

Impact of the Social Contract on the Public Health Sector

A resolution adopted at the 1994 OPHA Annual General Meeting

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RESOLUTION

WHEREAS the Ontario Ministry of Health has stressed the need to shift the emphasis of the provincial health care system from curative services to health promotion and disease prevention; and

WHEREAS Ontario's public health units, community health centres and community-based health and social service organizations are the primary organizations responsible for the provision of health promotion and disease prevention activities at the community level; and

WHEREAS the programs and services provided by the community health sector are an essential and cost effective (compared to treatment) means of promoting well-being, preventing illness and reducing health care expenses; and

WHEREAS the Ontario government has failed to support its stated commitment to health promotion and disease prevention by reducing core funding to the public and community health sector under the terms of the Social Contract and other expenditure control measures.

THEREFORE BE IT RESOLVED THAT the Ontario Public Health Association (OPHA) call upon the Ontario government to back its stated commitment to health promotion and preventive health services by restoring the levels of funding provided to the community health sector prior to the implementation of the Social Contract; and

BE IT FURTHER RESOLVED THAT OPHA will lobby for the restoration of funding through its traditional advocacy channels, including letter writing campaigns, budget briefs to the Ontario Treasurer, direct lobbying of the Minister of Health, opposition health critics and M.P.P.s and membership awareness activities (e.g., articles in HealthBeat). In addition, OPHA will investigate the possibility of undertaking joint advocacy initiatives on this issue with the Association of Local Health Agencies (ALPHA) and the Association of Ontario Health Centres (AOHC).

BACKGROUND INFORMATION

Universal access to medical care is a fundamental value in Canadian society. On a per-person basis, Canada allocates more financial resources to health care than any other country with state-supported health

insurance (1). But equitable access to medical care is not the only means of ensuring an optimal level of health for all Canadians.

Over the past two decades, there has been a growing realization that the health status of individuals and communities is contingent on healthy social and physical environments and healthy lifestyle choices, rather than access to curative medicine (2 - 4). Health promotion and disease prevention strategies enabling people to assume greater control over the physical, social and economic factors affecting their health are widely regarded as cost effective, since they result in decreased medical care expenses by preventing illnesses arising from stressful environments and unhealthy lifestyles. The cost effectiveness of health promotion was confirmed by a recent Canadian study, which found that health promotion was a less expensive means of increasing life expectancies than spending on health care (5).

The importance of preventive health services were recognized in the strategic directions for the reform of Ontario's health care system released by the Ontario Ministry of Health in January, 1992. At that time, the Minister of Health affirmed, as government policy, the intent to "shift the emphasis to health promotion and disease prevention."(6).

In Ontario, public health units, community health centres and other community-based health and social service agencies are the primary organizations responsible for the planning and implementation of health promotion and disease prevention activities. Community health centres and other multi-service organizations in Ontario provide a comprehensive response to specific populations. Public health units are the only organizations in Ontario officially mandated to promote health and prevent disease throughout the province. Public and community health personnel work collaboratively with community groups and institutions, including literacy organizations, schools, social service agencies, advocacy groups and recreational centres, to prevent illness by fostering healthy and supportive environments (7).

In spite of the emphasis placed on health promotion by the Ontario government, community health service providers are increasingly unable to fulfill their responsibilities as a result of funding cutbacks. In particular, public health units throughout the province are experiencing unprecedented erosion in their capacity to carry out their mandate as defined by the Ontario Ministry of Health. In order to live within annual budget allocations, vacancies created by short-term unpaid absences (e.g., maternity leave, educational leave) are not being filled. At many units, this situation has resulted in unmanageable workloads and increased levels of employee stress as current employees assume the responsibilities of unfilled positions. Training budgets for dedicated professional and support staff have been either slashed or eliminated entirely.

In 1993, the ability of the public and community health sector to prevent illness and promote the health of Ontarians was further impaired by the Social Contract, the expenditure control plan implemented by the provincial government (8). Under the terms of the social contract, the salary and benefit packages of all public sector employees earning over \$30,000 per year were reduced by 4.8% if their employing organization complied with the terms of the Social Contract by August 31, 1993; the public sector organizations that did not meet this deadline had their employee salary and benefit packages reduced by 5.6%. One year after the implementation of the Social Contract, the Treasurer of Ontario, Floyd Laughren, announced that these expenditure reductions would be permanent.

Far from supporting the "shift" to health promotion and disease prevention, the provincial government has

actually instituted a permanent reduction in the core funding of the public and community health sectors responsible for delivering health promotion and preventive health services to the people of Ontario. As a result of eroded levels of support for public and community health activities, an increase in illnesses and health-related problems which could have been prevented—such as sexually transmitted diseases among high risk groups, diminished health status due to poor eating habits, tobacco-induced pathologies, premature institutionalization among seniors, and family stress and violence — can be expected.

The Ontario Public Health Association recognizes the tremendous difficulties the Ontario government faces in coming to terms with the deficit. At the same time, however, OPHA believes that it is possible to address the deficit without sacrificing the provision of essential preventive health programs and services, which, over the long term, can be expected to reduce government expenditures on health care, law enforcement and other social services. Accordingly, the OPHA calls for the provincial government to back its stated support for the “shift to health promotion and disease prevention” by restoring the level of funding according to the community health sector prior to the implementation of the Social Contract.

IMPLEMENTATION PLAN

- After the adoption of this resolution, the following activities will be undertaken to advocate for the restoration of public and community health funding lost under the terms of the Social Contract and other expenditure control measures:
- the OPHA Executive will address the issue in its annual brief to the Treasurer;
- the OPHA President and Executive Director will raise the issue during their meetings with the Minister of Health, Opposition Health critics and other M.P.P.s;
- the OPHA Board and the Public Policy and Resolutions Committee will initiate a letter writing campaign to government and opposition M.P.P.s;
- the OPHA Board will investigate the possibility of undertaking joint advocacy initiatives in this issue with ALOHA and AOHC.

REFERENCES

1. U.S. Department of Health and Human Services **Health Care Financing Review; International Comparison of Health Care Financing and Delivery: Data and Perspectives** Baltimore: Health Care Financing Administration, December 1989.
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3. Epp, J. **Achieving Health for All** Ottawa: Health and Welfare Canada, 1986.
4. Pederson, A., O’Neill, M. and Rootman, I. (Eds.) **Health Promotion in Canada: Provincial, National and International Perspectives** Toronto: W.B. Saunders, 1994.

5. Adrian, M., Layne, N., and Moreau, J. "Can life expectancies be used to determine if health promotion works?" **American Journal of Health Promotion** 8 (6), 449-461,
6. Queen's Printer for Ontario **Strategic Directions for the Reform of the Health System in Ontario** Toronto: Ontario Ministry of Health, January 1992.
7. Ontario Public Health Association **1993/94 Budget Brief** Toronto: OPHA.
8. Queen's Printer for Ontario "An Act to Encourage Negotiated Settlements in the Public Sector to Preserve Jobs and Services while Managing Revenues and Expenditures and to Provide for Certain Matters Related to the Government Expenditure Reduction Program,,: **Statuses of Ontario** Bill 48, Chapter 5, 1993.

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