



# Ontario Health Coalition

## Questions for Municipal Candidates

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September 27, 2022

For a briefing note on the key municipal health care issues, please see this [link](#).

### Long-Term Care (LTC)

Municipal LTC homes have more hours of care, lower mortality rates and better care than for-profit LTC homes. Municipalities supplement provincial funding in their homes in order to improve staffing and ensure that quality care is provided to their residents. They also provide vital LTC that is culturally appropriate and serve underserved groups in our communities. The best way to ensure that our LTC residents receive at least 4-hours on hands on care per day and safe living and care conditions is for our municipality to safeguard existing municipally-run long-term care, expand the number of existing municipally run LTC homes and stop the contracting out of the operation of LTC homes to for-profit companies. Not only does this provide care for our most vulnerable, but also offer fair and meaningful employment opportunities in our community.

- Will you commit to maintaining our municipal long-term care homes as public homes, and oppose contracting out the operation of municipal LTC homes to for-profit companies?
- Will you commit to funding municipal LTC homes to provide safe, quality living and caring environments, and support a minimum care standard of 4-hours of daily hands-on care?
- Will you commit to prioritizing selling, zoning or otherwise providing municipal land for the development of municipal and non-profit long-term care homes when possible?

### Public Health

Public Health Units are the front line in infectious disease prevention and health promotion services in Ontario. Public health is 30% municipally funded and 70% funded by the provincial government. In 2019, the Ford government cut local public health funding and made clear its plans to eradicate 24 locally-governed Public Health Units (PHUs) by [merging the current 34 PHUs into just 10 regional PHUs](#). Local governance of public health matters because local communities have different needs and cultures (urban/rural, linguistic and cultural, etc.). The evidence from previous rounds of restructuring in health care is that mergers cost a fortune and do not yield better care but rather less responsive, less democratic services at a high price.

- Will you commit to safeguarding our local Public Health Unit and advocate against program, service and funding cuts?
- Will you help lead the fight to stop amalgamation and privatization our local Public Health Units?

### Emergency Medical Services

Municipalities fund more than 50% of our ambulance and paramedic services. As hospitals have merged and local hospital sites have closed, as the population ages, and as hospital crisis has increased offload delays, a heavier burden has fallen on our ambulance and paramedic services. Municipalities have shouldered more than their fair share and the increasing burden risks emergency services and contributes to staffing crises. [Ontario has 59 emergency health services operators \(e.g. 52 EMS, six First Nations, Ornge\) and 22 provincial dispatch communication centres](#). In 2019, just prior to the pandemic, the Ford government planned to cut and close 42 local EMS operators and merge them down from 52 to 10. Their plans were based on a report that also advocated privatizing these vital services. These plans were put on hold for the pandemic, but were not stopped.

- Will you advocate for improved funding for EMS services and lead the fightback if the Ford government tries to cut or download them?
- Will you advocate to safeguard our local EMS against cuts, mergers and privatization?