

Speaker's Notes

Tillsonburg Town Council Resolution

Dec. 9, 2019

Introduction

Thank you for giving me the opportunity to present to you today. My name is Lorraine and I am presenting on behalf of the Oxford Health

Coalition. I share with the rest of the Coalition a commitment to preserving and improving health care. Provincially, we are a group with more than half-a-million members across Ontario. We advocate to public, universal, accessible and free, based on the principles that underlie our public health care system in Canada, principles of compassion and equity.

I would like to address the continuing and planned provincial cuts and closures of public health care services. The Province is offloading more of the cost of health care services onto every municipality in Ontario, including Tillsonburg. Yet we know that capacity is already far short of population need. I am sure each one of you can name one or more people waiting for unnecessarily long and often painful months if not years for eye or joint surgery – hips and knees. The cuts and closures will take away from front-line care, will put the quality of public health care at risk but actually will lead to new costs.

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. The Harris-era cuts cost to fire nurses from one hospital then rehire them in another while leaving both hospitals understaffed, cost for 'restructuring consultants', instead of needed hospital supplies; cost for PR instead of PSWs, and



the list goes on. Under subsequent governments, health funding continued to fall behind real costs and public needs.

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.”

Already hundreds of emergency department doctors, and nurses and health professionals are asking Premier Ford to stop the cuts and restructuring. They know that these changes will place hospital staff under more stress, intensify overcrowding –you likely heard that London’s hospitals nearby were above 100% capacity. Hallway medicine remains a fact in the province as does parking lot medicine. Ambulances line up in parking lots unable to unload patients into emergency rooms because there is nobody available indoors to provide care.

Across the province, municipalities have passed a motion that calls upon the Ontario government to halt the closures, mergers, and cuts to local health care services that they like our communities have spent almost a century or more building. Tillsonburg Memorial hospital has been funded by generous local donations from the Foundation, Volunteers Association and others over the years. People care and support health. This community has invested in health care. The province needs to.

Public Health Units provide the most vital health promotion and disease prevention functions in our health care system. There is no evidence that cutting them helps patient care. Local governance means that public health units have the flexibility to address the unique needs of our rural community.

In its initial plan, the government of Ontario was planning to close 25 of 35 local Public Health Units, forcibly merging them into 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. Cutting Public Health Units will jeopardize vital local services including food and water

safety, infectious disease prevention, immunizations, prenatal training, student breakfast and lunch programs, overdose prevention, safe needle disposal and biohazard programs, and much more. Public Health Units must be protected.

Ambulance and 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 says the centralization of local paramedic units will mean longer travel distances and so, dangerously longer wait times. It makes a huge difference if dispatchers understand the places where that could be. Alberta tried centralized dispatching and serious delays happened. In health, time is ... life.

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 London significantly. The High Wage Transition Fund cut targets municipally-run long-term care homes. It will mean adverse effects on the quality and quantity of care provided in these homes or added county expense.

Base funding for daily care in long-term care homes is set to increase by only 1 percent, half the rate of inflation, meaning real dollar cuts. Yet the evidence is overwhelming that the acuity, complexity and sheer number of the care needs of the residents is growing. 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 Toronto's scary news of knifings and shootings.
- * We have the fewest hospital beds per population left of any province and among all first-world countries;
- * We also have the second fewest number of long-term care beds per population. People in long-term care beds here often should be hospital patients.
- * Wait lists for long-term care are too long.

Long-term facilities 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)

- * Ontario has the fewest nurses per average patient of any province in Canada.

- * Ontario has the highest readmission rates within 30-days due to complications of any province in Canada. Hospitals are forced to send people home quicker and sicker by the current funding model.

- * Ontario has the highest rates of overcrowding

More cuts mean worse health outcomes. Worse health outcomes mean longer pain but shorter lives; longer wait times for surgery but less quality of life.

Conclusion

The provincial government is hearing the grave concerns 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 paramedical and public health restructuring. These are steps in the right direction. But they do not resolve the problems; they delay, not correct. In addition to the text of my notes, I have provided you with a sample municipal resolution, and research provided to us by the Ontario Health Coalition, whose researchers have collected data and stories in Oxford County 5 times in the past 5 years. We are asking the Town of Tillsonburg to support these efforts by passing the municipal council resolution to save our local health care services. In so doing, you will be honouring current residents' wishes, respecting

those who in past generations founded hospitals here, and making this a good place to be born, to grow up and to age in. Thank you.



TillsonburgTown Council - Resolution to Save Local Health Care Services

WHEREAS public health care consistently ranks as the top priority in public opinion polls, and;

WHEREAS Public Health provides vital health promotion and prevention services based on the unique demographic and economic, social, and cultural needs of our Oxford communities, and;

WHEREAS the evidence from hospital amalgamation in Ontario and across Canada is that they have cost billions of dollars and have not yielded the promised administrative savings but have taken money away from frontline care, and;

WHEREAS there is no evidence to support the proposed closure of 25 out of 35 local Public Health Units, the closure of 12 of 22 local ambulance dispatch centres, or the closure of 49 out of 59 local ambulance services, and;

WHEREAS there is a deep consensus among virtually all stakeholders that increasing acuity in our long-term care homes requires additional staff and resources, not cancellation of the two special funds and real dollar cuts to per diem funding of our long-term care homes, and;

WHEREAS our local hospitals in Oxford have seen budget stress for an entire generation and cannot meet population needs while sustaining real dollar cuts to hospital global budgets.

THEREFORE BE IT RESOLVED:

The Town of Tillsonburg calls upon the Ontario government to halt the closures of, mergers of, and cuts to our local health care services including public health units, land ambulance services, hospitals and long-term care homes.

ONTARIO HEALTH COALITION: SOURCES FOR MUNICIPAL COUNCIL RESOLUTION TO PROTECT LOCAL PUBLIC HEALTH/AMBULANCE/HOSPITAL/LONG-TERM CARE SERVICES

Clause 1: WHEREAS public health care consistently ranks as the top priority in public opinion polls,

- IPSOS Poll: <https://www.ipsos.com/en-ca/news-polls/Canadians-want-political-parties-to-focus-on-healthcare>
- <https://globalnews.ca/news/2590731/healthcare-taxes-top-priorities-for-canadians-ahead-of-federal-budget-ipsos-poll/>
- <https://www.healthcare-now.org/blog/new-poll-shows-canadians-overwhelmingly-support-public-health-care/>
- <https://www.healthcoalition.ca/nine-out-of-10-canadians-want-to-see-the-federal-government-enforce-the-canada-health-act/>
- <https://canadians.org/fr/node/7982>

Clause 2: WHEREAS Public Health provides vital health promotion and prevention services based on the unique demographic and economic, social, and cultural needs of our communities,

- Open Letter 100 Emergency Room Health Professionals
https://d3n8a8pro7vhmx.cloudfront.net/ward20/pages/2543/attachments/original/1567526735/Signed_Open_Letter_Re_Public_Health_Cuts_Sept_3_FINAL.pdf?1567526735,
<https://www.thestar.com/news/gta/2019/09/03/more-than-100-toronto-emergency-room-doctors-urge-province-to-reverse-public-health-cuts.html>
- Can also visit the webpage of Ontario Public Health for an understanding of broad scope of services provided

Clause 3: WHEREAS the evidence from hospital amalgamation in Ontario and across Canada is that they have cost billions of dollars and have not yielded the promised administrative savings but have taken money away from frontline care,

- \$800 million dollar cuts from health care services during the Mike Harris era
https://www.ola.org/en/legislative-business/house-documents/parliament-36/session-2/1998-10-19/hansard#P127_35207
- For more on \$800 million cuts can refer to budgets from 1995-1999
- The cost of this restructuring was \$3.9 billion dollars
<http://www.auditor.on.ca/en/content/annualreports/arreports/en01/409en01.pdf>
- Additional report on mergers <http://www.ontariohealthcoalition.ca/wp-content/uploads/final-merger-report.pdf>

Clause 4: WHEREAS there is no evidence to support the proposed closure of 25 out of 35 local Public Health Units, the closure of 12 of 22 local ambulance dispatch centres, and the closure of 49 out of 59 local ambulance services,

- Open Letter 100 Emergency Room Health Professionals
https://d3n8a8pro7vhmx.cloudfront.net/ward20/pages/2543/attachments/original/1567526735/Signed_Open_Letter_Re_Public_Health_Cuts_Sept_3_FINAL.pdf?1567526735,

<https://www.thestar.com/news/gta/2019/09/03/more-than-100-toronto-emergency-room-doctors-urge-province-to-reverse-public-health-cuts.html>

- 8 health ministers signed opposition to cuts <https://www.cbc.ca/news/canada/toronto/10-ex-ontario-health-ministers-issue-joint-letter-decryng-attack-on-public-health-1.5145835>
- OPA letter <https://www.ontarioparamedic.ca/news-and-events/opa-response>, <https://globalnews.ca/news/5176597/hamilton-paramedics-wary-of-ontario-ambulance-merger/>
- Additional report on mega mergers <http://www.ontariohealthcoalition.ca/wp-content/uploads/final-merger-report.pdf>

Clause 5: WHEREAS there is a deep consensus among virtually all stakeholders that increasing acuity in our long-term care homes requires additional staff and resources, not cancellation of the two special funds and real dollar cuts to per diem funding of our long-term care homes,

- Wettlaufer Inquiry <https://longtermcareinquiry.ca/en/>
- Ontario Health Coalition report on increasing acuity and violence in long-term care homes <http://www.ontariohealthcoalition.ca/wp-content/uploads/FINAL-LTC-REPORT.pdf>

Clause 6: WHEREAS our local hospitals have been downsized for an entire generation and cannot meet population needs while sustaining real dollar cuts to hospital global budgets.

- See Appendices I and II of LTC report <http://www.ontariohealthcoalition.ca/wp-content/uploads/FINAL-LTC-REPORT.pdf>
- Almost half of province's acute beds and complex continuing care beds have been closed over the last 25 years <https://beta.theglobeandmail.com/legacy/static/focus/homecare/Doc7.pdf?token=1496685928>
- Ontario hospital funding is lowest in Canada: <http://www.ontariohealthcoalition.ca/wp-content/uploads/chart-hospital-funding-per-province-comparison-2.pdf>
- Ontario hospital capacity (beds per population) lowest in Canada, fewest nurses/patient, lowest hospital funding, and more charts from Canadian Institute for Health Information (Canada's national database for health care statistics): <http://www.ontariohealthcoalition.ca/wp-content/uploads/Pre-Budget-Briefing-Feb-2016-1.pdf>