

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

5 JUNE 1997

1:30 P.M.

PRESENT

Chair: M. Meilleur

Members: M. Bellemare, R. Cantin, L. Davis, D. Holmes, A. Munter, B. McGarry

Regrets: A. Loney

CONFIRMATION OF MINUTES

That the Community Services Committee confirm the Minutes of the Meeting of 15 May 1997

CARRIED

REGULAR ITEMS

RESPONSE TO MANDATORY HEALTH PROGRAMS
AND SERVICES GUIDELINES

- Co-ordinator, Community Services Committee report dated 21 May 97
- Second Draft, Mandatory Health Programs and Services Guidelines, May 1997, issued separately

Dr. Ed Ellis, Associate Medical Officer of Health, introduced the report by saying the original guidelines were developed in 1989 and were the first for Ontario. With the proposed changes, the Ministry of Health's (the Ministry's) role will be to monitor and enforce the department's adherence to the guidelines.

The Director, Adult Health Directorate, Ms. Maureen Murphy, described the process to be followed in considering the proposed changes. She asked that the Committee note the timeline for submission of a response to the Ministry, i.e., June 20, 1997.

Ms. Murphy continued by saying the Ministry is trying to assure there are more measureable outcomes and this is the rationale for the heavy emphasis on diseases. Other Ministry goals include streamlining core requirements and allowing flexibility for municipalities to deliver additional programs. The guidelines focus on protection, health promotion and a very large disease prevention component. Although departmental staff were initially alarmed by the disease prevention focus, it was decided that a very broad strategy could still be utilized in terms of health promotion.

Ms. Murphy went on to highlight the following recommended changes:

Community Health Status Information

Staff recommend changing the requirement for annual Health Status Report to Annual Update and include data on high-risk populations.

Multi-risk Factor Approaches to Chronic Disease Prevention

Health Department staff are pleased with the strengthened focus on healthy public policy for smoke-free public places and workplaces. In addition to this, staff would like to see emphasis and support for informal caregivers for seniors and children. Other changes proposed include promoting living for senior adults in the community and strengthening collaborative efforts with community agencies.

In reply to a question from the Committee Chair M. Meilleur, Ms. Murphy noted the department works with many partners to offer such programs and has started developing more mutual support networks, as well as spearheading many activities in the community.

Speaking to the issue of Stress/Mental Health, Ms. Murphy said staff recommend efforts be made to increase the percentage of youth and adults using healthy coping mechanisms to deal with change, stress and life transitions.

In the area of Tobacco Vendor Inspections, staff recommend changing the frequency of inspection to once yearly as opposed to quarterly. In reply to questions from Councillor A. Cullen, Mr. Al Raven, Director, Environmental Health Program, said there is no requirement for this type of inspection, although it is done once a year and is basically a check for proper signage. Many establishments that sell cigarettes are low-risk food establishments, and it is felt time would be more wisely used on surveillance and inspection of businesses that are not in compliance.

Injury Prevention

Ms. Murphy indicated staff were pleased to see this section has been strengthened with the inclusion of substance abuse prevention and community initiatives and would like to see intentional injuries included as part of this goal.

Dental Programs

Ms. Murphy noted that references to dental programs are scattered throughout the document, and there is added emphasis on oral cancer. The second draft also increases the guideline specificity for the Children in Need of Treatment (CINOT) Program, and implications of this change are outlined in Appendix 1. Departmental staff have asked that the Ministry be more specific in terms of outcomes expected in this area, and believe that, because of the increase in flexibility, the regional dental program is good.

Committee Chair Meilleur asked whether the Health Department was doing anything about having dental care covered by the Ontario Health Insurance Plan (OHIP). She pointed out that serious diseases often start because of poor dental health. She expressed the view that dental care is seen as a luxury when it is not and poor dental care leads to more expensive health services being required in the future. Chair Meilleur said she felt the working poor should also be targetted, not only persons with low income, as there is much the former cannot afford.

Councillor A. Munter said he had wanted the Committee to review the guidelines to allow discussion on the issues of social action and advocacy. He expressed the view the first determinant of health is wealth and he inquired where the department was recommending dealing with low income populations and the links between poverty and ill-health. He suggested the department be more oriented towards undoing the damage done by cutting dental care for adults. In addition, the Medical Officer of Health should be advocating for a national pharma-care program, emphasizing why it is important for the health of the community that such a program be in place.

In reply to further questions about the availability of dental care, the Director, Child and Adolescent Directorate, Ms. Claudette Nadon, indicated it is available to all children who need it. It is done through screening of children in low income areas and through reviews of CINOT records. Chair Meilleur suggested there may be a need to improve communications regarding the availability of this program.

Reproductive Health

Staff recommend a reduction in the incidence of babies with fetal alcohol syndrome by 20% by the year 2010.

Child Health

Departmental staff are pleased with the strengthened role of community partners and the range of strategies to educate parents and caregivers. Further recommended changes include adding home visiting services for families at risk of difficulty in caring for infants and collaborating with community partners to identify programs to minimize the health effects of children living in poverty.

Ms. Murphy said staff recommend adding the objective of preventing violence against children by collaborating with community partners to foster environments which decrease intentional violence against children. Councillor R. Cantin asked whether good mechanisms are in place to identify and stop violence against children, and what is the role of the Public Health Nurse in this regard. Ms. Murphy replied the department's role tends to be in prevention and in supporting families at risk, not in treatment. Ms. Nadon added that Public Health Nurses have an obligation to report incidents to the Children's Aid Society and can also work collaboratively with the child and family.

Infection Control

Staff recommend removing barbershops and beauty salons from inspection requirements, except where a clear rationale exists, and adding tanning studios to mandatory inspections.

Tuberculosis Control

Staff recommend further strengthening by putting the emphasis on screening specific, high-risk populations.

Vaccine Preventable Diseases

In reply to a question from the Committee Chair about inspecting premises where there have been problems with vaccine spoilage, Dr. Ellis said surveys have shown that only 5% of surgeons/physicians' refrigerators are not working properly. Staff feel it would be better to follow-up where spoilage occurs regularly as opposed to inspecting the other 95% where there are no problems.

Ms. Murphy concluded her presentation by saying staff believe they have addressed mandatory policy issues relative to the guidelines and she expressed the view the recommendations put forward will strengthen the document, if adopted by the Ministry.

The following provides a summary of the proposed changes to the Second Draft, Mandatory Programs and Services Guidelines, May 1997; all references to page numbers relate to the number in the bottom, right-hand corner of the document.

Under the heading General Standards, Community Health Status Information
(Reference p. 10, May 1997 Draft)

Change requirement for annual Health Status Report to Annual Update and include data on high-risk populations.

Under the heading Multi-risk Factor Approaches to Chronic Disease Prevention
(Reference p. 13, May 1997 Draft)

Add to Objective and Requirement (p. 13)

9. Promote independent living for senior adults in the community

Add to Behavioural Objectives (p. 14)

m. Increase the percentage of the youth and adult population using healthy coping options to deal with change, stress and life transitions.

Tobacco Vendors' Inspection (p. 15)

Add to 6 a.- Change frequency of inspection to once yearly instead of quarterly.

Add to Requirement 13 (p. 18)

Education and support of informal (lay) caregivers

Add the following Requirement (p. 19)

16. *The Board of Health shall establish and maintain collaborative partnerships with community agencies and groups to support community-wide, multiple risk factor, chronic disease prevention programs.*

Under the heading Injury Prevention

(Reference p. 21, May 1997 Draft)

Include intentional injuries as part of Injury Prevention Goal

Under the heading Reproductive Health

(Reference p. 25, May 1997 Draft)

Add the following Objective:

3. *To reduce the incidence of babies born with fetal alcohol syndrome by 20% by the year 2010.*

Under the Heading Child Health

(Reference p. 29, May 1997 Draft)

Add to Objectives:

4. *Collaborate with community partners to identify and implement effective programs to minimize the health effects on children living in poverty.*
5. *Collaborate with community partners to foster environments which decrease intentional violence against children.*

Add to Requirements and Standards:

1. d. *home visiting services as strategy for families at risk of difficulty in caring for their infants.*

Under the heading Infection Control

(Reference p. 41, May 1997 Draft)

Under the heading Requirements and Standards, Point 5, remove mandatory inspection of barbershops and beauty salons if no clear rationale exists. Add tanning studios to mandatory inspections.

Under the heading Tuberculosis (TB) Control

(Reference p. 45, May 1997 Draft)

Change Requirement 2(d) to read:

Promote the screening of persons in high risk groups, and assessment to rule out active TB in those testing positive, through education of physicians and selective group screening programs.

Under the heading Vaccine Preventable Diseases

(Reference p. 46, May 1997 Draft)

Under the heading Requirements and Standards, Point No. 4, add:

The Board of Health shall promote and provide Hepatitis B vaccine to all high risk groups in collaboration with other health care providers.

Change Requirement 8(b) to read:

Inspect all premises where vaccine is stored when there is a possible or definite problem and conduct an annual random sample survey of physician/clinic refrigerators to identify problems and determine the need for more comprehensive annual inspections.

Dental Program

(Reference Appendix 1, p. 49, May 1997 Draft)

Add to Ontario Ministry of Health Protocol for Provision of the CINOT Program:

- 3. Specify dental health outcomes of CINOT program and increase flexibility in how goal is achieved (e.g., existing RMOC program).*

CARRIED

Further to this, the following Motions were considered:

Moved by D. Holmes

That the Community Services Committee recommend Council approve that the proposed changes to the Mandatory Health Programs and Services Guidelines (Second Draft - May 1997), as outlined, be included in the Health Department's submission to the Ministry of Health, Public Health Branch.

CARRIED, as amended

Moved by A. Munter

That the Ministry of Health be advised that Council is concerned that the Draft Guidelines are too narrowly-focused on disease groups and neglect the important role for public health units in advocating for public policy that promotes health (i.e., accessibility of medication and dental care, gun control, policies to prevent child poverty).

CARRIED

Moved by A. Munter

That the Health Department recommend that the Draft Guidelines be amended so as to incorporate issues relating to the known link between health status and adequate income.

CARRIED

2. **SOCIAL SERVICES DEPARTMENT PRIORITIES FOR 1998 PROJECT (ONE-TIME) GRANTS**

- Commissioner, Social Services Department report dated 16 May 97

That the Community Services Committee approve the following priorities for the 1998 allocation of project (one-time) grants:

1. **Initiatives which impact positively on reducing poverty and its effects;**
2. **Initiatives which reduce homelessness or provide services to people who are homeless;**
3. **Services to ethnic and racial minorities and aboriginal groups.**

CARRIED

3. REQUEST FOR CHILD CARE CAPITAL FUNDING

- Commissioner, Social Services Department report dated 21 May 97

The Social Services Commissioner, Dick Stewart, reminded Committee members that capital grants to two community-based programs were approved in January 97, as well as a capital grant to a proposed centre in Kanata in March 97. He indicated that the Ottawa Board of Education (OBE) has made the decision to redevelop the Hilson Avenue Public School and departmental staff recommend that operation of The Children's Centre continue at that location.

The Director, Child Care Services Division, Ms. Gayle Preston, added that the recommendation is for \$960,000 from the Child Care Contingency Fund: the Children's Centre Board has agreed to raise \$260,000 and to cover relocation costs.

Councillor R. Cantin asked whether the agreement for this project would contain a clause protecting the RMOC's investment, similar to the Kanata situation. Ms. Preston indicated this would be part of the legal agreement with the Centre. Commissioner Stewart said that, as the OBE is contributing the land for the site, it will retain ownership of the land. Regional staff will seek assurance from the OBE that its decisions will be binding on any successor. He added there is precedence for this type of condition and he assured the Committee staff would do everything it legally can do to ensure that public funds are utilized for a child care centre in perpetuity.

Councillor Cantin inquired whether funds would be set aside for maintenance purposes, again as protection for the Region. Mr. Stewart said he understood the physical facility will be owned by the Children's Centre and any long-term minor capital or capital improvement will be the responsibility of that Board. He indicated staff will be presenting a report on a proposed policy on capital and infrastructure maintenance for child care facilities at the next meeting.

The Committee heard from Mrs. Eleonore Benesch, Executive Director, the Children's Centre, who introduced Ms. Elda Allen, Trustee, Ottawa Board of Education and Ms. Joanne Mack, Treasurer, Children's Centre Board. Mrs. Benesch asked that the Committee support the recommendation for capital funding. She praised departmental staff, saying they have done a careful and thorough examination of the facts. She noted that, while it has been stressful to work on this issue, it has been gratifying to know that Ottawa-Carleton has the kind of politicians and bureaucrats it has, individuals who have both heart and logic and can apply both to a situation.

Mrs. Benesch went on to say ing that a number of outstanding issues have been resolved since March 20th, the most important being the OBE's decision to proceed with the demolition and reconstruction of the Hilson Avenue Public School. The speaker described the close links and the partnership between the Children's Centre and the OBE, saying it has been beneficial for all concerned for the past 18 years. She concluded her presentation by saying that everything the Centre does is done to strengthen the community and the social fabric of society. The past few months have shown that senior levels of government are far removed from the actual lives of people and it is the local level that will stand up for children and families.

Ms. Elda Allen, Trustee, Ottawa Board of Education, reiterated that the Board's relationship with the Children's Centre has been a positive relationship. The Board feels that supporting young families is very important, that children are important, and that this project, started by the community, is important to the community. She added money will be saved by doing both the school and the child care centre at the same time, and there will be less disruption for families.

In reply to a question from the Committee Chair, Ms. Allen said there is no School Breakfast Program at Hilson School, however there may be a need for one if conditions in the community persist. She spoke about the Focus on Future Schools and Focus on Future Children being in every OBE school. Chair Meilleur cited figures from a national report which indicate a 20% increase in demand in food banks; generally, children are the most affected and hunger affects both their learning and their progress.

Councillor L. Davis spoke about there being hidden poverty and a severe mix of housing in the area of Hilson School. She asked whether representatives could comment on some of the circumstances in the Children's Centre. Mrs. Benesch said children are taken in on a first-come, first-served basis, without consideration of the financial status of their families. Children from different backgrounds play together and form friendships that last and this is strengthening the fabric of society.

Joanne Hunter, Child Care Council, said the Council unanimously supports the Children's Centre request, as it is a well-established, efficient business that has had a long and fruitful relationship with the field of education. Ms. Hunter spoke about the split between education, child care and the social services field, noting a terrible situation is happening and families are being put into jeopardy because of this split. She said a child's emotional security and health can be put at risk by decisions made by separate entities: as the Children's Centre provides service on a school site, its clients receive stable, consistent, year-round care. Ms. Hunter said it is imperative that the community support the survival of the centre so it can fulfill its service to present and future children and because the community cannot afford to lose it.

Cynthia Magloughlin, President, Ottawa-Carleton Child Care Association, indicated the Association supports funding from any source to allow the Children's Centre to continue its work. She noted the situation at the Children's Centre is probably the "tip of the iceberg", as there are all kinds of capital costs and expansion needs in the community. With the lack of provincial funds the community is facing a looming crisis which will need to be addressed. The speaker indicated the Children's Centre is a well-respected, efficient, well-run facility that meets the needs of children in the community; similar programs should be in every school and in every community.

Responding to a question from Councillor Cantin, Ms. Magloughlin stated that, up until this time, agencies were not permitted to build into their per diem rates, costs associated with capital repairs, nor were they able to write-off certain expenditures. The absence of capital funding at the provincial level will mean that agencies will have to negotiate whether they can build something into the per diems to cover these costs.

Commissioner D. Stewart commented that the last point raised by Ms. Magloughlin is one of the fundamental issues that staff, the community and Council will need to grapple with when developing a capital policy. He pointed out that the Province has not stated it would fund 80% of capital costs through per diems, and is unlikely to make such a statement. He assured those present that the capital policy to be brought forward will be a work-in-progress, capable of being adjusted as the Province adjusts its policies.

Councillor Davis thanked the child care community for its support for the Children's Centre and she called the partnership between the Region and the community an important one. Councillor D. Holmes added her congratulations to the community and to the OBE for its hard work in combining schools and child care facilities. She also thanked the Board of the Children's Centre for raising its share of the costs.

That the Community Services Committee recommend Council approve:

- 1. A capital grant to The Children's Centre comprising 80% of the total construction project costs to a maximum of \$960,000 for the reconstruction of the child care facility; and**
- 2. That \$960,000 be transferred from the Child Care Contingency Fund to the Child Care Capital Reserve Fund for this purpose.**

CARRIED

Councillor L. Davis asked that Council be requested to waive the Rules of Procedure and consider this item at its meeting of 11 June 97, due to the urgency of the matter.

4. 1997 PER DIEM AND ADMINISTRATION RATES FOR COMMUNITY CHILD CARE AGENCIES

- Commissioner, Social Services Department report dated 13 May 97

By way of a preface, the Social Services Commissioner, Mr. D. Stewart, said this is the second year where per diem rates were finalized pursuant to policy decisions regarding the 707 Jobs Ontario spaces and finding long-term strategies for efficiencies in the child care system.

The Director, Child Care Services, Ms. Gayle Preston, began by congratulating both departmental staff and the agencies for the amount of work done in getting to this point. She expressed the belief there is general agreement that agencies will need to be cost-effective in delivering services and will need to operate in this way for the next few years. She drew attention to the recommendation to earmark up to \$100,000 from the Child Care Contingency Fund to assist some agencies with costs associated with implementing long-term strategies. She indicated that requests were received for additional spaces to maximize group size, and funds have been included for approximately 77 new spaces, subject to further discussion with the agencies involved. Ms. Preston noted staff will be looking at the issue of redistribution in the next few months, thereby providing another opportunity to deal with outstanding issues in this regard.

Ms. Preston indicated that the Province has modified its cost-sharing method, and this has resulted in \$1.2 million in additional revenue to the RMOC. Most municipalities view this as a one-time occurrence because of the expected changes in the child care system in 1998, however it does provide the ability to fund certain capital projects with slightly less concern for their overall impact on the Contingency Fund.

The Committee Chair, M. Meilleur, thanked the child care community for its co-operation in maintaining the 707 Jobs Ontario spaces and for their continued partnership with Committee and Council. Councillor D. Holmes asked to be provided with a list of names of agencies that have indicated they have been able to do more with less funding. Councillor R. Cantin suggested the list be provided to all Committee members.

Moved by D. Holmes

That the Community Services Committee recommend Council approve:

- 1. The per diem and administration rates for community child care agencies as presented in the column entitled 1997 Final Rates of Schedule A retroactive to 1 January 1997;**
- 2. That \$193,859 from the contingency fund be used to achieve the savings required in 1997 to maintain the Jobs Ontario spaces; and**

3. **That \$100,000 from the contingency fund be used to assist some programs with one-time conversion costs associated with achieving the long term strategies.**

CARRIED

INFORMATION PREVIOUSLY DISTRIBUTED

1. 1997 Recreational Waters Recommendations
- Medical Officer of Health memorandum dated 05 May 97

Councillor A. Cullen spoke about the correlation between the “10 mm rainfall standard” and the requirement to close public beaches and he pointed out there is a weak correlation between the standard and bacteria levels that exceed provincial standards for healthy water conditions. He pointed out that, had the standard been used consistently in 1996, Britannia Beach would have been closed for 6 days when there was no high bacteriological count and it reached the provincial standard on 14 days. Councillor Cullen said he did not think the department should continue with past procedures and he suggested it may be time to try to generate renewed interest in this matter.

The Associate Medical Officer of Health, Dr. Ed Ellis, noted that the public health laboratory has confirmed no rapid screening tests exist. In reply to a question from Councillor L. Davis, Dr. Ellis said it is difficult to establish absolute rules for closure, as many factors contribute to water conditions. He noted that staff have re-analysed the Britannia data, and found that laboratory error accounts for 17 of the 21 days when the level was over 100. Another important factor is whether or not it is raining and this information should be included in the report. Councillor R. Cantin suggested the National Research Council be asked if they can assist the Health Department with further research in this area.

Moved by A. Munter

That staff investigate more timely testing procedures for water quality at recreational beaches in the urban area (i.e., Britannia, Mooney’s Bay, Westboro beaches) and report back to Committee on this issue and /or other measures to ensure public safety.

CARRIED

2. Update Report on Overpayments, Overpayment Recoveries and Eligibility Reviews
- Social Services Commissioner’s memorandum dated 14 May 97

OTHER BUSINESS

Ontario Disability Support Program (ODSP)

Commissioner D. Stewart informed the Committee the Ministry of Community and Social Services has issued a Press Release on the Ontario Disability Support Program (ODSP), which will replace Family Benefit Assistance (FBA) for persons who are disabled or permanently unemployable. He said it is anticipated that the Province will release details about the Ontario Works Act that will replace General Welfare Assistance (GWA) in the coming week.

In reply to questions from Councillor A. Munter, Commissioner Stewart said he was prepared to speculate that the definition of disability would be narrower than it currently is within the FBA program. It is known it will include mental illness, as well as chronic physical ailments. In addition, Ministry officials have indicated there is no intention of requiring persons who suffer from these conditions to comply with the Ontario Works regulations, although they will have the option of volunteering under that program. Commissioner Stewart also confirmed, further to comments from the Committee Chair, M. Meilleur, that there likely still will be a differential between the benefits received under GWA and those received under FBA. Mr. Stewart indicated the Committee would be provided with additional details on these matters as soon as possible

ADJOURNMENT

The meeting adjourned at 2:30 p.m.

NEXT MEETING

3 July 1997

CHAIR

CO-ORDINATOR