

This report is subject to ratification at the Regional Council Meeting of April 1, 2004.
Following ratification, a link to Council Report will be added.

THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH SERVICES COMMITTEE

REPORT 6-2004

Minutes of a meeting of the Public Health Services Committee held in Committee Room 4, Regional Municipal Building, Thorold, Ontario, on March 22, 2004, commencing at 12:30 p.m.

ATTENDANCE

Committee: Councillors Timms, Chair; Partington, Regional Chair; Almas; Baty; Casselman; Davidson; Harry; Redekop.

Staff: Dr. Williams, Medical Officer of Health; Ms. Reilly, Legislative Assistant.

Staff

Part-time: Mr. Christensen, Director, Health Protection & Promotion; Mr. Cunnane, Director, Public Safety; Mr. Jones, Director, Administrative Services; Mr. Pilon, Media Relations Coordinator; Ms. Polly, Public Health Nurse; Ms. Rix, Manager, Tobacco Program; Mr. Roberts; Project Manager, Ambulance Services; Ms. Rose, Health Promoter; Dr. Sider, Associate Medical Officer of Health; Ms. Wodchis, Director, Chronic Disease Prevention; Mr. Young, Manager, Health Protection & Promotion.

Other: Councillor Smeaton.

PUBLIC HEALTH DEPARTMENT

53. Draft Resolution re: Cardiac Rehab

Committee reviewed the draft resolution and recommended that the word "Demands" be changed to "Implores". Dr. Williams advised that she would attach the Niagara Cardiac Care Steering Committee's "Proposal to Establish a Cardiac Catheterization Lab in Niagara: A Report of the Advanced Cardiac Services Working Group" as background information in response to the questions asked by Committee.

Moved by Councillor Davidson
Seconded by Regional Chair Partington

That the Regional Niagara Board of Health's Resolution regarding the Need for Coordinated and Integrated Heart Health Promotion and Disease Prevention Services, especially Cardiac Rehabilitation Care Programs, for Regional Niagara Residents, be approved, **as amended**.

Whereas the leading cause of death and hospitalization in Regional Niagara is heart disease, and

Whereas the risk of death from heart disease is 30% higher here in Regional Niagara than the rest of the province, and

Whereas Niagara residents have higher rates of risk factors for heart disease including excessive rates of obesity, diabetes, hypertension, physical inactivity and smoking than on average for the rest of the province, and

Whereas the percent of population over 65 (16.4%) is higher for Regional Niagara than for the rest of the province (12.7% for the rest of Ontario), and

Whereas Niagara residents have poor access to primary care with all twelve municipalities designated as under-serviced for family physicians and having the second lowest complement of family physicians per capita in the province, and

Whereas Niagara residents have poor access to specialized cardiac care (including catheterizations, angioplasty and by-pass surgery) when compared to the rest of Ontario, as documented in the Niagara Cardiac Care Steering Committee's *Proposal to Establish a Cardiac Catheterization Lab in Niagara: A Report of the Advanced Cardiac Services Working Group (March 19, 2003)*, and

Whereas Regional Niagara, with a population of 424,000, is the only region of this size without cardiac rehabilitation, and

Whereas evidence is clear that cardiac rehabilitation services need to be provided within the community as evidence shows that cardiac patients are more likely to drop out of a cardiac rehab program if access to such programs requires excessive travel, and

Whereas Heart Niagara has a long and successful track record within the community of Niagara of delivering a volunteer cardiac program which is highly respected and running at capacity (300 patients per year), and

Whereas the target eligible Niagara patient number requiring cardiac rehabilitation services is more than ten times that capacity, and

Whereas Heart Niagara has demonstrated its strong working ability with partners across this community (Niagara hospitals, YMCA, Regional Niagara Public Health Department, Niagara District Health Council, Brock University, etc.),

Now Therefore Be It Resolved that Regional Council of Niagara, as the Region's Board of Health, strongly supports the provincial government's commitment to health promotion and disease prevention programs and services, especially those directed at the prevention of risk factors for cardiovascular disease; and

Strongly supports the government's ongoing commitment towards primary care reform, given the vital role of effective, integrated and comprehensive health promotion, clinical preventive and diagnostic/therapeutic services in the continuum of prevention, treatment and rehabilitation services; and

Urges the Minister of Health to actively consider and approve the recommendations contained in the Niagara Cardiac Care Steering Committee's Report referred to above; and

Implores that the Minister of Health forthwith take action to address the lack of cardiac rehabilitation services in Niagara through an immediate review of the Heart Niagara proposal to provide those services to all eligible residents of Niagara and advise Regional Council of the results of the review and report on the proposed actions within the next three months.

Carried.

54. AVL/GPS Installation – Niagara Emergency Medical Services

Mr. Roberts, Project Manager, Ambulance Services, provided an overview of the installation of Automatic Vehicle Location/Global Positioning System (AVL/GPS) technology into ambulance vehicles. The installation of this technology provides Niagara EMS with real-time vehicle location information used to monitor and ensure proper utilization of resources, in addition to efficient and effective emergency ambulance coverage throughout the Niagara Region. Mr. Roberts advised that the use of

AVL/GPS will eventually be incorporated into existing practices and policies where it may improve service delivery to the community.

Mr. Cunnane, Director, Public Safety, presented a live demonstration of how the new system works to allow the viewing of fleet deployment of vehicles throughout Niagara.

Moved by Councillor Harry
Seconded by Councillor Baty

That Report PHD 19-2004, March 22, 2004, respecting AVL/GPS Installation – Niagara Emergency Medical Services, be received for information.

Carried.

55. West Nile Virus 2004 Control Plan Summary Report

Moved by Councillor Casselman
Seconded by Councillor Baty

That Report PHD 23-2004, March 22, 2004, respecting West Nile Virus 2004 Control Plan Summary Report, be received for information; and

That Committee supports the Public Health Department's Pest Management (IPM) Program.

Carried.

56. Vicious Dogs

Moved by Councillor Redekop
Seconded by Councillor Davidson

That Report PHD 24-2004, March 22, 2004, respecting Vicious Dogs, be received for information.

Carried.

57. Niagara EMS – Non-urgent Patient Transfers

Moved by Councillor Baty
Seconded by Councillor Harry

That Report PHD 25-2004, March 22, 2004, respecting Niagara EMS – Non-urgent Patient Transfers, be received for information; and

That the Committee endorses the position of the Public Health Department to reassign primary transfer vehicles into emergency ambulance vehicles, effective April 5, 2004.

Carried.

(Refer to staff direction on page PHSC 32.)

58. Third Annual Tobacco-Free Poster Contest

Ms. Rose, Health Promoter and Sandy Polly, Public Health Nurse, apprised Committee of the Third Annual Tobacco-Free Poster Contest which is an initiative to support awareness of both youth and adults of the dangers of second-hand smoke in the home. Eleven area students will be awarded prizes at Regional Council on April 1, 2004 with the winning submissions being used for promotion of smoke-free homes. In total there were 3,744 submissions from 86 schools and several examples of the excellent posters were circulated to Committee.

Moved by Councillor Redekop
Seconded by Councillor Harry

That Report PHD 26-2004, March 22, 2004, respecting Third Annual Tobacco-Free Poster Contest, be received for information.

Carried.

CORRESPONDENCE

Conflict of Interest

Councillor Casselman declared an indirect pecuniary interest with respect to the communication item from the Ontario Medical Association, as her spouse is a member of that association, and she therefore took no part in the discussion of, or voting on, this matter.

59. Moved by Councillor Baty
Seconded by Councillor Redekop

That Communication PHS 5-2004 from the Ontario Medical Association (March 4, 2004) respecting the shortage of physician services, be received.

Carried.

Conflict of Interest

Councillor Almas declared an indirect pecuniary interest with respect to the communication from Delta Monte Carlo Bingo and the matter of Commercial Air Services, as Commercial Air Services is a client of his, and he therefore took no part in the discussion of, or voting on, this matter.

60. Moved by Councillor Redekop
Seconded by Councillor Harry

That Communication PHS 6-2004 (circulated at the meeting), from Delta Monte Carlo Bingo (March 15, 2004) respecting Ventilation Rates for DSR's, be received and referred to staff.

Carried.

ACCOUNTS

61. Moved by Councillor Harry
Seconded by Regional Chair Partington

That Accounts Payable Expense Summary for the period ending February 29, 2004 in the amount of \$1,501,883.32, be approved.

Carried.

OTHER BUSINESS

62. Smoking Reports

Councillor Timms advised that a report will be going direct to Council on April 1, 2004, regarding the legal authority/process for amendments to the Smoking By-law and that following information from that report, reports will be coming forward to the Public Health Services Committee on April 19, 2004 regarding the outstanding issues related to the Smoking By-law.

STAFF DIRECTION

That staff be directed to:

- (1) Provide further information with respect to non-emergency calls that request an ambulance and the process on how these calls will now be placed in a queue. (Refer to minute item 57.)

ADJOURNMENT

Committee adjourned at 1:50 p.m. to meet again on Monday, April 19, 2004, at 12:30 p.m. in Committee Room 4, Regional Headquarters.

D. Bruce Timms
Chair

Gail Reilly
Legislative Assistant

Pam Gilroy
Acting Regional Clerk