



Minutes of the Board of Health Regular Meeting

Thursday, December 4, 2008

Board Room, Brockville Office

458 Laurier Boulevard

4:00 p.m. – 7:15 p.m.

Present: J. Butt, Chair
B. Fletcher, Vice Chair
J. Beckstead
M. Campbell
J. Earle
D. Gordon
K. Graham
F. Kinsella
A. Van Schie
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: M. MacDonald

Invitee: Lucia Taggart - FOCUS Coordinator

B. Dalglish – Director – Health Promotion Department
J. Futch – Director – Department of Clinical Services
J. Hess – Director – Family Health Department
J. Lyster – Director – Health Protection Department
J. Mays – Manager – Health Protection Department

Ron Zajac – Recorder and Times
S. Healey

1. Call to Order:

J. Butt called the meeting to order at 4:14 p.m. He advised that we have regrets from M. MacDonald as he was called to a meeting of the council in Gananoque. J. Earle is on his way here from Ottawa and will be here as soon as he can.

2. Approval of the Agenda:

J. Butt asked if there were any additions to the agenda. B. Fletcher asked that Financial Account be added under item 6.8. M. Campbell stated that under business arising he would like to add Property Policy under item 4.2 and Selection of Board Members under item 4.3.

J. Butt referred to item 5.2 on the agenda Ontario Public Health Standards, and stated that unfortunately S. Gates is sick and this item will be deferred until our next meeting. The presentation will be given then. F. Kinsella asked that this item be left on the agenda as it would be worthwhile for us to have a workshop.

It was moved by: M. Campbell

Seconded by: J. Beckstead

That: The agenda of the December 4, 2008 Regular Meeting be approved as amended.

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Regular Board of Health Meeting held on October 16, 2008:

A. Van Schie referred to page 9 in the middle of the first paragraph asking should the minutes say stakeholders instead of shareholders. J. Butt stated that he did say that. F. Kinsella questioned on page 4 that J. Butt commented that hopefully we will get clear interpretation from the province on Nov 14. Has that been dealt with? J. Butt advised that will be under business arising.

It was moved by: B. Fletcher

Seconded by: M. Campbell

That: The minutes from the Regular Board of Health Meeting held on October 16, 2008 be approved as circulated.

Motion Carried.

4. Business Arising:

4.1. Almonte Public Meeting:

J. Butt added item 4.4 Meeting with David Williams under business arising.

B. Fletcher advised that Almonte is struggling right now with their timing and there is another meeting next Wednesday and he will be available to give dates. J. Butt advised that it is up to the Board whether they want to attend or not. J. Butt, B. Fletcher and Dr. Carter should be there. B. Fletcher will give a selection of 3 dates for January.

4.2 Property Policy:

M. Campbell suggested that we adopt a policy regarding property and that no agreement be signed regarding purchase of property or development thereof without prior approval and a written commitment from the Ministry of Health.

J. Butt asked should that not come as a notice of motion? M. Campbell stated that we need to have an adhoc committee review the procedure of this Board. We can just address it as a motion. A. Van Schie asked what is the concern about committing to or having an option to buy without a commitment? M. Campbell stated that a resolution should be put on the floor.

A. Van Schie stated that you should at least be given a month for notice of motion. K. Graham stated that he has no objection to discuss it this evening. Right now he is leaning toward supporting that motion.

J. Butt advised that we need 2/3 of a majority according to Roberts Rules to put it on the table tonight. B. Fletcher moved that we accept a motion to do with property procurement at this meeting. That was seconded by D. Gordon. There is 2/3 majority.

M. Campbell read the proposed motion. K. Graham stated that he supports the redevelopment of the Smiths Falls site, but he also wants some assurance that the Ministry will provide their share of the funding. A. Van Schie stated that by the way the motion reads tonight he suggests we not be allowed to do any work on this building unless we get a commitment. Does it tie our hands on being able to do work here? M. Campbell stated this motion does not relate to this property. This means new property.

J. Butt stated that it is understood that this applies to this particular purchase – or any new development. This is a friendly amendment. A. Van Schie questioned what is wrong with the policy the way it is right now? M. Campbell advised that we need a commitment from the province in writing to ensure that our revenue is covered. Also the insinuation is that the Ministry is expected to approve it, but that is not good enough. We need something solid and concrete.

F. Kinsella stated that his concern is that Kingston has downsized and there is another hospital that they have downsized because they have to save money. At the County we are not sure that all of the infrastructure money is going to come. His concern is to have a commitment because the government is picking up 75% of the cost. If we make a commitment and don't get the 75% where do we go from there? He wants to ensure that the ministry will distribute the funds. J. Butt stated that it does provide to the staff guidance upfront. B. Fletcher stated that a lot of times we tender with a condition. You can even get a tender price and get it in place. M. Campbell stated in comment to that, most of us have had experience with tenders and it can be a long involved process. You have already spent the money without any commitment and that is why we need the commitment upfront.

K. Graham commented that this is no disrespect to staff; it is a safeguard for staff. If we don't get the money there is no point in wasting staff's time. B. Fletcher asked how do we ask the government for their share if we don't have a cost? J. Butt stated that we have a cost. A. Van Schie commented that without some commitment from the Board, do you think the province is going to make a commitment, I doubt it. B. Fletcher advised that we have a commitment; we already know what we are willing to put up. Is the Ministry willing to back it if we go forward? J. Beckstead stated that this is just putting it on paper, it is a safeguard.

It was moved by: M. Campbell

Seconded by: F. Kinsella

Whereas the LGL Health Unit adopt a process that no agreement be signed regarding purchase of property or new development without prior approval or written commitment of the Ministry of Health.

Motion Carried.

4.3 Selection of Board Members:

M. Campbell stated that most of you have seen the response from Bob Runciman's office regarding appointment of members to this Board. To him it points out that the issue of the MOH being involved on the interviewing committee for public appointments to the Board is not appropriate, and therefore the MOH should not participate in interviews for potential board members. The Board is the employer of the MOH.

Recent ads in local papers for board members raised the following questions; he believes that the Health Unit Board should address how many people have been interviewed. Did the Chair and the MOH have a questionnaire? Should these questions and evaluations not be received and approved by this Board of Health? This entire process needs serious review and should not continue until the process has been reviewed by this Board. J. Butt advised that at the last Board meeting the Board approved this process and that is the process that is being followed. F. Kinsella stated that it should be 2 members and the MOH, but he doesn't know about the process.

Dr. Carter advised that it included a process outlining the approval of the questions to be asked of the candidate. J. Butt stated that an amendment was made at the last meeting to include 2 board members and the MOH. K. Graham stated that he is taken aback with the opposition to have the MOH sitting on the interview committee. The CEO has the pulse of what is going on in the organization and he can't see them being excluded in any process except for their salary review. The CEO/MOH is here to give us advice, and if she is not in the room we can't get it. He does not support the motion.

J. Earle joined the meeting at 4:41 p.m.

A. Van Schie stated that the last interview was conducted by Dr. Carter, A. Van Schie and J. Butt and was compliant with this policy. The MOH has the full breadth of the organization and there is no reason for her not to be there. She is an ex-officio member of the committee. J. Butt stated that after the interviews have taken place the final decision is that of the Board's.

K. Graham stated that was a motion that was passed at the last board meeting and if we are going to revisit it we need a 2/3 majority of the Board's support. It needs to go to the next meeting.

M. Campbell advised that he is suggesting a process and whether you wish to rule it as a motion he is prepared to go that way. He is not debating what happened at the last meeting. If you wish to discuss the letter from Mr. Runciman's office then this is a process that we should be looking at. He believes this is a fair way of doing this. M. Campbell is not aware of any report saying these were the interview questions, these were the responses etc. J. Butt stated that you may not have been here but we reported on an interview in September. M. Campbell asked did that discussion take place incamera after I had left the meeting? J. Butt advised that the recommendation was made by the Board in September.

F. Kinsella moved that we review the new procedures at our next meeting. (V-155-1)
K. Graham stated that he doesn't see the difference in a process or a motion. You are revisiting the motion at the back door. You need to revisit the motion at the next meeting. A recorded vote was taken:

J. Beckstead – in favour
M. Campbell – in favour
J. Earle – in favour
B. Fletcher – in favour
D. Gordon – in favour
K. Graham - against
F. Kinsella – in favour
A. Van Schie - against
J. Butt - against

ACTION: V-155-1 will be brought back to the next meeting.

J. Butt asked in terms of direction before the next meeting in January he has some applicants that responded to the Brockville ad. The Board advised J. Butt to continue on with the currently approved process.

4.4 Meeting with David Williams:

J. Butt stated that unfortunately the meeting that was scheduled conflicted with the launch of the new OPHS and they asked that the meeting be postponed. Dr. Carter and J. Butt were at the meeting, however, they have been invited to reschedule the meeting with the Assistant Deputy Minister Allison Stuart and we are in the process of doing that.

During the launch J. Butt talked with Monika Turner who was going to be part of the meeting and expressed to her his disappointment and asked that it be rescheduled soon. As a result we received this letter. Dr. Carter stated that the Ministry now has separated the role of the Chief MOH into 2 positions. The duties of the Chief MOH are permanently split. There will be a permanent Assistant Deputy Minister to do the administrative duties and the Chief MOH will do the scientific technical role. We clearly have to meet with the Assistant Deputy Minister Finance and the Chief MOH.

F. Kinsella referred to the word mandatory and stated that he would like to have a workshop on the standards. J. Butt stated that it is unfortunate that S. Gates is ill today. She has a diagram that will help us come to grips with that. Let's hear her presentation and see how the Board feels after that.

J. Butt welcomed J. Earle to his first meeting of the Board.

5. Presentation:

5.1. Board Governance:

J. Butt stated that Dr. Carter and he participated in an OHA workshop on good governance. He was going to use some of the material in a brief orientation for new members but J. Earle had a business commitment and M. MacDonald had a meeting. He made copies for board members from the chapter on good governance, and the role of the Board. He found interesting statements that they developed as guides.

J. Butt highlighted one area for the Board. From time to time we get in knots over our confidentiality agreement. Essentially when we accept a position on a Board and when we come into this Board role we all come agreeing to adhere to a common law standard whether or not we sign any piece of paper. The reason that Boards now ask people to sign papers is that it gives them some sense that they have read it. It doesn't give them any sense that they understood it or agreed to it. He took from this that it is inherent in his job as a board member.

In the incamera session we have a discussion and then we rise and report. If the Board still retains some information as confidential that means that regardless of where I go, to another group or another incamera meeting, it doesn't allow me to report from the business of the incamera Board because it is still locked in that session. If we were all on the same page it would make our lives much easier. So regardless of whether or not we sign agreements or not the fiduciary responsibility and standard of care is ours like it or not.

Dr. Carter advised that she found it interesting that it was suggested that the Board do a self evaluation every once in a while and they did give some methodology around that. J. Butt stated that they said it makes sense if at the bottom of your agenda you just put the mission, vision and values of the organization which we have done, so that it reminds us what we are about.

M. Campbell stated that he has no problem with the confidentiality agreement, but there is no penalty anywhere for breaking confidentiality. You have your vision now; do we have it posted on our website? J. Butt stated that it is posted on our website in our Strategic Plan.

5.2. Ontario Public Health Standards:

Deferred.

J. Beckstead left the meeting at 5:00 p.m. and advised that she should be returning about 5:30 p.m.

6. New Business:

6.1. Accounts Payable for September:

J. Pearce stated that there are 2 months worth of accounts presented. The surpluses in September are small and there are some small negative percentage variances at the end of October.

In October Land Control is at a breakeven point. At the end of the year there is usually a rush of people to fill out applications. In addition we will be reviewing staff time spent in the various programs and there may be some reallocation from the Land Control program to the SDWS program. This negative variance can be expected to disappear.

As far as HB/HC we are expecting a \$6000 negative variance at the end of the year. This is largely due to a grievance that was approved here. We have asked the Ministry to carry it forward to manage in the 2009 year. J. Hess advised that we can carry the deficit into next year. This will come out of our base and we will manage that.

FOCUS shows a small variance and they are in the fifth month of operation. J. Pearce advised that we have had to do some renovations this year following the end of the lease with United Counties. We did some painting and carpeting and constructing a classroom for IT. When the ministry representative was here she took note of the renovations and said she had not seen a request for one time funding. J. Pearce sent a letter and on Monday we received a letter stating that they would be cost sharing \$57,000 of those costs.

The best estimate of the 2008 deficit projection is about \$180,000 and we had a budget to use of \$215,000 of reserves. Staff and managers have been diligent in not overspending. In addition to the \$57,000 we were asked to itemize our costs for outbreaks (listeriosis, ecoli, mumps). The total of cost for outbreaks will be almost \$10,000 and verbally we have been led to believe that it will be 100% funded.

It was moved by: D. Gordon

Seconded by: K. Graham

That: The Board of Health approve Health Unit Accounts Payables for the month of September 2008 in the amount of \$1,124,782.76.

Motion Carried.

6.2. Accounts Payable for October:

It was moved by: K. Graham

Seconded by: F. Kinsella

That: The Board of Health approve Health Unit Accounts Payables for the month of October 2008 in the amount of \$1,096,682.30.

Motion Carried.

6.3. 2008 Program-Based Grants – Revised Budget Data and Extension of Grant Terms and Conditions:

It was moved by: F. Kinsella

Seconded by: K. Graham

That: The Board of Health approve the extension of the 2008 Grant Terms and Conditions in order to comply with the Transfer Payment Accountability Directive.

Motion Carried.

6.4. Appointment of Nominating Chair:

Dr. Carter advised that we have an election of our Chair and Vice Chair every January. We have always appointed a nominating committee of one. This person will bring forward the names to our annual meeting. A. Van Schie volunteered.

It was moved by: K. Graham

Seconded by: M. Campbell

That: Adrian Van Schie is appointed the Nominating Committee Chair for 2009.

Motion Carried.

6.5. Schedule for January Budget Meetings:

Dr. Carter advised that we need a schedule for the January budget meetings. How many meetings will we hold and what will be the agenda and the dates? She leaves this to the Board.

J. Butt stated that he thought we would hear the presentation for the OPHS and then we could give some direction to the staff to start and put a budget together in priority order.

It may or may not be a 5% increase with no extras. We have this list of new protocols to deliver and they are defined in language - shall, must, etc. If we could agree to say to staff, put the thing together but at the end of the day put the package together in priority order, we could ask them how long that would take and pick a date to look at the budget. M. Campbell asked could we schedule the OPHs for Jan. 5 and consider 1:00 p.m. meetings following that in the next week? Dr. Carter advised that we can start the meeting with S. Gate's presentation. J. Butt stated that we will do something on Jan. 12th at 1:00 p.m. for a maximum of 3 hours.

6.6. V-1715-0 – Biohazard Waste Management:

Dr. Carter advised that we have 2 new policies. We have HUAM which lists policies and procedure for staff and all new and changed policies we bring to the Board. Until now we have never had a waste generator ID number. We do generate hazardous waste here, (needles) and have disposed of it properly by carrier. Then we were visited by the MOE and they told us that we were supposed to have a waste generator ID number so we applied and got our numbers.

K. Graham advised that along with the generator number comes the responsibility of a manifest. Dr. Carter stated that we know all the rules. J. Fatcher advised that the carrier was treating us as physicians' offices and they do not need to be licensed. M. Campbell asked can we do these manifests electronically? J. Fatcher advised no they have to be done manually. It is the MOE's process. J. Butt stated that we are going to comply.

It was moved by: A. Van Schie

Seconded by: F. Kinsella

That: HUAM Policy V-1715-0 Biohazard Waste Management be approved as circulated.

Motion Carried.

6.7. V-1685-0 - Health Unit Code of Conduct:

Dr. Carter stated that we found that we had developed last year a Board Code of Conduct and looked at ourselves and noticed that we did not have a code of conduct for staff. It would be helpful if we had any disciplinary issues around behaviour. It is becoming quite common in a number of organizations.

K. Graham asked was this sent to staff? Dr. Carter replied yes, it was sent to staff for their input.

It was moved by: F. Kinsella

Seconded by: K. Graham

That: HUAM Policy V-1685-0 Health Unit Code of Conduct be approved as circulated.

Motion Carried.

6.8 Financial Account:

B. Fletcher discussed this with J. Pearce prior to Board and she advised that this needs to be a Board decision. The Lanark County levy went to the bank on the 15th of the month but was not received in the Health Unit's account until the 17th of the month. Because of the Board of Health by-law, the health unit charged \$49.23 to Lanark County as interest on a late payment. B. Fletcher asked that this be rescinded. J. Butt stated that this is our policy. B. Fletcher commented that when it is a bank transfer on a weekend it makes a difference. M. Campbell stated that this will be setting precedence. The Board approved that the late fee be waived this time.

7. Advocacy:

7.1. Proposed Alcohol Related Resolutions for the 2008 alPHa Annual Meeting:

Dr. Carter introduced B. Dalgleish and L. Taggart.

B. Dalgleish advised that on Nov. 18 the Ministry of Transport imposed some new fairly stringent regulations which if passed, would make our highways safer. These regulations relate to graduated licensing, addressing alcohol and restriction of use.

The Board Report looks at various resolutions that were considered at the alPHa meeting in October and passed. They originated from the Middlesex London health unit.

B. Dalgleish turned the presentation over to L. Taggart. L. Taggart advised that she participated in the OPHA alcohol teleconference. They advised that health units should approach their Boards of Health to endorse these resolutions. Today, they have written a letter to Premier McGuinty asking for his support. She has the research to back up these resolutions and asked the Board if they have any questions.

J. Butt stated that at the end of the day the delegates at alPHa have approved this and they have gone to the Premier's office and are looking for support from individual health units. The question you are asking us is do we support some or any of these?

A. Van Schie referred to Appendix D and stated that currently it is .08 and advocacy says to move it to .05. Currently you get a suspended license for 24 hours at .05, why do we need to lower it? Why would we not just make it zero? L. Taggart advised that we would love to make it zero. It should be .05 for everyone. A. Van Schie stated that you might just as well say zero. He disagrees with this.

J. Butt stated that on Appendix E the recommendation that was put forth to the Premier was only enacting a BAC of 0 to age 21. L. Taggart advised that .05 is a standard and they have found that this is a deterrent for some people to not have any alcohol.

J. Earle stated that he doesn't agree that only one organization (LCBO Outlets) should sell liquor. L. Taggart advised that they are talking about concentration of availability. Once you have a number of outlets easily accessible the amount of alcohol use does go up. J. Butt asked as a point of clarification at the Superstore there is a wine outlet, is that not controlled by the LCBO? L. Taggart stated yes, that would be okay. You don't want to sell it in every convenience store. A. Van Schie commented that you are not excluding Drummond's gas bar in Spencerville, they are an LCBO outlet. They have to be approved and controlled and inspected by the LCBO.

J. Earle is not in favour of reducing alcohol from .08% to .05%. J. Butt advised that the Ministry signaled that alcohol was going to be the next tobacco. It is going to happen whether we support it or not.

J. Earle commented on increasing the drinking age from 19 to 21. We have been there and it hasn't worked. Alcohol would be more harmful to seniors so why are we targeting the young age group? B. Dalglish advised that under the age of 21 is where we find the alcohol abuse. When you look at the new OPHS, addressing alcohol is all through them. It is now mentioned in chronic disease prevention requirements. Alcohol use also affects cancer rates. Locally we have more alcohol abuse in our area.

J. Earle stated that we need to enforce the rules that we already have. This puts more rules on the books that weren't enforced in the first place. J. Butt advised that one of the functions of the Board at the health unit is to lobby and present areas of concern to the government and they develop and enact legislation.

M. Campbell stated that we have never addressed the issue of illicit drugs and nicotine. Why hasn't alPHa discussed and taken a position regarding the use of drugs in driving and the combination of drugs and alcohol? J. Butt stated that alPHa has taken a position on contraband cigarettes and drugs but we have not reviewed them here.

J. Beckstead stated that she is concerned with dropping it down to .05. Most people will have one drink and go out. Those that drink and drive will do it anyway whether we change the range. She doesn't know what we will accomplish by making it 0 from 19-21 years of age.

F. Kinsella stated that he has no idea after 1, 2 or 3 drinks whether he would blow .05 or .08. The question becomes if we make breathalyzers more accessible we would have better prevention. It is a question of giving the people the information.

A. Van Schie stated that the provincial government is going to flip-flop on the issue anyway.

The motion was read. 4 board members were in favour and 4 were against. J. Butt voted in favour. The motion is carried.

It was moved by: K. Graham

Seconded by: D. Gordon

That: The Leeds, Grenville and Lanark District Board of Health endorse the alcohol resolutions passed at the Association of Local Public Health Agencies annual meeting in October, 2008:

- i. Establish stricter advertising standards for alcohol (Appendix A)
- ii. Advocate for an enhanced provincial public education and promotion campaign on the negative health impacts of alcohol misuse (Appendix B)
- iii. Eliminate the availability of alcohol except in Liquor Control Board Approved Outlets (Appendix C)
- iv. Advocacy to reduce the legal Blood Alcohol Concentration from 0.08% to 0.05% (Appendix D)
- v. Advocacy to enact a zero Blood Alcohol Concentration limit on drivers until they reach the age of 21 (Appendix E)

And That: The Leeds, Grenville and Lanark District Board of Health urge the Ministry of Health to implement these recommendations to protect the health of all Ontarians.

And That: The Leeds, Grenville and Lanark District Board of Health urge the Federal Minister of Health and Health Canada to move forward in the implementation of the National Alcohol Strategy, and that a copy of this motion be forwarded to the Chief Public Health Officer of the Public Health Agency of Canada, local Members of Parliament, local Members of Provincial Parliament, the Premier of Ontario, the provincial Ministers of Health and Long-Term Care, and Health Promotion, the Ontario Public Health Association, Ontario Boards of Health, and member municipalities for their support and action.

Motion Carried.

J. Butt thanked L. Taggart and B. Dalglish for presenting.

8. Verbal Report of the Medical Officer of Health:

General:

MOHLTC has agreed to fund 75% of our costs to refurbish the areas of the Brockville building vacated in August by United Counties. This gives us a big boost to getting the space ready for our staff who are so crowded in the west wing and ground floor. It will also give us much needed meeting space so that we do not have to go offsite to rent meeting rooms. We also hope to get some revenue from renting meeting rooms. In addition, we have put some excess space on the ground floor up for rent through a contract with a local real estate agent. There is approximately 1650 square feet available for lease at \$13 per square foot.

Clinical Services:

Influenza Campaign – Starting November 3 in Pakenham 11 clinics have been held and so far, we have immunized over 7,000 residents. There is a flu clinic today in Athens. We have 6 clinics still to run. Nurses from all departments are helping out with the clinics again this year. We are on track to immunize at least as many people as in previous years while holding fewer clinics by having them each last a bit longer.

Cold Chain Thermometer Study

Rebecca Kavanagh and John Cunningham created a poster presentation about the study completed here last fall. This was accepted for display at the National Immunization Conference being held this week. Thanks to Susan Healey for creating her magic in the design of the poster.

Pandemic Planning

Michele de Jonge, the PHN responsible for pandemic planning, has continued to work with various community groups about the provision of community assessment and referral services during a pandemic. This is an integral part of tri-county Pandemic Preparedness and it is the responsibility of local public health units to get the decision-making process going in each community as to how these services will be provided.

On Wednesday November 26, 2008, a Queen's-led research group in partnership with the Ontario Hospital Association (OHA) launched a new web portal in response to worldwide concerns about the threat of an influenza pandemic. It can be found at <<http://www.pandemicportal.ca/>>. Jane Fitcher, Director of Clinical Services was a part of the project and a power point presentation about the LGL pandemic exercise experience can be found on this site.

Sexual Health Teaching Needs Evaluation:

In partnership with the QI team, a needs assessment for sexual health teaching in the school was begun this fall. We will be conducting a survey in some grade 9 classes and will be doing some focus groups in grades 7 and 8. We will also be asking parents in the schools that are chosen to complete a parent's survey.

Quality Improvement:

The Agency for Health Protection and Promotion is planning on launching a web-based, provincial GIS system that houses provincial data and has the ability to hold health unit specific data. Our health unit has volunteered to be a pilot site for the roll-out of the portal as we are very anxious to get a GIS system going but lack the infrastructure in house. We feel that a health unit GIS system would contribute to the safety of the public and increase staff efficiency.

Staff in the QI department have developed a learning series for Health Unit staff to increase their knowledge and competency in key public health issues. To date, we have conducted 2 sessions on Referencing of Research Information and Basic Epidemiology. Attendance has been good - we had 23 people at the first and 29 at the second. We are planning more sessions for the new year to correspond with learning needs associated with the new OPHS. Provision of this series meets some of the new OPHS.

Katie Higham and Shani Gates conducted a poster presentation at the Canadian Evaluation Society Conference in October on "Building Internal Evaluation Capacity in a Small Rural Health Unit". The purpose of the poster was to share our ideas for building capacity, such as the Evaluation Community of Practice and the Learning Series.

Health Protection:

Emergency Response – The LGLDHU Emergency Response Plan is being reviewed and will be ready for discussion in January. We will be doing a presentation to the Board in early 2009 to bring us into compliance with the new OPHS.

Ont. Regulation 318 transferring SDWS from the MOE to the health unit took effect December 1, 2008. A meeting with MOE to finalize the hand off will occur December 22 at 10:00 a.m. in Brockville. Advanced level training for Directors/Managers has been completed. We will be making a presentation to the Board on SDWS in the new year.

We had 10 cases of Lyme Disease to date in 2008. This contrasts with 3 cases in 2007. This disease has definitely arrived in our community.

Our new health protection software, Hedgehog, still has some glitches but we hope to go live January 1st 2009.

Health Promotion:

Plans are underway to again promote the Driven to Quit Challenge to be held during National Non-Smoking Week in January of 2009. The Driven to Quit Challenge is a campaign designed to encourage Ontario adults who are daily smokers to make a quit attempt, use available resources and supports and embrace a healthier lifestyle with all of the personal health and related gains that come from being tobacco-free.

The Tobacco Enforcement Officers are trying to finish one complete round of test shopping with all of our area vendors. By the end of November, we had conducted enforcement inspections at 224 premises involving test shopping. From those test shopped, 20 (8.93%) were charged under Section 3(1) SFOA: *Sell tobacco to a person who is less than 19 years old.*

The retail display ban saw the enforcement officer visit all of our vendors to educate on the new requirement. Education is ongoing to maintain compliance and no charges have been issued to date on the retail display ban requirements.

An amendment to the Smoke-Free Ontario Act was passed in the summer which prohibits anyone from smoking in an enclosed vehicle when children under the age of 16 are present. The legislation comes into effect on Jan. 21st 2009. We are presently working with the Lung Association on an education campaign for a smoke-free ride (www.smokefreeride.ca) which encourages parents to not smoke in vehicles with children present.

The YAA Raize the Truth has also been very active with several presentations and attendances at fairs and events. Recently the group held a successful Open-Mic event at BCI. The Crew participated in both the Brockville and Smiths Falls Christmas Parades with a lot of interest generated in the group's activities and messages.

The Raize the Truth crew also supported the Flavor Gone campaign originally started by the YAA in Northwestern Health Unit. This campaign has gained momentum and this week, MPPs Dave Levac (Liberal) and France Gelinias (NDP) joined forces to protect the health of Ontario's young people from the dangers of flavoured cigarillos through a bipartisan bill. Bill 124 calls on the government to ban flavourings in cigarillos and ban their single sales by making them available only in packages of 20 or more.

Family Health:

The PSL executive sub-committee met this week and presented the report from the Lead Agency Review task force which had been set up to look at other potential lead agencies following the increase in administration fees implemented by the Board of Health for 2009. All agencies reviewed required a 10% administration fee (we are asking for 5.6%), would provide reduced support services to the PSL system and would decrease the salary for Speech Language pathologists. This would result in difficulty retaining and recruiting PSL staff. Therefore, the recommendation of the lead agency task force was to retain the Health Unit as the lead agency and find the increased administration fees from the contract line and staff gapping.

Dec. 31, 2008 represents the completion of 10 years of Health Unit Healthy Babies Healthy Children service in Leeds, Grenville and Lanark. We support children and families to help children achieve their developmental potential and parents to parent effectively. During these 10 years we have served 12,985 families and served 13,197 children.

Denise Kall has recently been contacted by a representative of the Ministry of Health Promotion to provide a case study on the Every Kid in Our Communities Coalition in Leeds and Grenville including the tools and processes they use. The ministry representative identified that this would become part of the OPHS guidance documents for Child Health in the area of promoting resiliency in children and youth. Kudos to Denise and her work with the coalition and letting the rest of the province know about the great work we do locally.

M. Campbell asked even though United Counties have offered GIS free of charge is the health unit not interested? Dr. Carter replied that it is hard to get the type of provincial data that we need and we need data that you don't have – MOE data, i.e. for toxic sites, but the United Counties data is crucial and will be added by us to the provincial data. This will be a public health specific GIS system.

M. Campbell spoke about emergency planning and asked is there any thought about avian influenza and cattle producers? He stated that we have the largest egg producing farm in Canada in our midst and we have quite a number of livestock, is there any provision for the health unit to include these segments in emergency planning? Dr. Carter advised that an outbreak in birds would not be a health unit mandate, it would fall under OMAFRA. Only with human cases do we get involved. Dr. Carter stated that if there were a transmission to humans it would be a reportable disease and we would be notified right away. Almost all transmission of bird flu to humans has occurred in the Far East. Human to human transmission would most certainly occur first in the Far East and we will have warning it is coming. It would be highly unexpected that it would occur first in Canada.

B. Fletcher stated are you asking the question who is responsible for pandemics and where and who provides the funding? The government would like us to do this. He asked who actually is responsible and where is the funding coming from? Dr. Carter advised that the Ministry of Health would say that the community is responsible for assessment and referral services during a pandemic. The Community Health Centres have stepped up to the plate. We now have an agreement in Brockville with the CHC's and hospital and will work with them. All of them are hanging back because there is no obvious funding for them. We have told the Ministry that there needs to be funding for this and are now encouraging people to write to the Ministry as well.

9. Correspondence:

J. Butt reviewed the correspondence with board members.

F. Kinsella stated that we will be discussing the non union salary review incamera. The policy says this will be a transparent process. He advised that we are in the data gathering stage at this time and when we get all of this together we will be following policy V-885-0 and V-85-1. When we have that information we will be reporting to all of the employees.

J. Butt stated that this will be our last formal meeting of 2008 and on behalf of the Board we would like to thank the staff for their support. We look forward to working with you in 2009 and wish you a Merry Christmas.

10. Incamera Meeting:

It was moved by: J. Beckstead

Seconded by: M. Campbell

That: This Board move into a closed session of the Board of Health as per the requirements of section 239 (2) of the Municipal Act due to the following:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- x (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- x (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another act. 2001, c. 25, s. 239 (2).

Motion Carried.

11. Report from Incamera:

It was moved by: M. Campbell

Seconded by: F. Kinsella

That: This closed session rise and report.

Motion Carried.

12. Time, Date and Location of the Next Meeting:

January 12th at 1:00 p.m. will be the Budget Meeting and January 15th at 4:00 p.m. will be the Board of Health Regular Meeting.

13. Adjournment:

It was moved by: D. Gordon
Seconded by: F. Kinsella
That: The meeting adjourn at 7:15 p.m.

Motion Carried.

J. Butt wished everyone a safe and happy new year.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive