

CIPP STATEMENT ON

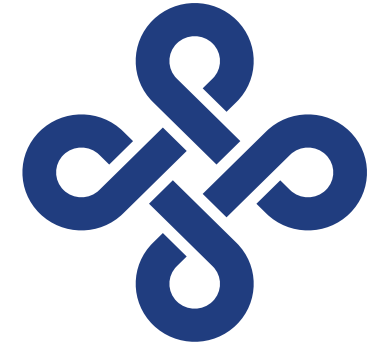
RE STRU CTURING

AND

CUTS

TO OTTAWA PUBLIC HEALTH

JUNE 2019



The Civic Institute of Professional Personnel (CIPP) includes over 400 public health nurses, dental hygienists, dietitians, epidemiologists, policy analysts, health promoters and researchers working for Ottawa Public Health.

We are very concerned about the likely impact of the Ontario government's announced cuts to public health and the proposed restructuring of public health agencies in the province.

We believe that people in Ottawa will be adversely affected.



Public health services and programs are the foundation of municipal services



The reason we have water treatment, sewers, sidewalks, building codes, garbage collection and rules about food safety are to protect the health of the whole population of the city – to prevent widespread illness. Municipal boards of health existed even before cities were chartered, attempting to stop the spread of the terrible epidemics of the 1800s. The services provided through public health have changed over time to match new challenges and apply new science, but its critical nature remains.

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and researchers working for Ottawa Public Health. We are very concerned about the likely impact of the Ontario government's announced cuts to public health and the proposed restructuring of public health agencies in the province. We believe that people in Ottawa will be adversely affected.

We call on the province to reverse the announcement of cuts, to reconsider plans for restructuring Ottawa Public Health, and to lay the groundwork for best practices in public health through legislation that guarantees adequate levels of funding and codifies the cost share between the provincial and municipal governments.

Public health dollars are the best investment in health care

Public health is the part of the health care system dedicated to preventing people from becoming ill or injured and needing acute-care medical services. Public Health identifies a range of health threats to the general population and implements programs to stop them. We do this through education, policies, inspections, vaccinations, dental services, clinics, emergency preparedness, home visits, tracking health statistics and research. We promote wellness. We work to keep people out of doctors' offices and hospitals. Public health spending by the provincial government is the most efficient use of health care dollars. An international review of countries like Canada shows that for every \$1 spent on public health there is a return of \$14.¹ The best way to end overcrowding of hospitals and other acute care facilities – to end “hallway medicine” – is to foster and support public health programs and services.

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Public health services are vital to the community

CIPP members at Ottawa Public Health deliver a remarkable list of programs and services to the people of Ottawa. The Ontario Ministry of Health mandates chronic disease prevention and wellbeing, food safety, healthy environments, healthy growth and development, immunization, infectious and communicable disease control, safe water, school health, substance abuse and injury prevention, AIDS programming, foundational standards, and emergency management. In addition, Ottawa Public Health delivers the healthy babies, healthy children program, dental clinics, mental health, and additional addiction programs.

CIPP is concerned about statements in the provincial government’s budget that distinguish “front line service” and “back office” functions in public health. Effective public health services are planned, implemented, evaluated and the results are shared across public

health networks. They are delivered by a team of professionals and support workers. Some of the functions of public health that aren’t “front-line” are: tracking infectious and communicable diseases so an epidemic like SARS doesn’t get out of hand; maintaining the communications systems that connect Ottawa public health to the rest of the provincial health care system; preparing for emergencies and catastrophic events like floods and tornados; and designing public health communications and education campaigns. It isn’t only the visible front-line staff who keep Ottawa healthy and safe; it’s all of Ottawa Public Health. In fact, our teams pivot, reconfigure, and adapt to deal with events like infectious disease outbreaks and catastrophic events as needed – no one is “back-room”.

Cuts to public health hurt people

Part way through the City's budget year, without any consultation or notice, the provincial government announced it is cutting back its share of the costs for public health programs – reducing its contribution from 75% to 70% for some programs, and from 100% to 70% in others. The province plans to further reduce its commitment to 60% by 2021. The total expenditure for public health in Ottawa in 2019 is budgeted at \$60m with the province contributing just over \$45m. The new cut is on top of almost \$1m funding the province previously cut from Ottawa Public Health's safe injection site. Almost half way through the City's budget year, the actual numbers are not yet clear.

A 5% cut of about \$3m may not seem like a lot, but it's three times as much as it costs Ottawa Public Health to deliver the safe water program, twice as much as the school health program, and twice as much as it costs for the immunization program, more than the dental program and the same amount as the healthy growth and development program. The cuts will negatively impact people and health in Ottawa.

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Paying for public health services through provincial income tax is a fairer way to fund public health.

Downloading only moves the cost, doesn't reduce it

It's downloading all over again. Provincial governments that want to be seen to save money push the costs down to municipal governments. The latter either have to cut programs and staff or find another way to pay for services needed by Ottawa residents. The people will have to pay one way or another, through their taxes and through service fees. Provincial taxes are income-based and are more progressive – the higher a person's income, the higher the proportion of taxes they pay. That's not true for property taxes - the City's tax base - and user fees. Paying for public health services through provincial income tax is a fairer way to fund public health.



Local is better

At the same time that the provincial government announced it will download the costs on to municipal governments, it announced it will restructure public health delivery, presumably removing public health from existing municipal operations, and create new public health agencies.

The provincial government proposes to reduce the number of public health units in Ontario from 35 to 10, merging Ottawa with Prescott-Russell, Stormont, Dundas and Glengarry, Renfrew, Lanark, Leeds and Grenville, Lennox and Addington, Frontenac, Kingston and Cornwall to cover 1.6 million people and 29,000 square kilometres.ⁱⁱ To date municipalities have no information about governance of the new unit, where it would be headquartered and what would happen with staff of the existing units. There are many reasons the proposed Eastern Ontario public health unit restructuring is inappropriate and counterproductive. The area is

too big and too diverse. Services are most responsive to local residents when they are delivered at a local scale. The match between specific local issues and events and public health responses will be weakened if a larger agency has to try to be all things to all people. The smaller cities and rural regions agree. They don't want to be overshadowed by the big city and its big city problems. As Frontenac Islands Mayor Denis Doyle, chairman of the Kingston, Frontenac and Lennox and Addington Public Health board says, "...if something isn't broken, why do you mess with it?"ⁱⁱⁱ

Ottawa can best achieve the integration of local and regional health services through its existing structures – through the municipal government and its relationships to other municipalities and other levels of government. Ottawa Public Health has a broad and effective range of local partnerships in the City to deliver

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wellness promotion and disease prevention – schools, community centres, restaurants, business associations, Parks and Recreation, hospitals, childcare centres and more. It would be a poor use of resources for a new organization to try to re-establish all of those relationships and in dozens of communities rather than one.

A new and distinct public health organization will add to program delivery costs, not offset them.



Ottawa's public health structure is cost-effective

Ottawa can and does achieve the most efficient use of resources for Public Health now. The City provides Public Health with \$8m worth of in-kind contributions. The staff and programs are housed in City of Ottawa facilities and are supported by the City in areas such as human resources, finance and administration, IT and fleet – “back office” functions. Establishing a new and distinct public health organization will add to the costs of program delivery in Ottawa, not offset them.

The insecurity involved in changing employment for CIPP members in Ottawa public health will create employee flight and retention problems. Smaller municipalities have recruitment issues for important roles in public health services. They may find mergers to be useful in attracting and retaining professional personnel. Ottawa Public Health will not benefit from an upheaval in staffing and labour relations.

Ottawa Public Health should stay with the City of Ottawa

Public health units in Ontario have several different structures – some are completely integrated into the municipality, some are established by the municipality, and some are stand alone. CIPP believes that any change to these structures should be guided by the best use of resources to achieve the best public health outcomes. There is nothing to be gained for Ottawa Public Health by making any significant change in its governance and structure. It may make sense for some smaller and rural units to merge and the CIPP contends that they should have the option to proceed in that direction with support from the provincial Ministry of Health and Long Term Care but should not be compelled.

Changing the structure and governance of Ottawa Public Health will diminish its local focus, reduce its

integration with other community partners, and weaken the control of locally elected and accountable politicians. Boards appointed by the provincial government are not locally accountable. If the Ministry proceeds with the proposed new regional boundaries, it would be impossible to have a functional board of health big enough to have balanced representation from all the communities covered in its mandate.

If the province proceeds to establish a regional board of health, rather than leaving the Ottawa public health unit as it is now, CIPP would argue that the most effective and efficient restructuring would involve leaving programs, personnel and facilities in place and focusing on coordinating planning and service sharing to promote effective public health delivery. CIPP supports the Association of Mu-



nicipalities of Ontario (AMO) recommendation for government to government cooperation and consultation on public health programs and structures, as well as the other health care areas that municipalities are involved in – ambulance services, long-term care and hospital capital funding.^{iv}

The People of Ottawa want “Say for Pay”

The Health Protection and Promotion Act of Ontario (HPPA), established by the Harris government, sets out the formal funding arrangements for public health in Ontario. Municipalities are required to pay the expenses of the board of health and medical officer of health. Municipalities are formally responsible for the cost of public health services, but the arrangement has been 75% provincial and 25% municipal contribution for most programs as a matter of policy and in accountability agreements. As municipalities have tackled a broader range of health issues than mandated by the HPPA, such as mental health and wellness, the municipal share has already risen to 37% across the province.^v

Cities take in only 9 cents, through property taxes, of every \$1.00 of taxes that residents pay. As AMO says: “Already stretched, the property tax

base barely covers core-mandated responsibilities within the current fiscal environment, let alone the provincial responsibility for health services. Municipal governments do their best to meet resident needs using only nine cents of every household tax dollar. Funding more health costs is not an option.”^{vi}

Any reduction to the provincial contribution to public health costs will put additional budget pressures on all other city services and lead to service cuts and cost increases across the board. Cuts to other municipally delivered services such as land ambulance and dispatch will only exacerbate the pressure on all city services and programs.

The current provincial government is proposing that Ottawa increase its share of the cost at the same time as

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its control over the programs and services is diminished by restructuring. The CIPP supports the City's objection to these changes.

**Cuts are not
the solution.**



Take advice from the professionals who deliver public health

One of the recommendations that The Honourable Mr. Justice Archie Campbell made in his final report on lessons learned in the SARS epidemic is that those responsible for decision making should talk to and listen to the people doing the work – that much disaster can be averted that way. CIPP thinks that the provincial government should take advantage of the knowledge and experience of the professionals working in Ottawa Public Health to discuss the best road to take to better public health and efficient program delivery.

Notes

ⁱ Return on investment of public health interventions: a systematic review Rebecca Masters, Elspeth Anwar, Brendan Collins, Richard Cookson, Simon Capewell <https://jech.bmj.com/content/jech/71/8/827.full.pdf>

ⁱⁱ <https://ottawacitizen.com/news/local-news/new-ottawa-area-health-unit-includes-large-swath-of-eastern-ontario>

ⁱⁱⁱ Ibid.

^{iv} <https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Partners-for-a-Healthy-Ontario-2019-01-18.aspx>

^v Ibid.

^{vi} Ibid. p8