

Dear Municipal Leaders:

As summer comes to a close and we head into the third autumn impacted by COVID-19, we are mindful that the topic of public health modernization persists, and that with autumn also comes budget season. We know that municipalities remain concerned about the cost-shared model proposed by the province and its impacts to municipal services and ratepayers in our communities. We wanted to let you know that the Board of Health for the Northwestern Health Unit, its leadership, and provincial organizations such as the [Association of Local Public Health Agencies \(alPHA\)](#) and the [Association of Municipalities of Ontario \(AMO\)](#) continue to encourage the Province to reconsider this model, and increase base funding for public health services across the province.

In the interim, the Province has once again approved mitigation funding for 2023 to reduce the impact to municipal levies and has committed to providing one-time funding to support COVID-19 and related vaccination efforts.


COVID-19 has highlighted the value of **local** public health, partnerships with municipalities, district services boards, and healthcare organizations in the region, in addition to exposing many inequities in our populations. While we do not yet know what direction the Province will take as relates to the transformation of public health in the Ontario, Northwestern Health Unit continues to play a large role in the COVID-19 response as local epidemiology dictates, but are also acutely focused on reprioritizing our regular programming to help address these inequities and make available the services and supports needed for those with the greatest barriers to good health.

This past August, Board of Health member and alPHA President, Trudy Sachowski, participated in a panel at the AMO Conference entitled "*Public Health COVID Learnings – Informing Future Modernization*", alongside representatives from other public health units in Ontario. Ms. Sachowski's speaking notes are enclosed in addition to AMO's recently released submission to the Ministry of Health: "*Strengthening Public Health in Ontario: Now and for the Future*". We are fortunate to have Trudy's voice at our own Board table, in addition to her important role with alPHA, where she offers a Northern perspective to ensure equitable deliberations related to public health delivery in the province.

As always, we are happy to discuss any concerns and provide information to support you in your own advocacy to the province as related to the cost-shared formula.

Thank you for your continued support of local public health; we value our relationships with our municipal partners as we work together to support the health and wellbeing of those in our communities.

Sincerely,



Marilyn Herbacz
Chief Executive Officer

/Enclosure



Tanshi!

- To begin, I acknowledge that the land on which we gather is the traditional territory of the **Algonquin Anishnaabeg People**. I am grateful to have the opportunity to present on this territory and here, in Ottawa. Maarsii.
- Thank you to Monika Turner for the introduction.
- My name is Trudy Sachowski, and I am the President of the Association of Local Public Health Agencies of Ontario (alPHa).
- I am a member of the Northwestern Board of Health.
- I serve on the Board of the Points North Family Health Team.
- Let's kick-off with [alPHa's 2-minute video 'Public Health Matters'](#).
- As I mentioned, I am here today as the President of the Association of Local Public Health Agencies - alPHa.
- alPHa represents Ontario's public health leadership from Ontario's 34 local public health units including Medical Officers of Health, affiliate senior public health leadership and members of boards of health.
- While there are variations in how local boards of health in Ontario are structured, what they do have in common, is that they all have municipal leadership, particularly local councilors on the board.
- As a governance board, they are responsible for strategic planning, allocation of resources, staffing, budgets, risk management and oversight - to allow essential work related to the health and the well-being of the population, as mandated in the Ontario Public Health Standards.
- Preventing illness, promoting, and preserving health on a day-to-day basis that local public health provides to Ontarians certainly doesn't seem exciting or draw people's attention to the work of public health.
- However, add a pandemic in the mix and the profile of local public health takes-off like a rocket!

- The pandemic hit the health and well-being of almost everyone, with a huge impact on our most vulnerable populations.
- The pandemic itself has caused or magnified additional harms in terms of population health, including health inequities, impacts on mental health, increased substance use, and neglect of chronic diseases.
- It has led to a significant backlog in healthcare and likewise in routine public health programs, with services being limited or set aside during the height of the COVID-19 response.
- Public health's many strengths were demonstrated throughout the course of the COVID-19 pandemic.
 - Public health was extremely nimble and responsive through strong public health leadership, experienced staff and the redeployment of public health resources.
 - Local public health modified accordingly, to the rise and fall of case counts, the emergence of variants, and the rollout of an unprecedented vaccination campaign in Ontario.
 - Local public health, and Ontario's public health leadership, has been key to the success of the response and the vaccination campaign in Ontario.
 - Public health has always embraced improvements and change and the response during the pandemic illustrated this so clearly.
 - Ontario's public health system is 'modern' and up to date but that doesn't mean that there isn't a desire to do things better.
 - It's time to reflect on the lessons learned from the pandemic, the conversation needs to focus on how we can **make positive changes to strengthen** Ontario's public health system.
 - Local public health's quick adaptations to the pandemic response, proves that public health in Ontario indeed has the capacity to change and improve.

- As well as public health strengths, the pandemic has shown us many opportunities to celebrate.
 - The importance of the existing network of relationships among local public health units, local health care providers, municipalities, social and district services, education, business, and organizations - has been clearly demonstrated and enhanced during the COVID-19 response.
 - Municipalities stepped up to the plate, such as re-deploying their staff to assist in the vaccination effort, and donating facilities such as arenas for the mass immunization clinics.
 - Stakeholder groups, service clubs and volunteers came out in droves to support local public health vaccination campaigns.
 - Thank **YOU** for stepping in, helping out, and supporting the local public health efforts in your municipalities.
- Overall, the pandemic has shown us the importance of:
 - public health's role within the broader healthcare sector,
 - local public health in partnership with their municipalities, and
 - local public health in partnership with local groups and key stakeholders.
- I believe there are even more opportunities moving forward.
- Over the past six months alpha has released several key pieces including:
 - What is Public Health, the video viewed at the beginning of my presentation,
 - a 2022 Elections Primer,
 - resolutions on Public Health Restructuring & COVID-19,
 - a report on the Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response,
 - pre-budget submissions and deputations, and
 - submissions on public health modernization, including a Statement of Principles.

As I noted in recent correspondence to the Hon. Sylvia Jones Minister of Health, this is a pivotal time for health protection and health promotion in Ontario. Our work often done in collaboration with local public health partners, and within the broader health system results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources.

- As we grapple with the devastation of COVID-19, and to inform changes to Ontario's public health system now and beyond - several essential aspects need to be recognized first.
 - It needs to be recognized that capacity for re-imagining the public health sector will not improve until well into 2023.
 - It needs to be recognized that the unpredictability of the future course of the pandemic and recovery from it, will continue to necessitate flexibility in planning, for some time to come.
 - It needs to be recognized that the social determinants of health – **matter.**
 - It needs to be recognized that adequate financial support is needed so that resources can be directed to the best possible outcomes.
 - Afterall, our economy stays open when our public are healthy and protected – **there is no better return on investment than in public health.**
 - Together we need to be fully prepared for when the next major public health crisis hits – and it will.
- Recognizing these points while moving forward through this environment of change, how do we inform the transformation of public health and beyond?
 - The learnings from Sars and H1N1 were implemented, although to a much lesser degree.
 - **However,** COVID-19 has amplified the need for a strong future pandemic response plan.
 - The COVID-19 lessons learned **must** inform the recovery process, as well as inform any transformation of public health.

- The ‘here and now’ presents an opportunity to strengthen public health and pandemic preparedness so our communities are protected every day and especially in public health emergencies.
 - Municipal leaders know their communities and must continue to be at the table on governance boards of health as the local voice.
 - There are opportunities to expand on the partnerships with municipalities, district services boards and Ontario Health Teams, being sure to embed public health leadership more formally and informally.
 - Primary healthcare and public health’s relationships must strengthen with public health leadership in a key role as a collaborative partner at the table.
 - As well, the continuum of ongoing provincial coordination of the response between sectors such as education, municipalities, acute and long-term care, and public health are necessary.
- As the province looks at Ontario’s public health system, the continuum of the local direction and local decision-making ability for public health - that includes municipal leadership - is imperative!
 - Public health will require an increase in sustained base funding related to the Ontario Public Health Standards, with the essential addition of COVID-19 as a disease of public health significance beyond 2022.
 - The province and the municipalities must continue to work with their local public health units to develop the vision for a stronger public health sector with the capacity to address population health needs through various partnerships now, and into the future.
 - Let’s commit to working together to ensure a robust public health system with ample resources to protect the entire population’s health, with clearly defined roles across local public health units, Public Health Ontario, Ontario Health, and the Ontario Ministry of Health.

The final thought I leave with you is that **local public health - must remain local!**



STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

AMO's Submission to the Ministry of Health

August 26, 2022

STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are deeply invested in Ontario's health system and understand the health needs of local communities.

Introduction

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, employers, and in some cases, direct service deliverers. AMO's goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health costs through finding efficiencies to reinvest into services, not by increasing the municipal cost-share contribution.

Grave concerns were raised about proposed structural changes back in Ontario Provincial Budget 2019. Any changes should be carefully designed, based on sound evidence, and not rushed or else they have the potential to weaken, not strengthen, public health with the result that hallway health care may increase, and we will be less prepared for future pandemics.

Much has changed with the COVID-19 pandemic. This requires a fresh look at the public health system given the event of the past two and a half years. While the government appropriately and rightly paused consultations during the COVID-19 pandemic in March 2020, AMO is now asking for the consultations to resume with a COVID-19 lens once the pandemic waves subside. An inquiry would be a best practice to serve as a foundation for further consultation. The pandemic exposed both strengths and areas of improvement, both locally and provincially, and this learning needs to be considered in any future modernization and restructuring of public health.

As well, there are some immediate issues that need solutions in the near term in 2022. This submission outlines AMO's recommendations and proposed next steps for the government to work collaboratively with AMO, the public health sector, and relevant stakeholders. The advice provided through this document was developed based on input from AMO's Health Task Force and approved by AMO's Board of Directors. The Association of Local Public Health Agencies (aLPHa) is a member of the task force.

Context

In February 2020, AMO provided a [submission](#) in response to the government's consultation on public health modernization. The underlying premise is that the public health system delivers effective, coordinated, and cost-efficient services to the people of Ontario. Fundamentally, there is a need to preserve what is working well and fix what needs fixing. The system is not broken per se. Changing the system wholesale will cause disruption without clear demonstrated evidence of the benefits.

Further, one size does not fit all. Consistency in service delivery and reducing inefficiencies do not depend on a single governance or leadership type.

Key recommendations to build capacity and better system coordination included:

- incentives for voluntary mergers and sharing services between health units
- exploration of functions that could be done centrally by the province, Public Health Ontario, or other entities
- more back-office integration (e.g., corporate services like IT, legal, HR) and sharing of medical expertise through regional hubs or agreements (e.g., AMOHs, epidemiologists) between PHUs.

Ideally it was asserted that better coordination and communications between public health units with the province should happen without the need for major disruptive structural change. AMO does not believe that the province assuming more control centrally and reducing municipal 'pay for say' would help strengthen the system. Some enabling policy changes and encouragement of voluntary mergers, where required, would serve to better achieve outcomes consistently across Ontario. Lastly, adequate funding to do all for which PHUs are responsible for is critical. These recommendations from 2020 are still fundamentally relevant today.

However, as we all now, much has changed with the onset of COVID-19 and the situation is not fully stabilized as the pandemic continues into its 7th wave and still mutating. What we do know is that local public health agencies pivoted quickly to respond effectively to the pandemic, albeit at the expense of regular non-pandemic programming and services, resulting in a backlog.

Local public health agencies were active and proactive often ahead of provincial guidance, invoking the precautionary principle many times as the system was set up to enable effective responses. Decisions by Medical Officers of Health responding to local circumstances certainly saved lives, including through the issuance of Section 22 orders under the *Health Protection and Promotion Act*. Throughout the pandemic, practices and interventions evolved as local public health agencies learned from each other in a community of practice.

Public health associations, both nationally and regionally, have produced reports with preliminary learnings and calls for deeper evaluation all with a goal of strengthening the public health system in Canada and Ontario. This includes from the [Association of Local Public Health Agencies \(alPHA\)](#) and the [Public Health Physicians of Canada \(PHPC\)](#). AMO supports the calls for reflection with the provincial government.

AMO is providing our best advice to the government with recommendations for urgent action.

Recommendations

1. The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.
2. The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.
3. The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.
4. The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost-share arrangement that existed prior to 2020. Further, the *Health Protection and Promotion Act* must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.
5. The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.
6. The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services*.

*AMO acknowledges that the province is “providing approximately \$47 million through to the end of 2023 to public health units and municipalities to ensure they have the financial stability to deliver key services across the province during this critical time. This is in addition to continuing the increased investments to support the public health sector’s response to COVID-19” (source: [Ontario Newsroom, August 17, 2022](#)). Clarity is needed from the government about the use of these funds with further assessment by the public health sector of what is actually 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.

Conclusion

Promoting system-wide stability in the immediate term and strengthening public health structures and sustainability over the long term is essential to the health and economic development of our communities and residents. These recommendations offer a way to achieve these goals. AMO looks forward to continuing to work with the province to ensure all the people of Ontario can get the public health services that they need at the right time and in the right place.