

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

Thursday, October 21, 2010  
 Board Room, Brockville Office  
 458 Laurier Blvd.  
 4:00 p.m.- 6:11 p.m.

Present:

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

Other Attendees:

B. Dalglish – Director, Health Promotion Dept.	J. Lyster – Director, Health Protection Dept.
S. Gates – Director, Quality Improvement Dept.	J. Mays, Manager Health Protection Dept.
M. Graham – Manager, Corporate Services Dept.	N. Gardiner – Recorder and Times
J. Hess – Director, Family Health Dept.	St. Lawrence College Students:
R. Kavanagh – Manager, Clinical Services Dept.	K. Sigsworth, K. Conboy, K. Potter, K. Depooter, A. Hanif, C. Teasdale, S. Murray, L. Taylor, L. Bremaud

Agenda Item	Key Discussion Points	Decision	Action
1. Call to Order	<p>Regrets were received from J. Earle and G. Grewal. J. Butt thanked everyone for attending.</p> <p>Last year in Gananoque we had a visit from the St. Lawrence College degree nursing students in their third year doing their community assessments. Today we have these third year students from St. Lawrence College here again and they are here to see how Boards function. J. Butt welcomed the students to the meeting and introduced the group. He explained the role of the Board of Health and the 75/25 funding ratio.</p>	n/a	n/a
2. Approval of the Regular Meeting Agenda	The agenda was reviewed.	<p>It was moved by: F. Kinsella  Seconded by: R. Haley  That: The agenda of the October 21, 2010 Regular Meeting be approved as circulated.  Motion Carried.</p>	n/a
3. Approval of the Items on the Consent Agenda	The consent agenda was reviewed.	<p>It was moved by: L. Paine  Seconded by: A. Warren  That: The following items on the consent agenda be</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
		<p>approved as circulated:</p> <p>3.1. Approval of the Minutes from the Board of Health Meeting held on September 23, 2010</p> <p>3.2. Accounts Payable for August</p> <p>Motion Carried.</p>	
<p>4. Business Arising</p> <p>4.1. 2011 Levy Cost Sharing</p>	<p>The Board discussed at the last meeting how to assign the levy across the region for 2011. The HPPA does default to MPAC population when there is not agreement for another method.</p> <p>A chart was prepared using MPAC population, MPAC property assessment and the census data. G. Grewal sent a suggestion today, so we have incorporated his ideas into the chart.</p> <p>It was suggested at the last meeting that we adopt whatever the United Counties does but they use a variety of methods for their levy.</p>		

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	<p>J. Butt advised that every year around budget time we seem to question if we have the right methodology, so we said we need the Board's perception and consensus to go ahead with whatever method before we get into doing the individual budget calculations.</p> <p>If we want to change the method we do require municipal endorsement to change that method – we need to start quite quickly to elicit the support of the obligated municipalities and all have to agree.</p> <p>Discussion ensued. It was decided that since the health unit provides population-based services the levy should be based on a population number rather than properties.</p> <p>We are currently using the 2006 MPAC population data. If we change we still need to go to each municipality. We should see if there is any appetite for that formula.</p>	<p>The levy should be population based.</p>	

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	<p>We want to show them that the numbers are accurate before we do that.</p> <p>J. Butt suggested sending out the trial figures and telling them what we would be doing to ensure it is more accurate and see if there is an agreement in principle.</p> <p>Most would agree the census data is more accurate. Although it is every five years, estimates of inter-census years are made based on trends.</p> <p>The Board suggested using census data.</p>	<p>J. Butt advised that there is a consensus from the Board that we use the census data because it is more accurate.</p>	<p>Interest will be sought from obligated municipalities in changing the levy to the census, and this will be brought back to the next meeting. (P. Stewart)</p>
<p>4.2. Board Report alPHa/OPHA/HPO Annual Conference</p>	<p>J. Butt referred to the joint report that he and Janet wrote stating that it was one of the best conferences both of them had ever attended.</p> <p>At the alPHa Board A. Stuart spoke about where the ministry is going. She spoke</p>		

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	<p>about base increases for next year and our sense is it will be between 0-1.7%. She discussed that we should look at areas where we could share resources – not necessarily between public health boards but with other municipal services. She also said that we could play a real role in environmental issues. Accountability agreements were also discussed. The first year will be a learning year.</p> <p>J. Lousley spoke about the fall forum – Taking Action on the Built Environment. Planning was discussed and it made them think about how our health unit gets involved in municipal plans. They talked about planning a community so that people walk, having a recreation centre to assist all ages and housing close to parks. Food security was discussed as well and we talked about stakeholders and making sure that public health was involved all along.</p> <p>The MOH for Toronto spoke on public health programs in</p>	<p>J. Lousley will be talking about food and nutrition to the Food Matters Coalition group and will follow-up with C. Chang, nutritionist with the health unit.</p>	

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	<p>Toronto. There are healthy neighbourhoods that produce their own food which is very empowering for communities.</p> <p>J. Butt stated that in many other jurisdictions they talk about the role of public health in the municipal planning function. Brockville is in the process of redeveloping their official plan, so what kind of role did we play or could we play?</p> <p>J. Butt stated that there are many community partners; maybe that is where we should begin to see how we could work together.</p> <p>An ideal opportunity is the work of the LGL Community Health Partnership being coordinated by the health unit.</p> <p>The Board will have to sign an accountability agreement in January for the delivery of public health programs. The Board was concerned that this is an opportunity for a</p>	<p>Board is interested in exploring how the health unit could work with municipalities on planning from a health perspective.</p>	<p>P. Stewart will report back to the Board on current work being done and the potential for further work with municipalities.</p>

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	<p>creeping downward to municipalities.</p> <p>The issue was brought up about cakes no longer being sold at Finucans due to the fact that there is no expiry dates on the packaging.</p>		P. Stewart will follow-up.
4.3. Wild Parsnip Update	<p>P. Stewart advised that she spoke with MOE about the use of herbicides. Round Up can be used where needed and does not require her approval. In contrast 2,4D is a class 9 chemical and the MOH has to approve its use.</p> <p>Discussion ensued. Round Up kills everything and can lead to erosion, and plugging culverts and ditches. 2,4D only kills specific weeds and this is why it is preferred.</p> <p>Wild parsnip is widely spread throughout the region and not everyone has a bad reaction to it. In addition, if the MOH were to declare it a health hazard then this would mean she thinks it is serious enough that it would have to be removed from the whole region, which is not</p>	n/a	n/a

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	<p>possible. So she will not authorize the use of 2,4D to control wild parsnip.</p> <p>It is important to have education about it to know when to cut to control it and how to avoid it.</p>		
<p>4.4. New Legislation Regarding Chief MOH's Authority</p>	<p>The general perception by health units is that the Chief MOH would become too autocratic and that there was a lack of consultation.</p> <p>J. Butt met with J. Gerretsen about the fact that Board's were not consulted around the proposed legislation on the Chief MOH's change in authority. We were successful in getting that message through.</p>	n/a	n/a
<p>5. New Business</p>			
<p>5.1. Revised 2010 Program-Based Grants Terms and Conditions Including Smiths Falls Building</p>	<p>The Board has to approve the new agreement with the province that now includes the mortgage of the Smiths Falls building. The ministry is paying 100% of the mortgage on the Smiths Falls building because municipal money has already paid for their share. It is an amendment to an existing</p>	<p>It was moved by: R. Haley  Seconded by: K. Graham  That: The Board of Health approve the revised 2010 Program-Based Grants Terms and Conditions which takes into account the mortgage for the new building in Smiths Falls.</p>	n/a

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	agreement.	Motion Carried.	
<p>6. Presentation: 6.1. Tripe P</p>	<p>J. Hess gave a power point presentation on the Positive Parenting Program. See Appendix #1.</p> <p>J. Hess outlined the purpose of the program which is to prevent severe behavioural, emotional and developmental issues in children by enhancing the knowledge, skills and confidence of parents. It is population health based. A broad advertising campaign from the provincial government will be seen in the next couple of months.</p> <p>J. Butt thanked J. Hess for her presentation.</p>	n/a	n/a
7. Advocacy	Nothing to report.	n/a	n/a
8. Verbal Report of the Medical Officer of Health	<p>P. Stewart gave her Verbal Report, see Appendix #2</p> <p>F. Kinsella spoke about safe water and the surface water intrusion into the water in Lansdowne. We do not have enough soil and it leaches out. We need to get the message out why we need to bring in these regulations –</p>	n/a	n/a

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	<p>there will probably never be a gas station in Lansdowne because of the danger it has to the aquifer. We will need to develop a plan that we have safe water.</p> <p>The Lanark Village study was discussed. Everything sits on fractured rock, the biggest aquifer around.</p> <p>The source water protection act was discussed. They are looking at impact protection zones. What is going to become of the process? We will have to make sure we coordinate with them. The ministry already has regulations about groundwater and well construction, but it does not cover everything and it does not help those that have contaminated wells. We have small villages that are not on a water system. We redirected all the surface water to flow away from the wells. P. Stewart thanked the Board for the discussion.</p>		
9. General Correspondence	No discussion.	n/a	n/a

<b>Agenda Item</b>	<b>Key Discussion Points</b>	<b>Decision</b>	<b>Action</b>
10. Incamera Meeting	The motion to move incamera was read at 5:52 p.m.	<p>It was moved by: B. Fletcher            Seconded by: A. Warren            That: The Board move into a closed session of the Board of Health due to the following:            (g) a matter in respect of which a board or committee may hold a closed meeting.</p> <p>Motion Carried.</p> <p>It was moved by: B. Fletcher            Seconded by: K. Giroux            That: This closed session rise and report.</p> <p>Motion Carried.</p>	n/a
11. Report from Incamera	The rise and report was read at 6:07 p.m.	There was no information reported.	n/a
12. Time, Date and Location of the Next Meeting	Thursday, November 18, 2010 Brockville Office. Meeting to begin at 4:00 p.m.	n/a	n/a
13. Adjournment	n/a	<p>It was moved by: K. Giroux            Seconded by: B. Fletcher            That: The meeting adjourn at 6:11 p.m.</p> <p>Motion Carried.</p>	n/a

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J. Butt, Chair

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Date

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H. Bruce, Recording Secretary

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive



# Triple P – Positive Parenting Program

October 21, 2010

Presented by Jane Hess,  
Director of Family Health Department



# What is Triple P?

The purpose of Triple P is to “prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.”



# Program Elements

- Five levels of intervention
  - Population level media>brief consultations>intensive parent training
- Use appropriate level to prevent negative trajectory for child
- Prevents severe problems by “enhancing the knowledge, skills and confidence of parents”

# Research

- Extensively researched over **30** years
- **Research has shown:**
  - Parenting skills taught cause decreased behaviour problems (maintained over time)
  - The outcomes are both clinically meaningful and reliable statistically
  - A variable level approach is effective
  - Consumers are satisfied
  - Works with different family types (ex. Single parent, maternally depressed, etc.)

# Goal of Triple P

## Self Regulation



# Self-Regulation

- Self-regulation impacts:
  - ability to follow directions,
  - communicating needs appropriately,
  - problem solving,
  - completing tasks,
  - social skills
- Research has shown self regulation is correlated to school readiness
- Triple P helps children develop self regulation

# For parents too...

- Parents also learn self regulation skills to problem solving independently
- Families set and work towards their own goals



# History in L&G

- In 2006, *Every Kid in Our Community* coalition decided to use child welfare transformation dollars to implement a **coordinated and consistent** service system for **parenting support**.
- *Triple P-Positive Parenting Program* was chosen:
  - evidence-based
  - used internationally
  - has stood the test of time.

# History continued

- Requires accreditation with Triple P International and is regulated for consistency and validity.
- Training, accreditation, peer support, service delivery and agency coordination started in 2006 and continues in 2010.
- A Triple P Facilitator role has been identified as crucial to the success of the program.

# Benefits for Our Community

- Flexible delivery in a rural population
  - Group, face-to-face, self-directed, telephone assisted
- Multidisciplinary: provides access to parent support which is destigmatized
- Used in different socioeconomic, educational and cultural groups
- Cost-effective- uses the minimum intervention needed

# Local Agencies Involved

- Every Kid in Our Community Coalition
- Core Agencies Providing Triple P services:
  - Child & Youth Wellness
  - Health Unit
  - Developmental Services
  - Family & Children's Services
  - Infant Development
  - OEYC
  - Country Roads CHC.
- Other agencies trained may not use materials but the 'common language' facilitates agency coordination.

# Health Unit Role

- PHN as member and current chair of local Implementation working group
- Triple P resource storage and distribution
- 1-800# is community Triple-P intake line
- PHN on provincial website development committee
- PHN facilitator role (~0.5 FTE)
- Administrative support (inc. website dev.)
- Communication/media expertise
- Direct client education and support

# Facilitator Role

- Leverage \$\$\$ (~120,000) spent on training for Leeds and Grenville by Facilitator:
  - Promoting public awareness of Triple P
  - Coordinate training schedule based on local needs
  - Liaise with and provide support to practitioners
  - Maintain records, reports and stats for program functioning and evaluation

# Link to OPHS

- **Child Health:**
  - **Requirements:**
  - **Health Promotion and Policy Development**
- 4. The board of health shall work with **community partners**, using a **comprehensive health promotion approach**, to influence the development and implementation of **healthy policies** and the **creation or enhancement of supportive environments** to address:

- **Positive parenting**

# Media plan

- Participating in the provincial strategy( funded by Healthy Communities Grant)
- Use resources created for the provincial level in our local media campaigns.
- An “External Communications Strategy” was created for Leeds & Grenville by communication intern
  - website
  - printed materials including newspaper/newsletter
  - radio and TV,
  - social networking

# Provincial Website

- live on October 4, 2010.
- allows for communities to post local initiative information.

# Next Steps

- Recommendations from the Triple P Discussion Paper:
  - Seminar to support and engage practitioners, parents and community
  - Up-to-date web calendar
  - Quarterly practitioners meetings
  - Referrals through #800 using universal form to refer to appropriate community agency
  - Increased partnerships with schools & daycares
  - The Health Unit to continue its in-kind assistance

# References

- Gray, Sandy. Triple P Leeds and Grenville Discussion paper. March, 2010
- Saunders, Matthew R., Markie-Dadds, Carol and Turner, Karen M. T. “Theoretical, Scientific and Clinical Foundations of the Triple P-Positive Parenting Program: A Population Approach to the Promotion of Parenting Competence”. Parenting and Family Support Centre, (2003)The University of Queensland retrieved Oct.12/10 from <http://www.triplep.net>
- “Triple P International”. <http://www.triplep.net> retrieved Oct.12/10 from <http://www.triplep.net>

**Medical Officer of Health Report to the Board  
October 21, 2010**

**Community Partnership Day**

About 90 people from Lanark, Leeds and Grenville met at Camp Merrywood on Oct. 21 to discuss how to improve the health of people of all ages in the community with a focus on healthy eating and food security, mental health, regular physical activity, and avoiding injury, substance misuse and tobacco use. The health unit coordinated the day with the help of several community partners. This day is the start of a planning process that will lead to the identification of priority areas for community activities and policy development.

**Program Review**

Our work continues to ensure our resources are allocated to where they can have the most impact. We are in the final stage of completing the minimum we need to do for each Ontario Public Health Standard. The next phase will assess whether we have enough funding to do this minimum level of activity. If not then Departments will identify small decreases and increases to their proposed minimums, and we will prioritize all these proposed changes against the same criteria. This process will allow for a shift in resources among programs to occur if necessary. The final product will be a list of activities to meet the Ontario Public Health Standards using our existing budget allocation.

**Healthy Smiles Ontario**

Healthy Smiles Ontario was launched provincially on October 1<sup>st</sup>, 2010. Healthy Smiles Ontario is a new no-cost dental program now available which will help ensure that eligible low income kids can establish and maintain good oral health. By making regular trips to a dentist or dental hygienist, kids will be able to prevent cavities and other dental problems that can contribute to diseases later in life. Locally a media release was sent out on October 8<sup>th</sup>, 2010 and more media coverage is being planned for later this month. If you would like to be involved in a media event please let me know.

**Health Protection**

MOHLTC has sent the health unit a letter with an offer of additional funding until December 2010, upon approval of a work plan, for the Safe Water Program which assesses water quality in small drinking water systems. We are working to identify what we could do and will request an extension to March 31, 2011.

Initial surveillance this summer suggests that the organism that causes Lyme Disease is in some ticks at Murphy's Point. In October, health unit staff participated with the MOHLTC in dragging for more ticks and the results will be known by January. Depending on the results, more research may be needed by Health Canada to verify how far north Lyme Disease has progressed in our area. It won't change our message to the public as one should always protect against being bitten, and any tick bite should be treated the same with examination of the tick, an assessment of symptoms for diagnosis and treatment, and laboratory confirmation.

The Ministry of Health and Long-Term Care is developing a new approach to assessing the level of risk in food establishments. Two public health inspectors are participating in a provincial pilot project for a new food risk categorization tool. 20 premises are being inspected using this draft tool - 10 each - with comments then being fed back to the ministry.

We are completing our revisions to the LGLDHU Emergency Response Training Manual and will be undertaking training for all staff. This is very timely as we have much to learn from our response to the H1N1 outbreak last year.

### **Residents**

Beginning in July 2012, a community medicine resident will be spending three days a week at the health unit to complete their training to be a public health physician. This is a great program for us as we do not have to pay for it and will have an additional physician to support public health work. We have a Memorandum of Agreement with Queen's University that will guide our relationship with Queen's as we implement this program.

### **Tobacco Program**

The release of the Tobacco Strategy Advisory Group (TSAG) report to the Ministry of Health Promotion and Sports: *Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016* was released Tuesday Oct 19<sup>th</sup>. The report outlines a wide range of recommendations which should form the basis for the next Ontario government five-year Smoke-Free Ontario Strategy. The first Smoke-Free Ontario Strategy was launched in 2004 and the Ontario government has implemented many of its key recommendations and tobacco control policies.

Planning and registration is underway for the two fall sessions of **Smoking Treatment for Ontario Patients (STOP on the road)** in Brockville and Gananoque. This program is for clients struggling to quit smoking and helps to deal with the cost of Nicotine Replacement therapy. Participants can get a head start by attending an information session, meeting one-on-one with a CAMH staff and being provided with 5 weeks of free Nicotine Replacement. Anyone interested is asked to call the Health Unit and register at 613-345-5685 ext 3025.

### **Council of Medical Officers of Health**

The Council of Medical Officers of Health (COMOH) met in Toronto on October 18 and 19 to discuss how to effectively work with the Ontario Agency for Health Protection and Health Promotion and the Ministries of Health Promotion and Sport, Health and Long-Term Care, and Children and Youth. We receive funding from all three of these ministries and the Agency has been set up as the scientific body for public health in Ontario. Good progress was made in identifying structures and processes that could make the system function more effectively. They will be followed up by the COMOH Executive.