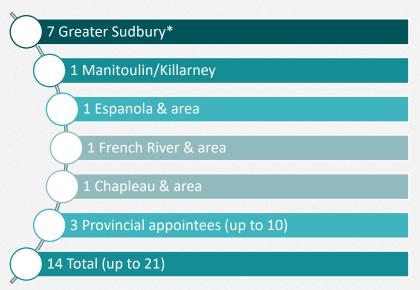
Weare Public Health



Board of Health

Members and areas



^{*}At least one councillor; at least one non-councillor.

City of Greater Sudbury appointees







René Lapierre

Jeffery Paul Huska

Robert Kirwan

Bill Leduc







Mark Signoretti



Carolyn Thain



2020 Operating Budget Public Health Sudbury & Districts



Above the surface

- Near-zero budget compared with 2019
- Maintains programs and services





1. Programs and services

Current



Coming



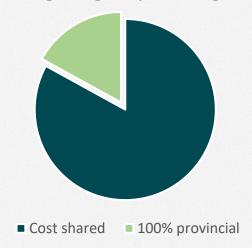


- Mental health and addictions
- Indigenous engagement
- Seniors' dental program
- Tobacco and vaping
- Infection prevention and control
- Housing and equity
- Decreasing capacity in other sectors...

2. Funding

Current

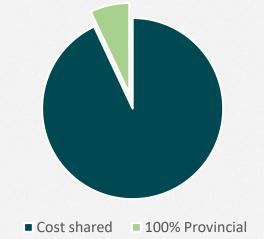
Operating Budget by Funding Model



- About 80% funding cost shared
- Cost shared eligible for up to 75% provincial grant

Coming (January 2020)

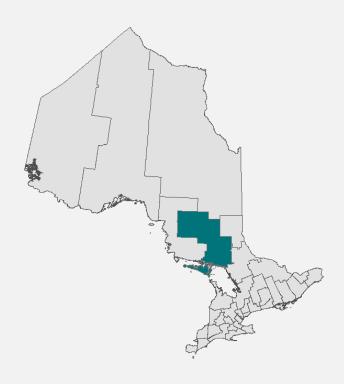
Operating Budget by Funding Model



- Almost all funding cost shared
- Cost shared eligible for up to 70% provincial funding grant

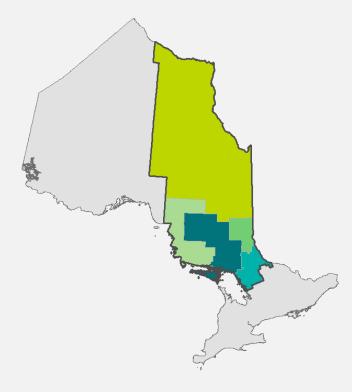
3. Structure

Current



35 boards of health

Coming...?



- 10 boards of health (regional entities)
- One for the northeast (5 currently)

2020 budget assumptions

- 1. Program and service requirements unchanged
- 2. Public Health Sudbury & Districts continues in 2020
- 3.70:30 funding formula as of January 2020
- 4.2020 Ministry grant based on Q3 2018 projections
- 5.\$600K Ministry one-time mitigation funds for 2020 to protect municipalities from cost increases resulting from the provincial funding change that exceed 10%

2020 budget details

Starting point

- \$1.9M shortfall
 - \$1.17M (6.4%) provincial base decrease
 - \$762,000 fixed cost increases

Mitigation

- Balanced budget
 - \$600,000 one-time provincial grant
 - \$522,000 cost reductions (5 FTEs)
 - \$734,000 municipal increase (\$4.47/person/year)

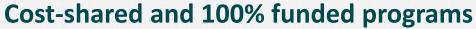
2020 budget composition and 2019 comparison

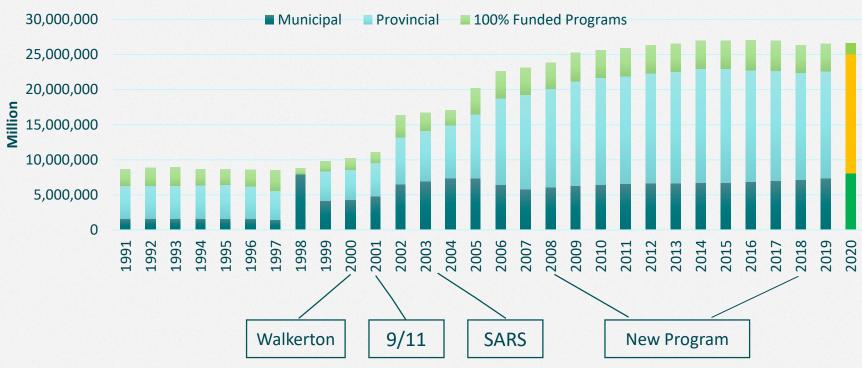
Estimated expenditures 2020	Comparison with 2019 budget lines				
Salary	-\$127,737	-0.7%			
Benefits	\$156,535	3.1%			
Non-salary	\$171,205	5.4%			
Total budget	\$200,003	0.76%			

	2018	%	2019	2020		Monthly
Municipalities	Population*	Population	Levy	Levy	Difference	Billing
Assiginack (Township of)	754	0.459%	33,720	37,093	3,372	3,091
Baldwin (Township of)	505	0.307%	22,555	24,811	2,256	2,068
Billings (Township of)	501	0.305%	22,408	24,649	2,241	2,054
Burpee and Mills (Township of)	273	0.166%	12,198	13,418	1,220	1,118
Central Manitoulin (Township of)	1,711	1.042%	76,545	84,200	7,655	7,017
St. Charles	1,156	0.704%	51,717	56,889	5,172	4,741
Chapleau (Township of)	1,915	1.166%	85,654	94,219	8,566	7,852
French River	2,374	1.445%	106,148	116,763	10,615	9,730
Espanola Town	4,362	2.655%	195,030	214,533	19,503	17,878
Gordon/ Barrie Island	449	0.273%	20,057	22,063	2,006	1,839
Gore Bay Town	739	0.450%	33,059	36,365	3,306	3,030
Markstay-Warren	2,328	1.417%	104,091	114,501	10,409	9,542
Northeastern Manitoulin & the Islands (Tow	2,129	1.296%	95,203	104,724	9,521	8,727
Nairn & Hyman (Township)	396	0.241%	17,707	19,478	1,771	1,623
Killarney	346	0.211%	15,503	17,054	1,551	1,421
Sables-Spanish River (Township of)	2,680	1.631%	119,811	131,792	11,981	10,983
City of Greater Sudbury	141,290	86.010%	6,317,974	6,949,767	631,793	579,147
Tehkummah (Township of)	363	0.221%	16,238	17,862	1,624	1,488
TOTAL	164,271	100%	7,345,618	8,080,180	734,562	673,348
Per Capita Rate			44.72	49.19	4.47	ı

Funding history – 3 decades

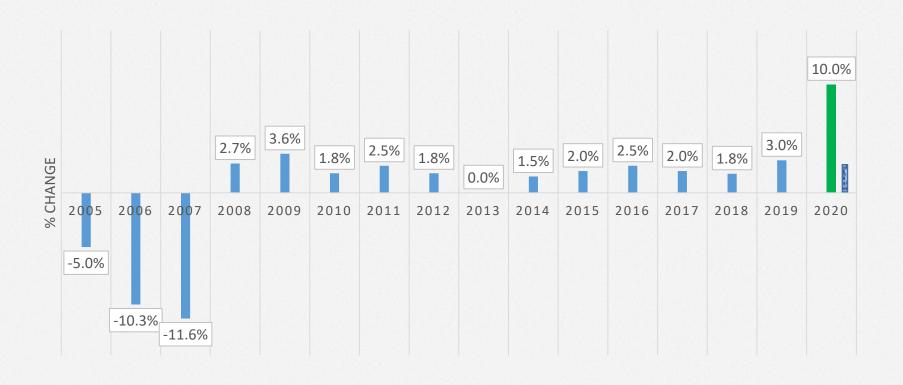
Public Health Sudbury & Districts



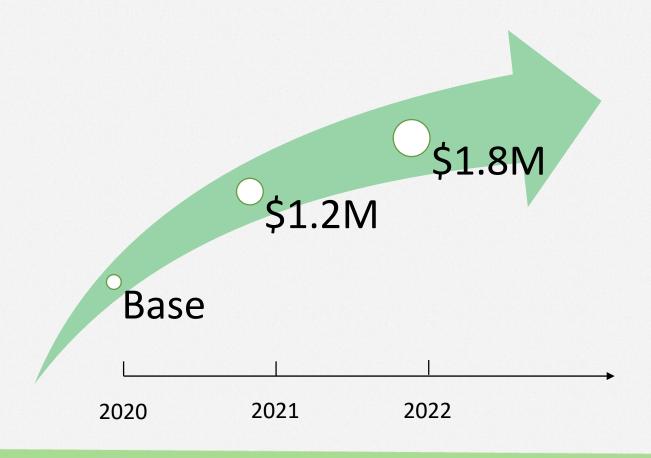


Year over year comparisons

Municipal funding to Public Health Sudbury & Districts



Cumulative deficit projections



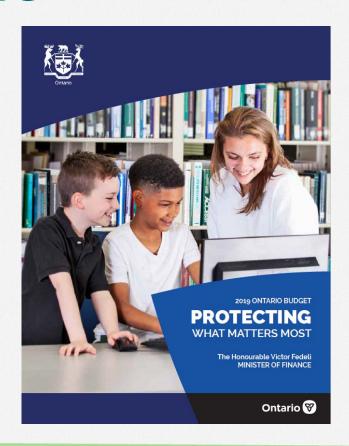
North East Public Health Transformation Initiative

Vision:

 A healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity

Goal:

 To develop action-oriented recommendations for the implementation in the North East of a modernized public health entity as announced in Ontario's 2019 provincial budget, Protecting What Matters Most



Working together for health

Greater Individual Effort Needed

Increased Number Who Benefit

Clinical Interventions

(e.g., high blood pressure tx)

Counselling and Education

(e.g., physical activity)

Long-Lasting Protective Interventions

(e.g., immunization)

Healthy Environments and Policies

(e.g., developers add healthy design to buildings and link to public transportation)

Socioeconomic Factors

(e.g., minimum living wage for all)

Distinct and complementary roles

Health Care

- Individuals
- Treatment and **Individual Counselling** and Education

Public Health

- Population
- Health Promotion and Disease Prevention

Adapted from: Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. Am J Public Health. 2010 Apr;100(4):590-5

Public Health interventions are cost-saving

- Every \$ invested locally brings a return of an additional \$4
- Investing in public health more upstream brings greater returns
- An ounce of prevention is worth a pound of cure
- Public health investment decisions require public and political will



Winding road

1. Programs and services

Maintain and protect in context of increasing pressures and decreasing local capacity

2. Funding

 Provincial transfers result in base shortfall of \$1.17M and increased municipal responsibility

3. Structure

- Organizational restructuring already
- Possibly radical change to come with health system transformation (10 health regions from 35 – one for the northeast)



Above

- Near-zero budget compared with 2019
- Maintains programs and services

Below

- 6.4% decrease provincial base (\$1.17 million)
- \$522,500 (5 FTE) reductions and realignment
- \$734,000 municipal increase (\$4.47 per person per year)

We are Public Health



We strive to achieve our vision of **healthier communities for all** by working with our communities to promote and protect health and to prevent disease for everyone.

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