



Minutes of the Board of Health Regular Meeting

Thursday, February 17, 2011
Board Room, Brockville Office
458 Laurier Blvd.
4:00 p.m. – 6:00 p.m.

Present:

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

Other Attendees:

B. Dalgleish – Director, Health Promotion Dept.	J. Hess – Director, Family Health Dept.
J. Futchter – Director, Clinical Services Dept.	J. Mays – Manager, Health Protection Dept.
S. Gates – Director, Quality Improvement Dept.	S. Pettibone – Recorder and Times
M. Graham – Manager, Corporate Services Dept.	T. Boileau, Y. Decoste, M. Green, S. Healey, C. Kasurak, P. Lavalley

Agenda Item	Key Discussion Points	Decision	Action
1. Call to Order	J. Butt called the meeting to order at 4:00 p.m.	n/a	n/a
2. Approval of the Regular Meeting Agenda	The agenda was reviewed. Item 5.2. Ontario Public Health Convention was added to the revised agenda.	It was moved by: D. Beatty Seconded by: K. Giroux That: The agenda of the February 17, 2011 Regular Meeting be approved as revised. Motion Carried.	n/a
3. Approval of the Items on the Consent Agenda 3.1. AGM Minutes 3.3. Accounts Payable for December	The consent agenda was reviewed.	It was moved by: A. Churchill Seconded by: K. Graham That: The following items on the consent agenda be approved as circulated: 3.1. Approval of the Minutes from the Board of Health Annual General Meeting held on January 27, 2011 3.3. Accounts Payable for December Motion Carried.	n/a
3.2. Approval of the Minutes from the Board of Health Regular Meeting held	The minutes were reviewed.	It was moved by: K. Giroux Seconded by: A. Churchill That: The minutes of the January 27, 2011	n/a

Agenda Item	Key Discussion Points	Decision	Action
<p>on January 27, 2011</p>		<p>Board of Health Regular Meeting be approved as amended.</p> <p>Motion Carried.</p>	
<p>4. Business Arising 4.1. OCCHA Award</p>	<p>We are pleased today to have official recognition by accepting a certificate with regard to accreditation. Penny Lavalley, Chair of the OCCHA Board, is here today to present this award. Our Board values the importance of accreditation and the third party external review. As the Chair, J. Butt participated in the process and was impressed by the professionalism of the team and how they carried out the survey. On behalf of the Board we thank both the staff and the survey team for their excellent work in the process.</p> <p>P. Lavalley introduced herself as the Director of Infectious Disease Prevention at KFL&A Public Health and as Chair of the OCCHA Board. This is the health unit's fifth survey since we started this process. Your health unit has demonstrated</p>	<p>n/a</p>	<p>n/a</p>

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	<p>its commitment to CQI by participating in the accreditation process and by encouraging your staff and yourselves to participate. This is an unconditional award, which is the highest achievable. You should be recognized for this. You received a commendation about your internal communication with staff. J. Butt thanked P. Lavalley for presenting the award.</p> <p>The question was raised if we could broadcast that we are accredited by using a banner.</p>	<p>S. Healey will do some work on promoting the health unit's accreditation award.</p>	
<p>4.2. 2011 Levy Cost Sharing</p>	<p>We included the letter from Brockville in the package so it is in the record. We will be using MPAC this year. D. Beatty stated the 2% levy came within our guidelines and we thank you very much, it was noted. He also stated that there should not be a 25% difference between MPAC and Census data.</p>	<p>n/a</p>	<p>n/a</p>
<p>4.3. 2011 Budget</p>	<p>Based on the conversation we had at the last board meeting we put in the levy increase at 2% for municipalities. The</p>		<p>n/a</p>

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	<p data-bbox="695 233 1062 407">budget notes prepared are the same but we added in where the changes were. In bold are the changes since January.</p> <p data-bbox="695 444 1083 789">It was recommended that our audit might cost us more so we increased it, and we were able to negotiate a better contract with our animal trapper. We increased the board education by \$3000, because before this item was over budget by about \$5,000 in 2010.</p> <p data-bbox="695 829 1083 1414">The membership in the Ontario Social Planning Council was also added. J. Butt and C. Kasurak went to the social planning meeting in Toronto and this is the follow up from our Do the Math Eat the Math Campaign. They are short on money to do initiatives across the province and asked us to provide \$1,000. All health units have been asked to contribute through a request sent by Penny Sutcliffe, the MOH for Sudbury. J. Butt advised that it is part</p>		

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	<p>of the provincial campaign to ensure the province does its due diligence and pays its fair share of supporting people in poverty. One of the efforts from the Social Planning Network of Ontario is to get us all to work together to cause change. Our membership gives us a voice at the table.</p> <p>As a priority from the community food coalition, there is a need to have a community garden as one way to help people. There could be a voucher program to buy fresh vegetables or to put together a community garden. We had difficulty finding a location, but we now have a location on St. Lawrence College property. Doug Roughton, Dean at St. Lawrence College got approval so we are starting off with a garden. There is currently a large community garden in Kemptville.</p> <p>J. Butt commented that these have been the smoothest budget discussions we have ever had.</p>	<p>It was moved by: K. Graham Seconded by: A. Churchill That: The Board of Health approve the 2011 Public Health Cost Shared Budget in the amount of \$9,431,724</p>	

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	<p>We just found out that the ministry will contribute 75% for our one-time 2010 Smiths Falls furniture costs and the payroll system.</p>	<p>which includes Vector Borne Disease Budget of \$25,000 and CINOT Enhancement Budget of \$45,000.</p> <p>Motion Carried.</p>	
<p>4.4. Land Control Program</p>	<p>P. Stewart advised that we had a discussion back in November about the sustainability of the program. She promised that she would come back with a thorough review of this program. The report was briefly reviewed with the Board.</p> <p>Discussion ensued. A suggestion was made to move enough funds from the municipal reserve to the Land Control Reserve so a cushion is always there in case the program is moved to another organization.</p> <p>Board members stated that their concern was a fee increase. P. Stewart advised that we are not recommending a fee increase right now. Greater than expected revenue at the end of the year combined with a</p>	<p>That is a good suggestion, we will look at that further P. Stewart advised.</p> <p>It was moved by: L. Sowchuk Seconded by: G. Grewal That: The Board of Health recommend the following:</p> <ul style="list-style-type: none"> • Staffing: Use a blended staff model of service with detailed operational plans • Reserve: Let the reserve float based on 	<p>G. Grewal made a friendly amendment to the motion stating that this will be brought back to the next meeting. The reserve amount is to be moved from the municipal reserve to the land control reserve.</p>

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	<p>staff person on long-term disability has left us in a good financial situation for this year.</p> <p>Concern was expressed about possible duplication in these services with Rideau Valley Conservation Authority inspectors. M. Green advised that with land severances we are assessing it for a sewage system or development. Rideau Valley Conservation Authority inspectors have no authority in the areas that we work.</p> <p>A request was made to see the percentage of the employees, allocated costs per employee across the program.</p> <p>J. Butt advised that we will provide further information at the next Board of Health meeting.</p>	<p>revenue and expenses</p> <ul style="list-style-type: none"> • Fees: Annual fee increase by percent increase in negotiated salary and increase travel costs to reflect the increase in the costs of delivering the program • Allocated costs: Reflect the actual costs in program expenses including rent and other administrative costs • Annual budget deficit: Use Land Control reserve first to cover expenses, then use municipal surplus • Monitoring: Maintain monthly records of demand for work, work done and revenue. Review the approach on an annual basis. <p>Motion Carried.</p>	
4.5. Land Control Budget	P. Stewart advised that we actually ended up with a	It was moved by: D. Gordon Seconded by: K. Graham	

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	<p>surplus of \$73,000 when we thought we would have a deficit of \$6,000-\$10,000. That means we are in a good position moving forward.</p> <p>Have municipalities expressed an interest in the reinspection program? M. Green advised that letters were sent out yesterday to discuss reinspections and what they want to do. We would not go it alone, but would partner. The new legislation allows for third party reinspections. That allows the industry to go out and do the inspections and send to us to keep track of and follow up. That is what we did with the Leeds and Thousands Islands over the past 2 years. It worked well.</p>	<p>That: The Board of Health approve the 2011 Land Control Budget in the amount of \$441,979.</p> <p>Motion Carried.</p>	
5. New Business			
5.1. alPHa Conference Update	J. Lousley, K. Giroux and J. Butt attended the alPHa conference. J. Butt reviewed the report advising that attached is a section on Board liability. A copy of the presentation was in the package along with Jack's		

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	<p>notes. Some of that discussion will directly impact on the Board.</p> <p>On the last page is an appendix which lists a duty of care report. As a Board we have certain requirements and liabilities for non conformance.</p> <p>Coming out in a couple months is an e-learning module; it will be an online Board orientation program. The Board will receive electronically information on the involvement of public health in the Best Start Program that Charles Pascal convinced the government to adopt in 2009 and implemented in 2010. It is based on the notion once behind always behind.</p> <p>Allison Stuart stated you can expect up to a 3% increase in the provincial grant.</p> <p>There is a big initiative around bed bugs. Staff put together a proposal for funding so we might be</p>	<p>P. Stewart and J. Butt will sit down and look at this information and come up with a list of things for the Board to look at.</p> <p>An electronic link to Dr. Arlene King's report will be sent to board members on public health. It focuses on healthy public policy and cooperation between the ministries.</p>	<p>This information will be brought back to the May Board of Health Meeting.</p>

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	<p>getting monies to fund a bed bug initiative. Ours is about education and prevention and to work with our partners around complex cases e.g. hoarders and those people that have dementia. R. Haley asked if the health unit has a policy around staff picking up bed bugs when they travel? They have one at United Counties.</p> <p>The ministry promised that we would get funding for 2 PHNs, and A. Stuart advised we will get that funding.</p> <p>A. Stuart advised grants will be released on June 15 with public health being first. Last year it was the beginning of August.</p> <p>The current work of anti-fluoridation activists was discussed. There are years of evidence that show over time fluoride in the water does improve dental health and reduce costs. We are about population based health and care about the health of our total population.</p>	<p>P. Stewart advised this will be looked into further. She asked R. Haley to forward her a copy of the policy.</p>	<p>P. Stewart will bring the science of water fluoridation to the next meeting.</p>

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	<p>Smiths Falls, Perth, Brockville, and Prescott do fluoridation while Gananoque and Kemptville don't fluoridate their water. Staff are preparing a document regarding the positives and the myths. This will be ready for the next meeting. The decision about fluoridation has to be based on science and evidence.</p>		
<p>5.2. Ontario Public Health Convention April 5-8</p>	<p>The Board had previously decided that major conferences would be brought to the table to decide if the conference would be of interest to board members and who would like to attend. This conference is at the beginning of April, and S. Gates will be presenting on program review there. Because we are not meeting again until April, this is the time when you need to think about going. It is being put on by ALPHA and the OPHA. It is a 4 day conference in Toronto. You will have to prepare a report as a condition.</p>	<p>A. Warren advised that she would like to attend. She will confirm with P. Stewart.</p>	<p>n/a</p>

Agenda Item	Key Discussion Points	Decision	Action
<p>6. Presentation:</p> <p>6.1. Integrated Community Sustainability Plans</p>	<p>J. Butt welcomed C. Kasurak to the meeting. A power point presentation was given. See Appendix #1</p> <p>The purpose of this presentation is to discuss community sustainability, community sustainability plans and to discuss how the health of the public is essential to community sustainability.</p> <p>R. Haley stated that the idea of partnering with United Counties is a good idea. He will bring it to the CAO to get his thoughts on that.</p> <p>With regard to partnering, the health unit partnered with K. Fraser, GIS Coordinator at United Counties around GIS and that fell off the table.</p> <p>S. Gates stated that we have entered into an agreement with United Counties and Karen and she is an active partner in the Communities Alive.</p> <p>The question was raised when official plans are</p>	<p>Health Unit staff will follow up with Karen Fraser at United Counties.</p>	<p>n/a</p>

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	<p>revisited at municipalities will they ask the health unit to come and review it with them? At the meeting they showed concepts from the City of Toronto and showed food asset mapping and there were many areas within that community but there were no food stores for miles. Maybe look at having a traveling farmers market. There are all different kinds of creative strategies.</p> <p>A. Warren advised that cultural mapping is done in Gananoque and she has a copy of the report if anyone is interested.</p> <p>J. Butt thanked C. Kasurak for her presentation.</p>	<p>A. Warren will forward a copy to board members.</p>	
7. Advocacy	Nothing to report.	n/a	n/a
8. Verbal Report of the Medical Officer of Health	See Appendix #2	n/a	n/a
9. General Correspondence 9.1. Budget Correspondence 9.1.1. Correspondence from Deb Matthews, Minister and Allison J.	D. Beatty left the meeting at 5:53 p.m.	n/a	n/a

Agenda Item	Key Discussion Points	Decision	Action
Stuart, Assistant Deputy Minister advising of one-time funding of \$2,000 at 100% to support activities related to the World Tuberculosis Day on March 24, 2011.			
10. Incamera Meeting	n/a	n/a	n/a
11. Report from Incamera (if necessary)	n/a	n/a	
12. Time, Date and Location of Next Meeting	Thursday, April 28, 2011 at 3:00 p.m.	n/a	n/a
13. Adjournment	n/a	It was moved by: G. Grewal Seconded by: L. Sowchuk That: The meeting adjourn at 6:00 p.m. Motion Carried.	

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive

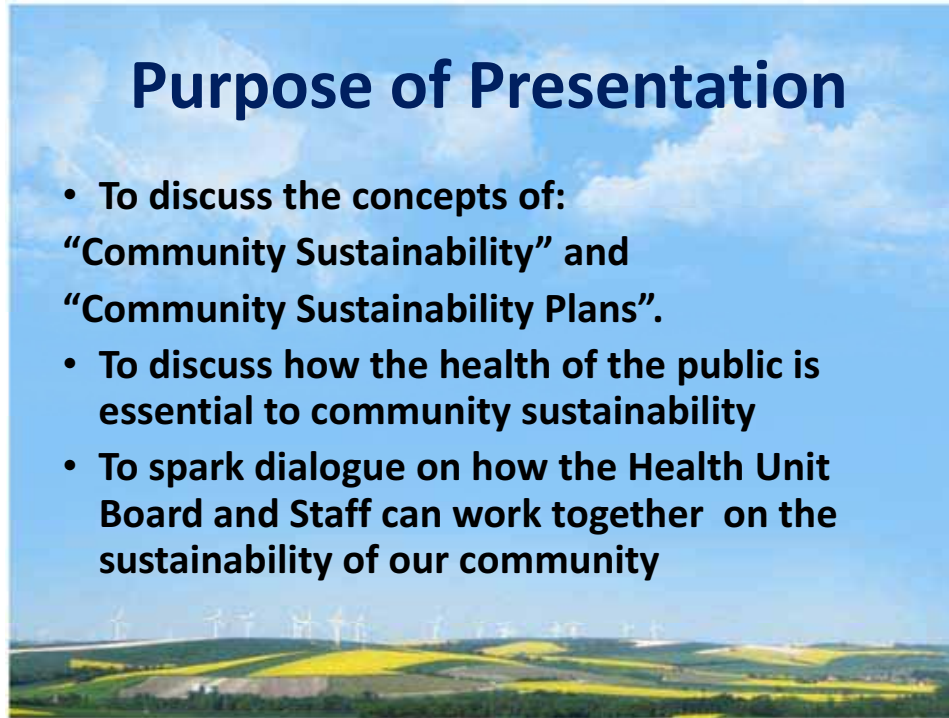
Community Sustainability and Public Health: What more can we be doing?

LGLDHU Board Meeting, February 17, 2011



Purpose of Presentation

- To discuss the concepts of:
“Community Sustainability” and
“Community Sustainability Plans”.
- To discuss how the health of the public is essential to community sustainability
- To spark dialogue on how the Health Unit Board and Staff can work together on the sustainability of our community



Sustainability:

Meeting the needs of the present generation, without compromising the ability of future generations to meet their own needs

Brundtland Commission, 1987





Core Concepts of Sustainability

Bob Willard, The Sustainability Advantage

Futures Thinking - Long Term

Intergenerational responsibility

(Eco-)Systems Thinking

**Carrying capacity of the planet
to absorb waste and support life**

Social Justice

**Equity, Dignity, Basic services,
Human rights, Inclusion/Stakeholder voices**





Pillars of Sustainability-4P's

People - Social

Planet - Environment

Prosperity - Economy

Preservation - Culture &
History



What are Integrated Community Sustainability Plans?

General ICSP definition:

“ A long-term plan, developed in consultation with community members, that provides direction for the community to realize sustainability objectives it has for the environmental, cultural, social and economic dimensions of its identity. ”

**Integrates the four dimensions of community sustainability
– Cultural-Economic- Environmental- Social**



The Financial Case

- To be eligible for some important Federal and/or provincial infrastructure funding programmes [GMF/FGT]
- In order for Municipalities without Official Plans to receive Federal Gas Tax Funding
- Significant cost savings that can accrue to a municipality's bottom line





The Economic Case

- Research is showing that communities who place high-priority emphasis on quality-of-life conditions are better able to compete and succeed in our global economy.
- Healthy people contribute to a healthier tax base.
- Shift from the Industrial Society to the Creative Society/Economy





The Environmental Case

- Global Warming
- Diminishing Natural Resources: clean water, fossil fuels, trees, biodiversity

We have depleted our natural resources at a greater rate than we can replace or renew them. This threatens our planet's survival.



Association of
Municipalities of Ontario



Leeds, Grenville & Lanark District

HEALTH UNIT

Your Partner in Health



The Socio-Cultural Case

- The relationship between land use planning and health such as: built environments, air quality, water quality & access to recreation facilities
- For the first time in history our children's life expectancy may not exceed our own due to issues such as: obesity, heart disease, diabetes, cancer, mental health, social isolation, nutrition, air quality and poverty
- Emphasis on cultural heritage, preservation and cultural expression can have positive impacts on achievement of socio-economic/environmental goals e.g., Geo-tourism



Your Partner in Health

A “Healthy Public” is essential for a “Sustainable Community”

Health of the Public

- Nutrition, Food Security
- Social Determinants of Health , Poverty
- Healthy Child and Youth Development
- Disease/Injury Prevention
- Environmental Health Protection
- Emergency response



Community Environment

- Sustainable Livelihoods
- Built Environment
- Active Transportation
- Local Food Producers
- Climate Change
- Air Quality
- Water Quality

What can we do to promote sustainable communities?

- **On-going Program Review to focus our work on maximum public health impact, in communities, schools, workplaces, institutions, service providers, with municipalities etc.**
- **Participate in the development of “Integrated Community Sustainability Plans” : Lanark County, United Counties , others**
 - **Help to identify our regional wealth of Community Assets/Capital with contribution of Community Asset Mapping Project: “Sustaining What We Value”**
Healthy Communities Funded Project >> \$37,000



What can we do to promote sustainable communities?

- Work with broad range of partners and community stakeholders on **LLG Healthy Community Partnership**
 - Developing a *healthy community municipal charter* with *community indicators* on healthy eating, physical activity, mental health, and prevention of tobacco use, substance misuse, and injury
 - Focus on developing “assets” of children and young people and create healthy, inclusive communities that contribute to the optimal development, resiliency and interconnectedness of all community members...

Elements that are critical to our mental health



What can we do to promote sustainable communities?

- Continue our advocacy work with new community champions and stakeholders on food security and related issues
- Focus on sustainability within the organization – e.g., travel, printing



**What can we do to promote
Sustainable Communities?**

**WHAT ARE YOUR IDEAS?
QUESTIONS?**





Medical Officer of Health Board Verbal Report

February 17, 2011

Planning and Evaluation

The work on the Program Review continues. We are in the final stages of allocating resources to the Ontario Public Health Standard programs. It has been very interesting and challenging. Once this step is completed we will communicate the results to staff and provide them an opportunity to appeal the decision based on new evidence. We are on track to bring the results to the Board in April.

Program evaluation is a critical component of our quality improvement approach in the health unit. In 2010 we completed 28 program evaluations which helped to guide decisions about programs. The 2010 Report of Research and Evaluation Projects is now available on our website under "Reports".

Lanark, Leeds and Grenville Healthy Community Partnership

The Lanark, Leeds and Grenville Healthy Community Partnership submitted its Community Picture report to the Ministry of Health Promotion and Sport on Feb. 15. It outlines key priority action areas for promoting healthy eating, physical activity and mental health and preventing injury, tobacco use and substance misuse. The next step is to develop an operational plan for our priority policy action area which will focus on developing a Healthy Communities Charter for Municipalities. This idea came from the municipal representatives on the Stewardship Committee. We will be preparing and submitting in March an operational plan to obtain on-going funding from the Ministry of Health Promotion and Sport.

Food Security

The work to promote food security continues. Staff met today with Jack, Kim and Janet to begin the development of a plan to improve food security in Lanark, Leeds and Grenville. The Do the Math/Eat the Math campaign has generated a lot of community interest and we need to identify how best to capitalize on this interest.

Community Engagement

On Feb. 14 I spoke at the Brockville and Area Community Foundation Valentine Breakfast about the importance of creating sustainable communities so that our children and grandchildren will have high quality of life. I left them with four suggestions:

- Walk 30 to 60 minutes every day – good for your physical and mental health
- Consider how you can help a child or teen feel connected and important to this community
- Think of people who don't have enough money to buy healthy food and consider how you can help
- Consider the interdependence of the quality of life of people, the economy and the environment, and think carefully how a decision in one area will impact on the others.

I attended the meeting on Integrated Community Sustainability Plans organized by the Frontenac Arch Biosphere in February. It was an exciting meeting and really helped me see how our work in public health fits within the sustainable community's movement. I have been invited to be the keynote speaker at the South Grenville Food for All Annual General Meeting in Prescott on March 2.

Provincial Government

The Association of Local Public Health Agencies organized a meeting in Toronto on February 9 on Healthy Child Development. The ADM from the Ministry of Education, Jim Grieve attended along with Charles Pascal, the Ministries advisor on Child Development and the Early Years Learning Program. It was a critical meeting for public health to confirm their important role in healthy child development programming.

We submitted a proposal for \$60,000 in one time funding from the Ministry of Health and Long-Term Care as part of their provincial initiative on preventing and managing bedbug infestations in Ontario. While we do have some infestations, we do not have the same extent of a problem as the Toronto area. Our proposal focussed on public information, and developing an approach to working with other partners in complex cases, such as hoarding or mental incompetence, where bed bugs are only one of several issues that need to be dealt with.

Community Food Safety Courses

The demand continues to be high for our free Food Safety courses. 622 have registered and we have 62 on the waiting list. Due to overwhelming demand 2 additional daytime courses were added in Brockville and Perth. We have offered two courses and so far almost all people registered have come for the course and all but one person of the 95 attendees passed the course. We have contacted the high schools that offer a hospitality program to see if they would be interested in us coming in to do a course in their school.

Champlain LHIN: Healthy Schools 2020

In April 2009, the 9 Directors of Education and the 4 MOH's of the Champlain region signed the Champlain Declaration – a commitment to establishing healthy school environments so that children in schools can be physically active and make healthy food choices on a daily basis.

Health and school board partners have prioritized promoting HEALTHY SCHOOL NUTRITION ENVIRONMENTS for action. This includes supporting the implementation of the new School Food & Beverage Policy (PPM 150), which comes into effect across all Ontario schools on September 1st, 2011.

To support schools in making these important changes, a series of school board workshops were delivered across the Champlain region. The most recent workshop occurred on February 15th in Kemptville for our area principals, VPs and superintendents. 160 participants were provided with strategies, tools, and resources to support the creation of healthy nutrition environments.

Municipal Drug Strategy

Friday, February 11th was the Sixth Network day for the Lanark County and the Town of Smiths Falls Municipal Drug Strategy. The theme of the day was "Prevention – Getting to the Core". Danielle Shewfelt, one of our Public Health Nurses presented on Asset Development. It was very well received by the community – individuals, politicians and agency representatives.

Lillie Johnson

Lillie Johnson, a former Director of Nursing at the LGL District Health Unit was named to the Order of Ontario in February. She was recognized for her decades-long tireless crusade for sickle cell disease. Her sustained passion as a sickle cell advocate resulted in the province's Ministry of Health & Long-Term Care including sickle cell disease on the list of 28 genetic diseases for universal newborn screening in 2005. We all congratulate Lillie on the receipt of this honour.