



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

Thursday, February 18, 2010  
Board Room, Brockville Office  
458 Laurier Boulevard  
4:02 p.m. – 6:32 p.m.

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

Regrets: B. Fletcher  
L. Sowchuk

Invitee: Jennifer Bricker – Public Health Inspector

S. Gates – Director, Quality Improvement Department  
J. Hess – Director, Family Health Department  
R. Kavanagh – Director, Health Promotion Department  
J. Lyster – Director, Health Protection Department  
J. Mays – Manager, Health Protection Department

D. Clark – Recorder and Times

T. Boileau, Y. Decoste, S. Healey, G. MacKenzie

1. Call to Order:

J. Butt called the meeting to order at 4:02 p.m. He advised that we plan to go incamera at 5:00 p.m. and then come back to the open agenda if necessary.

2. Approval of the Agenda:

It was moved by: S. Dodge

Seconded by: G. Grewal

That: The agenda of the February 18, 2010 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 14, 2010:

It was moved by: G. Grewal

Seconded by: K. Giroux

That: The minutes of the January 14, 2010 Board of Health Budget Meeting be approved as circulated.

Motion Carried.

3.2. Approval of the Minutes from the Board of Health Budget Meeting held on January 21, 2010:

It was moved by: K. Giroux

Seconded by: R. Haley

That: The minutes of the January 21, 2010 Board of Health Budget Meeting be approved as circulated.

Motion Carried.

3.3. Approval of the Minutes from the Board of Health Annual General Meeting held on January 21, 2010:

It was moved by: R. Haley

Seconded by: K. Giroux

That: The minutes of the January 21, 2010 Board of Health Annual General Meeting be approved as circulated.

Motion Carried.

3.4. Approval of the Minutes from the Board of Health Regular Meeting held on January 21, 2010:

It was moved by: R. Haley

Seconded by: K. Giroux

That: The minutes of the January 21, 2010 Board of Health Regular Meeting be approved as circulated.

Motion Carried.

4. Presentation:

4.1. Small Drinking Water Systems:

J. Lyster addressed the Board and introduced Jennifer Bricker who is our team leader for the SDWS Program. This is an opportunity to have an overview of the first functional year for SDWS.

J. Bricker gave an update on the SDWS program. She gave a power point presentation. (see Appendix #1) J. Bricker discussed risk assessments (RCAT) and stated that from that, directives are issued. Depending on the risk assessment inspectors will decide how often to inspect the SDWS. J. Bricker showed a directive to board members. It lists different requirements that the system may have. (sampling frequencies, education etc.) These directives are applied to the system even if the owner sells it. Only a public health inspector can issue a directive. If the owner does not agree they can request a review by the Medical Officer of Health. There is no review beyond that.

We have 600 systems and both J. Bricker and G. MacKenzie are looking after this. We have done 83 risk assessments and issued 70 directives. We are training 6 more inspectors in February and March to perform risk assessments. Ministry funding has been extended to 2011.

Questions

K. Graham stated that this is a program that the Board needs to keep an eye on in terms of funding from the province. Are you getting much push back from the SDWS owners? J. Bricker advised that we anticipated that, but honestly no, they knew it was coming. The MOE had been talking about it for a long time. She gets a little bit of flack around overregulation but not around the health unit. Most people understand the liability when they don't do what they are required to do.

K. Graham stated that some people invested money previously and then the province changed the rules. Now they have to maintain what they upgraded. J. Bricker advised that people that had not done anything have options with these regulations. If you need treatment, then we will worry about it. L. Paine asked you are doing 1 per week? J. Bricker stated that we didn't start until June. It is a lot to do. Both inspectors have their other work areas as well. In the summer we try to concentrate on this. Will we get this all done before 2011? She does not think so.

Church groups and other owners have to deal with their councils or other governing bodies. L. Paine commented that you should get about 400 done within the next 2 years. J. Bricker stated that there is no comprehensive well inspection process when they are drilled. There are only 2 inspectors in the province of Ontario that inspect the drilling of wells. If there are treatment systems on, for the most part the wells have adequate treatment. J. Earle asked, based on the numbers, most of them have to make improvements? J. Bricker advised not all of them, the directive tells them how to maintain the system whether improvements are needed or not.

J. Earle asked if you will issue a directive on every well you go to? J. Bricker stated yes, every SDWS needs a directive. There have been 83 risk assessments and only 70 directives issued. Some have been put on hold until the governing body meets and considers possible actions Jennifer advised. Sometimes we realize they don't fall under the legislation for SDWS.

G. Grewal asked what happens to the wells that are abandoned and not being used for drinking water? J. Bricker advised that if you have a well not in use it should be properly abandoned, that means properly plugging it so that it is not a portal for contamination. K. Graham stated that the MOE still enforces Regulation 903, but their abatement staff respond to quantity and quality when it comes to wells and that is when they deal with well construction.

J. Butt thanked J. Bricker for her presentation.

5. New Business:

5.1. Accounts Payable for December:

J. Pearce clarified the postage meter entries. One is postage where we put our money and the \$189 is the quarterly fee and the other is a postage machine that the envelopes go through. As far as the departments you will notice a lot of deficits which we talked about the last time due to H1N1. There will be surpluses in the 100% funded programs also due to H1N1. We expect to hear by the end of March what the ministry will be compensating us for.

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The Board of Health approve Health Unit Accounts Payable for the month of December 2009 in the amount of \$1,688,486.41.

Motion Carried.

5.2. Department Organizational Charts Showing Reporting Responsibilities:

Dr. Carter stated that this is an item requested by one of the board members. We tried to give what we thought that the Board wanted. We thought it would help you understand how many people were reporting to the various managers.

### 5.3. 2010 Budget:

#### 5.3.1. To Meet Approved Operations:

J. Pearce gave a big thank you to the ministry for getting her the forms she needed to do the ministry budget. J. Pearce reviewed the documentation with board members.

On the first page of the local version of the budget the only change is the reflection on line 17 of the actual levy that was approved by the Board in January. That reflects we would use \$90,000 of the reserves. J. Butt stated that J. Pearce was directed by the Board to produce that budget and she did so. R. Haley asked what about the new positions to implement the standards? J. Pearce advised that she was asked to do this budget and then prepare the ministry's budget as if we were hiring all of those positions as of July. It did not make sense to split the students' salary in half. She left them whole and did 50% of all of the other new position costs.

J. Pearce advised that if you go to the ministry forms you will see that the top box shows you the mandatory programs. This allocates all the dollars into those programs. The big increases are in child health and vaccine preventable disease and sexually transmitted diseases. Chronic disease is up there as well. Chronic went up \$143,000 and there were increased costs and additional positions required due to the OPHS. Reproductive health was up \$149,000, child health was up \$358,000, and VPD was up \$237,000. The total increase from 1 year to the next is \$1,452,000.

J. Pearce stated that on line 54 the one time costs need to go up to \$307,655 – it is going up by \$1,600 as she got the quote for the Smiths Falls generator yesterday. In the last part of the box are the 100% funded programs.

On Form 2(c) for the onetime costs she has indicated that the largest part of this is furniture related to Smiths Falls. At this time we do not know exactly what we need but she has made reasonable estimates.

R. Haley asked about Board cost training recognition, why the increase? J. Pearce advised that the size of the Board has increased and previously it was at \$7,000. Last year we reduced it to \$3,000 and with the size of the Board we have increased it back up to \$7,000.

J. Butt stated that there are 2 motions before you, 1 motion is to approve the 2010 Public Health Cost Shared Budget to meet approved operations in the amount of \$9,345,407. The motion was read. J. Earle asked does this relate to Option A or Option B? J. Pearce advised that Option A and Option B were in reference to the levy. This is a 4.97% increase over last year's budget.

J. Butt stated that this is the budget to fund our operations going forward next year without addressing the additional needs to implement the OPHS. It is a continuation of what is.

L. Paine asked this is just a 4.9% increase on top of that, we are not asking for the 22 positions? J. Pearce stated that this is the one we need to approve. It is our local budget to continue our operations as we are. F. Kinsella stated the budget is actually increasing 3% and then we are using money from the levy. J. Pearce replied no, this has not changed; the budget has always been a 4.97% increase. The Board did approve a levy increase that equaled 3% plus \$90,000. As well, approval was granted to use half of our reserve surplus. L. Paine asked the municipal levy is in there already? J. Pearce stated yes, that was approved in January and communicated to the municipalities at that time.

It was moved by: J. Lousley

Seconded by: L. Paine

That: The Board of Health approve the 2010 Public Health Cost Shared Budget to Meet Approved Operations in the amount of \$9,345,407.

Motion Carried.

#### 5.3.2. To Implement OPHS for the MOHLTC:

J. Butt advised that this is to implement the new OPHS as of July. The motion was read. K. Graham stated that this is no different than what we did the year before, if we don't ask we will never get.

J. Butt stated that for those going to the ALPHA conference, you will hear some announcements from the ministry staff around implementing a performance management system and you will hear a lot of information around value for money. Going forward, he does not expect we will get any more money from the province or expect that we will get municipal council's support, but he thinks our public needs to know for dollars invested, what the savings are and at least become better informed. When he first came on the Board we had a discussion around helmets on bicycles, there were 2 camps. The evidence now shows the savings in healthcare costs and quality of life in having that type of legislation.

S. Dodge asked what do they tell you as a guideline from the Ministry of Health, when will this happen? J. Butt advised in 2011. S. Dodge commented that all we hear now is that the province is broke. It does not make any sense to do 2 budgets. It is like keeping 2 sets of books. She understands this, but it does not make any sense. J. Butt stated this is a good question for M. Turner and A. Stuart. Dr. Carter advised that we are pretty sure the funding formula will come. They have already sent us the questionnaire to set the baseline for the funding formula. They should have them ready by 2011.

They will red circle health units over their funding formula over a period of years but it should start in 2011. They are asking for people from health units/boards to help them J. Butt advised.

G. Grewal asked is this full implementation of the 22 jobs? J. Pearce stated that it is only half the year and it will need to be annualized in 2011. She thought she had direction to do it over the 2 years. We talked about the accountability agreements and the Board should be prepared to sign them in 2011. These agreements could impact our cash flow. J. Pearce advised that if the province comes up with the money the municipalities will come up with their 25% she understood. There is a lot hanging on the prioritization that we are doing.

J. Butt stated that there was a general feeling at the Board that the budget that we just approved was probably the most palatable; there was no sense of comfort with the budget that was necessary to meet the OPHS now, that is true. However, he thinks there was a sense from the majority of the Board that we needed to submit to the province the full budget. The ministry knows that there are 2 budgets and they also know that we are not playing a game either. We are not alone here; we are part of a number who are underfunded. Dr. Carter stated that the Board should be aware that if the ministry could come up with 75% of the submitted budget the current levy would cover 25% of that budget. Currently the municipalities are paying more than their 25% share. We also said that when we finish our program review, because we set the jobs to not start until July, that we would have time to play around with the number of positions.

J. Earle stated that maybe the focus is starting to get too broad. It seems that the budget is getting out of control because we are becoming a jack of all trades, master of none. Maybe at the alpha conference that might be a topic to bring up. We are running in too many different directions.

L. Paine commented overall be careful what you wish for. If the ministry did come up with funding for those positions, we say as a Board that we need all of those positions, then are all of the municipalities going to be on the hook for this? There is no healthcare facility right now that is looking for over 20% growth. No other health units have been asking for 10 more positions. What happens if they ever do call our bluff?

J. Butt stated that the Board needs to take a position. He is surprised that board members said this is a budget out of control, if you believe this not to be true as a Board it is time to speak up. F. Kinsella interpreted this to mean that the government increases the mandate, underfunds it and expects that the municipalities will infill. They set the standards and pass the costs on to the public. To him, he took it that budgets are spiraling out of control, not just this budget.

J. Butt asked J. Earle were you talking about this budget or the provincial budget? J. Earle stated that in this day and age any budget that asks for 22 new positions, that is heading out of control. J. Butt asked am I the only person that believes that he has missed the point?

J. Lousley stated that we respect our employees here, and they drew up how to meet the needs of the ministry. They said it will all depend on the program review which comes out in May. They are doing due diligence, and did the best they could saying they need this number of employees to meet the OPHS.

If they are going to download from the province mandatory items, we have to support our staff as a Board. A. Warren commented that it is also a fact that we are going to have to sign agreements at the beginning of next year to say that we are going to do these things. If we don't have the staff to do it, we have to go for the extra positions. K. Graham stated that he is worried about the future agreement with the province. Politically he can't ignore the backlash that would happen. There is no political appetite to eat a bigger share of the cost of the health unit – more than 25%. We are already doing that. He supports pushing the ministry to give us proper funding and this is one way to do it. They will not do that this year, but he would like to get on record having asked for it over the past 4-5 years. Maybe next year they will.

J. Pearce advised that the levy currently is \$2,697,000, if the budget required to meet OPHS was split 75/25 the current levy would fund a budget of \$10,790,000. We are only asking for \$10,128,000. There is no risk here for the municipalities.

It was moved by: L. Paine

Seconded by: K. Graham

That: The Board of Health approve the 2010 Net Shareable Mandatory Programs Costs in the amount of \$10,128,198, Total Related Programs Shareable Costs in the amount of \$332,655 and 100% provincial funded programs in the amount of \$567,758.

Motion Carried.

The motion to move incamera was read at 5:11 p.m.

It was moved by: K. Giroux

Seconded by: R. Haley

That: This Board move into a closed session of the Board of Health 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;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (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 board or committee may hold a closed meeting.

Motion Carried.

The rise and report was read at 5:59 p.m.

It was moved by: G. Grewal

Seconded by: S. Dodge

That: This closed session rise and report.

A break was taken.

The meeting resumed at 6:08 p.m.

It was moved by: A. Warren

Seconded by: L. Paine

That: The Board of Health ratify the CUPE Memorandum of Settlement  
Dated Friday, February 12, 2010 pending union ratification.

Motion Carried.

It was moved by: L. Paine

Seconded by: A. Warren

That: The Board of Health approve the appointment of Dr. Paula Stewart  
to the full time position of Medical Officer of Health/CEO effective  
May 25, 2010.

Motion Carried.

It was moved by: K. Giroux

Seconded by: R. Haley

That: The Board of Health accept the offer to lease 1500 sq. ft. at  
8 Asa Street in Kemptville for a 3 year term commencing April 1, 2010  
subject to the building being wheelchair accessible and subject to a 90 day  
exit/termination clause.

Motion Carried.

5.3.3. 2010 Program Based Grant Terms and Conditions:

J. Pearce advised that we had to approve an extension of last year's program based grant terms and conditions to allow our funding to continue. This year they changed the language in the agreement to continue unless terminated by either party.

It was moved by: L. Paine

Seconded by: A. Warren

That: The Board of Health approve the 2010 Program Based Grant Terms and Conditions as circulated.

Motion Carried.

5.4. Research and Evaluation Activities for 2009:

Dr. Carter advised that this report is for information only.

It was moved by: A. Warren

Seconded by: L. Paine

That: The Board of Health receive the Research and Evaluation Activities for 2009 as information.

Motion Carried.

5.5. Program Review Update:

Dr. Carter gave an update. We have been moving along with our prioritization and had another session this week and have completed chronic disease and health protection with safe water, safe food and rabies. We think we will stay on schedule. Our next big challenge is to do our capacity assessment portion of it. Staff are currently completing the capacity questionnaire. There is a meeting of the steering committee next Monday and we are looking for guidance from them to put the capacity with the prioritization. We have many days blocked off for SMC to do the process.

L. Paine questioned, the bulk of the work is still coming? Dr. Carter advised that chronic disease was the biggest and it is prioritized. We are up to over 30 SAQs of the 89. Another item coming to the steering committee is the questionnaire for our partner's to fill in and we plan on surveying them in March.

6. Advocacy:

No report.

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

### **Corporate Services:**

We are currently experiencing a significant upheaval in several of our facilities. Most significant is the notice that we have received from our landlord in Smiths Falls to vacate the property by March 30<sup>th</sup>. Our new building will not be ready for occupancy until late May so we have about 2 months gap to fill. I would like to thank our Smiths Falls board member, Ken Graham, and Smiths Falls Mayor Staples and city staff for their help and support on this issue. There is a large inventory of vacant space in Smiths Falls and we will be able to secure accommodation for the 2 months. However, the need for two moves will involve a significant loss in productivity for our staff, which is regrettable. Meanwhile the Smiths Falls building is progressing. A building permit has been issued in principle, pending resolution of issues involving road and sidewalk construction.

Co-incident with this upheaval, we have been notified by the hospital in Kemptville that construction plans will require us to move into temporary accommodation there as well. The proposed accommodation, a trailer, is not suitable for our operations, and our lease with the hospital is up at the end of September, so we are looking for alternate accommodations in Kemptville as well.

While none of these issues have significant budgetary implications, the loss of staff productivity and morale is a significant issue for our organization, given that we are always stretched to capacity trying to deliver as many of the OPHS requirements as we possibly can with our resources.

All health units have been asked to complete a questionnaire to provide more detailed data on their budget. The results of this survey are intended to inform the provincial funding review that will develop a funding formula and allow accountability agreements to be signed between the MOHLTC and each Board of Health. The MOHLTC plans to have these agreements in place by January 1, 2011.

### **Health Protection:**

We are currently conducting a survey on our website concerning the disclosure of food premises inspection reports. This is required under the new OPHS but has not been done in the past by this health unit. There are multiple ways that this can be accomplished so we are surveying our community to determine the best way to go about this. We will be surveying both the owners/operators of food premises and the public, the two target groups for this project. A press release has been issued to alert interested parties about the survey. The deadline for completing the survey is March 5<sup>th</sup>, 2010. We hope to have a system in place in the near future.

Our semi-annual partnership meeting with the Ministry of the Environment was held recently with discussions around drinking water and abatement. Our relationship with this group remains very productive, partially because of the regularly scheduled meetings.

## **Health Promotion:**

### **Smoke Free Ontario:**

As part of our January enforcement activities 14 written warnings were handed out and 1 charge was laid. A total of 123 inspections were completed under the Smoke-Free Ontario Act.

As of Tuesday Jan. 16<sup>th</sup>, 17,000 participants province wide and just over 300 local residents have registered for the Driven to Quit Challenge. Current Ontario smokers over 19 years of age or anyone who has quit since January 1<sup>st</sup> 2010 and who plans on remaining smoke-free for the entire month of March is encouraged to enter. Registration closes Feb. 28<sup>th</sup> at midnight. The Health Unit secured a \$1500 grant from the Cancer Society for part of the media advertising done for the campaign.

Youth engagement bridge funding of over \$25,000 has been obtained from the MHP following its abrupt cancellation of the youth program in 2009, and we look forward to having some area youth peer leaders back working with us again. Notification of this is in the Board Correspondence package.

As Part of regional activity throughout the Tobacco Control Area Network (TCAN) a DVD called Dr. Crazy was created to introduce and encourage discussion on smoking and tobacco use and its prevention for grades 4 through 8 in both French and English. Dr. Crazy was distributed to all elementary schools in Leeds, Grenville and Lanark with the help of our Public Health Nurse School Consultants. Promotional materials were also sent to the schools as part of the promotion of the Dr. Crazy DVD's.

### **Family Health:**

Family Health is now back to offering a full range of services after H1N1. The Family Home Visitors did a great job of keeping our high-risk families working toward their goals while the PHNs were busy with H1N1. We offered shortened catch up prenatal classes over 2 weeks in December and are now back to our regular schedule. Baby Talk is now back to normal and we have received many positive comments from new moms thanking us for bringing back their "sanity saver".

### **Clinical Services:**

We have restarted our regular immunization clinics which have been quite busy with people traveling.

There are mumps cases around the province. Only one case has been reported so far in LGL which occurred in October. We are monitoring the situation and are providing media messages to raise awareness for those who are traveling to parts of Ontario where incidence is higher. Teenagers and young adults are most affected. Anyone requiring a second dose of MMR can book an appointment at the regular health unit clinics.

L. Paine questioned they are not declaring an outbreak for mumps? Dr. Carter advised that the ministry has been trying to reach people to get their vaccines. They have had an information campaign but it has not been successful.

L. Paine stated that some of the local papers would like information on what the departments do regarding the health unit. J. Butt advised that yesterday, S. Healey and S. Gates had a meeting and identified a number of priorities. One of them deals with providing information on a series of articles. He offered to work with them and he knows this is going to happen. His sense is that we will use the weekly's first. Dr. Carter advised that the .3 position that we were asking for in our QI department would free up S. Healey to work full time on exactly what L. Paine was asking for – to develop relationships with the newspapers. As it is, she still has to spend .3 of her time on layouts for pamphlets. We have another .7 person we wanted to go up to full time.

Dr. Carter showed the board members a package advising that it is TB week in March and this package is going out to all of our primary care providers. F. Kinsella stated that CBC advised the other day that one of the health units in western Ontario has a sex education game on the website and they said they have had more hits on it than enquiries about H1N1. Dr. Carter commented that she heard this as well.

F. Kinsella commented that we passed a motion today hiring a new doctor. He wants to say that although Dr. Carter and he have not always seen eye to eye he has admired the passion that she brings to public health. He thanked her for the work she has done and admires her for that passion. Dr. Carter stated that Dr. Paula Stewart will be equally passionate.

8. Correspondence:

There was no discussion about the correspondence.

9. Incamera Meeting:

This was reported earlier.

10. Report from Incamera:

This was reported earlier.

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

The next Board of Health Meeting will be held on Thursday, April 22, 2010 in the Board Room of the Brockville Office. F. Kinsella and J. Lousley sent their regrets.

12. Adjournment:

It was moved by: J. Lousley  
Seconded by: L. Paine  
That: The meeting adjourn at 6:32 p.m.

Motion Carried.

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J. Butt, Chair

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive