

**Board of Health Manual**  
**Public Health Sudbury & Districts**  
**Information Sheet**

**Category**

Public Health System

**Section**

Public Health Funding

**Subject**

Funding Sources

**Number**

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**Approved By**

Board of Health

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**Information**

Funding for public health programs and services comes from both provincial and municipal government sources. The majority of the provincial funding comes from Ministry of Health as well as the Ministry of Children, Community and Social Services. Municipal funding is on a per capita basis.

Board of health programs and services are funded either on a cost-shared basis (provincial and municipal governments) or a 100% provincial basis. The cost-shared portion of budgets is typically about 89% of total board budgets.

Although the *Health Protection and Promotion Act* stipulates that the “obligated municipalities” in the health unit shall pay the expenses incurred by or on behalf of the board of health or the Medical Officer of Health in the performance of their functions, the Act also indicates that the “Minister may make grants for the purposes of this Act”. Notice of the grant is not normally provided to boards of health from the Ministry of Health until late summer of the current fiscal year (ending December 31 for the cost

shared budget). The Minister's policy for grants for the board-approved budget for the cost-shared program is as follows:

- 1999 to 2004 up to 50%
- January 2005 up to 55%
- January 2006 up to 65%
- January 2007- 2019 up to 75%
- January 20 – present up to 70%

For the January 2015 fiscal, the Ministry of Health introduced a new equity-based funding model which was used to allocate increased funding for the period of 2015 to 2017. As of January 1, 2020, the Ministry of Health implemented changes to the provincial funding for cost shared programs and services from 75% to up to 70% and transferred most previously 100% funded programs to this revised cost shared formula

Some programs continue to be funded at 100% by the appropriate provincial ministry. These programs are typically new initiatives that the provincial government would like to introduce. Some of these programs and services are introduced on a pilot basis only. The fiscal year varies for different budgets.

The management of public resources is subject to the same scrutiny and accountability as in any other enterprise. The introduction or continuation therefore, of Board of Health programs, must have epidemiological support or valid indication as to their need.

Medical officers of health have overall responsibility for the Board of Health program budgets. Apart from actual justification for programs, their actual execution should be carried out with maximum efficiency in personnel and resource utilization.

## **Informing Municipalities of Financial Obligations**

The Board of Health shall delegate to administration the responsibility of giving annually to each obligated municipality in the Health Unit served by the Board of Health a written notice of the financial levy that complies with the following requirements:

- The notice shall specify the amount that the Board of Health estimates, consistent with the approved budget, will be required to defray.
- The notice shall specify the amount for which the obligated municipality is responsible in accordance with Ontario Regulation 489/97 which provides that each obligated municipality in the health unit shall pay the proportion of the expenses that is determined by dividing its population, as determined from the most recent enumeration under the Assessment Act, by the sum of the populations of all the obligated municipalities in the health unit.
- The notice shall specify the times at which the board of health requires payments to be made by the obligated municipality and the amount of each payment required to be made.