

REPORT TITLE: Peel Public Health – Resourcing Public Health Services, COVID-19 Vaccination, and the Ongoing COVID-19 Response

FROM: Nancy Polsinelli, HBSc, RD, PAp, Commissioner of Health
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RECOMMENDATION

That the Regional Chair write a letter on behalf of the Peel Board of Health to the Minister of Health advocating:

- **That the Province of Ontario continue mitigation funding (COVID-19 vaccination, and COVID-19 extraordinary costs) beyond 2021; and,**
- **That mandatory public health program funding be increased to reflect inflation and community needs for 2022 and beyond;**

And further, that a copy of the letter be sent to Peel-area Members of Provincial Parliament, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.

REPORT HIGHLIGHTS

- Peel has been one of the hardest hit communities by COVID-19 in Ontario, with almost twice the provincial rate of COVID-19 cases.
 - Available resources are being directed towards continued COVID-19 vaccination and measures to manage transmission in the community.
 - During this active COVID-19 response, most public health programs and services have been paused or are operating at a decreased level of service with staffing and resources redeployed to address the pandemic.
 - As Public Health plans for transition and recovery, sufficient time and resources will be required to assess how the pandemic has impacted pre-pandemic priorities and community needs, particularly in considering the impact of programs and services that were paused or severely scaled back.
 - In 2022 Public Health will need to balance continuing response to COVID-19 along with re-starting other priority mandated programs and services. The current provincial commitment of mitigation funding for the COVID-19 response and vaccination needs to continue into 2022 to support this transition.
 - Inadequate historical provincial funding for mandatory programs significantly impacted Peel Public Health's ability to balance emergency response demands and meet other community needs. This underlines the need for increased provincial base public health funding to address historic pre-pandemic shortfalls.
 - Advocacy to the province is needed to support Public Health as we plan for transition, reopening and recovery of public health programs and services, while continuing to manage COVID-19 in our community.
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DISCUSSION

1. Background

During the COVID-19 pandemic, Peel Public Health has been a lead agency responding to the pandemic in the Region of Peel, with overarching goals to reduce morbidity and mortality, preserve health care system capacity, and mitigate the broader impacts of COVID-19 on the community.

At over 600 days and still ongoing, the COVID-19 emergency response in Peel has been the longest in the Region's history. High transmission in Peel necessitated shutdown measures between November 23, 2020, and June 10, 2021, alongside a comprehensive emergency response involving partnerships between all levels of government and numerous health and community partners.

During this time period, Peel Region has experienced the highest cumulative case incidence rate in the province at 7,191 cases per 100,000 population, almost twice the provincial average. The Region's status as one of Canada's largest distribution hubs drove disproportionate impacts among low-income workers, essential workers, contract and agency workers, as well as health-care workers that are precariously employed. Peel's diverse make-up fostered extant systemic inequities which also resulted in disproportionate impacts among racialized communities and other marginalized groups.

Since reopening, the COVID-19 response continues to exert pressure on public health and health care system partners as close to a third of Peel's population remains to be fully vaccinated. At the same time, Peel Public Health remains tasked with maintaining other provincially mandated public health programs and services as outlined by the *Health Protection and Promotion Act* and the accompanying *Ontario Public Health Standards*.

The COVID-19 pandemic has exposed the fiscal constraints Peel was facing prior to the pandemic, given historical funding inequities for many health care, public health and municipal and social programs in Peel. This report thus addresses two critical issues in public health funding:

- **Historic underfunding.** Peel Public Health has been historically underfunded by the Province to deliver on its mandate and meet community needs, with one of the lowest provincial per capita funding rates among public health units in Ontario.
- **Extraordinary funding for COVID-19 response.** In 2020, the province introduced one-time program specific mitigation funding to cover COVID-19 Extraordinary Costs and the COVID-19 Vaccine Program which is set to expire in December 2021.

Given the continuing pandemic response and historic underfunding, advocacy is critical to address historic shortfalls and extend COVID-19 funding beyond 2021. Resolving these issues is essential to protecting the health and wellbeing of our community, by supporting ongoing COVID-19 control and vaccination efforts alongside the transition and recovery of other essential public health programs.

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2. Findings

a) Public Health COVID-19 Response

The unprecedented demands of COVID-19 have required redeployment of most of Public Health's staff to response functions as well as redeployment of other Region of Peel staff as outlined in the October 28, 2021 report to Council titled "Pandemic Response – Financial Update". The Region of Peel's core functions during the pandemic include investigating cases and contacts, managing exposures and outbreaks, conducting data surveillance and epidemiological analysis, leading and providing mass vaccination, and informing and working with the community and stakeholders to achieve our common goals.

The COVID-19 response, including vaccination, remains the top priority for Public Health and the Region. Available resources continue to be directed to the response and are expected to continue into 2022. The emergence of variants of concern (i.e., Delta) requires maintenance of timely and effective case, contact and outbreak management, enforcement of measures, and targeted vaccination outreach to protect eligible residents who remain unvaccinated. The Mass Vaccination Program also continues to deploy "Last Mile" plans with a goal of vaccinating at least 90 per cent of Peel's residents with two doses and implementing anticipated expansions of eligibility for the pediatric population (under 12 years of age) and third dose vaccinations.

b) Recovery and Reopening of Public Health Programs

During an active COVID-19 response, Public Health has maintained capacity in certain critical programs and services. Most public health programs are completely paused given available resources. Appendix I outlines current and anticipated public health priorities and pressures, and details non-COVID-19 critical public health programs and services that have continued at a decreased level of service.

However, with Public Health staff largely redeployed to the COVID-19 response, there are significant human resource implications as other mandated public health programs are also restarted. In particular, the unpredictability and demands of COVID-19 has significantly impacted staff wellbeing. Extraordinary workload demands have caused recruitment and retention challenges, as well as burnout. If not adequately addressed, this context will impact continued response as well as broader recovery and restart.

This means that sufficient time and resources will be needed to support staff wellness through leave while also reassessing how the pandemic has impacted pre-pandemic priorities and community needs as previously outlined in the Council approved Public Health Strategic Plan titled, *2020 - 2029 Strategic Priorities for the Future*.

This context highlights the importance of sustained, reliable funding from the Province to ensure that public health can meet community needs by restarting mandated programs, while also transitioning out of an unprecedented emergency response to COVID-19.

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c) Need for Sustained and Reliable Funding

Peel has historically been underfunded by the Province to deliver on its mandate and meet community needs. In 2013, Public Health was identified as having the lowest provincial per capita funding among public health units in Ontario. Even after Provincial funding adjustments in 2016 and 2017, in 2018, Peel Public Health was provided with approximately \$40 per capita, while York, Toronto, Ottawa and Hamilton were provided with \$50, \$63, \$47 and \$52 per capita, respectively. Public Health's Provincial funding has remained stagnant since 2018 and a similar amount is projected to continue into 2022.

In 2019, the Province introduced funding changes for the provincial/municipal cost sharing program for Public Health. The former public funding split of 75 per cent provincial and 25 per cent municipal has been reduced to 70/30, becoming effective on January 1, 2020. However, the current cost share for all mandatory public health programs between the Province and the Region of Peel is approximately 66 per cent and 34 per cent, respectively. Public Health received the same funding from the Province in 2021, as in 2018 (\$54 million) and expects to receive this same amount in 2022 which represents a potential funding shortfall of \$8.7 million, excluding COVID-19 related funding. As in previous years, the funding does not fully recognize adjustments for yearly inflation, population growth and other unique health needs in Peel, so the service demand is not completely funded. This funding also does not address cost of living increases.

In addition to addressing Peel's historical funding shortfall, sustainable COVID-19 response and vaccination funding is needed. As outlined in the October 28, 2021 companion report titled "Pandemic Response – Financial Update", to date, the Province has approved and funded \$73.6 million of the \$153.9 million estimated mass vaccination budget submitted by Peel in April 2021. Excluding any requirements for mandated third vaccination shots, staff project that the total mass vaccination costs will be less than the submitted budget due to earlier closures and/or downsizing of the mass vaccination clinics. If the full \$153.9 million of the MVP budget submitted to the Province is required, then the funding gap would be \$80.6 million.

RISK CONSIDERATIONS

a) Service Risks

i. COVID-19 Mitigation Funding

The one-time mitigation funding for 2021 has been crucial in offsetting provincial funding shortfalls in the public health budget. Mitigation funding is required on an ongoing basis to manage the long-term spread of COVID-19 cases and outbreaks as the virus is projected to become endemic. Ongoing COVID-19 vaccination needs such as booster shots are also anticipated. Further details of the impact to the Region of Peel's finances and related service levels are provided in the October 28, 2021 companion report titled "Pandemic Response – Financial Update".

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ii. Mandatory Programs Funding

Should the Province continue with 2018 funding level in 2022, this will result in a potential \$8.7 million shortfall in funding. The shortfall in provincial funding for mandated public health programs and services would have to be managed through a careful review and decisions regarding which public health programs will be impacted. Specifically, this may include unfulfilled mandate in providing public health inspections and responding to, service requests, limited capacity to advance strategic work related to opioid and substance use and to provide timely case and contact management for healthy sexuality.

iii. Staff Wellbeing and Turnover

Peel Public Health is managing one of the largest COVID-19 outbreaks at a local level in Canada. The low ratio of public health staff to Peel residents coupled with the demands and unpredictability of COVID-19 have affected staff wellbeing, with high workload, higher staff turnover and recruitment challenges. A focus on staff wellbeing needs to continue to ensure a healthy workforce that can continue to respond to COVID-19 and transition to restart mandated public health programs.

FINANCIAL IMPLICATIONS

Peel Public Health has received the same funding for mandatory programs since 2018. Each year Peel has additional pressures for inflation and population growth. For Peel's 2022 budgeted mandatory programs, if the Ministry of Health continues to fund at 2018 levels, the projected shortfall will be \$8.7M.

2021 projected mandatory program costs are 52.5 per cent lower than budget due to services being paused for Peel Public Health's COVID-19 response. The Ministry of Health continues to fund the mandatory programs with base funding at 2018 levels, with base funding not exceeding 70 per cent. For Peel in 2021, since services are paused, the base funding covers existing limited mandatory programs and some COVID-19 extraordinary costs to a maximum of 70 per cent, before the COVID-19 extraordinary costs are eligible for 100 per cent funding. In 2021 with COVID-19 extraordinary costs not being funded at 100 per cent, there will be a shortfall of \$9.2M.

In 2021, the Region had to fund the costs for the COVID-19 Extraordinary Costs and the COVID-19 Vaccine Program until receiving partial funding in August 2021. Only 50 per cent of estimated costs were funded in August. The Province has not yet provided the details of the timing and the amount of the next receipt of funds for COVID-19 Extraordinary Costs and the COVID-19 Vaccine Program. Until funds are received, the Region of Peel continues to fund these costs.

CONCLUSION

Inadequate provincial funding for mandatory public health programs has impacted on Public Health's ability to balance response demands and meet community needs. Provincial mitigation funding for COVID-19 response and vaccination has been critical to address the shortfall in funding. While COVID-19 remains the top priority for the foreseeable future, Public Health will require ongoing funding to support the transition, reopening and recovery of public health

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programs and services while also maintaining an adequate COVID-19 response and vaccination efforts.

APPENDICES

Appendix I - Current and Anticipated Public Health Priorities and Pressures

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