

Ontario Budget 2019 Impacts on Toronto Public Health

**Dr. Eileen de Villa
Medical Officer of Health
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- 35 health units
- 3 governance models:
- Responsibilities and Obligations:
 - Ontario Public Health Standards
 - Health Protection and Promotion Act
 - 40 other provincial Acts

- Integration with the municipality or city and the day to day lives of our population
- Strong links with local health care professionals & health care institutions
- Strong links to school boards
- Leverage local community agencies and partnerships

- Statutory authority to address health hazards and communicable disease threats
- Health advisor to Board of Health and City Council
- Appointment approved by the provincial Minister of Health and Long-Term Care and Chief Medical Officer of Health for Ontario
- Responsible for protecting the health of the people of Toronto



How Toronto's chief medical officer became the people's doctor

City Council Role (City of Toronto Act)



- Toronto has a semi-autonomous Board of Health
- appoints Board of Health Members
- appoints Medical Officer of Health
- approves public health budget
- provides public health staff

TORONTO PUBLIC HEALTH ONE TORONTO. ONE HEALTH.



MISSION: A HEALTHY CITY FOR ALL

IMPROVING THE HEALTH STATUS OF
THE WHOLE POPULATION



PREPARING AND RESPONDING TO
EMERGING PUBLIC HEALTH THREATS



REDUCING HEALTH INEQUITIES



CONTRIBUTING TO A SUSTAINABLE
HEALTH SYSTEM



- Preventing the spread of disease, promoting healthy living and advocating for conditions that improve health for Toronto residents and reduce health inequities
- Using epidemiological methods to monitor the health status of the population in order to respond to on-going and emerging health needs and threats
- Developing and implementing practices and policies that enhance the health of individuals, communities and the entire city
- Advising City Council on health issues for Toronto

TORONTO'S AVERAGE LIFE EXPECTANCY THROUGH THE YEARS



RETURN ON INVESTMENT

EVERY \$1 INVESTED IN:



IMMUNIZING CHILDREN

SAVES

\$16

IN HEALTH CARE COSTS

MEASLES



OVERALL MEASLES CASES
IN TORONTO.*

*Before 2 dose schedule.



TOBACCO PREVENTION

SAVES

\$20

IN FUTURE HEALTH CARE

SMOKING PREVALENCE



OVERALL SMOKING PREVALENCE
IN TORONTO.*

*Percentage Reporting Current Cigarette Smoking, Torontonians Aged 18+.

- Provide service in 800 publicly funded schools reaching over 344,000 students
- Vaccinate 53,000 grade 7 students
- 224,000 children receive dental screening
- 66,000 screenings to identify children & families at risk for poor outcomes related to pregnancy, birth or infant & child development
- Respond to 80,000 inquiries to Toronto Health Connection

- Investigate 50,000 cases/contacts & 300 outbreaks of communicable disease
- 25,000 Directly Observed Therapy staff visits to TB patients
- 32,500 food premise inspections
- Work with 250 local agencies to track & report on deaths of people experiencing homelessness
- Established and maintain the Toronto Overdose Information System

Provincial Budget 2019: Provincial Changes to Public Health

Direct Impact:

- Adjusting provincial-municipal cost-sharing of public health funding
- Establishing 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-2021
- Projecting annual savings of **\$200M** by 2021-2022 through regionalization and governance changes to public health units

Provincial Budget 2019: Provincial Changes to Public Health

Indirect Impact:

- 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
- Developing a regional strategy to modernize Ontario's public health laboratory system
- Streamlining Public Health Ontario to enable greater flexibility with respect to non-critical standards based on community priorities

- Provincial public health budget allocation from the Ministry of Health & Long Term Care is approximately **\$750M**
- The current Ministry of Health & Long Term Care contribution to Toronto Public Health is approx. **\$147M**

Governance Principles

1. Ensure there is one public health entity for the City of Toronto based on municipal boundaries
2. Maintain and enhance public health's relationships with the municipal sector and community partners and organize public health resources and services to reflect local needs
3. Locally focused with local representation
4. Accountability and oversight are best determined by a model of governance that reflects the population's health needs and the community where they live

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.

- 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;
 - Streamlining transfer payment agreements and consolidating multiple service contracts to reduce administration costs, increase value for money and improve outcomes by making it easier to manage system-wide performance, achieving annual savings of \$100 million by 2021–22;
 - Changing the way pharmacy fees are paid, including a tiered framework for drug mark-up fees; fees paid for filling prescriptions for long-term care home residents, and focusing the MedsCheck program on patients transitioning between health care settings, resulting in annual savings of over \$140 million by 2021–22; and
 - Prioritizing patients over processes to allow for critical investments in front-line health care delivery, including an annualized investment of approximately \$90 million (once fully implemented) for a new dental program for seniors with low-incomes, targeted investments of \$384 million in 2019–20 in the hospital sector to address hallway health care and approximately \$1.75 billion in additional funding over five years in the long-term care sector to expand and improve bed capacity.
- **Education sector** expense is projected to increase from \$29.1 billion in 2018–19 to \$30.1 billion in 2021–22, representing average annual growth of 1.2 per cent. This is primarily due to increased funding for school boards to support higher student enrolment. Key sector-wide transformation initiatives include:
 - Focusing funding on priority areas, including Science, Technology, Engineering and Math (STEM), while finding efficiencies and improving accountability to ensure that every dollar spent in the classroom is having the greatest impact on student achievement;
 - Prioritizing child care funding for fee subsidies to help support affordable and accessible child care for families;
 - Finding internal efficiencies in the Ministry of Education, through modernization initiatives, including greater use of virtual meetings, and limiting the use of consultants to generate estimated savings of \$25 million annually by 2021–22; and
 - Examining opportunities to enhance school board participation in formal buying consortia and group purchasing initiatives to leverage economies of scale.