

3. 1998 DRAFT OPERATING ESTIMATES, (HEALTH DEPARTMENT)
COMMUNITY SERVICES COMMITTEE

COMMITTEE RECOMMENDATION AS AMENDED

That Council approve the 1998 Draft Operating Estimates (Health Department) as tabled with Regional Council on 11 February 1998, and as amended by the Budget Review Board report dated 31 March 1998.

DOCUMENTATION

1. 1998 Draft Operating and Capital Estimates (Health Department), Community Services Committee, as Tabled with Regional Council on 11 February 1998, previously distributed.
2. 1998 Operating Draft Estimate Reductions, Budget Review Board Recommendations, report dated 31 March 1998, previously distributed.
3. Extract of Draft Minute, Community Services Committee, 23 April 1998 immediately follows the report and includes a record of all votes.

Extract of Draft Minute
Community Services Committee
23 April 1998

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COMMUNITY SERVICES COMMITTEE

- A/Committee Co-ordinator report dated 7 April 1998

Health Department Budget

Dr. Cushman presented the budget estimates for the Health Department.¹ In terms of strategic perspectives, he focused on three issues. The first issue was provincial downloading. He noted that the majority of public health programs were now 100% municipally funded. The second issue was the new mandatory guidelines issued in March 1998. He cautioned that next year the Department will be hard pressed to stay within its budget to meet these guidelines. The Department planned to study the guidelines more thoroughly before coming forth with next year's budget. The third issue was health care restructuring and the impact on community services and the role of prevention. With closures of hospitals, he stated there had been increased demands on the Department, Home Care, and Community Health Centres. To date, there has been no reinvestment package for community services.

Dr. Cushman argued that a dollar spent on public health was a dollar well spent. For example, \$1.00 spent on family planning saved \$4.40, and \$1.00 spent on a high school tobacco program saved \$15.40. In terms of the costs of preventable disease: a case of tuberculosis cost \$10,000, a broken hip cost \$33,000, a case of AIDS cost \$100,000, and a preterm birth cost \$600,000.

Dr. Cushman stated that the Region had important role to play in health care reform, and argued that health care services could be better delivered from a regional vantage point than from a provincial vantage point. He opined it would be unwise to retreat from this debate by pulling money out. Referring to the previous presentations, he reminded Committee of the impact that health had on poverty and vice versa. He stated emphatically that money spent on public health saved money in social services.

Referring to the 1997 Health Department budget, \$6.3 million was the Net Regional requirement, \$11.1 million - cost-shared by the province, and \$3.58 million - 100% provincially funded programs. The 100% provincial programs included Sexual Health, Teaching Health Unit, AIDS, CINOT, Anti-Tobacco, and Hepatitis B programs. For 1998, the former cost-shared formula and the 100%

¹ A copy of the presentation overheads are held on file by the Committee Co-ordinator

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provincially funded programs had been downloaded to the Region, for a total amount of \$14.6 million.

Dr. Cushman stated the Department had taken a diligent look at the Teaching Health Unit, and effectively removed the teaching component and retained the evaluation and planning components of the Unit. This reduced the cost of downloading by \$551,000 (including 7 permanent positions).

Within the \$6.3 million Net Region contribution, the Department had accommodated a number of budgetary pressures including salary settlements and increased costs (i.e. mileage and overhead). The Department had reduced the Region's net costs by \$141,000 in terms of rent, performance measures, and technology. He stated it was unfortunate because it means the Department will not have a community presence in the west-end this year; will have trouble contracting out some of the performance measures it wanted developed, and the will lag in terms of technology compared to 111 Lisgar. The overall Health Department budget is \$25.8 million Gross/\$20 million Net.

In conclusion, Dr. Cushman stated this was more than a flat-line budget. It was a budget that reduced the net requirement for the Region \$141,000, reduced the effects of downloading from the province by over \$500,000, and still maintained the level of service.

Public Delegations²

*Phil Brown & Mary Hegan, Coalition of Community Health and Resource Centres.*³ Mr. Brown stated the Coalition supported the budget recommendations put forward by staff.. He explained that the Centres emphasize early intervention, prevention, treatment and wellness promotion as key elements to maintaining healthy communities and keeping long term health care costs down. They work closely with other agencies including the Region's Health and Social Services Departments. The Centres integrate health and social services in their practice because of direct linkage between social well being and both personal and community health.

Mr. Brown stated that the progression of cutbacks over the past several years had placed stresses on the Centres' resources and the communities they served. As

² Mr. Steve Clay, Chair, Lowertown Youth Centre, was unable to make a presentation but a copy of the briefing note is held on file by the Committee Co-ordinator

³ A copy of the briefing note is held on file by the Committee Co-ordinator

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primary health care providers, the Centres are faced with the challenges of increased demands for services and also the increased urgency and complexity of services required. He stated that the Somerset West CHC had experienced a 40% increase in demand between 1994-97.

Mr. Brown concluded by stating it was critical to maintain at least the current level of public health funding, as there is no more room for further cuts without seriously jeopardizing the community's health.

Ms. Hegan stated that the Centres have joint community programs with the Health Department such as Healthy Babies, anonymous HIV testing, and the Needle Exchange Program. She reiterated the support for the budget recommendations as a core financial base, not only for the Department, but indirectly for the Centres which provide a range of public health services. She stated public health and community based services are the wave of the future. Personal health and public health are interrelated; when people feel stress, anger, illness or a lack of services compared to others, the whole community becomes dragged down, threatened and less healthy.

Ms. Hegan stated the Community Health Centres are centrally located in an evolving health care system between hospital services moving into the community and health departments wanting to partner with neighbourhood based services and facilities.

Questions for Delegation

Councillor Davis inquired about the accessibility of the Centres. In response, Ms. Hegan stated that "in theory" the Centres cover the Region in terms of catchment area boundaries. The Centres hope to be doing more outreach in different areas, and looking at youth and emergency concerns. She admitted that for regular health care there was a waiting list. The Executive Director for Sandy Hill briefly added that their mandate was to provide service to those with the greatest need and at highest risk.

Councillor Davis expressed concerned that certain Centres are at full capacity and cannot accommodated new clients. Mr. Brown confirmed that the ratio of clients:professional staff has increased 25 - 30 % over the last four years at the Somerset West CHC. He opined that additional resources were necessary in this community for either existing Centres or for new centres to fill the geographic gaps. He opined that the hospital restructuring had been premature to the

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necessary community services being put in place prior to the downsizing. He stated he would like to see at least two more centres funded in the Region to address the demand.

Referring to the dental budget, Councillor McGoldrick-Larsen asked Dr. Cushman to comment on the ODA's lobbying efforts and their claim of being able to provide a cheaper dental service to SA recipients. Dr. Cushman stated his reservations about the ODA's endorsement of open-ended spending and there is no issue of managed care. He stated that considering the history of the ODA, there were certain problems in providing this type of service. He reiterated that a report would be forthcoming to Committee.

Councillor McGoldrick-Larsen recognized staff's involvement in trying to deal with the challenges faced by the Region, including identifying efficiencies and reductions. She stated it was going to be difficult over the next few years, and that senior staff would continue to be challenged to maintain service levels in more cost effective ways.

Moved by L. Davis

That the Community Services Committee recommend Council approve the 1998 Draft Operating Estimates (Health Department) as tabled with Regional Council on 11 February 1998, including the recommendations of the Budget Review Board.

CARRIED