

Board Correspondence

October 2021

Date	From	Subject
September 15, 2021	City of Hamilton	Ltr to Minister of Health to express support for a local Board of Health rather than a regional board of health model to strengthen and modernize the public health system.
September 16, 2021	Haliburton, Kawartha, Pine Ridge District Health Unit	Ltr to Minister of Health – to request ongoing government financial support for the COVID-19 response and the continuation of the mitigation funding for the year 2022.



OFFICE OF THE MAYOR
CITY OF HAMILTON

September 15, 2021

Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, 80 Grosvenor Street,
Toronto, ON M7A 2C4
Christine.Elliott@pc.ola.org

RE: Support for a Local Board of Health

Dear Minister Elliott,

As the province of Ontario and Public Health Unit's across the province continue to respond to the COVID-19 pandemic, the City of Hamilton's Board of Health has been reflecting on our local pandemic response. COVID-19 has highlighted the importance of public health local responsiveness, particularly when dealing with local outbreaks. During the past eighteen months we have seen how local knowledge and partnerships has strengthened the pandemic response by better understanding the needs in the community and leveraging trusted relationships. The strength, timeliness, and flexibility of local collaboration can be seen through the implementation of various strategies, including increased public health measures, equitable access to COVID-19 testing, and an extremely complex and targeted vaccination strategy.

We are writing this letter to reiterate our position that a local, rather than regional governance is preferred to inform planning on how to strengthen and modernize the public health system. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has a direct influence on opportunities for health where people live. As a governing body, the Hamilton Board of Health / Council can remain flexible and make decisions to increase, decrease or change service delivery based on local need. This has been particularly important throughout the pandemic as regular public health programs had to be flexible with the level of their operations to allow for resources to be shifted to essential services and the COVID-19 response. Maintaining the local voice supports ongoing advocacy of local need to ensure that priorities in the community are met, for example, the collection of local Social Determinants of Health Data which has allowed public health efforts to more effectively reach those who are disproportionately affected by the pandemic.

It is believed that if there is a shift to a regional board of health model, there will be a reduced local leadership voice in decision making. Due to this, it is important that public health governance remains local while ensuring accountability to municipalities, the province and the local population. Leveraging local responsiveness during the pandemic has reinforced our position that a local rather than regional governance remains the preferred model.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal flourish extending to the right.

Fred Eisenberger
Mayor

CC:

Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West – Ancaster – Dundas
Donna Skelly, MPP, Flamborough – Glanbrook
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health

September 16, 2021

Honourable Christine Elliott, Deputy Premier
Minister of Health, Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliot,

I want to begin by thanking you and your government for your leadership and financial support during the COVID-19 pandemic. On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I have appreciated the province's announcements to date which have included a commitment to fund 100% of the costs related to the COVID-19 response as well as the continuation of mitigation funding for the year 2022.

I am writing today to specifically request ongoing government financial support for the following items that have not been captured by previous funding announcements:

1. Allocations to support program "restarts", "catchup", and broader recovery
2. Increased base funding to reflect the following demands on health unit resources:
 - a. Endemicity of COVID-19 response activities
 - b. Increased wage, benefit, and operational costs due to inflation
 - c. Increased demand for health unit services to support population recovery from COVID-19 (e.g. mental wellness, harm reduction)

Since the start of the COVID-19 pandemic, HKPRDHU has responded to greater than 2,300 confirmed cases of COVID-19, 71 COVID-19 related outbreaks, responded to greater than 700 community complaints regarding infection prevention and control and enforcement for COVID-19 public health measures, and 6,930 COVID-19 related inquiries through our COVID-19 call centre. In addition, HKPRDHU has coordinated the implementation of COVID-19 vaccination across our jurisdiction with greater than 270,000 doses of vaccine administered.

Throughout the pandemic, resources at HKPRDHU have been diverted from pre-existing services to ensure a timely response to COVID-19 and prevent further spread of the virus throughout Ontario. Similar to other areas of the health sector, difficult decisions have been made about which programs to scale down (or stop) and which to continue. This has resulted in a backlog of services that includes the following:

- 2400 students that missed the school-based immunization program and an additional 1200 that have not been offered second doses to complete their full immunization series through the school program
- Greater than 70 small drinking water systems that require inspection in addition to the routine annual cohort for 2022
- 5300 children needing Oral health screening

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We are reaching a point locally that if we don't start to catch up on these services the backlog will become too large of a hurdle to overcome. As such, we intend to build in capacity to begin addressing this issue but will require assurance from the Ministry that extraordinary costs associated with this will be covered.

It is now clear that COVID-19 will require dedicated attention for many years to come. Case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, and enforcement activities will all see a baseline of increased work for the foreseeable future. To do this work well, we need to expand our public health workforce and provide opportunities for permanent positions.

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the Ontario Public Health Standards, including Vision Screening and requirements to respond to Infection Prevention and Control Complaints and inspection of private swimming pools. Furthermore, due to inflation, wage, benefit, and operating costs continued to increase. This means that we were already under-resourced to respond to an infectious disease emergency as well as implement routine public health priorities prior to the pandemic.

Now, more than ever, our communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response. Harms such as increased opioid overdose deaths and deterioration of children's mental health have been well documented over the last year. These are two key areas that local public health agencies have a clear mandate to address but will require the resources to do so.

For the above reasons, the Board of Health urges the provincial government to commit dedicated funding to support both catch-up and recovery of public health activities as well as the ongoing increased demands for health unit response to COVID-19. The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. As we look to the future, it is imperative that we support the recovery of public health in a comprehensive and sustainable way.

In writing this letter, we also call upon the Association of Local Public Health Agencies of Ontario to endorse/support this request.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT
Original signed by Mr. Elmslie

Doug Elmslie, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies