



Minutes of the Board of Health Regular Meeting

Thursday, March 20, 2008
Board Room, Brockville Office
458 Laurier Boulevard
4:00 p.m. – 6:30 p.m.

Present: B. Fletcher, Acting Chair
J. Beckstead
M. Campbell
J. Fullarton
D. Gordon
K. Graham
F. Kinsella
A. Warren
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: J. Butt, Chair
A. Van Schie

B. Dalgleish – Director of the Health Promotion Department
J. Futch – Director of the Department of Clinical Services
J. Hess – Director of the Family Health Department
J. Lyster – Director of the Health Protection Department
J. Mays – Supervisor, Health Protection Department

Ron Zajac – Recorder and Times

G. MacKenzie

1. Call to Order:

B. Fletcher called the meeting to order at 4:04 p.m.

2. Approval of the Agenda:

It was moved by: A. Warren

Seconded by: F. Kinsella

That: The agenda of the March 20, 2008 Regular Meeting be approved as revised.

Motion Carried.

3. Approval of Minutes:

3.1 Approval of the Minutes from the Regular Board of Health Meeting held on February 21, 2008:

F. Kinsella raised a question about the auditors and referred to page 3 in the second paragraph. J. Pearce advised we are not complete yet; we wait to do the final work until the ministry completes their forms. The final assessment is done at that time. This will be coming to the May Board. F. Kinsella referred to the action item on page 8 (Program Activity Review Pilot Process Summary) and asked where is this? This has been added to the agenda as item 4.1.

It was moved by: F. Kinsella

Seconded by: K. Graham

That: The minutes from the Regular Board of Health Meeting held on February 21, 2008 be approved as circulated.

Motion Carried.

3.2 Approval of the Minutes from the Regular Board of Health Meeting held on February 28, 2008:

It was moved by: K. Graham

Seconded by: F. Kinsella

That: The minutes from the Regular Board of Health Meeting held on February 28, 2008 be approved as circulated.

Motion Carried.

F. Kinsella referred to page 6 stating that the Board backed option #1 for \$9,026,760, what is the status quo? The status quo came up at 8.57% J. Pearce advised. It means no layoffs and no enhancements. 5% is from the levy and the rest will come from the reserves.

4. Business Arising:

4.1 Service Delivery Review Information:

Dr. Carter advised that we included the resolution that was passed at the Board on May 17th and the agenda item in the package. On page 6 in the table we thought that by the end of 2007 we would have the public health standards but that is not true anymore. There is about a 1-year delay and we should have the standards by the end of 2008. Other than that we are still following this resolution.

J. Fullarton stated that this statement is different in tone than the report that was received last month. She hopes this is the attitude that is going forward.

Dr. Carter stated that last months report was strictly factual, that is what evaluation is all about. We were quite surprised at how much time it would take.

When you find these things out you have to write them down and learn from them. You can't let your positive attitude cover up the facts and that is what we did.

The question was raised are the 738 activities all of the mandatory programs? Dr. Carter replied yes they are. There is actually some overlap when 2 departments both do a similar activity. When they work together on an activity then it appears in both of their departmental programs. There is some slight over counting. That is in the number 738 program activities.

The question was asked why is there not a lead department and that department would be accountable? Dr. Carter advised that it is important for every department to have their program activities in their operational plan. Up until now it has not been that important to count, so it has not been an issue. When we implement the public health standards it would be a perfect time to sort this out.

J. Hess stated that we usually don't do the same activities – for example injury prevention. We don't count the same activity twice. Dr. Carter commented that there is the odd time when a program will share the same activity. We don't know how many. The whole idea was to give the Board some sense of the magnitude of the issue. The detail would be in the operational plan. There have been a lot of changes in the required activities and the indicators have not kept up with the changes. J. Fitcher stated that you may have 1 requirement with 20 activities.

J. Fullarton commented that the initial reports state that things are complex. The counting is not telling her as much as someone telling her how the programs are meeting the needs of the community. The whole effectiveness piece is lacking from the counting. She would rather address the qualitative issue of it. We need not belabour this tool every month. The service delivery review should be focused on program delivery in the community. How effective are we being in doing what we want to do? Dr. Carter agreed, but if we are going to carry out a review we have to have a list to start from. It may sound like a number counting exercise to you, but we have to start with a list. B. Fletcher stated that if you understand the list and you can tell us how this helps with the performance then we will move ahead.

5. Compliance Reporting:
5.1 Health Protection Department:

J. Lyster reviewed the compliance with the Board and asked if they had any questions. J. Lyster gave a power point presentation which is attached to the minutes as Appendix #1. She advised that we will be looking at food premise inspections for our one activity.

The question was asked how do you assess food premises for high, medium and low risk? J. Lyster stated that there is a protocol with the ministry that enables this. There is a complicated food process J. Mays advised that looks at the type of clientele that is being served. An example of this would be a long-term care facility and what they are serving. If they get in raw meat that is a factor. The more types of food production they are doing puts them at a different risk. You have to look at everything – how has your menu changed, has your operation changed at all? This may change from year to year. It depends also on how much food handling is involved.

Moving from reactive to proactive – at what point do we do this when the threat is diminished? J. Mays stated that we always keep a certain amount of monitoring and keep contingency plans. We always keep our plans updated – we always monitor. Dr. Carter commented that we know the natural history of a lot of these diseases and what to expect. They tend to disappear for years and come back later. WNV often looks like it goes away, and it comes back quickly.

Do the hospitals inform you or question people that come in if they have food poisoning? J. Lyster stated that has not been a strong point with emergencies. J. Mays advised that we investigate every single complaint that is reported to us. B. Fletcher thanked J. Lyster for her presentation.

6. New Business:

6.1 Accounts Payable for January:

J. Pearce advised that we just closed off the December general ledger before the Board mailing. January will go to April's meeting and February and March will go to May's meeting.

6.2 2008 Public Health Budget for the Leeds, Grenville and Lanark District Health Unit:

J. Pearce stated that this is the full budget that was approved at the last meeting converted into the ministry's format. There are no changes to what was approved.

F. Kinsella questioned on page 3 it says 17.8%? J. Pearce advised that would be incorrect because she did not recalculate the percentages based on the handwritten numbers. That would be because Small Drinking Water Systems (SDWS) is a new program that the ministry has added. This is the identical budget that you approved at the last meeting.

K. Graham addressed the issue of the Regulation 252 download of the SDWS. This Board and municipalities all over Ontario sent the message to the ministry that we expected 100% funding. This is a sneaky download and we need to watch it carefully. The letter from the ministry only says for 2 years.

His concern is that this will be passed on through the levy to the municipalities. We need to keep reinforcing 100% funding.

ACTION: Reattach the letter already sent to the ministry stating that funding should be 100% for a period of more than 2 years.

Dr. Carter advised that a year ago it said 100% of start up costs will be covered and now it says 100% of eligible start up costs will be covered. We consulted our lawyer regarding the letter to the MOHLTC regarding SDWS that is being proposed that the Board approve. The motion was read regarding the letter.

Small Drinking Water Systems Letter:

It was moved by: M. Campbell

Seconded by: D. Gordon

That: The Board of Health forward the attached letter to Minister Smitherman regarding the funding for SDWS stating that if the costs for delivering these systems are greater than \$164,100 to the end of the year 2008, the Ministry will be reimbursed, however, if the costs are greater the Ministry will be invoiced.

Motion Carried.

The motion was read regarding the budget.

2008 Public Health Budget for the Leeds, Grenville and Lanark District Health Unit:

It was moved by: D. Gordon

Seconded by: J. Beckstead

That: The Board of Health approve the 2008 Mandatory Programs Budget in the amount of \$8,940,519, related cost shared programs in the amount of \$96,239, and 100% funded programs in the amount of \$447,621.

Motion Carried.

J. Pearce advised that if we don't sign the terms and conditions the ministry will not flow the grant. This is done every year.

2008 Grant Terms and Conditions between Boards of Health and the Government of Ontario:

It was moved by: M. Campbell

Seconded by: J. Fullarton

That: The Board of Health agree to the 2008 Grant Terms and Conditions between Boards of Health and the Government of Ontario.

Motion Carried.

6.3 2008 Land Control Budget:

J. Pearce advised that this budget is totally self-funded and survives on the fees generated by the activities. The surplus for this program at the end of 2006 was \$117,000. In 2007 our expenses were lower than our budget by \$20,000 but so were our revenues. We expected to have a \$66,000 deficit for the year and it turned out to be \$76,000. We did increase our fees back in 2005 and we are recommending for this year to not fill the 6-month position and that we not hire a student in the program this year. If the PHI's in land control do some SDWS work, then we can reimburse the land control budget. We would also reduce our conference expenses for this year and ask that the Board approve fee increases as of January 1, 2009. We will give 9 months notice and this will generate an additional \$60,000 in revenue in 2009. This is the first year we are doing reinspection and are expecting \$27,000 in revenue in its initial stage and this will probably double in the coming years.

The question was raised do we have any long-term contracts with municipalities? J. Pearce stated that we have ongoing contracts with municipalities and there is a 90-day cancellation clause. A board member stated that there is some competition with other agencies and we have to be careful to not price ourselves out of this market. J. Pearce responded that is a risk we have to take. There will always be adequate work with the SDWS and we will not have to worry about lay offs.

The whole funding model has to be self-funding, only 4 municipalities have experienced growth and there is a point where there is no growth. How do you make adjustments when you start to flatline? J. Pearce stated that as the reinspection program grows on average 20% of those reinspections will need to have a brand new permit. This will create some sustainability. J. Lyster stated that reinspection will have to become a mandatory thing. Everyone is concerned about the quality of the water. J. Pearce stated the increase will be 11% and 20%; there have been no increases for 3 years. B. Fletcher stated that we should look at this every year.

It was moved by: J. Beckstead

Seconded by: M. Campbell

That: The Board of Health approve the 2008 Land Control Operating Budget in the amount of \$507,525 and that the proposed fee schedule be implemented January 1, 2009.

Motion Carried.

6.4 2007 Health Unit Operational Plan:

Dr. Carter advised that we have a strategic plan and are into the second year of implementation. For your information item 6.4 is the 2007 Health Unit Operational Plan results. The Board passed this plan last spring.

6.5 2008 Health Unit Operational Plan:

Dr. Carter referred to the 2008 Health Unit Operational Plan and stated this is operational, but because it is part of our HUAM manual it requires Board approval. It is showing how we plan to move forward in 2008. To make the numbers make sense you have to have the entire operational plan from 2006-2010.

There is no actual budget for these activities; it is an example of short-term pain for long-term gain. These activities will improve the delivery of programs. In short term this does take staff away from their daily jobs. If we are stuck with the status quo budget, this is one of the first things that starts to get bogged down. These are plans they are not contracts. We only do what we can do. If we don't get the funding, some of these activities won't get done.

It was moved by: D. Gordon

Seconded by: J. Beckstead

That: The Board of Health approve the 2008 Health Unit Operational Plan as circulated.

Motion Carried.

6.6 2008 Review of Board Member Stipends:

A request was made to defer this until after negotiations are completed.

It was moved by: J. Fullarton

Seconded by: D. Gordon

That: The Board of Health approve an increase to the meeting stipend effective January 1, 2008 from \$89.88 to \$92.13 and further to \$94.43 effective June 30, 2008.

Motion Deferred.

6.7 Preschool Speech Application for Communities in Action Fund for Tumbling Together:

J. Hess advised that this promotes physical activity for children having challenges. They have had great success with this program in Brockville and they want to run it again in Brockville and in Smiths Falls. We have applied for this as a health unit and we need your approval.

It was moved by: M. Campbell

Seconded by: J. Fullarton

That: The Board of Health approve the Communities in Action Fund grant application for Tumbling Together.

Motion Carried.

7. Advocacy:

Nothing to Report.

8. Verbal Report of the Medical Officer of Health:

I have some good news on our success in a number of one time funding opportunities.

Personal Digital Assistant Initiative

We were successful in our application to be a part of the MOHLTC Nursing Secretariat's PDA Initiative. This initiative is a one-year project that will provide public health nurses with evidence-based resources at their fingertips. The initiative supports the maintenance of evidence based practice and the use of research in nurses' day to day practice, with the planned objectives being improved client care and enhanced quality of work-life for nurses.

We will be piloting these devices in Family Health for home visits and in Clinical Services for the Sexual Health and VPD clinic programs.

During the pilot, we are unable to use the devices to store or transmit client information, although, once the pilot is completed, the devices will belong to us and we will be able to reprogram them to fill different program needs.

We will be receiving 3 tablets and three hand held devices for each program (12 in all). We will be evaluating the utility of both devices in the locations where we will be using them and the value of each device for specific programs.

The MOHLTC has provided us with \$20,000.00 for this program.

School Readiness Calendar

The Ministry of Children and Youth Services has provided \$6,000 to allow us to mail the School Readiness Calendar to all parents of 3 year olds in our area. This calendar has been highly praised as valuable in assisting parents of pre-school children take a number of steps during their last year before entering school that will prepare their child for school.

Prosecution and Legal Costs under SFO

The Ontario Ministry of Health Promotion has given us a one-time grant of \$15,000 to assist in the legal costs incurred in support of the SFO Act. This will assist greatly with funding of the Tobacco program in the health unit.

Without this money, the general programs would have funded shortfalls in this program, which is supposed to be 100% funded. With this additional funding, the program will be sustainable this year.

Support for Orientation of Public Health Nurses

The Ontario Ministry of Health & Long Term Care, HealthForceOntario, Nursing Secretariat has funded 5 health unit pilot sites to design, implement and evaluate an orientation for nurses newly hired to public health nursing. The product, a Nursing Orientation Package and Toolkit will be used across the province to increase knowledge and consistency in public health nursing. Since we are already putting significant resources into developing such materials in house, this funding will support ongoing work.

We will receive \$10,000 for the project.

In total, we have attracted \$51,000 in funding from three different ministries to support health unit activities in 2008. I would like to congratulate the staff who spend time to prepare the applications and make the Ontario government contacts needed to attract these funds.

Smiths Falls Office Roof

On Thursday March 13th at 1:50 p.m. our Smiths Falls office was ordered closed by the Town's Chief Building Official due to

"Suspended ceilings attached to underside of flat roof have sagged approximately 2 inches in two hallways - unable to determine if ceiling membrane failed or roof structure that is currently holding approximately two feet to three feet of snow"

At 3 p.m. on Friday the building was declared safe following the removal of over 10 tons of snow. An engineering report will be forthcoming to confirm the ongoing integrity of the roof, although the safety of the building has been verbally confirmed at this point in time. Most staff relocated to other offices on Friday while a few chose to use vacation or compensating time.

Health Protection

Ottawa Public Health is advertising for 10 full time continuous PHI positions - 35 hrs/week and 3 full time temporary positions - 35 hrs/week (up to 1 year), presumably influenced by the SDWS program. This will be repeated in the other health units across the province, including all of our neighbours. We are very concerned that we will lose some of our PHI's. We have just reached a full complement of PHI's for the first time in years and will now need to hire one more PHI ourselves for SDWS.

Teresa Clow our team leader for WNV and Lyme Disease (Vector-borne Diseases) participated in a conference call today where the ministry said that there have been no decisions regarding funding for next year (the 5 years is up). The recommendation was to apply for similar funding as last year and see what happens.

Mark Green presented at the Ontario Waste Management Association on our reinspection program. LGLDHU is apparently considered the benchmark health unit in terms of quality of reinspection programs.

Jane Lyster is making a joint presentation with Smiths Falls Public Works (Ted Joynt) in April at the Ontario Water Works Association Conference "Your Drinking Water Utility and the Local Health Unit: Working Together to Protect Public Health."

Tobacco Update

Driven to Quit

This year's "Driven to Quit" Challenge had the most registrations ever recorded locally since the start of our participation in this event 7 years ago.

517 local residents (out of 26,633 province-wide) have taken the Challenge to quit smoking for the month of March, and hopefully for good. They have the chance to win a car as the grand prize in the Cancer Society Challenge.

Tobacco Enforcement

In February 80 educational visits were conducted including 3 complaints resulting in 3 warnings and 5 tickets issued for non-compliance.

Raise the Truth

Raise the Truth has an Open Mike event planned for March 31st at the Smiths Falls Collegiate Institute. The Crew is also preparing to participate in the May provincial educational event "Take Action" in London, Ontario.

"Colon Cancer Check" Public Awareness Campaign Launched March 14/08

Starting in April, Ontarians age 50 and over will be able to get a take-home colorectal cancer screening kit, called a Fecal Occult Blood Test (FOBT), from their health care provider. People who have an increased risk of colorectal cancer because of a family history of the disease, and those who have a positive home-screening test, will receive a colonoscopy.

The ColonCancerCheck public awareness campaign consists of:

- A cutting edge television advertising campaign featuring computer generated see-through characters in animation, to be broadcast in 22 languages across the province
- FOBT kits available to all Ontarians from their health care provider
- ColonCancerCheck.ca, a new website with information on colorectal cancer, risk factors and prevention
- Education for health care providers on the importance of screening their patients

Colorectal cancer is the second leading cause of cancer deaths in Ontario. Today, just 1 in 5 Ontarians age 50 and over are screened. When caught early through regular screening, there is a 90 per cent chance colorectal cancer can be cured.

The Board showed their appreciation to staff for their effort in applying for these grants. B. Fletcher thanked Dr. Carter for her report.

A board member asked should the owner of the building not be approached regarding compensation for lost time in the Smiths Falls office? Is there any chance we can get a copy of this report? Dr. Carter stated that it will go to Board when it is available.

K. Graham stated that he spoke to the landlord that evening and the staff did the right thing in light of everything that has transpired in this country. The landlord would probably agree to this today. Another storage building collapsed today in Carleton Place he advised. He commended staff for taking the action that they did. We are concerned about their health and safety.

ACTION: The direction from the Board was to ask the landlord about compensation for lost time.

A board member commented that Tumbling Together is an important program but it is only in Brockville and Smiths Falls. We have a report that shows that children are at risk in Cardinal and Leeds and The Thousand Islands area as well.

F. Kinsella advised that the County has approved EMS purchasing a piece of equipment that facilitates fitted masks. It is costly to have everyone fitted. We have that piece of equipment and it will be offered to all communities. Dr. Carter thanked F. Kinsella for his comments.

9. Correspondence:

The correspondence was reviewed.

10. Incamera Meeting:

It was moved by: K. Graham

Seconded by: F. Kinsella

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;
- (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

- (g) communications necessary for that purpose;
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 (if necessary):

Motion to Move Out of Incamera Closed Session:

It was moved by: A. Warren

Seconded by: F. Kinsella

That: This closed session rise and report.

Motion Carried.

B. Fletcher advised that the negotiating team have their instructions to move forward.

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

The next Board of Health Meeting will be held on Thursday, April 17th at 4:00 p.m. in the Board Room.

13. Adjournment:

It was moved by: J. Beckstead

Seconded by: M. Campbell

That: The meeting adjourn at 6:30 p.m.

Motion Carried.

B. Fletcher, Acting Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive