History of Current Budget Situation

Funding History

Pre 1998 – 75% Provincial – 25% Municipal

1998 – 100% Municipal

1999 - 50% Provincial - 50% Municipal

SARS - 2003

Federal and Provincial Reviews of Public Health Response conducted in 2004

Justice Campbell Report

"SARS showed that Ontario's public health system is broken and needs to be fixed. Despite the extraordinary efforts of many dedicated individuals and the strength of many local public health units, the overall system proved woefully inadequate."

Provincial Response to SARS Reviews Recommendations

A commitment to strengthen Public Health by increasing the total funding available for Public Health in order to improve local Public Health capacity and a commitment to increase the provincial portion of the cost shared arrangement with municipal funders.

Proposed Provincial Funding Arrangement Transition

2005 – 55% Provincial – 45% Municipal

2006 – 65% Provincial - 35% Municipal

2007 – 75% Provincial – 25% Municipal

2005 Board of Health Business Plan - Objective

To enhance local Public Health programs and services on an ongoing basis through annual Provincial grant increases with no increase in Municipal funding (using 2004 as the base year) until a 75% Provincial / 25% Municipal cost-sharing arrangement is achieved.

Board of Health Business Plan Rationale

- 1. The change in the provincial/municipal funding formula is intended to increase resources for public health to address the deficiencies identified by the Provincial SARS Response Reviews.
- 2. There is no increase in the funding allocated by either the City or the County from that designated by both in 2004.

Board of Health Business Plan - Rationale

- 3. The Middlesex-London Health Unit on a per capita funding basis is 34th of 36.
- 4. Funding increases to the Middlesex-London

 Health Unit have not kept pace with the provincial average over the past five years.

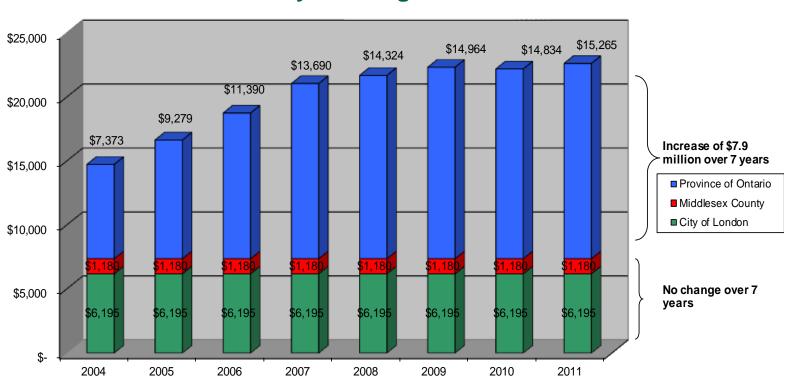
Board of Health Business

Plan - Implementation

Approved by City Council and County Council each year since 2005

Success of Board of Health Business Plan

2004 - 2011 Cost-Shared Program Funding (\$000's) by Funding Source





5% Max (Cap)

SARS

2003

