



Minutes of the Board of Health Budget Meeting

Thursday, January 21, 2010

Leeds and Grenville Room

458 Laurier Boulevard

12:10 p.m. – 2:39 p.m.

Present: J. Butt, Chair
B. Fletcher, Vice Chair
S. Dodge
J. Earle
K. Giroux
G. Grewal
R. Haley
F. Kinsella
J. Lousley
L. Paine
L. Sowchuk
A. Warren
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: K. Graham

J. Futch, Director, Department of Clinical Services
S. Gates, Director, Quality Improvement Department
J. Hess, Director, Family Health Department
R. Kavanagh, Director, Health Promotion Department
J. Lyster, Director, Health Protection Department

D. Clark – Recorder and Times
C. Kennedy – Community Medicine Resident

J. Butt called the meeting to order at 12:10 p.m. He did ask at the last meeting if Board members had any questions to please submit them to him in advance so that staff could do their homework. He only had one request which was documenting the municipal levies over a period of time and J. Pearce has done that. He turned the meeting over to Dr. Carter.

1. Summary of Where We Are:

Dr. Carter thanked everyone for attending. J. Earle and G. Grewal are not here yet. L. Sowchuk will be late and K. Graham will be here for the AGM. We will resume in 5 minutes to see if everyone who is expected is in attendance.

The meeting resumed at 12:21 p.m. Dr. Carter began by doing a brief summary of what was reviewed at the last meeting. L. Sowchuk joined the meeting at 12:21 p.m.

In summary what we gave you was a base budget that we need to carry on with current operations. Then we told you what we would need to meet the new OPHS which would require another 22 people. We advised that we are part way through our program review and we arrived at this number using our need and impact data.

J. Earle and G. Grewal joined the meeting at 12:23 p.m.

Also the good thing about the program review is that it allowed us to go through the OPHS piece by piece in order to incorporate it into our budget process. Our staff have researched how to meet the previous requirements for the OPHS using evidence based interventions. There are a number of members of the Board that are surprised that we need 22 people, but the board members that have been here before have known that we have not met the requirements. We needed 12 more people 3 years ago and there have been increases in the requirements since then.

Across the Board, the rural/small health unit MOH's that she has talked to require approximately 10 more people to meet the OPHS. This is pretty standard across the board. Some members of this Board think this is padded. It is not padded Dr. Carter advised. In fact, we do everything the cheapest way we possibly can because we know we are not delivering the services. We cut everything as tight as we can.

The evidence is that we have needed 12 people for 3 years to meet the old standards. The other evidence she has that we can't be padded, is that the next lowest funded health unit in this area received \$5.50 more per capita in 2008. The next health units on the list I distributed are getting about \$18 – \$20 more per capita than we are. When we put forward a budget stating we can meet the standards with these new positions, that is still less than what those health units were getting in 2008 to meet the old standards. This health unit does not have a bunch of miracle workers; we cannot produce without the resources. We can't do it if you don't give us the resources.

The opinion piece in the Recorder and Times that said we are playing this game every year bothered her. This is no game. This is a legal requirement.

She has a legal obligation to let the Board know what it takes to meet the OPHS and the Board has a legal obligation to give her the resources she needs to meet the OPHS. The Board does not have to give her everything she asks for if they think she is being inefficient.

We also have to cover the fact that the Board didn't give it to us last year, or a few years ago, and the health unit did not fall down. We are still operating so what is the harm?

These are evidence based interventions, so we did not teach the kids in schools the sexual health information that they are supposed to learn. Because of that we probably have more pregnancies and STI's. In the future these kids with STI's might be infertile. These are the harms that are happening in our community every year because we are not meeting these requirements. What about mothers not supported in breastfeeding causing a higher rate of diabetes and obesity? It is not just provincial healthcare costs that go up, but some of the costs come out of your own municipal budgets. In some cases it will take 10-20 years to see the harm created in our communities. However, she will take what the Board gives her and she will do the best with it that she can.

We need to decide today, to give J. Pearce direction for the February Board. What budget are we going to direct J. Pearce to submit to the MOHLTC by the end of March? Dr. Carter recommends that we submit the budget with all 22 positions and advise the ministry that they should fund 75% of it.

It is not her fault, or the Board's fault. We have tried to convince the MOHLTC to right the wrongs. It is the fault of the Boards at the end of the social contract period that did not increase the budget to meet needs. Now we have learned after 3 years of lobbying the MOHLTC that we are not going to get immediate additional funding. We will get it slowly over time. They promised a funding formula, and in 2012 will red circle the health units over the funding formula and will start shifting money back to the health units that need it. Hopefully by 2012 we will see some assistance from the province. That is thanks to J. Butt and the lobbying we have done.

The ministry has recognized the problem. Dr. Carter suggested that we submit a full budget and direct staff not to implement anything above the budget required to meet current operations until we have the Board of Health Meeting in May when we have completed the program review. We have to decide how we are going to move forward toward getting the additional 22 people into our budget. Her recommendation is that we do it this year. We will hire them July 1 and next year they will be annualized. There are other options and J. Pearce has given them to you in the handout.

The Board has to look at the numbers farther out over the third and fourth years. Once you have decided that, you need to decide how much of the money not coming from the ministry will come from the levy and how much will come from the reserves. Once you have come to some conclusion you can give J. Pearce direction and she will draw up the budget.

2. Questions:

Dr. Carter asked if board members had any questions from the last meeting?

A. Warren asked are we to look at Option 1, 2 and 3 and to realize that it matches up with Option A, B, and C? Could you explain? Dr. Carter advised that J. Pearce will answer that.

F. Kinsella stated that he is sympathetic to the needs. He wanted to discover whether there were any comparators on how we related to others in the province. He agrees that we got caught with an unfortunate funding anomaly. When we transitioned from 100% to 50% local funding we got caught in that.

F. Kinsella looked at the indicators from the Initial Report on Public Health which he handed out to board members. He looked at Boards with similar expenditures to ours. The government did a comparator which he reviewed with the Board. How far out were we? He found that we were kind of in the ball park. Are we an anomaly or are we characteristic of all health units in Ontario? Dr. Carter advised that we are an anomaly. You can't compare us with Porcupine – you have to fly in. The ministry has decided we are similar to health units #3-13 and she disagrees with #13. #3-#12 all have a population of 50,000 to 200,000. The problem with the budgets in this report is that these budgets are comparing apples and oranges. Our budget includes Preschool Speech and Language and Land Control which a lot of other health units do not carry.

Last week Dr. Carter handed out a sheet that compares apples to apples. You have to look on a per capita basis to compare health units. For #3-#12 she does not know a lot about some of these health units. In her comparison Eastern, HKPR and Renfrew County is in there. They have populations not far from us and are geographically similar. From a capacity point of view we tend to hire public health nurses, where other health units hire health promoters. We do not have any nurse practitioners or health promoters so we have more nurses.

F. Kinsella asked if this is what the ministry has, how important a document is this to the bureaucrats in Toronto? Dr. Carter replied that she thinks it is a very important document. When they come to ask this Board to sign an accountability agreement this is the sort of thing they will be taking into account, moving the indicators in the right direction. She did do a full analysis of that report for the Board in September.

We used to report to the Board how we met indicators, they were old from 1997, and we tried to keep that up to show the Board how we were doing which showed how we were not meeting some of them. (i.e. the Immunization of School Pupils Act, food premises) We stopped doing this because we have the new OPHS and the indicators are not valid anymore. It was a counting of activities rather than an outcome of things.

Moving toward the OPHS shows how we want to move toward outcome indicators and that is how the Board will be judged when you sign the accountability agreement with the ministry. The public health branch is doing this report to see how to fund public health as a whole and to show what we are trying to achieve as a system.

J. Butt stated that M. Turner described the process, and clearly this was the first step to give us an indication about what makes a good health unit. For this report, the health unit completed the forms and they came back to us for verification. The audit of these numbers is our own audit, but he expects that there will be a third party audit as well.

F. Kinsella stated that when you look at these numbers we are in the middle of the pack. If there is a shortfall it should show up. Dr. Carter stated that we are down in our immunization and not good in some other areas. F. Kinsella stated for the rest we are around everyone else. Dr. Carter stated that she will get her summary and bring it for the new board members if they would like. She gave a scorecard on that report.

J. Butt stated that in terms of our visits with A. Stuart at the ministry, they acknowledge that our per capita funding is at the low end of the scale and they accept that. They said so be it, and advised that they are going to implement the formula and it will be phased in over time. Part of the Board's responsibility is to agree as to what it is we are going to do, whatever that is and fund it. J. Butt stated that he tried to push the ministry around what they mean by performance management and signing accountability agreements. Tell us what the rewards and penalties are. They are working on that. We did in the past sense with the mandatory programs, if we were reaching 80-90%, we would not get our wrists slapped. We were not. He does not know what the new deal is.

These folks have produced for us, based on the best information available, their perception of what is needed, albeit not prioritized to meet the new standards and protocols and everyone knows in the province that they are not cost neutral.

J. Earle stated that his problem is whether we are representing the Board to the people or the people to the Board. He has about 525 people that were laid off in October 2008 in the Brockville area. There is probably 4-8 other jobs that are spun off of those directly. He has between \$1.5 to \$2 million worth of vacant industrial space. Nobody can do something with nothing. Everyone knows the definition of discretionary spending. Some people are into the negative.

When he adds a fee to add 22 new employees, he is forcing someone to pick between food and heat in the house.

J. Butt stated that when you come here you are appointed to this Board by your municipality, so you are sitting here as a representative of those people, he is not disputing, but you are a member of the Board of Health. The question Dr. Carter and J. Pearce have put to us, they recognize, they are realists, they have to present to us a budget that will satisfy and address the new programs and protocols and standards. That is what they have done.

They also said our job as a Board is to make a decision as to the amount of money we want to invest in our public health programs to establish healthy and safe communities. Does the community at large perceive there is a return on the investment for the \$17 or \$18 per person; is there a return and a benefit? Does the benefit outweigh the cost? That is what we have to accept as a Board. He was at most of the clinics and the public generally supported us. 90% of the people in this country support an investment in health. They don't tell you to what level.

R. Haley stated that as a board member, he is concerned about the health of 2 families he spoke to this morning and they can't pay the rent because they lost their jobs. That is the health of those families. He listened to the presentations at the last meetings, and we would be hard pressed to see 4-5 positions needed. The standards are set with a lot of duplication. Testing of noise is already done by the MOE, someone else can do that. There are Speech and Language Pathologists down the street, someone else can do that. He said 22 is out of the question, it cannot be justified.

J. Butt stated that he echoes again what Dr. Carter stated. They presented two ends of the spectrum, the continuation of what we did and secondly based on the best stuff we have available. They did admit that the prioritization exercise would not be completed until May. We know those are the two ends of the spectrum J. Butt stated. The next question is we now as a Board have to figure out what our comfort level is?

R. Haley asked who is going to pay for it? There is only one taxpayer. J. Butt stated that we all have those concerns as a taxpayer. The community are the truth and the reality that we have to deal with.

L. Paine asked for 15 minutes with board members only. He wants to talk about some conceptual issues and the process. The danger for us as a Board is that we approve all of this funding and we are on the hook. Is there another health unit that is asking for a 20-25% increase in staffing? We need to talk about these issues as a Board. He sees this is coming to an ultimatum. Can we have this discussion with all the staff here? J. Butt commented unless we were discussing names and so on we cannot meet incamera by ourselves. This has to be open.

L. Paine stated that he is looking at other health units that focus more on immunizations or school programs. There are differences and every health unit is a little bit different. J. Butt stated that there is one health unit that receives more funding from the province than they can use and they give it back. He has lobbied and begged to get a share of that and you know the answer.

Dr. Carter stated that if the question was are other health units asking for as much, if you look at the funding and if you assume that the other health units were meeting the mandatory programs and had that kind of per capita budget, when they came last year to implement the new standards the rural ones like us pretty well asked for another 10 people. She knows this in general from talking with the MOH's. L. Paine commented that if we are the only one out there applying for this increase that is what he would like answered.

B. Fletcher stated that we have this discussion every year. This year the end result has a little bit more pressure. In his mind we have to figure out if the government really respects what they want us to do, how many people and what type of budget do we need to do that, knowing that we can't get more provincial funding, but doing it. We also have to look at what we think people can afford and what kind of an increase we can ask for and understand that we will get it without creating too much bad faith. He thinks that the health units all over have done a good job and are in good favour with the people around H1N1.

He is open minded, we know we cannot afford 22 more staff this year, and we are going to have to spread it out. If we could just get through what we need to do the job, then we have to get to the fall back positions to present from our other funders to see what their reaction will be.

J. Butt stated that is a good summary of what it is that Dr. Carter was presenting to us. In terms of going forward, we have identified the two ends of the spectrum. Now in terms of moving into hearing some other options and listening to those options does anyone have any trouble with that notion. No decision will be made. J. Earle stated that the municipal representatives here understand how taxes are derived on the municipal side, but he is not sure everyone in the health unit understands. Municipal taxes are not based on people's ability to pay; it is based on the value of the property. When you shift something to this, you are shifting to the people who do not have the ability to pay it. You are directly affecting their quality of life. J. Butt stated that in fact, our staff are very aware of that, one of the social determinants of the health of the community deals with levels of income.

J. Earle commented that we have many people that have had houses handed to them from relatives and they don't have the income that their predecessors had, they don't have the income to pay the taxes. J. Butt stated that the question I thought was, do non-municipal representatives understand that concept, and I am saying that people understand this.

Dr. Carter commented that as staff we understand that very much. We do not want to be the source of a problem for people, but we have been directed by the province to meet these standards and we are legislated by the province to meet these standards. Whatever the Board of Health decides will be the budget that has to be paid by the obligated municipalities and the minister will contribute whatever he or she wishes to help the Board of Health meet its budget.

That is the legislative framework that has been set up by our elected politicians to fund public health in our community. We have a legal obligation to bring to this Board the requirements we have to meet the legislated standards and the Board has a legal obligation to fund us to meet that standard. It is not staff versus Board. All of us are caught in this unfortunate situation. We have tried to solve it to get the province to fund its fair share. This has been unsuccessful in the short term. In the meantime, it is not that we do not understand. We are all equally in this boat and we can't get out of it because it is a legislative boat.

R. Haley stated that he agrees with Dr. Carter that we are mandated but we need to tell them we need more money. We are not going to provide it until you give us more money. We can't go to other people and ask for more.

J. Butt stated that he hears Dr. Carter saying that but in a different way. It is staff's job to tell us, our job to deliver the message to the ministry, and our job to figure out what is an acceptable level of funding.

J. Butt asked if J. Pearce could answer A. Warren's question and then move on and discuss the various options.

J. Pearce advised that with regard to the municipal levy at the last meeting Options A,B,C relate to the lowest spectrum with Option A) increasing the levy by 3 % and using reserves Option B) another way to fund the lowest spectrum is to increase the levy by the full amount and not use any reserves- \$1.72 increase per capita, Option C) support the full budget with the full request for the additional positions and use no reserves. J. Butt asked the group are we comfortable having J. Pearce talk about the different options for us to consider, and then as a Board we need to say do we need staff to look at any other scenarios or another planning meeting before the February board meeting?

3. Budget Required to Meet Current OPHS:

J. Pearce advised that the one sheet G. Grewal asked for regarding funding back to 1991 has been provided. In order to keep the basket of programs the same back before 1998, at that time the CINOT budget, sexual health and aids budgets were 100% funded by the ministry. Thus the ministry funding ratio was 78-79%.

J. Pearce has included one time costs funded by the ministry. In some cases when there was a onetime request the Board of the day would choose to add to the levy or take from reserves. Any questions?

In the legal sized handout she has outlined 3 options and she has gone through the 3 different ways of implementing the new positions required and how it would impact the budget. She has used a 3% increase from the MOHLTC which might change in 2011 however. In addition she has added what our experience has been in our budget, 1% salary increase in incremental increases along the salary grid and used a 2% cost of living increase for salaries on top of that. For new positions she would not add the 1% only on existing positions. A 5% increase to benefits each year is expected. She distributed the 3 options:

1st Option - Assuming that we add 50% (11) of the required new positions in 2010 – \$406,000 is half of 50% because it is for 6 months of the year. In the next year under Option 1 we allowed half of those positions to annualize not adding any new positions in 2011. In 2012 adding the other half of those positions – it is a little bit more – \$407,000 to add the other half in 2012.

2nd Option – Adding all of the positions this July 2010. Half a year impact and then the annualized impact would come in 2011.

3rd Option – Adding 1/3 of the positions this July and 1/3 in 2011, and 1/3 in 2012 with the full annualized impact in 2013.

J. Pearce reviewed the options line by line. If you are going across line 1 – it is the budget for approved operations, line 2 is the amount of additional OPHS positions, line 3 is the total 2010 budget. Line 4 is the expected ministry grant. In all cases this assumes no use of reserves until she is directed to by the Board. Line 6 is the 2009 municipal levy and then by default is the increase to the municipal levy due to the funding needed. Option 1 – \$662,000, Option 2 – \$1,069,000, Option 3 - \$526,467. Line 8 shows the per capita levy increase. \$4.45, \$7.18, \$3.54. In 2009 the per capita cost was \$17.01 – these numbers are on top of that.

F. Kinsella stated that per capita cost has no relevance, there are no comparables. J. Pearce stated that is how we allocate to the obligated municipalities based on MPAC data. Dr. Carter advised that allows you to compare with what I gave you the last time.

J. Butt stated that if we feel as a Board that it is the wrong way to do it, we could try to influence the ministry, but at the end of the day, it is how it is distributed. J. Pearce stated this is how the levy is distributed to the obligated municipalities. F. Kinsella asked does the ministry fund you on a per capita basis? J. Pearce replied no, it is within the Board's ability to change how the municipal levy is split between obligated municipalities if they wish to.

S. Dodge stated that before we look at the 3 different options, she would rather look at Option A, B and C presented last week. She has no intention of voting for 22 new positions. She listened last week to the managers and they all made very valid points. We have got to bring some common sense to this table; we need to look at the economy. She appreciates all the work J. Pearce has gone to. She agrees with R. Haley, she might vote for 3 or 4 positions. If the managers and staff got together and talked about standards, she is also hearing that we are not getting penalized. The government wants it both ways. As a health unit Board we have to get to that point eventually, but if the government is not giving us the money, they have said 3% period. We have to live within our means.

If we can't afford any more than 3% why are we looking at 3 different options to fund 22 positions? We need to look at getting these percentages up to finally get to 80% as J. Butt suggested. We need to be realistic. Everyone has to work a little bit harder just like we do in our own municipalities. During H1N1 the media and staff did a phenomenal job, we need to put our heads together. She is not voting for 22 positions. She would vote for Option A and figure out how we are going to fund that one.

J. Butt stated that we are between a rock and a hard place. We have no choice but to seek in February approval of the 22 positions. We have to submit that to the ministry. Then it comes back to your question, what is doable for us?

J. Butt stated that in spite of all of that, the staff have done an outstanding job. At the end of the day we will do the best we can do with what you allocate to us. J. Earle stated that the message should be simple. Don't send your standards until you are sending the cash with them.

J. Butt asked what direction do you want to give J. Pearce as we go forward from here? L. Paine commented that we need the 22 people in A,B,C does not give the Board the information we need to fund the other options. 1,2 and 3 is 22 positions S. Dodge advised. Option 1 is 11 new positions, with no new positions next year, and 11 positions the following year Dr. Carter advised. L. Paine stated that you are doing multiyear with the 22 staff, maybe we need other scenarios. B. Fletcher stated that he found this form, handout, to be very easy to work with. Could someone correlate in the same format, what the difference is between the two? It is not taken into account in any number on this page.

J. Pearce advised that Options A and B relate to the budget to maintain current operations. It relates to whether we use reserves or not. Option C is if we implement Option 1. J. Pearce stated that Option C is taking all of the positions if the ministry was paying their percentage. B. Fletcher would like to see 3 options for Option C from the long sheet here. He stated that from a municipal appointee percents scare people, we need to know the actual number.

When he goes back to 16 other politicians, the numbers right now mean a 1% tax increase across the board for every \$100,000 home in Lanark County. He will have to bump taxes across the board at 1%. Per capita is nice to explain to residents with questions. He would be interested from the board members to know what Option C means in Brockville as a percentage increase to get that much money. J. Earle advised about .9%, but it is also based on half a year – annualized it is almost a 2% increase. J. Butt advised that a 10 minute recess will be taken so that J. Pearce can do the calculation. The recess was taken at 1:39 p.m.

The meeting was called back to order at 1:55 p.m.

J. Pearce reviewed the new figures. This is no reserve used. Option 1 – implementation of 50% of new positions July 1st, total municipal levy \$3,193,760 increase of \$6.72 per capita, City of Brockville \$85,000 increase. Option 2 - implement all positions July 1st, impact is \$7.18 per capita this year. Option 3 – add 1/3 of the cost of new positions on July 1st \$3,058,000 total levy, \$3.54 per capita increase.

F. Kinsella suggested that we approve for budget purposes the 3% Option A. He would recommend for 2010 Option A with the reserves in and to submit to the ministry Option 3. J. Butt stated that so far with Option A you are saying put the whole reserve in there. F. Kinsella stated 3% plus gives them the option of using the reserves. J. Butt advised that a year ago we said we would maintain a modest reserve for smoothing and not draw it down to balance a budget. You are still saying the same thing or are you saying draw it down? F. Kinsella stated that is dependent on need. Directors made a valid case for some staff, this may give them an option to do things they can't do. He is looking more for a student summer program. This is a good practice.

J. Butt stated that we would have to know what the prioritization is. Dr. Carter advised that we would not assign jobs until we have been through prioritization. F. Kinsella stated that to the ministry it is reasonable. We have a 3 year plan, we will go one third, one third, one third, it is more palatable if we go to all 22. With the 3% knowing that we have collective agreements, you have to find the money. He thinks that is the way to go. When we started this we said we would maintain our 25%, if the ministry increased the budget for this health unit he would support a 25% ratio. Unfortunately we are creeping up, but, it is a difficult year. J. Earle has made a good point, we all face that. It is palatable, we know the ministry will give 3% and utilize the option of using reserves and go back to the ministry with, here is our plan to phase in, in order to meet these new guidelines. F. Kinsella stated that if this is the year for the new standards you don't want to go in with a budget that is too low, if they are going to rejig it.

G. Grewal questioned Option A, you are proposing that all reserves be used? J. Pearce responded yes. G. Grewal questioned, Option B, is the same thing with no reserves? J. Pearce replied, yes that is correct. G. Grewal would suggest trying to keep \$100,000 of the reserves.

J. Butt stated that in terms of giving some direction to J. Pearce for the presentation in February, take the last part of Frank's suggestion first. Is there any concern with us going with Option 3 as a presentation to the minister with the qualifications? That is we need to ensure that we implement over time these new OPHS. Would any say don't do that? J. Earle stated that the caveat to the message was, that is the budget. When you increase it, we will increase it. We will follow your lead. Dr. Carter suggested submitting the budget and telling staff not to implement it. J. Butt asked the first part of Frank's suggestion regarding implementation, were you all supportive of that? F. Kinsella stated it was 3%. J. Earle stated that there is some agreement on the 3% but what about the reserves? J. Pearce advised in Option A we will need to use all of the reserves. J. Butt stated that is the direction.

J. Earle questioned is the option saying use all reserves or 50% of them? J. Pearce advised that she has not presented anything using 50% of reserves. If it is 50% the increase needs to be more than 3%. J. Butt asked would it be easy to send out for the next board meeting basically, Option 1 3% as you have done, B, using 50% and the impact? J. Pearce stated that it is just a ratio between Option A and Option B. J. Butt asked would the Board be satisfied with that for February to make a decision for next month? J. Pearce asked does the Board wish to maintain x number of dollars at reserves, is that 100,000? We now have \$179,000. B. Fletcher stated that for budgeting purposes we will say 50%. The Board agreed to this. J. Pearce asked if we could set a dollar figure instead of a percent - \$90,000 is the figure. J. Butt stated just to confirm, we are going to be submitting Option 3 to the ministry. He stated that this is a big step in the right direction and he concurs with F. Kinsella's and R.Haley's observations. As a Board we have a good grasp of what the public health agenda is, the big challenge is how in this climate do we fund it?

A. Warren questioned, in F. Kinsella's recommendation is it our intent to stress to the ministry that we can only implement the new OPHS under a 3 year plan? F. Kinsella replied, yes it is a transition. J. Butt stated that the other caveat is that they need to step up to the plate.

Dr. Carter stated that she is disappointed and this is a step backward. This is the first year since she came that the budget we submit to the ministry will not allow us to meet the requirements. This year we are only submitting the request for one third. She would suggest we submit the request for the full requirement with the intention of only implementing one third. She is not hearing that. R. Haley stated that is right.

J. Butt asked why is that different than what the Board has done in the past? We had a status quo budget and we said to implement it. Dr. Carter commented yes, but we submitted to the ministry the full budget. B. Fletcher asked why not give the whole budget but make a note that we would implement it over 3 years, but we need the full budget. You are talking about Option 2. Dr. Carter replied yes.

F. Kinsella referred to page 14 and stated that when he heard about the 22 positions, he appreciates that they came from each department, but he heard that some could intertwine. There could be a lot of debate on this. He is not prepared to support all 22 positions. There is a demonstrated need for some positions. He wants to know why we are not sharing resources? We need to go back and look at the demographics and see if it is a priority. S. Gates stated that is what we are doing with the program review. F. Kinsella stated that for us to get into that discussion is premature. Go with the one third, one third, one third, which gives us some leeway. If we are going to approve them all now, why have the review?

J. Butt stated that there was a compromise position, but when you go to the ministry there are the positions that are needed, and to ease the funding for them we are prepared to implement the budget in stages. That was B. Fletcher's recommendation.

J. Earle stated that he does not see in this budget anything about capital costs. Can we accommodate these new staff, do we have the computers, supplies etc.? He does not see that. He does not think we would be ready to walk 22 people in the door right now. J. Butt stated that is why there was discussion around the prioritization. F. Kinsella stated that capital costs are about 10% more in your budget for every new employee.

J. Pearce stated that the municipal levy will be \$2,697,733 and the per capita cost is \$18.13 but it is not clear what she is submitting to the ministry. J. Butt stated that she is submitting to the ministry the full budget with the qualifier, stating that we are prepared to help them with cash flow by implementing the budget over time. J. Pearce stated submit Option 2 but recognize funding will not be there. A. Warren stated that we talked about keeping \$90,000 in reserves. J. Pearce commented to keep in mind she does not have the ministry budget forms yet.

J. Butt stated that it is 2:20 p.m. and the AGM was supposed to start at 4:00 p.m. With the Board's permission we could start into the regular meeting.

Dr. Carter advised that the purpose of this meeting was for board members to take the information home from the last meeting, review it and come back with some questions. Did F. Kinsella have some questions? If we are going to submit this budget, and the positions, that is what we are here to answer. There is time.

S. Gates stated that we put forward the positions as preliminary without fully looking at organizational structure, efficiency, or community partnerships so we may not fully know the answers to the questions.

G. Grewal asked where does the resident fit in? C. Kennedy stated that she is 100% free and that she is funded by the Ontario Ministry of Health. She is a fulltime student at Queen's and her salary comes from KGH.

G. Grewal asked the review is not complete, when the cold chain breaches you need more staff? J. Futcher stated that this is taking staff away from other things, and we will have a consistent number of breaches over time. The ministry has changed the level of response required. For every break we have to call every manufacturer of every vaccine in that fridge to advise them so that we have a report on every vaccine – something that took 10 minutes, now takes 2-3 hours. G. Grewal asked would it not be better to reduce the number of breaches? J. Futcher replied that we do, we have huge teaching programs for the doctors. Single fridge failures can cause a \$10,000-\$15,000 vaccine loss. We do not have as many breaches as we used to but with the change in practice each one takes more time. G. Grewal stated that he would rather put more resources into the preventative part of the program. Dr. Carter advised that a large number of the breaches are power failures which occur in this area in the winter. G. Grewal suggested a battery pack. Dr. Carter stated that you have to have an alarm system and it needs to be monitored. J. Futcher commented that it is more involved.

J. Butt asked did we trade off the cost of buying the alarm system? So the staffing cost is \$40,000 he is asking did we trade off the cost of that money and buy that alarm system and equipment so that the doctor's office could minimize those outages, did we make that trade off? J. Futcher stated that even all of the health unit vaccine fridges are not monitored yet. G. Grewal asked do you ever get repeat breaches? If so, we should suggest they be charged for that. Dr. Carter stated that the penalty is that there is no vaccine given to them. B. Fletcher commented that if people really knew that their lives were in jeopardy because the doctor is too cheap to buy the right fridge. The province should make the rule to supply the right fridge. The health unit gets blamed, and it should be the ministry of health. J. Futcher stated that there is a new process now to prequalify to receive vaccines that is more stringent.

G. Grewal suggested going back to the ministry. They are going to get these requests from other health units as well. How come one health unit says we don't need extra staff but this one does? Some things are subjective in here. For example the staff consultant. You could take both view points. It is a would like or need to meet the requirements. Dr. Carter stated that all health units felt they needed about 10 more people to meet the new standards.

B. Fletcher stated that the most important thing we are doing is the program review under S. Gates direction. That will show us where we are going, it will be our bible. We need to give time to get that justification. J. Butt advised that we have our direction. It would be okay to begin the Regular Board of Health Meeting now. F. Kinsella suggested doing the incamera session now.

The meeting adjourned at 2:39 p.m.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

- c: Board members
- HU offices
- Municipalities
- Shared Drive