

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 10, 2024

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

Dear Minister Bethlenfalvy,

Re: 2024 Pre-Budget Submission: Public Health Programs and Services

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

We were pleased with the commitments that were made to local public health as part of the Minister of Health's address to the Association of Municipalities of Ontario (AMO) on August 22, 2023. The restoration of the \$47 million in provincial annual base funding with a guaranteed increase of 1% in each of the next three years is a positive step towards stability that will assist us with our own budget planning.

We would observe however that these commitments only return us to our 2019 baseline, minus the 100% provincial funding for certain programs. Since then local public health has experienced four years' worth of significant inflationary cost increases, a resource-intensive pandemic response that created a significant backlog of routine programs and services, population growth, and costs related to updating technological infrastructure.

We hope that the promised review of the public health funding formula that is planned to take effect in 2026 under the Strengthening Public Health initiative will afford us the opportunity to address long-term needs, but local public health is facing substantial budget pressures that need to be addressed now.

As part of our 2023 budget submission, we included the following key findings. These needs have not been addressed and therefore remain valid:

- Overall, the current funding envelope for public health units in Ontario is not sufficient to meet the provincially mandated standards. Though this has been the case for many years, our 2023 survey indicated that local public health units are projecting additional budget pressures from multiple sources in the coming years, including collective agreements, substantially increased inflationary pressures, the additional demands of the response to the co-circulation of respiratory diseases including flu, RSV and COVID-19, and the backlog of programs and services that has built up over nearly three full calendar years.

- Effectively meeting the Ontario Public Health Standards, excluding the Healthy Babies Healthy Children program for 2023 would have required an estimated \$132M in total additional funding, representing an average increase of 11.8% across health units. This represents an increase of just 0.2% of the entire Ministry of Health budget.
- Effectively meeting the requirements of the Healthy Babies Healthy Children program for 2023 would have required an estimated \$12.5M in total additional funding, representing an average increase of 13.8% across health units. This represents an increase of only 0.08% of the entire Ministry of Children, Community and Social Services budget.

As we embark on the voluntary mergers of public health units that are a centrepiece of the Strengthening Public Health initiative, these are intended to enhance capacity. We appreciate the CMOH's stated commitment to providing merger funding to facilitate these. Sufficient and timely resources are required to support these locally driven processes.

Throughout the past year, alpha has produced a [series of infographics](#) that clearly demonstrate the return on investment that public health provides through programs and services that promote well-being, prevent disease and injury, and protect population health. In so doing, local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

Each of these is attached for your consideration, but we would like to highlight the one that outlines [Public Health Fall Vaccine Success](#), which focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations. This is just one example of how public health work can have an immediate impact within the broader health care system.

We also note that the Chief Medical Officer of Health for Ontario, in his [2022 Annual Report](#), *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, calls for an end to the "boom and bust" cycle of funding that left Ontario less prepared than it should have been for COVID-19. It also calls for sustained investment in pandemic preparedness over time, so Ontario maintains a steady state of readiness.

While the CMOH Report frames preparedness squarely in the context of future pandemics and outbreaks, we would submit that "preparedness" includes all aspects of the population-wide, upstream, prevention-focused approach to protecting and promoting health that is outlined in the Ontario Public Health Standards. This view is strongly reinforced by the Chief Public Health Officer of Canada in her [2023 Annual Report](#), which proposes a health promotion approach to emergency management, within which public health can work with partners in different sectors to build healthier and more resilient communities, with a strong focus on equity, by laying the foundations to better prevent, withstand, and recover from emergencies.

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. According to the 2018-19 Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was \$1.267 billion, or about 2% of the total Ministry operating expenses. This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.

We look forward to working with you and welcome this opportunity to advocate for a sustainable and resilient public health system. Please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 647-325-9594 for any follow-up.

Sincerely,



Dr. Charles Gardner,
President

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

Encl.

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

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

alPHa

Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

A PUBLIC HEALTH PRIMER

SPRING 2022

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

That decision makers acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:

Identify and isolate cases.

DATA ANALYSIS:

Identify sources of infection and patterns of transmission.

OUTBREAK CONTROL:

Protect vulnerable populations in higher risk settings.

PUBLIC HEALTH MEASURES:

Implement and enforce measures to slow the spread of COVID-19.

ADVICE TO GOVERNMENT:

Provide expert input to inform government actions in the fight against COVID-19.

ADVICE TO THE PUBLIC:

Provide and reinforce expert advice to empower the public in the fight against COVID-19.

VACCINATION EFFORTS:

Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.

 **7,139,930**
INDIVIDUALS VACCINATED WITH 3 DOSES IN ONTARIO AS OF MARCH 22, 2022
Source: [Government of Ontario](#)

1,140,865
CONFIRMED COVID-19 CASES IN ONTARIO AS OF MARCH 21, 2022
Source: [Public Health Ontario](#)



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



Healthy Environments

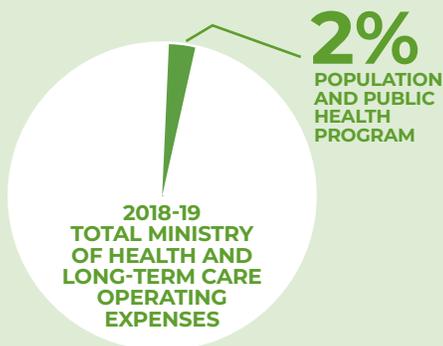
PUBLIC HEALTH MATTERS

RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **\$1.267 billion**, or about **2%** of the total Ministry operating expenses.

This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.

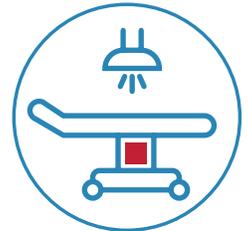


IMPACT ON RESOURCES



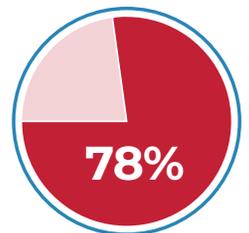
The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

Suspension of routine public health programs and services is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**. This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: [Public Health Resilience in Ontario - Executive Summary](#)

Source: alPHa Report: [Public Health Resilience in Ontario - Report](#)

Please visit: www.alphaweb.org



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention

PUBLIC HEALTH MATTERS

#2 of Series

PUBLIC HEALTH FALL VACCINE SUCCESS

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns has resulted in exceptional vaccine uptake. This fall, Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

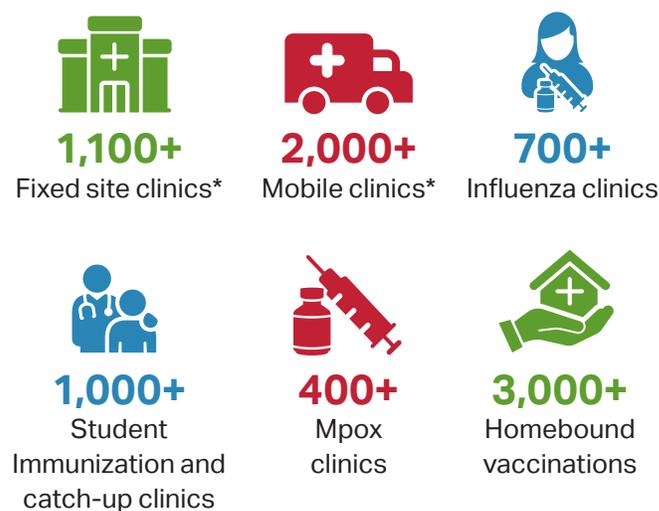
PUBLIC HEALTH UNITS PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal B
- Promoted routine vaccines

MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

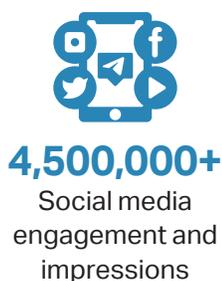
Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

FALL 2022 VACCINATION BY THE NUMBERS



* co-administration of multiple vaccines

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS



PUBLIC HEALTH MATTERS

PUBLIC HEALTH FALL VACCINE SUCCESS

ACCESS INCREASED



- Local public health units partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health units worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.

DATA-DRIVEN ACTIVITIES



- Ontario's 34 local public health units used data to optimize vaccine coverage. This is exemplified through a local public health unit who used equity indicators to identify their highest priority neighbourhoods to target outreach and support. This geographically mapped information was posted publicly on a COVID-19 dashboard and used internally for health system planning. Vaccine strategies were employed, using mobile clinics, fixed sites, and organization partnerships (such as Ontario Health Teams and community clinics) in order to increase vaccination.

INTEGRATED SERVICES AND COMMUNITY OUTREACH



- Ontario's local public health units integrated services to have the greatest impact. For example, a local public health unit established 15 hubs throughout their community, offering services like dental screenings, mental health, addictions and substance use supports, COVID-19, flu and routine immunizations.
- Local public health units partnered with community agencies to enhance vaccine outreach and worked to help get residents vaccinated against COVID-19. In one local public health unit, this included the operation of Vaccine Engagement Teams comprised of over 150 health, community, and faith-based organizations and more than 700 community ambassadors reflecting the community's diversity.

AMPLIFIED MESSAGES



- Ontario's 34 local public health units employed traditional media tactics (such as news releases, media events, and social media) in addition to unique targeted local tactics. One example of this work is demonstrated by a local public health unit who worked with hospital partners to create a commercial that highlighted actions needed to reduce strain on hospital systems resulting from respiratory illnesses. The commercial plays before every movie at the local cinema, at hockey home games, and on local television.



Population
Health
Assessment



Health
Equity



Effective Public
Health Practice



Emergency
Management



Chronic Disease
Prevention and
Well-Being



Food
Safety



Healthy
Environments

PUBLIC HEALTH MATTERS

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A BUSINESS CASE FOR LOCAL PUBLIC HEALTH

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

We are asking decision makers for their support for the goals and objectives of public health, with sustained and sufficient resources to ensure stability for Ontario's locally-based network of public health agencies.

Local public health remains essential to the province's population health and the associated economic prosperity.

Local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

INVESTMENT IN LOCAL PUBLIC HEALTH

Investment in local public health includes the following returns:



REDUCED HOSPITALIZATIONS AND DEATHS:

Public health measures such as **vaccination, case and contact management, outbreak response, community infection control measures** reduced hospitalizations by 13 times during the COVID-19 pandemic.

Local public health is also central to responding to new infectious disease risks such as MPOX, reemerging pathogens like poliomyelitis and tuberculosis, and the return of annual seasonal epidemics such as influenza and respiratory syncytial virus (RSV).



SAFE COMMUNITIES:

Local public health protects our communities by working with municipalities to provide **safe water, safe food, and emergency preparedness and response.**



HEALTHY CHILDREN:

Local public health protects children through **promotion of healthy growth and development, vaccination, dental screening, and school health.**



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Healthy
Environments

PUBLIC HEALTH MATTERS



FUNDING

Local public health requires sufficient and sustainable base funding from the provincial government.

The end of mitigation funding (\$46.8M) from the province would equal a **14.76% (\$316.7M) municipal levy increase**, or a **3.78% (\$1.24B) loss** to the overall funding of local public health programs.

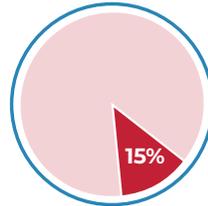
A return to the previous **provincial-municipal** cost-sharing formula for all programs and services would help to offset this loss.



COVID-19 RECOVERY

In the wake of the COVID-19 pandemic, local public health has been working hard to put back in place its full range of programs, with progress being made on its recovery priorities (Public Health Resilience), and responding to seasonal respiratory viruses.

PUBLIC HEALTH LEADS TO HEALTH CARE SAVINGS



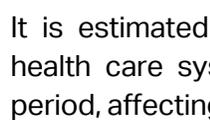
Health promotion and **disease prevention** are mandated roles for local public health agencies. In doing this, they also work with the Ministry of Health and key stakeholders in addressing chronic diseases such as diabetes, heart disease and cancer.

HEALTH INEQUITIES DUE TO SOCIOECONOMIC POSITION CONTRIBUTED \$60.7B = 15% OF ALL HEALTH CARE COSTS.

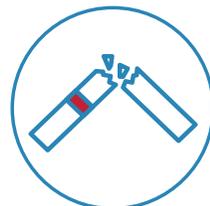
Smoking, alcohol, diet and **physical activity** improvements could prevent \$89B in health care costs = 22% of all health care costs over 10 years.



Alcohol use is another major contributor to health care and societal cost. It is estimated that alcohol use costs the Ontario economy \$5.3B in health care, law enforcement, corrections, prevention, lost productivity and premature mortality.



It is estimated that **diabetes** in Canada cost the health care system \$15.36 billion over a 10 year period, affecting nearly 10% of the population.



Promotion of **tobacco cessation** and **tobacco control** reduced health care costs by 1.7% overall = \$4.2B saved over 10 years.



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention