

FACT SHEET: Changes to Public Health Funding

Updated: May 29, 2019



How will PPH's budget be affected?

The cuts announced by the provincial government were originally to take effect April 1, 2019, however on May 27, 2019 Premier Doug Ford announced they would be delayed until the next budget year. The shortfall originally projected for Peterborough Public Health's 2019 budget was \$715,000 to maintain current levels of service. More information is needed to determine the impact of the cuts on PPH's 2020 budget.

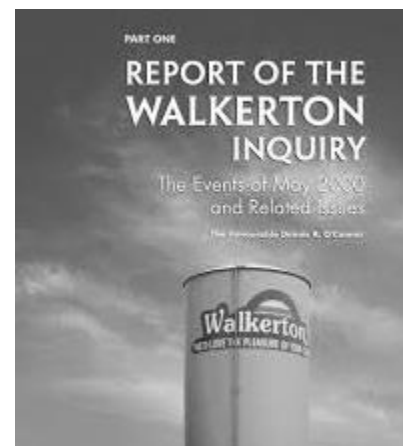
Are there potential efficiencies in the public health system?

Centralization and regionalization of some work within the public health system would achieve savings, but nothing like what has been proposed. The provincial government refers to "back office efficiencies" but has not provided any further details as to what specific functions this means. Even if all senior level positions were cut from public health agencies across the province, that only represents \$40 million of the \$200 million being cut by the province, so \$160 million would have to be raised by local councils.

The provincial government is saying that it expects frontline public health services will continue despite these changes. Will there really be any difference to residents?

It's difficult to see how public health services and programs won't be affected with such a significant funding cut from the province.

When the provincial government downloaded public health costs onto municipalities 19 years ago it resulted in program cuts. This was identified as a major contributing factor by the public inquiry into the Walkerton water crisis that killed seven people and made 2,300 ill (page 406, [Part One: Report of the Walkerton Inquiry](#)). If municipalities are expected to carry more of the costs for public health, amid everything else they have to fund following all the other provincial cuts to libraries, conservation authorities, etc., they may have to make hard decisions about what public health services remain and which ones are discontinued and which public health risks are acceptable.



What is considered frontline work in public health?

This has not yet been clearly defined by the provincial government as it relates to public health. It is likely the assumption is that frontline work refers to the role of nurses, family home visitors, community workers and public health inspectors who indeed do interface directly with residents and businesses throughout the community. However, this narrow definition fails to take into account the vital work performed by epidemiologists, health promoters, public policy experts, any many other public health roles who are on the frontlines building community partnerships and analyzing data to create upstream changes that prevent illness and foster good health. We know through experience that working with municipal partners to design healthier built and natural environments is just as much of a core public health service as are immunizations and outbreak control. For every dollar invested in policy actions like building

infrastructure for active transportation results, it reaps high returns on investment, higher even than the median cost-benefit ratio of \$8.30 return for every dollar invested in public health programs, from a 2017 published review¹.

Why invest in public health?

“The next time you’re waiting in the emergency department, don’t only ask why there aren’t more health professionals working to see people quicker — ask why there are so many people sick in the first place,” wrote Hasan Sheikh and Raghu Venugopal in their April 29, 2019 Toronto Star article [Warning from an ER doctor: Ford’s public health cuts will mean more hallway medicine](#).

Public health prevents people from becoming patients. In fact, with 85% of Ontario deaths resulting from chronic disease like cancer, diabetes and heart disease, healthy public policy work by boards of health and their staff is even more critical in keeping Ontarians healthy and preventing hallway medicine.

¹ Masters, R., Anwar, E., Collins, B., Cookson, R., Capewell, S. (2017). Return on Investment of Public Health Interventions. Journal of Epidemiology & Community Health, 71, 8. DOI: 10.1136/jech-2016-208141. Available at: <https://jech.bmj.com/content/71/8/827>

