Officer of Health
Hastings & Prince Edward Counties Health Unit
179 North Park Street
Belleville ON K8P 4P1

Dear Dr. Toumishey:

Congratulations on the approval of your appointment as Medical Officer of Health for the Hastings & Prince Edward Counties Health Unit.

Your qualifications in public health and experience working as an Acting Medical Officer of Health for the Hastings & Prince Edward Counties Health Unit and a Public Health Physician for the Kingston, Frontenac and Lennox & Addington Health Unit provides you with excellent background for your new role.

I am confident that your knowledge and skills will benefit the residents of the Counties of Hastings and Prince Edward and Ontario's public health system.

Yours truly,

A handwritten signature in black ink, appearing to read "Kieran Moore".

Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC FCAHS
Chief Medical Officer of Health

cc: Jo-Anne Albert, Chair, Board of Health, Hastings & Prince Edward Counties Health Unit
Dr. Michelle Murti, Associate Chief Medical Officer of Health
Elizabeth Walker, Director, Accountability and Liaison Branch



September 7, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training
and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton:

Re: Support for a Local Board of Health

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of employer-paid sick days in Ontario. The following motion was passed:

Motion No: 2022-65

Moved by: Alan Barfoot

Seconded by: Brian O'Leary

“THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Employer-Paid Sick Days in Ontario.”

Carried.

Sincerely,

A handwritten signature in black ink that reads "Susan Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

A healthier future for all.


Office of the Regional Chair | Jim Bradley

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July 19, 2022

The Honourable Sylvia Jones
 Deputy Premier and Minister of Health
 Ministry of Health and Long-Term Care
 777 Bay Street, 5th Floor
 Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton
 Minister of Labour, Immigration, Training
 and Skills Development
 777 Bay Street, 5th Floor
 Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

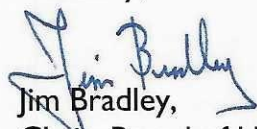
Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illnessⁱ as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic “new normal” where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be \$16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.ⁱⁱ

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,



Jim Bradley,
Chair, Board of Health, Niagara Region
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
All Boards of Health

ⁱ Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

ⁱⁱ The Conference Board of Canada. Available from (<https://www.conferenceboard.ca/e-Library/abstract.aspx?did=5780>). Published September 23, 2013.

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000 (ESA)* set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.¹

¹ Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

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- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces² including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
 - In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act*. Similar motions were also passed by Municipalities and Boards of Health across Ontario.
 - In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of \$943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons¹:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

² Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: <https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/>)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (ALPHA);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

[PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days \(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502\)](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)

[PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days \(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323\)](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)

Prepared by:

Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:

M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.



September 7, 2022

The Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones:

Re: Support for a Local Board of Health

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of addressing public health funding shortfalls in Niagara. The following motion was passed:

Motion No: 2022-65

Moved by: Alan Barfoot

Seconded by: Brian O'Leary

“THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Addressing Public Health Funding Shortfalls in Niagara.”

Carried.

Sincerely,

A handwritten signature in cursive script that reads "Susan Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

A healthier future for all.

**Office of the Regional Chair | Jim Bradley**

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July 29, 2022

Sent by e-mail

Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones,

Re: ADDRESSING PUBLIC HEALTH FUNDING SHORTFALLS IN NIAGARA

I am writing to you on behalf of Niagara Regional Council who, on July 12, 2022, received and approved the enclosed report concerning the growing gap in current provincial funding for Public Health and Emergency Medical Services.

As you know, the majority of Public Health services provided by local public health agencies to the public are funded jointly by the Province and municipal governments, an arrangement that allows for stable, predictable delivery of critical public health services to residents. However, the recent reduction in the Province's share of funding for cost-shared Public Health services, coupled with the change of several 100% provincially funded programs to cost-shared programs, has placed a new financial burden on municipal governments. Beyond public health, where these changes have led to significant budget challenges in critical areas including supports for newborn infants and their parents, the effects are also being felt in the delivery of mental health programming and Emergency Medical Services (EMS) dispatch.

Niagara's mental health program is 100% funded through provincial funds, allocated via Ontario Health (OH). While OH provides an annual lump sum of \$39,500 to cover indirect allocations, the actual expenses incurred by the Region greatly exceed this. In fact, local taxpayers have had to cover a total deficit of nearly **\$2 million** over the past five fiscal years.

Furthermore, the annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental

Health budget despite inflation and the pandemic's impact on the cost of health care delivery.

As alluded to in my previous letter in May of 2022, Niagara's EMS service continues to face significant challenges due to the COVID-19 pandemic. In addition to the budget implications of increased offload delays, Niagara EMS's dispatch program is underfunded for its operations, with a deficit of **\$1,241,912** over the past five fiscal years. This reflects a three-fold increase in call volume with no increase in funding to increase capacity, leading to staffing challenges to maintain operations, and increased costs through additional sick time of overburdened emergency responders, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be affected unless additional funding is available to increase the staffing complement to match this new call volume.

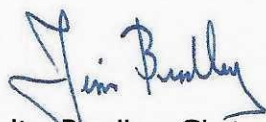
These shortfalls are also affecting the delivery of our Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS), both funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. This has required these programs needing to reduce their staffing levels to reduce costs by **\$201,828** to absorb the impact of inflation over that time. These staffing reductions have resulted in a reduction in service delivery, with the impacts still to be evaluated.

Unfortunately, these challenges are compounded by the lack of increases in base Public Health funding to account for inflation. We very much appreciate the 1% increase in base budget for 2022. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continue to increase with inflation estimated to be 8.1%. Stable and predictable funding with inflationary increases year-to-year is needed to plan and deliver the stable and predictable services that our residents need.

As I'm sure you can appreciate, these funding shortfalls not only make long-term program planning difficult; they form a risk that our residents will not have access to critical public health services when they need them, especially during this critical juncture for the health of our residents. In addition to the continued impact of COVID-19, there is significant catch-up work to be done (e.g. missed grade 7 vaccinations) to recover from the effects of the pandemic, and to ensure the population continues to receive necessary health services. These funding shortfalls endanger that work.

It is my hope that this letter will open a dialogue between the Niagara Region and your respective offices as we search for remedies to these funding shortfalls and leverage our positive working partnerships to ensure that Niagara's residents continue to receive the high-quality public health services they have come to rely on.

Yours sincerely,



Jim Bradley, Chair
Niagara Region

cc: Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
S. Oosterhoff, MPP, Niagara West
W. Gates, MPP, Niagara Falls
J. Burch, MPP, Niagara Centre
J. Stevens, MPP, St. Catharines
Association of Municipalities of Ontario (AMO)
Local Area Municipalities
Ontario Board of Health
Association of Local Public Health Agencies (alpha)
Dr. M. M. Hirji, Acting Medical Officer of Health
R. Ferron, Acting Chief/Director, Emergency Medical Service

Encl: PHD 13-2022 Report – Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
 - 1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
 - 1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
 - 1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
 - 1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
 - 1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
 - Mental Health: \$1,963,156
 - EMS Dispatch: \$1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of \$201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%¹.

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sum of \$39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from \$340,942 to \$462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of \$1,963,156 over the past five years.

¹ [Consumer price index portal](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

(https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of \$1,241,912 over the past five fiscal years and \$150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by \$201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health, or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

Prepared by:

Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

Recommended by:

M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.

From: alPHa communications <communications@alphaweb.org>
To: "AllHealthUnits@lists.alphaweb.org" <AllHealthUnits@lists.alphaweb.org>
CC: "board@lists.alphaweb.org" <board@lists.alphaweb.org>
Date: 2022-09-16 12:48 PM
Subject: [allhealthunits] September 2022 InfoBreak

Item #5

[View this email in your browser](#)

PLEASE ROUTE TO:

**All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers**

September 16, 2022



September 2022 InfoBreak

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader – A Message from the alPHa President - September 2022



"We cannot be mere consumers of good governance, we must be participants, we must be co-creators." – Rohini Nilekani

This speaks true for alPHa members. That is why I am pleased to tell you that the alPHa Board ensures a focus on good governance and the goals as set out by alPHa's Strategic Plan, its principles, and policies and procedures.

Good governance is the hallmark of integrity and with that in mind, and at the risk of being repetitious, I feel it is important to reiterate some key points from the August 2022 issue of *Information Break*. Recently, at the Association of Municipalities of Ontario Conference, I had the opportunity to speak to attendees, many of them board of health members from across Ontario, who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. Establishing provisions and ensuring these are in place until new board of health members are appointed is key to achieving this. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional, and that each board has their own by-laws and policies, there are variations on how boards will make this happen.

Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially, under an Order in Council, or as a local representative by their board of health. Some boards will give limited delegation powers to their MOH/CEO to manage any emergencies before the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that cannot be dealt with during the interim period without the board in place such as spending limits and budgetary matters etc.

Here is a call to action to share your best practices in this regard so alPHa can share with others. Your contributions will be attributed to your health unit and board of health. alPHa's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures deployed during the municipal election process and leading up to and until the new municipal board of health members are in place. Send your submissions to Loretta Ryan, alPHa's Executive Director loretta@alphaweb.org.

Risk management, ethics, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms encompass the entire organization. As such, alPHa's 2023 Winter Symposium will be offering orientation and governance training to its membership. So, stay tuned for details!

Trudy Sachowski
President

"The quality of a leader is reflected in the standards they set for themselves."

AMO - Strengthening Public Health in Ontario: Now and for the Future



The Association of Municipalities of Ontario (AMO) has submitted to the government, "[Strengthening Public Health in Ontario: Now and for the Future](#)." The submission notes that Ontario's municipal governments have a vested interest in strengthening the public health system for the residents they serve given their role as governors, co-funders, and employers. AMO states their goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health care costs while strengthening the public health system in Ontario now and in the future.

The municipal elections are fast approaching!



Many alPHA members are using the following resources to help prepare their key messages on local public health:

1. The Future of Public Health in Ontario
[alPHA Letter PH Restructuring_180722.pdf \(ymaws.com\)](#) (Includes alPHA Resolution: Public Health Restructuring/Modernization & COVID-19 :[A22-2 PH Restructuring.pdf \(ymaws.com\)](#))
 2. alPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. [report](#) and [executive summary](#)
 3. [Pre-Budget Consultations](#)
 4. [alPHA 2022 Elections Primer](#)
 5. alPHA's [submissions on PH Modernization](#), including the [Statement of Principles](#)
 6. ["What is Public Health?"](#)
 7. alPHA [Resource Page](#) on Public Health Modernization
 8. [Public Health Matters](#) video
-

Thank you to PHUs

Public Health Sudbury & Districts
Northwestern Health Unit
Halton Region Health Department
Eastern Ontario Health Unit
Public Health
Toronto Public Health
Haliburton Kawartha Pine Ridge District Health Unit
Simcoe Muskoka District Health Unit

As we head into the fall season, I would like to give a shout out to alPHa's many volunteers, particularly our Board members and those who participate on our many committees and working groups. If you have not yet had a chance to see who is on the 2022-2023 alPHa Board, you can view a list with their bios on the [alPHa website](#). Thank you to all of these public health leaders who are taking time out of their busy schedules to represent the public health system and to contribute to the work of the association.

On behalf of alPHa, I would also like to thank the Public Health Units who have directly partnered with us to support alPHa during the pandemic response. We quite literally could not have done what we did over the past two and a half years without the dedicated efforts of staff from the PHUs who assisted with public policy reports, communication products, alPHa educational events, and other association activities. In particular, I would like to thank the following:

- Eastern Ontario Health Unit
- Halton Region Health Department
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Northwestern Health Unit
- Public Health Sudbury & Districts
- Simcoe Muskoka District Health Unit
- Toronto Public Health

Thank you again to all of alPHa's volunteers! #PublicHealthLeaders

Loretta Ryan
Executive Director

alPHa Correspondence



Through policy analysis, collaboration, and advocacy, aPHa'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. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[MMAH Response - Resolution A22-3 - Cooling Towers](#)

August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

[aPHa Letter - Chief of Nursing/ADM](#)

September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

[aPHa Letter - President & CEO, PHO](#)

July 18, 2022 letter from the aPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

[aPHa Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces aPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

[aPHa Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 aPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

[aPHa Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 aPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

[aPHa Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

[aPHa Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of aPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

[aPHa Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Boards of Health: Shared Resources



A resource [page](#) is available on alPha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPha website include:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

Public Health Ontario



PHO offers online educational courses in a variety of topics – from health promotion to infection prevention and control. They're convenient, too - you can [access](#) these courses anytime, anywhere. Visit the course catalogue, where you'll find enrolment information and a list of courses along with their descriptions and system requirements, as well as information for downloading courses.

- **Variants of Concern**

- [COVID-19 in Ontario: Focus on August 28, 2022 to September 3, 2022](#)

- [Estimates of Omicron BA.2 Lineage Severity in an Ontario-based Matched Cohort Study of Cases: March 1-April 30, 2022](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

Immunizations

- [Management of Anaphylaxis Following Immunization in the Community](#)

Infection Prevention and Control

- [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)

Check out PHO's [COVID-19](#) webpage for a comprehensive list of all COVID-19 resources.

Additional Resources - New

- [Monkeypox Resources](#)
- [Public Health Actions from Wastewater Surveillance on Poliovirus](#)
- [Hepatitis B Vaccines and Schedules](#)
- [Activities to Support Infection Prevention and Control Practices in Congregate Living Settings](#)

Open Call for Members | Ontario Public Health Emergencies Science Advisory Committee

The Ontario Public Health Emergencies Science Advisory Committee (OPHESAC) is currently recruiting members. Check out the [full call for members](#) for more details and requirements. Interested candidates should send their expression of interest, with a curriculum vitae and complete contact details to secretariat@oahpp.ca by **Friday, September 23, 2022 at 11:59 p.m. ET**.

PHO Events

In case you missed these sessions last month, here are the Presentations PHO posted on their website:

- [PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry](#)
- [PHO Rounds: Building Climate Resilient Health Systems: Lessons from Health of Canadians in a Changing Climate - Science Assessment 2022](#)

Upcoming DLSPH Events and Webinars

- [CVPD Fall Symposium: Healthy Aging and Immunization](#) (Sept. 16)
- [One on One with Steini Brown: Towards a Sustainable Recovery](#) (Sept. 21)
- [Indigenizing Health Symposium: Rethinking with Spirit](#) (Sept. 28-29)

COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces [covid-19.ontario.ca](https://www.ontario.ca/page/covid-19-coronavirus), can now be found at:
<https://www.ontario.ca/page/covid-19-coronavirus> (English)
<https://www.ontario.ca/fr/page/covid-19-le-coronavirus> (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:

<https://www.ontario.ca/page/public-health-measures-and-advice>
<https://www.ontario.ca/page/covid-19-vaccines>
<https://www.ontario.ca/page/covid-19-testing-and-treatment>

As part of the response to COVID-19, alPha continues to represent the public health system and work with key stakeholders. **NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

[alPha's recent COVID-19 related submissions can be found here](#)

Hold the date for the Winter Symposium and Annual Conference & AGM



alPHA's Winter Symposium is being held on February 24, 2023.

The Annual Conference and AGM is being held from June 11-13, 2023. Please stay tuned for further information.

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).



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September 22, 2022

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

At its meeting on September 15, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution # 25-22:

WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and

WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and

WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and

WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;

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f: 705.522.5182

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f: 705.677.9611

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1 rue King Street
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f: 705.867.0474

Espanola

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Île Manitoulin Island

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phsd.ca



Letter to Premier of Ontario

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

September 22, 2022

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;

AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (ALPHA), and all Ontario Boards of Health.

The Board of Health is pleased to lend its voice to the many others who are calling for this common sense solution to saving lives. We would respectfully request the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre. Chair
Board of Health

cc: All Ontario Boards of Health
Association of Local Public Health Agencies
Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing

September 15, 2022

Hon. Merrilee Fullerton
Ministry of Children, Community and Social Services
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Sent via email to MinisterMCCSS@ontario.ca

Dear Honourable Minister Fullerton:

Re: Healthy Babies Healthy Children (HBHC) Funding

The HBHC program is a required and vital public health program supporting high risk families. The Haliburton, Kawartha, Pine Ridge District Health Unit remains committed to operationalizing the HBHC program as best possible; however, we are seeking a review of base-funding from the Ministry of Children, Community and Social Services (MCCSS) to ensure the program meets the current complex health needs of families and supports expenditures of the program.

At its meeting held on September 15, 2022, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) carried the following motion:

“THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse the resolution passed by the Board of Health for Public Health Sudbury & Districts requesting that the Ministry of Children, Community and Social Services review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

AND THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit write directly to the Minister of Children, Community and Social Services requesting a review of funding needs for the Healthy Babies Health Children Program.”

The Haliburton, Kawartha, Pine Ridge District Health Unit is concerned that the current base-funding allocated to fully implement the HBHC program is insufficient to meet the expenditures of the program.

.../2

PROTECTION · PROMOTION · PREVENTION

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Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

Page 2

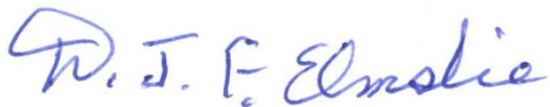
The complex needs of families as we move to the next phase of the COVID-19 pandemic articulates a strong need for the HBHC program, particularly for families living in rural and isolated communities found in the HKPRDHU's area. The HBHC program has demonstrated positive impacts on family health to increase parenting confidence, knowledge and skills.

In 2000/2001, the province committed to 50 million dollars of HBHC program funding enhancements aimed to improve health outcomes of infants, children, and families. As a result of funding enhancement, the HBHC program at HKPRDHU saw an increase in funds for the program; however, funding has remained stagnant since. Each year the HBHC program at HKPRDHU has extended expenditures beyond base-funding provided by the MCCSS.

To fully implement the HBHC program, the HKPRDHU relies on funding mitigation strategies. With additional pressures associated with renewed collective agreement contracts, travel to rural communities, the education needs of staff to meet the growing complex needs of clients, the need to integrate technology into care, and other operational or administrative needs, the current base funding provided through MCCSS is insufficient to sustain the provision of HBHC programming.

On behalf of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit, I am respectfully requesting your commitment to carefully review base-funding needs for the HBHC program.

Sincerely,



Doug Elmslie
Board of Health Chair
Haliburton, Kawartha, Pine Ridge District Health Unit

Cc: Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

Attachment



June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
 Government of Ontario
 438 University Avenue, 7th Floor
 Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

Healthier communities for all.
 Des communautés plus saines pour tous.

Sudbury

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 f: 705.677.9611

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 f: 705.862.0474

Essex

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 t: 705.222.9202
 f: 705.869.5583

De Wainfleet Island

6163 Highway / Route 542
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1.866.522.9200

phsd.ca



This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

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

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

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September 29, 2022

MEMORANDUM

TO: Chairpersons, Boards of Health
Medical Officers of Health/Chief Executive Officers, Public Health Units

RE: Provincial Supports for COVID-19 Response and Recovery

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19 and support pandemic recovery, including leading the roll-out of the COVID-19 vaccine program in our communities.

In recognition of these unique circumstances, public health units will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2023 funding year.

We are also providing further stability to public health units by investing approximately \$31 million in additional funding to extend the School-Focused Nurses Initiative for the remainder of the 2022-2023 school year. This extended funding enables the continuing support of safe in-person learning for students for the remainder of the school year.

This funding is in addition to the recently announced investment of approximately \$47 million to extend the cost-sharing mitigation funding through 2023.

Ontario will continue to work with public health and municipal sector partners to monitor capacity and funding requirements for the COVID-19 response and ensure critical public health services are maintained and delivered for the benefit of all Ontarians.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Kieran Moore, Chief Medical Officer of Health
Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units