



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

Thursday, February 19, 2009

Leeds and Grenville Room, Brockville Office

458 Laurier Boulevard

3:01 p.m. – 6:04 p.m.

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

Invitees: Jim Riesberry, Colin Williams – Council of Canadians  
Mayor Dennis Staples – Smiths Falls  
Shani Gates – Director of Quality Improvement

B. Dagleish – Director of Health Promotion  
J. Futchter – Director of Clinical Services  
R. Kavanagh – Manager of Clinical Services  
J. Hess – Director of Family Health  
J. Lyster – Director of Health Protection  
J. Mays – Manager of Health Protection

R. Zajac – Recorder and Times  
S. Roy – EMC  
T. Anderson, T. Boileau, T. Clow, Y. Decoste, S. Healey, C. Hutchinson, D. Oickle

1. Call to Order:

J. Butt called the meeting to order at 3:01 p.m. and thanked everyone for attending.

2. Approval of the Agenda:

It was moved by: F. Kinsella

Seconded by: B. Fletcher

That: The agenda of the February 19, 2009 Regular Meeting be approved as revised.

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Board of Health Budget Meeting held on January 12, 2009:

It was moved by: R. Haley

Seconded by: F. Kinsella

That: The minutes of the January 12, 2009 Board of Health Budget Meeting be approved as circulated.

Motion Carried.

3.2. Approval of the Minutes from the Board of Health Annual General Meeting held on January 15, 2009:

It was moved by: R. Haley

Seconded by: B. Fletcher

That: The minutes of the January 15, 2009 Board of Health Annual General Meeting be approved as circulated.

Motion Carried.

3.3. Approval of the Minutes from the Board of Health Regular Meeting held on January 15, 2009:

It was moved by: A. Warren

Seconded by: R. Haley

That: The minutes of the January 15, 2009 Board of Health Regular Meeting be approved as circulated.

Motion Carried.

3.4. Approval of the Minutes from the Board of Health Budget Meeting held on January 26, 2009:

It was moved by: S. Dodge

Seconded by: A. Warren

That: The minutes of the January 26, 2009 Board of Health Budget Meeting be approved as circulated.

Motion Carried.

4. Presentations:

4.1. Council of Canadians:

J. Butt introduced J. Riesberry and C. Williams from the Council of Canadians.

J. Riesberry stated that he is with the Brockville chapter of the Council of Canadians along with some of our members present here this evening. One of our focuses is healthcare and we want Canada's health services to be the best and equally available to all people.

The services of the health unit are particularly important. When reading the Recorder and Times we discovered that our own health unit is not able to provide the full range of services due to a lack of funding. We therefore contacted the health unit and asked if we could be of help.

We appreciate the opportunity to present to you. We understand that some of you wear 2 hats by representing the municipalities as well as being citizens who care about the work of the health unit. This makes your work difficult. We too are people here that wear 2 hats as taxpayers and people that care about the health unit.

Because the health unit deals in preventive health services, when it is able to do its job well we save money. If it persuades a person to quit smoking it extends their life and prevents healthcare costs. Not everyone sees this truth, but you must see it or else you would not be here today.

A well run health unit that provides services saves us money in the long run, and this is why the health unit should be properly funded. You have this vision, unfortunately others do not. Some people say we are in bad times and we must cut back, in bad times people need the services more of the health unit. This economic crisis is something that we are in for the long haul. The fact is that there are some services required by the province that are not actually being done in our district due to lack of funding.

Our health unit is being short changed financially. Our health unit per capita budget is much lower than the per capita budget of the 5 districts around us. The average per capita is \$73.96 and our health unit is only \$55.53. Our budget is approximately \$18 per capita less than the other health units in eastern Ontario. Even about \$6 less than the next lowest. Part of this problem is due to the province.

The average per capita received from the province is \$53.56 and our health unit receives \$40.37 per capita. This is approximately \$13 per capita less than the average for the districts around us. Unfortunately we can do very little about this. We can lobby the minister and the premier but that is about it. The average per capita levy received by municipalities is \$19.41. Our health unit levy from the municipalities of our district is only \$13.72 per capita. This is about \$6 less than the average of the 5 districts around us.

Our municipal levy is the lowest in eastern Ontario. This means that our health unit is expected to provide the mandated service without the proper funding. This short changing goes back to when this system of funding started and we are being penalized for the efficient operation of our health unit in the past. The health unit then is in the hole. If the health unit is going to be lifted out of this hole it is up to the municipalities of our district.

The health unit is in need of 8 additional staff to be able to do its job fully. The good news is that this Board can do something about this situation. Instead of waiting for the province to act you can act. Important school immunization records are not being kept and they need to be. Are seniors getting the help they need or young mothers? The work of the health unit is important. The good news is that the Board can, by raising its municipal per capita contribution by \$2, allow the 8 staff to be hired and provide the mandated health services.

Dr. Carter and her staff run a very efficient operation. On January 17, 2009 the newspaper listed the budget items for the City of Brockville. He tried to find the health unit expense item and he found it lumped in with the museum and library. Why, because it is not that big of an expense. Because the levy has been so low, the \$2 is a large percentage increase, which is misleading, the actual amount is only \$2 per capita. With this the health unit could do its job properly and get the services we need and deserve. The people of Leeds, Grenville and Lanark deserve the services others are getting across the province and we are not.

The province has dragged its feet but so have the municipalities. The health unit could be lifted out of its hole and give us the services that we expect. There is no point in complaining about the province when the solution is well within your capabilities. It could easily be set right by the Board. We speak for the people of Leeds, Grenville and Lanark when we urge you to increase the health unit levy by \$2 per capita.

J. Butt thanked J. Riesberry for his presentation.

#### Questions

K. Graham commented that everything you said was music to my ears. You are preaching to the choir.

F. Kinsella stated that he would be curious about where you got the figures you used throughout the presentation?

J. Riesberry referred to a public document entitled Budgets of Rural Health Units in Eastern Ontario. F. Kinsella commented that when you say \$2 per capita in funding unfortunately we have 2 different ways in calculating it out. He has been saying that we need to talk about per household not per capita. He doesn't know what \$2 per capita translates into.

J. Butt stated that as we pointed out the other day, the Board adopted the position that we would fund per capita. If the Board feels that this is not a suitable formula we could change it.

F. Kinsella asked is the Council of Canadians a recognized organization?

J. Riesberry advised that we are a recognized organization. We just had a big event a week ago Monday and rented the BCI auditorium. Maude Barlow who is the national chairperson was there. There are about 100 chapters across Canada. He also advised that Maude Barlow is the newly appointed senior advisor on water to the United Nations. We are the largest civil society group in Canada.

J. Earle stated that you asked why is the Board of Health on the same budget line as the museum and library; it is because they are separate boards of council and they come through by a separate independent board. It is not a direct budget item at council because we don't have direct control of it. It is a budget that we have a relatively small amount of influence on. That is why it is where it is, it is not ranked by importance.

D. Gordon thanked J. Riesberry for his presentation. He stated that you have come up with one of the answers to our problem. We are looking at the other Boards and their budgets. We are going to have to look at possibly amalgamating with one of the other Boards. Possibly the Health Board will have to sit down rationally and look at this. There are cost savings there. J. Riesberry stated that from the document that he was looking at all of the other districts are paying a much higher levy than here, if you amalgamated it would cost you more to live up to their standards. D. Gordon commented that you are possibly right, but we should be looking into that. J. Butt stated that is one of the items on the table with the Capacity Review Committee. It would not go to the lowest common denominator, but the levy would certainly increase. The last time it was looked at the north was being split off to go into the Renfrew area, and his suspicion would be, given our discussions, it would not be perceived as a popular recommendation.

#### 4.2. Smiths Falls Building:

J. Butt advised that we will move to S. Gate's presentation as the mayor is not able to attend until 4:00 p.m.

#### 4.3. Program Review Prioritization Process:

S. Gates circulated a power point presentation (see Appendix #1) to board members and staff. S. Gates advised that she is here to talk today about the program review process that we are about to embark on at the health unit.

This afternoon she will cover the background and rationale for this process, goals, objectives, methodology and benefits. We have to do everything in the OPHS. We are basing our process on the principles of basic quality improvement and our staff and stakeholders will be involved in the process.

Most of the data will be based on the needs of our clients. We can use this for our program review this year and will apply it in the future to make decisions about our programs and services. We are going to be using data that is evidence based.

S. Gates reviewed the steps in the process advising that the number of requirements we review will impact the cost. We hope to have all of this done by mid fall for implementation in 2010. We hope by January we will be able to implement the requirements in the OPHS and we will be monitoring and evaluating on an ongoing basis. The process will involve a number of stakeholders.

S. Gates reviewed the implications with board members of this process. The cost of staff time for steps 1-3 is approximately from \$280,000-\$460,000. She wanted to present this to board members so that they understand the magnitude and scope of this process. This will have some impact on service delivery, but none of us want to see service delivery suffer. Some of the staff asked to participate in this were already in a planning/management role. We have suspended our corporate wide committee meetings until the fall. We need to try and make this a valid process for everyone. It is only human nature when you start setting priorities that people personalize it. We feel that by being transparent and involving our staff in the process we will minimize their fear. There are a great many benefits in doing this process. By completing this review we are demonstrating our accountability and are basing it on an established planning model using our new standards.

#### Questions

R. Haley asked do you anticipate more or fewer staff? S. Gates stated that we are trying to go into this with an open mind, but if you think about the past and mandatory guidelines and never being able to achieve full compliance, the OPHS has additional requirements without additional money. We are trying to base this review on the requirements, and trying to find interventions that are effective and efficient which is not necessarily what we used to do. By doing this process systematically we will know the answer to your question.

R. Haley stated that we are asking for 8 staff right now, what about in the fall? J. Butt stated that the implementation of these new standards is supposed to be cost neutral, and at first glance that is not true. In the last conversation he had with board chairs and the ministry that was the #1 theme. If the perception of staff is correct, as a government the ministry is going to have to do something about this.

F. Kinsella stated that he is excited about this process. Tom Russell might be a source of funding – it is a very worthwhile study. He would encourage documentation to support the process. You could sell it to other jurisdictions that are going into it.

J. Earle advised that the only thing he sees missing is he did not see any of the liabilities. Prudent business looks at both the up side and down side. S. Gates replied that if you look at the implications side that is meant to be the liabilities. Time from front line staff will be time taken away from service delivery and this falls to the directors. Dr. Carter advised that there are several other managerial impacts. We won't move forward with our strategic plan and there is also the accreditation issue that we have to think about as well. We are due to be accredited next year and we are thinking about delaying that as well. Besides service delivery there are other implications for the organization, but the dollars are already in our budget for staff costs.

A. Warren referred to strategic planning and advised that she was most concerned about the stakeholder involvement. In most of the studies we have done in the past the Board has been involved, at what point would you be involving the board members in this review? S. Gates stated that perhaps we can discuss that this afternoon, beyond presenting it to you today we had no concrete plans for board member involvement, but we are open to discussion.

F. Kinsella stated that he likes this because the pros and cons are going to be exposed and our strengths and weaknesses will be exposed. He thinks that in each of our jurisdictions in Ontario the incident rates will vary by health unit. This study will bring us to that.

J. Butt advised that we also have background information, the indicators that compare ourselves to the province, which will help guide what we do as well. If we were looking to have stakeholder involvement from the Board would you be interested J. Butt asked? Dr. Carter stated that it is a very technical review based on evidence and data. Once we have the priorities set, and once we start matching our resources to the priorities, to me that is a very important role for the Board. Once we have gone through the technical work the big issue will be matching our resources with our priorities. It is important to have the whole Board involved and she sees this happening next fall. The budget will fall out of that. J. Butt thanked S. Gates for her presentation.

Mayor Dennis Staples joined the meeting at 3:35 p.m.

J. Butt introduced Mayor Staples. Mayor Staples thanked the Board for this opportunity. He advised that it was almost 3 months ago when our council heard from J. Butt and Dr. Carter regarding some difficult choices that the Board has to make. He stated that he had requested this meeting. He came to say that we are working to provide new investment and have just engaged a consultant to do some regional economic work for us. The town in the last 3 years has attracted some infrastructure that is well in excess of \$100 million dollars. The main goal is to attract jobs to the area. There are probably no less than 8 interested parties in the Town of Smiths Falls right now.

He hand delivered a motion to support you in your efforts for finding accommodation and hopes that Smiths Falls will be considered for that. He is here today to say thank you to the board members for the great work the Board does for Leeds, Grenville and Lanark. Whatever decision the Board makes, Smiths Falls can be expected to continue to support the health unit. J. Butt thanked Mayor Staples for his presentation.

## Questions

F. Kinsella stated that he is looking to D. Staples for guidance. One of the concerns is whether we should build a new building in Smiths Falls or utilize existing property. The dilemma is what would be best to help in the Smiths Falls area, to fill a vacant space or build new? D. Staples stated that he thinks the Board has to determine for example whether you are deciding to rent an apartment or buy a home. In Smiths Falls there is no shortage of property.

### 5. Business Arising:

#### 5.1. 2009 Public Health Budget and Municipal Levy:

J. Pearce handed out a chart of some of the historical data. J. Pearce thanked J. Cunningham as he put the charts together for her. (See Appendix #2) She reviewed the charts with board members. 1998 is where the downloading happened to 100% funding.

B. Fletcher asked when you refer to 1998 and talk about 100% funding, what programs do you refer to? J. Pearce stated that is all the shared funded programs. B. Fletcher requested a list of all of the programs. J. Pearce stated that in 1999 we dropped to 50% funding and then it changed to where we are now. As population went up, there was not a clear relationship with the per capita levy (due to the changing funding ratios). The ministry funding percentage by year was reviewed. You can see that earlier on they were funding close to 80%. In 1998 we were at 0 and currently we are at 70.22 for 2008. The funding ratio transition was based on the 2006 budget.

J. Pearce reviewed the municipal levy by year. In Kingston and other health units in 2005 and 2006 when the ratios started to change they left the levy as it was. That was really our demise. The last chart is the approved base FTE chart. In 1993 for these same programs which were not as complex as they are now, we had 109.9 FTE's and in 2008 we have 106.9 FTE's. We are doing more complex work and there are higher expectations from everyone with less staff. B. Fletcher asked for a copy of the slides and the list.

J. Butt stated that we received an email from A. Van Schie when he got his package requesting that he be able to attend the meeting by teleconference. Our bylaws don't permit proxies, but we have some past practice particularly when people were on strike that allowed them to call in and participate in the discussion. He would like to call A. Van Schie and then present the motion and have the discussion.

J. Earle asked what other members are absent that did not have this opportunity? J. Butt stated that he is the only one. J. Butt brought A. Van Schie into the meeting by teleconference and advised him where we are on the agenda. He stated that we are going to present the motion regarding the budget and J. Butt told A. Van Schie if he wished to comment to let him know. K. Graham read the motion. J. Butt stated that before he calls the question he will open the floor for discussion.

F. Kinsella asked for an explanation around the motion that the Board of Health approve an interim 15% increase to the municipal levy until ministry budget approval has been received. (see Appendix #3) J. Pearce stated that she was reluctant to pick one of the options without Board direction so she felt that the Board might want to reestablish the levy once we know what the ministry funding is and the 15% increase would bring us to what we need. F. Kinsella asked what would that bring us to? Dr. Carter stated that 15% is what we need to support the status quo budget if the ministry approves 3%. There is a possibility that the ministry could give us more than 3%. The 15% will allow us to function if they give us 3% and will allow us to save the reserves if the ministry gives us 5%.

R. Haley stated that he is still not convinced that we need these 8.26 FTEs. J. Butt stated that the status quo budget does not have any of those positions in it. Those positions would be in the 9 million dollar budget. That 9 million is the staff's assessment of the financial resources that are necessary to deliver the mandated programs in their entirety. The 8 million is status quo and there is no additional staff in there.

J. Pearce commented just to verify again, we talked at previous meetings about the fact that the ministry will never fund what we don't ask for, that is the intention in asking for the full budget. In the next few weeks she will be preparing the ministry documents and she needs to have a total budget figure.

J. Butt stated that it is difficult for us to go to the ministry and talk about the new programs and standards being cost neutral if we don't ask for what the staff has estimated that we really need. Dr. Carter advised that the Council of Canadians were asking you to allow us to implement the full budget. K. Graham stated that he supports the motion and supports the full levy. If the ministry benchmarks us at a certain year we are not going to be any better off, we have to keep pushing.

F. Kinsella stated that there are 2 issues. As long as you continue to supplement and assume the cost they will do nothing, but when they hear about closures like Almonte they will start paying attention. When you start cutting back on services that is when things happen, but he is not going to recommend that. Your percentages really do you a disfavor. The actual impact on the townships would probably be another \$40,000 for the health unit. In reality it is only a half a percent for the township. The largest municipalities are going to have a half a percent increase. That should be the news headline not the 15%.

J. Butt asked A. Van Schie if he had anything to add. We need to get the full ministry funding and the \$9,012,928 needs to be passed. We need to maintain the services and ensure that the \$8,719,044 is passed as well. The increase of 15% is only because we requested from the Board last year the approval of the budget and the utilization of the municipal reserves which actually complicates the issue for this year. Board support of the motion as it is presented should be done.

D. Gordon asked how much is left in municipal reserves? J. Pearce stated \$205,000. J. Butt stated that it would be foolish to spend the whole \$200,000. Dr. Carter commented that every year that the Board has given us approval to spend up to a certain amount of reserves we have always spent less than that.

The first year it was \$200,000 and we spend nothing and the next year it was \$215,000 and we spent less than \$100,000. It is important to understand that once we get a budget that we are funding more than 25 percent of and once we get into a budget that allows the spending of reserves, every single item in the budget line that is not spent preserves the reserves. We have gapping. We have not ever spent what the Board has approved for us to spend and the hope is that we won't spend any of the reserves but we have to have that provision.

B. Fletcher stated that any time you have to go into the reserves that much, the next year will really hurt. If you don't have reserves, you are in trouble. J. Pearce advised that prior to 1998 we did not have the capacity to retain reserves. The Board of the day approved that because there were concerns that we would not be able to get funding from municipalities. J. Earle stated that in Brockville we call this a jump gap.

You are in a jump gap year now because you approved a budget that approved reserves last year and you are doing it again this year which adds to the jump gap of last year. When you take the money out of reserves and it becomes part of the base budget you are that far behind again. Once you take it out of reserves for something other than a onetime budgeting item it becomes part of the budget next year, but you don't have it in your base budget and our reserves get depleted. If you approve this budget with another jump gap in it, whoever is on the Board next year will be facing the multiplication of this problem.

J. Pearce advised that the operating reserve has always been intended to smooth the levy whenever possible. If the levy would have been maintained 3.5 years ago we would not be in the situation we are in. That money went back to the municipalities. If we had been allowed to retain it we would not be in this situation. J. Butt pointed out that in J. Pearce's report it states that we should note that the cumulative savings to the municipalities over the last 3 years due to the levy reduction was 2.5 million dollars.

A. Van Schie stated that a number of years ago he suggested returning the municipal reserves back to the municipalities and setting the budget accordingly. It is the same thing that we do when we return the money to the ministry. We ask for the full share and they don't allow us to keep any of their money in reserves. If the Board would like to have the municipal reserves back we could set the levy accordingly to meet the \$8,719,044 budget. That would ensure that you would not get the drawing from reserves every time to offset the levy. The Board needs to answer that question sometime in the future. We can give the municipal reserves back and set the levy at what the budget actually is \$8,719,044.

J. Butt stated that as we go forward depending on the amount of funding and the percentage increase we get from the ministry, we in fact could invest the whole \$200,000 this year and get to zero with the understanding that next year the municipalities will pick up their full share. A. Van Schie stated that is the other reasonable way to do it.

Because we are so prudent in spending money as a health unit and we have been frugal, we are always going to end up with some municipal reserves at the end of the year. We have been more than fair with the municipalities in the way we treat them as far as reserves are concerned. If you budget the \$205,000 in reserves into the budget this year you will probably end up with \$60,000 or \$70,000 at the end of the year that you will either return or take off the municipal levy next year.

S. Dodge referred to the levy reduction to municipalities and asked is there a spreadsheet somewhere of what that 2.5 million is? Maybe it would soften the 15% increase a little bit if they know what was sent back. J. Pearce advised that in 2005 it was 3 million. S. Dodge asked no money actually went back? J. Pearce replied no.

J. Pearce stated that in 2005 we were at a 50/50 cost sharing ratio. S. Dodge stated that she is never one to deplete reserves completely, but because the reserves come from municipal coffers that is probably not a bad idea. Maybe a year down the road when we look at efficiencies and cost savings, we need to look at a real picture of what we have to spend. Then we know exactly what it is that municipalities need to support in this budget, in opposed to playing with \$200,000 in reserves which came from municipalities in the first place.

J. Butt stated that we don't need to make that decision right away, but if we adopt this motion it allows us to get on with it and allows staff to get back to us. K. Graham stated that his fear is that when you are talking about an operational budget with no cushion what do staff do when the unforeseen happens, there is no place to go except to have a special levy back to the municipalities. This reserve allows staff to cushion. It does not need to be a huge amount but he would like to keep some reserves. J. Butt commented that we need to decide what that small amount is. At colleges and universities we were allowed to have a small amount in reserves. K. Graham stated that without a reserve they will start to cushion the budget line with that purpose.

S. Dodge stated that staff are undergoing their own review and it is time to start looking at how this Board is run objectively. What do we need to do the job that we are going to do?

F. Kinsella suggested that we delete that the Board of Health approve a 15% increase to the municipal levy and substitute actual numbers. The motion should read \$490,340. F. Kinsella stated that we will not take any money from reserves and later on if we want to talk about sending it back to the municipalities we can do that. Right now to give them an interim budget he suggests taking out the percentage. J. Butt asked the Board if there was general agreement to this.

J. Earle advised that he would support this if it means the jump gap is over this year and there is no jump gap next year. When this Board gives staff direction we won't get these wild fluctuations, it is exactly what the ministry has said to you. Just to be clear we are offering as a Board to say we are going to flatten the line this year, this is your base year and when we come back if there is a budget set in the fall we expect the staff to do whatever it takes to get to that budget line.

K. Graham stated that he doesn't agree with that approach in principle, the theory is that we are going to ask for the full budget and if next year the ministry sees the light and gives us our full funding that won't be our base year. J. Butt commented that in his perception what a tremendous signal to give them that our municipalities are prepared to pay their full cost albeit at the status quo budget. K. Graham stated that this is really not a status quo budget because we are closing an office to make this happen.

Dr. Carter stated that she would like to make clear to Mr. Earle that this is not a budget that allows us to meet the standards and when the ministry starts to have accountability measures we are not going to be able to sign that agreement with this kind of a budget because we are not meeting mandatory programs. If you do not want the budget to go up every year you have to approve a budget that meets mandatory programs.

B. Fletcher stated that the review that is coming is really needed – the one that will take a year and a half to do. We will then have a document to tell the ministry what we really require.

J. Butt called the question and stated that there seems to be a general agreement that we split the motion by the same mover and seconder. K. Graham asked for a recorded vote.

It was moved by: K. Graham

Seconded by: A. Warren

That: The Board of Health approve the 2009 Public Health Cost Shared Budget in the amount of \$9,012,928 for submission to the Ministry.

A recorded vote was taken:

D. Gordon – in favour

K. Graham – in favour

J. Earle – in favour

F. Kinsella – in favour

B. Fletcher – in favour

R. Haley - opposed

A. Warren – in favour

S. Dodge - opposed

A. Van Schie – in favour

J. Butt – in favour

The motion was carried.

The second motion was read.

It was moved by: K. Graham

Seconded by: A. Warren

That: The Board of Health approve the 2009 Public Health Cost Shared Budget in the amount of \$8,719,044 for implementation purposes until Ministry approval is known;

And That: The Board of Health approve an increase of \$490,340 to the municipal levy until Ministry budget approval has been received.

A recorded vote was taken:

D. Gordon – in favour

K. Graham – in favour

J. Earle – in favour

F. Kinsella – in favour

B. Fletcher – in favour

R. Haley - opposed

A. Warren – in favour

S. Dodge – in favour

A. Van Schie – in favour

J. Butt – in favour

The motion was carried.

J. Butt thanked A. Van Schie for joining the meeting and advised that he will call him back when the Board goes incamera.

A 10 minute break was taken at 5:03 p.m.

The meeting was called back to order at 5:12 p.m.

J. Butt stated that a couple of our board members have some other appointments and have to leave early so it would be prudent to start the incamera session.

F. Kinsella stated that he has a concern procedurally regarding the vote. Do you think by having A. Van Schie vote that was proper, is this allowed? J. Pearce stated that our procedural bylaw does allow for attendance by teleconference. F. Kinsella asked if J. Earle and he were absent could they have a conference call? J. Butt advised that if you requested it, we would do that. F. Kinsella stated that he doesn't want someone to come back later on about this process. J. Earle advised that this is the first telephone vote that he has ever been involved in. J. Butt stated that at the end of the day it didn't matter. He can only relate to past practice and the advice by the lawyer. J. Pearce stated that we have had a Brockville representative attend in the past because they were unable to attend and they did so by teleconference.

The motion was read to go incamera at 5:16 p.m.

It was moved by: B. Fletcher

Seconded by: F. Kinsella

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

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- 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.

Report from Incamera:

It was moved by: F. Kinsella

Seconded by: B. Fletcher

That: This closed session rise and report.

Motion Carried.

The regular meeting resumed at 5:46 p.m.

J. Butt advised that we are now rising and reporting from incamera and we have 3 motions to put before the floor.

Non-Union Salary Review:

It was moved by: J. Earle

Seconded by: D. Gordon

That: The Board of Health approve an annual pay increase for all non-union staff in the amount of \$1112.00 and that the nine positions below the 50<sup>th</sup> percentile receive an additional \$3225.00 adjustment to their salaries effective January 1, 2009.

Motion Carried.

ONA Negotiation Committee Appointee:

It was moved by: R. Haley

Seconded by: S. Dodge

That: The Board of Health appoint A. Warren and B. Fletcher to sit on the ONA Negotiation Committee.

Motion Carried.

Smiths Falls Office:

It was moved by: A. Warren

Seconded by: S. Dodge

That: The Board of Health approve the agreement to purchase Lots 26-31 on Johnston Street in Smiths Falls.

Motion Carried.

K. Graham and A. Van Schie left the meeting at 5:50 p.m.

6. New Business:

6.1. Accounts Payable for December:

J. Pearce advised that cost shared programs are 5% under budget.

The land control budget is 3.45% under budget however the reserve fund for land control has been depleted and we are taking every strategy to minimize the cost because we recognize that the fee increase will not be enough to offset the expected reduction in activity levels. SDWS reflects a 3% favourable variance. J. Pearce reviewed the accounts with board members.

It was moved by: J. Earle

Seconded by: D. Gordon

That: The Board of Health approve Health Unit Accounts Payables for the month of December 2008 in the amount of \$1,329,336.56.

Motion Carried.

6.2. Report of 2008 Research & Evaluation Activities:

It was moved by: D. Gordon

Seconded by: J. Earle

That: The Board of Health receive the Report of 2008 Research & Evaluation Activities as information.

Motion Carried.

J. Butt stated that he was told to remind board members about spending a day with a public health inspector. On April 15 he will be spending a day in the field. If you are interested contact H. Bruce and she will talk to J. Lyster. Dr. Carter stated that the public health nurses will be happy to take you as well. You could spend a day with each.

### 6.3. HUAM Organizational Charts:

It was moved by: A. Warren

Seconded by: K. Graham

That: The Board of Health approve the following HUAM Organizational Charts as circulated:

- III-15 – Health Unit Organizational Chart
- III-55 – Health Promotion Department Organizational Chart
- III-65 – Health Protection Department Organizational Chart
- III-75 – Department of Clinical Services Organizational Chart

Motion Carried.

### 7. Advocacy:

No report.

### 8. Verbal Report of the Medical Officer of Health:

It was decided that Dr. Carter's verbal report will be sent out by email and added to the minutes.

#### **GENERAL:**

The move of staff out of the Almonte office to the Smiths Falls office has been completed. I would like to thank all of those who contributed to this significant effort. There were the usual glitches and everyone involved stepped in to help solve the problems that arose. Our IT and purchasing staff made sure that facilities were ready for staff to use in Smiths Falls. All services continue to run in Almonte including clinics, water bottle pickup and drop off. Unfortunately reduced staff complement in Family Health has caused reduced service throughout the area including Almonte but this is not due to the move.

#### **HEALTH PROTECTION:**

Health Unit staff met with CAOs from Lanark County and United Counties to discuss Health Protection related programs which may have an impact on municipalities, particularly SDWS and Land Control.

As the SDWS changeover is implemented, we have asked municipalities to make SDWS information packages available at municipal offices to increase accessibility. We are also planning a survey to SDWS operators to determine the way they want to receive information (workshops, on the website etc.). There is an excellent information package on our website which includes application forms.

We are piloting the water bottle pickup and drop off for private well owners in a place other than a health unit office i.e. in Almonte municipal office. If successful, we hope to be able to duplicate this service in other municipal offices to increase accessibility of testing for well owners. Success will depend to a large extent on being able to provide sufficient information to well owners by means of signs or other tools. Meanwhile, we plan to conduct a survey on private water system issues to better understand the problems arising from private water systems as these are a major source of water in our area.

HedgeHog, the health protection software/hardware system, is now operational and is being piloted to the end of March with full implementation April 1, 2009. This represents a huge amount of work on the part of 2 PHIs Kim McCann and Kwesi Douglas and a steep learning curve for all the PHIs. This technology was largely financed by MOHLTC and it is an expectation that Health Units will implement it. It will be helpful for eventual disclosure of information on food premises and potentially other facilities as well. It may also be valuable in other departments.

LGLDHU Emergency Response Plan has been revised and is now in harmony with the new OPHS and the new protocol pertaining to Emergency Preparedness.

#### **QUALITY IMPROVEMENT:**

The **Report on 2008 Research and Evaluation Activities** was received by the Board for information today. There were a total of 45 evaluation projects in 2009, with some studies from each health unit department as well as studies of various partnership activities. This report will be posted on our website and details of any project can be obtained by contacting Katie Jackson, our Planning and Evaluation Consultant.

#### **TOBACCO PROGRAM:**

The Tobacco Enforcement Officers continue to find stores selling tobacco to minors. For January 2009, 90 educational visits were done including responding to 9 complaints. Six warnings were issued and 3 charges laid, 2 of which were sales offences.

Raize the Truth has been busy planning their 2009 activities. They are currently running 2 radio ads that you may hear while listening to the radio.

Implementation of the Smoke-Free Ride Campaign has gone smoothly throughout the province. We are aware of 4 charges laid in the province by police for parents smoking in vehicles where children under 16 are present. We aren't aware of any local charges yet. 543 local residents have registered so far for the Driven to Quit Challenge. Registration is just under 11,000 provincially.

A last minute rush always happens so we encourage all who are contemplating a quit attempt to make a plan, talk to a health care professional, pick a quit date and register. Registration ends February 28, 2009.

### **FAMILY HEALTH:**

Family Health staff are dealing with the impact of 2.0 FTE gaps in Almonte, a 1.0 FTE gap in Brockville and a 1.0 FTE sick leave in Smiths Falls. In addition, the policy of no overtime is having its effects.

They are no longer doing a number of activities including:

- Prenatal in Almonte
- Car seat inspections-individual or groups
- HBHC Sunday 48 hour phone calls
- PPHV to low risk multiparous women and some higher risk visits
- Post Partum Depression support group in the north (group in the south will end after current session)
- Using 2 PHN at large Baby Talk groups in Brockville and Kemptville, reducing contact time with mothers
- Staffing GFHB each week with the PHN and Dietician (they are alternating weeks)
- Weekend prenatal (this was popular but requires overtime)
- As many weeknight prenatal series. They have compressed the content and are teaching only 6 classes in each series for a decrease of 100 hours this year.

All of this puts incredible pressure on staff because of the service they can't deliver. They have difficulty not offering the same level of service to all parents. It has also engendered two letters of concern, both of which appear in Board correspondence. Once a budget has been approved, if it covers status quo staffing levels, the vacant positions in the shared public health budget can be filled returning service to near normal levels. However, one position will remain unfilled for a time in order to recover the HBHC budget deficit from 2008.

### **CLINICAL SERVICES:**

On campus mumps catch up clinics begin next week (Algonquin College – Perth February 26<sup>th</sup>, St. Lawrence College – Brockville February 27<sup>th</sup>, and Kemptville College – March 2<sup>nd</sup>). Those born after 1970 who have not received two doses of mumps containing vaccine and do not go to college in the area can still receive the vaccine through their HCP or at the Health Unit immunization clinics.

#### 9. Correspondence:

J. Butt referred to item 2 stating that we received money from a person who sent in some money to pay for the increased levy. His sense is that we should thank them and send it back. Dr. Carter advised that we have a charitable status and when people send us money we put it in the fund and she did direct us to do that and we will send her a tax receipt. A thank you letter will be done as well.

J. Earle asked about correspondence item #3. He asked does that give us direction for the 8 positions. J. Butt advised no, we are not the public service.

10. Incamera Meeting:

This was discussed previously.

11. Report from Incamera:

This was discussed previously.

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

J. Butt commented that we met in January regarding the budget and stated that since the budget was passed and a number of people are taking a winter break that we would not meet in March. The next Board of Health Meeting will be held on April 16, 2009 at 4:00 p.m.

J. Butt stated that since we are not meeting in March and we haven't received any confirmation about D. Gordon's appointment from the minister, he has a scroll to present on behalf of the Board for D. Gordon for his service on the Board.

13. Adjournment:

It was moved by: R. Haley  
Seconded by: A. Warren  
That: The meeting adjourn at 6:04 p.m.

Motion Carried.

\_\_\_\_\_  
J. Butt, Chair

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive