



Minutes of the Board of Health Regular Meeting

Thursday, April 16, 2009
Board Room, Brockville Office
458 Laurier Boulevard
4:00 p.m. – 7:20 p.m.

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

Invitees: T. Clow, Manager, Health Protection Department
C. Prins, Auditor, Parker Prins Seel Chartered Accountants

B. Dagleish, Director – Health Promotion Department
J. Futch, Director – Department of Clinical Services
S. Gates, Director – Quality Improvement Department
J. Hess, Director – Family Health Department
J. Lyster, Director – Health Protection Department
J. Mays, Manager – Health Protection Department

R. Zajac, Recorder and Times
M. Green, S. Healey, Y. Decoste, T. Boileau

1. Call to Order:

J. Butt called the meeting to order at 4:02 p.m. and welcomed Janet Lousley to the Board.
J. Lousley was introduced to the staff and senior managers in attendance.
K. Graham acknowledged the service of D. Gordon on the Board.

2. Approval of the Agenda:

It was moved by: B. Fletcher

Seconded by: K. Graham

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

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Board of Health Budget Meeting held on February 9, 2009:

It was moved by: K. Graham

Seconded by: F. Kinsella

That: The minutes of the February 9, 2009 Board of Health Budget Meeting be approved as circulated.

Motion Carried.

F. Kinsella referred to page 2 second paragraph and the data regarding provincial groups of health units. Did we get that data he asked? J. Butt stated that we did. F. Kinsella asked where do we fit in? J. Butt advised rural is where we fit.

S. Gates gave an update and stated that we sent our local data for verification along with our comments back to the ministry and the report was to be sent back by March 31st but we have not received it yet. We will let you know when we receive it. It will be an electronic report.

F. Kinsella referred to the third paragraph last sentence and asked do we have a response from the ministry yet? J. Butt advised that we have a May 4 meeting and additional correspondence was distributed tonight but it does not really say anything.

3.2. Approval of the Minutes from the Board of Health Regular Meeting held on February 19, 2009:

It was moved by: R. Haley

Seconded by: K. Graham

That: The minutes of the February 19, 2009 Board of Health Regular Meeting be approved as circulated.

Motion Carried.

F. Kinsella referred to the question on page 8 third paragraph down, did we get a list of all of the programs? Did B. Fletcher get a copy of all of the programs? B. Fletcher stated that he had not received it. J. Pearce stated that she thought she had done this, but will complete it shortly. F. Kinsella asked that all board members receive a copy.

4. Presentation:

4.1. Land Control/SDWS:

J. Lyster advised that she is going to talk about Land Control and then she will introduce T. Clow as part of our department report.

Land Control is being challenged by the current economic situation but we have, as you will see in the budget, a management plan to deal with the challenges. We had more permits issued in January this year than we did last January which is ironic. The budget is conservative, and we have not included reinspection at this time.

J. Lyster asked if there were any questions about the compliance? We improved by about 8 or 9%. J. Lyster introduced T. Clow as the acting manager for health protection out of Smiths Falls. One of her responsibilities is the SDWS. K. Graham asked is SDWS and Land Control going to be under one program? J. Lyster stated no it is not.

T. Clow addressed the Board regarding SDWS and gave a power point presentation. (see Appendix #1) She advised that J. Bricker is our lead and G. MacKenzie will also be working on the program. They are actually in training today.

We received transfer of the program from the MOE. SDWS is a non-municipal drinking water system. Many of our rural premises will be considered a SDWS. We figure in our area there are about 800 of them. The 2 new regulations are 318/08 (transitional regulation for 30 months) and 319/08. Risk assessments will be done using the RCAT tool. Directives then need to be issued to all SDWS. The RCAT will also tell us how often we need to do follow up inspections. A directive is a legal document that outlines what an owner must do to operate and maintain their SDWS. An appeal of a directive will come to the Medical Officer of Health. We don't want to make the tests onerous on the operators of these systems.

A CAO meeting was held to educate on SDWS. The rural municipalities agreed to carry our SDWS packages. We will continue with ongoing education and there is information specific to SDWS posted on our website. J Butt thanked T. Clow for her presentation.

Questions

A. Van Schie asked what would the frequency of inspections be now as compared to the MOE? T. Clow stated that the MOE did not get very far, about 200 out of the 800. Mind you they were also doing all of the other municipal systems as well. The RCAT determines the frequency – high frequency (once a year) or low frequency (possibly every 5 years). It is essential to do sampling to determine this.

A. Van Schie asked what level of training do health inspectors get? T. Clow advised that there have been many training courses. We will have 2 experts and train the trainer sessions will take place. Health inspectors have a good general basic knowledge of wells and they are asking more seasoned inspectors to start off with the program. A. Van Schie asked will they be able to transfer the training to municipal water systems?

T. Clow advised no we will not be inspecting municipal water systems. A. Van Schie asked is there an overlap for restaurant and SDWS inspections? T. Clow stated that we are hoping that PHI's that inspect restaurants will be able to do a restaurant's SDWS as well over time. Our inspectors will be able to do a basic restaurant system.

J. Butt asked with the tablet system, when you do the RCAT, will the person sign it on the spot and leave them a copy? T. Clow stated that it is a little bit different because RCAT needs to be downloaded and there is a glitch in the system right now. When we sync our computers then RCAT will spit out the numbers and the directives will not be done right on site. J. Lyster stated that the data is being sent to the ministry as well.

R. Haley asked a church vs. a camp ground what is the frequency of inspections? T. Clow stated that it depends on whether they have started their water sampling or not. If the water is good, there is no need to put treatment on. Some places could actually post signs if the water is not potable and avoid inspections. If the church only has a bathroom with no kitchen on the premises they can post a sign. If they have church dinners, they would be a SDWS and need inspections. The cost of testing is about \$40. T. Clow stated that the inspector on site also needs to look at what is around the well. Is it safe, and is the topography good? That puts the risk down. There will be some challenges with it. That is why we are having the information sessions. The biggest thing is for people to sample in advance so there is a history of results when we arrive.

K. Graham stated that the funding is what worries him. The government has not committed to funding. It is a download and he sympathizes with the PHI's. You are going to have to get used to hearing back off government. In northern Ontario there are hundreds of resorts that you can't reach by car and these PHI's are going to have to fly in. The cost is going to be huge.

T. Clow stated that the ministry wants PHI's to take on this program because we know our clients and are sensitive to the needs of the community. We are not trying to put anyone out of business. If there isn't a health hazard, we are not asking for any more than bare minimum. We understand that people are afraid. Luckily we already know our operators and we have a good relationship. J. Butt stated that other Boards raised the issue of downloading at the last alPHA meeting and it will be on future agendas. Dr. Carter stated that the MOHLTC have already made it clear that the funding is going to 75/25 after 30 months. We have already passed that resolution around this Board table.

J. Earle asked the RCAT process, how long is that going to take? You have 600 days to do 800 wells. T. Clow stated that it depends on the situation that you encounter at the well; if it is complicated it could take an entire day or half a day. Municipal halls have been done in about half an hour. We do not have an actual average. If we can do 2 a day we will probably be doing well. We have such vast areas to drive which adds to the time. J. Earle asked how will this interlace with the Source Water Protection Act? There are 3 conservation areas as well. T. Clow stated that if you want information on source water protection they will come and speak to Boards of Health. K. Graham stated that source water protection committees are only interested in municipal water systems right now.

B. Fletcher commented that he also sits on the conservation authority, and their mandate does not cover wells. One day it will go further, but it is a long way away.
F. Kinsella stated that some of our resort owners said, for insurance purposes, they see this as an imposition - having a test and paying for it. T. Clow advised that if people request more information we will come to their communities. J. Lyster stated that we are working on a GIS process currently. F. Kinsella commented that the Leeds and Thousand Islands will organize a workshop for you if you want. It is a large resort area. T. Clow stated that she would prefer to speak to people directly.
J. Butt thanked T. Clow for her presentation.

5. Business Arising:

5.1. 2009 Program Based Grant Request Template:

J. Pearce advised that at our last meeting in February the Board approved the budget and the amount to be submitted to the ministry. We then got the forms from the ministry and the costs are now broken down by program. The ministry has requested that any one time requests for expenditures be submitted with the budget. It may be the only time one time requests are considered in 2009.

Several of you are aware of our ongoing renovations to the Brockville office and those costs were to be worked into this year and she took the opportunity to do a one time request. J. Pearce reviewed the format with board members. Also on this budget are 100% funded programs.

The \$80,000 is the additional infection control nurse that was funded by the MOHLTC last year. Regarding SDWS, the budget that is submitted is just under \$220,000. This budget has all of the additional positions that we talked about but are not implementing until the ministry comes up with the funding. The last page shows more detailed costs per program.

Questions

R. Haley asked about the budget passed earlier, does it not include the new positions?
J. Butt advised that we had to ask the ministry for them but we will implement the status quo budget however. J. Pearce stated that we are not implementing the positions until we get funding from the ministry. J. Butt stated that the province in the past signaled that they would increase their budget by 5%. This year they said their base was 3% and had criteria that allowed health units to move from 3-5%. We still don't know what our increase will be. Our status quo budget assumed a 3% base.

R. Haley asked we are approving this on the assumption of what? J. Pearce stated that the direction was that she prepare the budget submission for the ministry to fully comply with programs. That is what this is in a different format from February.

F. Kinsella referred to item 6.2 the 2008 Audited Financial Statements on page 4, it says surplus beginning of year 2007 of \$117,000 and 2008 it says \$41,000. How can you get a surplus at the beginning of the year? J. Pearce stated that if the ministry has not done any recovery then the money is still in the bank. F. Kinsella advised that if we don't spend all the money, then there is a surplus and we anticipate that they claw back. J. Pearce stated that is why we do a settlement. The statements reflect a surplus that was present at the end of the year.

Some programs have not made recoveries and others are diligent in doing that quickly. This reflects what is in the bank at the end of the year. They will take it back.

F. Kinsella asked 25% of the money that is in that surplus should belong to municipalities? J. Pearce stated that the 2008 surplus for cost shared public health is \$4. The program you are talking about is a self funded program (Land Control). We will speak to that when it comes up on the agenda.

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The Board of Health approve the 2009 Net Shareable
Mandatory Programs Costs in the amount of \$8,962,855, Total
Related Programs Shareable Costs in the amount of \$234,162
and 100% funded programs in the amount of \$612,688.

Motion Carried.

5.2. One-Time Funding Request Business Case Template:

J. Pearce stated that the next item is the actual business case template. You can go to page 2 and see the listing of items. We will have to incur most of these costs to use the space efficiently.

Many of the work stations are not ergonomic and will need to be replaced. There is potential construction that may have to go into the building. We are looking at a mobile wall at this time. We don't have to go ahead with the keyless entry if we don't get the funding, but it would maximize the safety of our staff and the security of the building. Regarding our phone system, there will not be parts after July 2010 so they won't provide the service contract after that. We should do this sooner rather than later.

A. Warren asked why we had extra workstations in Gananoque? J. Pearce stated that we built to accommodate extra staff due to expected growth. To put desks in later would have been a problem. Four desks have been brought back. A. Warren asked if the Almonte files came to Smiths Falls? J. Pearce replied yes, the operating files.

F. Kinsella asked is there a requirement that you have to keep a file for a certain period of time? J. Pearce advised that yes there is a timeline which each department monitors.

J. Earle stated that he only sees one quote from Bell. J. Pearce advised that is the upgrade for the current system. The other companies that we could go to could not use the equipment. J. Butt asked the system upgrade for our telephone switch is \$37,000, plus labour and tax? J. Pearce replied that is correct. Since this information was sent in the Board package, our own technician came in and looked at this quote and he identified that we have some of the required equipment so it will go down in price. K. Graham commented that this is money to protect an asset that we own. J. Butt stated that we are applying for a grant. J. Pearce stated that if we don't get this money it will have to come out of municipal funds.

J. Earle stated that most of this stuff does not look like Bell proprietary items. It would seem healthy to ask someone else to quote. J. Pearce stated that we certainly can ask again.

J. Butt stated that once the grant is approved we have to follow our procedures. F. Kinsella commented that this is just a proposal at this point in time; if it is rejected then we can look at it again.

It was moved by: J. Lousley

Seconded by: F. Kinsella

That: The Board of Health approve the one-time cost-shared funding request in the amount of \$191,600 for Brockville Space Reorganization.

Motion Carried.

5.3. 2009 Grant Terms and Conditions:

J. Pearce stated that this is a housekeeping item that is approved by the Board each year and if it is not signed the ministry will cease flowing funds.

It was moved by: A. Van Schie

Seconded by: A. Warren

That: The Board of Health agree to the 2009 Grant Terms and Conditions between Boards of Health and the Government of Ontario.

Motion Carried.

6. New Business:

6.1. Audit – Management Letter:

J. Butt introduced C. Prins. She stated that we don't have anything particularly noteworthy in the audit. We did want to address the change in accounting policy however.

It was moved by: A. Warren

Seconded by: A. Van Schie

That: The Board of Health review and approve the management letter as circulated in relation to the audited financial statements of The Corporation of the Leeds, Grenville & Lanark District Health Unit for the year ending December 31, 2008.

Motion Carried.

6.2. 2008 Audited Financial Statements:

C. Prins dealt with the financial statements first. She stated that she is here on behalf of Brent Burns who is the auditor and she is part of the team that work for him. This is a clean audit report. The controls are still there and functioning. We have nothing noteworthy from an audit perspective.

We take a substantive audit approach and look at source documentation. Our focus is whether a transaction exists and is the transaction recorded in the financial statement complete. We are concerned whether or not the transaction actually occurred. The fact that the Board approved it is an added bonus. Board approval is one of the steps. C. Prins stated that she does read all of the Board minutes.

C. Prins stated that we audit 100% of municipal levies and confirm those sources of revenue and audit 100% of legal costs. We audit this in search of potential liability to the health unit.

C. Prins referred the Board to page 2 stating that this is a snapshot of where we stood as of December 31, 2008. She reviewed this with board members. This is a summation of all of the programs.

The next page is a summary of what happened over the year with the cost shared programs. This comes out to a public health surplus of \$4. We have had to allocate some funds from the municipal surplus over the years to finance some of these operations. This surplus has dwindled down and the Board should be wary of this in case of any unforeseen circumstances.

There is a deficit currently in Land Control and there are some things in play to monitor that. This is a self sufficient program. A. Van Schie stated that a number of years ago we were made aware that it was a revenue generated program and we set aside a certain amount of revenue in case the program collapsed. Are we saying that reserve is gone now? C. Prins stated yes it is. J. Pearce stated the last time we looked at the amount it was about \$30,000. We have as an estimate \$15,000 today. When the surplus reaches this point the program's viability should be reviewed. This would be the cost of severance to terminate the program.

There were 2 things that led to that deficit last year, the SDWS – we had anticipated that 200 hours of PHI time would be transferred to SDWS and there was no activity,

and the other source was the reinspection program. We budgeted for \$25,000 in revenue and that did not materialize. For a number of years, Land Control has been paying their way and it would be our recommendation that we continue to support the program through a year when we just increased fees. A. Van Schie replied that he understands, but this is a liability to the health unit. J. Butt commented that as we go forward the anticipation is that this will turn around and we look forward to getting the money back.

F. Kinsella stated that we ended up increasing the fees for our budget, but you must know that there are 3 municipalities that are big generators of the funds. If we got together, the health unit and the planning departments of those municipalities could possibly share this information.

C. Prins stated that the programs after Land Control are all the ministry funded programs. R. Haley questioned the change in the accounting policy. J. Pearce stated that there has been a survey among health units and Perth County has done it and is willing to share information. We have to finish this before the end of this year. C. Prins stated that this has to occur for insurance purposes. F. Kinsella asked has this been addressed yet? J. Pearce advised that we have to establish our grouping of assets, but we have all the information available. F. Kinsella suggested getting a proposal ready. A. Warren stated that it is a very senior level thing to do as you have to look at the life cycle costs. C. Prins commented that this is an exercise that everyone other than the public sector has been doing. It will make both sectors more in line.

It was moved by: A. Van Schie

Seconded by: A. Warren

That: The Board of Health approve the 2008 Audited Financial Statements of the Leeds, Grenville and Lanark District Health Unit for programs with a December 31st financial yearend.

Motion Carried.

6.3. 2008 Year-End Settlement HB/BC Program:

J. Pearce reviewed the settlement with board members. The public health program document will be coming to the May board meeting as the forms have just been received.

It was moved by: J. Lousley

Seconded by: A. Van Schie

That: The Board of Health approve the Healthy Babies Healthy Children 2008 Year-End Settlement for the year ending December 31, 2008.

Motion Carried.

C. Prins left the meeting at 5:41 p.m.

6.4. Accounts Payable for January:

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The Board of Health approve Health Unit Accounts Payable for the month of January 2009 in the amount of \$728,462.08.

Motion Carried.

J. Pearce reviewed the accounts payables. J. Earle asked about the space consultant. J. Pearce advised that we hired a consultant to steer us in the right direction and this has led to buy in from various staff members that are moving from their areas.

6.5. Accounts Payable for February:

It was moved by: R. Haley

Seconded by: K. Graham

That: The Board of Health approve Health Unit Accounts Payable for the month of February 2009 in the amount of \$1,011,652.04.

Motion Carried.

6.6. Pre-School Speech Language 2009-10 Budget:

J. Pearce reviewed the Language Express budget. We have been supporting this program since we started the sponsorship in 2000. Last year because of our own budget situation the Board decided to charge this program adequate cost recovery as we could not subsidize them any further. The ministry said no to this, so the option was given to the program to find another sponsor for the program. The Board did agree to continue for the sake of service delivery with this program until its year end which was March 31, 2009. We have made changes to the budget to accommodate \$22,835 however we were unable to make the budget come back to last year's actual base amount of \$415,000, it is over by \$6,000. SMC reviewed this with the recommendation that it come here to request from the ministry that this be funded.

It was moved by: K. Graham

Seconded by: R. Haley

That: The Board of Health approve the 2009/10 Language Express base budget submission in the amount of \$421,743.

Motion Carried.

F. Kinsella asked what kind of speech interventions do we actually do? J. Hess stated that many physicians have often used the wait and see approach, but evidence supports early intervention. F. Kinsella asked what is the amount of intervention?

J. Hess stated that it depends on the child. We have a waiting list. We do the developmentally delayed children as well. There is a transition plan from preschool to school.

R. Haley stated that staff should be commended for offering to take LOA's.
J. Pearce advised that there was someone who asked to work less hours so we are taking advantage of that. R. Haley asked what happens if the funding does not happen? J. Pearce advised that the budget will be revisited.

6.7. Land Control Budget:

J. Pearce asked board members to turn to page 2 to see the strategies that we are taking this year on gapping positions to keep this program as best afloat as we can. We expect to use only 3.99 FTE's and there will be some attrition happening within the program to help us in the future. It is unpredictable given the activity level and the recession. PHI's that work in this program are transferrable to work in other areas. We will be moving people around so that the costs aren't all incurred in Land Control. We will be monitoring the activities on a monthly basis and have talked about a second increase to the fee level, but this is difficult to do since we increased the fees in January. A. Van Schie stated that we need to ensure that all of the people in the program are fully engaged and should not allow gaps in their work. J. Pearce stated that they will be inspecting restaurants and there is always lots of work. The loss of the program would have a great impact to our health unit capacity however. In the good days this program contributed positively to our overhead J. Butt stated.

It was moved by: B. Fletcher

Seconded by: K. Graham

That: The Board of Health approve the 2009 Land Control Operating Budget in the amount of \$430,357.

Motion Carried.

6.8. By-Laws and Forms for the Building Code Act – Additional Maintenance Inspection:

J. Lyster stated that because Land Control is directed by by-laws we are bringing this forward to the Board. The only change is the listing of maintenance inspection under Schedule B. These were added as a discreet permit. This is a housekeeping item.
F. Kinsella complimented the health unit on the code of conduct portion of the document.

It was moved by: J. Earle

Seconded by: S. Dodge

That: The Board of Health approve the revised By-Laws and Forms for the Building Code Act with the addition of Maintenance Inspection.

Motion Carried.

6.9. 2008 Compliance Reports:

Dr. Carter stated that every year we bring you the summary of all of our compliance from the previous year. This monitoring program is full of flaws and we are not that happy with it and it is based on the Mandatory Health Program Services and Guidelines from 1997. Now the idea of counting processes is not considered to be the best way to monitor what we do, but it is better than nothing at all. It is the best we have at the present time.

Starting on January 1, 2009 with the new OPHS there will be further significant changes in what we do. We decided to discontinue this compliance process for 2009, as it does take quite a bit of human resources to produce it for you and it is more obsolete now because of the new OPHS. For 2010 we will have a completely new process for you that will come out of the program review that we are doing now.

F. Kinsella complimented Dr. Carter for discontinuing this report. If we could tie in the 4 questions it would be a good report. J. Lousley stated that there was no way to explain why there was a difference between years. It is good that we are not continuing. A. Warren commented that there is a lot of 100% compliance that the staff should be commended on.

A. Warren asked how do we inspect food banks? T. Clow stated that it is a once a year inspection and we ensure that the foods are wholesome and that there is no contamination. We check for uninspected meat and outdated products. We do quite a bit of education with the volunteers so that they are aware of what is safe.

A. Van Schie stated that in defense of the document, it was created a number of years ago as a tool to be used as a Board to find out the significance of using money to see if we were 100% compliant. The Board was wondering why do we need more money if we are 100% complaint. It served its purpose.

It was moved by: S. Dodge

Seconded by: J. Earle

That: The Board of Health receive the 2008 Compliance Reports as information.

Motion Carried.

6.10. HUAM Policy V-315-0 – Staff Development/Meetings:

Dr. Carter advised that when we change a policy in HUAM we bring it to the Board. We decided to try to get the staff to cost share a bit more in some of the expenses for their own development. We also require original receipts. F. Kinsella suggested some further changes. The word "or" will be added in item 1.1.2. The last sentence of 1.1.2. will be added as item 1.1.5. An "or" will be added after item 1.1.3. as well.

J. Butt stated that if the employer requests that someone attend full reimbursement is given. If the employee asks to attend the employer pays part. Discussion ensued.

It was moved by: S. Dodge

Seconded by: J. Earle

That: The Board of Health approve HUAM policy V-315-0 – Staff Development/Meetings as amended.

Motion Carried.

6.11. Program Review Update:

S. Gates advised board members that this update is to keep you apprised of our progress. There was a question raised about Board of Health involvement in the process. Since then we have identified the need to have another body to devise a communication engagement plan and we feel there is a role for a steering committee which would be a way to engage the Board and our stakeholders. She has prepared a draft terms of reference for a Program Review Steering Committee to give board members an idea of the responsibilities involved.

F. Kinsella stated that he would like to receive a copy of this by email so that he can send it out to the Counties Council. Dr. Carter advised that we actually have a more extensive document and she would like to email it out to all the Board. She did give S. Silver a copy of this yesterday along with Brockville, Prescott and Lanark's CAO's.

ACTION: This will be emailed to all board members. (both the large document and smaller version in package)

S. Gates stated that there has been some criticism of the process and we would like involvement from both Board and municipal partners. F. Kinsella spoke about community volunteers stating that he would like representatives from service clubs to be considered. We want to get the word out.

Dr. Carter advised that we included one of our partner organizations. J. Butt stated that at our last meeting Dr. Carter was asked if there was a role for Board and that is what triggered this discussion. The question might be would the board member who asked the original question be willing to be a representative? A. Warren agreed to be the board representative on the steering committee.

It was moved by: K. Graham

Seconded by: R. Haley

That: The Board of Health receive the Program Review Progress Report as information and that Anne Warren be appointed from the Board to be a representative on the Program Review Steering Committee.

Motion Carried.

Dr. Carter stated from the CAO meeting we suggested that possibly one of the CAO's would be a good representative to sit on the steering committee and they felt they would need the support of their Board of Health representative to do this. B. Fletcher stated that he would volunteer the CAO from the County of Lanark. He is looking toward sitting on the Board of Health in his future and this would educate him immensely. J. Butt supported this suggestion.

J. Earle commented that this process lacks independent expertise. He thinks that the health unit needs to have an independent person educated in that field to sit on this committee. We are lacking the oversight of someone who is an expert. He would recommend hiring a consultant.

B. Fletcher stated that S. Gates will do a better job than any consultant that we would ever hire. F. Kinsella stated that S. Gates has a really good handle on this and she will do a very good job. She is outlining the process, but it will be the input that will make it valid. He has no need to hire a consultant. Dr. Carter stated that the CAO's she met with have carried out service reviews themselves and they could help us with that. R. Haley stated that J. Earle was referring to the transparency, not to question anyone's ability. J. Butt stated that he has full confidence in S. Gates.

S. Gates addressed the Board and stated that she appreciates the Board's confidence. She understands what Mr. Earle is suggesting and that is one of the reasons for the steering committee to get input from our community and expertise from the CAO's. A public health program review is different than a municipal service review. We are using slightly different methods. She does not know of any other health unit that has done a review around the standards, but she was going to suggest that we don't have the money to hire a consultant. She would suggest however, getting an external review of our methodology from a teaching health unit and perhaps by the LHINS. They have produced a document on priority setting. If we could send our methodology and criteria and have it looked at externally by health experts it would be helpful. That takes some of the weight off of our shoulders internally.

Her concern is that, at the end of this review, it is important that board members see the review as credible and have confidence in it. F. Kinsella suggested putting a copyright at the front of any document that is produced. Health consultants do not come cheap - \$800 a day. J. Earle stated that, if you don't have an independent consultant involved, there will be a portion of the public that will be skeptical of the results. He believes that there is an expectation out there. He applauds what S. Gates has done, but he doesn't know what the price is if he doesn't ask it. He heard that the staff costs would be between \$400,000 and \$500,000. If that is the case, if it is looked at with some skepticism, that is a lot of money to put on the table. That is why he is recommending it.

J. Butt asked did we want to add Peter Wagland to the motion? We will move ahead and ask him to sit on the steering committee.

7. Advocacy:

No report.

8. a) Verbal Report of the Medical Officer of Health:

Dr. Carter will email the verbal report to board members.

What is the distribution of the Community Report F. Kinsella asked? S. Gates advised that we used to send it out to the newspaper as an insert, but have decided to go green. It will be on our website and we will distribute it in our offices and in the municipal offices. F. Kinsella suggested asking municipalities to put it on their websites or sending us a link.

MOH VERBAL REPORT TO THE BOARD

April 16, 1009

GENERAL:

Joanne Pearce and I met with CAO's of most of our obligated municipalities this week to discuss a number of mutually important issues including the levy increase. We have been invited to join a MUSH (municipal, universities, schools and health) sector group they are setting up which will look into potential cost savings of group purchasing. The CAO's with experience in service review have agreed to give us any assistance we may need with our program review. They encouraged us to expect to find significant benefits from the review.

We had a test of our fan out in mid March. We were able to reach 72% of our staff within 2 hours. Of the remainder, 21% had a message machine on which we were able to leave a message and only 7% could not be reached at all. This is a very good result and indicates to us that the telephone fan out process still allows us to reach our staff quickly despite the significant changes that have occurred in communications technology. Under the new OPHS, we are required to test our fan out system twice per year.

FAMILY HEALTH:

We have just distributed the Red Flags Quick Reference Guide for Early Years and school professionals. The Red Flags is a quick reference guide designed to assist in identifying when a child could be at risk of not meeting his health and/or developmental milestones, triggering an alert for the need for further investigation by the appropriate discipline. Contact information is indicated at the end of the document in a "Where to go..." section.

Red Flags is also available online at www.healthunit.org under "Health Professionals". Development of this tool is an example of great community collaboration among Early Years professionals working in Leeds Grenville and Lanark.

CLINICAL SERVICES:

We are starting to improve our compliance with the Immunization of School Pupils Act by collecting immunization records for all high school students. However we have simplified the process to reduce the resources required.

The normal process, used for the 7 year old cohort, is to send two letters to parents whose children are not "up-to-date" and if we don't receive the information we require within the time frame given, the child is suspended from school. This process is time and labour intensive and takes the entire school year to complete. It involves upwards of 1,750 letters for a single age cohort. However, the process is successful and results in an 85% completion rate.

For the high school students, this spring approximately 8,500 letters are being sent to parents, asking them to send us immunization records for their teens. The high schools are partners in the process, as they are distributing this letter for us. This initial effort will not have the "suspension" component as we find that we receive about 50% of the records with the first letter. Depending on the success of this campaign, we will repeat it in the fall. However, if the return of information falls below the 50% return rate, we will have to look at implementing the process that includes suspension for those students with incomplete records.

QUALITY IMPROVEMENT:

Our Communications Co-ordinator has been working with the radio station Lake 88 in Perth to arrange for interviews with different staff members to get information to the community about public health topics and services. The interviews are live at noon every second Friday and last about 10 minutes. The station frequency is 88.1 FM. The station also posts these interviews for a few weeks on their website www.lake88.ca under Infocus interviews. Check out our board chair interview from April 3rd.

We keep in touch with all local publications for the opportunity to reach large target audiences with publications that have the potential to stay around in local homes for longer periods of time than is typical for a newspaper. The Chamber of Commerce in Carleton Place and the Canadian Gazette Newspaper published a guide to local services for all residents. We were able to get an ad in that guide listing our services for the Almonte/Carleton Place area. This guide goes out next week to 14,000 residents of Carleton Place and rural areas plus another 21,000 of these guides will be available to pick up at various area locations. Next year a guide is expected to be published for Almonte or Perth.

Our Community Report for 2006/2007 was published in February of this year and will be posted on our website. Copies will be available through our offices and municipal offices. Copies are also sent to our partners and other health units. Our staff will also use this as a handout at a public presentation or display. We also use the community report for Board and staff orientation. This publication shows highlights of our programs and services and promotes our website for more information on the wide range of programs and services offered by the Health Unit.

HEALTH PROMOTION:

Dental: The Lanark, Leeds and Grenville Dental Coalition has been formed and is comprised of community volunteers and representatives from Merrickville Health and Social Services, Smiths Falls Community Health Centre, Lanark Health and Social Services, Country Roads Community Health Centre, and the Health Unit.

The aim of the coalition is to advocate for political support for dental initiatives, to liaise with local agencies and professionals to enhance existing services, and to facilitate access for people in need of dental services.

Substance Misuse Prevention: Recently, a subgroup of the Every Kid in our Communities Coalition of Leeds & Grenville received a grant from Health Canada's Drug Strategy Community Initiatives Fund in the amount of \$122,700.00 to implement a comprehensive substance misuse prevention project entitled "Value Every Kid".

The goal of this project is to prevent the initiation of drug use among adolescent females. This two-year project will be led by Girls Inc., with the Health Unit supporting the project in the areas of publicity and evaluation. The main components of the project include the delivery of Girls Inc.'s "Friendly Peersuasion Program" (a program that assists girls to develop skills to recognize and resist peer pressure to use drugs); community parent forums; media campaigns; policy development with schools/school boards, and community development.

Nutrition: This year, the Nutritious Food Basket survey will be conducted between May 11-22/09. Since a new protocol is being used, the Ministry will have an orientation session on April 24th which all Public Health Nutritionists will be attending via webcast. Training will then be provided to staff participating in the survey on April 27. All data will have to be submitted to the Ministry by July 1, 2009.

Tobacco Control: MOHLTC has notified us of an additional \$15,000 in funding for enforcement activities in 2009. This has been done each year and helps to cover a shortfall in the budget for the SFO program. The SFO base funding for 2009 has yet to be confirmed. Receiving this notification early in the year will allow for some stability to the program in the event that no additional base funding is forthcoming.

Raize has been very busy. They had a successful open mic event at BCI on April 1st. They were at Parliament Hill on March 26th to rally behind the re-introduction of the bill to ban flavoured tobacco products. They attended the press conference for the introduction of the bill and were greeted outside by the Minister, Judy Wasylycia-Leis, who is introducing the bill (Bill C-348), and media. For earth week the Raize Crew will be asking local retailers, schools and community partners to display the over 120 paper trees that they have created to show the destruction of trees and waste of resources caused by tobacco companies. Retailers in Brockville, Smiths Falls, Perth and Prescott will be asked to support this campaign.

The winners of the Driven to Quit Challenge will be announced at the end of April. Over 22,358 Ontario smokers participated in the challenge with 349 local participants making a quit attempt in March.

In February the Tobacco Enforcement Officers (TEO) handed out 17 warnings and 9 tickets for violations, did 95 inspections and responded to 11 complaints including one at the Brockville Recorder and Times. This visit led to an unfortunate article in the paper which we have referred to the Ontario Press Council.

In March the TEO's handed out 3 warnings and issued 16 tickets for violations, 12 of those to clerks and owners for selling tobacco to a person who is less than 19 years old. They conducted 184 inspections and responded to 7 complaints. These numbers are amazing, considering that we have only 2 hard working TEO's to cover the entire tri-county area.

HEALTH PROTECTION:

Health Hazard: A poster and information sheet on Uranium in Drinking Water has been developed in conjunction with other eastern Ontario health units and we are awaiting the results of a review by the Radiation Protection Division of Health Canada on accuracy and completeness before printing and distributing.

Emergency Preparedness and Response: Our Emergency Response Plan has been revamped to meet the new OPHS standards and protocols. It will go to print soon and all staff as well as the Board will be oriented to the plan in the near future as is required in the new OPHS. PHIs will hand deliver a hard copy of the plan to all municipalities and in turn receive a current copy of their municipal emergency plan to ensure that we have up to date plans for each. We will check each to ensure that the role of the MOH reflects the role as outlined in the new standards and protocols.

Safe Water: We are now doing Risk Categorization (RCATs) on a number of municipal Small Drinking Water Systems. The MOHLTC provincial education campaign has begun and letters and phone calls are coming in to the Health Unit. LGLDHU will be holding 2 public meetings to answer questions on April 23 (Brockville in the AM and Lanark Village in the PM).

We have reviewed the new process for water sample container pick up and drop off in Mississippi Mills. With municipal staff input, we developed a survey to go with the water sample containers to determine the benefits and downsides of this new process from the owners' point of view.

Food Safety: Both of our April Food Handler Training courses are full with a waiting list. We are piloting holding the new TrainCan course twice per year (April and October) and will offer it at other times if requested. We are in contact with a representative of the alternate education programs in Leeds, Grenville and Lanark to offer food handler training for their students. These students are frequently hired as food handlers particularly at fast food outlets.

Communicable Disease and Infection Control: The MOHLTC has implemented a reporting system that requires all hospitals to report certain conditions monthly to the Ministry and the report is made public. The first condition to be reported was C. Difficile infections which began last fall. So far no hospitals in our area have reported rates of any conditions that are of concern.

We will no longer accept ticks found on animals for testing for Lyme Disease because the MOHLTC has announced that they are now unable to test these ticks because of staff shortages at the Provincial Lab. This is unfortunate for our community because these ticks allowed us to track the spread of Lyme Disease vectors in our community.

It is very helpful to clinicians to know if a patient with no travel history has the potential to be infected with Lyme Disease. All ticks found on humans will still be submitted and accepted.

The low cost Rabies Immunization Clinics will be held in September this year. They used to be in May but it is more convenient for our veterinarians to do it in September. Also we are hoping we may attract more hunting dogs in the fall. Local veterinarians and municipalities are partners in this endeavour.



b) Brief Report from the Board Chair – A Day in the Field:

J. Butt recommended that board members sign up for a day with a PHI or nurse. He spent a day with a PHI and it was terrific. He could see firsthand the protection side; it involved counseling and helping the person in the field with good promotion. He got to see the Hedgehog system. For him it was extremely positive and for the staff they see that we are human beings and that we are taking an interest.

9. Correspondence:

No report was given.

K. Graham asked board members if everyone has signed the confidentiality agreement. J. Butt stated that no, everyone has not, and By-law #4 states that the Board may take some action if someone has not signed it. J. Butt asked, in the past, did the chair of the day ask that person to leave? K. Graham advised that the last time we had someone who had not signed the agreement we asked the Board if they wanted him to remain in camera, and he stated that he would leave. It never came to a vote.

J. Butt stated that the Board needs to do a couple of things. Are we happy with the by-law? He needs direction. A. Van Schie stated that for those people that sign the agreement they understand that the intent is confidential in nature. If they have not signed the document there is nothing that we can hold them liable for if they share that information.

J. Butt stated that the common law states that if you accept your role as a member of the Board, you accept standards of conduct and fiduciary responsibility. When you accept that it talks about things like Board togetherness, majority rules and allegiance to the organization. The governance experts say the fact that someone signs an agreement doesn't mean that they will comply but you know that they have read the information. They are still obligated under common law to act under these principles.

A. Van Schie advised that we made the document for a reason and consequences come with that document. Either sign it or leave. F. Kinsella stated that he has to adhere to the Municipal Act. By doing so he is bound by that confidentiality regardless if he signs anything or not. That is part of the code of conduct for any Board. He can see if you wanted to have it signed by the community members. The municipal people around here are bound by the Municipal Act.

J. Butt advised that H. Bruce will send a copy of this common law language. Maybe we need to change the confidentiality agreement to ensure that we understand what our responsibilities are. R. Haley stated that he signed it because he is governed by other legislation.

B. Fletcher stated that board members need to go along with the confidentiality. J. Earle suggested that this be sent to the Ontario ombudsman. K. Graham stated that you have to be able to demonstrate that the people have read it, whether they understand it or not is a different issue. Maybe we should be giving a package to board members and they should sign a receipt to say that they received it. Then there is not a struggle to sign the confidentiality agreement. F. Kinsella stated that it is up to us as a Board to censure them.

ACTION: J. Butt stated that we will give board members the common law language with the forms. If they agree in principle, he will modify them.

J. Earle stated that he is adhering. He has been sworn by a judge to adhere to the incamera session.

The motion to go incamera was read at 6:55 p.m.

10. Incamera Meeting:

It was moved by: J. Earle

Seconded by: S. Dodge

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 7:18 p.m.

It was moved by: A. Warren
Seconded by: A. Van Schie
That: This closed session rise and report.

Motion Carried.

There was nothing to report from the incamera session.

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

The next meeting will be held on Thursday, May 21, 2009 at 4:00 p.m. in the Board Room of the Brockville Office.

13. Adjournment:

It was moved by: R. Haley
Seconded by: K. Graham
That: The meeting adjourn at 7:20 p.m.

Motion Carried.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive