1. **Call to Order**  
   Kathryn Wilson, Chair

**Welcome and Opening Statement**  
*We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.*

*Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all Treaty people.*

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

4. **Consent Items to be Considered Separately** *(nil)*

5. **Delegations and Presentations** *(nil)*

6. **Confirmation of the Minutes of the Previous Meeting** *(nil)*

7. **Business Arising From the Minutes** *(nil)*

8. **Staff Reports**

   8.1. **Staff Report: Ontario 2019 Budget Announcements**  
   Dr. Rosana Salvaterra, Medical Officer of Health
9. **Consent Items (nil)**

10. **New Business (nil)**

11. **In Camera to Discuss Confidential Matters**

   In accordance with the Municipal Act, 2001,
   - Section 239(2)(b), Personal matters about an identifiable individual, including Board employees;

12. **Motions for Open Session**

13. **Date, Time, and Place of the Next Meeting**

   Wednesday, May 8, 2019, 5:30 p.m.
   Curve Lake Health Centre, 38 Whetung St. E.,
   Curve Lake First Nation

14. **Adjournment**

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.
PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Ontario 2019 Budget Announcements</th>
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<tbody>
<tr>
<td>DATE:</td>
<td>April 16, 2019</td>
</tr>
<tr>
<td>PREPARED BY:</td>
<td>Dr. Rosana Salvaterra, Medical Officer of Health</td>
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PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Ontario 2019 Budget Announcements*, for information; and (If applicable);
- identify key messages for a local response; and
- identify next steps for board and staff action.

FINANCIAL IMPLICATIONS AND IMPACT

The budget announcements signal the very likely dissolution of Peterborough Public Health as it currently exists. The budget proposes the formation of 10 new regional boards of health that would take the place of the current 35. It appears that there will be one model of governance for all 10 boards. There are no details as to whether these boards will be co-funded by municipalities and whether they will be achieved through amalgamations or represent a completely new structure for public health governance and service delivery.

DECISION HISTORY

This is the first time the board is meeting to discuss this issue.

In 2017, the board of health submitted its response to the Expert Panel (see Appendix A), which had recommended the creation of 14 regional boards of health, to align with Local Health Integration Networks (LHINs). This would have removed public health from municipalities and eliminated local boards of health. Many of the same arguments made by the board in opposition to the expert panel recommendations are applicable in this current situation as well.

BACKGROUND

For 130 years, boards of health for Peterborough have provided proactive, timely and highly effective public health services which have saved lives and promoted the health and wellbeing of local residents. In 1965, the boards of the County and City amalgamated. In 1998, Curve Lake First Nation joined, followed by Hiawatha First Nation in 2007.

The provincial budget released last week contained alarming news for public health:
• Ontario's 35 health units would be replaced with 10 mega-health units. It is unclear where Peterborough would land in any large amalgamation, or whether these new configurations would still have municipal engagement and/or funding.
• Total provincial funding for public health will be reduced by $200 million over the next two years. The province currently provides $743 million to local public health, so would represent a significant cut of almost 30%.
• Public Health Ontario and its laboratory services (PHL) to be “modernized and streamlined”. Although the wording is obscure, a reduction in PHL sites (currently there is a lab here in Peterborough) has been announced.
• Public health will begin offering dental services to low-income seniors by next winter.

With the exception of the last one, these announcements may represent the largest change in direction in the history of public health in Ontario. Please refer to Appendix B for select excerpts from the provincial budget.

What they mean for public health in Peterborough is not clear yet, however it would be highly unlikely that the Board of Health for the County-City of Peterborough with its own Medical Officer of Health would exist beyond March 2020. By 2021, there would be substantial reductions in public health services for residents of this area. There is still no information on what governance, representation and accountability to local communities would look like.

The PPH board is legally mandated to protect and promote the health of its communities and has a long track record of doing this. Examples are:
• Preventing illnesses and deaths by mass vaccination against vaccine-preventable diseases such as polio, measles and more recently, H1N1 influenza;
• Supporting community partners in mounting effective emergency responses against pandemics (Spanish Flu, H1N1);
• Successful advocacy for essential health related resources such as Nurse Practitioners for Curve Lake FN and Keene, assisting with community-wide screening for workers and their families exposed to asbestos, accessing for provincial funding to support food-security interventions, and training close to 24,000 residents in safe food handling practices;
• High rates of immunization of children and youth which have prevented outbreaks being seen elsewhere in the province;
• Proactive work with communities and government partners on public awareness and guidance regarding historical and emerging health hazards present in air, water and land;
• Early identification of opioid related harms and pro-active community mobilization, including early access to Naloxone for individuals at risk and support for hospital distribution.

Appendices C and D contain the Association of Local Public Health Agencies (alPHa) response to the budget and the return on investment fact sheet, respectively.
Provincially, the Association of Ontario Municipalities (AMO) will be a key player in any response to the proposed changes. AMO has released a summary of the changes in the budget, but has not yet take a position on these changes to public health. If municipalities remain the lead level of government responsible for public health, then they will want a say in how it is governed, structured and funded. There is one mention of the cost-shared ratio in the budget but provincial intent is not explicit.

RATIONALE

A strategy to reduce hallway medicine that limits its scope from the hospital entrance to the long-term bed is doomed to fail. The board of health urges the provincial government to recommit to investing in upstream prevention as the bedrock upon which to build a health care system. Returns on investment for strategies such as the prevention of exposure to second-hand smoke, immunization, fluoridation of drinking water, protection of drinking water and injury prevention are among the greatest returns ever realized by governments (see Appendix D).

The proposed cut of $200 million to frontline public health services do not represent potential savings through back-office efficiencies or reductions in bureaucracies. In truth, this cut of 27% represents a planned and draconian reduction in the vital public health services like our work to address health inequities, our clinical services to prevent, identify and control infectious diseases, chronic disease and injury prevention initiatives, healthy public policy work with local governments and our work with and in schools. It threatens the very foundations of a healthy Ontario.

The board may wish to issue the following message to both the Province and our three local MPPS:

Peterborough Public Health believes that any future modernization of the public health system should be guided by the following principles:

1. Maintain and build upon strong local connections with municipal governments, boards of education, primary health care providers, health system partners and First Nations. Preserve a 75/25 ratio, in return for ensuring that boards of health have an ongoing voice that is responsive and accountable to their local communities.

2. Protection and maximization of the investment in public health by ensuring upstream prevention efforts are sustained, comprehensive and effective.

3. Achieve efficiencies without jeopardizing the delivery of public health services and programs, including those that address health inequities, health promotion and the prevention of chronic disease and injuries.
4. Fund and staff a joint provincial-local consultation to engage with AMO, alPHa, local boards of health and their communities to identify optimal amalgamations.

5. Support amalgamations of boards of health that make sense to their communities, including First Nations where engaged, and protect critical public health functions and services.

Recommendations from PPH could include the following:

1. That the province re-affirm its commitment to promote and protect the health of current and future generations of Ontarians by investing in public health and ensuring that local delivery is resourced with secure, sustainable and predictable funding. This includes continuing with a strong role and mandate for municipalities and local Councils.

2. That the province support and resource a plan for PPH to engage with surrounding local councils and boards of health to identify the potential scope and boundaries for a new board of health to effectively serve the residents of Peterborough, the Kawartha Lakes and surrounding areas.

3. That the province commit to funding both an immunization record and the digitization of public health services, including the provision of electronic records to local public health agencies, as part of its strategy to “implement a digital first for health strategy that will increase the use of virtual care and give the people of Ontario digital tools to access their own personal health information.”

It is recommended that the board respond to the provincial budget with its recommendations, and that it makes these known to all three of our provincial MPPs. In addition, it would be valuable to apprise opposition health critics of our arguments and rationale.

In addition, local partners, like the Peterborough Family Health Team, have offered to advocate on public health’s behalf. It is critical to enlist the support of all local Councils, as well as partners to oppose both the elimination of Peterborough’s local public health agency, and the proposed cuts to public health spending.

**APPENDICES:**

Appendix A – PPH Response to the Expert Panel Report  *(web hyperlink)*
Appendix B – Select Excerpts, 2019 Ontario Budget: Protecting What Matters Most
Appendix C – alPHa News Release  *(web hyperlink)*
Appendix D – alPHa Public Health Return on Investment  *(web hyperlink)*
Excerpts:

**On page xv (letter from Minister Fedeli):**
“In short, this is a government that will put the people first and protect what matters most.”
“Our 2019 Budget for the People focuses on restoring confidence in Ontario’s finances and bringing jobs and growth back to this province so that we can protect what matters most — our hospitals, schools and other vital public services — for this generation and the next.”

**On page 41:**
“The line by line review “identified four key recommendations to help drive efficiencies, find cost savings and enable the transformation of public services to make them more convenient:
- Modernizing services through better use of digital and shared-service models;
- Finding more cost-efficient ways of administering government;
- Ensuring government funding is directed to those that require it the most; and
- Maximizing the value of government assets and putting taxpayer investment to its most productive use.”

**On page 43 (listening to the people):**
“Making dental care more accessible for low-income seniors by creating a specialized dental benefit program.”

**On page 51:**
“This spring, the government will consult with Ontario public sector employers and bargaining agents on how compensation costs can be managed in a way that results in wage settlements that are modest, reasonable and sustainable. Feedback received through these discussions will directly inform any next steps taken to manage growth in compensation costs.

These consultations will build on the government’s recent action to strengthen its oversight of Provincial agency collective bargaining, as announced in the *2018 Economic Outlook and Fiscal Review*, as well as efforts to better enable service transformation through proposed amendments to the *Public Sector Labour Relations Transition Act, 1997*. Moving forward, the government will continue to explore opportunities to expand collective bargaining oversight to key areas of the provincial public sector. This will help ensure that every taxpayer dollar is invested wisely.”

**On page 99:**
“Protecting what matters most begins by working smarter and investing smarter. To end hallway health care, the government must put patients first and find new approaches that help make the health care system run better for patients and families. More dollars need to be
targeted to front-line workers in the health care system, such as doctors, nurses and other health care practitioners.”

“Protecting what matters most means making every dollar count when investing in the province’s world-class health care and education systems, and other cherished public services.”

**On page 111:**

“The government will also:
- Implement a digital first for health strategy that will increase the use of virtual care and give the people of Ontario digital tools to access their own personal health information;”

**On page 119:**

“Modernizing Ontario’s Public Health Units
Ontario currently has 35 public health units across the province delivering programs and services, including monitoring and population health assessments, emergency management and the prevention of injuries. Funding for public health units is shared between the Province and the municipalities.

However, the current structure of Ontario’s public health units does not allow for consistent service delivery, could be better coordinated with the broader system and better aligned with current government priorities. This is why Ontario’s Government for the People is modernizing the way public health units are organized, allowing for a focus on Ontario’s residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system, and more effective staff recruitment and retention to improve public health promotion and prevention.

As part of its vision for organizing Ontario public health, the government will, as first steps in 2019–20:
- Improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by adjusting provincial–municipal cost-sharing of public health funding; and
- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities.

The government will also:
- Establish 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020–21;
- Modernize Ontario’s public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; and
- Protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by removing back-office inefficiencies through digitizing and streamlining processes.”
On page 125:
“PROVIDING DENTAL CARE FOR LOW-INCOME SENIORS
At least two-thirds of low-income seniors do not have access to dental insurance. As a result, untreated oral health issues, such as infection, pain and abscesses, can lead to chronic disease and a lower quality of life. As well, the rates of dental decay, gum disease and oral cancer are higher among seniors — the longer oral health care is delayed, the more costly and painful treatment will become. Untreated oral health issues represent a significant burden on the health care system and contribute to hospital overcrowding. In 2015, there were almost 61,000 hospital emergency visits for dental problems, at a cost to Ontario’s health care system of approximately $31 million.

That is why the government is moving forward with its commitment to introduce a new dental program for low-income Ontario seniors with an annual investment of approximately $90 million when fully implemented. By late summer 2019, single seniors age 65 and older with incomes of $19,300 or less (or senior couples with combined incomes of less than $32,300) and without existing dental benefits, will be able to receive dental services in public health units, community health centres and Aboriginal Health Access Centres located throughout the province.

By this coming winter, this program will be expanded by investing in new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in public health units.

The government’s new publicly funded dental care program for low-income seniors will help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for Ontario’s seniors.”

On page 277:
“Modernizing public health units through regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better coordinated action by public health units, leading to annual savings of $200 million by 2021–22;”