

Minutes of the Board of Health Regular Meeting

Thursday, April 28, 2011
 Board Room, Brockville Office
 458 Laurier Blvd.
 3:00 p.m. – 5:30 p.m.

Present:

J. Butt, Chair	L. Sowchuk
D. Beatty	A. Warren
J. Beckstead	Regrets: K. Giroux, D. Gordon, K. Graham, J. Pearce
A. Churchill	
G. Grewal	P. Stewart, Medical Officer of Health
R. Haley	H. Bruce, Recording Secretary
J. Lousley	
L. Paine	

Other Attendees:

B. Dalgleish – Director, Health Promotion Dept.	J. Mays – Manager, Health Protection
J. Futch – Director, Clinical Services Dept.	R. Kavanagh – Manager, Dental Program
S. Gates – Director, Quality Improvement Dept.	S. Pettibone – Recorder and Times
M. Graham – Manager, Corporate Services Dept.	P. Wagland, Warden S. Mousseau, T. Boileau, S. Healey
J. Hess – Director, Family Health Dept.	

Agenda Item	Key Discussion Points	Decision	Action
1. Call to Order	J. Butt called the meeting to order at 3:00 p.m. and welcomed the Warden of Lanark County Sharon Mousseau and the CEO Peter Wagland.	n/a	n/a
2. Approval of the Regular Meeting Agenda	The agenda was reviewed.	It was moved by: D. Beatty Seconded by: A. Churchill That: The agenda of the April 28, 2011 Regular Meeting be approved as circulated. Motion Carried.	n/a
3. Approval of the Items on the Consent Agenda 3.1. Approval of the Minutes from the Board of Health Regular Meeting held on February 17, 2011 3.2. Accounts Payable for January 3.3. Accounts Payable for February	The consent agenda was reviewed.	It was moved by: D. Beatty Seconded by: A. Churchill That: The following items on the consent agenda be approved as circulated: 3.1. Approval of the Minutes from the Board of Health Regular Meeting held on February 17, 2011 3.2. Accounts Payable for January 3.3. Accounts Payable for February Motion Carried.	n/a
4. Business Arising 4.1. Water Fluoridation Update	A handout has been prepared on water fluoridation outlining its purpose, to enhance dental health of all residents, and research on its safety. If board members would like copies for their municipalities let Paula know.	n/a	n/a

Agenda Item	Key Discussion Points	Decision	Action
4.2. Program Based Budget	<p>At the February meeting the Board passed the overall budget amount for the cost-shared programs. Staff has allocated this amount among the programs based on Program Review. The program-based budget was presented on the forms that the ministry gives us to complete. The presented budget now also includes the 100% ministry funded programs.</p> <p>A question was raised about the needle exchange program and whether the number of needles exchanged should be going up or down. With the current program we are reaching only a small portion of people that can benefit from it. The purpose of the program is to lower the risk of infection. We are offering protection until they reach the point that they want help with their addiction. The Lanark Drug Strategy Council wants us to have more clinics and we are trying to meet the need. The numbers going up is a good sign that people are using our services.</p> <p>It was noted that diabetics are not included in the needle exchange program and have to pay for their needles.</p>	<p>It was moved by: A. Churchill Seconded by: G. Grewal That: The Board of Health approve the 2011 Net Shareable Mandatory Programs Costs in the amount of \$9,361,723, Total Related Programs Shareable Costs in the amount of \$25,000 and Net Costs for 100% provincial funded programs in the amount of \$988,165.</p> <p>Motion Carried.</p>	n/a
5. New Business			
5.1. Pre-School Speech Language 2011/2012 Budget	This is a 100% funded program. We were advised by the ministry that we would not receive a funding increase and the manager	It was moved by: G. Grewal Seconded by: J. Lousley That: The Board of Health	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>has provided a letter for the Board expressing their concerns.</p> <p>The question was raised why should there be an increase in required services if there has been no increase in birthrate. It was explained that there has been a huge push toward early recognition and physicians are being paid extra for 18 month screening. It is important to link the hearing testing to the speech testing.</p>	<p>approve the 2011/2012 Language Express base budget submission in the amount of \$415,964.</p> <p>Motion Carried.</p> <p>It was moved by: G. Grewal Seconded by: A. Churchill That: The Board of Health write a letter to the Honourable Laurel Broten, Minister of Children and Youth Services, requesting increased base funding for the Preschool Speech and Language Program and that copies be sent to the Executive Director of alPHa, local MPP's and Ontario Boards of Health.</p> <p>Motion Carried.</p>	
5.2. Smoke Free Ontario Strategy 2011 Budget	This was submitted on ministry forms and is slightly less than the 2010 budget because of a restriction in the amount of funding allowed for one category of expenses. This is a 100% funded program.	<p>It was moved by: R. Haley Seconded by: G. Grewal That: The Board of Health approve the Smoke Free Ontario Strategy 2011 Budget in the amount of \$338,855.</p> <p>Motion Carried.</p>	n/a
5.3. Healthy Communities	The health unit is the administrative body	It was moved by: J. Lousley	n/a

Agenda Item	Key Discussion Points	Decision	Action
Partnership Budget	that manages the money that we get from the province for the Healthy Communities Partnership. A copy of the template that was submitted to the ministry was given to board members. This is another 100% funded program.	Seconded by: G. Grewal That: The Board of Health approve the Healthy Communities Partnership Budget in the amount of \$71,200. Motion Carried.	
5.4. Program Review Report	<p>J. Butt introduced members of the program review steering committee. S. Gates gave a power point presentation on the program review outcomes. (see Appendix #1)</p> <p>Shani referred to the process summary advising that she will focus this presentation more on objectives, outputs and outcomes. We will talk about the next steps and will end up with some key messages.</p> <p>Shani reviewed the Board objectives and recognized the hard work of the directors, managers and staff. Many staff were involved in the process to varying degrees and felt their involvement was beneficial as they gained a lot of knowledge and skills in this capacity.</p> <p>The outputs and outcomes were reviewed. We set priorities for the delivery of OPHS requirements and intend to use the ranked list as we move forward with strategic planning.</p> <p>The objectives in resource allocation are to determine the levels and types of human and</p>		n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>other resources required for OPHS implementation. Through this we have an increased knowledge of what we need to implement the OPHS at a minimum level.</p> <p>Our final gap was 8.5%, but our original gap was 35.5%. We will be spending the next month or so analyzing the 35.5% original overall gap and assessing how we can use this to inform a long range human resource and strategic plan. We started with a budget that was 8.5% over what we have right now and we worked to get it to what we have now by doing some things differently so we can provide more service with the funds we have.</p> <p>The resource allocation decisions were reviewed. There were 20 efficiency proposals brought forward. The savings totaled \$335,685.</p> <p>Revenue generation – there were 3 proposals for \$65,843.</p> <p>We have 2 types of service reductions – small service reductions and large service reductions. In the small service reductions there were \$27,809 savings. In the large service reductions there were \$379,381 savings. Investments totaled \$203,893.</p> <p>Board members stated that the efficiencies show very well and it was a very worthwhile</p>		

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	<p>process. There has been more of a can do attitude from the leadership and staff. Good work.</p> <p>P. Stewart advised that we tried to keep the same level of service in the community. We know that we need more resources and this exercise has reassured us that we are doing the best we can with the resources that we have.</p> <p>J. Butt stated that this is about quality through leadership. We went about asking the people doing the work how to do the work better.</p> <p>Shani reviewed the next steps with the Board. Right now we are in an implementation phase, next will be monitoring and evaluation and then we will use some of the data collected to inform our strategic plan and organizational review.</p> <p>We want to evaluate the program review itself and see how we can improve communication and get suggestions for improvement. Shani asked the Board if they want to be involved in more of a formal evaluation?</p> <p>We are going to do a final report to document the process in more detail and will be available to other organizations to present the evaluation results.</p>	<p>Board members will be sent an electronic survey for completion.</p>	

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	<p>The actual method itself came from the consultants from the University of B.C. For sure we will share the process and work with other health units to implement it. The province, at the senior staff level, is well aware of what we have been doing and we have received recognition for it J. Butt advised. We are further along compared to a lot of others. By offering to share, it enhances our credibility within our peer group. It was suggested that possibly the province can acknowledge it as a model.</p> <p>We will be using the results of the evaluation to modify the tools and processes for ongoing use. We are working on a checklist to use on an ongoing basis. Communication and engagement is an ongoing process.</p> <p>Shani thanked P. Wagland, P. McKenna and A. Warren members of the steering committee for their guidance during the process.</p> <p>Board members discussed taking out the word minimum. The minimum resources required to meet the standard is a better wording.</p> <p>With the absence of performance indicators we don't know if we are meeting the standards. That is why we are looking forward to indicators/accountability agreements to measure ourselves against.</p>		

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	<p>J. Butt acknowledged that the process the health unit has implemented has far exceeded the Board's expectations. He thanked S. Gates for leading the process. As a Board we are blessed with having great partners and great staff.</p>	<p>It was moved by: L. Sowchuk Seconded by: L. Paine That: The Board of Health receive the Program Review Report as information. Motion Carried.</p>	
<p>5.5. Strategic Planning</p>	<p>The strategic plan we have from 2006 to 2010 was extended to 2012 and we are now part way through 2011. A lot of the work that went into program review is exactly what we need for the strategic plan and we can use all the data for community needs to push ahead.</p> <p>The critical piece that we don't have is the organizational review, particularly a service model with our outer offices. The Board has agreed to pay \$20,000 from H1N1 money for a consultant to work on an outer office review and this review would be included in the proposed organizational review.</p> <p>A steering committee will be established with three Board members, community members, management and staff. J. Butt advised that he attended a town hall meeting in the north about the Almonte office, and given that is part of our review of services, it is important to have a representative from Lanark. Also the chair should have some ownership moving forward. We should also include</p>	<p>Shani and Paula will report back to the Board in January 2012 regarding the Strategic Plan.</p> <p>It was moved by: L. Paine Seconded by: L. Sowchuk That: The Board of Health appoint J. Butt, D. Beatty and K. Graham or A. Churchill as members of the Steering Committee for the Strategic Plan.</p>	<p>n/a</p>

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	<p>appointees from the municipalities. K. Graham or A. Churchill would be pleased to sit on the committee from the north, and D. Beatty would be pleased to sit on the committee for the south.</p> <p>We would like board members that sit on the strategic planning committee to help choose the consultant that has submitted an RFP.</p>	<p>Motion Carried.</p> <p>These board members are asked to attend the May 10 presentations.</p>	
<p>5.6. Attendance at Learning Events:</p>			
<p>5.6.1. alPHa June 2011 Conference</p>	<p>J. Butt referred to the information outlining the alPHa Annual Meeting. Accountability of Boards will be discussed. How many board members would like to attend?</p> <p>The other part of the package is a call for Board of Health nominations to the alPHa Board of Directors for 2011-2012. If we wanted to nominate someone this would be the opportunity. A. Warren approached J. Butt about this and he agreed to have his name brought forward.</p>	<p>A. Warren would like to attend as well as J. Butt.</p> <p>It was moved by: A. Warren Seconded by: J. Lousley That: The Board of Health nominate Jack Butt as a candidate for election to the alPHa Board of Directors for the Board of Health Section Executive seat from Eastern Region. Motion Carried.</p>	<p>n/a</p>
<p>5.6.2. Institute of Corporate Directors (ICD)Membership</p>	<p>G. Grewal asked J. Butt about possible membership in the ICD. There are 2 kinds of memberships, an individual and a corporate membership. (\$400 vs. \$2000) Is this something that the Board could support?</p> <p>G. Grewal stated that board membership</p>	<p>It was moved by: L. Paine Seconded by: L. Sowchuk That: The Board of Health approve payment of a 1 year membership to the Institute of</p>	<p>n/a</p>

Agenda Item	Key Discussion Points	Decision	Action
	<p>would only be worth it if enough board members took interest (at least 5 people). If an individual membership is given reports are to be given to the Board. The information provided is on governance, consent agendas, liability issues, and what kind of accountability should Board expect from management of the organization.</p> <p>The mailings could also be sent on to Board for information.</p> <p>J. Butt stated that it is about professional development for Boards and government.</p>	<p>Corporate Directors for Gurinderpal Grewal in the amount of \$395 plus applicable taxes.</p> <p>Motion Carried.</p>	
5.6.3. Report on Financing Healthcare in Canada	<p>G. Grewal attended this event dealing with rising healthcare costs in Canada and how to finance it. It was a macro viewpoint. In Ontario 42% of the budget is for healthcare costs. The only way to get rid of the deficit is to cut spending. If healthcare has to increase the rest of the service has to decrease. Discussion took place around cost per capita in Canada vs. U.S. for healthcare and productivity costs. J. Butt thanked G. Grewal for this report.</p>	n/a	n/a
5.7. Board Package Mailings	<p>Last year as a Board the issue of receiving board packages electronically was discussed but access to high speed internet was an issue.</p> <p>J. Lousley sits on the Financial Advisory Committee and staff have been reducing a lot of printed matter. The meetings are all being held electronically. It was suggested that board members could receive the mailing by internet and it could be presented on the</p>		n/a

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	<p>screen during Board meetings.</p> <p>Board members felt that a hard copy of the board packages is preferred.</p>	Board package mailings will continue by courier.	
5.8. Board of Health Meeting Summary	<p>The briefing note outlined the rationale behind preparing a summary of the board meeting. This could be used by board members to update their councils and it could be distributed to the media and others for information. The Peterborough County Health Unit sent their summary to us for information. S. Healey and P. Stewart would prepare something after the meeting to send to the municipalities. Board members agreed to this.</p> <p>L. Paine left the meeting at 5:07 p.m.</p>	<p>It was moved by: A. Warren Seconded by: L. Paine That: The Board of Health send a summary of its meetings to Leeds, Grenville and Lanark municipalities, local MPP's and MP's, and post it on the health unit website within 5 working days of the Board of Health meeting. Motion Carried.</p>	n/a
6. Advocacy	Nothing to report.	n/a	n/a
7. Verbal Report of the Medical Officer of Health	See Appendix #2	n/a	n/a
8. General Correspondence 8.1. Budget Correspondence 8.1.1. Correspondence from Deb Matthews, Minister advising of one- time funding of up to \$15,600 at 100% for the period ending March 31, 2011 to support its vaccine storage and	J. Butt referred to the budget correspondence. There has been no word on bed bug funding to date.	n/a	n/a

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<p>handling program.</p> <p>8.1.2. Correspondence from Deb Matthews, Minister advising of one-time funding of up to \$7,000 at 100% for the period ending March 31, 2011 to support the promotion of healthy sexuality and local sexual health programs.</p> <p>8.1.3. Correspondence from Deb Matthews, Minister advising of one-time funding of up to \$155,040 (at 75%) for the period ending March 31, 2011 for furnishings and equipment for the Smiths Falls building and time-tracking software for the payroll system.</p> <p>8.1.4. Correspondence from Deb Matthews, Minister advising of new base funding of up to \$170,040 (at 100%) starting January</p>			

Agenda Item	Key Discussion Points	Decision	Action
1, 2011, to support two new Full-Time Equivalent public health nursing positions.			
9. Incamera Meeting	The motion to move incamera was read at 5:26 p.m.	<p>It was moved by: L. Sowchuk Seconded by: A. Warren That: This Board move into a closed session of the Board of Health due to the following:</p> <ul style="list-style-type: none"> • The security of the property of the municipality or local board; • Labour relations or employee negotiations. <p>Motion Carried.</p>	n/a
10. Report from Incamera (if necessary)	The rise and report was read at 5:30 p.m.	<p>It was moved by: J. Lousley Seconded by: G. Grewal That: This closed session rise and report. Motion Carried.</p> <p>It was moved by: J. Beckstead Seconded by: D. Beatty That: The Board of Health approve the lease renewal of the Gananoque office for the five year period July 1, 2011 to June 30, 2016.</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
		Motion Carried.	
11. Time, Date and Location of Next Meeting	Thursday, May 19, 2011 at 4:00 p.m.	n/a	n/a
12. Adjournment	n/a	It was moved by: L. Sowchuk Seconded by: A. Warren That: The meeting adjourn at 5:30 p.m. Motion Carried.	n/a

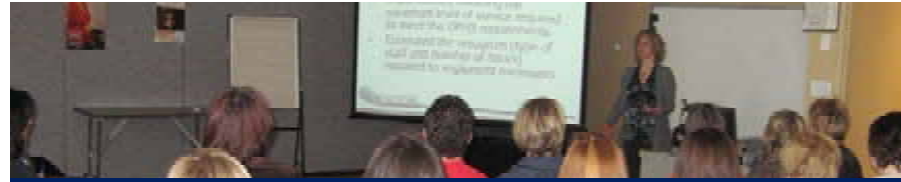
J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive



Program Review Outcomes

Board of Health

April 28, 2011

Shani Gates, Director of Quality Improvement



Presentation Overview

1. Purpose, Objectives & Process
2. Stakeholder Involvement
3. Outputs & Outcomes
4. Next Steps
5. Key Messages
6. Questions

Program Review Purpose

- History of lack of compliance to MHPSTG and requests to Ministry of Health & Long-term Care for funding increases
- 2006: Local Board of Health requested a comprehensive programs and services review
- 2009: Release of OPHS, which contained the Foundational Standard Board of Health Outcomes:
 - ✓ The board of health identifies public health priorities, including identification of emerging public health issues.
 - ✓ The board of health allocates resources to reflect public health priorities and reallocates resources, as feasible, to reflect emergent public health priorities.
- Foundational Principles: Need, Impact, Capacity, Partnerships & Collaboration



Your Partner in Health

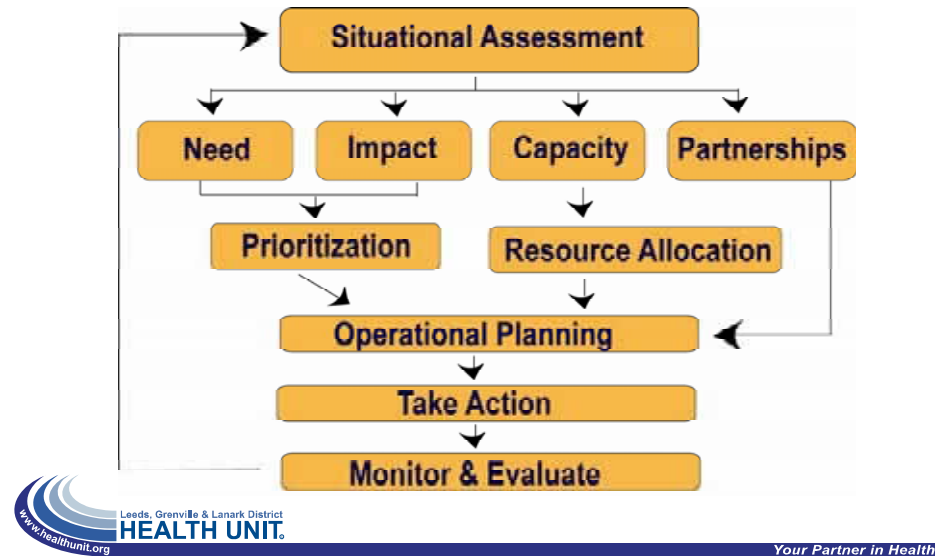
Program Review Objectives

1. To systematically assess OPHS requirements based on the foundational principles of need, impact, capacity, partnerships/collaboration.
2. To set priorities for delivery of OPHS requirements.
3. To determine the levels and types of human and other resources required for OPHS implementation.
4. To allocate existing human and financial resources to OPHS requirements.



Your Partner in Health

Program Review Process



Program Review Stakeholders



Steering (Advisory) Committee

- ❖ Paula Stewart (Chair)
- ❖ Heather Bruce
- ❖ Shani Gates
- ❖ Jane Hess
- ❖ Katie Jackson
- ❖ Cathy Millard
- ❖ Peter McKenna
- ❖ Dianne Oickle
- ❖ Peter Wagland
- ❖ Anne Warren

Resource Allocation Committee

- ❖ Paula Stewart (Chair)
- ❖ Melinda Billett
- ❖ Heather Bruce
- ❖ Brent Dalglish
- ❖ Jane Fatcher
- ❖ Shani Gates
- ❖ Maribeth Graham
- ❖ Jane Hess
- ❖ Rebecca Kavanagh
- ❖ Jane Lyster
- ❖ Joan Mays
- ❖ Joanne Pearce

Staff Involvement

- ❖ Tawnya Boileau
- ❖ Julie Bolton
- ❖ Carole Chang
- ❖ Robin Cleary
- ❖ Teresa Clow
- ❖ John Cunningham
- ❖ Michele de Jong
- ❖ Yves Decoste
- ❖ Lois Dewey
- ❖ Denise Gaulin
- ❖ Wanda Goodridge
- ❖ Katie Jackson
- ❖ Carolin Kaemmer

- ❖ Denise Kall
- ❖ Carrie Kasurak
- ❖ Kim McCann
- ❖ Erin McLean
- ❖ Cathy Millard
- ❖ Marty Moir
- ❖ Michelle Murray
- ❖ Dianne Oickle
- ❖ Meena Parameswaran
- ❖ Melissa Sands
- ❖ Bonnie Schnittker
- ❖ Danielle Shewfelt
- ❖ Kerri Smith
- ❖ Barb Vander Meer



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Situational Assessment Outcomes

To systematically assess OPHS requirements based on the foundational principles.

Outputs	Outcomes
<ul style="list-style-type: none">• Need data and impact information for 82 groups of OPHS requirements• Capacity assessment for all OPHS requirements• Survey completed with 193 partners	<ul style="list-style-type: none">• Increased knowledge about health needs in community & effective interventions to meet the needs.• Increased knowledge about partnerships

Prioritization, resource allocation, & operational planning



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Prioritization Outcomes

To set priorities for the delivery of OPHS requirements.

Outputs	Outcomes
<ul style="list-style-type: none">• Ranked lists of OPHS requirements• Need-impact matrices for OPHS programs	<ul style="list-style-type: none">• Increased knowledge about OPHS requirements that are a local priority (based on higher need and more effective programs to address the need)

Operational and strategic planning

Resource Allocation Outcomes

To determine the levels and types of human and other resources required for OPHS implementation.

Outputs	Outcomes
<ul style="list-style-type: none">Documentation of interventions and resources required for implementation of OPHS requirements	<ul style="list-style-type: none">Increased knowledge about the resources required to implement the OPHS at a minimum level

Operational and strategic planning

Resources Required for OPHS Implementation

Minimum Level of Service to Meet OPHS	Overall Gap (additional resources required for minimums above what is currently available)	Use of the Data
First Version	35.5%	Long-range human resource plan
Final Version	8.5%	PBMA 2011 operational plans & program based budgets

Resource Allocation Objectives & Outcomes

To allocate current human and financial resources to OPHS requirements.

Outputs	Outcomes
<ul style="list-style-type: none">• Disinvestment proposals for efficiencies, revenue generation and service reductions• Investment proposals for new programs or enhancement of minimums	<ul style="list-style-type: none">• Resource allocation decisions made regarding efficiencies, revenue generation, service reductions and investments

Operational and strategic planning

Resource Allocation Decisions

Proposal Type	Financial Impact Savings or (Cost)
Efficiencies (n=20)	\$335,685
Revenue generation (n=3)	\$65,843
Small service reductions (n=7) (<\$6500)	\$27,809
Large service reductions (n=18) (between \$6,500 and \$65,000)	\$379,381
Investments	(\$203,893)

Pause for Questions

"If you do what you've always done, you'll get what you've always gotten."

- Anthony "Tony" Robbins



Next Steps

1

Implementation

2

Monitoring & evaluation

3

Modification of tools & processes for ongoing use

4

Strategic planning & organizational review

Implementation

- 2011 operational plans (based on minimums) currently being finalized
- Implementation/transition/change management plans developed by Department Directors
 - ✓ Implementation of efficiencies, revenue generation and small service reductions *in progress*
 - ✓ Implementation large service reductions and investments to begin *starting next week*

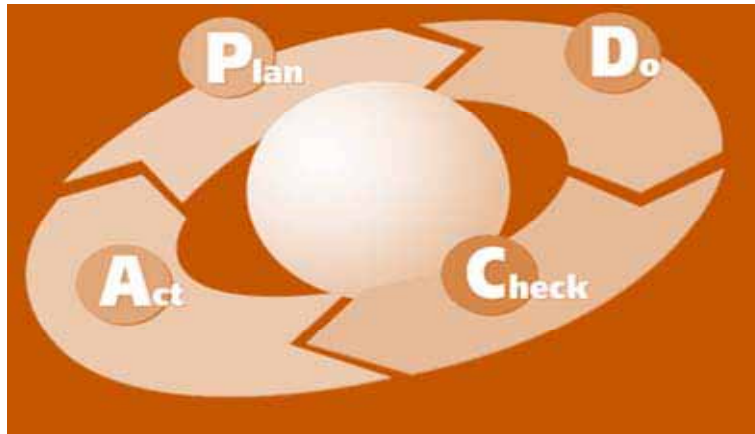


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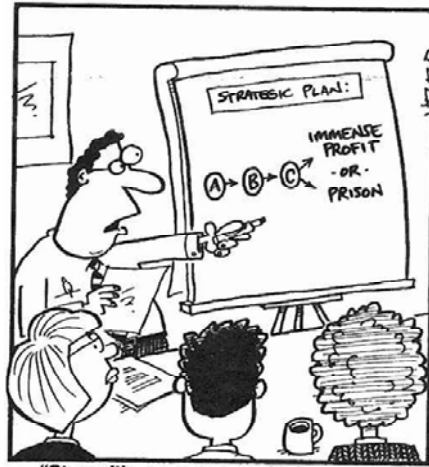
Monitoring & Evaluation

- Ongoing monitoring and evaluation of minimums and changes from proposals
- Evaluation of program review process to assess:
 - ✓ Benefits and challenges, impact, communication and suggestions for improvements
 - Focus groups and survey with staff
 - Input from management and Board of Health
 - ✓ Cost of process
- Final report to be developed, documenting process, outcomes and evaluation results

Modification of Tools & Processes



Strategic Planning & Organizational Review



Communication & Engagement

- Communication & engagement plan developed and monitored by Steering Committee
- Key activities:
 - ✓ Presentations to funding municipalities and CAOs, partner agencies
 - ✓ Final report and key documents posted on the website and shared with all key stakeholders, including local MPPs and Ministry of Health and Long-term Care
 - ✓ Development of a communications strategy for the public/community-at-large
 - ✓ Ongoing communication and engagement with staff as results are implemented and evaluated



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Key Messages

- Setting “minimum levels of service” for OPHS requirements raises legal concerns and ethical dilemmas, which must be addressed through long-range planning.
- Priority setting and resource allocation are inherently threatening and are facilitated by a culture of trust, participation and engagement.
- Both prioritization and program budgeting & marginal analysis are value-added tools, that with improvement and refinement can be used on an ongoing basis.

Take Home: Objectives Met



To systematically assess OPHS requirements based on the foundational principles of need, impact, capacity and partnerships/collaboration.



To set priorities for the delivery of OPHS requirements



To determine the levels and types of human and other resources required for OPHS implementation.



To allocate current human and financial resources to OPHS requirements.



To meet the Board of Health's requirements for a comprehensive programs and services review.

Questions?

“Success is a journey, not a destination.”

- Unknown

Medical Officer of Health Verbal Report to the Board

April 28, 2011

Healthy Community Partnership

The Healthy Community Partnership completed its planning work in March and decided to focus on three areas: Policies to Support Mental Well-being and Resiliency; Policies to support access to opportunities for physical activity for all residents of all ages, and creating a Healthy Community Charter for all six areas: mental well-being, healthy eating, regular physical activity, and avoiding substance and tobacco use, and injury. The first initiative within the Health Communities Charter is to encourage people to Grow Local. Packages of cucumber, carrot and lettuce seeds are being distributed across the region along with information on growing vegetables even if you don't have a garden. I am Co-Chairing the Stewardship Group of the Healthy Community Partnership as this is a key initiative for the Health Unit.

Healthy Smiles

As of March 31, 2011 we have 91 children enrolled in the program. Clinics have opened in Gananoque, Prescott, Brockville, North Lanark and Smiths Falls. The launch at the Lanark Community Health Centre took place on April 15 and was attended by Aubrey Churchill and Randy Hillier, the MPP for Lanark County. We will launch our last clinic site at the Country Roads Community Health Centre in Portland this Friday April 29th at 11:00am.

The Health Unit has received used dental equipment from the Brockville Psychiatric Hospital because they are closing down. This includes a dental chair, compressor and suction machine and they will be installed in the SF office. The dental instruments and supplies will be sent to the SF CHC pro bono clinic.

Communications

There were several media reports on the health of our community in the past month. One focus was on the comparison between Ontario and LGL on smoking, eating enough fruits, and overweight/obesity – for all of which we have a higher prevalence. I was able to stress the importance of a healthy lifestyle to prevent chronic disease with these media reports. This complemented the media campaign we did that promoted eating more fruits and vegetables. The other focus was on the high number of suicides among young people in the region and lower proportion of our youth who report positive mental health. I was able to talk about the Leeds-Grenville survey on young people that showed that teens who have a higher number of developmental assets or resiliency do better, and encourage people to think about how they can make a difference in a teen's life.

We are in the process of developing a policy and procedure for the use of social media, such as Facebook, Twitter, etc. learning from the experiences of other health units as we go. A pilot project has begun with a Facebook page for the sexual health clinic. The intent is to provide a presence as part of an online community where our target audience spends time. Sexual health information is posted every day there is a clinic and residents are encouraged to send messages to the site with individual questions. Links to the new areyousafe.ca website are posted on the site. Posters are up in the schools promoting the new brand and the Facebook presence. The pilot will be reviewed on May 20th at a debriefing session with clinic nurses and communications.

Tobacco

On April 4, 2011, Bill 176 was introduced and passed first reading in the Ontario Legislature.

Bill 176 is an Act to amend the *Smoke-Free Ontario Act* with respect to certain tobacco products. This Act is very simple and proactive stating that no person shall sell or distribute flavored tobacco products, whether it be new tobacco products or smokeless tobacco products. This Act aims to prevent the next generation from becoming addicted to nicotine and to curb the rise in cancer rates across Ontario.

On April 21, 2011, the Ontario government announced new contraband prevention measures, and the Minister of Revenue, Sophia Aggelonitis, introduced Bill 186, the *Supporting Smoke-Free Ontario by Reducing Contraband Tobacco Act, 2011*. This legislation is intended to cut the supply of contraband tobacco - focusing on tougher controls over raw leaf products, new fines for possession, and stronger seizure powers for police.

The Ontario Government has also announced an increase of \$5 million to invest in new cessation programming initiatives. Smokers will get more help to quit through a series of either new or enhanced supports.

With the hiring of the Health Unit Tobacco Youth Engagement Officer there will be an increased effort to work with educators and young people to keep schools smoke-free and to develop youth-led strategies focused on prevention.

Environmental Health

Several initiatives are being supported by the additional 100% funding received from the Ministry of Health and Long-term Care for Safe Water programs. All Health Units have been asked by the province to complete the assessment of 100% of their small drinking water systems by December 2011. This is a 100% funded program currently but will likely move to a cost-shared program after 2011. We have put additional staff on this program over the spring/summer to get the work done on time.

A letter has gone out to Municipalities that have bathing beaches that we sample advising them of the new brochure we have about beach water safety, and the availability of the permanent beach signs. (I will bring a sign to the meeting so they can see it as well you have a copy of the brochure)

We provided 2 Pool Operators Courses this week in Brockville and Smiths Falls. Courses were offered to the owners/managers of all our inspected pools.

Staff Day

All Staff Day: Triple "R" Day: Relax, Rejuvenate, Reconnect will take place on Friday June 17, 2011 at the new Smith Falls Arena. Staff will be given the opportunity to reflect on how stress and negativity can impact on their work life and their home life.

Presentations/meetings

I am continuing my work to connect with community organizations.

- Presentation to the Leeds-Grenville Medical Society
- Presentation to Almonte Dr's
- Presentation at the Perth University Women's Club on taking a risk management to swimming in open waters like the Tay River
- Presentation at the South Grenville Food bank AGM on the Do the Math/Eat the Math campaign March 2
- Meeting with the Leeds-Grenville coordinator of CARP (Canadian Association of Retired Persons) on possible collaboration April 14
- Workshop to discuss the Leeds-Grenville Official Plan April 8
- Presentation to the Newcomers Club on injury prevention – Feb. 24

Ontario Public Health Convention

I attended the OPHC in early April. This is a scientific conference organized by OPHA, the Agency and alPHa. The session on addressing inequities in the population, injury prevention and health impact assessment all provided interesting new perspectives that will help us in our work here. The panel on the Ottawa Charter on Health Promotion helped us reflect on the progress we have made in encouraging people to increase control over and improve their health. The panel on research and accountability stressed the importance of building evaluation into our work so every program helps us move the scientific field forward.