

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

15 MAY 1997

1:30 P.M.

PRESENT

Chair: M. Meilleur

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

CONFIRMATION OF MINUTES

**That the Community Services Committee confirm the Minutes of the Meeting of  
17 April 1997**

CARRIED

REGULAR ITEMS

1. PRIORITIES FOR 1998 HEALTH GRANTS  
- Medical Officer of Health report dated 16 April 1997

**That the Community Services Committee approve two areas as priorities for the 1998  
Health Grants Process:**

1. **Women's health;**
2. **Strategies that improve health by reducing risk-taking behaviour among young  
people.**

CARRIED

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Notes: 1. Underlining indicates new or amended recommendations approved by Committee  
2. Reports requiring Council consideration will be presented to Council on 11 June 1997 in  
Community Services Report 48.

2. UPDATE ON THE RESPONSE FROM LOCAL MUNICIPALITIES RE:  
NO-SMOKING IN PUBLIC PLACES BY-LAW

- Medical Officer of Health report dated 14 April 1997

Councillor R. Cantin made reference to a meeting of the Ottawa Tourism and Convention Authority (OTCA) where the question of indoor air quality was discussed. At that time, restaurateurs in attendance stated that the Health Department was trying to make indoor air in restaurants better than outdoor air and that staff were aware of the difficulties this represented. The Councillor asked whether the recommended standards were too high and whether there was a way to facilitate things for restaurant owners.

The Associate Medical Officer of Health, Dr. Edward Ellis, pointed out the objective is not to make indoor air better than outdoor air, but to create a non-smoking area with low cigarette-tar concentration. He posited one way to achieve this is to concentrate on the Designated Smoking Area (DSA), ventilating it either to the outside or back into the smoking area. This will reduce the ventilation rate in the DSA from 30 litres per second to 15 litres per second and the ventilation change costs by one third to one half, depending on the premises. Speaking to the public places by-law itself, Dr. Ellis said there is no movement at this time, although indications are that the City of Ottawa will consider changes in June and that the cities of Nepean and Kanata want to follow suite.

The Medical Officer of Health, Dr. Robert Cushman, added that the population spends most of its time indoors, therefore indoor air purity is of great concern. He said he agreed the Health Department has made demands on restaurateurs however the department feels it has to "catch-up" with what the public wants in this area and want to move forward, in spite of pressures and economic costs. Dr. Ellis spoke about trying to protect individuals exposed to second-hand smoke year after year and he noted that over 100 restaurants in Ottawa-Carleton are already smoke-free.

Councillor A. Munter said that, after two years, it was time to face the reality that efforts to date have not been successful. He posited nothing has happened because of antagonisms between municipalities. He expressed sympathy and understanding for those businesses that, while not objecting to the by-law, want a "level playing field" for all concerned. He suggested that people on local councils need to be pressured by the business community, by their constituents, and by organisations such as the Canadian Cancer Society and the Ottawa-Carleton Council on Smoking and Health. He proposed the latter organisation be asked to focus externally and mobilize its constituency to lobby local councils, by saying that people's health should not become a casualty of the war between municipalities. Councillor Munter qualified his comments by saying they were not meant to disparage the work of the Health Department which has always taken a leadership role and has been at the forefront of change. He praised the Department's continued commitment to the cause. Chair M. Meilleur echoed these sentiments on behalf of the Committee.

In reply to a question from Councillor A. Loney, Dr. Ellis confirmed that the Ottawa-Carleton Centre falls under the jurisdiction of the City of Ottawa Smoking in the Workplace by-law, but the City will only act if complaints about persons smoking in the parking garage are received. The Committee discussed what options were available in this regard, and it was agreed that the Committee Chair would write to the Chief Administrative Officer, asking him to "remind" all regional staff that, under the provisions of the by-law, no smoking is permitted in the underground parking garage.

The following Motion was then put forward:

Moved by A. Munter

**That the Health Department be directed and the Ottawa-Carleton Council on Smoking and Health be requested to take a pro-active, community-oriented approach and work with businesses, health groups and concerned citizens to mobilize support for strong region-wide by-laws to protect the health of Ottawa-Carleton citizens.**

CARRIED

**That the Community Services Committee recommend Council receive this report for information.**

RECEIVED

3. RESPONSE TO COUNCIL MOTION NO. 299 - CHARGING FOR HEALTH DEPARTMENT PUBLICATIONS  
- Deputy Medical Officer of Health report dated 15 April 1997

**That the Community Services Committee recommend Council receive this report for information.**

RECEIVED

4. RESPONSE TO CSC INQUIRY NO. 31 - POSTPARTUM SERVICES  
- Medical Officer of Health report dated 3 April 1997

The Committee Chair, M. Meilleur said her concerns stem from statistics that show there has been a four-fold increase in baby mortality as a result of the actions of parents. She pointed out there have been 10,000 births in the area with 20% of new mothers referred for home visits and she asked how the Health Department can identify if either the mother or the baby are at risk when mothers are being released more quickly and the only monitoring is done by telephone.

The Medical Officer of Health, Dr. Robert Cushman, said this question is both timely and complex. It involves service providers and jurisdictional issues are also a consideration. He introduced Ms. Claudette Nadon, Director, Child and Adolescent Directorate, who began by saying that postpartum follow-up is a concern to both community and hospital workers. She said she believes all hospitals have made a commitment not to discharge new mothers prior to 48 hours, unless they wish to be discharged. A system is in place whereby, on the day of discharge, all the information about the mother is forwarded to the Health Department. The department follows up with a telephone assessment where critical questions are asked to ensure that significant issues are being addressed and that the mother knows where to access any service she needs. Ms. Nadon said there have been positive results from this intervention. She spoke about the new Healthy Babies, Healthy Children Program, a joint venture announced by the Ministries of Health and Community and Social Services which will inject \$620,000 into the community. The program is based on a peer-visitor model under the supervision of public health nurses, and Dr. Paula Stewart, an Associate Medical Officer of Health, has been part of the committee designing this program.

In reply to questions from Chair Meilleur, Ms. Nadon said there are increasing efforts to sensitize physicians and obstetricians about at-risk mothers. Dr. Cushman added that the community has the intellectual capacity to deal with this matter, however the real issue is one of funding. He posited this is a good example of the need for a more integrated health care system. He complimented Ms. Nadon on her work in getting hospitals to agree not to release new mothers before 48 hours and he noted that the Ottawa Ankle rule, as it is known, has had a positive effect.

Councillor D. Holmes asked whether there were statistics on the length of stay for each hospital and who was collecting statistics to make the case for public health. Dr. Cushman admitted these numbers are not available, as the early discharge program is fairly new and will need closer monitoring.

Chair Meilleur asked if staff could comment on the origins of the 5% of new mothers that refuse to consent to the release of information. Ms. Nadon replied that hospitals will refer high-risk cases without consent, as the provisions of the Child Protection Act would supercede other considerations. She would not speculate as to whether others were simply missed or whether they had refused follow-up.

Councillor A. Loney said he felt staff have to politicize what they are doing. The Province of Ontario is closing hospitals and there are no services in place that would allow hospitals to close with some degree of safety. He speculated matters would not be easier when municipalities have to pay for certain health-related services directly through the property tax bill. Dr. Cushman said the department had originally considered the matter as a reinvestment, however it was clear from the discussion that it should be considered a new program.

Committee Chair Meilleur asked that staff report back on this issue in three months, noting it is the responsibility of the public health community to assess why there are battered children and to speak on behalf of those who have no voice.

**That the Community Services Committee recommend Council receive this report for information.**

RECEIVED

INFORMATION PREVIOUSLY DISTRIBUTED

1. Healthy Babies, Healthy Children Program Announcement  
- Medical Officer Of Health Memorandum dated 22 April 1997
2. Response To Draft Mandatory Guidelines  
- Medical Officer Of Health Memorandum dated 29 April 1997

Councillor A. Munter requested this item be placed on the agenda of the 05 June 97 meeting for discussion.

ADJOURNMENT

The meeting adjourned at 2:30 p.m.

NEXT MEETING

5 June 1997

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CHAIR

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CO-ORDINATOR