



A Compendium of Municipal Health Activities and Recommendations

*A Companion to AMO's "Partner's for a Healthy Ontario: A Check Up on the
Municipal Role in Health" Discussion Paper*

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Introduction

Municipal governments are active players in Ontario's health system. Although health is a provincial responsibility under Canadian federalism, municipal governments and District Social Service Administration Boards (DSSABs) co-fund and deliver a number of health services. They also respond to health-related needs in the community to improve local population health outcomes.

The property tax base significantly finances this activity. In 2017, municipal governments spent \$2.1 billion for health-related costs.¹

Despite the breadth of municipal activity and significant municipal investments in health, municipal governments currently have a limited say in provincial health policy, planning, and decision-making. The current model offers municipal governments little protection against rising costs and few assurances of sufficient funding to ensure high quality services. This is a concern, as health is a provincial responsibility. The property tax base cannot fill in gaps in provincial funding.

This needs to change.

Municipal governments need to have 'local say for local pay.' As the frontline order of government closest to people on the ground, municipal governments know the health needs of local communities. They can positively contribute to health system transformation in areas of municipal involvement. In the process, creating more effective and efficient programs will serve to both improve health outcomes and protect against rising costs for both the provincial and municipal orders of government. Consultation on health issues between the municipal and provincial orders of government through the Association of Municipalities of Ontario (AMO) can also improve patient access to critical health services and there may be opportunities to reduce costs.

Working together, the municipal and provincial orders of government can create a healthier Ontario for all.

How to Use this Compendium

This compendium aims to raise awareness about the often-overlooked municipal role in Ontario's health system. It provides an overview of municipal involvement in provincially mandated cost-shared services as well as municipal activities driven by needs in local communities.

The compendium also describes current and emerging health policy issues that impact municipal governments. It includes recommendations from AMO to address municipal concerns and to improve health outcomes for local residents. All of AMO's health recommendations are compiled in Appendix A.

This document is a companion to AMO's "Partners for a Healthy Ontario: A Check-up on the Municipal Role in Health" (2018). Reading these documents together provides a full picture of the evolving municipal role for health. Both the compendium and the discussion paper are products of AMO's Health Task Force and are representative of the positions adopted by AMO's Board.

¹ AMO Calculations using Schedules 12, 40 and 51, Provincial Summaries by Schedule, Financial Information Returns, Ministry of Municipal Affairs and Housing, 2017. Note: at the time of writing, 424 of 444 municipal governments had submitted their financial information to the database.

Cost-Shared Services

As required by legislation, municipal governments co-fund and deliver certain health services. These municipal cost-shared health services include paramedic services, long-term care, and public health. Communities are also required to provide funding for hospitals.

As funding partners and service providers, municipal governments have a direct interest in the administration and development of these programs. Over the years, municipal financial contributions have increased. Municipal government spending increased 38% from 2009 to 2017.² This is because municipal governments have had to respond to the increasingly complex health needs of Ontario's population.

Given the municipal role in cost-shared health services, there is a need "greater local say for local pay". Developing ways for municipal input into provincial health policy and decision-making will help improve health outcomes across Ontario.

There is also a need to protect property taxpayers against rising costs, especially in the health field, which is a provincial responsibility under the Constitution. At the very least, adhering to cost-sharing arrangements is critical.

Paramedic Services

At its core, ambulance service is primary health care. Designated upper-tier and single-tier municipal governments co-fund and deliver this service locally using the property tax base. In the north, ambulance services are provided by District Social Service Administration Boards (DDSABs) financed by municipal governments. The *Ambulance Act* governs ambulance services. The Ministry of Health and Long-Term Care (MOHLTC) sets service standards and employee qualification requirements, with monitoring to ensure compliance with provincially set standards.

The municipal delivery of paramedic services makes sense given the municipal role in other emergency response services such as policing and fire protection. However, the property tax base may not be the best funding source for this provincially regulated health service. Rising costs add strain to the property tax base and contribute to municipal fiscal challenges. Meanwhile, the provincial government regularly pays less than its agreed cost-share proportion.

In theory, municipal governments and the province split the cost of paramedic services 50/50. The Province provides an annual grant to municipal governments to cover its portion. However, in 2017, municipal governments spent \$715 million of their own revenues to fund ambulance services compared to \$577 million in grants from the provincial government.³ This means that the Province only covered 45% of total ambulance costs. This is because the provincial government only pays a prescribed set of eligible costs, which do not reflect the actual cost of providing the service. This is neither fair nor sustainable.

² AMO Calculations using Schedules 12, 40 and 51, Provincial Summaries by Schedule, Financial Information Returns, Ministry of Municipal Affairs and Housing, 2017.

³ AMO Calculations using Schedules 12 and 40, Provincial Summaries by Schedule, Financial Information Returns, Ministry of Municipal Affairs and Housing, 2017.

Gaps in provincial funding have real consequences. The volume of paramedic calls is increasing. An aging population with complex health conditions contributes to the challenge. The opioid crisis also adds pressure to paramedic services. Despite these challenges, provincial public expenditures do not match the public's needs. Municipal governments often fill in the gaps.

If paramedic services are to remain a cost-shared program, municipal governments need a greater role in policy development and decision-making. As service providers, municipal governments have front-line experience and are well prepared to provide valuable input to improve services. It is also unfair and unreasonable for the Province to make decisions with limited municipal input while relying on municipal dollars.

Municipal governments and DSSABs need a formal way through AMO to provide input to the Ministry of Health and Long-Term Care (MOHLTC). Regular, productive meetings with the MOHLTC, the Association of Paramedic Chiefs (OAPC), and AMO would improve policy development. For example, discussion on modernizing the *Ambulance Act* is needed.

Recommendation: AMO calls on the government to establish a regular policy and planning forum with AMO and the Ontario Association of Paramedic Chiefs to inform policy planning and decision making from a municipal perspective.

Recommendation: Amend the *Ambulance Act* to clearly state that the Province is responsible for funding the operation of the land ambulance system at the rate of 50% of actual costs, including both capital and operating expenses, and is 100% responsible for the funding of land ambulance dispatch.

Dispatch

Although ambulance services are cost-shared and delivered by municipal governments, provincial employees deliver emergency dispatch. This creates a disconnect in the management and organization of ambulance services. Some municipal governments and DSSABs would prefer to be responsible for dispatching their own services. Others do not have the capacity to assume this responsibility and need improved dispatch services from the Province. Some are concerned that 100% of the costs will not be covered. In some areas, municipal government and DSSABs dispatch ambulance services with 100% provincial funding. It is imperative that the Province continue to fully cover the costs of dispatch. New costs shifting, directly or indirectly to municipal governments, add strain to municipal budgets. As well, there is an urgent need for dispatch improvement. Technological developments can improve service outcomes, but municipal governments cannot finance these advances. Quite simply, lives are at stake if response times lag. Recent efforts to improve dispatch reform must move forward quickly. As well, where dispatch is provincially operated, enforceable accountability agreements are needed.

Recommendation: AMO calls upon the Province to accelerate dispatch improvements.

Recommendation: AMO calls upon the Province to amend the *Ambulance Act*, as needed, to provide municipal governments and District Social Service Administration Boards with flexibility to operate their own dispatch systems, without changing the 100% provincial funding arrangement.

Inter-Facility Patient Transfers

Non-urgent transfers of low-acuity patients between health facilities is a long-standing issue that requires immediate attention. In many parts of the province, especially in northern and rural Ontario, paramedics in ambulances convey medical transfers between health facilities. This is costly in terms of resources and administration for municipal governments and DSSABs. It also takes ambulances out of circulation for emergency calls. This can cause delays in response times, to the detriment of waiting patients. This issue is especially significant in communities with a single ambulance and located far from other health facilities.

In other parts of the province, private and non-profit providers are contracted directly by the Ministry to provide inter-facility patient transfers. This provincially funded approach is a more appropriate method to transfer low-acuity patients. Relying on ambulances shifts costs to the property tax base and is not sustainable. In addition, ambulances are taken out of service and cannot respond to emergency calls.

Recommendation: AMO calls upon the provincial government to work with AMO and the Ontario Association of Paramedic Chiefs to address the issue of urgent, critical patient transfers through new legislative amendment and regulations.

Recommendation: AMO calls upon the Province to amend the legislation, as needed, to identify that third-party operators contracted by the Province, not municipal ambulances, will provide non-urgent, inter-health facility transfer services throughout the province. Only in circumstances where there is no other alternative should an ambulance be used and the LHIN should provide payment to fully cover the cost of the service.

ORNGE

Another critical component of Ontario's health system are the air ambulance services provided by ORNGE. ORNGE is responsible for emergency and non-emergency patient transfers and some first response calls in remote areas. They provide these services using dedicated or contract airplanes.

It is a challenge for municipal governments that ORNGE exists separately from other paramedic services and the broader land ambulance system. ORNGE has its own response time standards and protocols and there is little integration with municipal services. This silo can affect municipal services and costs. Changes to ORNGE, including declines in service levels, means increased reliance on land ambulance. Aircraft maintenance and repair times also place great pressure on land ambulance services. Given this impact on municipal governments and DSSABs, any changes to ORNGE should consider downstream impacts on paramedic services. Changes should be evaluated with the impact on municipal services in mind.

New Patient Care Models

AMO generally supported recent efforts to modernize the *Ambulance Act*. However, Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*, did not go far enough to address several outstanding municipal concerns. In fact, Bill 160 created new problems for municipal governments. The cornerstone of the legislation was to allow the use of new Patient Care Models. Paramedics will no longer have to take low-acuity patients to the hospital following on-scene

assessment. Instead, paramedics can release patients following treatment or refer them to a health facility other than a hospital.

While using the new Patient Care Models may result in fewer ambulance transfers to hospitals and address delays associated with offloading, there are new costs and liabilities for municipal governments. Training paramedics has cost implications. Paramedics also face increased liability given expanded decision-making authority on which model to use in a given situation.

The success of new Patient Care Models will be contingent on the acute care system's ability to receive, treat, and care for patients (e.g. Urgent Care Centres, Family Health Teams, Mental Health & Addictions Services, etc.). This is especially true for 24/7 facilities across Ontario. Notably, the model may not work in areas where alternative care is not available. It is essential that the new models are informed by evidence and align with the needs and capacity in the community.

Recommendation: AMO calls upon the Province to provide training to all paramedic personnel on the new Patient Care models based on developed standards and protocols at 100% provincial cost.

Recommendation: AMO calls upon the Province to amend the *Ambulance Act*, regulations, policies, and guidelines to mitigate against increased municipal liability given the new models of patient care expanding the scope of paramedic practice.

Fire Medics

A key AMO concern with the previous government's Bill 160 passed in 2017 is that the legislation opened the door to the Fire-Medic proposal. This proposal aims to develop a new class of firefighters called "fire-medics" that blend typical firefighter and paramedic functions. The previous government, without consultation with employers, paramedic unions and other key stakeholders, was receptive. Opposition mounted as the fire-medical proposal has significant legal, governance and implementation challenges. If implemented, it would also have significant impact on interest arbitration and labour relations for municipal governments.

Evidence does not support the fire-medical proposal. There is no proof that it will improve outcomes. An exception is for sudden cardiac event calls. Firefighters have training in CPR and with defibrillators. They have the skill set to respond to these calls. This is the only situation in which seconds matter.

AMO is opposed to piloting this proposal, even if willing municipal governments step forward. To date, no municipal government has put up their hand to volunteer. If a pilot were to move forward, there is concern that an arbitrator could impose a fire services settlement that includes a fire-medical element on an unwilling municipal government. The fear is that arbitrators would use the pilot as the basis of their decisions in a way similar to 24-hour shift pilots. AMO does not want to see this repeated.

Recommendation: AMO calls upon the Province never to proceed with the Fire-Medic model on a pilot or permanent basis.

Community Paramedicine

Community paramedicine involves having paramedics in land ambulances provide primary care (limited scope) and medical referrals. This is not a mandated service under the *Ambulance Act*. However, many municipal governments and DDSABs are interested in exploring this service. Some currently deliver community paramedicine in their communities. LHINs are responsible for determining the role and use of paramedicine in local communities.

Community paramedicine has great potential to provide benefits to municipal residents. In particular, it would benefit seniors and those living in rural areas. Community paramedicine can also reduce health care costs by diverting patients from emergency rooms and doctors when not medically necessary. Municipal governments and DSSABs can deliver community paramedicine appropriately with full provincial funding. With only \$6 million allocated across the entire province, municipal governments face pressure to fill in gaps in provincial funding or simply cannot afford to implement it. The funding primarily covers the previous pilot projects and there are limited funds to allow new community paramedicine services despite positive results from the pilot projects.

While community paramedicine services is a positive model worth replicating, these services should not replace other community health services that would be better delivered by other providers.

Another challenge relates to funding distribution. Because municipal governments and DSSABs are not considered 'health service providers' under the *Local Health Integrated Network Act*, LHINs must transfer funding for community paramedicine to a recognized provider such as a hospital. The hospital then transfers the funding over to the municipal government or DSSAB to deliver the service. We need to find a more efficient and practical solution to this administrative work-around that meets everyone's needs.

Recommendation: AMO calls upon the Province to expand community paramedicine across Ontario to willing municipal partners and to fully fund its implementation, as it is primary care.

Long-Term Care

Long-term care homes have evolved since their initial inception as residential care for seniors. Today, long-term care homes are health care providers serving an increasingly complex patient group with high-acuity needs. They serve people who require 24-hour medical care and supervision within a secure environment.

Ontario's municipal order of government is an important player in the provision of long-term care services. The *Long-Term Care Homes Act* requires each upper and single-tier municipal government in southern Ontario to establish and maintain a long-term care facility. They can provide this service directly or jointly with other municipal governments. In northern Ontario, operating a home is optional. In some cases, northern municipal governments jointly fund a home managed by a District Board Home Board of Management. Of the 627 long-term care homes (78,120 beds) licensed and approved to operate in Ontario, 16% are municipal (103 homes with 16,433 beds). The provincial government is responsible for long-term care legislation, regulation, and program requirements. Local Health Integrated Networks (LHINs) also play a role: under the *Local Health System Integration Act*, long-term care homes must have a Service Accountability Agreement with their respective LHIN.

Many municipal governments go beyond legislative requirements to make sure local seniors have access to quality services in the community. Some operate additional homes and offer services that surpass provincial requirements. For this reason, it is increasingly costly to provide long-term care services. Intensive reporting requirements in this highly regulated sector also create excessive administrative burden for municipal governments.

Municipally operated long-term care homes also face challenges in providing timely access to care, sufficient hours of care, and high-quality care from trained staff. These issues stem from long waitlists — across Ontario, demand for long-term care services has overtaken capacity. Municipal governments also face challenges in recruiting and retaining workers, funding, and adapting to the complexity of health care needs. These challenges point to the continuous need to assess capacity, predict future need, re-examine the funding model, and provide flexibility to allow for creative problem solving.

Given the evolution of long-term care into a primary care service, it is questionable whether the property tax base is the best source to top up provincial funding.

More recently, the provincial government has committed to expanding the number of long-term care beds in Ontario. This commitment is welcome. A focus on the modernization and renovation of existing homes is also important to provide quality services to current and future residents. Collectively developing an overarching vision for long-term care and other services that help seniors age in place is an essential first step. In addition to a new guiding vision, AMO also recommends that the Province examine service delivery models to determine a sustainable funding approach to make sure seniors receive the care they need and deserve. Long-term care services must be adaptable to allow for innovation that can improve outcomes. Efforts to reduce administrative burden are also critical.

Municipal Flexibility

AMO has traditionally asked the Province for flexibility on the type of seniors' services that municipal governments provide. Some designated municipal governments question whether the legislative requirement to operate a home is necessary. Those that are willing to deliver long-term care services want a review of the funding model to make municipally operated long-term care homes more sustainable. AMO has also called for a greater role for municipal governments in long-term care policy development, planning, and funding decisions.

Many municipal governments that want more flexibility often point out that non-profit and for-profit long-term homes provide sufficient service levels for their communities. In other areas, municipal resources may add greater value if allocated to other forms of senior services that allow local seniors to age in place. In these cases, there may be a greater need for municipal investments in community support services (i.e. supportive housing, programs aimed at addressing senior isolation, etc.) instead of municipally operated long-term care homes.

To be clear, AMO is not advocating for municipal governments to get out of the long-term care home business. In many places, there are high community expectations and a demonstrated need for municipal long-term care homes. Local municipal governments each face different challenges. Communities have different populations, existing services, and assets. Greater flexibility to choose which services to offer would help municipal governments allocate resources to address the needs of local seniors most effectively.

Greater provincial support would help make municipal homes more sustainable over the long term in communities interested in offering this service. Municipal homes play a leadership role and often set a high bar for the rest of the long-term care sector. With the right mix of funding support and flexibility for municipal governments, municipal homes will be able to continue providing the high quality of care they currently offer their communities.

Recommendation: AMO calls on the Province to amend the *Long-Term Care Homes Act* to provide municipal governments the choice to operate a Long-Term Care Home, which would allow flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.

Policy, Planning, and Funding Decisions

Underscoring all the recommendations about long-term care is the need to improve the provincial-municipal conversation concerning long-term care and seniors' services. Municipal governments are more than mere stakeholders when it comes to long-term care. They are funders, service providers, and employers. In addition, local residents are increasingly looking to municipal governments to represent their interests to the Province and the LHINs regarding long-term care and other senior services.

Despite the critical municipal role, there are no ongoing formal ways for municipal governments to provide input on long-term care policy and planning. Discussions on how to address this void will benefit aging Ontarians.

Recommendation: AMO calls upon the Province to establish a regular staff-level forum with AMO, through a senior municipal working group, and the long-term care associations, to inform policy planning, implementation, and decision making from a municipal perspective.

Regulatory Burden

The operation of long-term care homes has become subject to increased regulatory requirements. This reduces flexibility and limits innovation. The provincial government is rightly striving for greater accountability in long-term care services. However, increased administrative oversight comes with a price tag. Municipal governments need financial support for these increased costs. Given that extensive accountability measures are already in place for municipal governments, municipally operated long-term care homes should not be treated the same as private service providers. To encourage innovation, it is important to shift the focus towards outcomes reporting rather than strive for compliance with burdensome regulatory frameworks and service agreements.

Recommendation: AMO calls on the Province to provide municipal governments with greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward more client focused outcomes reporting.

Funding

The MOHLTC provides funding for nursing and personal care in long-term care homes using a provincially determined funding formula. Residents are also required to pay an accommodation fee set by the Province. Provincial funding and accommodation fees do not cover the cost of providing all long-term care services. Advantage Ontario estimates that municipal governments spent \$350 million in 2016 on long-term care expenditures.⁴ This figure does not include capital expenditures, which arise from building code changes and the need for facility repairs. The amount municipal governments contribute has increased by 36% or \$90 million since 2012, when the estimated municipal contribution in 2012 was \$268 million.⁵

There is growing concern that long-term care should now fall squarely under provincial responsibility as a primary care service. Many question why funding for long-term care is partially funded by property tax dollars. At the very least, a review of the funding model is in order. Funding from the MOHLTC has not kept pace with cost increases in long-term care homes. Increased costs come from staff salaries and benefits, capital renewal funding to maintain facility standards, the provision of behavioural services, and the cost of hiring specialized staff and equipment to address complex health conditions. Excessive regulatory requirements also drive up costs.

Municipal governments provide funding over and above the resident fees and provincial funding to make sure homes provide the basic level of services required by residents. As a result, most municipal governments have seen their share of costs increase over the past 10 years. For municipal residents, this can translate into property tax increases or cuts to other municipal services.

Stretched budgets also mean that a certain level of quality may not be possible. Improved provincial funding models to care for an aging population with more complex medical conditions, such as dementia, are necessary.

Some for-profit long-term care homes choose to operate on a smaller budget compared to municipally operated homes. They operate with lower costs by having lower staffing levels and lower employee compensation. Many municipally operated homes provide a higher quality of care, which comes with a cost. For example, many municipal homes prioritize sourcing quality food for residents given the link between healthy foods and better health. This can be a significant additional cost.

Another significant cost is the need to repair and modernize homes as facilities age and new compliance requirements emerge. This is a costly proposition for municipal governments and adds greater strain to the property tax base. Improvements to the Enhanced Long-Term Care Renewal Strategy would help older homes to modernize and redevelop.

Currently the program does not extend to all homes in need of redevelopment but is limited to certain classes of beds. It is important to modernize facilities through a provincial capital redevelopment strategy. Broadening the renewal strategy to assist with redevelopment costs is one

⁴ Advantage Ontario, Benchmarking Survey of Long-Term Care, 2016

⁵ Municipal expenditures for long-term care are not disaggregated from other municipal expenditures for 'assistance to aged persons' under provincially-set Financial Information Return reporting requirements.

way that the provincial government could support municipal governments and the broader long-term care sector. Many projects are shovel ready. These should be the priority.

Recommendation: AMO calls on the Province to provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia and commit to shift, over time, to funding for an average of four hours of care per resident per day.

Recommendation: AMO calls on the Province to review the adequacy of the current funding model for long-term care homes.

Recommendation: AMO calls on the Province to expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of long-term care homes to modernize and re-develop.

Innovation

There are benefits to developing long-term care homes into community hubs or campuses of care that offer a range of services to meet the needs of seniors in the community. More integrated models, like campuses containing a mix of independent living, supportive housing and access to health services offered in long-term care facilities, may be more sustainable. It will also allow services to shift and evolve to meet current and future needs. A dedicated funding stream for campuses of care may facilitate this long-term care home innovation.

Recommendation: AMO calls on the Province to play a role in supporting innovation in long-term care services. This includes gathering and sharing promising practices to facilitate innovation with new models that provide a range of services and accommodations for seniors with differed needs e.g. the campus care model.

Governance

Governance issues also need to be addressed. Of significant concern are new provisions in the *Long-Term Care Homes Act* that radically change the standard of accountability for officers serving on the Boards of homes. These changes were implemented with the Royal Assent of Bill 160, the *Strengthening Quality and Accountability for Patients Act*, 2017.

The legislation removed previous due diligence standards for board members and implemented a more absolute duty to ensure compliance. These new standards will be challenging to attain. The proposed standard for long-term care home board members is much higher than that of public hospitals. It is not clear why this is the case. The result is increased liability for board and committee members. The changes will also require boards to spend more time on staff oversight and compliance instead of governance duties. At the very least, the regulations should specify that board members would only be liable for breaches of statutory provisions that they commit themselves.

Recommendation: AMO calls upon the Province to amend the Long-Term Care Homes Act to ensure that long-term care home boards have parity with their hospital sector counterparts as a more reasonable accountability standard.

Human Resources Challenges

In many communities, particularly in northern and rural Ontario, it is challenging to recruit and retain qualified staff, especially personal support workers and nurses. In some cases, this leads to excessive overtime work by staff. In other cases, volunteers fill the gap. Because long-term care homes do not have the same large administrative departments as hospitals, staff also spend more time filling out provincial reports. This leaves less time for resident care.

Several factors complicate the human resource challenge. Some communities do not have enough qualified people in the area to fill openings. High tuition costs for certification are another barrier.

A potential solution is to create more work-integrated learning opportunities. This will allow students to work in long-term care homes while earning credits towards their studies. Another approach would be to facilitate nurse practitioner training programs inside long-term care homes. This would help existing staff upgrade their skills on the job. The Ontario government should develop a province-wide human resources strategy to address these issues.

Recommendation: AMO calls on the Province to work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions, especially in northern and rural areas.

Culturally Appropriate and Responsive Programming

One of the areas that AMO's Task Force felt strongly about was the provision of culturally appropriate services and structures for senior residents in homes. Long-term care residents should also have access to safe and responsive services. An example would be services that are responsive to the needs of LGBTQ+ seniors. Another example are services that meet the needs of Indigenous residents. With changing demographics, it is necessary for the Province to support a shift towards providing more culturally appropriate and responsive programming.

Recommendation: AMO calls on the Province to develop a strategy, in consultation with Indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and the development of resource toolkits.

Long-Term Care Expansion

The provincial government's election commitment of 30,000 new long-term care beds in the next 10 years should go a long way toward building capacity and meeting the level of service needed across Ontario. The 30,000-bed target needs to be evaluated and adjusted over time if necessary, including further government investment.

Since adding new beds to the system will take time, a broader range of alternative care options should be explored, implemented, and evaluated. Evidence-backed decisions should determine which alternative care models to pursue. In pursuing alternative care options, the Province must ensure patients have access to intensive supports since many families lack the capacity to care for seniors with complex needs while waiting for long-term care beds to open. Innovative policy

options that increase family capacity to provide care may also reduce overall infrastructure needs and service costs. This will help people to age in place, consistent with the provincial vision and public expectations.

In addition to considerations about long-term care, the provincial government would do well to consider other housing supports for seniors, including affordable and supportive housing. The provincial government should also invest in community supports such as home-based care, the campus of care model, and naturally occurring retirement communities. These policy solutions will help alleviate demand for long-term care.

Recommendation: AMO calls on the Province to develop a strategy to reduce wait times in long-term care homes and avert pressure on acute care by considering other living options, including increasing access to supportive housing as seniors transition from aging at home to other forms of care.

AMO's 2016 Age-Friendly and Senior Services Paper

The collective recommendations concerning long-term care in this section are based on a previous policy discussion paper developed by AMO's Task Force on Age-Friendly Communities and Long-Term Care. The paper is called "[Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role](#)".

The impetus for this work was the recognition that municipal government in Ontario are at the forefront of developing age-friendly communities and providing vital services to seniors. This includes long-term care, affordable housing, public health services and community support services, as well as general planning for age-friendly communities. The Ontario government supports these municipal activities through legislation, policies, and funding programs.

The premise of the paper is that the successful delivery of seniors' services comes with both challenges and opportunities. Municipal governments are committed to providing high quality services to their residents, while being mindful of safety and affordability. While some services are required through legislation, many municipal governments have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative solutions that go beyond what is required. However, providing the same quality of service on the same budget will not be possible given growing demand and service requirements.

The aim of the 2016 paper was to start a policy conversation between AMO, its member municipal governments and the provincial government on how best to serve seniors in Ontario's diverse communities. Under the previous government, this conversation did not occur. Included in the paper is a comprehensive set of recommendations about how to move forward with both long-term care and other vital seniors' services.

Public Health

Local public health services originated in 1833 when the Legislature of Upper Canada passed legislation allowing local municipal governments "to establish Boards of Health to guard against the introduction of malignant, contagious and infectious disease in this province". This delegation of public health responsibility to municipal governments continues into the present.

Today, 35 public health units covering particular geographic areas provide services to Ontarians. They focus on the overall health and well-being of a community by preventing disease and making upstream interventions aimed at keeping people healthy and outside of the health care system. This work involves early detection of health issues and influencing people's behaviours through health promotion. Many public health units advocate widely on a range of issues to address the social determinants of health. They work with municipal governments to apply a health policy lens to decision making.

Most public health units in Ontario are autonomous entities. Others have local municipal councils serving as the board of health. Among other requirements mandated by the Province, local boards of health are responsible for implementing the provincially mandated Ontario Public Health Standards (2017) and other regulations under the *Health Promotion and Protection Act* (HPPA).

Public health services, including disease prevention and health promotion, are an essential part of Ontario's health services continuum. Municipal governments play a major role in their delivery, including as an employer and funding partner. Although public health has roots in municipal government, provincial and municipal cost sharing is appropriate given the province's interest in this health service.

Governance

Despite municipal responsibilities for public health, municipal governments lack a formal, overarching mechanism to jointly/cooperatively develop policy and conduct joint planning for public health services. As the representative for municipal co-funders, AMO needs a voice when it comes to public health. Overall, evidence-based policy should guide deliberations about public health. The sector is available to work with AMO to provide rationales to inform and validate decision-making.

Recommendation: AMO calls upon the Province to engage AMO and our members to establish a regular and meaningful forum to guide policy, funding, and planning decisions concerning local public health delivery.

Public Health Funding

Under the HPPA, municipal governments are required to pay the expenses of the board of health and the medical officer of health. As mentioned above, service costs are, in theory, shared between the Province and municipal governments, with the province responsible for 75% and municipal governments funding 25% as a matter of policy and in accountability agreements. Despite this funding arrangement, municipal governments regularly contribute more than 25% of public health costs to cover gaps in provincial funding. In 2017, municipal governments funded 37% of public health expenditures across Ontario.⁶ This substantially exceeds the 25% cost-share requirement. To protect against rising costs, AMO has asked for an amendment to the *HPPA* to embed the current 75/25 cost-sharing arrangement in legislation to provide certainty and protection.

Adequately funding public health has long-term economic benefits: health promotion and prevention reduces the economic burden of disease by avoiding health care system costs. Currently, public health units are chronically underfunded. They face greater strain whenever the Province implements a new public health requirement without accompanying investments. For

⁶ Schedules 40 and 12, Provincial Summaries by Schedule, Financial Information Returns, Municipal Affairs and Housing, 2017

example, the *Patients First Act* requires new formal working relationships between public health units and LHINs. While AMO supports this policy direction, a discussion on funding is necessary to ensure adequate resourcing.

Recommendation: Amend the *Health Promotion and Protection Act* to clearly state that the Province is responsible for funding mandatory public health programs at the rate of 75% of actual costs.

It is worth noting that a number of reports over the years have called for a new and improved funding approach to public health. These include the Walker and Campbell reports as well as the 2006 Revitalizing Ontario's Public Health Capacity Report.

At the time, the Province committed to examine the issue and come up with a new funding model. The stated purpose of the review was to look at how provincial funding to public health programs and services could be more equitable, transparent, and accountable. This was examined by a Funding Review Working Group struck in 2010 made up of representatives from the public health sector.

Following the working group's Final Report, the Ministry announced a new funding model in 2015. Going forward, growth funding (if available in a given fiscal year), distributed proportionately to public health units, is only for those public health units that have not reached their cost-share based on the new model. The approach also protects the base funding of other public health units from reduction. Without this annualized growth funding, public health units will have to cut services if municipal governments cannot compensate for the shortfall due to inflationary pressures.

In 2018, there was a 2% increase in base funding for all public health units across the province. This was welcome news but it covered only inflationary increases, not growth funding. AMO continues to raise the need for public health growth funding to be allocated more equitably across the province. These funds help address annual inflationary pressures and support public health units to meet the requirements of the [Ontario Public Health Standards](#). Base payment increases for all public health units should continue, based on inflation with consideration as well as for new growth-related costs.

Ontario Public Health Standards Modernization

Ontario's Public Health Standards (OPHS) is set by the Ministry of Health and Long-Term Care (MOHLTC) according to Section 7 of the HPPA. The standards prescribe the requirements public health units must fulfill as part of their legislated obligation. Last updated in 2008, the Province more recently attempted to "modernize" the standards by revising the scope of existing requirements, removing some and adding others.

OPHS modernization was to "result in a renewed set of program standards that are responsive to emerging evidence and priority issues in public health and are aligned with the government's strategic vision and priorities for public health within a transformed health system".

The municipal interest with this review was to create a set of standards responsive to resident needs that also balance fiscal considerations. AMO insisted that the exercise not create any new unfunded mandates for municipal governments through the creation of new responsibilities without corresponding funding from the Province.

In the end, the Ministry reduced the number of requirements. At the same time, it introduced some flexibility to ensure that programs and services meet local needs based on Board of Health priorities.

The fiscal impact of the new standards remains unknown and is challenging to assess. AMO acknowledged the reduction in the number of standards and requirements. However, it appears that some standards were simply consolidated into others. As well, it is unclear if the new requirements will be more labour and cost intensive than the previous ones. This should be evaluated after one complete year of implementation.

Expert Advisory Panel Recommendations

The previous government convened an Expert Advisory Panel to review and envision a new role for Public Health within the context of the *Patients First Act* and the revised standards. The Minister gave the panel a mandate to look at how public health could operate within an integrated health system. The panel tabled a report with recommendations in June 2017.

The key recommendation from the panel was to establish 14 regional public health entities within a so-called “integrated health system”. These entities would be consistent with the LHIN boundaries, not municipal borders. Other far-reaching recommendations propose significant governance changes to Boards of Health. Ultimately, the report recommends that the governance of Boards of Health shift completely to freestanding autonomous boards. This recommendation failed to consider that many public health units integrate fully within municipal governments. The Expert Panel also proposes board membership that decreases the number of municipal elected officials and weakens their role in providing oversight by excluding them from key positions on the board.

After careful consideration by AMO’s Board of Directors and the Health Task Force, AMO did not support the report of Expert Panel on Public Health and urged the government not to adopt its recommendations. Many public health units joined municipal governments in rejecting the Expert Panel’s recommendations.

If implemented, the Expert Panel recommendations would completely change and dilute the mandate of the local public health system by placing it within the primary health care system. Neither the Expert Panel nor the Ministry have provided analysis on the implications of integrating from either a patient, program/service, or cost-benefit analysis perspective. The report fails to provide an empirical foundation to support the proposed changes.

Many within municipal government are strongly opposed to the integration of public health within the broader health care system for the following reasons:

1. Public Health will lose its local focus – even if there are local public health service delivery areas.
2. Integration of public health units in Regional and Single-Tier municipal governments will be undone. Public health planning and service delivery are linked to other municipal services including planning, transit, housing, and social services. Integration with municipal governments also provides public health units with backend support.
3. There is a risk that integration will dilute the Public Health mandate and result in a shift away from local population-based services towards clinical services in the primary care system.

4. Creating coverage in larger geographic areas may help create critical mass. However, integration will be challenging in northern, rural and remote areas given smaller, spread out populations.
5. The recommendations concerning governance will weaken the voice of the local elected official by seeking to increase the number of community members (LHINs, school boards) appointed to Boards of Health. The local elected official voice is important to reflect overall community need. The new model will only serve to dilute municipal government involvement in Public Health. Being an elected official is a core competency. Elected officials bring a value for money lens and consider the needs of the broader community.

The further that Public Health gets from its municipal core, the more the Province should be responsible for funding. Municipal governments may be less inclined to top up funding or contribute other in-kind municipal resources to public health, especially in the case of integrated single-tier and regional governments. It may also be challenging to maintain close connections between local councils and Boards the larger and regional they become.

Municipal governments should maintain a strong role in public health. The new proposed model will not guarantee this. This is a significant risk. It is simply not clear that the benefits are worth the proposed disruption. As well, the exact problem the previous government tried to address remains unclear. If there is further examination of public health governance and structure, an agreed upon statement of issues to address is needed that is agreed upon jointly by the Ministry, AMO, and the public health sector.

Recommendation: AMO calls upon the Province to reject the recommendations of the Expert Panel on Public Health given there is no clear evidence to justify such changes to the public health system and further, integrating public health within the health care system would completely change and dilute over time the mandate of the local public health system.

Hospitals

Hospital funding and community planning issues are a challenge for Ontario's municipal governments. Municipal governments are not currently involved in the governance, planning and funding decisions for hospitals and health care service delivery. However, this should change given the expectation of residents and the fact that municipal governments provide capital contributions for hospital construction. A 'government-to-government' conversation on the municipal role in hospitals is needed and long overdue.

There are a range of issues to consider and much to discuss. Under current rules, local communities are responsible for funding 10% of hospital capital costs. In instances where this 10% cannot be fundraised by community members, municipal governments typically step up to fill the funding gap. Municipal governments face significant challenges paying for these hospital construction costs, especially smaller communities that have limited revenue sources and/or declining property tax assessment base. They also frequently step up to pay for new hospital equipment since the provincial funding model excludes the cost of new equipment. Hospital boards often expect that municipal governments will partner to provide ongoing capital contributions. In addition, foundations often raise local funds from municipal residents and businesses for equipment and other needs on an ongoing basis.

This funding approach creates barriers to expanding existing hospitals, opening new ones, and conducting necessary repairs and renovations. Although many municipal governments have previously committed significant funds for hospital renovations and new construction, most Ontario municipalities are not able to make similar commitments given other competing fiscal challenges. This may lead to inequities in the system and lack of access for some. It is not appropriate that municipal governments are relied on to pay for hospital capital contributions since health care is a provincial responsibility.

Other challenges exist. Some recent decisions on new hospital builds have had little regard for municipal land use planning. A failure to consider municipal planning considerations leads to cases in which hospitals are built in suboptimal locations that may have an impact on community growth and economic development. This could be prevented if municipal governments were engaged and asked for input.

Access to hospital services are another concern for residents. Many medium and medium-large sized hospitals are facing challenges due to insufficient operational funding, leading to cuts in services and, in some cases, staffing. Despite recent budget increases, challenges with the funding formula remain especially for medium, rural, and multi-site locations. Many hospitals are still operating in deficit. In other communities, there are insufficient beds to serve the community. This is well known, and the government has committed to ending so-called 'hallway healthcare'.

AMO made several recommendations about hospitals to the previous government, which are still relevant today. These are:

1. Mandate a municipal voice into health care service planning and decision-making by the Local Health Integration Networks (LHINs);
2. Reform the funding formula to ensure that base funding provided to hospitals recognizes the diverse models for hospital operations including small, rural, and multi-site hospitals;
3. Tie provincial base hospital operational funding at least to inflation annually;
4. Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
5. Remove, or at very least cap, the community portion of major capital projects such as new hospital builds;
6. Ensure that the capital planning process for hospitals leverages the significant investments in existing or planned local infrastructure;
7. Respect the importance of municipal plans and policies;
8. Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers;
9. Contract third-party operators, not municipal ambulances, to provide inter-facility transfer services throughout the province, and only in circumstances when there is no other

alternative shall an ambulance be used, with the LHIN providing payment for full cost recovery of the cost of the service;

10. Direct the Ministry to develop a strategy and incentives to support physician and other health care professional recruitment to underserved areas of the province that do not rely on or require municipal contributions; and,
11. Facilitate the enhancement and creation of more Family Health Teams in hospitals, especially in rural and northern areas.

Recommendation: AMO calls upon the Province to engage AMO and establish a municipal working group to review the future appropriate and value-added municipal role in hospital funding and planning decisions.

Community Interests

Local residents often turn to their municipal councils to address health-related needs in the community. Municipal governments often experience pressure to fill in the gaps where provincial services are lacking. This occurs despite health being an area of provincial jurisdiction. As a result, municipal governments have become experts on a range of local health-related issues. They are ready to offer advice to the Province on health matters of interest to local residents. The following section outlines some of these key community health interests.

Physician Recruitment

One of the health challenges facing Ontario's rural, northern, and small communities is attracting and retaining properly trained health-care professionals. This includes family doctors, nurse practitioners and other in-demand health care professionals. Community access to these professionals is vital for positive and equitable health outcomes. Access to these services is also necessary so that community members can remain in place while receiving care. While the provincial government does provide some support to help communities attract and retain health care professionals, these supports are insufficient. In response, some Ontario municipalities have taken matters into their own hands to fill the gap and to address shortcomings in provincial offerings. These municipal governments finance recruitment efforts, implement incentives, and take other measures to attract physicians to the community.

Though some municipal efforts have been successful, not all municipal governments have access to the resources necessary to address the physician gap on their own, nor is it fiscally sustainable to rely on the municipal property tax base to finance physician recruitment and retention. Since health is an area of provincial responsibility, it is questionable if municipal initiatives for physician recruitment are appropriate.

Greater leadership from the provincial government through an increase in the direct provision of incentives to physicians or by funding municipal governments to recruit health care professionals in line with community needs is appropriate. The government could also look at ways that new graduates can be encouraged to practice, at least initially, in underserved communities. What role municipal governments should play in physician recruitment remains an open question. Answering this question will require a critical examination of what it will take to increase access to health professionals in underserved communities.

Various options could include:

1. Direct provision of incentives to physicians by the Province.
2. Provincial funding for municipalities to recruit professionals in line with community needs.
3. A mix of provincial and municipal recruitment initiatives and incentives that are cost-shared by both orders of government.

Recommendation: AMO calls upon the Province to engage AMO to review the most effective and appropriate means to attract physicians to underserved areas of the province with graduated incentives.

Cannabis Legalization

Recreational cannabis is now legal across Canada. At the time of writing, adult consumers can legally purchase cannabis online from the Ontario Cannabis Store. Starting April 1st, 2019, Ontarians will be able to purchase legal cannabis in willing municipalities from private brick-and-mortar stores licensed by the Alcohol and Gaming Commission of Ontario (AGCO).

With the Royal Assent of Bill 36, *the Cannabis Statute Law Amendment Act*, adult users in Ontario can legally consume cannabis wherever tobacco is smoked. Municipal governments have the authority to create stricter smoking by-laws to strengthen local cannabis consumption rules. Local public health units are responsible for enforcing cannabis places of use. Edibles and consumption venues remain illegal under federal and provincial legislation.

We are in the early days of cannabis legalization. Medium and long-term community health impacts remain unknown. Municipal governments may have to respond. Legalization should reduce the illegal market and make sure consumers have access to cannabis approved by Health Canada. Cannabis consumption nonetheless comes with health risks and younger Ontarians are particularly vulnerable. Harm reduction education and local efforts to delay youth initiation may be necessary. AMO has called for the development of resources for youth to build skills and social connections to protect against the challenges that can lead to frequent substance use.

Places-of-use enforcement by public health officials may also affect municipal budgets. Some jurisdictions that have legalized cannabis also saw increased pressure on paramedic services from new consumers reacting poorly to cannabis. In the United States, this may have resulted from the legalization of edibles at the same time as other cannabis products and an immature regulatory framework to control them.

AMO will continue to work with municipal governments and the Province to monitor health-related impacts of recreational cannabis legalization in communities, including any unexpected cost pressures on municipal services. Public health units should consider monitoring evidence and population data to understand the impacts of cannabis consumption on population health and local wellbeing in their communities. Evidence collected by local public health units will help to build a clearer picture of local impacts and the municipal role in health-related cannabis policy. Statistics Canada initiatives to monitor cannabis in the coming years could also offer important data for communities. Along with other monitoring exercises, this will help create a comprehensive picture of the impact of legalization on health. With this understanding, municipal governments will be better equipped to use a local share of the cannabis excise tax to address negative impacts in the community, including on vulnerable populations such as at-risk youth.

Recommendation: AMO calls upon the Province to continue working with municipal governments through AMO to monitor the local impacts of recreational cannabis, including impacts on population health and well-being, public health services, and for resources to create local supports for skills building and social connections to protect youth.

Mental Health and Addictions

While municipalities do not generally play a role in providing mental health and addiction services, the mental health of residents can impact their ability to access services. Municipal governments and District Social Service Administration Boards (DSSABs) are on the front lines and often the first point of contact for people presenting with mental health conditions and addictions. Many have stepped in to fill the gap where provincial services are lacking. While it is appropriate for municipal governments to respond by modifying services, provincial tax revenue is the appropriate source of funding for these health services, not the property tax base. Further conversation can help determine the appropriate and adequate provincial role in addressing mental health and addictions for municipal residents.

Mental health conditions and addictions are prevalent in all communities across Ontario. One in five Canadians have some mental health condition. Many will interact with municipal services, particularly social services and public health. For example, for municipal governments and DSSABs that deliver social assistance to vulnerable low-income Ontarians, municipal workers are often these residents' first point of contact. Lack of training for caseworkers on mental health and addictions is a problem. The risk is not meeting the needs of clients in an effective and meaningful way. A conversation can help determine how best to work with clients receiving social assistance who also need mental health supports. Improving services for these clients may require changes in how funding flows from the Province. Another option to explore is expanding eligible costs to include funding to ensure social service caseworkers are equipped to offer pre-treatment programs to persons with mental health or addictions issues.

Another example is police services. Many emergency calls involve responding to persons with mental health conditions. This is neither appropriate nor effective. Police should not be the first line of contact for mental health interventions. Policing work is not a substitute for treatment. Policing responses to people in mental health crisis furthers negative interaction with the justice system and places another pressure on rising police costs. It is inappropriate for this to continue and can result in unfortunate circumstances.

Many municipal governments have stepped up to fill in the gaps in provincially funded services at their own expense, or with other non-provincial revenues. They take the initiative to improve services for residents with mental health conditions and addictions. Funding is used to enhance services, including facilitating the hiring of staff trained to work with people presenting with mental health conditions. Adapting services is the right thing to do for communities, even if it increases costs.

The provincial government can do more to ensure there is an adequate and sufficiently funded system for both mental health and addictions pre-treatment and treatment programs in communities. Often the two go together. In many parts of the province, the wait lists for treatment are long, given lack of funding for services. Part of the problem is that there is currently a patchwork of underfunded programs. It is promising that the provincial government has consolidated program administration into two ministries – the Ministry of Health and Long-Term Care and the Ministry of Children, Community and Social Services. AMO looks forward to informing the development of the mental health plan promised by the Province as well as any strategies or plans to address addiction issues. Municipal governments and DSSABs can talk about 'on the ground' impacts and provide advice on effective ways to address the challenges associated with mental health and addictions.

The Mental Health and Addictions Leadership Advisory Council examined how best to address the issues through provincial government actions such as treatment programs and supportive housing. The Council's [recommendations](#) released in 2017 are worthy of consideration and still relevant today.

Municipal governments are also involved in mental health promotion. Municipal recreational programs, library services, community planning, etc. all promote good mental health. These services are critical to keeping residents happy and healthy.

Recommendation: AMO calls upon the Province to engage AMO in discussion about the appropriate provincial and municipal roles to respond to mental health and addictions in Ontario's communities.

Opioid Overdose Crisis Response

The opioid overdose crisis is affecting communities right across the province. Overdoses and deaths are on the rise. It is not an issue confined to a few areas. The crisis is playing out in urban, rural, northern, and remote areas. Addiction to both prescription and illegal opioids is taking a toll on individuals, families, and entire communities. The prevalence of addiction and the incidence of injuries and deaths associated with opioid use disorder have increased in recent years.

The previous provincial government implemented a strategy to address the opioid crisis by improving access to addiction treatment services and interdisciplinary pain management teams. Continued implementation of the provincial strategy is welcome as are the federal commitments by Health Canada. Municipal governments and public health units are contributing to solutions on the ground. However, municipal services, including public health, police, fire and paramedics across Ontario, are already under great pressures to keep up and combat rising opioid-related harms and death rates. Local responses to the opioid crisis need continued provincial leadership and support. The current provincial government should articulate its strategy going forward.

Development of Local Drug Strategies

Currently, some municipal governments have developed local drug strategies, implemented plans or set up anti-drug councils. The Province should provide resources for the development of local strategies by municipal governments in conjunction with their public health units.

The Association of Local Public Health Agencies (ALPHA) commended the Province for appointing Ontario's Chief Medical Officer of Health as the Overdose Coordinator. ALPHA cited the move as an acknowledgment that a public health approach is the most reasonable one. The provincial government came through with funding for public health units to enhance their harm reduction work, including the naloxone distribution. This includes hiring of front-line workers such as addiction outreach workers and nurses. LHINs also received a larger portion of funding for treatment services. Sustained investments are critical. ALPHA is currently advocating for the Province to develop a funded, comprehensive, multifaceted action plan for the Ontario Opioid Strategy, including education, harm reduction and treatment. It must have targets, deliverables, timelines and an evaluation component that are supported by regular communications to key stakeholders and partners such as public health units. AMO supports this call and encourages further discussion with AMO and ALPHA on how to make this happen in the most effective manner possible.

Recommendation: AMO calls upon the Province to develop a funded, comprehensive, multifaceted action plan for the Ontario Opioid Strategy to support local community response to the opioid crisis.

Consumption and Treatment Services Sites

Municipal governments can contribute by paving the way for Consumption and Treatment Services sites in their communities as part of an overall harm reduction and treatment referral strategy. However, this should be a local decision with full funding by the provincial government to operate the sites. The government is funding these sites on a case-by-case basis. AMO applauds the recent government decision to continue to support these sites. Still, opening new sites should be under consideration. Currently, additional provincial requirements and funding limitations present challenges for communities that do not currently provide these services but may wish to do so in the future in response to community needs.

Role of First Responders

Paramedics equipped with naloxone can prevent overdose-related deaths. Non-paramedic first responders such as police and firefighters are also playing a critical role on the ground. Liability is a concern when non-paramedic first responders administer naloxone. How will a first responder identify the need for administering naloxone with their current training and expertise? What is the liability exposure in cases of wrongful administration? Coordinated medical oversight is required with standardized training and protocols, especially for non-paramedics. There must be equity in training among first responders. AMO commends the provincial government for its recent initiative to provide protection to police administering naloxone. Still, training is required to better serve people in need.

AMO has called on the provincial government to fully fund naloxone, along with training in its use and standards for all first responders – paramedic, fire, or police. Funding paramedic supply of the drug is essential and appropriate. It should not be not cost-shared 50-50. Further, AMO calls upon the government to enact legislation and regulations as needed to limit the liability of non-paramedic first responders when administering the drug to treat an overdose.

Going forward, coordinated action by all orders of government is necessary based on their respective roles and responsibilities. Continuing discussions will further the goal of achieving both public safety and health outcomes.

Recommendation: AMO calls upon the Province to continue conversations with AMO and municipal councils on how best to coordinate the respective provincial, federal, and municipal government response to the opioid crisis.

Promoting Healthy Communities and Built Environments

The physical design or built environment of a community can affect health outcomes. Municipal governments have recognized this relationship since the 19th century, when communities responded to infectious diseases and epidemics by building sewer systems, water treatment facilities and creating public parks.

Today, municipal governments across Ontario are planning and building communities that contribute to better health by design, including efforts to create compact and complete communities. Positive examples of this trend include investments in active transportation infrastructure, such as dedicated bike lanes and sidewalks for pedestrians that enable and encourage residents to incorporate physical activity into their day-to-day lives. Increasingly, municipal governments also recognize the negative health impacts of Greenhouse Gas Emissions and other forms of pollution. In response, municipalities are investing in greener infrastructure and public transit to reduce local emissions and mitigate the negative health impacts of pollution on local communities. Such measures not only contribute to positive health outcomes, they also enhance quality of life for municipal residents.

Recreational infrastructure is another important component of creating a healthy built environment. Walking trails, access to recreational facilities and access to nature all help support healthier outcomes in a community. These municipal functions contribute to better physical and mental health.

Provincial and municipal infrastructure investments make this happen on the ground. It is important to sustain these investments over the long-term. As well, the provincial government should provide non-financial supports in the form of resource tools such as guidance documents and the sharing of best practices. Strong and supportive provincial policy is also necessary to achieve communities that are compact and support transit and other key municipal services.

Recommendation: AMO calls upon the Province to provide sustainable funding for infrastructure programs that help municipal governments create communities that are well served by public transit and community transportation, and also in creating bike-able, walkable, and accessible built environments to promote active living and encourage positive health outcomes for municipal residents.

Recommendation: AMO calls upon the Province to engage AMO in discussions about how to best move forward to facilitate built environments that improve health outcomes with supportive provincial resources and tools to assist municipal governments.

Accessibility

Municipal governments are at the forefront of efforts to create accessible communities for people with disabilities. AMO shares the Ontario government's commitment to a fully accessible Ontario by 2025 and continues to support the need for increased and improved accessibility for Ontarians in all aspects of community and civic life. Since 2005, AMO has worked with its municipal members and the provincial government to ensure that the *Accessibility for Ontarians with Disabilities Act* (AODA) reaches its goals for Ontarians with disabilities. During various consultations and working groups,

AMO has focused on ensuring AODA regulations achieve accessibility in a way that is affordable, efficient, and sustainable.

AMO shares the government's commitment to making Ontario more accessible. However, thus far the process has been challenging. There has been limited funding to substantially support new requirements and municipal capacity to fulfill new obligations varies. The risk is that some Ontario municipal governments may be unable to fully comply with AODA requirements. As a result, Ontarians with disabilities will continue to lack necessary and promised services.

Municipal governments support the goals of the AODA. The challenge relates to fiscal limitations and the aggressive implementation timelines. Municipal governments face mounting financial pressures on a number of fronts including municipal infrastructure, the rising cost of insurance and emergency services, to name a few. Accessibility goals should be achievable in a way that recognizes these cumulative pressures.

The government should address the high cost of implementation by supporting municipal governments through financial and non-financial assistance. Municipalities are struggling to budget for the long-term needs required to implement AODA. In addition, clear conclusive estimates of the costs are not readily available.

Financial assistance from the provincial government should include a modest funding pool to help municipal governments, especially smaller ones, contract consultants to conduct accessibility assessments and to project the costs of compliance. Further funding to help cost-share capital projects, particularly to meet compliance with the Built Environment Standard, would also be welcome. A provincial funding source will help the municipal order of government achieve compliance as per the provincially set timelines.

Non-financial assistance could include best practices dissemination, the provision of training resources (e.g. customer service training modules) and an on-line resource library for accessibility practitioners. The EnAbling Change program provides essential tools and resources. The government should continue to develop this current suite of implementation resources and release them when the regulation is enacted.

It would also be beneficial to the municipal order of government if the Province develops performance measures to assist self-evaluation. Tools to measure success based on outcomes are also helpful. These supports would aid compliance and allow communities to report out achievements to their local communities.

It is worth noting that the provincial ministry has worked well with AMO over the years and is supportive and helpful to municipal governments in meeting, and at times exceeding, accessibility standards. It is important that this constructive relationship continue.

Recommendation: AMO calls upon the Province to continue the working relationship with AMO and support for municipal governments on accessibility issues in order to meet the goal of an accessible Ontario by 2025.

Recommendation: AMO calls upon the Province to assist municipal governments with funding for both capital projects and to contract needs assessments in order to meet the goal of an accessible Ontario by 2025.

Healthy Kids Community Challenge

As part of the of Ontario's Healthy Kids Strategy, the Province funds municipal governments and other community partners to institute a [Healthy Kids Community Challenge](#). The goal of the program is to support the well-being of children by creating communities where it is easier for children to lead healthier lives.

[There are 45 communities](#) across Ontario participating in the Healthy Kids Community Challenge in 2018/2019. These communities receive resources from the Province including funding, training, and social marketing tools to help promote healthy eating, physical activity, and healthy behaviours for children.

The program is a key part of Ontario's Healthy Kids Strategy. The strategy is a cross-government initiative to promote children's health. It focuses on a healthy start in life, healthy food, and healthy active communities. The benefits for children and families are the development of skills for staying active and eating well, support with making healthy choices, the creation of close links to supports within the community, and more chances to be involved and included in the community. Examples of eligible activities are broad including breakfast programs and public education.

This program is a positive contribution to health promotion for children in communities and reflects a provincial-municipal partnership to meet shared goals. The Province should consider scaling up the program.

Recommendation: AMO calls upon the Province to sustain funding to municipal governments for the Healthy Kids Community Challenge over the long-term.

Social and Supportive Housing

Addressing the social determinants of health and improving health outcomes means acting to provide safe, secure, and appropriate affordable housing for residents. Unlike other provinces and territories, housing is a municipal responsibility in Ontario. It is crucial that federal and provincial funding support municipalities to provide a range of housing options over the long-term. There is great promise and opportunity within the National Housing Strategy.

An existing challenge is the shortage of supportive housing units in Ontario. This type of housing is critical to supporting local residents with mental health conditions, addiction, physical disabilities, and brain injuries. Supportive units can help survivors of domestic violence. These units are also essential to help seniors and to house the homeless population, especially those with mental health and addictions. Social and supportive housing is key to advancing the provincial goal of eliminating chronic homelessness by 2025. There are calls from various quarters to increase provincially funded supportive housing to meet demand, including from the Leadership Council on Mental Health and Addictions.

Another challenge is that because of the supply shortage, municipal, non-profit and co-operative social housing buildings have become de facto supportive housing. The needs and acuity levels of the residents require intensive tenant supports to maintain successful tenancies. This requires health-care services made possible through provincial funding. A conversation on how best to allocate funding from the Ministry of Health and Long-Term Care and the LHINs towards adequate

housing with supports will help with this situation. LHINs should also consult on provision of supportive services for municipal and DSSAB housing projects.

Recommendation: AMO calls upon the Province to increase investments and build new supply of supportive housing based on an assessment of need.

Recommendation: AMO calls upon the Province to direct more funding to provide supports to tenants residing in social housing with health needs.

Community Safety and Well-Being

Municipal governments are thinking about ways to increase community safety and well-being. In some cases, they are already developing strategies and implementing plans. Provincial support to municipal governments can help achieve better health outcomes for residents by facilitating overall community safety and well-being planning.

Community safety and well-being is essential to supporting healthy and prosperous communities for residents. Many municipal governments have thought about how to improve community well-being using various tools and evaluation methods aimed at gaging quality of life. For example, some municipal governments are working with community health centres to implement the use of the [Canadian Index of Well-Being](#). In some municipalities where there is a Community Foundation, there is an annual [Vital Signs](#) report outlining progress based on various quality of life indicators. These tools provide evidence to inform local policy development and intergovernmental advocacy. Other municipal governments may be considering using these tools but do not know where to start.

The *Safer Ontario Act* now requires municipal governments to develop comprehensive Community Safety and Well-Being Plans. This new mandate will require municipal governments to develop plans in conjunction with local police and community social service and health providers. Many municipal governments are taking social and economic development approaches that link community and social service providers and health organizations. A challenge is that municipal governments across Ontario have varying fiscal and human resource capacity, limiting their ability to develop and implement the plans. AMO has advocated for support from the Province to assist municipal governments.

Recommendation: AMO calls upon the Province to support municipal governments by promoting the use of tools that measure community safety and well-being using quality of life indicators and the sharing of leading practices.

Recommendation: AMO calls upon the Province to provide tools and funding to assist municipal governments to develop and implement local Community Safety and Well-Being Plans.

Indigenous Health

Indigenous peoples living in Ontario face poorer health outcomes when compared to non-Indigenous Ontario residents. These challenges are amplified in rural, northern, and remote areas. Indigenous people living in these areas must often travel considerable distances to regional hubs to access health and other social services. Lack of transportation services and appropriate accommodation present a significant barrier. Indigenous Ontarians also live in municipal settings.

85.5% of Ontario's Indigenous peoples live within municipal boundaries. All Indigenous Ontarians require access to safe and culturally appropriate services.

As community health advocates, many municipal governments are active in calling for better health services to improve Indigenous health outcomes in their local communities. Municipal governments that function as regional hubs have also called on the Province to recognize the unique challenges and pressures they face. Regional hubs often provide costly services to Ontarians who live outside of their jurisdiction. They do so without additional provincial funding or consideration of the impacts of these migratory patterns.

For these reasons, hub communities require additional provincial supports to better serve Indigenous people accessing health services. More supports from both the federal and provincial governments are also required to promote equitable access to health services for remote Indigenous and other northern communities. Enhancing services will allow Indigenous Ontarians and others living in remote settings to access care while remaining at home, close to family and community.

Partnerships between municipal governments, First Nations, Métis groups and Indigenous service providers such as Indigenous Friendship Centres can also improve Indigenous health outcomes.

Recommendation: AMO calls upon the Province and the federal government to address health inequities facing Indigenous peoples in Ontario by working together to leverage Ontario's First Nations Health Action Plan and the Urban Indigenous Action Plan, which both promote and support Indigenous-developed and delivered health services in municipal, First Nation, and other community settings. In municipal settings, such an approach should consider municipal perspectives on service design and delivery given municipal expertise in these local matters.

Recommendation: AMO calls upon the Province to support municipal-Indigenous collaboration in service provision with tools and resources wherever appropriate to maximize health outcomes for both Indigenous and non-Indigenous municipal service users. Examples include provincially developed tools or resources to support appropriate engagement and safe, culturally appropriate services delivered by public health, long-term care and paramedic services.

Recommendation: AMO calls upon the provincial and federal governments to review the funding mechanisms and supports for transportation and accommodation services as well as support services needed when Indigenous Peoples must travel to regional hubs to access health care. Appropriate action should be taken to ensure Indigenous needs are being met.

Appendix A — Summary of Recommendations

Paramedic Services

1. **Recommendation:** AMO calls on the government to establish a regular policy and planning forum with AMO and the Ontario Association of Paramedic Chiefs to inform policy planning and decision making from a municipal perspective.
2. **Recommendation:** Amend the *Ambulance Act* to clearly state that the Province is responsible for funding the operation of the land ambulance system at the rate of 50% of actual costs, including both capital and operating expenses, and is 100% responsible for the funding of land ambulance dispatch.
3. **Recommendation:** AMO calls upon the Province to accelerate dispatch improvements.
4. **Recommendation:** AMO calls upon the Province to amend the *Ambulance Act*, as needed, to provide municipal governments and District Social Service Administration Boards with flexibility to operate their own dispatch systems, without changing the 100% provincial funding arrangement.
5. **Recommendation:** AMO calls upon the provincial government to work with AMO and the Ontario Association of Paramedic Chiefs to address the issue of urgent, critical patient transfers through new legislative amendment and regulations.
6. **Recommendation:** AMO calls upon the Province to amend the legislation, as needed, to identify that third-party operators contracted by the Province, not municipal ambulances, will provide non-urgent, inter-health facility transfer services throughout the province. Only in circumstances where there is no other alternative should an ambulance be used and the LHIN should provide payment to fully cover the cost of the service.
7. **Recommendation:** AMO calls upon the Province to provide training to all paramedic personnel on the new Patient Care models based on developed standards and protocols at 100% provincial cost.
8. **Recommendation:** AMO calls upon the Province to amend the *Ambulance Act*, regulations, policies, and guidelines to mitigate against increased municipal liability given the new models of patient care expanding the scope of paramedic practice.
9. **Recommendation:** AMO calls upon the Province never to proceed with the Fire-Medic model on a pilot or permanent basis.
10. **Recommendation:** AMO calls upon the Province to expand community paramedicine across Ontario to willing municipal partners and to fully fund its implementation, as it is primary care.

Long-Term Care

11. **Recommendation:** AMO calls on the Province to amend the *Long-Term Care Homes Act* to provide municipal governments the choice to operate a Long-Term Care Home, which would allow flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.
12. **Recommendation:** AMO calls upon the Province to establish a regular staff-level forum with AMO, through a senior municipal working group, and the long-term care associations, to inform policy planning, implementation, and decision-making from a municipal perspective.
13. **Recommendation:** AMO calls on the Province to provide municipal governments with greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward more client focused outcomes reporting.
14. **Recommendation:** AMO calls on the Province to provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia and commit to shift, over time, to funding for an average of four hours of care per resident per day.
15. **Recommendation:** AMO calls on the Province to review the adequacy of the current funding model for long-term care homes.
16. **Recommendation:** AMO calls on the Province to expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of long-term care homes to modernize and redevelop.
17. **Recommendation:** AMO calls on the Province to play a role in supporting innovation in long-term care services. This includes gathering and sharing promising practices to facilitate innovation with new models that provide a range of services and accommodations for seniors with differed needs e.g. the campus care model.
18. **Recommendation:** AMO calls upon the Province to amend the *Long-Term Care Homes Act* to ensure that long-term care home boards have parity with their hospital sector counterparts as a more reasonable accountability standard.
19. **Recommendation:** AMO calls on the Province to work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions, especially in northern and rural areas.
20. **Recommendation:** AMO calls on the Province to develop a strategy, in consultation with Indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and the development of resource toolkits.

21. **Recommendation:** AMO calls on the Province to develop a strategy to reduce wait times in long-term care homes and avert pressure on acute care by considering other living options, including increasing access to supportive housing as seniors transition from aging at home to other forms of care.

Public Health

22. **Recommendation:** AMO calls upon the Province to engage AMO and our members to establish a regular and meaningful forum to guide policy, funding, and planning decisions concerning local public health delivery.
23. **Recommendation:** Amend the *Health Promotion and Protection Act* to clearly state that the Province is responsible for funding mandatory public health programs at the rate of 75% of actual costs.
24. **Recommendation:** AMO calls upon the Province to reject the recommendations of the Expert Panel on Public Health given there is no clear evidence to justify such changes to the public health system and further, integrating public health within the health care system would completely change and dilute over time the mandate of the local public health system.

Hospitals

25. **Recommendation:** AMO calls upon the Province to engage AMO and establish a municipal working group to review the future appropriate and value-added municipal role in hospital funding and planning decisions.

Physician Recruitment

26. **Recommendation:** AMO calls upon the Province to engage AMO to review the most effective, and appropriate means to attract physicians to underserved areas of the province with graduated incentives.

Cannabis Legalization

27. **Recommendation:** AMO calls upon the Province to continue working with municipal governments through AMO to monitor the local impacts of recreational cannabis, including impacts on population health and well-being, public health services, and for resources to create local supports for skills building and social connections to protect youth.

Mental Health and Addictions

28. **Recommendation:** AMO calls upon the Province to engage AMO in discussion about the appropriate provincial and municipal roles to respond to mental health and addictions in Ontario's communities.

Opioid Overdose Crisis Response

29. **Recommendation:** AMO calls upon the Province to develop a funded, comprehensive, multifaceted action plan for the Ontario Opioid Strategy to support local community response to the opioid crisis.
30. **Recommendation:** AMO calls upon the Province to continue conversations with AMO and municipal councils on how best to coordinate the respective provincial, federal, and municipal government response to the opioid crisis.

Promoting Healthy Communities and Built Environments

31. **Recommendation:** AMO calls upon the Province to provide sustainable funding for infrastructure programs that help municipal governments create communities that are well served by public transit and community transportation, and also in creating bike-able, walkable, and accessible built environments to promote active living and encourage positive health outcomes for municipal residents.
32. **Recommendation:** AMO calls upon the Province to engage AMO in discussions about how to best move forward to facilitate built environments that improve health outcomes with supportive provincial resources and tools to assist municipal governments.

Accessibility

33. **Recommendation:** AMO calls upon the Province to continue the working relationship with AMO and support for municipal governments on accessibility issues in order to meet the goal of an accessible Ontario by 2025.
34. **Recommendation:** AMO calls upon the Province to assist municipal governments with funding for both capital projects and to contract needs assessments in order to meet the goal of an accessible Ontario by 2025.

Healthy Kids Community Challenge

35. **Recommendation:** AMO calls upon the Province to sustain funding to municipal governments for the Healthy Kids Community Challenge over the long-term.

Social and Supportive Housing

36. **Recommendation:** AMO calls upon the Province to increase investments and build new supply of supportive housing based on an assessment of need.
37. **Recommendation:** AMO calls upon the Province to direct more funding to provide supports to tenants residing in social housing with health needs.

Community Safety and Well-Being

38. **Recommendation:** AMO calls upon the Province to support municipal governments by promoting the use of tools that measure community safety and well-being using quality of life indicators and the sharing of leading practices.
39. **Recommendation:** AMO calls upon the Province to provide tools and funding to assist municipal governments to develop and implement local Community Safety and Well-Being Plans.

Indigenous Health

40. **Recommendation:** AMO calls upon the Province and the federal government to address health inequities facing Indigenous peoples in Ontario by working together to leverage Ontario's First Nations Health Action Plan and the Urban Indigenous Action Plan, which both promote and support Indigenous-developed and delivered health services in municipal, First Nation, and other community settings. In municipal settings, such an approach should consider municipal perspectives on service design and delivery given municipal expertise in these local matters.
41. **Recommendation:** AMO calls upon the Province to support municipal-Indigenous collaboration in service provision with tools and resources wherever appropriate to maximize health outcomes for both Indigenous and non-Indigenous municipal service users. Examples include provincially developed tools or resources to support appropriate engagement and safe, culturally appropriate services delivered by public health, long-term care, and paramedic services.
42. **Recommendation:** AMO calls upon the provincial and federal governments to review the funding mechanisms and supports for transportation and accommodation services as well as support services needed when Indigenous Peoples must travel to regional hubs to access health care. Appropriate action should be taken to ensure Indigenous needs are being met.