

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

11 FEBRUARY 1999

9:00 A.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, W. Byrne, R. Chiarelli, C. Doucet, L. Davis, D. Holmes,
H. Kreling, A. Loney, M. McGoldrick-Larsen

CONFIRMATION OF MINUTES

**That the Community Services Committee confirm the Minutes of the meeting of
14 January 1999.**

CARRIED

1. 1999 DRAFT OPERATING ESTIMATES, COMMUNITY SERVICES COMMITTEE
- 1999 Draft Operating Estimates and 1999 Draft Capital and 10-Year Forecast -
Documents previously distributed

Social Services Department

The Social Services Commissioner, Mr. D. Stewart, began his presentation by saying the 1999 budget proposes expenditures of \$429 million gross, \$129 million net. He noted expenditures are up almost exclusively because of the transfer of Sole Support Parents from the Province to the RMOC.

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- Notes. 1. Underlining indicates new or amended recommendations approved by the Committee.
2. Reports requiring Council consideration will be presented on 24 February 1999 in Community Services Report 26.

The departmental budget does not propose any service reductions nor any reductions in funding to purchase of service agencies. The Budget Sub-Committee has recommended reductions of approximately \$6.5 million, achieved through increased subsidy from the Province (\$2.25 million), decreased caseload (\$500,000), cuts in Purchased Services (\$104,000) and \$732,000 less in program delivery costs.

Commissioner Stewart spoke about the caseload, noting that the projected average, 30,000 cases monthly, includes the sole support parents formerly with the Province. He pointed out that the overall trend has been downward since the Fall of 1995. There were changes in 1998 because municipalities now have to pay their 20% share of the Ontario Disability Support Plan and other supplementary benefits, including drug plans. The cost per case for the Ontario Works Program has gone up substantially because of the fact there are more sole support parents on the caseload while clients who left were mostly single persons. The transfer of sole support parents will be an issue in 1999, as well as the increase in costs and demands faced by community agencies, now in their 6th or 7th year without rate increases.

Mr. Stewart spoke about the National Child Benefit Supplement (NCBS) and the reinvestment of \$2.1 million in the human services area: investments will include \$205,000 in Ontario Works Child Care; \$200,000 in the Learning, Earning and Parenting Program; \$500,000 in increased grants and purchased services for a variety of agencies: the balance will be invested in employment supports and strategies. He reminded those present that the Ontario Trillium Fund now contains \$100 million and he indicated departmental staff would be pleased to provide details and assist agencies in this regard.

Commissioner Stewart highlighted a number of issues that will be coming forward in the course of 1999: these include the final report of the Task Force on Poverty, the Success by Six Initiative, and the department's report on homelessness.

Speaking to the Child Care budget, Mr. Stewart indicated that spending in the amount of \$55.5 million gross, \$14.4 million net is anticipated. This maintains all subsidized spaces not including spaces in the Ontario Works Child Care Program, which are part of the operating budget. The Budget Sub-Committee has called for the funding of \$1.5 million in Capital Reserves from a source different than the Child Care levy: \$800,000 from the 1998 NCBS savings and the balance from the Child Care Contingency fund and other administrative reductions.

Other increases and decreases in the child care budget will include an increase of \$622,000 for community agencies for a 1% increase in per diem rates, as part of the 1998 budget and currently being annualized. As well, an additional \$310,000 will be required for 1999 to meet the obligations, under the Pay Equity Act, for agencies to provide a 1% increase to their staff. The departmental budget does not contain any provision to cover the rate increase of 2.1% approved by Council in 1998 and the 1999 budget is under-funded by \$95,000 to meet this commitment.

Commissioner Stewart informed the Committee that the Child Care Reserve Funds comprises the following: the Contingency Reserve fund, \$1.7 million and the Capital Reserve, \$3.3 million; there are outstanding commitments in the order of \$400,000 for a net of \$2.9 million. He spoke about a number of emerging issues for 1999, i.e., dealing with the impact that school closures will have on some child care programs, rent increases being charged by the Boards, especially the Ottawa-Carleton District School Board, and anticipated significant requests for capital funds to help some of these programs relocate; as well, staff anticipate other requests for capital funds not related to school closures.

Delegations

The Committee heard from Mr. D. Glass and Ms. Liane Swanlund, representatives of the Coalition of Community Health and Resource Centres. Mr. Glass requested an increase of \$150,000, an increase of 2.4%, to assist the centres in meeting the increasing needs of their clients. Ms. Swanlund said the Coalition reaffirms its commitment to individuals and families, to offer them quality health and social services. In 1998, the Region provided slightly of \$3 million and this represents approximately \$30 per person. Ms. Swanlund posited that the Region, just as the Province, has “downloaded” services to the Centres without providing sufficient funds to meet increased demand. Mr. Glass added the Centres want to respond through expanded capacity, to handle new initiatives and to extend coverage throughout the Region, as well as to ensure their survival: an additional \$150,000 will help them achieve their goals.

Pat Connolly/Maxine Stata, Day Programs

Ms. Stata recalled that Council has declared homelessness a national disaster and Day Programs provide a vital component of front line services to the homeless and to those at risk of becoming homeless. If the RMOC is committee to provide funds, these must be adequate. Ms. State pointed out that, for the past 6 to 7 years, the programs have requested, but have not received, increases in core funding. The clientele served is expanding to include the working poor and there has been an increased demand for telephone support. Staff are being stretched to the limit and cannot continue to provide the quality of service Council has come to expect without consideration of increasing budgets.

Pat Connolly said day programs provide the most cost cost-effective street level intervention in the Region, welcoming up to 1000 visitors a day. Maintaining programs has been a struggle, especially with the additional difficulties inherent in a population in critical need and largely as a result of cuts to social programs over the past few years. This, in addition to the day to day issues of poverty has had a tremendous impact on the delivery of service. Day programs have been working closely with the Region on the development of a contract that has identified ways to clearly distribute day program allocations and have identified a core funding minimum. Ms. Connolly asked that the Committee consider increasing funding to allow all programs to operate at the core funding level. An additional \$50,000 would bring all programs to the level identified as minimum.

Alison Dingle, Chair, Centretown Emergency Food Centre

Ms. Dingle, speaking as the Chair of the Centretown Churches Social Action Committee, a group of 24 Ottawa churches representing 7 denominations, described the centres' clientele and spoke about the large numbers of referrals to meal programs, housing help, employment services, drop-in centres and programs run by the Community Health and Resource Centres. She asked that the Committee recognize the importance of these programs for the most vulnerable of citizens, saying every service funded enhances the quality of life of these persons.¹

Greg Joy, the Ottawa Food Bank

Mr. Joy said the Food Bank provides for 78 agencies in Ottawa-Carleton and West Quebec, serving 30,000 persons per month on average, 42% of whom are children. The annual value of food provided is estimated at \$8 million. The 14% received from the Region represent 1% of total annual revenues for the Food Bank. Mr. Joy indicated that the City of Ottawa has withdrawn all support, contributing to a drop in total support from \$125,000 to \$11,350 dollars. The City provided a cash grant of \$12,500 and also provided a building, and paid for heat and hydro, representing \$85,000, conservatively. The Region provided a cash grant of \$28,000 which has now been reduced to \$11,000. Mr. Joy said the Food Bank now has to find other premises and will have to pay heat and hydro, averaging in \$66,758 of new costs. Eighty-nine percent of those supported live in Ottawa-Carleton and the Food Bank requests \$50,000 to offset the new costs.

In response to questions from Councillor D. Holmes and Chair A. Munter, Mr. Joy indicated he would be prepared to assist in any way to get the Province to pay its fair share of downloading costs.

Ms. Jayne Huntley, President, the Distress Centre Board, introduced Mary Stern, the Executive Director. Ms. Huntley described the services offered by the Distress Centre. She noted that all three major funders have made significant reductions to their contributions. The Distress Centre has requested \$25,000 in comparison to \$18,000 in 1998 to ensure its survival. In December 1997, it was announced that the Youth Line service would be cancelled and a request for emergency funds was made to the United Way. The Community Foundation was able to respond to an urgent request with a grant to help increase volunteer recruitment. Ms. Huntley pointed out that sustaining a high quality service for 24 hours a day requires ongoing recruitment and training of at least 60 volunteers annually and this will not be able to continue with the current funding. The Board will proactively examine how to increase its base funding but can only do so if the survival of the agency is not in question: all major funders must address this question. The Distress Centre is celebrating its 30th anniversary in 1999 and has passed the half million mark in total calls taken; the centre currently handles over 20,000 calls each year. Ms. Huntley expressed the view it is not in the interest of the community to have the service

¹ The complete text of this presentation is on file with the Committee Co-ordinator

disappear and she said she hoped the Committee and regional staff would help in developing a solid funding base for the Centre.

Kevin Kinsella thanked the Committee for trying to maintain direct services notwithstanding the cuts made by the Province in all areas. He urged Council to go after the \$32 million it is entitled to from the Province, before more drastic cuts are made.

Luc Ladouceur Executive Coordinator and Lucie Allard, Board Secretary, Social Planning Council

Mr. Ladouceur provided information on socio-demographic and economic trends observed in the Region. He spoke about a number of reports, such as the Golden Report on Homelessness in Toronto and the 1998 Report Card on child poverty which point to the fact that things aren't improving for everyone. He noted there is growing income disparity and a serious breaking of the social safety net. Many jobs require highly-skilled workers and the number of persons on social assistance is decreasing.

Ms. Allard spoke about the loss of regional funding continuing to erode. The downloading of responsibilities from the federal to the provincial to the regional governments continuing to be behind many of the social changes. She asked that Council not abdicate its taxation powers in order to be in a position to deal with its responsibilities.²

Ms. Diana Carter, Big Sisters of Ottawa-Carleton

Ms. Carter said it is a positive sign there are no significant cuts to social services in the present climate. She pointed out it has been four years since the last increase to Big Sisters budget and this will have an impact in the future. Important work is being done collaboratively by many organizations and many important partnerships are being spawned. Carrie described the Girls' Night Program which in 1998 served 108 individual girls from 6 to 12 years old with a total of 609 visits. The goal for 1999 is to have 800 visits and to serve 150 girls. The program looks to increase participants' self-esteem and to increase their physical and emotional wellness, to then take these to their families and communities.

The Committee heard Cathy Bainville, Margie Cunningham, Maurice Groulx and Donald Schultz, four persons served by Citizens' Advocacy of Ottawa-Carleton. The speakers praised the assistance received from their advocates, several of them mentioning they could do nothing without this help. Ms. Shirley Ann Morris, a volunteer advocate for almost 15 years, said she has not only been able to provide assistance to her protégés but has also benefited by learning a great deal about disability; she has also help educate others along the way. Citizens' Advocacy is celebrating its 25th anniversary in Ottawa this year; there are currently 100 persons waiting for volunteer advocates.

² The complete text of this presentation is on file with the Committee Co-ordinator.

Ms. Joan Gullen, speaking as Chair of the Joint Grants Allocations Committee, urged the Committee to protect this item in the budget. The purpose of the program has been to support innovative, grass-roots programs in the community, and has been the source of very creative programs over the years. Ms. Gullen indicated that 161 applications were received for the 1999 granting year, totaling almost \$3 million in funding requests. This is the result of downloading and public policy changes that have brought pressure to the community to respond to emerging needs. Ms. Gullen concluded by saying that purchase of service grants are extremely cost effective and she asked that the Committee consider this when looking at expenditures and compare it to the cost of responding in other ways.

Councillor C. Doucet, the Committee's representative on the Allocations Committee, praised the work of the Allocations Committee, saying they worked long and hard to evaluate the requests received. He suggested that, for the year 2000 program, the task of representing the Committee be divided among Councillors. Ms. Gullen added that an enormous amount of sensitization flows from this process..

Mr. Nicholas Patterson, an economist, began by saying he has somewhat of a different view to present, noting that the Region's taxes are already the highest in the country according to leading surveyors of municipal taxation. Taxes are 50% higher than the average of sixteen cities surveyed. He advanced the view this raises serious questions about whether there is room for more taxation. Speaking to taxes nationally, Mr. Patterson indicated that Canada's taxes are the highest among the G7 industrial nations and there are major tax problems at all levels of government. Mr. Patterson said Canada is the most politically and economically mis-managed among the 23 OACD nations and has slipped from third richest in the world to 15th. As a result of tragic economic mismanagement, there is growing poverty and this is a national scandal. He urged the Committee to find the \$32 million in downloading through administrative economies, not through tax increases.

Councillor R. van den Ham asked that Mr. Patterson provide him with a copy of the survey cited in the presentation. The Councillor said Council is committed to try to keep taxes down while at the same time providing the needed services.

Ms. Denise Valley, Youth Services Bureau, introduced Clayton, Lauren, Karen and Maggie, representing the Youth Advisory Committee and the Youth Outreach Team and Colette McKee, who supports both teams. The youth shared with the Committee what the drop-in has provided for them, a place to connect with others and with services geared to them. The point was made that, in order to continue deriving benefits from the Youth Drop-In, a certain stable level of funding is required.

Linda Lalonde began by saying she could not believe the Committee is trying to find \$32 million from the Region's budget rather than telling the Province the money could not be found. She pointed out that Council's Motion was to "aim" to have a zero tax increase, meaning there is room for movement. While taxes may be higher than those of others, there is a higher quality of life in Ottawa-Carleton than elsewhere in Canada, particularly

for those who are the neediest. Cuts made to other regional department don't support programs that help people live good and healthy lives.

Shirley Wagschal told the Committee she has benefited from Special Assistance and she is grateful for this fact. The help she received has made a great difference in her quality of life. Downloading has had a devastating impact, nevertheless, there should not be cuts to social assistance. Ms. Wagschal suggested a small tax increase would be warranted, to continue providing quality of life for Ottawa-Carleton residents.

Committee Discussion

Committee Chair Munter asked for a Motion to add \$95,000 to cover the 0.8% increase in salaries to child care workers, as approved by Council in November 1998. The Regional Chair, B. Chiarelli, asked whether how difficult it would be for the department to accommodate this amount within its existing budget. Commissioner Stewart replied that the Child Care budget is tight; staff would likely look at reducing the number of subsidized spaces it funds to remain within the existing budget. He added, in response to a further question from Chair Chiarelli that, since this is funded through the Child Care levy, this would be the first place to look; if the department could use other levies, this would be more do-able.

Councillor W. Byrne asked whether the reduction in Pay-As-You-Go and the use of funds from the NCBS was an appropriate use of funds. Mr. Stewart replied in the affirmative, adding the money will be used to support the maintenance or development of the child care program.

Councillor D. Holmes said she has been an advocate of creating a reserve fund, but she had not envisaged the money would be "clawed back" from the poor to sit in a reserve fund and gain interest. She asked how the Committee could ensure these funds will focus on low income persons. Commissioner Stewart reminded the Committee that the \$830,000 will be a token amount in relation to capital requests in 1999 and beyond. One determinant will be the need for spaces to help families get off assistance and will directly help low income families. He indicated this will not be done again next year.

Councillor C. Doucet, speaking to the issue of caseload decreases, asked what would happen if there are increases. Commissioner Stewart pointed out that almost \$1.9 million has been reduced from the original draft estimates. Should the caseload increase, Council will be obligated, under the Ontario Works Act to provide assistance. For this reason, departmental staff take it very seriously estimates are prepared. He reiterated it has been difficult to make predictions in 1999 because of pressures related to the ODSP and to the transfer of sole support parents, but staff have done what they could to ensure protection against possible caseload increases.

Councillor McGoldrick-Larsen asked whether the Finance Commissioner could estimate the cost of maintaining services as they currently are, in light of upcoming requirements for OC Transpo, the \$25 million shortfall in the 10-year capital forecast and the need to

find \$32 million in the budget. Mr. LeBelle replied the amount would be somewhere between 10 and 20% annually.

Councillor A. Loney asked what was the full effect in 1998 on the caseload. Commissioner Stewart replied staff were relatively close to the estimates, notwithstanding the fact that the original estimates for downloading provincial costs were not reliable and some caseload decreases offset some of the increases. Staff are predicting, including sole support parents, a monthly average of 30,000 cases, compared to 32,000 or 33,000 in 1998. This translates into approximately 60,000 persons receiving assistance: combining all men, women and children, the number is approximately 92,000 persons

Councillor McGoldrick-Larsen moved the proposed reduction in program delivery costs of \$732,000: Councillor Loney moved the other reductions proposed by the Budget Sub-Committee, including a recommendation for a cut of \$104,000 in Purchased Service Reductions.

Councillor Holmes moved that an additional \$300,000 be added to the base budget for Community Resource Centres, Food Programs, Day Programs and for the Distress Centre. She noted that program representatives have seen a continuous increase in demand and have spoken about the complexity of problems faced by their clientele. Councillor Holmes said she did not believe this situation should be treated with insufficient funds. She spoke about the surpluses the federal and provincial governments are sitting on, saying this leads her to believe there is no shortage of money in the country but rather a shortage of spending on people who need it most and who are at-risk. She also put forward a Motion calling for the addition of \$95,000 to the Child Care Budget to maintain Council's commitment to the not for profit sector. Councillor Doucet spoke in support of the Motions, saying it was his view the Region cannot afford not to be a partner in these programs.

Councillor W. Byrne said she has been speaking to community groups and hearing that the Region is as guilty as the Province of downloading and of not providing sufficient funds to agencies. These organizations are stretched way beyond their resources, and face increasing demand. Councillor Byrne pointed out that the taxes of the poor are also paying for programs. She pointed out that the bulk of calls she receives are for assistance caused by changes and delays, and, for this reason, she could not support cuts that will impact even further.

Councillor H. Kreling said he was pleased to see Motions come forward to assist Community Resource Centres, an extremely component of the Region's outreach and partners in service delivery. He indicated he could also support the reductions proposed by the Budget Sub-Committee, and that he was pleased to see the Department has identified some flexibility in the caseload projections.

Regional Chair Chiarelli made reference to a suggestion from Councillor Loney about looking at additional caseload decreases to address pressures in health care. Councillor Loney explained his intent was to look at the budget from a broader level than what was

being discussed earlier in the morning. Chair Chiarelli suggested consideration of the additional Motions, which represent reasonable demands, may have to be deferred until the Committee can make a decision on the total proposed cuts. Commissioner Stewart explained staff have some confidence the caseload month over month will contain reductions, however he pointed out the department must provide its share of other programs: these are more unpredictable, and this is the reason for the department's caution.

Chair Chiarelli moved that Councillor Holmes' Motion be deferred, to be dealt with at the same time as the proposed health program cuts. This would allow a discussion of possible options to address health cuts and further discussion on the ripple effect of the caseload. Believe we ought not to undermine options to address health cuts, need further discussion on ripples in caseload.

Councillor McGoldrick-Larsen began by saying she could appreciate the presentations made today and the challenges facing the community. She said she could not stress enough her concern about the future direction of taxation, given the Finance Commissioner's estimation of increases of 10 to 20% to cover new programs such as ambulance and social housing, along with other budgetary shortfalls identified by other departments.

Councillor McGoldrick-Larsen mentioned the change in school board policies on busing, noting this will mean an increase to parents of \$500 per year, per child to cover bus passes. She expressed the view the Committee and the Department should be encouraging agencies to look for funding from sources such as the Trillium Foundation and the Community Foundation. She voiced her reluctance at approving the three proposed Motion at this time, in light of the Social Services Commissioner's comments about caseload uncertainty. In addition, the Motions call for adding to the base budget, which means the Region will be facing increases in these areas in the next budget year. She asked that the delegations look at the global challenges the Region is facing and place the Committee's decisions in that context.

Councillor D. Beamish pointed out that many agencies that are funded by the Department have accepted the fact the Region is in financial difficulty, and have not come before the Committee to request additional funds. He said he felt there was some unfairness in approving increases for the 20 or so agencies that have made representations; he asked what the Committee could expect when those other organizations discover all they had to do was come and ask, and he expressed the hope the Committee would consider this in its decision-making.

Councillor Byrne said she was offended on principle by the approach of pitting one budget against another, particularly in light of the fact the Social Services Department is always under attack whereas it is the first time the Health Budget is being threatened. She indicated she would not be supporting cuts to the social services budget because of the public outcry against cuts to health programs.

Councillor Loney clarified the Committee is not saying there should be further cuts by wanting to provide funds to other groups. He posited that acknowledging there is need doesn't mean that what is requested is provided: staff should comment on the distribution of any additional funds prior to the Council deliberations. If additional funds can be found by adjusting the caseload, staff should indicate what are the highest priorities. Councillor Loney pointed out he is not who says there must be zero tax increase; if additional efficiencies cannot be found within the budget, Council should not be afraid to pursue this option.

Having received a comment from the Legal Department, Committee Chair Munter proceeded with consideration of a number of Motions. He said he would be supporting the resolutions brought forward by Councillor Holmes. As Committee Chair, and in talking to persons working in the field, it is clear that agencies have been twice impacted, once by the Province and again by the Region. Their budgets have stagnated for years while at the same time the needs in the community have increased. The amount proposed for the 13 Community Resource Centres will represent only a small increase for each centre to help them deal with the pressures they face.

The following Motions were then considered:

Moved by M. McGoldrick-Larsen

That Program Delivery Costs be reduced by \$732,000 as endorsed by the Budget Sub-Committee.

CARRIED

YEAS: D. Beamish, H. Kreling, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5
NAYS: W. Byrne, C. Doucet, D. Holmes, A. Munter.....4

Moved by A. Loney

That \$1.5 million be reduced from Pay-As-You-Go: Child Care Capital Reserve Fund Contribution, as endorsed by the Budget Sub-Committee.

CARRIED

That \$500,000 be reduced from Social Assistance Caseload, as endorsed by the Budget Sub-Committee.

CARRIED

That there be an increase of \$2.3 million in the social service subsidy, as endorsed by the Budget Sub-Committee.

CARRIED

That \$104,000 be reduced from Purchased Services, as endorsed by the Budget Sub-Committee.

CARRIED

Moved by B. Chiarelli

That Councillor Holmes' Motion (adding an additional \$300,000 to the base budget for certain purchase of service agencies) be deferred to the afternoon session, pending consideration of the balance of the Community Services Committee budget.

CARRIED

YEAS: D. Beamish, H. Kreling, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5

NAYS: W. Byrne, C. Doucet, D. Holmes, A. Munter 4

CHILD CARE BUDGET

Moved by H. Kreling

That the Child Care Budget (pp. 144 to 160, 1999 Draft Operating Estimates) be approved, with a reduction of \$15,000 in Purchased Services, as endorsed by the Budget Sub-Committee.

CARRIED

Moved by D. Holmes

That \$95,000 be added to the Child Care Budget in order to fund the 0.8% increase for non-profit centres previously approved by Regional Council, and further that this amount be funded from savings with Child Care Fiscal Services.

CARRIED

SOCIAL HOUSING

That the Social Housing Budget (pp. 138 to 141, 1999 Draft Operating Estimates) be approved, with a reduction of \$21,000 in the Purchased Services as endorsed by the Budget Sub-Committee.

CARRIED

Afternoon Session

HEALTH DEPARTMENT

The Committee Chair, A. Munter, called the meeting to order, and he explained for the benefit of the delegations present, how the afternoon would proceed. He expressed his delight in seeing so many people participating in the democratic process and in the debate about whether there should be, after many years of cuts at all levels, more cuts to health programs.

Chair Munter called upon Dr. Robert Cushman, the Medical Officer of Health, to present the highlights of the Health Department budget. Dr. Cushman's presentation will be followed by questions from Committee members and delegations from the public. The recommendations approved by the Committee will then be considered by the full Regional Council at its meeting of 24 February 1999, beginning at 9:00 a.m. In order to hear all delegations, the five minute time limit rule will be enforced; as well simultaneous interpretation service is available.

Dr. Cushman began by saying that the Region is facing a \$32 million shortfall in 1999 and shrinking resources, and this translates directly into shrinking services. The proposed budget calls for \$969,000 in cuts to the Health Department, representing approximately 4% of public health programs. Fifty (50) full-time equivalent jobs have been cut from the Health Department over the past five years and this budget will reduce staff by another 15 positions. The budget represents a spending of 7.6 cents per day on the public's health in Ottawa-Carleton. Dr. Cushman noted as, as Medical Officer of Health, he is concerned about this situation.

Dr. Cushman went on to say that, as the Medical Officer of Health, he will make the case for public health and for continued and renewed community investment. He explained how he had been concerned that program reductions were made by a formula based on salaries, and that he had felt this would hit the Health Department disproportionately. The amount being taken out of community health at this time contributed to the department having to make painful choices about which programs should be cut. In keeping with principles established by the Corporation, only mandatory programs must be delivered and the *Public Health Act* and the *Health Promotion and Protection Act* are clear about what the Health Department must provide. Mandatory programs include: infectious disease, health hazard investigation, family health, chronic disease and injury prevention. Non-

mandatory programs can be provided where the Board of Health (Council) determines they are required to meet the needs of the population. In many areas, the needs far exceed the resources, and in the past, the Board of Health has been quick to involve the Health Department with specific program initiatives: many of these programs are now in jeopardy. The proposed cuts have left no part of the Health Department untouched; both mandatory and non-mandatory programs have been affected and mandatory programs have been reduced to their minimum requirements.

Dr. Cushman indicated that cuts are proposed in seniors programs, post partum services, home visits to moms and new babies, dental health education in the school, tobacco control enforcement, sexual health clinics, and the environmental health advocate position: management and technical support have also been cut. The implications to the community are that a more needy population has less and less institutional services and decreasing community services. Dr. Cushman said the public is concerned about the growing crisis in community health and is calling for reinvestment in this area.

Dr. Cushman spoke about public health's great successes in the past; safe water, garbage disposal. Other services now taken for granted began as public health initiatives. Public health also legitimized the role and functions of municipal governments in these areas. Both vaccination and contraception, two of the top five technological innovations of the 20th century were pioneered by public health. Other successes include addressing the major epidemics of the 20th century, heart disease, cancer treatment and injury prevention. Prevention is the domain of public health.

Dr. Cushman spoke about future challenges: chronic disease, a resurgence of infectious disease, environmental degradation and a host of other socio-economic problems; poverty, and the increasing elderly population. He posited there is ample work to be done and he wondered whether there will be sufficient resources do to this work. He then spoke about the day-to-day importance of public health in the community. Public health has an exponential impact when working with community partners such as the Community Resource Centres and the Youth Services Bureau. It is a safety net in times of crisis, whether for an elderly person in an isolated area, a meningitis outbreak or an environmental disaster. Dr. Cushman recalled the maxim about an ounce of prevention and about investing a dime to save a dollar. There is ample evidence that public health is cost-effective.

Dr. Cushman concluded his presentation by saying that the Region needs a strong Health Department to protect and promote the public's health. He spoke about the public outcry about what is happening to health service and the Region must be a partner in the evolution of the health system. He said that, as the Medical Officer of Health, he was appealing to Council to address its real mandate as the protector of the community's health.

Councillor W. Byrne asked whether there were any agencies capable of picking up some of the programs recommended for cuts. Dr. Cushman responded by saying the resources

are simply not there and no agency has stepped forward, with the exception of the Community Care Access Centre in the area of post partum services.

The Regional Chair, Bob Chiarelli, began by saying that the amount of money taken out of the health system by the Province and the amount of downloading in virtually every municipality in Ontario is close to the breaking point. In the internal process to deal with these budgetary challenges, the Health Department was asked to review its programs and expenditures and make recommendations for cuts or adjustments. Chair Chiarelli wanted to deal with some of the “painful cuts” alluded to by Dr. Cushman in his presentation. Chair Chiarelli asked for a comment from Dr. Cushman on proposed cuts to dental treatment and the accompanying impact statement which says there will be no impact on service. Dr. Cushman replied that staff are hoping, based on revised projections, that the demand for service will be reduced, affecting a saving of \$39,000.

Councillor Byrne commended Dr. Cushman on his commitment and caring for the community. In reply to a question from Councillor Byrne about reducing federal tobacco enforcement revenues, Dr. Cushman indicated that tobacco sale compliance checks were reduced from two to one annually, contributing to an 18% drop in compliance rates. This means more teens are smoking since they can more easily buy cigarettes from local vendors. Dr. Cushman continued by saying that 30 new positions are required in the Health Department to meet mandatory program requirements, particularly in the area of chronic disease prevention and tobacco enforcement. Because of budgetary constraints, the Department did not request the 30 positions and while this does not represent a cut, it does illustrate the fact that staffing levels are inadequate.

Chair Chiarelli asked whether the proposed cut to dental health education in schools could be characterized as a painful cut. Dr. Cushman responded by saying that looking at per capita expenditures in Ontario, it can be observed that the major city centres are lagging behind in public health expenditures but regional staff feel that minimum care can be provided.

Speaking to the proposed cut in support services to land ambulance staff, Dr. Cushman said that, here again, there is uncertainty and staff are proposing a calculated risk. He agreed with Chair Chiarelli that some of the proposed cuts may not be directly painful, but they still represent impacts on a number of programs.

Chair Chiarelli indicated there are a number of items projected for reductions with which he has serious problems and that will create hardship. Those cuts which truthfully can be called painful will be dealt with in a responsible manner by the Committee and by Council by the 24th of February. Chair Chiarelli said he was concerned that a number of Councillors and the Medical Officer of Health have made political statements which have created fear and anxiety among the population, and among elderly citizens.

He expressed the belief Council should be balanced in its approach, in its use of language and should not deal in exaggerations and fear-mongering.

The Committee Chair, A. Munter, pointed out that what is before Council are proposals to cut programs for newborns, for frail isolated seniors and to close down sexual health centres. He said it was appropriate to debate these matters and not fear-mongering to say it is wrong to cut these programs.

Councillor R. Van den Ham said that, in 1998, the Health Department was allocated over \$25.5 million dollars and forecast it would only spend \$24 million, leaving a gap of \$1.5 million. The proposals before the Committee represent only half this amount, meaning that all programs could be accommodated by spending the same amount as in 1998. Dr. Cushman responded by saying the principle is how much should be spent on public health in this community. The case being put forward is Council's commitment to public health and whether the envelope is sufficient to do the work.

The Associate Medical Officer of Health, Dr. G. Dunkley, clarified the figure cited by Councillor van den Ham were based on spending to June 1998. Without having seen the final figures, staff estimated where the department will be at the end of the year. There were difficult areas to project, for example the CIPP settlement had not been reached when the forecasts were made. Dr. Dunkley posited that the budget was essentially spent to a close degree. Councillor van den Ham agreed it was difficult to forecast final numbers, and yet the department has forecast painful cuts and he posited this approach could not be used both ways.

Councillor McGoldrick-Larsen asked for a comment from the Finance Commissioner on the tax increase required to meet all emerging needs of the Corporation, including ambulance service, social housing and other initiatives. Mr. LeBelle said he could refine the figure he quoted earlier in the morning to 17%. Councillor McGoldrick-Larsen said this number would give the audience an appreciation of the challenges the Committee faces in the deliberations. Chair Munter asked whether the Finance Commissioner could confirm that one-eighty-fifth of 17% would be required to raise \$1 million dollars, representing the proposed cuts, resulting in an additional tax increase of approximately \$2.50 per household. Mr. LeBelle confirmed this was the case.

Councillor D. Beamish asked if staff could explain to him how Council has "gutted" public health since the 1995 budget, and if he could be told how much money is being spent in 1999 on public health in Ottawa-Carleton. Dr. Cushman said the point was made that the Health Department has not shared in cuts in the last five years, and was experiencing its first big share of cuts. He pointed out that the department has lost 50 full time equivalent positions in the last five years. Dr. Dunkley said he would provide the Councillor with information on the direct numbers as soon as he could.

Chair Munter, prior to calling for delegations, read two Motions submitted by Councillor D. Holmes, one: that the Committee approve the draft estimates for the Health Department as presented, and the other: that health programs be funded out of assessment growth and social assistance caseload reductions to a maximum of \$235,000 to ensure the protection of health programs will not lead to a property tax increase.

Public Delegations

Senator Colin Kenny

Senator Kenny said he has lived in Ottawa-Carleton for 45 years, 30 of those as a taxpayer. He is the author and sponsor of Bill 13, the *Tobacco Industry Responsibility Act*. He pointed out that 45,000 Canadians died from tobacco-related disease in 1998. Eighty-five (85) percent of smokers make the decision to smoke before the age of 16 and typically start between the ages of 10 and 12. The federal government spends \$3 billion a year in direct health costs related to tobacco, and \$7 billion on indirect causes. There are over 700 tobacco-related deaths in Ottawa-Carleton a year, more than the deaths caused by vehicle crashes, suicides, homicides, and AIDS combined. Senator Kenny said it was his understanding the Region currently spends less than .50 cents per capita on its tobacco control program. Smoking costs to the employer total \$2,500 per year: this means that even if there are only 200 smokers, the Region's payroll will cost taxpayers more than the entire tobacco control program.

Senator Kenny described Proposition 99, initiated in California in 1987, where approximately \$4.00 U.S. is spent, per capita, with the result that smoking was reduced in the State by 37% in three years. The rate of youth smoking in California is currently 11% compared to 30% in Canada. The state of Massachusetts initiated a tobacco reduction program in 1992; over the next five years, a 40% reduction in consumption was experienced and the level of expenditure was \$6 to \$8 per capita. Senator Kenny said that Ottawa-Carleton has the opportunity to show the same leadership as that shown in other jurisdictions to achieve similar results. He asked that the Committee support the Medical Officer of Health and provide him with the tools he needs to do the job.

In reply to a question from Councillor Beamish, Senator Kenny indicated the federal government receives \$2 billion, 700 million a year in tobacco taxes yet spends only \$20 million a year to deal with tobacco-related problems: he called this situation disgraceful. He added that, for the last 18 months, he has been trying to get his Bill S13 passed, which would have provided \$4 per capita, along with a local and regional component of spending. Senator Kenny posited it makes no sense to spend \$3 billion a year on cure and only \$20 million to prevent people from smoking.

Dr. P. Hotz, Department of Epidemiology and Community Medicine, University of Ottawa

Dr. Hotz said he has worked for the past nine years in risk behaviour and risk behaviour change as they relate to major public health problems. He spoke about sexual health in the community, particularly sexual and reproductive issues and the primacy of these concerns during adolescence and young adulthood. Dr. Hotz pointed out that adolescents are becoming sexually active at increasingly younger ages and, in light of the prevalence of sexually transmitted diseases in the general population, they are increasing their risk for both sexual and reproductive problems with life-long adverse consequences.

Dr. Hotz continued by saying that rates of teen pregnancy are increasing, and pregnant adolescents are at risk for negative health outcomes during both the pre-and-post natal periods. In addition, adolescents who have children risk failing to complete high school, and will have lower paying jobs than those of their peers who delay pregnancy to a later time in their life. Local data convincingly demonstrates that rates for a number of sexually transmitted diseases are increasing on an annual basis. Dr. Hotz pointed out that, from a public health perspective, services such as those provided by the sexual health centre of the Health Department provide a valuable service to this population and access to the centre should not be reduced.

Dr. Robin Walker, Chief, Neonatal Division, Children's Hospital of Eastern Ontario (CHEO)

Dr. Walker began by saying she is well aware that decisions taken today are difficult ones and that the Region is forced to make them as a result of cutbacks from other levels of government. She spoke about the need for post partum home visits for new mothers and new babies, indicating that the length of stay in hospitals has gone from four or five days to 48 hours, and a substantial number of releases occur after 36 and 24 hours or less. Dr. Walker spoke about one of the consequences of this change, two deaths from dehydration.

Dr. Walker presented a transparency which illustrates that every age group except babies under two weeks of age has shown a decrease in emergency room visits for every year of a two-year curve. The rate of emergency room visits for infants under 14 days of age from 1991 to 1992 shows a significant increase. The increase relates to cases of newborn jaundice, a common problem with occasionally serious consequences, and which can be ascribed to parental anxiety. Dr. Walker pointed out the numbers started to tail off as a result of increased education for new mothers, particularly related to feeding. A more frightening statistic is that whereas only two babies were seen with volume depletion, the number has risen to nine or ten in recent years. This is a term used for infants so severely dehydrated that their lives are at-risk, and the number cited represents a five-fold increase.

Dr. Walker indicated that post partum visits, one of the programs slated for reduction, are not solely important for medical reasons; there are socio-economic benefits to home visiting after birth for both mother and baby. She pointed out there is a specific,

dangerous, life-threatening, potentially lethal medical condition that has dramatically increased in the community in the last five years and one of the solutions is for babies to be seen in their home settings. These babies come predominantly from certain high-risk groups of parents and are to some extent identifiable; losing home visits could result in the loss of a small number of lives but this loss of life is avoidable.

Dr. Bill James, Chair, Pediatric Centre, Past Chair, District Health Council

Dr. James began by saying it is much easier to make theoretical decisions affecting the health of the Region and the care of children from the protection of a boardroom than it is being on the front lines. He added that, as a community pediatrician, and a front line worker, he was witnessing the erosion of another part of the health care security blanket and one that affects the most vulnerable in the community. Dr. James spoke about hospital restructuring and bed closures being successful only if there is reinvestment and reallocation of health care dollars along with a back-up system of home and long-term care and access to preventative medicine. The present government has shown a bit of responsibility by allocating health care funding to the Heart Institute, cancer care, dialysis, pediatrics and adult diabetes and by approving the re-utilization of the Riverside Hospital for ambulatory services.

Dr. James continued by saying that the early discharge of infants after 48 hours along with their mothers and the proposed cuts to the post partum care program will result in a widening of the two-tier health care system. Some parents don't know when their babies are sick and when to go to the hospital to get proper care. Dr. James said the number of re-admissions to Emergency Rooms has to be kept down where high-risk babies are concerned.

Dr. James expressed the view it is short-sighted and a step in the wrong direction to reduce sexual health centre hours. Teens who use this service tend not to see their family doctors as they are uncomfortable about doing so; many physicians are equally uncomfortable at handling teens and their problems. Dr. James said that, in his view, teens need education, treatment, leadership, guidance and an appropriate environment in which these services can be delivered. He concluded his presentation by calling on all levels of government to work together and to stop blaming one another for their shortcomings. He suggested that cuts not be made unless there is a safety umbrella in place to ensure that vulnerable elements of the community are protected.

Dr. Marion McGee, Professor Emeritus, Faculty of Health Sciences, University of Ottawa

Dr. McGee said she realized the impact of downloading continues to be profound but this is a non-issue. She suggested that the \$18 billion per year spent in Ontario represents approximately \$29 per year, per person, for public health. Dr. McGee said the Region must prioritize and must consider in terms of value orientation and value ordering, the protection of the vulnerable.

Dr. McGee continued by saying the elderly are mostly healthy but vulnerable and locally, as many as 8,000 live in isolation. They experience preventable falls, and each fall represents a \$30,000 bill to the taxpayer. The Health Department programs have proven useful in preventing falls in seniors. Dr. McGee said the prevention of crisis in the elderly cannot be over-emphasized and the professional staff in the Health Department provide assessment, coordination and facilitate crisis prevention. Another aspect is the prevention of risk behaviour among infants and families. The Journal of the American Medical Society of September 1997 provides sound evidence of the effectiveness of preventative and health-promotion efforts. Investigations have noted that, 15 years after follow-up by public health nurses, there are fewer instances of child abuse, substance abuse and behaviour problems arising from alcohol and drug abuse in schools. Those families also spent less time receiving financial assistance, which is always a local resource, and there were fewer pregnancies and pregnancy-reduced hypertension. Dr. McGee said this is strong proof of the utility and value of the work done by the Health Department. She indicated that many people feel that the action and pattern a society takes in the protection of its vulnerable members is directly related to the advancement of that society.

Marion Dewar, former Mayor of Ottawa and Public Health Nurse

Ms. Dewar said that, as is illustrated by research out of MacMaster University, post partum visits can not only reduce admissions to emergency wards during infancy and early childhood, but can also help maintain a better level of health in school aged children. She made reference to the statistics provided by Dr. Walker from CHEO, saying this does not represent fear-mongering but points to the fact it is too late when babies die of dehydration. While it may not be painful to cut pre/post natal services, it becomes serious if there is no follow-up after discharge from the hospital.

Ms. Dewar spoke about tobacco programs, emphasizing the need to acknowledge this addiction usually begins in the teen-age years and to look at what it costs to care for persons who develop smoking-related illnesses. She spoke about cutting back in services to prevent sexually transmitted diseases saying this doesn't just affect young people but the health of the community at large. Ms. Dewar asked that the Committee consider the seriousness of what it is doing, and the well-being of a community that must deal with many kinds of stresses, and ensure programs to help them are a minimum part of the budget. Sustaining part of the health funding will show the Region as a leader and as a body that understands the importance of prevention

Chair Chiarelli clarified the point he wanted to make earlier was that many of the proposed cuts are administrative in nature, and by the Medical Officer of Health's admission in his impact statements, will have little impact on service. Chair Chiarelli reiterated he was concerned about some of the proposed cuts and will make every effort to restore these programs.

Councillor Beamish asked if Ms. Dewar could propose a solution to the Region's budget dilemma. She responded by saying that taxpayers have to know that downloading has had an impact, but this does not mean health programs need to be put at risk. She posited

many individuals would be willing to accept a modest tax increase to ensure services are maintained. Ms. Dewar added she would want to see a poll or a referendum on whether taxation levels or public health programs should be sustained.

Michèle Gélinau, spoke on behalf of students and adolescent who rely on the services provided by the sexual health clinics. She pointed out that for every dollar spent on preventing teen pregnancies, \$10 in medical, nutritional and welfare costs are saved. She expressed her belief that cutting funding to a program that works is completely ridiculous. She said many people believe the clinics are just another way for teens to get condoms so they can have sex, but if it weren't for the clinics, the Region's budget would have to be stretched to accommodate more teen parent programs in schools. Teens need a place where they can get information about contraception, risk and even about abstinence. Without the clinics, many young adults would not be aware of the risks and diseases they can contract if they choose to have unprotected sexual intercourse and could transmit these diseases to others. Ms. Gélinau concluded by saying that money spent on teens' health and wellness means they will be around to take care of older adults in the future. They will provide the taxes that pay for pension and disability funds, and they will make choices about cutting programs in the future.

Julianne McAleese, Executive Director, Planned Parenthood of Ottawa-Carleton

Ms. McAleese began by saying that Planned Parenthood has been serving Ottawa-Carleton for 35 years, 29 of those directly through the Sexual Health Clinics. The work continues to ensure the best sexual education and clinical services are available to the community. Clients are referred to the clinics on a daily basis because the clinic will provide clients with the best service in Ottawa-Carleton. The referrals represent 9% of Planned Parenthood's total service calls because the clinics provide specialized and unique services that are not found anywhere else in Ottawa-Carleton. The staff are extremely competent and knowledgeable. They are experts in their field, are sensitive to personal issues related to sexuality and focus specifically on promoting better sexual health practices. Clients receive information on methods of contraception, safer sex practices, testing and treatment of disease and recommended follow-up visits. Clinic staff work hard at promoting good sexual health. In Ottawa-Carleton, 15% of families are low income families: with the cost of birth control and disease treatment continuing to rise, there is a significant need for the affordable and accessible services provided by the clinics. Ms. McAleese asked that the Committee reconsider its decision to cut clinic hours, saying that limiting the hours will reduce the number of persons who can access prevention, treatment and support.

Judith Hoye and Nancy Douglas, Ottawa-Carleton District School Board

Ms. Hoye said the OCDSB is aware how difficult it is to make the kinds of cuts that are being considered. In the Board's case, as well as the Region's, the right cuts are the ones that will have the least long-term impact on the community. The cuts proposed today have a direct and long-term implication for the children served by the Board, specifically dental programs, cuts to sexual health clinics, and tobacco programs. Twenty years ago,

every school had a nurse: now the Health Department provides schools with a binder and provides service by telephone or by responding to very specific needs. To cut these services below the current levels will have a dramatic effect on the Board's ability to relate health issues and learning issues in the schools.

Ms. Hoyer described the Success by Six Program, calling it an incredible, community initiative. Multiple funders are working together to use limited dollars to make a real difference in the lives of young children. She urged the Committee not to make cuts in areas where agencies are trying so hard to make this initiative a success.

Councillor R. van den Ham asked whether school boards still provide health education. Ms. Hoyer indicated that health education is part of the curriculum from kindergarten to the secondary school level. One component of the curriculum is sexuality, and teachers benefit from the input of public health nurses who come, occasionally, and provide a lesson with a class. They are most valuable in sharing resources, in training teachers on teaching a very delicate subject, one that is often not easy to teach.

Councillor van den Ham asked whether this was not duplication of some of the work done by sexual health clinics, and whether there was not an opportunity for cost savings while providing the same level of service. Ms. Hoyer said every attempt is made not to duplicate any programming or any other initiative undertaken by teachers or by volunteers after school hours. This contributes to the fact that neither the Board nor the Region have to pay for much for services received and has eliminated duplication in many areas.

Nancy Douglas, Principal, Connaught School, began by saying that, when she first considered the proposed cuts, she had difficulty understanding what this would mean to her. When she was provided with information about the cuts to post partum services, she became concerned because her school serves a very needy, inner city community in. She said this represents just the tip of the iceberg because, at her school, everyone works hard to teach children and to give them the skills they need.

Ms. Douglas spoke about Samantha, one of the students at Connaught School. Samantha needs speech and occupational therapy and has a very short attention span; her skills and developmental abilities are nowhere near where they should be. This child has slipped through the cracks before the cuts are made. Follow-up visits by a health nurse might have made a difference of thousands of dollars in what will now be needed to help Samantha be the best she can be, given the damage already done. Ms. Douglas said the choice is a tax raise now or a tax raise later. She asked that the Committee consider the Samanthas who will fall through the cracks if programs are cut, and who will eventually need more costly help.

M. Léo Lavergne, Club 60 de Vanier, spoke about those who are senior citizens in-waiting, and about the dollars spent being multiplied through community participation. He described the activities at the Centre Pauline-Charron in Vanier, the partnership with public health nurses, noting this program could not continue without the nurses. If cuts are made to seniors' programs, there will be a direct effect on the Centre's programs.

Mr. Lavergne called Dr. Cushman's comments about prevention a timely intervention. If cuts continue to be made, the community will end up with a worse situation down the road. He suggested the dollars taken out of health be reinvested in health. He suggested there be no cuts to seniors' programs, and he presented a 300-name petition in support of his request.

Councillor van den Ham asked if Mr. Lavergne could recall what significant cuts were made in the Health Department budget over the past few years. Mr. Lavergne indicated that, while he could not be specific, he had noted there were now fewer nurses than formerly. Councillor van den Ham pointed out that, to his recollection, this was the first time the Committee was proposing cuts be made to the Health Department: other significant changes in health care were brought about through downloading on the part of the Province of Ontario. Mr. Lavergne responded by saying that, whether the cuts come from the Region or the Province, the public are saying enough is enough and that the Health Department should be a leader and maintain its programs.

Chair Munter asked whether Mr. Lavergne meant to say there have been enough cuts to all health programs, including hospitals, nursing homes, home care. Mr. Lavergne confirmed this was the intent, adding that seniors are concerned about what will happen to them and they are prepared to pay more to cover certain programs that assist them. Chair Munter pointed out that, between 1994 and 1998, 50 positions were eliminated from the Health Department, representing a \$2.8 million reduction in the department's budget.

Dr. Mary Krywulak, Chief of Dentistry, CHEO

Dr. Krywulak began by saying the dental clinic at CHEO sees over 4,000 out-patients every year. These patients are diagnosed either with nursing cavities (child sleeps with bottle and gets tooth decay) and snacking decay from inappropriate diets. These children, under the age of 15, right down to 1 year and younger, have to be treated at CHEO because there is no other place for them to receive treatment. Some suffer from oral infections, draining pustules, abnormal jaw growth and from problems caused by diseases: this does not take into consideration aesthetic problem and the attendant self-image problems they will encounter. These children need care, prevention, education and the way to accomplish this is to educate the family and the children in the schools. Dr. Krywulak said her preference would be to spend money on education, on teaching parents how to feed their children properly and how to properly care for their teeth.

Dr. Betty Craig, Director, University of Ottawa School of Nursing

Dr. Craig said that, in her capacity as Director of University's School of Nursing, a resident of Ottawa-Carleton, a taxpayer and a nurse, she is concerned about the quality of life in the Region. She put forward the view that not treating vulnerable populations with the care and respect required will affect everyone's quality of life. She mentioned in particular the frail elderly, the marginalized clients who patronize the sexual health clinics, and families with new babies. She pointed out that the proposed cuts are being made during the United Nations' International Year of Older Persons. Dr. Craig expressed her

outrage at not having a tax increase at the regional level when she will have to pay at the provincial level for the kind of health care people will need because health promotion and disease programs are being cut.

Dr. Craig spoke about the impact the cuts will have on the education of health care professionals in the Region. Initiatives like the World Health Organization's move to Health for All in Year 2000, the recommendations from the Premiers' Council and even the Hospital Restructuring Commission emphasize there needs to be more community care, prevention and health promotion. The School of Nursing has modified its curriculum to allow students to spend more time in community health and participate in real projects. Other requirements such as the Primary Care Stream, the Nursing Master's Program, the Population Health PhD and the Multi-Disciplinary PhD, all require a viable and vibrant health department, with programs in place to help students learn what they need to contribute to the health of the community. Dr. Craig concluded by saying she educates nurses to practice in a variety of settings, and she feared the cutbacks proposed will prevent her from doing her work.

Mr. Paul Hundo, Cancer Care Ontario

Mr. Hundo described the Cancer Care Ontario Regional Council, one of eight councils established across the Province to coordinate cancer care services. Locally, members include the Regional Cancer Centre, the Canadian Cancer Society, the Community Care Access Centre, physicians, community hospitals, agencies and consumers. Mr. Hundo said that, as Chair, he advocates for primary prevention and early detection of cancer. He urged the Committee not to undermine prevention by reducing public health services. Since smoking is responsible for 80% of lung cancers, and 30% of all cancers, and second-hand smoke causes 100 deaths per year in Ottawa-Carleton alone, the Committee should consider the impact of stopping young people from starting to smoke, and helping adults keep their homes smoke-free.

Mr. Hundo said the Health Department plays a critical role in prevention by reducing tobacco use, promoting healthy eating and physical activity. Programs and services in these areas not only help prevent cancer, but also help prevent heart disease and other chronic diseases such as diabetes and osteoporosis. The cost of public health services is minimal compared to the cost of treatment, and hospital services. Now that the Region is totally responsible for public health in Ottawa-Carleton, and faced with making important budgetary decisions, it will be important to place the emphasis on disease reduction.

Mr. Alex Cullen, MPP, Ottawa-West

Mr. Cullen indicated that 60% of the population he represents are seniors, and there are 4,000 public housing units in his constituency. The programs under consideration for cuts directly affect the community and the proposed cuts will be painful to that community. The Elderly in Need Program, which deals with isolated, frail seniors, is one that will be affected. It assists shut-in seniors who have little or no family, and little or no money and is vital to their welfare. The Caregiver's Support Program assists families who care for

handicapped seniors. Mr. Cullen pointed out that Home Care available through the CCAC is capped at 15 hours a week: he asked who cares for the disabled elderly discharged from hospitals if no family member is available or if no one is properly trained to look after them?

Mr. Cullen spoke about the Senior Self and Independence Program and the Owl's Nest Program, indicating representatives are in attendance today. This is a program where seniors come to talk to one another and to get guidance from public health officials. They are given activities to help keep themselves alive and well and care for one another. This is an example of a program that fights isolation and allows seniors to remain in their homes. Mr. Cullen mentioned dental health education in schools as another program which should not be cut, as well as the post partum services mentioned by several health care professionals as being necessary for young mothers and their babies.

Mr. Cullen concluded his presentation by saying the cuts are being proposed because provincial downloading was not revenue neutral as had been promised by Queen's Park. He pointed out that Council has in its hands the ability to maintain the programs that are necessary for the community and it is Council's obligation to meet the community's needs.

Mrs. Fern Carpenter, Stittsville Friendship Club, on behalf of Janet Stavinga, Mayor of Goulbourn Township

Mrs. Carpenter said she is a volunteer leader of the Active Sitting Program in Stittsville, and past President of the Friendship Club in Stittsville. At the present time there are 25 people enrolled, and an average of 17 people coming out to the program on Friday mornings. This keeps frail, non-walking persons exercising while sitting on chairs and is an important way to have active, stronger, more independent persons doing their own chores. Mrs. Carpenter described the activities at the Stittsville Friendship Club for the 300 mature adult participants. These include line dancing, carpet bowling and walking, along with active sitting. There are presentations on diets, heart healthy issues, dental care and many other subjects of interest to elderly persons. She expressed the view that active, well-informed seniors are happy people able to remain in their own homes for as long as possible. As a group, the seniors support the work of the Health Department and believe that more support is needed, not less. Mrs. Carpenter asked that the Committee consider doing the right thing and not support the recommended cuts and she circulated a letter of support from Goulbourn Mayor Janet Stavinga.

Mr. Art Manhire, Regional Heart Beat Coalition

Mr. Manhire spoke as a member of the newly-formed rural Heart Health Coalition and a member of the Regional Heart Beat Executive Committee. The Regional Heart Beat is a network of 80 partner organizations, including the Health Department, with members from across Ottawa-Carleton, both in the private and public sectors. The common goal is to prevent heart disease and to improve people's health. Mr. Manhire said that cuts to programs that serve seniors, caregivers and other needy clients are not cost-effective. Prevention, which makes up only three percent of the total regional budget, has the

potential for tremendous returns in both dollars and community help. The Region should be expanding preventative health care services, not cutting them. Heart disease is responsible for 38% of deaths in Ottawa-Carleton, and its economic impact is significant, costing Ontarians \$2 billion annually: in Canada, the direct cost of treatment represents over \$7 billion.

Mr. Manhime said it was unethical to cut services to a segment of the population such as the elderly who are among those in greatest need. Withdrawing services will result in more illness and increase costs for medical care, home care and hospitalization. The Region should recognize the cost-effectiveness of prevention by stopping the cuts, by making health care a priority and by recognizing health as a core business. In addition, regional officials should continue to fight for additional provincial dollars and do everything they can to ensure that a share of the promised federal funding for health is earmarked for prevention programs.

Michael Alan, Executive Director, United Way of Ottawa-Carleton

Mr. Alan began by saying that, at a time when organizations such as the United Way are working more closely with funders such as the Region on exciting endeavours in the community, cuts such as the ones proposed can easily be perceived as the Region stepping away from this partnership. He posited it was time to increase community investment in private/public sector partnerships, not time to step away. The proposed cuts are largely targeted and many of the groups receiving support from United Way/Centraide such as seniors, youth at risk, newborns and young mothers will be impacted.

Mr. Alan went on to say it was announced earlier that the campaign goal set in September 1998 was met and surpassed. The 1998 campaign was the best in the 66 year history of the United Way, netting \$14.649 million. This amount represents the highest increase annually, that is over \$1 million. This success was made possible by the efforts of 14,000 volunteers and more than 100,000 donors. The Regional Municipality of Ottawa-Carleton's campaign was the fourth largest employee campaign in the area, with 1990 as the Region's best ever campaign. All this support and the generosity of the public will be eroded if the recommendations before the Committee are supported today. Mr. Alan submitted that the success of the 1998 campaign should not be seen as a license for government to withdraw its support.

Nancy MacNider, Executive Director, St Mary's Home and Karen Hunter

Ms. MacNider posited that her co-presenter was likely the most important person the Committee will hear today. There are 10,000 infants born to residents of Ottawa-Carleton each year, and the Health Department is the lead agency offering post partum services and coordinating those services. As the director of an agency involved in direct community service to a vulnerable population of young families during the prenatal and postnatal period, Ms. MacNider said she was deeply concerned that cuts to postnatal services are even being considered.

Public health programs involve the assessment of community needs, intense program planning with partners and the development of strong partnerships with organizations throughout the community. Undermining the relationships that have taken time to build will negate the momentum gained by working with community groups, concerned citizens and formal and informal caregivers and clients. The Health Department is one of the very few organizations that provides a continuum of service from prenatal care through to old age. If these services are lost, others will attempt to fill the void, and some of these are for profit service providers. In a short time, the community will be experiencing a duplication of effort, a lack of coordination and an extreme lack of expertise.

The Committee heard from Jenny, who said that, after the birth of her son, she was very frustrated and almost gave up, but through the help she received from Public Health Nurses, she persevered and succeeded in breastfeeding her son. Programs such as Nobody's Perfect, the Parent/Child Information Line and well-baby drop in clinics provide support and proper information to young parents. Many young mothers don't feel comfortable asking their doctors questions because they feel they will be judged, or frowned upon because they are ignorant. Doctors do not spend their time answering questions, or don't answer questions properly. The programs are necessary for young mothers to have their questions answered by supportive, non-judgmental and teen-friendly nurses. Jenny said that if these programs are cut, the babies are the ones who will suffer the most.

Morag McKay, Director of Plan it Safe Child & Youth Injury Prevention, CHEO

Ms. McKay said injuries are the number one killer of Canadians under the age of 40, and a major cause of morbidity and long-term disability. Yet 70 to 90% of injuries could be prevented with what is known today. The issue is getting the information across to the groups who needs it the most. Unintentional injuries cost Canadians almost \$9 billion dollars between 1995 and 1996. About 40% of this cost was due to falls, and another 20% was due to motor vehicle collisions. Unfortunately, the funding for injury prevention, or the prevention of these tragedies is minute in comparison to their cost.

Ms. McKay continued by saying there are strong partnerships in Ottawa-Carleton around injury prevention while at the same time agencies are working with limited, fragile resources. The partners achieve what they achieve through their ability to pool resources and utilize one another's strengths. The Health Department is a wonderful partner this area. Most injury prevention activities involve education, or behaviour change, and this is very resource intensive work. It includes activities such as getting people to wear bike helmets, getting parents to properly utilize car seats. These are people-intensive because they involve looking at the needs of the community, developing programs, mobilizing community partners to deliver those programs, and implementing and evaluating programs. The Health Department provides expertise in education of the public, communication mechanisms, and access to existing delivery networks. In particular, the postnatal services provide first contact with new parents, and this is one area where there are a lot of injuries. The Health Department has inroads with higher risk populations such as low socio-economic communities and new immigrants. Health Department staff are

connected at the community level, and may be considered the hub of the wheel, with partner agencies being considered as the spokes. Ms. McKay asked the Committee not to weaken the hub and not to cut funds for prenatal and school programs.

Gerry Clark, Deputy Director, Ottawa-Carleton English Catholic School Board

In the 1980's, as a Ministry of Education official, Mr. Clark said he looked at school age health programs and focused on a number of strategies including community development, community mobilization and social marketing. Public Health Nurses were instrumental at that time in school level counseling, not only with students but also with families, providing information on health related subjects. Another example of Health Department/Board collaboration was the massive immunization campaign against Meningococcal infection in 1992 and the more recent campaigns against measles and Hepatitis B. The Board worked collaboratively in trying to re-focus resources to have a greater impact on pre-school as well as school-age children. The rationale behind joint programs is that health and education are intertwined: a healthy child has a greater ability to learn and a safe and healthy environment is a vital component in a child's natural development. The Health Department has worked collaboratively with all the schools in immunization promotion, and cuts to the dental health programs provided by the department will impact heavily on the school community. Mr. Clark said school boards have accepted the fact the Health Department cannot be expected to bear sole responsibility for preventative health promotion within society. This requires a concerted, partnering effort. He asked that the Committee consider that any reduction of the human and financial resources of the community will have a drastic impact on what is now happening at the school level.

Kathleen Gottfried, Executive Director, Senior Citizens Council

Ms. Gottfried made reference to copies of the Senior Citizens' Directory which were circulated to the Committee, indicating this was one of the proposed cuts made by staff. The cuts to seniors programs, including a \$25,000 grant for the Directory and the Income Tax Clinics will seriously jeopardize seniors' independence. The Senior Citizens Council's primary goal is to provide the means for seniors to remain in their own homes through access to services listed in the directory of resources. If this resource is not there, and if the Council can't refer clients to services because they have been cut, having a directory will be pointless. Mr. Hugh Burwell and Ms Helen Bell update the directory and another person works on it from her home because she is unable to get out, and this gives her a purpose, a sense she is contributing to the community

Ms. Gottfried introduced Evelyn Shore and Evelyn Towers, the coordinators of the Community Income Tax Clinics. She said these women put their lives on hold for six weeks to direct the efforts of 23 telephone volunteers and 15 clinic supervisors, all of whom are seniors.

Ms. Gottfried posed a number of questions meant to clarify the intent of a report calling for the directory to be printed in-house and for the Chief Administrative Officer to identify

another source for the \$6,000 required to run the tax clinics. She expressed the view that the Council produces the Directory at a cost of \$10,000 for 1800 copies: tenders are always called and three or four other bids come in at a far higher rate. She made reference to the Directory of Ottawa-Carleton Community Services and to the suggestion that the Seniors' Directory be combined with this document, prepared by the Community Information Centre. Ms. Gottfried said she felt this was not appropriate, as the seniors' guide is mostly a "how to" document, with information easy to find, prepared by seniors from a senior's perspective.

Chair Munter asked Ms. Gottfried to clarify whether she agrees with the report prepared by the Medical Officer of Health about alternate arrangements for printing the directory and for funding the tax program. She responded by saying that Council should maintain the \$25,000 grant for the Senior Citizens' Council and not adopt the staff proposal.

Councillor H. Kreling asked whether the Council has contacted Revenue Canada about the possibility of receiving assistance for the tax clinics. Ms. B. Lajeunesse, Executive Director, Old Forge Community Centre, spoke about the Senior Citizens' Council offering tax clinics both during the day and in the evening. Both organizations depend on a staff person to coordinate the work of the many volunteers who also need to be trained. Ms. Lajeunesse posited this is prevention as well, since the service is provided by seniors and it helps them maintain their independence. With respect to Revenue Canada, Ms. Lajeunesse said there was some outreach, but the Ministry has been affected by federal government downsizing and can only assist in a limited way.

Councillor Kreling asked if staff could indicate whether printing costs for the Seniors' Directory would be lower if it were done in-house. The Director, Adult Health Division, Maureen Murphy, said staff cannot at this time indicate whether this is so. The Chief Administrative Officer has asked that the Health Department investigate and report back on the possibility of a combined printing of the Seniors' Directory and the Directory of Community Services. Councillor. McGoldrick-Larsen asked what was the percentage of costs recovered from advertising revenues. Ms. Gottfried indicated that the \$25,000 grant does not cover the full cost of printing the directory, and that about \$7,000 comes from advertising revenues.

Dr. Wilbert Keon , Director General, University of Ottawa Heart Institute

Dr. Keon began by saying that public health programs are the foundation of Canada's health system and are, far and away, the most important programs that are offered. He pointed out that in cardio-vascular care, \$21 billion will be spent on health care across the country/ Dr. Keon said most of that is preventable since it comes from excessive smoking and, for this reason, reducing the funds for curtailing tobacco sales to minors in the Region would be short-sighted.

Dr. Keon said he truly understands the enormous economic forces confronting Regional Council, and that spending can't be increased and taxes lowered at the same time. It is

also clear that Council cannot meet all the health needs, but one thing it cannot do is reduce public health programs.

Dr. Keon indicated he has spent a great deal of his time in the last few years attempting to get the federal, provincial and regional authorities to integrate their services to look at population health, to define the problems and to deal with them. At the present time, the only instruments available to do this are public health programs and these should not be curtailed. The upcoming federal budget will see a substantial amount of money poured into the system for health care and this will help. However, much of it may be mis-directed because officials are not looking at population health and this will not happen until there is an appropriate base in public health programs.

Chair Munter thanked Dr. Keon for all the work he has done for the community and for coming to address the Committee on this matter.

Dr. Steve Feder, Adolescent Medicine, CHEO

Dr. Feder said he has headed CHEO's adolescent health program since 1991 and, for the last four years, he has been a practicing physician at the Pinecrest-Queensway Health and Community Services Centre. Both these programs address the needs of a segment of the population that is under-served when it comes to health care. The key ingredient to respond to their needs is accessibility of service. The Sexual Health Program has been driven by the desire to provide the best quality sexual health care for treatment and prevention to those most in need and who are least likely to access mainstream health care providers. They are also those less likely to be represented at the table when their needs are being threatened.

Dr. Feder continued by saying the Sexual Health Centre team's interventions are professional, comprehensive and nurturing. The team has sought relentlessly to increase accessibility for those who have difficulty making and keeping appointments, who cannot or will not wait and who mistrust traditional sources of health care. Other clients are those in the sex trade or on the street who are invariably at the highest risk. Acceptance of the most marginalized is a testimony to the centre's staff, its diligence and determination. For these reasons, now is not the time for cutbacks.

The Sexual Health Centre has always taken very seriously its mandate to train new providers, and Dr. Feder says he relies heavily on quality of this program to help mold new Residents. These Residents come back from their experience at a sexual health centre with a level of respect and understanding for the various elements of sexual health care. They gain an appreciation for the public health role played by the Health Department in the area of sexual health. He urged the Committee to revisit any decision that will affect the capacity of the sexual health centre to carry-on its vital mandate.

Dave Stinson, a caregiver, made reference to the Health Department's program "You and Your Aging Parent", which he attended for four weeks. He described his experience caring for his aging mother who had fallen and who required 24 hour care and who

eventually had to move into a nursing home. Mr. Stinson said he was shocked to hear that the seniors programs were being cut since they currently reach 1,000 caregivers each year. Caregivers and seniors will be left in a state of crisis, with deteriorating health and the unnecessary use of emergency rooms will be a consequence. The Health Department will be put in a position where it cannot respond to community requests for assistance with frail seniors or from people who have nowhere else to turn. With the increasing number of baby boomers approaching retirement age, this situation is more crucial than ever before. Nor will the Health Department be able to respond to caregivers' requests for assistance and community concerns regarding elder abuse situations. Caregivers will have fewer skills and more difficulty coping. Mr. Stinson said the services provided by the Health Department are not duplicated elsewhere in the community. He asked that the Committee consider as essential the existing programs and the staff that is there to serve the aging community, including themselves.

Lucette Lacasse from Club Patro Amité, asked that the Committee consider not making the cuts to seniors' programs, as these are not acceptable to the community. While the cuts will affect seniors' quality of life, they do not represent a real saving for governments, since major increases will be required in palliative and long-term care. Many seniors live in difficult circumstances, and need all the assistance they can get so they can continue participating in society. Mrs. Lacasse said the Committee has chosen a bad time to propose cuts in the Year of the Older Person.

Mr. Erick Fiebic, Manotick Goodfellows Club

Mr. Fiebic represents seniors from rural districts around Manotick, North Gower and Palmer Rapids. He spoke about the difference between seniors in cities and seniors in rural districts, saying those in cities have easier access to more health services than those in rural areas. He informed the Committee that he appreciated efforts to hold property taxes down, noting that seniors with low incomes will appreciate this also. However, he urged the Committee to consider the needs of seniors in rural areas to access programs that will allow them to remain in their own homes as long as possible. This will be achieved with the assistance of trained and experienced public health nurses. Mr. Fiebic posited that one ounce of prevention is better than ten pounds of cure. In Rideau Township, seniors have been found in desperate and helpless conditions which could have resulted in serious situations, maybe even in death. He asked the Committee to consider the plight of seniors in rural communities and to spare them the grief and hardships they face through reductions to seniors' programs.

Mr. Glen Brooks, Mayor, Rideau Township

Mayor Brooks began by commending the work of the Friendship Club and the Goodfellows Club and those in attendance for coming to make a presentation to the Committee. He thanked Committee Chair Munter for his concern, and Dr. Cushman for taking a stand, for putting forward points of view that Council must consider, and will consider in due course. Mayor Brooks said Rideau Township has recently completed its budget exercise, and it is true money is hard to find. However, he expressed his belief that Council will find a way to maintain the essential elements of the health program and protect them from cuts.

Mayor Brooks agreed that the key word is "prevention", and that taxpayers either pay now or pay later. He said that, as a senior citizen himself, he looked forward to the safety net being in place. Seniors are the most vulnerable and need protection at this time of their lives. It will take courageous leadership to protect these individuals. Mayor Brooks concluded his presentation by encouraging the Committee to find the necessary funds to restore essential health care services rural seniors really depend upon.

Replying to a question from Councillor McGoldrick-Larsen, Mayor Brooks indicated Rideau Township provides funding for a Senior Citizen Service Centre in Manotick, and provides assistance to food programs, as well as contributing services in kind, such as facilities that seniors can use.

Nadia Diakun-Thibault, Caregivers Association of Ontario

Ms. Diakun-Thibault began by saying that what is happening in Ottawa-Carleton may have a ripple effect elsewhere. She expressed the view there are four types of persons on the planet: those that have home caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers. Caregivers are neighbours, spouses, co-workers and constituents.

Ms. Diacun-Thibault said that cutting services to seniors will affect over 20,000 caregivers. A typical caregiver is likely to be female, between 30 and 59, married, highly educated, and engaged in the workforce. Caregivers experience depression, fatigue, frustration, social isolation, financial hardship, and guilt. Ten years from now, Committee members will be the caregivers asking politicians to walk a mile in their shoes because they have to care for an elderly father, or mother, or for a disabled spouse, with limited or no resources to pay for utilities and groceries and uninsured medical expenses.

Avril Gunter, and Norma Richardson, Community Care Access Centre

Mr.s Gunter described the work of the CCAC, a provincially-funded, charitable, non-profit organization, providing home health and support services, placement into long-term care facilities and information and referral to community agencies. Mrs. Gunter said the number of seniors who require the CCAC's assistance is expected to increase by 25% by the year 2005, from 7,500 to over 9,000. Under these circumstances, it is more important than ever for people to have access to adequate community care choices. Cutting the programs under discussion will narrow the community care options available to the community. This narrowing of options is likely to reduce the effectiveness of the over-all community care health system, and it's unlikely that the remaining institutions and programs will be able to manage the increased demand. Reducing the number of options available in the community will also limit the CCAC's effectiveness as a referral agency.

Mrs. Richardson said the programs recommended for cuts have been tailored and designed specifically to meet the health needs of Ottawa-Carleton seniors. Cutting these programs will remove the personal community focus from the community. Generic programs of health promotion may not be as effective as programs which were tailored specifically to meet the community's needs. Health promotion and disease prevention programs are essential to the overall health system. They meet important prevention, and early intervention goals. While it is sometimes more difficult to measure their impact, the evidence strongly suggests that health promotion programs effectively prevent or delay the need for more costly in-home care programs.

Mrs. Gunter spoke about the proposal to discontinue funding the Senior Citizens' Council Directory of Resources. She called this document an essential source of information to local seniors on community services available to them, and an invaluable tool for organizations like the CCAC in its information and referral functions. Speaking to proposed cuts in other segments of health programming, Mrs. Gunter said reductions in post natal programs will reduce service to an already under-served clientele. The CCAC encourages Council to consider the substantial benefits these programs bring to seniors and seniors' health in the community. If money needs to be saved, Council must find ways of doing it so as not to detrimentally effect the health of the seniors who live and contribute to the community.

Ruth Foster from the Owl's Nest

Mrs. Foster spoke about the Owl's Nest Program which, in 1997, counted 6,000 participants. The program represents an innovative partnership between the Lincoln Heights Galleria, the Health Department, and a group of dedicated volunteers. The program is open Monday through Thursday from 9:00 a.m. to 4:00 p.m., and Friday from 9:00 a.m. to noon. Programming includes exercises via active chair, mall walking, health talks, support groups, social activities, crafts, cards, peer support, community information and referrals, as well as health teaching and counseling. Owl's Nest seniors were the driving force behind the safety issue of the pathway, an initiative which brought together the NCC, the RCMP, the City of Ottawa, the RMOC, Citizens for and Safe Cycling, the Ottawa-Carleton Police and other members of the community. The Owl's Nest enjoys strong political interest from federal, provincial, regional and local politicians, and there are strong partnerships with the Old Forge, Lakeside Gardens, the Royal Ottawa Hospital, the Queensway-Carleton Hospital, local doctors, and the Pinecrest-Queensway Health Centre. The Owl's Nest doors are open to all members of the community, and all age groups are encouraged to use the centre.

Councillor Byrne thanked Mrs. Foster for her presentation. The Councillor spoke briefly about the Pathway Patrols initiative, noting it has taken hold in the community and has grown to encompass other areas of the west end. Councillor Byrne indicated that seniors have been successful in securing space in Lincoln Heights Galleria, which is currently being renovated, to continue the Owl's Nest program in the future. She said it is ironic that, while corporate sponsorship recognizes the value of this program and provide space for it, the program is under threat of being discontinued.

Tony Sirko and Major Malcolm Robinson, Salvation Army Grace Hospital

Major Robinson introduced Ms. Tony Sirko, Manager, Grace Hospital Parish Nursing Program. He began by expressing concern with the proposal to eliminate or reduce regional health programs in general, and the Elderly In Need Program in particular. At a time when the senior population is growing dramatically, it would seem that eliminating prevention-oriented programs is heading in the wrong direction, and this will result in even greater collisions with the acute care system than are currently being experienced.

Major Robinson drew a parallel between the work done through the Elderly in Need Program to work undertaken in recent years by the Salvation Army on an international level. In many developing countries, there are enormous health and social needs, and extremely limited resources. The approach increasingly being adopted by the Salvation Army in those countries is one of capacity-building, whereby personnel spend most of their time building capacity among, and within, the local people with other local resources. This builds a lasting capacity to better address community issues. Until recently, it was thought this approach should be applied strictly in the developing world but it is now recognized it can be used in the developed world. The Elderly in Need Program is an example of that approach. The elimination of the program will not so much remove two staff members from direct intervention with the frail elderly, but will remove the opportunity to build capacity within the many other organizations already involved in intervening on behalf of the frail elderly.

Ms. Sirko spoke about the Grace Parish Nursing Program and the vital partnerships that have developed with the Elderly in Need Program and partnering faith communities. Parish nursing is a unique model of community health nursing, in which a registered nurse practices in a faith community. The practice is responsive to the health care needs of the congregation, and those of the local community. It supports district health promotion and prevention initiatives, and gives voice to the link between faith and well-being. The Elderly in Need Program links parish nursing to current research, to community initiatives and resources, and helps develop a cohesive, community approach responsive to a growing concern. The partnership links individuals, institutions, health care professionals in relationships that can make a difference, and strengthen the community capacity for health.

Councillor McGoldrick asked whether this program represents an additional service in the community from a public health perspective, or whether it replaces services that were lost to the community. Major Robinson indicated that community health centres have said this is not a duplication of service since most of it is provided in the evening and on week-ends when other agencies are not readily available.

Wendy Muckle from the Sandy Hill Community Health Centre

Ms. Muckle spoke in opposition to the proposed cuts to Sexual Health Centre. She pointed out that reducing the hours of service will result in turning away people who need care and may result in increased overtime costs. While the recommended hours of service will meet minimum provincial standards, they will not meet the needs of the local community, where certain health problems have grown to epidemic proportions. The prevalence of sexually transmitted diseases among youth is alarming, and those who work with youth feel there is a crisis in this population. Many diseases have few or no symptoms at the beginning, HIV being a classic example of this fact. People seek treatment because they have a concern about risk and because it is convenient to do so at a moment in time.

Ms. Muckle said the Sandy Health Community Centre has worked in partnership with the sexual health centre for many years. She expressed concern that reductions in the hours of services at the Sexual Health Centre will create even more demand that the Sandy Hill centre will not be able to meet. She reminded the Committee that there is an HIV epidemic underway, and this disease is spread through intravenous drug use and unsafe sexual practices. Any cuts to services which provide supports to clients engaging in these high-risk behaviours can

Dr. Peter Jessamine Medical Microbiologist and Infectious Disease Consultant, Ottawa Hospital, Civic Campus

Dr. Jessamine spoke against the proposed reductions to the Sexual Health Centre, because it provides an important community support. Over 70% of the population served by the Sexual Health Centre are members at the highest risk groups for infectious and sexually transmitted diseases. The clinic has experienced an increased utilization by this risk group with a 5% increase in clinical visits between 1997 and 1998.

Dr. Jessamine said STD control and prevention programs have a positive impact on the health of the community by reducing health care costs related to public inflammatory diseases, atrophic pregnancies, tubal infertility, and HIV. In addition, these programs have the potential of reducing the likelihood of HIV infection in high-risk groups by reducing the prevalence of disease in the community. He posited it was short-sighted to believe that providing only the minimal requirements will be of benefit when this is likely to lead to increased health care costs in the future.

Dr. Jessamine continued by saying the centre has developed into an important academic resource within the community for the training of health care professionals. Several projects undertaken there have resulted in four published papers in the last three years, both nationally and internationally. It has also been used to train physicians who attend the University of Ottawa. The experience gained there is not available elsewhere in the community. Limiting the operation of the Sexual Health Centre will negatively impact on all these possibilities. Dr. Jessamine asked that the Committee reconsider its proposal to reduce the centre's hours of access.

Lynn Sherwood, Child Poverty Action Group

Ms. Sherwood said she was horrified at the idea that public health programs would be affected and she found this idea unacceptable. She made reference to a document which states that, of all the reforms that grew and flourished between the 1880s and the 1920s, the public health movement has had the most immediate, least ambiguous, and most precisely measured, positive effects of the lives of Canadian children. The public health movement is the core reform and social advocacy movement in Canada. At the time it was dealt with by developing neo-natal care for young mothers isolated in their homes and not knowing how to care for their infant, by immunization programs in the school that killed the diphtheria epidemics that were ravaging the children of that era, by teaching children to brush their teeth, and not to spit on the floor, and how to eat good and healthy food, and by teaching their parents hygiene. These are still the core programs people depend upon.

Ms. Sherwood made an analogy between taking away public health programs and deciding not to pasteurize milk anymore because people no longer get sick from bad milk. She asked that the Committee carefully consider its actions, because one in four children in the community live in poverty and this situation is not going to improve.

Dr. Nancy Edwards, Faculty of Health Sciences, University of Ottawa

Dr. Edwards spoke in opposition to the proposed cuts, saying that the Health Department has quality, leading edge programs which have received provincial, national and international recognition. She mentioned the Heart Health Program, tobacco programs targeting youth and pregnant women, the Frail Elderly Program and the Fall Prevention Program for seniors as programs recognized and replicated in other Ontario communities. These are well orchestrated programs, designed to produce the biggest return for investment and staffed by committed and experienced health professionals.

Dr. Edwards went on to say these complex programs involve a thorough assessment of community needs, putting together a comprehensive set of program strategies, building partnerships, mobilizing resources, and monitoring impacts. She wanted to make it clear that meeting minimum standards is not synonymous with quality service. She posited the community wants to continue to do better than just meet minimum program standards. She went on to say that, as a result of health services restructuring, the community's need for effective public health services has increased, not decreased. Public health is a key player in getting the integrated health care delivery system needed in the Region. For this reason, the Health Department must receive a credible level of funding from the Region to play this critical role.

Dr. Edwards indicated that, due to the proven strengths of the Health Department, a population health institute has been established at the University of Ottawa, and a Population Health PHD program is under review. These initiatives are unique in Canada and will attract some of the best public health practitioners, educators, and researchers from Canada, Europe and the United States. This will attract jobs to the Region, provide a base for international conferences and allow the leverage of additional health dollars from federal and provincial funding agencies. Dr. Edwards posited the proposed cuts are not about trimming excess fat: they are about dismantling a vibrant, a world-class facility.

Marjorie Malloy, Help the Aged Canada

Ms. Malloy spoke against the proposed cuts to the Elderly in Need Program. She noted that Help the Aged is expanding its partnership with the Health Department and developing a pilot program, Outreach to Isolated Seniors. The aim of the project is to bring together a network of inter-denominational faith groups to help find and reach frail seniors; to promote community, intersectoral network building; to develop activities and programs to address their needs, and to create opportunities for resource-sharing, and to increase public awareness of the issues related to poverty and isolation. Help the Aged has committed \$5,000 to this pilot project, and see it evolving as a model for use across Canada. If the Elderly in Need Program is cut, there will be no pilot project and no direct financial assistance to individual seniors by Help the Aged. The agency has no professional staff to do assessments, counseling or referrals, and depends on the expertise of two Public Health Nurses in these areas. The volunteers recruited through the faith groups will be assist Help the Aged find its target group, and implement programs but assessment and counseling will be up to the public health nurses. Ms. Malloy asked that the Committee remember that a society is judged on how it treats its children and its seniors, and not cut the Elderly in Need program.

Barbara Burns, Coordinator, "You and Your Aging Parents"

Ms. Burns described the program as a partnership between Family Service Centre and the Health Department. It is an education support program for family caregivers of aging parents and for relatives of older people. The program is offered both in the community

and in the workplace. Except for program offered by the Alzheimer's Society, this is the only program of its kind in the Region.

Ms. Burns pointed out that, for years, non-profit agencies have been encouraged to create partnerships among themselves. Now the Region is bankrupting partner agencies and suggesting that the slack be taken up by other programs. This could be done but there would be one less social worker, two less nurses, and the agency will not be able to maintain the programs it has over the past years.

With respect to the proposed cut to the Senior Citizens' Council Directory, Ms. Burns said this document is clear, concise, readable, and geared for families and seniors. If this funding is lost, these clients will experience difficulties in the future.

Sue van Iterson, the Council on Aging

Ms. Van Iterson introduced Mr. Yvan Cloutier, Executive Director of the Council on Aging. The Council is a well-known group of professionals, volunteers, and agency representatives working with and for seniors to enhance their quality of life.

Ms. van Iterson spoke about community programs and services for seniors requiring ongoing, professional leadership and resources. Professional support is essential for untrained caregivers, families, friends, neighbours. She asked if it was fair to cut the wonderful programs referred to by so many speakers, such as the Seniors Health and Independence Program and the Elderly in Need Program. She pointed out that health dollars cut today will mean greater costs in the future. Because programs are not mandatory does not mean they can be cut. The Health Department has provided excellent professional leadership in the area of services to seniors. Community agencies with severely reduced budgets cannot take the place of Health Department professionals. Ms. van Iterson said it is understood the Region must reduce its budget, but this should not be done in a short-sighted way.

Dr. Dana Silk, Environmental Health Advisory Committee

Dr. Silk said he was surprised by the lack of staff resources available to help the Advisory Committee, a relatively new body established by Council. As well, it is surprising there are recommendations to cut even further in this area, from what the Committee considers is a minimum level. He spoke about a number of issues the Region should be considering:

- 17,000 people are dying prematurely each year in Ontario from environmental health-related causes or problems such as smog, tobacco
- asthma rates particularly among children are skyrocketing
- the ozone layer problem is not resolved

Dr. Silk said, clearly, the Region needs an environmental health advocacy program to work with other levels of government, to prod them along, to get them to live up to their responsibilities. Dr. Silk suggested the Region spends tons of money on roads, water, sewers that, in many cases, exacerbate environmental health issues. Urban sprawl undermines the laudable initiatives of OC Transpo's comprehensive review. Many of these projects can be delayed, whereas health promotion and prevention programs cannot be delayed.

Len Kennedy, Children's Aid Society

Mr. Kennedy began by citing statistics on the number of children served by the CAS, noting this number is up 36% from 1997. The Society works closely with the Health Department to provide services to vulnerable children, youth and families, and is particularly concerned with the following proposed cuts which will cause further erosion in services to high-risk groups:

Post partum services: any reduction may result in increased referrals to the Children's Aid, and increased apprehension of high-risk babies when families are unable to cope. In order to increase service to this population, the CAS has embarked on a pilot project with the Health Department where the Society pays for one full-time equivalent public health nurse to provide more intensive support to selected, high-risk and vulnerable families. In a four month period, over 25 families have been served, some requiring weekly visits by the public health nurse. In addition, weekly consultations and information sessions are offered to parents and specific supports are directed to mothers whose children are involved in the Head Start Infant and Toddler Stimulation program.

The Society also works actively with the Health Department in support of the Healthy Babies/ Healthy Families initiative, and urges the Committee to extend the recognition of the benefits of providing more intensive follow-up to high-risk babies and toddlers. This will give them a higher likelihood of being raised as healthy, well-fed, well cared for children who are not exposed to abuse and neglect, and are better equipped for successful school entry. Since families needing these services are more open to public health nurses' visits than to protection social workers, public health nurses do very effective initial screening which permits appropriate referrals in situations which might raise child protection, or safety concerns.

Mr. Kennedy spoke about the sexual health centre hours, saying that, in order to engage youth involved in risk activities, it is important they have access to the specialized services provided during the hours and at locations that increase the likelihood they will avail themselves of such services.

Another area of concern to the CAS are the proposed cuts to dental health education. The Society urges the Committee to reconsider making cuts in this area and to promote better dental health for all children, especially those from multi-cultural communities and living in poverty. In the area of tobacco enforcement, increased compliance checks would be consistent with the Department's efforts to reduce teen smoking, and promote healthy lifestyles.

Mr. Kennedy concluded by saying the CAS applauds the work of the Health Department in promoting population health and in providing specialized and more intensive service to high-risk children and families. Erosion of supports and programs may result in a further escalation of referrals to the Society and admissions to care. The Society is committed to working in partnership with the Region to address the needs of all youth, and children in Ottawa-Carleton

Eric, spoke about the importance of the Sexual Health Centre to adolescents who frequent it. Its proximity to Place d'Orléans Shopping Centre makes it easily accessible; staff there are not judgmental, they listen and understand. People feel at ease and are not pressured into making decisions. Services offered include testing for sexually transmitted diseases and counseling, along with speakers on subjects of interest to young people. Clients can receive contraceptives and condoms after referral from a doctor and at a lower, more affordable price. For these reasons, the centre is needed to help teens.

Kevin Kinsella, Council for Social Action, expressed his disappointment with the amendment calling for the Social Services budget to pay for restoring health cuts when the Region is facing a tax increase amounting to the cost of a cappuccino or a café latte. Picking from either of these budgets means picking on the most vulnerable and on the poorest of the poor. Mr. Kinsella reiterated that the Region must go after the \$32 million it is entitled to receive from the Province.

Linda Kinsella said that cuts to health services, particularly to seniors and new mothers, will place more demand on hospitals and long-term care facilities, already under pressure due to cuts from the senior levels of government. One vitally important program is dental programs. Ms. Kinsella related that, as a child, she suffered because her teeth were in poor shape because of parental neglect. Visits to the public health nurse saved her from losing her front teeth to an abscessed tooth. Dental education in schools helps the poor learn how to care for their teeth and assists them if they need help.

Marc Tremblay and Mary Hegan, Coalition of Community Health and Resource Centres

Mr. Tremblay began by saying that, because of the high number of seniors in the community, more, not fewer, services are required. The 13 Community Resource Centres provide complimentary services to those of the Health Department.

Mary Hegan said that abandoning the frail elderly, the low income adults needing dentures, and the youth seeking health information to find money for other projects or to become part of the strategy to force the Province to provide additional dollars is not what citizens of Ottawa-Carleton want their officials to do. Ms. Hegan said Council should be impressed by the level of public support, locally, and should build on this rather than tear it down. This morning, the Coalition requested an increase of \$150,000 to maintain the stability of the funding envelope and help meet increased demand in all centres. The centres will also work with the RMOC staff and with Council to develop a more extensive plan for meeting gaps in basic community health and social services. The Coalition believes there are gaps that can be addressed by more community health and social services going into neighbourhoods that are not serviced at the moment. The Province should also be asked to provide funds for new community resource centres.

Ms. Ruth Brown and Beth Cook, the Ottawa-Carleton Council of Women

Ms. Brown said her presentation will focus on the impact of proposed cuts on two groups of women, seniors and young mothers. She pointed out that, at one time, 32 public health nurses worked in seniors programs. Now, there are six, and this number will be further reduced to two. This means that the preventative and community work done by public health nurses with seniors will not be able to continue. Ms. Brown asked who would provide the service when the program is eliminated. Family caregivers will also be affected, leading to more seniors having to go into nursing homes at increased costs to society.

Ms. Cook began by saying those who spoke so eloquently against the cuts are to be applauded. Experts agree that what happens in the first few months of life can have a profound affect on a child's future. The postnatal visit from a public health nurse soon after the mother arrives home can make all the difference in getting off to a good start. Ms. Cook said she has personal experience of this from visits to her own daughter. She pointed out that, in the Netherlands, a new mother is entitled to 10 days of visiting homemakers service, eight hours a day. Ms. Cook echoed comments made by Dr. W. Keon about the importance of population health strategies; the community and the whole country need these strategies to support healthy life outcomes. Another absolutely essential element of good health is that good food be available. This underscores the importance of food and day programs in the provision of food to a vulnerable street community, to keep those persons out of hospitals.

Ms. Pam Fitzgerald spoke about “Clear the Air”, noting that the rate of asthma in Ontario is now approximately 11%. This represents a 350% increase in the past 11 years according to Statistics Canada and it means there is an epidemic among children caused by environmental illness. Ms. Fitzgerald spoke in support of the Environmental Health Advocacy position. She expressed the hope Council will find the ability to maintain all the current positions. It is not just the asthmatic child that suffers: it is the parents who may not be as productive at work because they stayed up all night with their suffering child; last year in Ontario, 12,200 children were admitted to hospital because of asthma. The David Suzuki Foundation has estimated that in Canada 16,000 people a year are dying from the effects of poor air quality. Council has a real opportunity to show leadership in this area.

Ms. Linda Lalonde said one of the determinants of health is poverty, and one way of ensuring Ottawa-Carleton is a healthy community is to evaluate health and poverty and balance both sides of the equation. She made reference to a Motion approved by Council in September 1998, calling for program reductions “not to adversely affect the most vulnerable citizens in the community” and for reductions to services that sustain the health and economic prosperity of Ottawa-Carleton “to be given the lowest priority”. Ms. Lalonde said it will be important for the Committee to recall these words when making its final decisions on the 1999 budget.

Having ascertained no other speakers were present, the Committee discussed a number of procedural issues and agreed with a proposal from Regional Chair Chiarelli to adjourn and resume deliberations at 8:15 p.m.

Committee Discussion

In pursuance of a discussion from the morning session, and in response to a query from Councillor H. Kreling, the Social Services Commissioner, D. Stewart, affirmed it seems reasonable to propose a further \$500,000 in caseload decrease. This means that the \$236,000 proposed by Councillor Holmes and deferred to the afternoon session, could be accommodated from this amount.

Mr. Stewart clarified that the \$95,000 for the 0.8% increase in salaries for workers in non-profit centres could be found within the child care budget, not within the total departmental budget, as was approved earlier. With the Committee’s concurrence, the earlier Motion was amended to reflect this change

Chair Munter read a Motion from Councillor Kreling, calling for the retention of some health programs proposed for reduction and for these programs to be funded partly through caseload reductions and partly through assessment growth.

Councillor Byrne said she was pleased to see this Motion come forward, however she expressed her sadness at the fact other programs would still be cut. The Councillor posited the cuts are shortsighted and not cost-effective. Cuts to tobacco control programs

and to sexual health centres in the midst of an HIV epidemic make no sense. She said she could support no cuts to the Health Department.

Councillor Doucet noted he was not happy at having to consider the cuts, and sad about the fact the department is being forced to take it out on the most vulnerable of Ottawa-Carleton citizens. He indicated he could support the compromise Motion put forward by Councillor Kreling.

Councillor McGoldrick-Larsen began by saying she has thought long and hard about the Social Services Department and the Health Department, however in light of upcoming initiatives, and ratepayers having to face higher costs, she could not support reinstating all programs. She said she could support providing an amount of funding to the Medical Officer of Health so he can continue to work to find partnerships. She posited the department needs to be more creative in this area.

Councillor Kreling said his Motion tries to find a balance and will allow the Committee to do what it can for agencies that need more assistance. He pointed out that the recommendations are not to eliminate programs, but to reduce them, and that this will still mean an increase in expenditures.

Councillor Beamish put forward a Motion, calling for the Medical Officer of Health to provide public health programs at the same level as in 1998. He put forward the view the Committee should not have to pick and choose between programs, and that it was the job of professionals employed by the Region to do this exercise. He expressed his belief that departmental staff could undertake this responsibility if it is given the opportunity to do so.

Councillor Loney indicated that budgetary exercises are never easy. Both the Social Services and the Health Departments have been leaders in programming, and Council has recognized this in the past. The Councillor said he had supported many increases to budgets over the years, and this has contributed to a quality of life that is non-pareil. He was not prepared to back-track, although he would not say some cuts should not be made. The Councillor posited there may be value in looking at programs that can be delivered in other ways.

Councillor Holmes expressed her support for Councillor Kreling's Motion. She asked that the department review the dental health program in schools in next year's budget. Councillor Holmes posited that the poor are always supporting the rich, and she has observed this in many systems. She said she did not agree with this philosophy, and that she was happy to see money being put back into the programs; she also wanted to see that money reinvested in the community.

The Regional Chair, Bob Chiarelli, recalled that in 1995, he predicted that the new provincial government would be ideologues of the right. In order to create a massive tax cut, the Province has been savaging education, health care and municipal systems by adding \$43 million in debt each year. The Region is attempting to deal with the

Province's bill for \$43 million, by trying to be respectful of the regional taxpayers. Chair Chiarelli said he was prepared to support people services, and he was pleased to see this would not result in a tax increase. He indicated that municipalities should not accept the debt, they should exercise political power through the courts, through the ballot box, and challenge the Province to provide the necessary funds to meet increased responsibilities.

Committee Chair A. Munter thanked all those who came to make presentations to the Committee. He said he saw a real concern on their part and a commitment to maintain programs. He posited that the need for prevention is absolutely critical and that health dollars are a wise investment. If efficiencies can be found, they should be reinvested into prevention programs. Chair Munter pointed out that the Committee's budget exercise was undertaken five days before the federal budget, where the federal and provincial governments have realized they made a mistake and are putting money back into health care for Canadians.

At this juncture, the following Motions were considered:

Moved by D. Beamish

That the Medical Officer of Health be directed to provide in 1999 the public health programs and services that were provided for residents of Ottawa-Carleton in 1998; and that he be directed to find adjustments and report to the Community Services Committee in 3 months on how this will be accommodated. Further that \$244,000 be directed to public health from the social services caseload reductions and \$192,000 from assessment growth, for a net decrease in the Health Budget of \$393,000.

LOST
(D. Beamish, M.McGoldrick-
Larsen and B. Chiarelli in
favour)

Moved by H. Kreling

1. **That the Health Department Budget (pp. 6 to 72, 1999 Draft Operating Estimates) be approved, with the following reductions endorsed by the Budget Sub-Committee:**
 - a) **That \$174,000 be reduced from Administrative Savings;**
 - b) **That \$39,000 be reduced from Dental Treatment;**
 - c) **That \$60,000 be reduced from Land Ambulance Support Services;**
 - d) **That \$40,000 be reduced from Federal Tobacco Enforcement Revenues;**

- e) **That \$80,000 be reduced from Dental Health Education in Schools;**
- f) **That \$113,000 be reduced from Purchased Services.**

CARRIED

(Chair Munter dissented on Items a) through f)
(Councillor Byrne dissented on Items b) and c)

2. **That the following programs be retained and funded from a social assistance caseload reduction of \$244,000 and \$202,000 from assessment growth:**

<u>Seniors' Programs</u>	<u>\$240,000</u>
<u>Senior Citizens' Council Grant</u>	<u>\$ 25,000</u>
<u>Environmental Health Advocate</u>	<u>\$ 60,000</u>
<u>CCAC Contract, Post Partum Services</u>	<u>\$ 56,000</u>
<u>Reduce Sexual Health Centre Hours</u>	<u>\$ 55,000</u>
<u>SITE HIV Needle Exchange Program- Community clean-up and disposal</u>	<u>\$ 10,000</u>

CARRIED

(Councillor McGoldrick-Larsen dissented on Senior Citizens' Council Grant)

Moved by D. Holmes (Motion deferred from the morning session)

That \$256,300 be allocated to base budget funding for Community Resource Centres, Food Programs, Day Programs and the Ottawa Distress Centre;

And further, given that Ottawa-Carleton high job growth rate and decreasing welfare caseloads, the social assistance caseload estimate be reduced to generate a savings of \$256,300 in order to ensure no net increase to the social services budget and no impact on the bottom line, and;

Further that the Department work with the agencies to negotiate the distribution of this funding and report back to the Community Services Committee and Council.

CARRIED

(D. Beamish and
M. McGoldrick-Larsen
dissented)

HOMES FOR THE AGED

That the Homes for the Aged Budget (pp. 79 to 109, 1999 Draft Operating Estimates,) be approved with the following reductions endorsed by the Budget Sub-Committee:

1. **That \$92,000 be reduced from Goods and Services, Utilities**
2. **That \$20,000 be reduced from Administration and Planning**
3. **That \$62,000 be reduced from Coverage for Staff Leave**
4. **That \$38,000 be reduced from Driver/Messenger, Island Lodge**
5. **That \$35,000 be reduced from Purchased Services**

CARRIED

(Councillors Byrne, Doucet, Holmes and Munter dissented on item 3)

That funding for the Day Centres, Centre d'accueil Champlain and Carleton Lodge be retained.

CARRIED

(Councillors Beamish, Kreling, McGoldrick-Larsen and Chiarelli dissented)

That the Homes for the Aged Capital Budget be approved as presented.

CARRIED

2. **1999 COMMUNITY FUNDING RECOMMENDATIONS**
- Commissioner, Social Services Department report dated 4 Jan 99

(See Item 1 for the discussion on this item).

That the Community Services Committee recommend Council approve the 1999 funding allocations to community organizations as described in Annexes A to E of the report and as amended by the following:

That \$256,300 be allocated to base budget funding for Community Resource Centres, Food Programs, Day Programs and the Ottawa Distress Centre as follows

<u>Community Resource Centres</u>	<u>\$150,000</u>
<u>Food Programs</u>	<u>\$ 50,000</u>
<u>Day Programs</u>	<u>\$ 50,000</u>
<u>Ottawa Distress Centre</u>	<u>\$ 6,300</u>

And further, given that Ottawa-Carleton high job growth rate and decreasing welfare caseloads, the social assistance caseload estimate be reduced to generate a savings of \$256,300 in order to ensure no net increase to the social services budget and no impact on the bottom line.

Further that the Department work with the agencies to negotiate the distribution of this funding and report back to the Community Services Committee.

CARRIED, as amended
(D. Beamish and
M. McGoldrick-Larsen
dissented)

3. **1999 BUDGET SUB-COMMITTEE REPORT**

- Coordinators' 1999 Budget Sub-Committee report dated 26 Jan 99

The Budget Sub-Committee was constituted to review the 1999 Regional budget in an effort to maintain the net taxation requirement for Regional programs at 1998 levels;

The Budget Sub-Committee acknowledges the 1999 budget challenges and reduction initiatives as outlined in the Chief Administrative Officer and Finance Commissioner's Joint Report dated 18 January 1999 entitled "1999 Draft Estimates - Budget Reductions and Adjustments Options";

The Budget Sub-Committee recommends the Standing Committees consider the 18 January 1999 Joint Report, the Budget Sub-Committee comments of 20 January 1999, and any other initiatives or alternatives that the Standing Committees deem advisable to reduce the departments' 1999 budgetary requirements in an effort to maintain net taxation requirements at 1998 levels.

CARRIED

INFORMATION PREVIOUSLY DISTRIBUTED

**REVIEW OF INFORMATION PROVISION
TO ONTARIO WORKS PARTICIPANTS**

- Social Services Commissioner, dated 25 Jan 99

ADJOURNMENT

The meeting adjourned at 9:50 p.m.

CHAIR

CO-ORDINATOR