Briefing Note/Speaker's Notes
Municipal Council Resolution
October 2019

The following can serve as either speakers' notes for local residents who are making deputations to support our Municipal Council Resolution or as a briefing note for Councillors/Mayors who are speaking to it.

Approximately 10 minutes

Introduction

Thank you for giving me the opportunity to present to you today. My name is xxx and I am the co-chair of the xxx Health Coalition. We are a grassroots organization with more than half-a-million members across Ontario and xxx members locally. We are non-partisan and we do not tell people how to vote or endorse any political parties. Our mandate is to protect and improve our public health care system for all and we advocate to protect services as public and non-profit and to protect local accessible services on the principles that underlie our public health care system in Canada, principles of compassion and equity.

I would like to address the planned provincial cuts and closures of public health care services. These changes will lead to the province offloading more of the cost of health care services onto every municipality in Ontario, including our municipality. They also mean cuts to services for which the evidence is overwhelming that capacity is already far short of population need. The cuts and closures are unnecessary, will lead to new costs, will take money away from care and will put the quality and accessibility of public health care services at risk.

We are asking municipalities across the province to pass a motion that calls upon the Ontario government to halt the closures, mergers, and cuts to local health care services that our communities have spent almost a century or more building.

Public Health Units provide the most vital health promotion and disease prevention functions that we have in our health care system. There is no evidence to support cutting them. It is critical that these services remain local because the demographics and needs are unique. Local governance means that public health units have the flexibility to address the specific unique local demographic, socio-economic, environmental and cultural needs of their communities.

In its initial plan, the government of Ontario was planning to cut provincial funding to Public Health by 27 percent and to close of 25 of 35 local Public Health Units, merging them down to 10. After significant pushback, the province has cancelled the retroactively of the funding cuts and has reduced the amount of the cut. These are steps in the right direction. But there is no evidence to support any provincial funding cut to Public Health and this is something that can be won. Amalgamating and cutting funding to Public Health Units will jeopardize vital local services including food and water safety, infectious disease tracking and prevention, immunizations, prenatal training and safety, student

breakfast programs, overdose prevention, safe needle and biohazard programs, and much much more. Opposition to these cuts exists across partisan political lines and there is a deep consensus that Public Health Unit functions must be protected. We are sure you see the importance of these services and we hope that you will help to send our clear message to the provincial government, asking them to reconsider. Already hundreds of emergency department doctors, and hundreds of nurses and health professionals are organizing to write open joint letters to the Premier asking him to stop the cuts and restructuring and stating that these changes will place hospitals under more stress, intensifying overcrowding and the hallway medicine crisis that our province is facing.

Ambulance/paramedical services: The provincial government is also planning to close 49 of 59 local paramedic units and 12 of 22 local dispatch centres. The Ontario Paramedics Association has put out an official response expressing their disappointment and grave concern regarding these plans. The centralization of local paramedic units will mean longer travel distances, longer wait times, centralized triage and the centralization of resources over time.

[**To say in rural and northern communities only*: Rural and northern communities such as our own, already suffering from a shortage of services, will be especially hard-hit as dispatch services and the governance of ambulance services would move further away. *To say in larger cities*: Larger hospitals have been required to take more and more patients from surrounding areas as their local services have been cut or closed. Today, there are frequent "code zeroes" across Ontario's larger cities in which there is one or fewer ambulances available because all others are caught in offload delays at hospitals that cannot keep up with population need.*]

Furthermore, centralizing dispatch centres moves them further away from local communities and may lead to miscommunications regarding directions to be taken by ambulances and dispatchers who have no familiarity with the giant territory to which they would be required to dispatch. Dispatchers tell us that they receive calls from children saying "I'm in the house past the Walmart" or the like, and it makes a huge difference if dispatchers understand the territory to which they are dispatching. In Alberta, when they tried to centralize land ambulance services, complaints of long delays and mistakes and miscommunication in dispatch skyrocketed.

The big issue for paramedic services today is the duration and frequency of offload delays in which paramedics get stuck in emergency departments waiting for hours to transfer patients because the emergency departments are full. This is because the hospitals are full and patients are backlogged into the hallways waiting for a bed to become open. The centralization of paramedical services will cost likely millions in restructuring costs, taking money away from care, worsening wait times and dispatch problems, and doing nothing to address the most pressing problems faced by paramedical services. There is no evidence to support another round of centralization of ambulance and paramedic services and we hope that you will join in sending a message to the province that the people of Ontario want to protect our local governance of these most vital services.

Previous large-scale restructuring in Ontario undertaken by the Mike Harris government involved province-wide hospital restructuring, including hospital mergers and closures of dozens of local hospitals. It ultimately did not reduce administrative costs as was promised. In fact, it cost $3.9 billion, according to the Provincial Auditor. That is, it cost $3.9 billion in restructuring costs for mergers, according to the Provincial Auditor General, to cut $800 million from public hospitals. These were costs to sever staff from one place then rehire them in another, costs to rejig computer

systems and telephone systems and so on in the amalgamated entities, costs for new letterhead and logos, costs for consultants and restructurers, costs for PR, costs for moving, and the list goes on. The evidence is indisputable that those costs were lost to health care and were never recouped. This is not the fault of any particular government. It was an ideology that was tried in various forms across Canada. But we have the data now, we have the results, and they are very clear. Amalgamations cost millions or billions of dollars and the evidence simply is not there that they ever recoup those costs. Moreover, the results are often years of organizational turmoil and serious service impacts. The Canadian Institute for Health Sciences Research Foundation concluded its study of health care amalgamations in Canada by saying:

> "….the urge to merge is an astounding, run-away phenomenon given the weak research base to support it, and those who champion mergers should be called upon to prove their case."

Long Term Care: As of 2020, the provincial government will be cancelling two special funds for long-term care: the High Wage Transition Fund and the Structural Compliance Fund. This amounts to a $34 million dollar cut in today's dollars, and impacts a number of municipalities significantly. The High Wage Transition Fund in particular targets municipally run long-term care homes. This cancellation will require either increases in local (municpal) funding and/or adverse effects on the quality and quantity of care provided in these homes.

Aside from the cancellation of these two special funds, funding for daily care in long-term care homes is set to increase by only 1 percent which is approximately half the rate of inflation, meaning real dollar cuts. Yet the evidence is overwhelming that current funding and care levels are insufficient to meet the acuity – that is the complexity and heaviness – of the care needs of the residents already. Long-term care cannot take cuts. The Ontario Health Coalition recently pulled together the most recent data on Ontario's long-term care residents. What they found:

- The resident-on-resident homicide rate in Ontario's long-term care homes is higher than that of any city in the country. In many instances, elderly residents with dementia are both the perpetrators and the victims. Ontario's Chief Coroner has highlighted the unacceptable rates of homicide in our long-term care homes repeatedly.
- The acuity of residents has increased dramatically. Ontario has cut hospitals to an extent that is unheard of in Canada and among our international peers. We have the fewest hospital beds per population left of any province and among all OECD countries, only Turkey and Chile have fewer hospital beds per capita. We also have the second fewest number of long-term care beds per population. This means that those people who get into long-term care beds are often hospital patients in other jurisdictions, often psychogeriatric patients, chronic care patients and patients with mental health and behavioural needs that are beyond the scope of the homes' staff to take care of. Overall, resident care needs are very high by every possible measure.
- Yet the actual hands-on care levels in long-term care homes are decreasing, according to provincial government data. Wait lists for long-term care are extraordinary.
- All of this culminates in extraordinary resident-on-resident levels of violence as well as extremely high accident and injury rates for the staff.

The evidence shows irrefutably that levels of care in long-term care are insufficient to be safe, given the complexity of the care needs among Ontario's approximately 80,000 long-term care residents. Homes need to be properly resourced to improve care levels, they cannot safely sustain real-dollar cuts.

Local Public Hospitals: Funding for local hospitals' operating budgets is also set at less than the rate of inflation, let alone population growth and aging. This means real-dollar cuts to operational funding. It means service levels will not keep up with population needs. The Ontario Health Coalition has pulled together the government data on hospital capacity and has found the following:

- By every reasonable measure, Ontario funds its public hospitals at the lowest rate in Canada. (Per capita, as proportion of provincial GDP)
- As a result, capacity has been cut dramatically. Ontario now has the fewest hospital beds per capita of any province in the country. When compared to OECD nations, all our peer countries have almost double or more hospital beds per person. The only countries with fewer hospital beds than Ontario are Turkey and Chile.
- Ontario has the fewest nurses per weighted case (that is, per average patient) of any province in Canada.
- Ontario has the highest readmission rates (that is 30-day readmission in hospitals due to complications) of any province in Canada.
- Ontario has the highest rates of overcrowding that we could find in any jurisdiction.

More cuts mean more services & staff cuts, less services, more centralization of services and the problems with access to care that this causes, including longer waits, and worse health outcomes.

Conclusion

The provincial government is hearing the grave concerns raised across Ontario about these cuts and closures. They have begun to respond. They have rolled back a proportion of the Public Health cuts and cancelled their retroactivity. They have twice delayed the elimination of the two special funds for long-term care. They have promised to consult on the paramedical service restructuring and the public health restructuring. These are steps in the right direction. But they do not resolve the problems. We are planning major stadium events across Ontario in which we will fill four stadiums across the province (or similar type venues) to make visible the broad public support to save these services and stop the cuts and closures. We are asking this municipality to support these efforts by coming out to the event at xxxxx and by passing the municipal council resolution to save our local health care services. In so doing, you will be joining with municipal councils across Ontario. Thank you.