

Minutes of the Board of Health Regular Meeting

Thursday, June 19, 2008
Board Room, Brockville Office
458 Laurier Boulevard
1:00 p.m. – 5:00 p.m.

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

Regrets: J. Beckstead

Absent: F. Kinsella

Invitee: Yves Decoste, Tobacco Program Coordinator

B. Dalgleish – Director – Health Promotion Department
S. Gates – Director – QI Department
J. Hess – Director – Family Health Department
J. Lyster – Director – Health Protection Department
J. Mays – Supervisor – Health Protection Department

R. Zajac, Recorder and Times
J. Cunningham, P. Oglaza

1. Call to Order:

J. Butt welcomed everyone to the meeting and introduced board members to Dr. Piotr Oglaza, a community medicine resident, who is working with Dr. Carter. He attended the alpha conference and is here with us today. The Board welcomed him.

2. Approval of the Agenda:

It was moved by: A. Warren

Seconded by: A. Van Schie

That: The agenda of the June 19, 2008 Regular Meeting be approved as circulated.

Motion Carried.

3. Board Governance Discussion:

J. Butt stated that a couple of meetings ago he brought forward questions as part of our fiduciary oversight. It was his sense that as we are moving forward this year we need to reflect on where we are going and ensure that we are comfortable with our role as members of the Board. We did express during our budget discussions, our oversight role and the need for certain reports and compliance and those kinds of things. At the last meeting in Smiths Falls F. Kinsella suggested rather than collecting information by email that we ought to take some time before the regular Board meeting and have a discussion. We decided on meeting at 1:00 p.m.

J. Butt gave a brief summary stating that the Board's role as stewards is to develop a common understanding.

At a previous meeting we passed a motion that requested an audit. Since then Dr. Carter and I have had conversations with the minister and more elaborate discussions with the Chief Medical Officer of Health (CMOH) and one of his directors. We have some letters that we will get to later on. The current minister did not plan to do an audit. In response to questions posed by Ron Zajac he suggested it was a ploy done by the Board. In conversations with the CMOH and others at the alpha meeting they advised that we would have to create a crises before they could fund us and that clearly we are not alone. We, as a Board, are going to have to make some tough and good decisions as we move forward as a group. We need to be on the same page. We have to be really effective to make these good and tough decisions.

If the Board doesn't add value or be perceived to add value to the organization in business the shareholders blame the CEO and the Board. What does that mean to us as a not for profit organization? How can we measure positive outcomes? J. Butt identified some positive outcomes. See the attached Board Governance presentation – Appendix #1. Our role is to govern the organization and to provide oversight but not to manage the day-to-day operation.

J. Butt reported on the Board's responsibilities. Dr Carter reported on the CEO's responsibilities and due diligence. S. Gates reported on existing accountability mechanisms. She discussed the compliance reporting and asked if the Board requires the data collection or a summary report?

Our current process needs improvement but we are waiting for the new standards to be passed with new indicators. When we get new indicators we will look at revising the tool. How much detail do you want on the evaluations that we do?

J. Pearce reported on legislated requirements. She advised the Board that there are various systems that they put in place to ensure that legislation is followed. (i.e. Board bylaws and policies) J. Pearce discussed payment of the receiver general, reconciliation at yearend based on T4's and the payment of WSIB premiums.

There is a yearend reconciliation and your verification is on the accounts listing. Our premium rate for WSIB is 94 cents per \$100 earnings. We have been eligible for rebates in the past. Regarding the Employment Standards Act we have a number of policies that the Board has approved. We also have 2 union contracts one with CUPE and one with ONA. Any changes to policies come to Board.

Under the Human Rights Code we have a policy on discrimination and human rights. We also have a policy on workplace harassment. At new staff orientation we show a video called "Harassment and Diversity Respecting Differences". We also have a Multi-Workplace Joint Health and Safety Committee, which has been accepted by the Ministry of Labour. We also have a policy on Health and Safety, WHMIS, MSDS's, Early and Safe Return to Work and Infection Control Measures. The Board has approved these to ensure that there is a system in place.

Regarding MFIPPA we have two policies, one pertains to records management and the other to personal information. We provide an annual report and have annual education updates to keep abreast of the legislation. Regarding PHIPA we have two policies, one pertains to client information and the other to records management. We provide annual statistical reports as well. The question was asked what about pay equity? J. Pearce advised that has been negotiated. There were no comparators and it has not come up again. In terms of our non-union staff, do we have a plan in place? J. Pearce advised yes we do. The male comparator at the time was in homecare – it is something we should probably be revisiting. J. Butt stated that if our last comparison was 1994, it might be worthwhile to touch base on this. J. Pearce stated this is one reason to keep up our non-union comparators.

J. Pearce spoke about financial reporting, advising that she attends Board Orientation Day and part of that is reviewing the bylaws that the Board has in place. She explains our staffing allocation and reviews the role of staff in corporate services. The financial report, as it is, informs the Board of where we stand. The budget monitoring report has not been done this year. There has not been time to ensure that the budget data in our general ledger is complete/accurate. Our staff aren't familiar enough with the budget to do that. She doesn't want to do those reports manually. They take about 2 hours to prepare.

Is that report something that the Board values for decision making, or useful information or no value at all? J. Pearce has to ensure that the budget figures are correct in ACCPAC and then she can start regenerating the Budget Monitoring Report.

J. Pearce reported on the Financial Advisory Committee, advising that this group came out of the social contract. There was a requirement to have a committee that was a communication body and we have continued that. It is integrated into one of the union contracts.

J. Butt stated that at ALPHA they talk to board members about having two roles. That ball is placed in our hands. If we want to become more effective in our roles as directors what kind of information do you need so that we can do our jobs better and represent our communities in a better fashion? What reports, information etc. do you need so that we can improve our governance?

K. Graham stated that as a board member of a contributing municipality one of the problems is that we come to the table with political baggage and the municipality's ability to pay their share of an increasing health unit budget. That is not going to change. For him, the question he would ask from the ministry is give me a list of those programs that they would be comfortable with less than 100% compliance in? J. Butt stated that we are not alone in this; the question you pose is in the letter I wrote.

J. Fullarton stated that we have done the lobby effort; it is time to start looking at this table and what we want here. The challenge is that staff have got a number of things to do. Somewhere in this piece, program delivery has to happen. In terms of a Board if we want to be helpful and useful we need to get more people served. We need to simplify our requirements in the reporting around the table. Staff have to spend too much time in preparing reports to satisfy us. The less administration that we can provide and demand and the more delivery of services the better.

Dr. Carter agreed. An example is the budget monitoring. As far as the program monitoring goes the program evaluations and reports are done to improve the programs. Giving them to you is almost a by-product that is necessary for our programs. The compliance monitoring is another issue however. It does take some time and the staff don't currently find it useful, and I don't know if the Board finds it useful. If board members had not seen it, I don't know if you would be as comfortable with the idea that we aren't in compliance with the MHPSG. She would have her hesitations in stopping this. The question was raised, is it possible to give us the reports in more of a narrative form? Yes, Dr. Carter advised that would take less time. Staff could do a report on highlights of concerns. J. Hess advised that she still needs to get the numbers to do the one page summary.

J. Butt stated that if our demands require a lot of specific detail, and if it is a burden and impacting on delivering programs, then we ought not to do it.

A. Van Schie stated that Board over the years has been more concerned around finances than compliance so we developed a live reporting system, but we allowed it to become stagnant. We need to live with what we have got and allow the directors and the MOH, who is the CEO, the opportunity to expand their boundaries so that we do not interfere with the management of this corporation. We need to know if we are out of compliance, if we don't meet standards, and where we are in the budget at any particular point in time.

Staff should manage the organization. Would we be missed if we weren't here? We could probably meet on a quarterly basis as long as we have a budget in place. We need to allow the staff to manage the health unit. We are just the overseers. We need to continue to lobby the government and municipalities for funding.

A. Warren stated that a narrative report with exception to compliance would be good. Over the years she has seen members come and go who want to manage the organization rather than being leaders. That is one of the biggest problems we have faced, we have spun our wheels a lot. That is not what we are here for. She wants to know where are we getting into problems, talk about the good things we do, and something she can report back to her council on. She would like to have exception reporting in areas where we are not complying.

D. Gordon stated that the ministry has advised that the well is dry. We need to get back to running the health unit. We are not going to do 100% compliance; the province doesn't expect it. J. Butt advised that the ministry didn't want Dr. Carter to send her letter, but they did agree that he could write them a letter requesting a meeting if he didn't go out of his way to beat them up in the paper. In the letter he suggested that we share best practices and work together.

M. Campbell asked is the CAO's position indicated by the province or mandated by this Board? J. Butt stated that in the Act there is a list of duties for the MOH and it includes being the CEO. M. Campbell asked is it necessary for both jobs to be done by the same person? Dr. Carter advised yes, under the Act.

M. Campbell stated that we need to do a better job in communication. Regarding payroll is it all done electronically? J. Pearce advised yes it is. M. Campbell asked what about hydro, natural gas? J. Pearce stated that Enbridge is an authorized debit and several bills are authorized debit. However, we do have a lot of manually signed cheques. M. Campbell asked can that be shortened? M. Campbell also stated that he is not opposed to meeting every other or third month, but we need to see a comparison between actual and budget and they should be quarterly. Dr. Carter advised that the HPPA requires the Board to meet 10 times per year.

J. Butt stated that in terms of identifying where we go from here A. Van Schie presented a pretty good summary. In terms of our reporting, we have legislative and directorial responsibility to monitor compliance and we can do that in the form of exception reporting.

There is a need to make sure we focus on our governance and leadership role. Part of that is placed on Dr. Carter and myself when we structure the agenda. We will concentrate on leadership and directional items and structure the agenda differently.

J. Butt referred to M. Campbell's request for better communication. He spoke about the quantity of material, which is relevant. We are doing well this year and making sure we are getting our message out thanks to R. Zajac's objective and fair reporting in the media. J. Butt talked about possibly going out to rotary clubs and other organizations to explain the Board's role. M. Campbell suggested that the Chair could speak to the municipal level of government. M. Campbell referred to GIS and asked why hasn't the health unit taken up the offer of the counties to provide that service free of charge? This will be discussed further on in the agenda.

J. Fullarton disagreed with the frequency of meetings. We need the 10 meetings a year we have as there is a weighty agenda every month and it is important work here. We need to understand the scope and complexity of the organization as a board member. We must attend the meetings and it is essential that we meet as often as we do.

The reports are often all about counting (looking at sexual health education in our schools) and we were unable to have staff get out there and do that. She is hoping that there is a different way to approach this, maybe train the trainers, or members of the school staff. We need to look at a different way of doing things.

Dr. Carter stated that the clinical services department is actually doing that. They are taking a year off to review the school programs. The problem they have had is that the teachers don't want to teach this. Our staff are looking at a new way of doing this.

S. Gates advised that the compliance reports have served their purpose. What she would like to see happen for us is that we start talking more about outcomes and what our programs are achieving. J. Fullarton stated that as a Board I would like us to be value added not labour intensive for staff. She wants to see informative reports and the good work that we do but doesn't need to see a lot of the counting.

J. Butt referred to the third slide and the need to measure the outcomes. I hear you saying in terms of reporting that is what we need to know about. As we go about doing our work, we could keep in mind a framework. We could receive some items as information, some items for review, and some items to decide upon.

Dr. Carter stated that outcomes are difficult to measure and are very much long term and expensive to measure. Sometimes we are fortunate to piggyback on RRFSS for example. In risk behaviour we were able to piggyback on a program to allow us to measure the risk behaviours of students in the schools. For us, to think that we can measure outcomes for the programs we run is overly optimistic.

There are huge limitations in our ability to do that from an epidemiological and dollar point of view. If we have evidence based programs we have to trust that they will be effective.

B. Fletcher stated that it is very difficult sometimes to realize that you are the policy setter not the worker. We need to know how things are going so we can promote the health unit. Let the staff run the health unit and the Board will set the policy.

M. Campbell stated that 90% or more of our budget is salaries and fixed costs, could the 4 budget meetings not be part of the 10 meetings per year? J. Butt stated that is an issue that asks us to manage our time effectively.

A. Van Schie stated the point wasn't to reduce the number of meetings, rather to meet in July and August if necessary. As directors of this Board we have one individual who is accountable to us and that is the MOH. Her staff are accountable to her. If we need questions answered we need to go to the MOH. The Chairman of the Board is our representative that goes to the minister, but we have a whole bunch of people that have gone to the minister.

A. Warren commented that she thinks this Board's image has suffered over the years and we need to work on it in terms of the public. J. Butt stated that is a challenge. You have given us direction and we will try to summarize it. We will frame our agenda for the September meeting.

A break was taken at 2:30 p.m. The meeting reconvened at 2:45 p.m.

4. Approval of Minutes:

4.1. Approval of the Minutes from the Regular Board of Health Meeting held on May 15, 2008:

It was moved by: D. Gordon

Seconded by: M. Campbell

That: The minutes from the Regular Board of Health Meeting held on May 15, 2008 be approved as circulated.

Motion Carried.

5. Business Arising:
5.1. Letter from Chief Medical Officer of Health (A) David Williams
Regarding An Audit of The Leeds, Grenville & Lanark District Health
Unit:

J. Butt referred to the letters in the package and the letter dated June 18, 2008 from him. J. Butt reviewed the letter from David Williams advising that there will be no audit.

5.2. Dr. Carter's Response to Audit Letter:

J. Butt reviewed Dr. Carter's response to David Williams' letter. The letter was written because he asked Dr. Carter to identify areas of crises to see if the ministry might be able to fund it. Dr. Carter stated that the conversation was quite cordial. D. Williams advised that we don't need an audit because we are managing things just fine.

Dr. Carter clarified with D. Williams before she wrote the letter that the implication might be one time funding. This was clarified verbally.

When she met with him at the alPHa meeting he changed his mind stating that we might not get any further funding. She felt she had a legal responsibility to write the letter because we are deficient under the Act. She learned at alPHa that there are other health units that are deficient as well. A. Van Schie stated that we must understand that if the ministry were to give us more funding, this is a provincial issue not a municipal issue.

J. Butt commented that they told us that assessments are very serious things. We stated that we just wanted them to confirm that we are modeling best practices. They said if you want to do that, we will approve that you can hire a management consultant and we can give you some names. I advised we had no money. We had to assure them that we were not being adversarial, and my letter assures them that we are looking for solutions.

J. Butt also advised that it is not our intention to beat them up in the media, but pointed out that Ron Zajac has been successful in getting information from their representatives. J. Butt's letter acknowledges the conversation and formally requests the meeting.

M. Campbell advised that last Friday at a meeting with Minister Watson he admitted that there is a predicted downturn in Ontario's economy, and he stated that we shouldn't hold our breath for additional funding. A. Van Schie stated that he was not referring to the health unit specifically.

5.3. United Counties Governance and Finance Committee Resolution:

J. Butt stated that item 5.3 is referencing support of our letter that Dr. Carter and I sent to the minister. Dr. Carter advised that we have had 2 applicants so far from Lanark County. M. Campbell stated that in view of the representation within Leeds and Grenville we are possibly over represented. Is it within the jurisdiction of this Board to review that representation? A. Van Schie advised it is in the Act. M. Campbell commented that the real numbers don't jive. He suggested that the formula is wrong. J. Butt stated that attached in your package is the piece from the Act that discusses representation. M. Campbell stated that he would like to see fair representation of the population. J. Butt replied that we will have another look at that.

J. Butt stated that F. Kinsella indicated that he wanted this added to the agenda. M. Campbell advised that this is a way of addressing the whole issue and whether representation is fairly distributed within Leeds, Grenville and Lanark. K. Graham stated that our provincial appointees are not from Lanark County either therefore there is more representation from Leeds and Grenville.

The County of Lanark has only 2 representatives right now and we are looking for 3 more to balance out. That was discussed at the last meeting and the request was approved by the minister and we placed the ad in the paper.

J. Fullarton stated that as a representative from Brockville she is concerned about being lumped into 2/5 of the allotment for separated towns. Our place is secure in the legislation by virtue of the population representation and she would speak against this resolution in the way it is worded. J. Butt stated that he took it as support for what it was we were trying to do with Lanark. Prior to receiving this resolution we got support and thanked him and put it on the agenda. He did not plan to discuss this motion any further.

A. Van Schie stated that we have 3 provincial representatives that all live in Grenville County. We are here for the betterment of the health unit whether it be Leeds and Grenville or Lanark. The other piece of this is that we as a Board with the MOH interview the candidates before the public appointments go through. Are these candidates going to be interviewed and recommendations brought to this Board? J. Butt advised that yes, we will follow this process. Could we do this by email? Yes, this can be done by email and marked confidential.

6. Presentation:

6.1. Smoke-Free Ontario:

B. Dagleish introduced the members of the Smoke-Free Team who are here today. Yves Decoste program coordinator, Gerry Ozon and Chris Eady tobacco enforcement, Jenna Harvey youth advisor and Susan Merritt program assistant. This Act came into effect a little over 2 years ago and there has been a lot of work done.

B. Dalglish recognized their efforts. Y. Decoste will do an overview of where we are at with the activities related to the Smoke-Free Ontario Act.

Y. Decoste distributed a copy of the power point presentation. (Appendix #2) As of May 31st of this year there is a change in the Act regarding retail displays. Y. Decoste gave an overview of the Smoke-Free Ontario Legislation.

Questions

The question was raised can my 15-year-old son work in the store and sell cigarettes? Y. Decoste advised that there is no age required for working, but an age required to purchase.

Do the black and white printed prices comply with the Act? Y. Decoste responded they can have information on the drawer with a 14 pt. identifier.

The question was raised about what is happening with the Mike Kennedy case? Dr. Carter advised that the leave to appeal was heard on June 17th and the judge granted the leave. The accused is appealing his conviction. Now there will be a hearing in the Supreme Court of Ontario.

How many people are there that sell cigarettes that you aren't aware of? Y. Decoste responded if I am not aware of that I can't give you a number. There are certain individuals that do sell cigarettes not out of a retail establishment. If it is covered by the SFO Act we can deal with it, if not it is passed onto the OPP or ministry of finance.

What is the smoking policy on native reservations? Y. Decoste stated that we treat them as any other retailer. A board member commented that the real profit is coming from contraband cigarettes. Y. Decoste responded that is where I encourage you to put pressure on the provincial government.

The question was asked what next, corner displays appear to show candy, which is probably the root cause of obesity and diabetes. What is worse among our youth?

Y. Decoste commented that as far as tobacco is concerned, Prescott passed a bylaw eliminating smoking from municipal buildings. There is activity in a lot of municipalities as far as banning tobacco from playgrounds and beaches. The federal government is also looking at banning flavoured tobacco products. J. Butt thanked Y. Decoste for his presentation.

7. Compliance Reporting:

7.1. Health Promotion Department:

B. Dalgleish referred to the compliance report in the board package. We have had some reductions in early detection of cancer and the dental program and a slight increase in injury and substance abuse prevention. The current tool is not reflecting accurately the work that is being done.

Under chronic disease, in one third of that program the indicators are based on the Tobacco Control Act from 1994. We now go above and beyond that legislation by implementing the SFO Act which isn't reflected here.

Within our department we are undergoing some restructuring around how to best provide service to the community. We are now focusing on sites and venues and have divided staff to look at the adult and school aged population. We are still in the development stages but see real benefits to that and are working more closely with our key partners. There is a lot of upfront effort in re-establishing and creating relationships with key partners which can detract from what was originally indicated in these compliance figures. J. Butt thanked B. Dalgleish for his compliance report.

8. New Business:

8.1. Accounts Payable for March:

J. Pearce advised that we finished our fiscal yearend on March 31st. The listing shows you your legislated items and that WSIB has been paid, along with the receiver general and various other items. The second page shows in each of the months where we stand as far as a variance. This is not the budget monitoring, she believes the Boards interest is in the cost shared expenditures and the first page of the budget monitoring would be more helpful. J. Butt stated that the Board would want to know are we on track, if not, what are we doing, what are the anomalies?

Questions

Is there any consideration given to mass purchases? \$1015 spent on shredding in Brockville and Smiths Falls is that done by contract?

J. Pearce stated that there is a vendor that we solicit and we get quotes every other year. \$32,600 for Ontario Works dental claims, what connection do we have with the Counties? J. Pearce stated that we pay the bills and administer it on their behalf. The \$33,000 does come back and goes through the social service budget.

It was moved by: A. Van Schie

Seconded by: K. Graham

That: The Board of Health approve Health Unit Accounts Payables for the month of March 2008 in the amount of \$923,753.79.

Motion Carried.

8.2. Accounts Payable for April:

It was moved by: K. Graham

Seconded by: A. Van Schie

That: The Board of Health approve Health Unit Accounts Payable for the month of April 2008 in the amount of \$1,014,544.10.

Motion Carried.

8.3. Budget:

8.3.1 2008/09 Language Express Program Budget:

J. Peace advised that the ministry has asked that the submission have no increase to the base over last year which means we have had to reduce an area of service to meet the budget. SMC suggested that we bring it here with the fully allocated administrative cost. It is recommended that we submit the budget with the full cost. A letter was distributed to board members for review.

J. Hess advised that the value they get for these services is excellent and they support the allocated costs, but if we include this in the budget and if it is not covered by the province the decrease in services is outlined in the letter.

K. Graham stated that this is a 100% funded program and the health unit is simply a conduit and he cannot support subsidizing it from the shared funded public health programs. If he had to choose he would take the money and spend it on our own programs and certainly lobby for them but we can't continue to subsidize. He is in support of the staff.

D. Gordon asked if we didn't supply the service what agency would? J. Hess advised that we are a sponsor because it makes sense for our mandate, and we are one of the few tri-county agencies. Renfrew County has sent it to the CCAC, or a local agency. We are one of the few agencies however that can provide the tri-county piece. D. Gordon stated this is not our mandate. J. Hess replied you are right.

J. Fullarton asked what are the prospects in terms of this being fully funded? J. Hess stated that you hear around the table that there is no provincial money. She suspects that they will probably not give us the increased allocated costs. There will probably be costs incurred in moving them to another agency. J. Pearce stated that she would recommend that we only charge the \$6500 until they get the additional funding within their budget. It is important that we lobby for this.

J. Butt stated that we have a proposed budget that we either accept or reject. If we accept it that does not preclude us from then assisting them with some advocacy with the ministry. J. Pearce advised that this budget includes the allocated cost. She would suggest that we do not charge the program any more than \$6500 until the ministry approves. J. Fullarton agreed. M. Campbell stated that we should put an asterisk beside this to review before next years budget. J. Butt agreed.

J. Pearce advised that in the cover letter it should state that if the funding is not forthcoming we will no longer be a sponsor. Board members were on side with this. D. Gordon stated that we should look at all programs that are not mandatory. J. Butt advised that we are not doing any. Dr. Carter commented that we don't do anything that is not a mandatory program unless it is 100% funded by the province. Sometimes the province says it is 100% funded, but it does not cover the full costs. We are trying over time to weed these programs out. J. Pearce advised that the HB/HC budget is one of those programs – it has never paid any occupancy costs or fees for administrative services. Some health units are cutting back on service because budget increases have not kept up with inflation.

It was moved by: D. Gordon

Seconded by: J. Fullarton

That: The Board of Health approve the 2008/09 Language Express base budget submission in the amount of \$426,299.

Motion Carried.

8.4. March 31, 2008 Financial Year End:

8.4.1. 2007/08 Audited Financial Statement Preschool Speech Language:

You have before you the audited financial statement for the Preschool Speech Language Program. The surplus is \$3523 because there was one time funding requested for other items. These are all unqualified reports from the auditor.

J. Butt stated that it looks like you have \$52,000 in the bank. J. Pearce advised that the ministry has just not recovered it yet. It has to be repaid.

J. Butt asked could we not suggest that they give permission to reinvest it back into the program before we send it? J. Pearce advised that this is from 3 years ago and they have already spent the money. J. Fullarton stated that if we have a program that is asking for an increase and it is sitting in our bank and we have children that will go unserved, we need to write to the province.

ACTION: A letter will be sent to the ministry.

It was moved by: J. Fullarton

Seconded by: D. Gordon

That: The Board of Health approve the Draft Audited Financial Statements for the Language Express Pre-School Speech and Language Services System for the year ending March 31/08.

Motion Carried.

8.4.2. 2007/08 Preschool Speech Language Settlement:

It was moved by: B. Fletcher

Seconded by: M. Campbell

That: The Board of Health approve the 2007/08 Preschool Speech Language Settlement for the year ending March 31/08.

Motion Carried.

8.4.3. 2007/08 Audited Financial Statement FOCUS:

It was moved by: M. Campbell

Seconded by: J. Fullarton

That: The Board of Health approve the 2007/08 Audited Financial Statements for the Smiths Falls FOCUS Community Coalition with a March 31, 2008 yearend.

Motion Carried.

8.5. HUAM Updates:

8.5.1. Environmentally Friendly Workplace Policy – V-1695-0

8.5.2. Copyrights - V-1055-0

8.5.3. Use of Library Resources - V-165-0

8.5.4. Journals, Books and Videos - V-125-0

8.5.5. Fit Testing Policy - V-1705-0

8.5.6. Job Evaluation – CUPE Positions - V-1005-0

8.5.7. Employee Benefits – V-625-0

8.5.8. Paid Holidays – V-825-0

8.5.9. Leave of Absence With Pay – V-805-0

8.5.10. Smoke-Free Workplace – V-75-0

Dr. Carter reviewed the HUAM updates with the Board. Some are housekeeping and others reflect changes to the union contracts. Dr. Carter advised Board about our battery-recycling program that will be run under this policy. A. Van Schie asked do we have any money budgeted for going green? Dr. Carter stated that there is no actual budget, but if it is at no cost or can be done with lapsing funding, we will do it. M. Campbell advised that the province has subsidy money to do this. Dr. Carter stated that we actually used a provincially subsidized program for the new lights.

It was moved by: J. Fullarton

Seconded by: D. Gordon

That the Board of Health approve the following HUAM updates:

- Environmentally Friendly Workplace Policy – V-1695-0
- Copyrights – V-1055-0
- Use of Library Resources – V-165-0
- Journals, Books and Videos – V-125-0
- Fit Testing Policy – V-1705-0
- Job Evaluation – CUPE Positions – V-1005-0
- Employee Benefits – V-625-0
- Paid Holidays – V-825-0
- Leave of Absence with Pay – V-805-0
- Smoke-Free Workplace – V-75-0

Motion Carried.

8.6. GIS System:

Dr. Carter doesn't know what Mr. Kinsella wanted to say. He directed us to get a copy of the Counties minutes. It is the first we have heard about them bringing us in on GIS for no charge. The County system sounds like a good base system for us, but we are still in the process of identifying our needs. We still need to look at how we can meet our needs and then we will meet both United Counties and Lanark Counties and any external provider. By the fall we should have a good idea of this and will evaluate the options at that time and come to a final decision. We greatly appreciate that the County has agreed to fund this at no charge.

M. Campbell stated that he will take this back to the County. There has been a lot of money spent and we have an excellent director and we are in support of making this available to the health unit. Dr. Carter advised that Lanark has been equally generous and have offered us access to their system already. Their system is not highly populated yet, but they plan to make it more populated.

A. Van Schie stated that we looked at partnering with United Counties prior to GIS and there was significant cost to uploading information. B. Fletcher advised that someone from here will have to upload the information and there will be a cost, but there won't be a cost to accept it. In Lanark we already have the expense built in.

S. Gates advised that we will be meeting with Karen Fraser and the Lanark people to work out the details.

9. Advocacy:

Nothing to report.

10. Verbal Report of the Medical Officer of Health:

**MOH VERBAL REPORT TO THE BOARD
JUNE 19, 2008**

Corporate Services:

Information on the cost of renewing our benefits has been received from Green Shield effective June 1st. There will be significant increases: 14.5% to our extended health care premiums; 4.5% to semi private coverage premiums and 12% to dental premiums. This will cost \$8,900 more than budgeted in 2008.

An initial meeting has taken place with a representative from BFL Canada who will be submitting a quote on our general insurance coverage that comes up for renewal Sept. 30th. Our current insurer, Cowan, will also be submitting a quote so we will have some competition for the first time in a while. From the Walkerton outbreak until now, Cowan has been the only insurer willing to insure health units.

United Counties programs will be moving from our Laurier facility over the summer months. We have decided to relocate our three IT staff to the second floor and use the current United Counties server room for our servers. We plan to dedicate some of the adjoining space to house an in-house computer lab to facilitate ongoing training. (We will have a significant training need this fall with the implementation of the Hedge Hog system as well as the upgrading to Microsoft Office 2007 for all staff.) We will also be moving a number of staff into the vacated space on the second floor to ease overcrowding and free up meeting rooms currently being used as work space. This will produce much needed meeting space on both floors. Since the space currently occupied by Roads is a self-contained unit (has its own washroom and kitchenette) and is on the first floor, we intend to solicit a tenant for that space only. There was no provision in the 2008 budget for rental income after United Counties' lease terminated, so any rent that can be realized from this space will be used to reduce the need to dip into reserves.

Clinical Services:

The Ministry of Health and Long Term Care for Ontario has just announced that the eligibility timeframe for the publicly funded HPV vaccine has been extended. Girls who have received at least one dose of the three dose HPV vaccination series in Grade 8 may complete the series as part of the publicly funded program during Grade 9. This means that a girl who initiated her HPV vaccination series between September 2007 and September 1, 2008, may complete any outstanding HPV vaccine doses during her Grade 9 year as part of the publicly funded program.

We are encouraging girls who are still in Grade 8 and who missed the opportunity to receive this vaccine at school to start the series. They should call to book an appointment at the HPV Catch Up Clinics at any health unit office before September 2008.

The publicly funded HPV vaccination program in Ontario will continue to be offered and delivered to all Grade 8 girls throughout the 2008/09 school year.

Family Health:

We have developed more efficient service planning tools for HB/HC that differ from any currently used in the province. We hope that the new process distinguishes the roles of the FHV and PHN more clearly. It is intended to emphasize the FHV as the primary program provider who follows a clear service plan developed by the PHN with the family and the Home Visitor's involvement. By clearly delegating tasks for the Home Visitor, the PHN functions as a professional service co-ordinator doing primarily assessment, referral, planning and evaluation.

This PHN leadership model will delegate work to the FHV's, using the PHN's time more efficiently. The new service plan will focus on risks (as identified by the PHN through the Ministry developed in-depth assessment tool) to the child's optimum developmental outcome. It is hoped that this will use our resources most efficiently while improving client service.

HB/HC Program presentations have been given at both the Leeds and Grenville, and the Lanark Best Start Networks to increase awareness of the program, and HB/HC's mandate to increase service integration at the system and the individual levels.

The Best Start Networks continue to provide a forum for the HB/HC program to contribute towards our mandate of system level service integration.

The committee has agreed to target Prescott, Cardinal and Elizabethtown through the "hub development" mandate of Best Start, to improve the service integration and access to services in these areas. This region was chosen by the community partners involved, because it had longer wait lists and the lowest EDI scores in Leeds & Grenville.

Health Promotion:

A letter writing campaign has been initiated to alert politicians about the importance of the contraband tobacco problem (Board Correspondence #5). I would like to encourage all Board members to participate in this campaign by sending letters to various political leaders. I will be emailing each of you the information on how to participate tomorrow.

The Supreme Court of Ontario granted leave to appeal the verdict in the Smiths Falls Smokers Club case on June 17th.

The ninth annual Racing Against Drugs event was held at the Smiths Falls Curling and Squash Club from May 27th to May 29th. Racing Against Drugs aims to inform students about the negative impact of alcohol and drug use; risk taking, decision-making and refusal skills, and alternative activities for a healthy lifestyle. Over this three-day event, students were introduced to these messages through a variety of fun and interactive "pit stops". Racing Against Drugs is offered to all grade 4/5 students across Leeds, Grenville and Lanark. This year over 1500 students representing 27 schools attended. The organization of this program is a collaborative effort that involved over 25 partners.

The Health Promotion School Age Team was successful in obtaining \$5000.00 from the Canadian Cancer Society to implement/facilitate a Peer Led "Youth Against Tanning" Project at TISS (Thousand Island Secondary School) and PDCI (Perth & District Collegiate Institute). The Health Unit provided training for the youth, posters, and promotional items (locker mirrors and portable electronic cases). During the week of June 2-6, the following activities occurred: peer led workshops (in the high school for grades 11/12, and at Westminster elementary school for grades 7/8), displays with educational material, roulette wheel with true/false questions, morning PA announcements, and a poster blitz. A sample of youth who participated in the activities completed a pre and post-test evaluation of the program.

The Public Health Research, Education and Development Program, University of Waterloo and the Ministry of Health Promotion have developed a School Health Environment Survey to help schools assess how supportive they are towards healthy eating and physical activity. The Health Unit has partnered with the University of Waterloo to recruit local schools and implement this survey. Twenty-two schools (out of 56 in LG&L) from the Upper Canada District School Board completed the survey (5 high schools and 17 elementary schools). Each school that completed the survey will receive a feedback report from the University of Waterloo that provides an overview of the areas in which the school is doing well, and suggestions as to where improvements can be made. Schools have the opportunity to share these reports with the Health Unit and other community partners, to plan and implement health-promoting changes in their school.

Quality Improvement:

As you are all aware, the Health Unit participates in a telephone survey known as the Rapid Risk Factor Surveillance System (RRFSS) to monitor the health related knowledge, attitudes and behaviours of the residents of Leeds, Grenville and Lanark counties. RRFSS is administered on our behalf by the Institute for Social Research at York University. We have produced a number of reports of RRFSS data, and they are now available to the public on our website, at www.healthunit.org, under the "reports and publications section".

Examples of reports available include:

- [Alcohol Use](#)
- [Familiarity with Health Unit](#)
- [Fetal Alcohol Syndrome](#)
- [Flu Immunization](#)

- [Health Report Distribution](#)
- [Safe Water](#)
- [Violence](#)
- [West Nile Awareness](#)

Heath Protection:

Rabies clinics for dogs and cats were very successful this year. We increased the number of animals immunized by 701 over the previous year's campaign. A total of 3789 animals were vaccinated.

A majority of HU PHIs are now registered with TrainCan as instructors in both Basic and Advanced food handler training courses.

Mosquito sampling for WNV has commenced. Already 600 ticks have been submitted for testing for Lyme disease this year, compared with 400 at the same time last year.

A task force has been struck to implement the SDWS system; two people attended technical training sponsored by the province.

Beach sampling commenced this week for 24 beaches in Lanark and Leeds Grenville. Student PHIs manage this program. Results regarding closures are available every Friday on our website.

The MOHLTC has asked for an inventory of our SDWS by June 30th to help us qualify for additional funding. This is an enormous task to accomplish in such a short time frame. The fastest way to develop such an inventory is to use MPAC codes to identify properties likely to have a SDWS. We are currently approaching United Counties and Lanark County to help us in this task.

Almonte Public Meeting:

This meeting was booked for late June but we have had to rebook on July 9th because of conflicts. We were criticized last year for holding the meeting in July. Staff are concerned that we have made no concrete plans yet as to how we will maintain service in Almonte. Therefore we will not be able to answer any specific questions that might arise during the meeting. Does the Board wish to hold the meeting in July or defer until the fall when we may have some answers for the questions that arise?

D. Gordon commented why even hold the meeting because the decision has already been made. J. Butt replied we have made the decision. They know that we are moving the office and have been advised that service delivery will be transparent to them, should we even go? M. Campbell stated that we had promised Almonte that we would, we need to follow up in some form. J. Fullarton stated that if you make a promise even to explain a situation, it is important that you follow through on your commitment. The benefit of public meetings is that you understand what they are worried about and that way we can do a better job.

B. Fletcher advised that July 9th is not a good date for him, but if you don't have the answers don't go. J. Butt asked when should we go? Staff replied when we have the answers, which should be some time in the autumn. It was decided that the public meeting will be held in the autumn. B. Fletcher stated that he has put J. Butt on the agenda for Lanark County to give an update.

11. Correspondence:

J. Butt reviewed the correspondence.

The motion to move incamera was read at 4:35 p.m.

12. Incamera Meeting:

It was moved by: B. Fletcher

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.

13. Report from Incamera:

It was moved by: M. Campbell

Seconded by: J. Fullarton

That: This closed session rise and report.

Motion Carried.

The meeting reconvened at 4:55 p.m. The Board discussed two matters, one dealing with property and one dealing with human resources.

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

The next meeting will be held on Thursday, September 18, 2008 at 4:00 p.m. in the Boardroom.

15. Adjournment:

It was moved by: D. Gordon
Seconded by: J. Fullarton
That: The meeting adjourn at 5:00 p.m.

Motion Carried.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive