



# **SUDBURY & DISTRICT BOARD OF HEALTH 2016 COST-SHARED OPERATING BUDGET**

City of Greater Sudbury  
Finance Committee  
December 8, 2015



WE ARE PART OF  
A HEALTHY COMMUNITY



# 2016 COST-SHARED OPERATING BUDGET SUMMARY



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**Total of \$22,873,326 or 0.5% decrease over 2015:**

- **2.5%** municipal levy increase
- **0%** provincial grant increase

**Within a context of fiscal constraint:**

- Maintains compliance with Ontario public health law and required standards
- Maintains local public health services and critical surge capacity

CGS \$143,869



# WHAT IS NEW OR ANTICIPATED TO CHANGE?

1. New public health funding model
2. Review of the public health programs 2016
3. Health system transformation

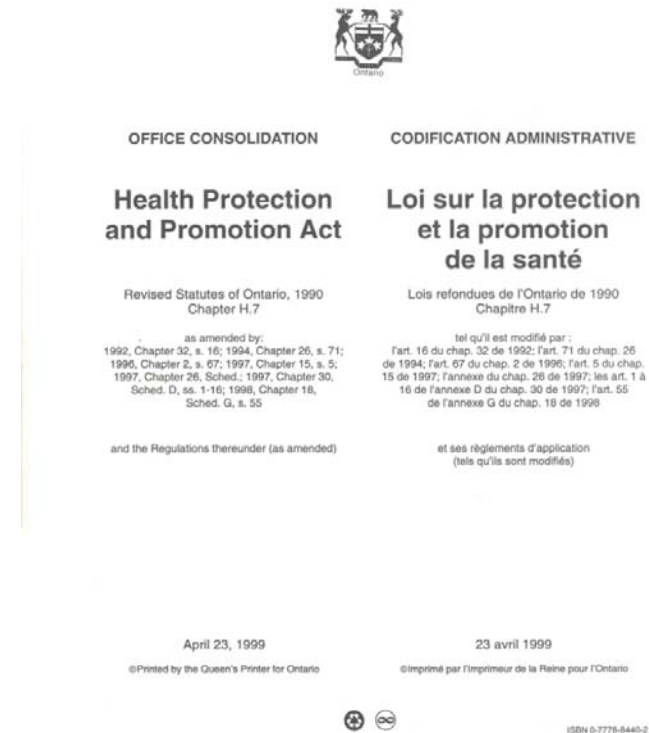


**ONTARIO PUBLIC HEALTH SYSTEM  
SUDBURY & DISTRICT HEALTH UNIT**



# PUBLIC HEALTH STRUCTURE AND MANDATE

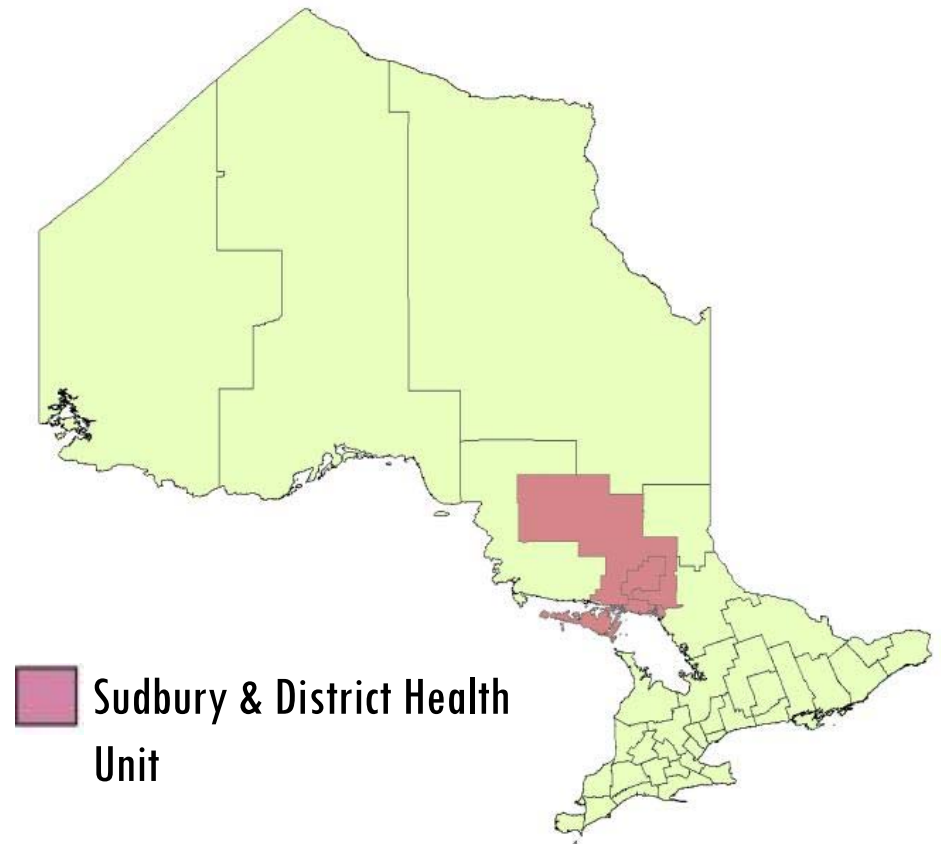
- Health Protection and Promotion Act
  - Ontario Public Health Standards
  - Ontario Public Health Organizational Standards



# BOARDS OF HEALTH

36 boards of health in Ontario

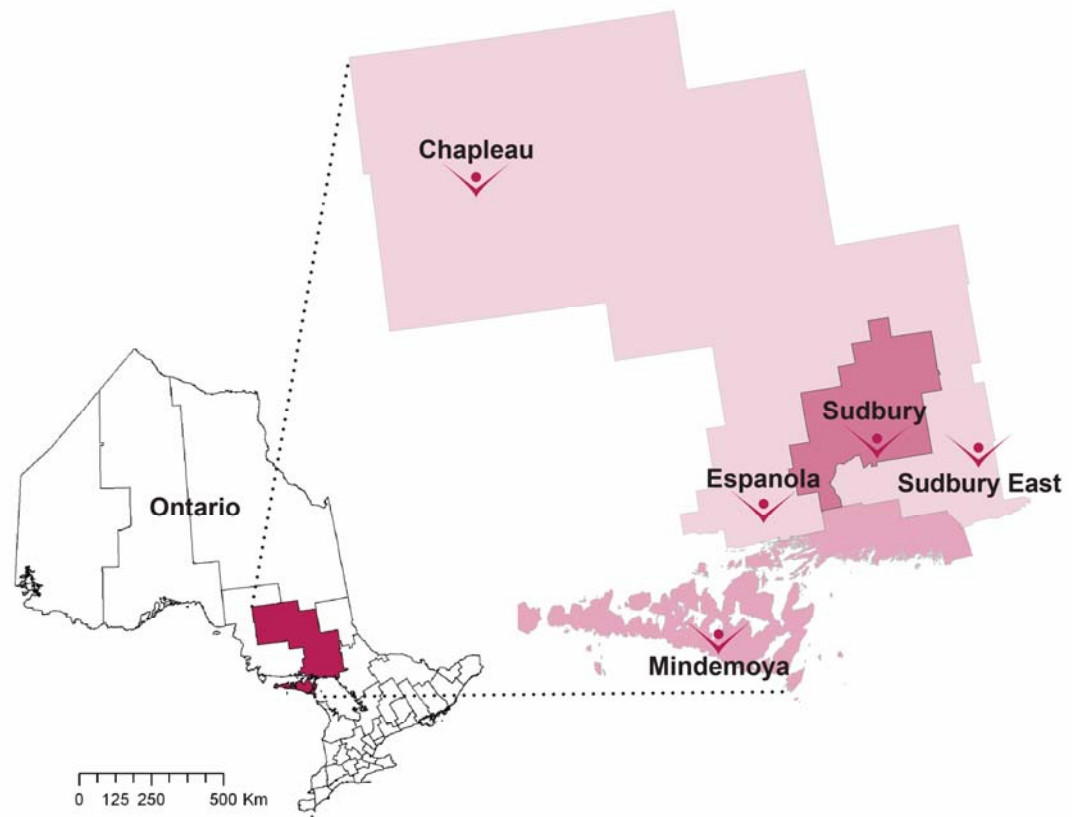
Local public health regions  
defined by municipal  
boundaries





# SUDBURY & DISTRICT BOARD OF HEALTH

- Population 167,836
- 19 municipalities
- 46 500 km<sup>2</sup>
- Autonomous board of health



# SUDBURY & DISTRICT BOARD OF HEALTH

Health Protection and Promotion Act

Municipal Act

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## MEMBERS AND AREAS

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2 to 7 Greater Sudbury (at least one councillor; at least one non-councillor)

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1 Manitoulin/Killarney

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1 Espanola & area

---

1 French River & area

---

1 Chapleau & area

---

2 Provincial appointees (up to 5 possible)

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**13 TOTAL**



# SUDBURY & DISTRICT HEALTH UNIT — MAIN OFFICE

1300 PARIS STREET,  
SUDBURY

# HEALTH UNIT – DISTRICT OFFICES

Chapleau



Espanola



Mindemoya



St. Charles



# 250 PERMANENT FULL-TIME & PART-TIME

- Public Health Physician (Medical Officer)
- Public Health Nurses
- Public Health Inspectors
- Health Promoters
- Dental Educators and Dental Hygienists
- Dietitians and Nutritionists
- Tobacco Enforcement Officers
- Epidemiologists
- Corporate Services (Communication, Finance, Human Resources, IT and Governance)
- Research and Evaluation (Professional Practice, Population Health, Surveillance, Research, Evaluation and Knowledge Exchange)





**FUNDING** | **2016**

# HOW IS PUBLIC HEALTH FUNDED?

## HEALTH PROTECTION AND PROMOTION ACT

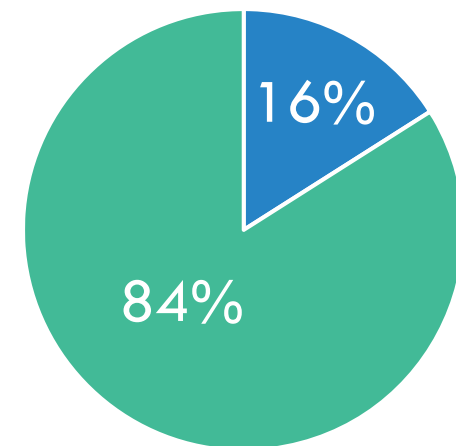
### Boards of health approve the budget

- “...shall give annually to each obligated municipality in the health unit a written notice... of the amount that the board of health estimates will be required to defray the expenses... required for the performance of the board’s functions and duties.”

Minister may make grants...

1. 100% provincially funded programs
2. Cost-shared municipal/provincial

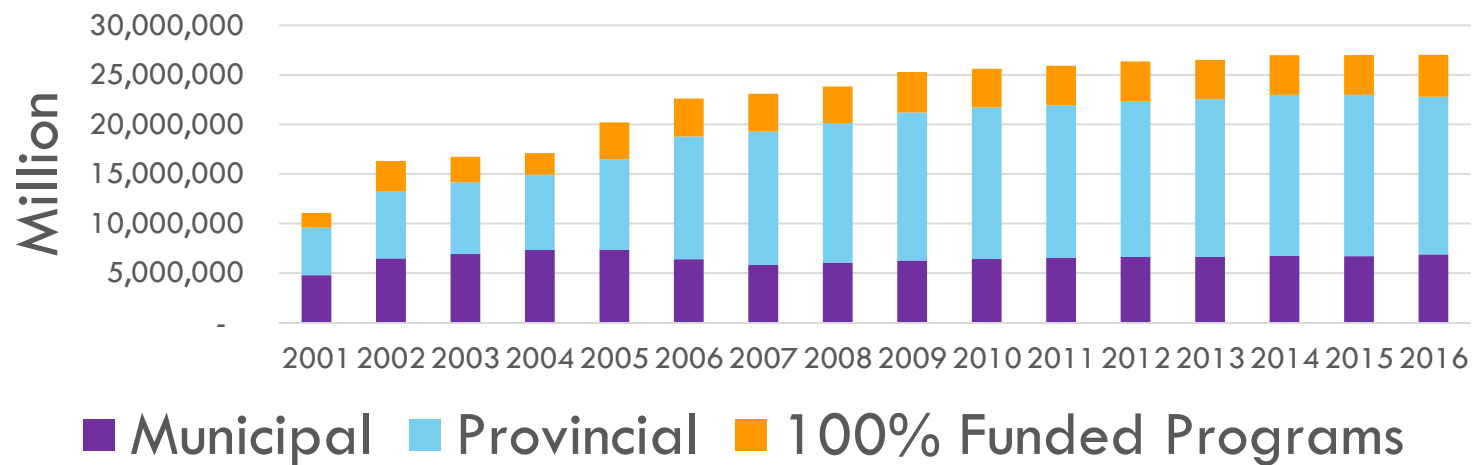
■ 100% Funded ■ Cost-Shared





# SUDBURY & DISTRICT BOARD OF HEALTH BUDGET HISTORY 2001-2016

Cost-shared and 100% funded  
programs





# WHAT IS NEW OR ANTICIPATED TO CHANGE?

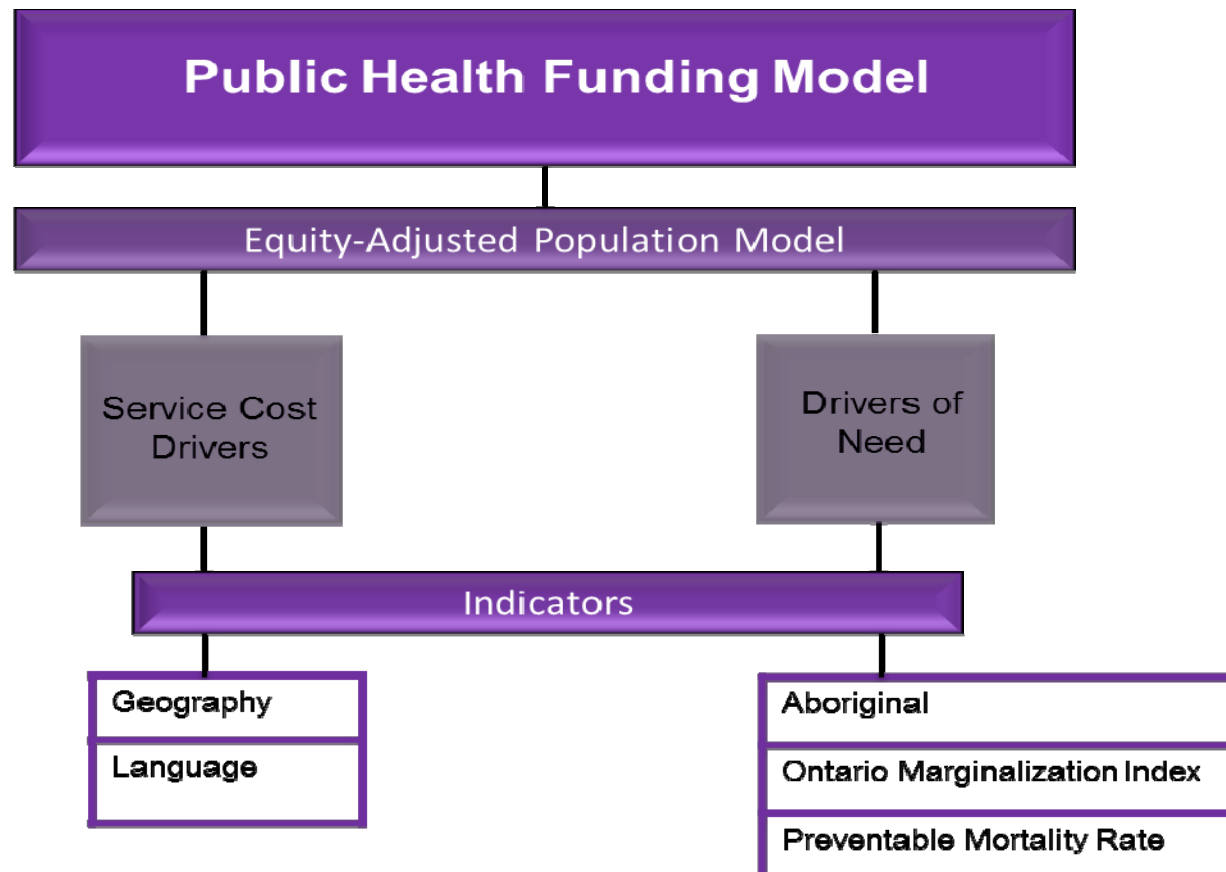
## 1. New public health funding model

- ~\$300,000 shortfall 2015
- ~\$560,000 predicted shortfall for 2016

## 2. Review of the public health programs 2016

## 3. Health system transformation

# NEW: 2015 public health funding model for cost shared programs 2015



# NEW PUBLIC HEALTH FUNDING MODEL 2015

- 28 of 36 boards receive 0% for foreseeable future
- Any growth in public health envelope applied to 8 boards
- Fiscal 2015 impact to SDHU \$297,860
- 2015 managed with SDHU contingency plan
- Projected SDHU 2016 deficit of \$562,645 without cost saving measures

## 5 Year Shortfall Projections if No Cost Saving Measures\*



\*Assumptions re fixed costs and minimal/no revenue increases

# COST SAVING MEASURES 2016

## Non-staff Related (40%)

- Staff development
- Funding for summer student positions
- Professional memberships & meetings
- Consultation fees
- Children's Water Festival
- Media and advertising
- Cost realignment to 100% funded programs

## Staff Related (60%)

- Reductions
  - One manager (2015)
  - Three support positions (net) October 2016
- Other cost reduction targets will be met by attrition (vacancy management process)

# ADVOCACY

## PROVINCIAL PUBLIC HEALTH FUNDING FORMULA (MOTION #45-15)

THAT the Sudbury & District Board of Health endorse the public health funding advocacy work planned by the Association of Local Public Health Agencies (alPHA)

## PROVINCIAL PUBLIC HEALTH FUNDING (Motion #49-15)

THAT the Sudbury & District Board of Health call on the Ministry of Health and Long Term Care to increase investments in public health, ensuring Ontarians benefit from a world-class public health system within Ontario's transformed health system

**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies

alPHA's members are  
the 36 public health  
units in Ontario.

alPHA Sections:

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

Affiliate  
Organizations:

ANDSOOHA - Public  
Health Nursing  
Management

November 3, 2015

Hon. Eric Hoskins  
Minister of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

Re: Public Health Funding Model

On behalf of member Medical Officers of Health, Boards of Health and Affiliate  
organizations of the Association of Local Public Health Agencies (alPHA),  
writing today to provide our comments following  
of Directors dialogue...

2 Carlton Street, Suite 1306  
Toronto, Ontario M5B 1J3  
Tel: (416) 595-0006

**alPHA**

Association of Local  
PUBLIC HEALTH  
Agencies



Sudbury & District

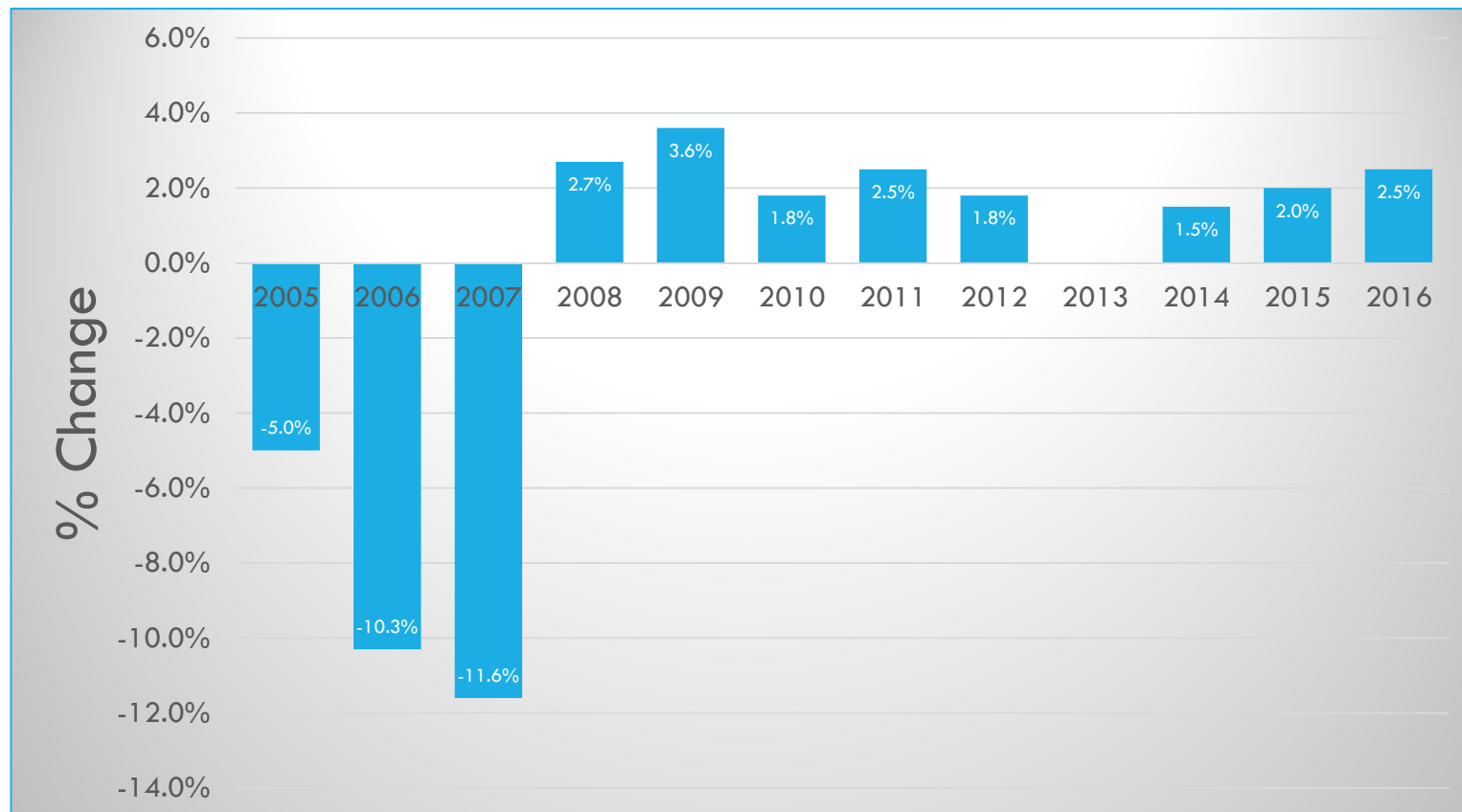
Health Unit

Service de  
santé publique

## 2016 COST-SHARED BUDGET DETAIL

<b>2016 Expenditures</b>	Comparison with the respective 2015 budget line	Contribution to overall 0.5% decrease
Salary	1.4%	0.9%
Pension and Benefits	-1.5%	-0.2%
Non-salary	-9.9%	-1.2%
<b>Total budget</b>		<b>-0.5%</b>

# YEAR OVER YEAR: SDHU MUNICIPAL PUBLIC HEALTH FUNDING



	2015	%	2015	2016		Monthly
<b>Municipal Levy</b>	<b>Population*</b>	<b>Population</b>	<b>Levy</b>	<b>Levy</b>	<b>Difference</b>	<b>Billing</b>
Assiginack (Township of)	767	0.457%	30,578	31,471	893	2,623
Baldwin (Township of)	514	0.306%	20,363	21,073	710	1,756
Billings (Township of)	516	0.307%	20,498	21,142	644	1,762
Burpee and Mills (Township of)	276	0.164%	11,089	11,294	205	941
Central Manitoulin (Township of)	1,767	1.053%	70,767	72,515	1,748	6,043
St. Charles	1,154	0.688%	45,565	47,379	1,814	3,948
Chapleau (Township of)	2,025	1.207%	81,520	83,120	1,601	6,927
French River	2,408	1.435%	95,431	98,822	3,391	8,235
Espanola Town	4,470	2.663%	180,513	183,388	2,876	15,282
Gordon/ Barrie Island	443	0.264%	18,145	18,180	35	1,515
Gore Bay Town	793	0.472%	31,922	32,504	582	2,709
Markstay-Warren	2,360	1.406%	94,826	96,825	1,998	8,069
Northeastern Manitoulin & the Islands ( Town)	2,225	1.326%	88,845	91,315	2,470	7,610
Nairn & Hyman ( Township)	408	0.243%	16,264	16,734	471	1,395
Killarney	350	0.209%	14,180	14,393	213	1,199
Sables-Spanish River (Township of)	2,785	1.659%	111,896	114,247	2,351	9,521
<b>City of Greater Sudbury</b>	<b>144,212</b>	<b>85.924%</b>	<b>5,773,378</b>	<b>5,917,248</b>	<b>143,869</b>	<b>493,104</b>
Tehkummah (Township of)	363	0.216%	14,651	14,875	224	1,240
<b>TOTAL</b>	<b>167,836</b>	<b>100%</b>	<b>6,720,431</b>	<b>6,886,526</b>	<b>166,095</b>	<b>573,877</b>
Per Capita Rate			39.750	41.03	1.28	



# WHAT IS NEW OR ANTICIPATED TO CHANGE?

## 1. New Public Health Funding Formula

## 2. Review of the public health programs 2016

When I released the Patients First: Action Plan for Health Care, I committed to transforming our health care system to make it more transparent, accountable, and sustainable.

Our government continues to work toward this commitment, and I am pleased to formally announce a review and modernization of the Ontario Public Health Standards (OPHS).

Source: Minister Hoskins letter to boards of health, November 16, 2015

## 3. Health system transformation

We must never take our eyes off the goal of true integration. End-to-end, population-based integration across the health care system. That includes public health; it includes primary care; and it includes home and community care. An integrated system, for the benefit of our patients.

Source: Minister Hoskins speech to Ontario Hospital Association, Health Achieve Convention, November 4, 2015



**MUNICIPAL PARTNERSHIPS**

# HEALTHY WEIGHTS IN THE CITY OF GREATER SUDBURY



Local Action

  
**HEALTHY KIDS**  
COMMUNITY CHALLENGE



# Sustainable Mobility Initiatives



## Sudbury Cycles



# SUBSTANCE MISUSE PREVENTION

## Executive Summary

### Community Drug Strategy

for the City of Greater Sudbury



#### A Call to Action

Substance misuse affects everyone. From the challenges of keeping medications away from children and teens to alcohol misuse in teens and adults; to experimentation with substances and addictions, and accidental poisonings – substance misuse affects all of society.

Experimentation with alcohol, marijuana and other drugs can lead to decisions that put lives at risk. While prescription drugs are intended to restore and maintain health, they can lead to addiction, crime, financial burdens and injury when not used as prescribed. Illegal drugs and related crimes are a source of fear and destruction in our communities. Each year, drinking and driving kills and injures people in our community.

#### *However we are making a difference.*

Pregnant moms are aware of the potential harmful effects of drugs on their unborn babies, therefore they avoid drugs. Parents keep medication out of reach of their children. Educators and parents implement programs to build resiliency in youth to help them make decisions to avoid the dangers of experimenting with drugs. Doctors and pharmacists remind their clients about the risks of misusing prescribed drugs. Friends stop friends from driving impaired.

#### *And we know that we can all do more. We can:*

- Learn about drugs that are commonly misused.
- Talk to your family and neighbours about what we have learned.
- Dispose of any old or unused medications.
- Get involved. Our ideas can help find solutions to prevent the initiation of and the harms associated with drug use.
- Let people know we care if we are concerned about their use of substances.
- Seek professional help for ourselves or someone we love.

Together, across all sectors and with an engaged community, we can make a difference.

This Community Drug Strategy report has been created through extensive consultation and provides guidance for our next steps. It is our collective **CALL TO ACTION**.

# HEALTHY FOOD ENVIRONMENTS



Greater Sudbury  
**Food Policy Council**





# BELL PARK MAIN BEACH BLUE FLAG



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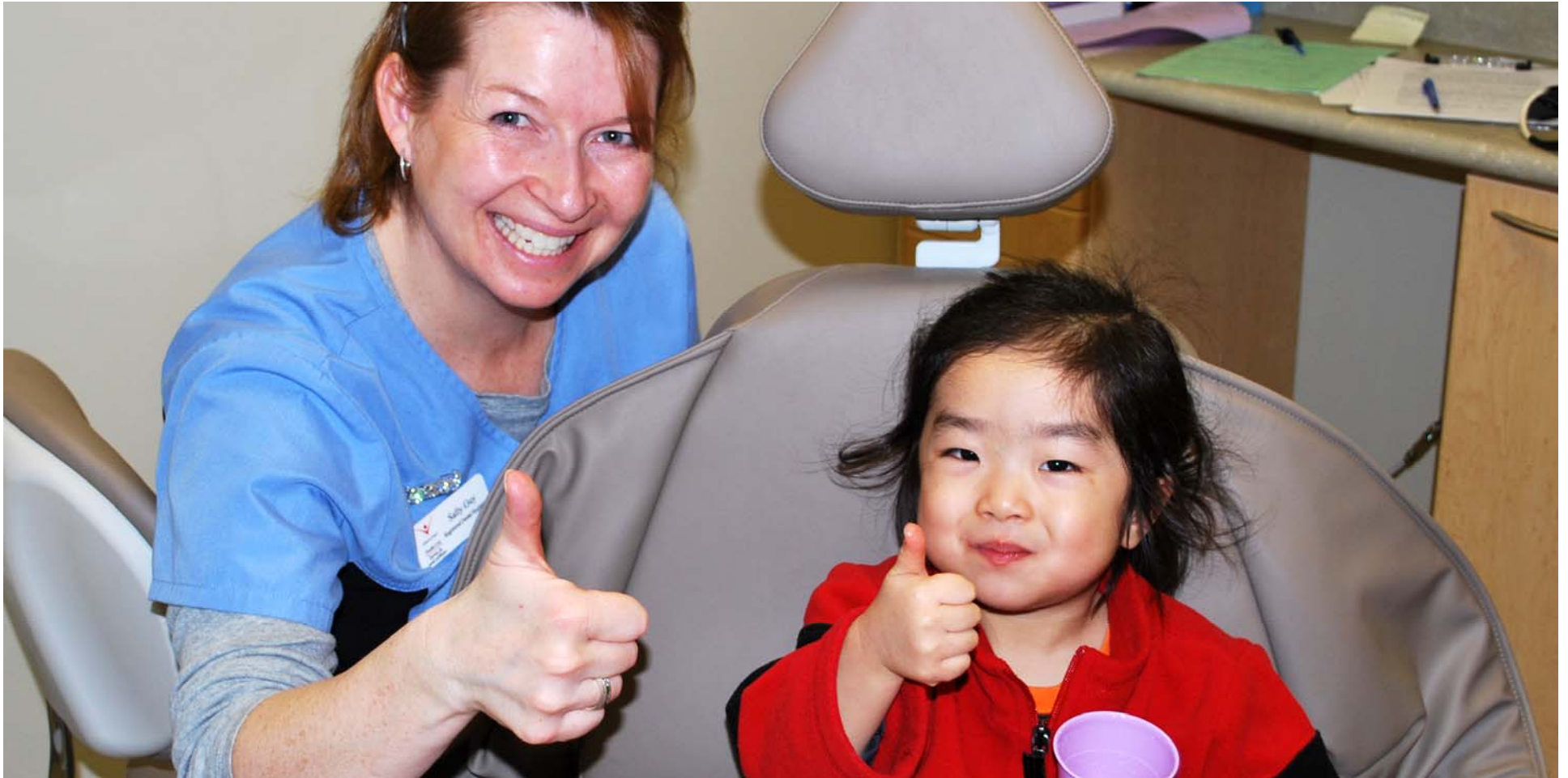
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# PUBLIC HEALTH

A great return on  
investment!

# PUBLIC HEALTH — A GREAT RETURN ON INVESTMENT!

## EARLY CHILDHOOD DEVELOPMENT

Every \$1 spent on early childhood health and development saves up to \$9 in future spending on health, social, and justice services.

ROI=800%

## HEALTHY SMILES

Every \$1 invested in adding fluoride to drinking water saves \$38 in dental care.

ROI=3700%

## CHRONIC DISEASE PREVENTION

Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs.

ROI=1900%

## VACCINATION

Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs.

ROI=1500%

# SUDBURY & DISTRICT HEALTH UNIT

## MISSION

WORKING WITH OUR  
COMMUNITIES TO PROMOTE AND  
PROTECT HEALTH AND TO  
PREVENT DISEASE.

## VISION

HEALTHIER COMMUNITIES IN  
WHICH THE SUDBURY & DISTRICT  
HEALTH UNIT PLAYS A KEY ROLE.





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