



**Minutes of the Board of Health Regular Meeting**

Thursday, May 21, 2009  
Board Room, Brockville Office  
458 Laurier Boulevard  
4:00 p.m. – 6:33 p.m.

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

Regrets: R. Haley

Invitees: Heather Wilson, Board Chair, MDCHSC  
Peter McKenna, Executive Director, MDCHSC

B. Dalglish, Director, Health Promotion Department  
S. Gates, Director, Quality Improvement Department  
J. Hess, Director, Family Health Department  
J. Mays, Manager, Health Protection Department

R. Zajac, Recorder and Times  
R. Cleary

1. Call to Order:

J. Butt called the meeting to order at 4:02 p.m. Heather Wilson, Board Chair of the Merrickville Community Health Services Centre along with the Executive Director Peter McKenna will be giving a 10 minute presentation.

2. Approval of the Agenda:

It was moved by: M. Campbell

Seconded by: A. Warren

That: The agenda of the May 21, 2009 Regular Meeting be approved as circulated.

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Board of Health Regular Meeting held on April 16, 2009:

It was moved by: A. Van Schie

Seconded by: J. Lousley

That: The minutes of the April 16, 2009 Board of Health Regular Meeting be approved as circulated.

Motion Carried.

F. Kinsella referred to page 18 and the food handler training course stating that this is a very worthwhile training course and the more publicity we can give it the better. Restaurants should start advertising that their food handlers have been trained in this course.

J. Pearce referred to page 6 stating that there was discussion about our phone system upgrade. She advised that we have been working to get quotes on the same upgrade. She stated that the original vendor's price has come down and the other vendor is significantly higher. She wants the Board to be aware that we are looking at other options.

4. Presentations:

4.1. Merrickville/Smiths Falls CHC's:

J. Butt welcomed Heather Wilson and Peter McKenna. H. Wilson thanked everyone for inviting them here. She stated that Mr. Campbell attended our AGM last year and Mr. Graham has attended some events as well.

She is here as the Chair of a nonprofit private corporation that is a representative for primary healthcare. She is a professional geoscientist and a hydro geologist and her passion is water. Both community health centres and public health units do much more than primary healthcare, we care about the well-being and care of our communities.

Water has a lot to do with our health, she worked on well discovery and that is how she got to know Peter McKenna. Then she joined the Board and today she is the Board Chair. This is a good opportunity for us to meet the Board of Health because of our common concerns of the overall health and well-being of our communities.

The Merrickville District Community Health Services Centre is responsible for the operations of the Merrickville Community Health Centre (CHC), the Smiths Falls Community Health Centre (CHC) and the Rideau Valley Diabetes Service. There is a catchment of 12,000 people.

Merrickville was the first rural CHC in the province and was established as a medical centre 35 years ago and has converted to a CHC. About 4 years ago members from Smiths Falls approached us to see if we would sponsor a CHC in Smiths Falls and we have done so and we look forward to the building of the permanent site which is part of the renovation of the old high school in Smiths Falls. We will be neighbours in the health village which is terrific.

There are 2 other CHC organizations within your jurisdiction, the North Lanark CHC and the Country Roads CHC. CHC's provide primary healthcare and have both social workers and dietitians. We are like the health unit in that we are the only other organization that has that wider mandate for the community. We are fortunate in that our staff from the Executive Director onward get along very well. We refer to it as the CHC Model of Care.

The logo that we are wearing here tonight identifies a CHC. The CHC Model of Care strives to provide comprehensive care, primary care, illness prevention, health promotion, capacity building and service integration. We are ahead of the LHINS in this. We know that we can't accomplish all of these things alone, and look for partnerships. We need to deal with barriers that get in the way of people getting the healthcare that they need. We are client and community centered.

H. Wilson advised that she serves on a voluntary board which has 11 members. They are from all different walks of life and different parts of our catchment area. We strive to have interprofessional teams and we like to be responsive to community needs and initiatives and do community needs assessments.

In Smiths Falls there are some mental health issues and isolated seniors. She would like to stress that it is important to have a partnership with the public health unit and we would like to have more Board to Board interaction. Our AGM this year is June 16 and our board meetings are every third Tuesday of the month. All of the CHC's have websites and she encourages board members to look at them.

J. Butt thanked H. Wilson for her presentation.

K. Graham thanked both P. McKenna and H. Wilson for coming, stating that there are some things that we might be able to do for each other in terms of our location in Smiths Falls. There has got to be some common ground and we need to capitalize on any savings that we can. We are going to be moving into a new building which will be built for today's demands and we will be looking for a way to manage that growth and may need to rely on health partners. H. Wilson advised that we are here to offer and to help.

J. Butt stated that both Dr. Carter and I would be delighted to come to a board meeting. Not only are we going to be neighbours, it is important that there will be an opportunity to share service delivery and go forward together in the community as partners.

P. McKenna advised that both he and H. Wilson will stay to observe the meeting. J. Butt thanked them both for attending this evening and promised to stay in touch.

#### 4.2. Speech Language:

J. Hess apologized that none of the Speech Pathologists were able to be here tonight so she will be presenting in their place. May is speech and hearing month and she has a power point presentation which will be appended to the minutes. (Appendix #1)

J. Hess gave a video presentation to the Board. J. Butt stated that it was an excellent video presentation. J. Hess stated that it gives a good overview of the program and that the video has been developed locally and that they are selling it to the rest of the province. J. Hess showed board members the speech books, which are valuable for parents, and stated that our home visitors also have them in their kits.

F. Kinsella asked do parents tend to go to their doctors first? What is the referral process? J. Hess stated that we do referrals through the HB/HC program and the Early Years Centres have information as well. The younger you get a child involved in the program the better off they are. We can make a difference.

F. Kinsella asked is there a correlation between hearing and speech? J. Hess stated definitely, that is why every new born baby has a hearing test in hospital. If there is a problem there is a follow-up with an audiologist.

J. Earle asked how fragmented is the treatment for speech pathology? J. Hess stated that it is not fragmented now, there is one road now. All of the referrals go through a 1-800 line in Smiths Falls. They average 334 new clients each year. There were 1383 children registered. The average wait time from referral to initial assessment is 17 weeks. The goal is to get the time of referral down. J. Butt thanked J. Hess for the excellent presentation.

#### 5. Business Arising:

##### 5.1. Telephone System Upgrade:

This was discussed previously under item 3.1. The second quote we have is 20% higher on the equipment side. The service is out of Ottawa as opposed to local service. Currently we get immediate service with our local provider. J. Pearce stated that we won't proceed with the upgrade until we know if we have the money from the province.

##### 5.2. Revised Pre-School Speech Language 2009-10 Budget:

J. Pearce stated that the Board did approve the budget at \$421,000 recognizing that was about \$5800 over the amount that the ministry allotted. The ministry responded that this was not acceptable and they needed a balanced budget at the level of last year's allocation. The deficit has been split between public awareness initiatives and staff development and a new budget will be resubmitted. A letter has been drafted to be signed by the Chair stressing the impact on our local services to sustain the program.

It was moved by: B. Fletcher

Seconded by: F. Kinsella

That: The Board of Health approve the 2009-10 Language Express base budget resubmission in the amount of \$415,964.

Motion Carried.

### 5.3. Program Review Update:

S. Gates advised that, in the board package, board members received a progress report on our activities since the last meeting. We did experience some delays due to the influenza issue we were dealing with. We have shifted our timelines a little bit. We will be moving to our priority setting phase in the fall. For the next couple of months we will be working hard to finish the data collection.

Dr. Carter advised that Peter McKenna has agreed to be our health sector partner member on the steering committee. The municipal member will be Peter Wagland.

J. Earle stated that he is concerned at the end of this, since there is no independent audit, whether it is real or accurate, you are always going to have the stigma that it is an in house document. It goes to the credibility of the study at the end when it is submitted. He is reregistering his concern. J. Butt advised that there will be 3 independents and 2 staff on the Program Review Steering Committee.

S. Gates stated that external review of the methodology has been initiated with an epidemiologist at the Champlain LHIN. She will also approach Kingston Public Health. She is asking them to look at our methodology and whether it is valid. External members on our steering committee are sitting in an oversight role. They will monitor methodology and receive appeals and respond to them. There is no external person that will sit down with the data we collect. That would be a different role that we have not explored. We want to avoid, at all costs, having the results dismissed. J. Earle stated that if it isn't universally accepted then the value is diminished.

M. Campbell stated that his concern is that it can be done well internally but you have to have public transparency. S. Gates advised that a presentation was done in February which was emailed to all board members and distributed to CAO's in the municipalities, and we are inviting external comments to this review. If anyone has any further suggestions regarding transparency she would like to hear them. S. Gates stated that we have 156 requirements of prioritization that are going to be reviewed and have set aside 150 hours of meeting time in the fall to do our prioritization. In order to bring someone external into that there will be at least 150 hours or more to do. Dr. Carter stated that there is no consultant out there that has the experience in local public health to do this. There would be a steep learning curve.

S. Gates stated that if the Board would like she could prepare a report to estimate the costs and write up a proposal which would give something more concrete to discuss.

J. Butt stated that another approach could be since you have outlined the methodology and transparency and have added the review committee, we have an expression of concern from 1 person, but the general perception of the Board is supportive. We will take this concern under advisement.

K. Graham stated that this is the path that the Board has chosen. We have chosen to do this process internally and we have faith in the staff and it is unfair to prejudge the results. F. Kinsella stated that he was going to say the same thing, he has faith. He has a great belief in Board and the results will come to us. If it doesn't settle with us well it won't settle with the public. We are the best arbitrators of the public; this will be the acid test for this. If we are not satisfied when it is done we can go and ask for help. A. Warren stated that after reviewing the methodology we will be light years ahead of other health units when this is done. It will be a starting point.

S. Gates commented that one of the suggestions that staff have given is that as we are collecting the data that we start to share it with the Board, so when you get the results in the end it is not all new to you. This will open up the method and make the results transparent. J. Butt thanked S. Gates for the update.

#### 5.4. Common Law Language/Forms:

J. Butt stated that in the package the document that he agreed to prepare is V-225-0. At the last meeting we were talking about the confidentiality policy and if we defined our policy in terms of the requirement of the common law and we touched on our fiduciary responsibility under a series of duties. In essence all one needed to do was sign a declaration that they adhere as a board member to this conduct list and that they have read the policies. Whether board members act in accordance with these policies he has no control over. That would be sufficient. The document has in fact been passed as a legal review and it represents the common law and clearly articulates our duties on this Board.

M. Campbell stated that there are a number of issues he could raise in the procedure. This should go to an adhoc committee of the Board for a complete review. M. Campbell stated that under the Municipal Act if you do not give public notice of meetings consistently it is an illegal meeting. He doesn't see anywhere where this is required. J. Butt advised that doesn't have anything to do with the job of directors which is the topic of this policy.

F. Kinsella stated that in V-225-0, he is representing a person not the health unit, based upon this statement, what is the interest of the health unit as a whole? The question was raised in V-245-0 who determines the best interest of the corporation? What happens when we agree to disagree? In his opinion, when a motion is passed, that is the stated interest of the organization F. Kinsella advised. When he reads this he doesn't know what the interest of the health unit is as a whole.

J. Butt referred to the introductory comment and the best interest of the Board. J. Butt tried to explain it in the sense that if he comes to the Board saying his council said to vote a certain way, this is representing that one single group but it doesn't say that in making his consideration that he ought not to take into account the perception of the broader community, in fact it is our responsibility to do that.

F. Kinsella stated that we need to fine tune some of this. J. Butt stated that in By-Law #4 it states that the recording secretary shall give notice of each meeting of the Board and to the media in answer to Mel's question. M. Campbell stated that the word media is not good enough. It needs to be designated for example the Recorder and Times, Library etc. It is time to review the procedural by-law in detail. J. Butt stated that we did this a few months ago.

K. Graham stated that a couple of people in the past have had trouble signing a confidentiality agreement of the Board. The Board has policies in place and if we want to revisit all of the policies regarding conduct of board members we cannot do it here tonight. He suggested that all the health unit has to do is to provide board members with copies of the documents. They don't have to sign that they will abide by them, but they need to acknowledge that they have received the documents. K. Graham stated that he thought we had decided if a member of the board wants to share incamera information with their council incamera they can get permission from the Board to do this. J. Butt advised that we did do this.

J. Earle stated that his impression is that this is a public Board and he has an obligation to represent the public on this Board. He sees this as a one way street to represent the Board to the public not the public to the Board. That is where some of the municipal representatives are having a problem. We were elected to represent the public. J. Butt stated that the challenges around determining best interest talk about to act solely in the interest of one group and not to be in the interest of the whole. That was the legal opinion expressed by your city legal counsel.

Secondly, the biggest issue has to do with the role of confidentially. It is an extremely difficult concept. Our meetings in part are open to the public and when we go into an incamera session until we rise and report the discussions are private to that group. The fact that you or I may go to another group incamera and feel that we can discuss the incamera business, it is not the case. We would be violating the policy of this Board. There is great conflict faced with municipal appointees to advocate on the basis of public health. Sometimes the agendas are in conflict. J. Butt stated that he presented this and it requires some work. He seeks the Board's direction.

K. Graham suggested that we table this package until we get further comments from board members. J. Butt advised that he was trying to find a way to bring it to conclusion. We have an individual who has not signed the agreement. Do you want to enforce the current policy or wait until it is tabled and resolved? F. Kinsella advised that he would like to write the comments and have them circulated. A. Van Schie stated that the policy that you have today is the one you enforce. J. Earle stated that it is the legality of it. This does not supersede federal or provincial laws.

A. Van Schie stated that there is nothing illegal in our policy and there is nothing illegal about signing a confidentiality agreement. B. Fletcher brought forward a motion to table this issue until the next meeting and all comments will be put forward. This was moved by B. Fletcher and seconded by K. Graham. The motion was carried.

6. New Business:

6.1. Accounts Payable for March:

J. Pearce stated that we are in a favourable position overall in all of our programs. She is finishing the audit for Language Express and FOCUS and these documents will be coming to the June meeting. Both of these programs will be running very close to the wire.

K. Graham asked about Ontario Works dental claims asking if it is typical for us to spend \$55,000 on a monthly basis? J. Pearce advised that we usually spend around \$20,000-\$30,000 but in February we increased the administration fee to 8%.

M. Campbell asked about the onetime costs? J. Pearce stated that we proceeded with the purchase of the storage unit system at a cost of about \$16,000. The budget figure here does not reflect the \$192,000 submitted to the ministry that was approved at our last meeting. M. Campbell asked does Brockville have a mobile shredding unit? J. Pearce advised that this is contracted out in the north and the south. It is a mobile unit. M. Campbell asked did you consider an RFP? J. Pearce stated that our purchaser gets quotes on shredding.

It was moved by: K. Graham

Seconded by: F. Kinsella

That: The Board of Health approve Health Unit Accounts Payable for the month of March 2009 in the amount of \$1,025,556.53.

Motion Carried.

6.2. 2009 Healthy Babies/Healthy Children Budget:

It was moved by: F. Kinsella

Seconded by: K. Graham

That: The Board of Health approve the 2009 Healthy Babies/Healthy Children base budget submission in the amount of \$1,010,740.

Motion Carried.

6.3. MOHLTC Local Public Health Agencies 2008 Settlement:

J. Pearce advised that these are all of the programs funded through the ministry of health. This document corresponds with the audited statements that were approved at the last meeting. These have been signed off by the auditor.

It was moved by: J. Lousley

Seconded by: F. Kinsella

That: The Board of Health approve the MOHLTC Local Public Health Agencies 2008 Settlement as circulated.

Motion Carried.

7. Advocacy:

7.1. Oral Health:

J. Butt introduced B. Dalgleish and R. Cleary.

B. Dalgleish stated that we appreciate the opportunity to speak to you today about an important advocacy issue. We received a request from North Bay Parry Sound District Health Unit to urge the provincial government to implement and fully fund the dental program for low income families as promised in the 2008 budget. There is a direct correlation between income level and oral health status. Low income people traditionally have poor oral health. B. Dalgleish introduced R. Cleary, the health unit's Senior Dental Hygienist. She will lead us through a brief presentation. (see Appendix #2) R. Cleary stated that she will give board members a background on the funding and some local advocacy that is being done with our health unit and partners. J. Butt thanked R. Cleary and B. Dalgleish for their presentation.

K. Graham commented that if individuals do not have good oral health they are less likely to be in school and we should be advocating along with North Bay Parry Sound to get this money released. Even though it will not be enough it is more than we have now. There are a lot of working poor in the community he lives in and they would certainly benefit from proper dental care.

J. Earle asked is the rise in tooth decay due to sugary drinks? R. Cleary stated that early childhood tooth decay is usually the front teeth and often times the culprit is the use of Sippy cups and drinking sugary drinks. J. Earle asked would the \$33 million be done by dentists under the ODA fee guide? R. Cleary advised that this funding will be paid from the ODA and CINOT fee guide which is 60% of what dentists usually get. Not all dentists have to work with our program. The funding will come through the CHC's. J. Earle asked this would not cover veneers? R. Cleary stated no this will be basic coverage.

It was moved by: A. Van Schie

Seconded by: A. Warren

That: The Board of Health urge the Honourable Dalton McGuinty, Premier of Ontario; the Honourable David Caplan, Minister of Health and Long-Term Care; the Honourable Beth Mathews, Chair, Cabinet Committee on Poverty Reduction and Minister of Children and Youth Services, to immediately implement and fully fund the dental program for low-income families as promised in the 2008 provincial budget;

And That: A copy of this resolution be forwarded to the Honourable Margaret Best, Minister of Health Promotion; Members of Provincial Parliament; Dr. David Williams, Acting Chief Medical Officer of Health, Public Health Division; Dr. Arlene King, Chief Medical Officer of Health, Public Health Division; Ontario Boards of Health; and Linda Stewart, Executive Director, Association of Local Public Health Agencies.

Motion Carried.

8. Verbal Report of the Medical Officer of Health:

**Novel H1N1 Influenza:**

Public Health has been taken by surprise by this novel virus that arose, presumably, in Mexico. All models of pandemic influenza start with the assumption that they arise in the Far East and move across the world in a predictable pattern, although the contribution of modern air travel was always a wild card. Who would have ever guessed that a novel virus would arise in Mexico at a time when thousands of Canadians were returning from Mexico to Canada every day?

Fortunately, everything we have been able to gather about this virus is reassuring. The illness that it causes is mild in most people, similar to seasonal influenza, and it does not appear to be more transmissible than the seasonal virus. However, we must not be complacent.

First, with the entire population naïve and possibly susceptible to this virus, it is likely to infect a higher number of people than the seasonal virus. If the proportion of severe cases is the same as the seasonal virus, this would lead to the prediction of higher numbers of severe cases, despite the seeming mildness of the virus. Since most of the people who visit Mexico in March and April are young and healthy, and their contacts when they return to Canada are also predominately young and healthy, we have yet to experience the potential of this virus when it spreads in more vulnerable populations. Perhaps we will be lucky and find that the old timers are immune because of contact with a similar virus in the distant past, but we cannot be sure of that. So far the older populations have not been the source of many cases but we do not know if this is because of immunity or just lack of exposure.

Second, it is well known that seasonal influenza does not spread well through the population during the warmer months. Traditionally, May spelled the end of the seasonal outbreak. Perhaps the time of year is the reason that this novel virus is not spreading rapidly through our communities. We will have to wait and see what happens in the autumn, but it is imperative that the health unit prepare for what might happen in a few months.

To get through the last month, we implemented our Incident Management System – the provincially accepted system of managing serious events. The IMGGroup met daily for several weeks. We also kept in contact with local health care facilities and providers by various means including teleconferences and faxes. In addition, we held one teleconference with our municipalities which was the first time we tried out the system set up through MOU's for emergency situations.

These activities have been very disruptive of our routine program plans, including our program review process. We may well find the last few months of the year much more disruptive. Meanwhile we are pushing ahead with our routine work as best we can and keeping track of the excess resources spent on the flu in the hope that the MOHLTC may reimburse us.

Planning for the fall includes fit testing more staff for the N95 respirators. We have just had two more staff trained on how to do fit testing. It also includes bringing all staff allowed to give immunization as part of their scope of practice up to speed with the techniques, policies and procedures used for health unit immunization clinics. We will need to have all hands on board if a mass immunization program is launched by the province. We have worked with the local school boards to try to reduce transmission of influenza viruses in schools as it is well known that school children are a major source of spread of influenza. We have also started working with local health care providers and institutions to plan for special influenza assessment, treatment and referral services as they may become necessary in the autumn. This was always in our plans but we have sped up the process and we have found local providers more interested in participating, given the current situation.

As someone once said, may you live in interesting times. These are certainly interesting times. We hope that, in this stressful period, that this under-resourced health unit is not the weakest link in the chain.

M. Campbell asked who is responsible for identifying pandemic threats? Agriculture is already in difficulty in many areas and we don't need any more of it. Dr. Carter stated that the influenza virus tends to be shared between animals and humans. J. Butt stated the WHO recognized that swine flu was an inappropriate name and changed it. M. Campbell stated that the damage has already been done.

F. Kinsella stated that this has been a great exercise to test the pandemic system. If you are susceptible and get the virus within the first 6 months you are gone. Regarding the tracking mechanism, it is interesting the time it took to determine the characteristics and how it was transmitted. The pandemic plan is not a rescue plan; it is a containment exercise. People are going to have expectations that are too high. If we get a lot of deaths there is going to be a lot of finger pointing.

Dr. Carter advised that it is not a virus that you can prevent. You can reduce and contain, but you can't ever prevent it. About 3,000 Canadians die of influenza a year anyway. We are treating it like a seasonal influenza virus. J. Earle asked if about 3,000 die normally of influenza, what is the possibility of potentially overreacting to this one at the point of crying wolf, and under reacting later when it is more serious?

Dr. Carter stated that if it gets into vulnerable populations there will be significant deaths. The whole point is to blunt the curve and keep people as protected as we can until a vaccine is available to prevent deaths.

F. Kinsella advised that he needs to leave early as he has another meeting to attend. He feels that this was a good exercise in testing the system. Self isolation helps in the containment.

J. Lousley commented that she was at the health unit to spend the day with a PHN, and she sat in with the IMG and was very impressed at how organized they were.

### **Almonte Office:**

We have been informed by the Almonte General Hospital that we can continue to stay in our current space free of charge for the time being once the notice period is over in mid July. Eventually, they have plans for the space we are occupying but that may be a year or more in the future. At that time there may be a space for us in the renovated building that once was Fairview Manor. Since the current space is inadequate as an office, and we have the staff serving Almonte settled into alternate accommodation, we will not go back to the previous office arrangement. However, we will continue to use the space productively to provide services to the North Lanark area, including continued provision of Immunization and Sexual Health clinics. In addition, the large room can now be used to provide prenatal classes and Baby Talk sessions. Meetings can be held there and, of course, the staff appreciates the washroom facilities while passing through. The use of the space for these purposes saves the health unit rental money and reduces staff time required for providing services as equipment can be stored and used in the same place rather than lugged back and forth to and from sessions and meetings.

All around, this has been a significant benefit for the health unit and the North Lanark community and we are grateful to the Almonte Hospital for this generosity and positive partnership.

### **Corporate Retreat:**

For the first time in nearly 2 years, all health unit staff were invited to gather for a day to celebrate the long service of colleagues, catch up, learn and exchange information. Many staff interact with each other only by email and telephone throughout the year. Having the occasional chance to see each other face to face helps cement relationships and develop cohesiveness. It is also valuable to have all staff present to celebrate our long service awards. Receiving recognition from the organization may be less important to those receiving awards than hearing the applause of their colleagues. Board Chair Mr. Butt attended and answered questions from staff and his input was greatly appreciated. A presentation on resilience by Gary Gzik provided valuable advice to staff on how to keep themselves healthy and coping during these stressful times.

### **Clinical Services:**

The health unit has developed a training session to bring first responders such as police and fire fighters up to speed on the prevention of blood borne infections. Each station is supposed to have a designated officer who is trained in such matters so we are helping them to meet this requirement. It will also help our staff to have these professionals well trained to prevent and deal with potential infections. They will learn how to respond if one of their members is inadvertently exposed, including the steps required under the law to have the source of the exposure tested for infection. This should prevent the missteps that our staff often has to help with.

### **Tobacco Program:**

We understand that the funding for parts of the Tobacco Program are about to be cut by the MHP, although we have not seen this in writing. It would be a shame to lose the valuable work being done in this field so shortly after it has been started up. It takes several years to get a program such as the high-school and youth programs off the ground and running effectively. We were just at this point and we will be very disappointed if they are to be cut back now. This is a 100% provincially funded program and our other budget constraints would not allow us to keep it going if provincial funding was inadequate.

For April 2009; Tobacco Enforcement Officers issued 18 charges and handed out 18 warning notices for violations of the Smoke-Free Ontario Act. They also responded to 8 complaints and a total of 107 educational inspections where completed.

Raise the Truth is conducting the Flavor is just the Front campaign. The campaign is in support of recent legislation introduced federally that would ban all flavoured tobacco products. The winners were announced for the Driven to Quit Challenge provincially. Although no local participants ended up with the prizes, 350 local participants made a quit attempt during the month of March and hopefully took great steps towards improving their health.

F. Kinsella left the meeting at 6:01 p.m.

M. Campbell brought up an issue from the Environmental Industry Plastics Council which says that retailers force consumers away from single grocery bags to reusable. They state that the persistent use of reusable bags is putting people at risk as they are a breeding ground for mold. Has this been raised here? J. Butt stated that it will receive discussion within the unit.

### 9. Correspondence:

No report was given.

10. Incamera Meeting:

The motion to go incamera was read at 6:08 p.m.

B. Fletcher left the meeting at 6:10 p.m.

It was moved by: J. Lousley

Seconded by: A. Van Schie

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:

The rise and report was read at 6:28 p.m.

It was moved by: J. Lousley

Seconded by: K. Graham

That: This closed session rise and report.

Motion Carried.

It was moved by: A. Van Schie  
Seconded by: J. Lousley  
That: The Board of Health award the contract to construct the Smiths Falls Building to Al Langman Construction 1998 Inc. as amended.

And That: The purchase of the property on Johnson Street in Smiths Falls be finalized.

A recorded vote was requested.

A. Van Schie – in favour  
A. Warren – in favour  
J. Lousley – in favour  
J. Earle – opposed  
K. Graham – in favour  
M. Campbell – declined  
S. Dodge – in favour  
J. Butt – in favour

Motion Carried.

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

The next meeting will be held on June 18, 2009 in Brockville and the September meeting will be held in Smiths Falls.

13. Adjournment:

It was moved by: A. Warren  
Seconded by: A. Van Schie  
That: The meeting adjourn at 6:33 p.m.

Motion Carried.

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J. Butt, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
H. Bruce, Recording Secretary

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive