Dear Minister Elliott,

We, the municipal council of _____, are concerned about the changes proposed in 2019 for local boards of health that will impact the Northwestern Health Unit.

First, we want to thank the Province of Ontario for the transitional funding during the past two years so that Municipalities were not faced with increased public health levies during the COVID-19 pandemic. However, as 2022 draws near we understand that the mitigation funding will end and obligated Municipalities will be responsible for additional cost, increasing our public health funding contribution by 35%.

COVID-19 has demonstrated the importance of public health at the global, provincial and local level. As we emerge from the pandemic our municipal governments, our citizens, and our public health units will need time to recover and rebuild. This is not the time to impose additional financial burdens or to make significant changes in the structure of public health across the province.

We recognize the importance of reducing overall provincial budgets. However, the changes to the public health cost-shared formula have dire consequences for our community and perhaps you might not be aware of the unique considerations for our area that make this the case.

The region of Northwestern Ontario is in a health crisis. The region consistently has higher rates of morbidity and mortality compared to the rest of the province with distressing statistics related to a wide scope of illnesses including heart disease, stroke, infectious diseases, and mental illness and addictions. With an overburdened health care system recovering from COVID-19 it is more important than ever to ensure adequately funded public health programs and services that focus on keeping people healthy and out of the health care system. Programs related to preventing chronic illnesses, providing immunizations, ensuring clean drinking water, following up on infectious disease cases, and managing outbreaks are vital to ensuring our community thrives.

The change to regional public health entities will likely increase costs instead of leading to cost-savings in our region. Northwestern Health Unit already covers a vast geographical expanse that requires a travel time of five to six hours by car to reach the furthest office. It includes 19 municipalities and 39 First Nation communities, many of which are remote. A larger regional public health entity will result in increased travel (in sometimes dangerous travel conditions) and travel costs. In addition, Northwestern Health Unit has a flat organization with no director level, and management to staff ratios that can exceed 17:1. It would be unlikely to find cost-savings in such a lean organizational structure.

As a rural municipality, we are particularly concerned with the expectation of an increase in the municipal contribution while reducing board representation. We appreciate the attempts to mitigate the impacts through one-time funding; however, the financial implications from this change in the funding ratio will have substantial impacts on our budget in the future which will subsequently impact property taxpayers.

We respectfully request that you reevaluate the benefits and risks of this disruptive change to local public health units for Northwestern Ontario. Considering the health crisis of Northwestern

Ontario, and our large geography, a strong local public health unit is a key strategy to improving health care and ending hallway medicine for the region.

We look forward to your response.

Respectfully,

C: Greg Rickford, Minister of Energy, Northern Development and Mines, Indigenous Affairs
Steve Clark, Minister of Municipal Affairs and Housing
Dr. David Williams, Chief Medical Officer of Health (will need new CMO name in here? not sure when he takes over so it might depend?)
Doug Lawrance, Chair - Northwestern Health Unit Board of Health
AMO