Council Briefing Note

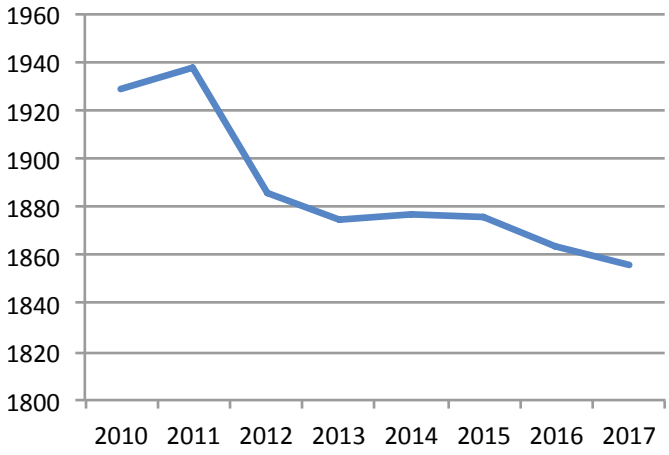
Brought to you by CUPE Local 79

HL21.3 TORONTO PUBLIC HEALTH 2018 OPERATING BUDGET REQUEST

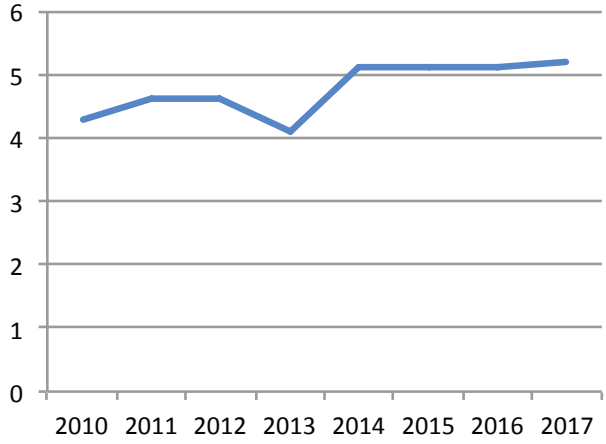
Summary

Staffing levels in Public Health have remained stagnant. Despite a growing population with increasing service demands and complexity of care needs, the Division's gapping rate has risen to over 5% and Public Health continues to have the highest approved gapping rate at the City. A growing population needs growing services, yet Public Health will be 90 positions short of its approved complement in 2017. In addition, the City has foregone $15 million in provincial funding since 2010 because it is not keeping pace with investments in public health. The City has foregone health care funding as a result of reducing staffing levels by nearly 200 positions during that same time period.

APPROVED STAFF COMPLEMENT



APPROVED GAPPING RATE (%)



CUPE Local 79 respectfully recommends that the Board of Health request the Medical Officer of Health to report on the full range of impacts that staffing constraints over the last six years, both in the approved complement and the level of gapping and vacancies, have had on service levels and employee working conditions at Toronto Public Health.

Background

Next year's proposed operating budget makes valuable investments in student nutrition, urban health and immunization for school children. However, the City needs to equally invest in a full staffing complement to sustain its response to local communities. Most of the staffing increases included in this budget are temporary. In addition, we have seen how past service investments, for example in immunization, have led to further hits against staffing when this work is contracted out. Local 79 is equally concerned about a confidential attachment detailing further reductions as they often result in additional staffing cuts.

The City should be leveraging the provincial cost-share structure to its full extent by increasing public health

services and staffing. While the Province has increased the percentage it contributes to cost-shared programs from 50% to 75%, the City's contribution for funding cost-shared programs has steadily declined. As the staff report points out, every $1 of City expenditure in Public Health results in $4 of public health services under the provincial cost-share program. Conversely, every $1 reduction results in a $4 reduction of essential public health services. Since 2010, Torontonians have lost out on a shocking $15 million in provincial funding due to the City's own lack of investment in public health.

During the relatively same time period, the approved staff complement in the Public Health Operating Budget went from 1,937 in 2011 to 1,839 in 2017, with an actual projection of only 1,750 filled positions at year-end. Again, the City is steadily losing health care funding as a result of decreasing staffing levels by nearly 200 positions.

Over the past year, Local 79 has met with the City in the hope of redeveloping a recently terminated flex-time program for our members in Public Health. Flex-time is an important resource that allows staff doing the tough work of serving Toronto communities to also care for themselves and their families through better work-life balance. This is becoming increasingly more difficult to do with short-staffing and positions being left vacant.