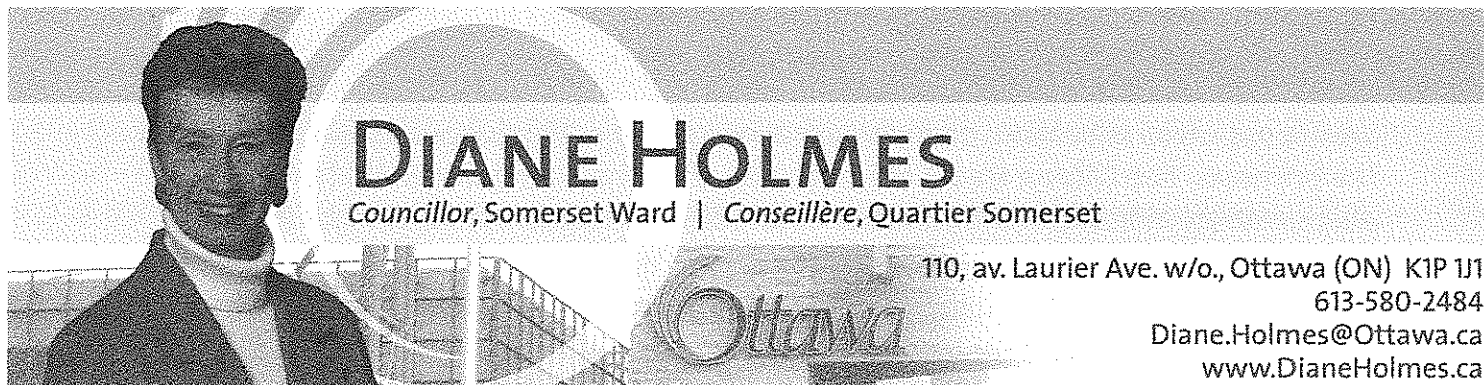




November 28, 2014

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister:

RE: Ottawa Public Health Request for Additional Information on Provincial Funding Formula

The Ottawa Board of Health is grateful for the Ministry of Health and Long-Term Care's ongoing funding to support the provision of provincially required public health programs and services to its community. I am aware that since 2003 your government has invested many millions of dollars through Ontario Public Health Units, including Ottawa Public Health. Province-wide the Ministry's funding for public health units increased by about 154% in that period, which is commendable. In Ottawa, during that time, funding for cost shared mandatory programs has increased by \$16.1 million (131%). In the four years since the development of the Public Health Funding and Accountability Agreements (from 2010 - 2014), Ottawa Public Health's 'base' funding from the province for mandatory and related programs, including new programmatic requirements, has increased from \$28.58 to \$33.73 million (18%). Further, during that four year period, Ottawa Public Health has also received cumulative one-time funding to address specific emergent health issues (such as the large scale community infection control lapse investigation in 2011) of \$3.66 million. Our health unit is extremely appreciative of all the support we receive.

On behalf of the Board of Health for the City of Ottawa Health Unit, at this time I am writing to request an explanation of the funding formula used to determine the level of funding provided for this Board's provincial allocation for cost shared programming under the Public Health Funding and Accountability Agreements. While I understand that the provincial allocations are in part a reflection of current year and historical municipal allocations, the most recent information suggests that Ottawa receives the 3rd

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lowest provincial allocation, on a per capita basis, of the 36 local public health boards in the province. The Ottawa Board of Health has welcomed the development of new accountability indicators in the last few years, but has raised concerns regarding the targets and the adequacy of funding allocations to allow for these targets, and other requirements under the Health Protection and Promotion Act and the Ontario Public Health Standards, to be fully met.

I recognise per capita formulas may not be the best for funding allocations, given that each health unit operates in a unique local context, and that per capita funding levels are not readily comparable, given variability in the environments in which services are being delivered across health units in terms of demographics such as income levels, health status and cultural factors, as well as specifics of the services being offered and geographic size and human resources compositions.

However, I am aware that in 2012 (the most recent year for which data has been shared by the Ministry); Ottawa Public Health was one of the lowest per-capita funded public health units in Ontario. Your department provides the citizens of Ottawa with \$30.90/year each, for cost shared public health programming. This compares with \$36.19/person/year in 'urban centre' health units that your department considers to be comparators for Ottawa (i.e. Durham, Halton, Peel, Waterloo, Wellington-Dufferin-Guelph, Windsor-Essex, York). Given Ottawa's rural population a more appropriate comparator group may be 'urban/rural' health units (such as Hamilton; Kingston, Frontenac and Lennox & Addington; and Middlesex-London), where funding from your department for the same programs averages \$43.62. For reference, in Toronto, a city with comparable public health challenges and programs, funding levels are \$45.46/citizen/annum.

Ottawa has large francophone and ethnic communities, significant urban aboriginal populations, a large rural territory and a significant number of seasonal visitors and special events, as well as unique requirements as a G8 capital city. There are, of course, associated unique financial needs relating to these and other factors.

Accordingly, at its regular meeting on November 17, 2014, the Board of Health for the City of Ottawa Health Unit passed the following motion:

WHEREAS the long range financial plan for Ottawa Public Health will require additional funding to sustain current programming; and

WHEREAS Ottawa Public Health is seeking additional information from the provincial government regarding provincial funding formulas for Ontario Public Health Units, specifically the funding formula for Ottawa Public Health in relation to other local health units;

THEREFORE BE IT RESOLVED that the Chair of the Ottawa Board of Health write a letter to the Ontario Minister of Health requesting detailed information on the funding formulas for Ontario Public Health Units, beyond the per capita funding.

As I will shortly be passing the chair of the Ottawa Board of Health to my successor I would welcome a timely reply, so that the incoming Board Chair and members can be apprised of your response. Should you wish to discuss this further, I will be happy to make myself available at any time.

Sincerely,



Diane Holmes

Chair, Board of Health for the City of Ottawa Health Unit
City Councillor

Cc: Ottawa Board of Health
Dr. Isra Levy, Medical Officer of Health, Ottawa Public Health
Ms. Esther Moghadam, Deputy Director & Chief Nursing Officer, Ottawa Public Health
Ms. Gillian Connelly, Board Secretary, Ottawa Public Health