

MEMORANDUM

To: Regional Chair Emmerson and Members of Regional Council

From: Katherine Chislett
Commissioner of Community and Health Services

Dr. Karim Kurji
Medical Officer of Health

Date: April 18, 2019

Re: Ontario Budget 2019 Impacts on York Region Public Health

On April 11, 2019, the Ontario Government tabled the 2019 Budget entitled Protecting What Matters Most. There are several areas that may affect Community and Health Services. This memo provides information about specific impacts to Public Health, and additional background information about York Region Public Health.

Province intends to establish 10 regional public health entities and 10 new regional boards of health with one common governance model

In its budget, the province announced that it will:

- improve program and back office efficiencies by adjusting provincial-municipal cost sharing of public health funding in 2019-2021
- modernize public health units through regionalization and governance changes to achieve economies of scale by reducing from 35 public health units to 10 regional public health entities by 2020-2021
- reduce Ontario public health spending by \$200 million by 2021-2022
- expand dental services to low income seniors through Public Health Units starting in late summer 2019

York Region was not notified or consulted on these changes, nor are we aware of any municipality being consulted. Information on how these changes will be implemented is not available.

Currently, of the 35 Public Health units in Ontario, 22 are fully autonomous bodies and 14 are integrated with municipal structures to varying degrees, including York Region

In 2017, the former Minister of Health and Long Term Care under the previous government struck a panel of experts to make recommendations about Public Health. The “Expert Panel” recommended, among other things, a new regionalized governance model with 14 public health units, as opposed to the 10 units recommended in the 2019 provincial budget. The previous government also undertook consultation on the recommendations. Consistent with other municipalities, through a Report to Council on October 19, 2017 entitled, *Public Health within an Integrated Health System: Response to the Recommendations of the Minister's Expert Panel on Public Health*, Council took the following position:

York Region Council and the York Region Board of Health do not support the Expert Panel on Public Health recommendations including the separation of Public Health from the York Region structure.

Public Health has been a Regional function since 1978

One of the reasons why York Region did not support separating Public Health from the Region is because the function is well integrated with human services in York Region, thus maximizing its influence on the social determinants of health such as healthy child development, social support networks, employment and working conditions and social environment (See Attachment 1). In addition, as a municipal program, Public Health is more responsive to and informed of local needs, and can efficiently leverage Regional resources. Successes from having Public Health Branch integrated within the Region include passing mandatory Food Handler Certification, No-Smoking Bylaws, and the Region’s response to the H1N1 emergency in 2009.

York Region Public Health is the third largest public health unit in the province and serves approximately 8% of the provincial population

York Region Public Health provides services mandated by the Ontario Public Health Standards aimed at promoting healthy communities and preventing illness or disease. Its 473 full time equivalent professionals deliver a range of programs and services including: family, child health and dental services; harm reduction and substance misuse prevention; infectious disease control and inspections.

In 2018, York Region Public Health:

- Safely and securely distributed 612,000 vaccine doses to community health care providers and public health clinics
- Undertook 11,643 food premises inspections, 1,615 inspections of pools and splash pads, and 1,540 inspections of personal service settings
- Visited the homes of families at risk of compromised child development 6,207 times
- Conducted 3,530 investigations related to sexually transmitted infections and 4,682 investigations related to blood-borne infections

Funding for public health is cost shared, with the Province providing up to 75%

Public Health is primarily funded by the Province, with requirements for Regional cost sharing. In 2018, Public Health's actual gross expenditures totaled \$73.2 million including departmental and corporate support costs. The net tax levy share was \$22.2 million.

Next Steps

Ontario Government has assured AMO that it will be working and collaborating with municipal governments and stakeholders as it looks at ambulance services and public health services. The Region will continue to engage with various sector tables to seek further information, and will report back to York Regional Council and Board of Health as appropriate.

Katherine Chislett
Commissioner of Community and Health Services

Bruce Macgregor
Chief Administrative Officer

Attachment (1)
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**Integrated Community and Health Services programs that address
Social Determinants of Health**

