



Minutes of the Board of Health Regular Meeting

Thursday, November 18, 2010

Board Room, Brockville Office

458 Laurier Blvd.

4:05 p.m. – 6:15 p.m.

Present:

J. Butt, Chair	A. Warren
S. Dodge	P. Stewart, Medical Officer of Health
J. Earle	J. Pearce, Treasurer
K. Giroux	H. Bruce, Recording Secretary
G. Grewal	
R. Haley	Regrets:
F. Kinsella	B. Fletcher
L. Paine	K. Graham
L. Sowchuk	J. Lousley

Other Attendees:

B. Dalgleish – Director, Health Promotion Dept.	J. Hess – Director, Family Health Dept.
S. Gates – Director, Quality Improvement Dept.	S. Pettibone – Recorder and Times
J. Fatcher – Director, Clinical Services Dept.	T. Boileau, M. Green
M. Graham – Manager, Corporate Services Dept.	

Agenda Item	Key Discussion Points	Decision	Action
1. Call to Order	J. Butt called the meeting to order at 4:05 p.m. Regrets were received from B. Fletcher, K. Graham and J. Lousley.	n/a	n/a
2. Approval of the Regular Meeting Agenda	The agenda was reviewed.	It was moved by: S. Dodge Seconded by: L. Sowchuk That: The agenda of the November 18, 2010 Regular Meeting be approved as circulated. Motion Carried.	n/a
3. Approval of the Items on the Consent Agenda	The consent agenda was reviewed.	It was moved by: K. Giroux Seconded by: S. Dodge That: The following items on the consent agenda be approved as circulated: 3.1. Approval of the Minutes from the Board of Health Meeting held on October 21, 2010 3.2. Accounts Payable for September 3.3. HUAM V-315-0 – Staff Development/Meetings Motion Carried.	n/a
4. Business Arising 4.1. 2011 Levy Cost Sharing	P. Stewart circulated options for the distribution of the levy between obligated municipalities which she would like to circulate to the municipalities with Board's		

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	<p>consent. She and J. Pearce met with B. Casselman and Mayor Henderson to discuss using the census data. They were prepared to entertain the idea.</p> <p>Board members asked will this be a consistent policy and not change every year? P. Stewart advised each year inter-census estimates are made of the population based on the previous census and reflect population trends over time.</p> <p>J. Earle joined the meeting at 4:13 p.m.</p> <p>We need a unanimous agreement with all six obligated municipalities. If we get one rejection we have to default to the MPAC data.</p>	<p>It was moved by: G. Grewal Seconded by: L. Paine That: The Board of Health recommend the use of census data for the distribution of the 2011 levy between the obligated municipalities. And That: A letter be sent to the CAO's of the obligated municipalities requesting that</p>	<p>P. Stewart will prepare a letter outlining the options to the obligated municipalities.</p>

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		<p>they consider entering into an agreement using census data as the cost sharing method for the municipal levy.</p> <p>Motion Carried.</p> <p>It should be for a 4 year term.</p>	
5. New Business			
5.1. Appointment of Nominating Chair	J. Butt advised that since we don't meet in December and our January meeting is our Annual General Meeting with our election of officers, it is customary to appoint a Nominating Chair. In the past K. Graham has acted as the Nominating Chair and if we wish he is prepared to continue to do that.	<p>It was moved by: L. Paine Seconded by: G. Grewal That: Ken Graham is appointed the Nominating Chair for 2011.</p> <p>Motion Carried.</p>	n/a
5.2. Healthy Communities Partnership Project	P. Stewart advised that we received a letter approving \$49,000 for the Healthy Community Partnership Program to allow us to work with the community to identify what we need to be doing in nutrition, mental health, tobacco and	n/a	n/a

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	<p>substance abuse. This is for the Board's information.</p> <p>The community partnership is really coming together and is creating a governance model to take advantage of the existing networks and build on that.</p>		
<p>5.3. 2011 Land Control Fees</p>	<p>P. Stewart introduced M. Green, the Health Unit's Chief Building Official. Several of the municipalities have asked the health unit to do the Land Control Program on their behalf. In light of this, the Land Control Program is a self-sustaining program of the health unit. We are projecting a deficit next year in the program and proposing an increase in the fees to cover the deficit. The increase in fees would still keep us in a comparable range to what other health units charge for this service.</p> <p>J. Pearce gave a power point presentation. (See Appendix #1) We have juggled staffing levels in the last few years to keep expenses in line with revenue.</p>		<p>n/a</p>

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	<p>For 2011, projected revenue without fee increases would be \$435,000, expenses would be \$457,000, and the deficit would be \$22,000. The Board had previously instructed staff to ensure there was sufficient reserve to fund severances in case the municipalities decided to withdraw their support of the Health Unit's involvement in the program. Based on current salaries, severances would equal \$86,000, much more than our projected 2011 reserve without a fee increase, of \$53,348.</p> <p>The recommended fees for 2011 were reviewed. The fees would be in line with other agencies doing this service.</p> <p>Board members expressed their concerns over increased building fees and permit fees. We should try to find money elsewhere.</p> <p>If the program is not holding its own a request was made to see the allocated costs. J.</p>		

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	<p>Pearce advised that most costs that are allocated are based on the ratios of the FTEs in the program.</p> <p>Everyone anticipated growth but this is not happening. The developer will pass this fee increase on to the consumer.</p> <p>One suggestion was to keep the increase to the cost of inflation. Another suggestion was to use some of the Health Unit reserve from its cost shared programs to support the deficit.</p> <p>J. Pearce advised that the fees have been increased twice since 1996. Last year the increase was \$50 to the main permit and 2 years before that.</p> <p>We should not be looking at shutting down the program; we have to encourage people to build here.</p> <p>P. Stewart stated that the reason we came to you is that we are concerned that in</p>		

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	<p>2011 we won't have enough money to cover the staff we have right now. The concern we have is, we have a very skilled and very senior staff and we are hoping that things turn around. Staff can't work anymore. If we don't increase fees we won't be able to cover the payroll.</p> <p>M. Green advised that contractors are telling him to put the fees to whatever we need, they still want the program and want the quick, quality response they have now.</p> <p>The revenues are stalled and are not increasing, why have expenses gone from \$435,000 to \$457,000? That is the increase in benefits and salaries.</p> <p>Everyone agrees the program is valuable and needed. J. Butt stated that we already have a reserve in the Land Control Program of \$75,348. If we did not increase the fees, we would erode that \$75,348 by</p>		

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	<p>\$22,000.</p> <p>J. Butt stated the positions of previous Boards notwithstanding, there is a sense that says now is not the time to increase that surplus.</p> <p>M. Green advised that we have 1.5 vacant positions right now. We have to take a look at whether we can continue with the current staffing level if the work increases by 20-30%.</p> <p>J. Butt commented this is the challenge with a small staffed demand service with variable levels of service. He is hearing stay with the status quo as a short term solution. We may need to consider other forms of delivery of this program.</p> <p>R. Haley read the motion as amended.</p>	<p>It was moved by: R. Haley Seconded by: F. Kinsella That: The Board of Health maintain the Land Control Fee Schedule while examining the method of delivery of the program while considering an alternative method of funding. Motion Carried.</p>	
5.4. Orientation and	P. Stewart stated that we will		

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<p>January Meetings</p>	<p>have some new board members in January and are sad to see some of our current members leaving. We are planning a Board orientation in January along with the Annual General Meeting. We also need to combine our regular meeting with the program review process. The AGM is planned for January 20th as well as orientation.</p> <p>J. Butt made presentations to F. Kinsella and S. Dodge as outgoing board members. It is sad to see you go and we have done a lot of work together and made some great changes. Particularly defining our role as a Board. J. Butt presented them with a certificate of appreciation and a health unit mug as a token of appreciation for all of their hard work.</p> <p>F. Kinsella stated that he is very proud of the program review and wishes everyone all the best. It has been a good experience. S. Dodge stated that she has learned a</p>	<p>Board members advised that appointments to the Board won't be made until the third week in January.</p>	<p>H. Bruce will advise board members by email when the date of the next meeting is.</p>

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	<p>lot and that the Board, staff, our new MOH and Board Chair are all very dedicated. She will continue to follow the health unit's progress.</p>		
<p>6. Presentation: 6.1. IRIS – School Pupils Immunization</p>	<p>J. Futchter gave a power point presentation – Immunization Records Information System (IRIS). (See Appendix 2)</p> <p>IRIS is the way we manage our immunization records. We have immunization data on every student in every school, every child in daycare and identify all students overdue for immunization and all students at risk for illness if exempt.</p> <p>Data comes from schools, parents and the Ministry of Health. Last year the Board of Health decided to hire two temporary full time administrative staff to get our records up to date. All data entry for junior and senior kindergarten has been finished. This week we will get downloads from both school boards for students already in the system and will</p>	n/a	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>now review their records. We are preparing a media campaign about the process for parents, schools and local physicians. F. Kinsella left the meeting at 5:33 p.m.</p>		
7. Advocacy	Nothing to report.	n/a	n/a
8. Verbal Report of the Medical Officer of Health	<p>This is a good time for us to look at the business model for the land control program.</p> <p>P. Stewart gave her MOH Verbal Report to the Board. (See Appendix #3)</p> <p>L. Paine stated that one nursing home administered H1N1 vaccine and it had to come back. What is the health unit doing? P. Stewart reported she had been in contact with the physician about this situation. L. Paine also suggested more needs to be done about informed consent and immunization in nursing homes.</p> <p>The Do the Math Campaign was discussed by the group. It is an important project to bring awareness about the challenges people in our</p>	<p>We will come back to the Board with a business model.</p> <p>L. Paine will speak to J. Futcher about this.</p>	P. Stewart will discuss this further with J. Lyster.

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	region face who cannot afford to feed themselves and their families.		
9. General Correspondence	Nothing to report.	n/a	n/a
10. Incamera Meeting	The motion to move incamera was read at 5:59 p.m.	<p>It was moved by: J. Earle Seconded by: L. Paine That: The Board move into a closed session of the Board of Health due to the following: (b) personal matters about an identifiable individual, including municipal or local board employees; (g) a matter in respect of which a board or committee may hold a closed meeting. Motion Carried.</p> <p>It was moved by: A. Warren Seconded by: R. Haley That: This closed session rise and report. Motion Carried.</p>	n/a
11. Report from Incamera	The rise and report was read at 6:12 p.m.	The Board approved Dr. Paula Stewart's status to permanent.	n/a
12. Time, Date and Location of the Next Meeting	To be determined.		n/a
13. Adjournment	n/a	It was moved by: A. Warren	n/a

Agenda Item	Key Discussion Points	Decision	Action
		Seconded by: L. Paine That: The meeting adjourn at 6:15 p.m. Motion Carried.	

 J. Butt, Chair

 Date

 H. Bruce, Recording Secretary

 Date

c: Board members
 HU offices
 Municipalities
 Shared Drive

LAND CONTROL FEES

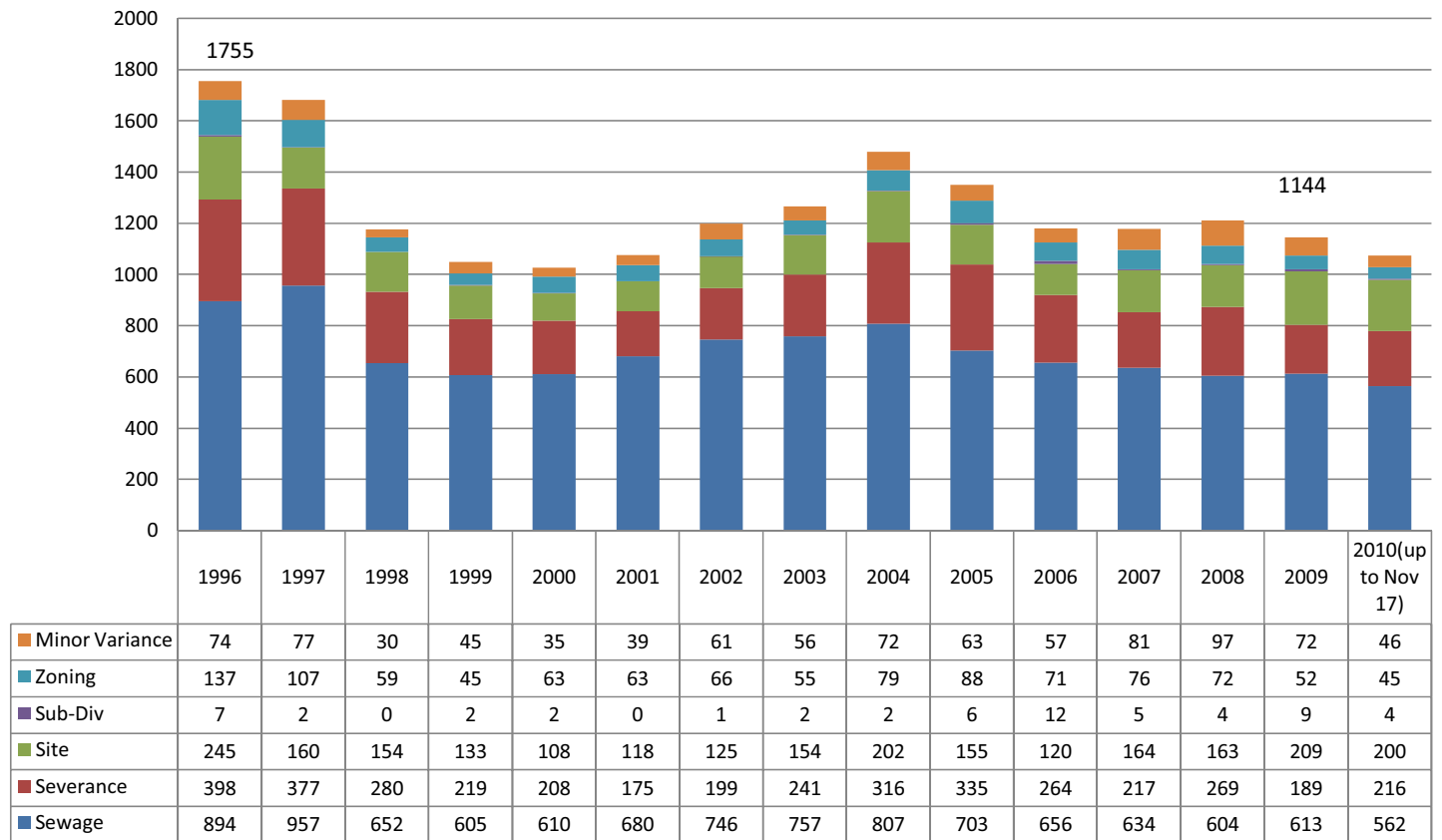
Current Situation

- 2010 Projected Revenue (Fees) \$434,968
- 2010 Expenses (projected) \$430,874
- 2010 Projected Reserve at end of year **\$65,590**
 - Need \$86,000 in reserve if program closes to fund the potential severance payments.

- 2011 Projected Revenue without fee increase \$435,000
- 2011 Projected Expenses \$458,000
- 2011 Projected Deficit \$23,000
- Surplus would be eroded to **\$42,590**

Program is not sustainable without a fee increase

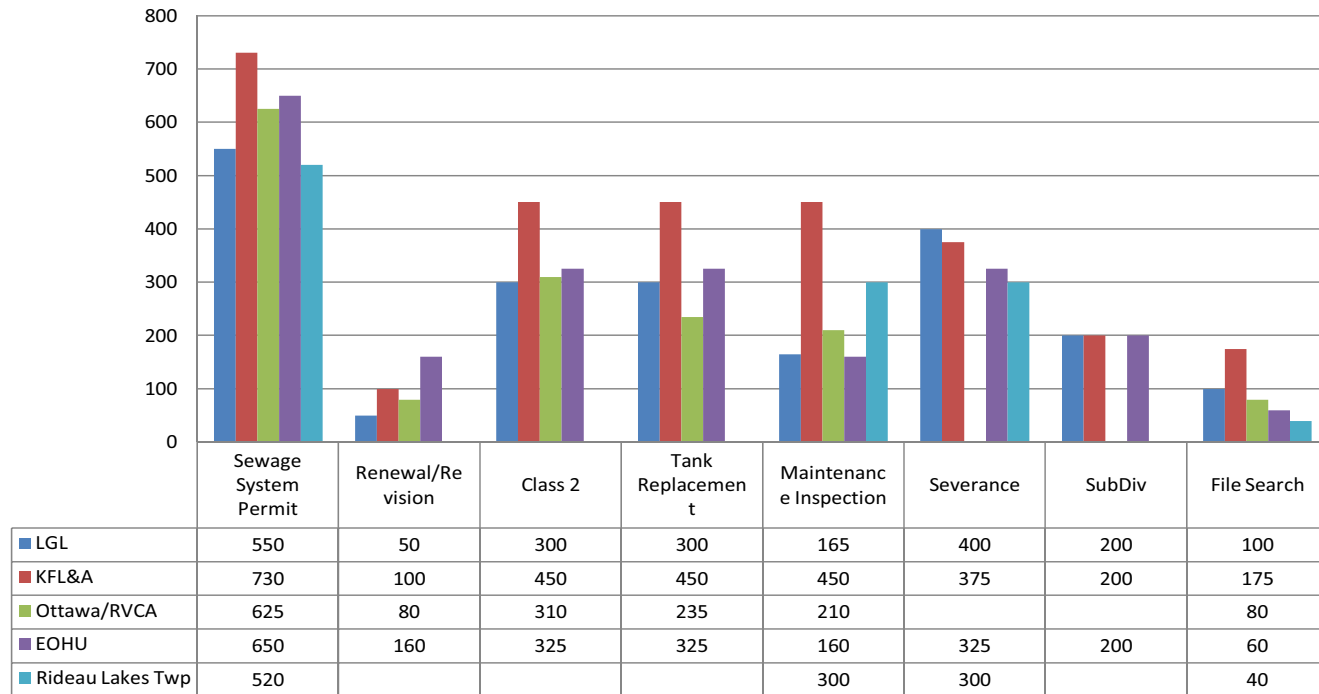
of Permits by Year



Recommended Fees for 2011

	2010	2011
Sewage	550	650
Site permits Class 2 Tank Replacements	300	330
Severance	400	440
Minor variance – Maintenance inspection	165	175
File search	100	100
Re-inspections	165	175
Subdivisions	Varies est. 200	200
Renewal/ Revision	50	50

Fee Schedule Comparison November 15, 2010



2011 Proposed 650 50 330 330 175 440 200 100

Future Situation

- 2011 Anticipated Expenses \$458,154
- 2011 Anticipated Revenue (fee increase) \$488,890
- 2011 Anticipated Reserve (at end of year) **\$96,326**
(need \$86,000)

Program is sustainable with a fee increase

Consider regular small annual increases or larger ones
less often

Immunization Records Information System

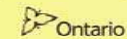
Personal Immunization Record Fiche d'immunisation

Name/Nom

yyyy/mm/dd
Date of Birth/Date de naissance

Ontario Health Card Number
Numéro de carte Santé de l'Ontario

This is a permanent record, please keep in a safe place.
Fiche d'immunisation permanente à conserver en lieu sûr.



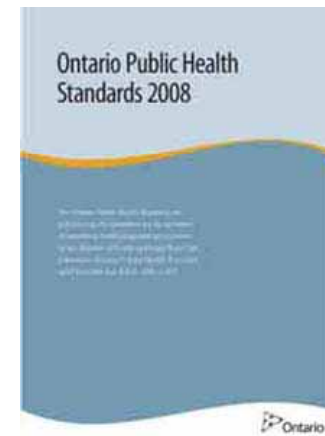
The Challenges



Ontario Public Health Standards

Assessment and Surveillance

- The Board of health shall assess, maintain records, and report, where applicable, on:
 - ✓ The immunization status of children in licensed child care programs as defined in the Day Nursery Act
 - ✓ The immunization status of children attending schools in accordance with the Immunization of School Pupils Act
 - ✓ Immunizations administered at board of health-based clinics as required



Your Partner in Health

IRIS

- Immunization Records Information System
 - ✓ Immunization data on every student, in every school
 - ✓ Immunization data on every child in a licensed day care setting
 - ✓ Should be able to identify
 - all students “over-due” for immunization
 - All students “at-risk” for illness if “exempted”



Your Partner in Health

IRIS

- Data comes from three sources
 - ✓ The Schools
 - ✓ The Parents
 - ✓ The Ministry of Health



Your Partner in Health

IRIS

Challenges

- Children entering school without immunization data
- Parents NOT reporting immunizations to the Health Unit
- School Boards and Health Unit communication issues
- The IRIS system itself
- Process for day care data collection not adequate and/or timely



Your Partner in Health

JK and SK Entry

- The process has been in place for over 10 years
- Fall Entry 2010: Shortened the process to:
 - ✓ one letter following initial collection of information to gather missing data
 - ✓ suspension letter
- Saved time in the preparation of the 2nd letter
- Shortened the entire process by ±4 weeks

School Entry other than JK and SK

- This continues to be a problem as many schools do not follow the Health Unit process for collection of immunization data and allow students to enter school without this information.
 - ✓ This indicates an area to evaluate and improve/change the process to increase compliance



Your Partner in Health

Surveillance of School Data

■ Background Issues

✓ Insufficient Staff to

- input data
- survey data base
- Seek out up-to-date information



Your Partner in Health

Surveillance of School Data

■ Background

✓ Last spring the Board of Health decided to hire two temporary full time administrative staff for this project.

- to begin the surveillance and data collection processes
- to up-date the data base
- to engage in an evaluative process to identify the most efficient and effective ways to maintain the data base.



Your Partner in Health

Surveillance of School Data

- What we've done
 - ✓ Mid- October we hired the first Program Assistant
 - ✓ On Monday November 15th the second program assistant started
 - ✓ All data entry for JK and SK is completed for 2010
 - ✓ The last of the Grade 2 surveillance and data collection for 2009-10 is finished
 - ✓ This week we will be getting school population data from the UCDSB and from CSBEO
 - Next step is to clean the personal data of 23,000 school children in the system

Surveillance of School Data

- What we'll do next
 - ✓ Train the new staff in the surveillance process
 - ✓ Prepare a media campaign to advise parents, schools and local physicians about the process
 - ✓ Begin the Grade 2 process, once this is completed
 - begin the process for adolescents 17 and over
 - ✓ On-going evaluation of the process with decisions still to be made about the order of grades to be surveyed
 - ✓ On-going review of other HU's processes

Surveillance of School Data

■ Media/Letter campaign

✓ Information for parents about:

- What and why the Health Unit needs to know about their child's immunization status
- How to report immunizations to the health unit
- The "new" schedule of provincially funded immunizations

✓ Information for primary HCPs about:

- The campaign to up-date our data system
- What information parents will be calling for

✓ Information for the schools about:

- School Entry other than JK and SK
- The on-going process for all grades

Surveillance of School Data

- What we expect for school year 2010-2011
 - ✓ Completion of data collection and entry for all children in grade 2 (2,500)
 - ✓ Completion of data collection and entry for 2 other grades (5,000)
 - ✓ Completion of data collection and entry for students in grades 11 and 12 (4,500)
 - ✓ Complete evaluation and process mapping for the IRIS program for school pupils



Your Partner in Health

Day Care Information

- Review processes developed by other Health Units
- Create and map a process for LGL
- (re) Create tools and a “how to binder” for day care staff
- Begin process in the fall of 2011

IRIS



Your Partner in Health

Medical Officer of Health Report to the Board

November 18, 2010

Resource Allocation

The work on completing the Resource Allocation exercise continues. We are close to identifying the minimum resources needed to respond to the Ontario Public Health Standards. Based on the work to date we know this will be greater than our current budget so we are proceeding to identify small changes that could be made to the proposed program to bring the program budget in line with our resources. These changes will be compared against each other using set criteria. These criteria were developed with staff and were also discussed at the recent Program Review Steering Committee with Anne Warren as the Board representative. We are also working on a communication plan as advised by the Program Review Steering Committee. The process is due to be completed in time for the Board meeting in January.

Influenza

The flu season has been very slow to get off the ground this year. We haven't had any laboratory confirmed cases in our region yet, and across the province the numbers are much lower than last year at this time. This is what we anticipated based on the experience within the Southern hemisphere this year. If the same pattern follows we will likely see more flu in the winter/spring than the fall. Therefore, we are giving the message that it is important to be immunized now in preparation for what may come later. The flu vaccine we are using this year does contain protection against the flu types that have been reported in the province so this is good news. Up to Nov. 15, 2010, 2700 people have been immunized at our clinics and we have distributed 39,950 vaccine doses to our local physicians. We are pleased with the community response to immunization.

Accreditation

We were hoping our accreditation results would have arrived by now but unfortunately they haven't. We know that several health units were being accredited this fall so we have to wait our turn to be discussed by the Board.

Healthy Smiles Ontario

Our component of the Healthy Smiles Ontario program for low income children and youth is now underway. We were very excited to get our first clients last week. Plans are underway for a local media launch on Friday Nov. 26 in Gananoque in the morning and at

the Smiths Falls CHC in the afternoon. Other launches are planned around the region as the program gets up and going. So if you would like to be involved in one of them please let Heather know and she will include you in the planning.

Do the Math/Eat the Math

The Eat the Math Project is now underway with community members trying to live off food from their local food bank for a week. We are getting good media interest which is critical to spread the word of how challenging it is for people coping with poverty to eat healthy food every day. I picked up my food yesterday and it was quite a challenging, emotional experience. You can check out my daily update and those from others participating in the project on our website.

Tobacco

For the month of October, Tobacco Enforcement Officers conducted 81 educational inspections with 31 warnings and 6 charges being issued under the *Smoke-Free Ontario Act*.

Promotion is presently underway for the *Stop on the Road* smoking cessation sessions. Clients are registering to be supported in their quit attempt. Interested smokers are asked to call the Health Unit to be pre-screened and, if eligible, can participate in the November 30th session in Brockville or the December 1st session in Gananoque. Up to 50 participants will be supported with information and 5 weeks of Nicotine Replacement after attending the sessions. Sessions are planned for Smiths Falls/ Perth and Carleton Place Feb 1st and 2nd 2011.

The Ministry of Health Promotion and Sports, and the Canadian Cancer Society Ontario Division, will again in 2011 bring back the *Driven to Quit Challenge*. Pre-promotion should start in December to get smokers thinking about making a quit plan, getting ready and getting support to make a quit attempt before March 2011. More details on the 2011 *Driven to Quit Challenge* will be coming soon.

School Health

Public health nurses in the school program are meeting with school principals to review how we can support the work they are doing to create healthy schools and to determine their needs to set up teacher in-services on specific health curriculum topics. At these in-services, staff will provide current research on how to have the most significant impact on students' health and how this fits with the newly revised health curriculum. This overall direction reflects the evidence that shifting the behaviours of individuals needs a comprehensive approach, and that public health cannot work in isolation from others in the school setting who are also concerned about the health of children and youth.

Community

At the last Board meeting, we discussed the possible role the Public Health Unit could play in working with municipal planners. This work has begun with staff who attended the Mississippi Mills visioning session for the Community and Economic Committee in September. Prior to this, staff participated in the Lanark County Transportation Master Plan and the Beckwith Growth planning town hall meeting. Staff have also been to Lanark County Council and Mississippi Mills Council (and sub- committees) with RIMM (Riding in Mississippi Mills) about advocating for increased cycling. I will continue to bring updates on this work to the Board and look forward to expanding this work in the future.