



Minutes of the Board of Health Regular Meeting

Thursday, January 27, 2011
Board Room, Brockville Office
458 Laurier Blvd.
4:25 p.m. – 6:40 p.m.

Present:

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

Other Attendees:

B. Dalgleish – Director, Health Promotion Dept.	J. Lyster – Director, Health Protection Dept.
J. Fatcher – Director, Clinical Services Dept.	J. Mays – Manager, Health Protection Dept.
S. Gates – Director, Quality Improvement Dept.	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 4:25 p.m. and welcomed everyone.	n/a	n/a
2. Approval of the Regular Meeting Agenda	The agenda was reviewed.	It was moved by: K. Graham Seconded by: A. Churchill That: The agenda of the January 27, 2011 Regular Meeting be approved as circulated. Motion Carried.	n/a
3. Approval of the Items on the Consent Agenda	The consent agenda was reviewed.	It was moved by: G. Grewal Seconded by: L. Sowchuk That: The following items on the consent agenda be approved as circulated: 3.1. Approval of the Minutes from the Board of Health Meeting held on November 18, 2010 3.2. Accounts Payable for October 3.3. Accounts Payable for November Motion Carried.	n/a
4. Business Arising 4.1. 2011 Levy Cost Sharing	We have received letters from United Counties and Smiths Falls accepting the Census data format.	n/a	n/a

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	<p>P. Stewart spoke with D. Cyr about inter-censal estimates. Brockville expressed concern about whether the boundaries would be correct and about postal codes over geographic areas. J. Cunningham, our epidemiologist, advised that the census uses very small parcels of land which add up the counties.</p> <p>We are waiting to hear back from the other obligated municipalities at this time.</p> <p>A. Churchill advised last night at Counties Council a motion was passed in support of Census data.</p> <p>J. Beckstead stated that this has not come to council or committee yet and the treasurer has been in touch with Brockville to get further information. Joint services levies are based on MPAC data and it is a concern if a different method is used for the public health levy.</p> <p>Is there any reason why there is a consistent decrease</p>		

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	<p>in numbers from MPAC to Census? Census and MPAC use totally different collection methods. MPAC is based on property assessments, but they don't tell you what the methods actually are. It is not a rigorous method that everyone can count on. At election time everyone was frustrated with this method. When MPAC was contacted they advised their numbers were suspect.</p>		
5. New Business			
5.1. 2011 Budget	<p>Staff have been fiscally responsible in our approach to the budget. The budget notes explain changes from the 2010 budget. The discussion at this meeting will direct staff to prepare the final budget for approval in February.</p> <p>Accountability agreements with the province will be expected to be signed in 2011 and this may impact our budget. We were told we would be seeing copies of them in January but this has been delayed. We should be okay this year. We won't</p>		

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	<p>have to sign off on anything until next January.</p> <p>The province notified us in December to plan for a 2-3% increase in the provincial grant. Staff recommended a 2% increase in the municipal levy.</p> <p>J. Pearce advised that the budget estimate for this year is the actuals as of January 18th. In February the budget will have close to final actuals for 2010.</p> <p>The only increase in staffing proposed was to increase the production artist from 0.7 to full time to keep up with demand.</p> <p>Senior staff reviewed all of the operating costs very carefully, and have adjusted each line as necessary. Every year we will review operating costs – what can we save on and what needs an increase – that is staff’s commitment to the Board.</p> <p>Board had the following questions:</p>		

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	<p>Insurance, is that a competitive quote? Yes, we actually changed suppliers. A question was raised about the new electronic pay system. The monthly charges to support the database and run the system is a minimum of \$1,000 per month. In the past it would have been \$250 per run. It is a more efficient system for staff and it will provide a really good information system.</p> <p>An opportunity going forward would be partnering with other groups – i.e. the hospitals are very interested in working with others in similar areas.</p> <p>Concern was expressed about the Board budget for training. The 2010 budget was overspent and a more realistic number may be needed for 2011. Costs could be controlled if attendance was discussed at each Board meeting in advance of the conference.</p> <p>The bottom line is if we get 3% and 2% from the</p>	<p>This partnering opportunity will be explored further.</p>	

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	<p>municipalities we will be short about \$37,000. There is a surplus of about \$520,000 and we could dip into that if we had to. If we only get 2% from the ministry, we will make up the difference by gapping empty positions.</p> <p>K. Graham stated that it is a realistic budget; we are trying to tread water. There are no enhancements. What you see is what you get. It is less than the CPI index.</p>	<p>It was moved by: A. Warren Seconded by: J. Lousley That: The Board of Health approve a 2% increase to the total municipal levy for 2011.</p> <p>Motion Carried.</p>	<p>Staff will prepare the budget for the February 2011 Board meeting with a 2% increase in the municipal levy.</p>
<p>5.2. HUAM Policy V-1835-0 – Use of Health Unit Vehicles</p>	<p>The Board of Health approves all of the policies and SMC approves the procedures. We bought vans last year which were tremendous for the immunization clinics. We need a policy for how the vans are used.</p> <p>The question was raised are these passenger vans? They are a stow and go van. It is a passenger van that has extra storage. A group of</p>	<p>The policy will be amended to read Health Unit vans are</p>	<p>n/a</p> <p>This will be updated in HUAM.</p>

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	<p>staff can travel together to reduce the mileage. Who is authorized to drive it? Someone should have a valid license and should not have criminal driving offences. No one is allowed to drive unless a copy of their driver's license is with payroll. We did address the issue with our insurance agent and they advised if someone stole our van and was in an accident they would be insured. The procedure covers off the notion of safe driving.</p>	<p>used to assist in the cost effective and safe delivery of public health services. Vans will only be driven by authorized Health Unit representatives as per the procedure.</p> <p>It was moved by: R. Haley Seconded by: J. Lousley That: HUAM Policy V-1835-0 Use of Health Unit Vehicles be approved as amended.</p> <p>Motion Carried.</p>	
5.3. Accreditation Results	<p>We received a three year accreditation. We are hoping that someone from OCCHA will come to the Board to present the certificate.</p> <p>We have an ongoing committee chaired by W. Goodridge to respond to any concerns, and we will have to report in a year the progress we have made on these items.</p> <p>K. Graham congratulated the staff for all of their hard work.</p>	<p>It was moved by: J. Lousley Seconded by: A. Warren That: The Board of Health accept OCCHA accreditation for the Leeds, Grenville and Lanark District Health Unit for the period September 15, 2010 – September 15, 2013 and approve the agreement to terms and conditions of OCCHA Accreditation.</p> <p>Motion Carried.</p>	This agreement will be forwarded to OCCHA.

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	K. Graham left the meeting at 5:30 p.m.		
6. Presentation: 6.1. Program Review	<p>S. Gates gave a power point presentation on the Program Review Process. (see Appendix #1)</p> <p>She will be focusing today on the resource allocation phase of the program review. She reviewed the first part of the process for the new board members. We are doing this to meet the Board's requirements for a comprehensive program and service review which was requested by the Board back in 2006.</p> <p>Right now we are focusing on how to allocate our current resources to the OPHS programs in the most efficient and effective way. S. Gates reviewed the anticipated timelines. We anticipate coming back to the Board in April with the decisions and to implement any service changes in May. A suggestion was made to change the word on page 6 –</p>	n/a	n/a

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	<p>A4R from publicity to transparency. It means publicly accessible.</p> <p>J. Butt thanked S. Gates for her presentation.</p>		
<p>7. Advocacy</p> <p>7.1. Healthy Community Partnership Survey</p>	<p>The Lanark, Leeds Grenville Healthy Community Partnership is the program that the ministry has funded to replace the Heart Health Program with a focus on healthy eating, physical activity, mental health, and preventing injuries, substance abuse and tobacco use.</p> <p>We are now identifying priorities for our region. We included the questionnaire which would have gone out to each municipality to identify their priorities.</p> <p>If board members would like L. Dewey to present to your councils let us know.</p> <p>We are hoping municipalities will get involved.</p>	<p>P. Stewart will send out the presentation to board members.</p> <p>P. Stewart will continuously bring this back to the Board for information.</p>	<p>n/a</p>

Agenda Item	Key Discussion Points	Decision	Action
7.2. Food Security Campaign	Last year, K. Giroux, J. Butt, P. Stewart and B. Dalgleish were involved in this campaign. We lived off of what the food bank could give us for a week. P. Stewart distributed the summary report to the group. We will continue working on this. We have been asked to go to Toronto, so J. Butt and C. Kasurak will be going down tomorrow to give our input on where this campaign can go next.		
8. Verbal Report of the Medical Officer of Health	See Appendix #2. Contraband cigarettes were discussed. Each agency had a role in a police raid in Gananoque and they worked with the ministry of revenue on this. Our role would be around education and enforcement of the Smoke Free Ontario Act.	n/a	n/a
9. General Correspondence 9.1. Budget Correspondence 9.1.1. Correspondence from Minister Deb Matthews and Allison J. Stuart regarding one-time food safety program funding	We give the Board everything we receive around advocacy and if there is something in there that board members would like to support, let us know. We can do background research for you and bring to the next meeting.	n/a	n/a

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<p>9.1.2. Correspondence from Daina Mueller regarding the 2010 Smoke-Free Ontario Programming Extension of Grant Terms and Conditions</p> <p>9.1.3. Correspondence from Minister Deb Matthews and Allison J. Stuart advising of the approved one-time funding for the Needle Exchange Program</p> <p>9.1.4. Correspondence from Allison J. Stuart regarding one-time funding for Healthy Smiles Ontario</p>			
<p>10. Incamera Meeting</p>	<p>The motion to move incamera was read at 6:09 p.m.</p>	<p>It was moved by: J. Lousley 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"> (a) The security of the property of the municipality or local board; (b) Personal matters about an identifiable individual, including 	<p>n/a</p>

Agenda Item	Key Discussion Points	Decision	Action
		<p>K. Giroux is to be the alternate.</p> <p>Motion Carried.</p> <p>It was moved by: J. Lousley Seconded by: R. Haley That: The Board of Health approve the Pay Equity Report submitted by Templeman Consulting Group and agree to post the Pay Equity Plan for the Non-Union Employees of the Leeds, Grenville and Lanark District Health Unit. Pay equity adjustments will be reimbursed effective September 17, 2010.</p> <p>Motion Carried.</p> <p>It was moved by: G. Grewal Seconded by: L. Sowchuk That: J. Lousley be appointed as the Board representative for the Financial Advisory Committee.</p> <p>Motion Carried.</p>	

Agenda Item	Key Discussion Points	Decision	Action
12. Time, Date and Location of the Next Meeting	Thursday, February 17, 2011 at 4:00 p.m.	n/a	n/a
13. Adjournment	n/a	It was moved by: A. Warren Seconded by: J. Lousley That: The meeting adjourn at 6:40 p.m. Motion Carried.	n/a

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive

Ontario Public Health Standards Program Review Process

January 27, 2011

Shani Gates
Director, Quality Improvement Department



Your Partner in Health

Presentation Overview

- 1. Goals and Objectives**
- 2. Program Review Process**
- 3. Resource Allocation**
- 4. Next Steps**
- 5. Questions**

Program Review Goal

- The effective and efficient delivery of programs and services to meet requirements in the Ontario Public Health Standards (OPHS).

Program Review Objectives

1. To meet the Board of Health's requirements for a comprehensive programs and services review.
2. To systematically assess OPHS requirements based on need, impact, capacity and partnerships/ collaboration.
3. To set priorities for delivery of OPHS requirements, based on need and impact.
4. To determine the levels and types of human and other resources required for OPHS implementation.
5. **To allocate current human and financial resources to OPHS requirements.**

Ontario Public Health Standards

Program Standards and Protocols

Emergency Preparedness

- Public Health Emergency Preparedness
- 1 Protocol

Environmental Health

- Food Safety
- Safe Water
- Health Hazard Prevention and Management
- 6 Protocols

Chronic Diseases and Injuries

- Chronic Disease Prevention
- Prevention of Injury and Substance Misuse
- 2 Protocols

Family Health

- Reproductive Health
- Child Health
- 5 Protocols

Infectious Diseases

- Infectious Diseases Prevention and Control
- Rabies Prevention and Control
- Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections
- Tuberculosis Prevention and Control
- Vaccine Preventable Diseases
- 11 Protocols

Foundational Standard and Protocol

Population Health Assessment
Surveillance
Research and Knowledge Exchange
Program Evaluation
1 Protocol

Principles

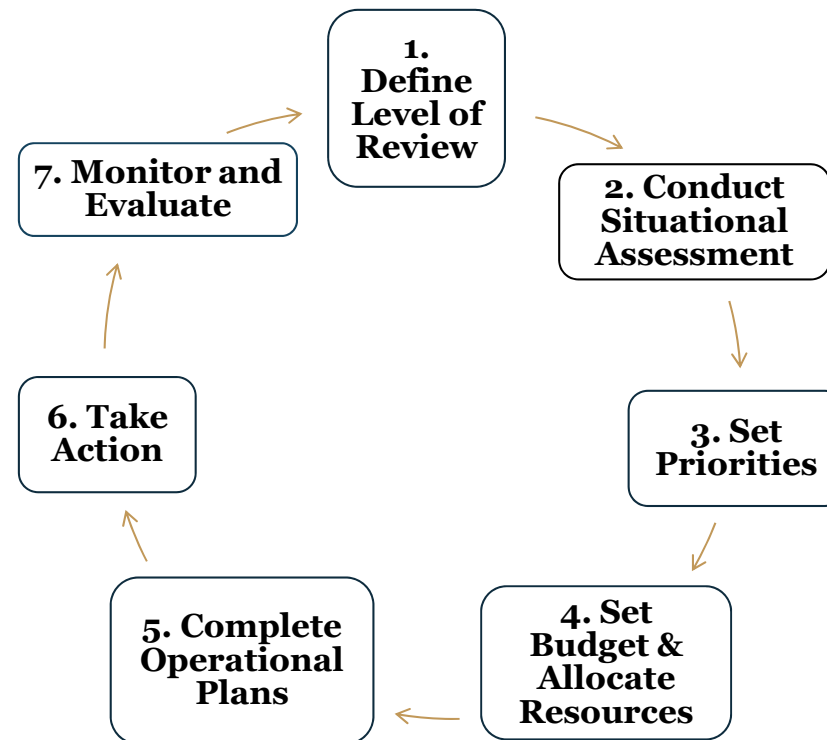
Need

Impact

Capacity

Partnership and
Collaboration

Program Review Process



Step 1: Level of Review

- Review the OPHS program standards, requirements and protocols to determine appropriateness for review
- Identify potential interventions to meet the standard requirements (current activities, best practice, evidence of effectiveness or Ministry protocols)
- Identify internal and external stakeholders
- Developed and documented methods

Step 2: Situational Assessment

- Involved the collection and documentation of a vast amount of **data and evidence**
- **Conducted situational assessments of each of 4 foundational principles:**
 - ✓ **Need:** morbidity, mortality, risk factors, economic burden of illness and potential consequences

Step 2: Situational Assessment

- ✓ **Impact** : intervention effectiveness, cost-effectiveness, appropriateness (determinants of health), exclusiveness
- ✓ **Capacity**: intervention outputs and outcomes, human resource requirements, other financial requirements
- ✓ **Partnership**: survey to determine areas of duplication, partner capacity, partnership effectiveness

Step 3: Set Priorities

- **Program prioritization committee** scored the evidence in the **need** and **impact** SAQs based on a set of 9 criteria
 - 5 Need criteria
 - 4 Impact criteria
- Each criterion had a defined rating scale between 1 (no compliance) to 5 (full compliance)
- Criteria were weighted; not all equally important
- Reliability testing to determine amount of consistency between raters

Prioritization Criteria: Need

1. **Morbidity:** in LGL as measured by hospitalizations, disease incidence, trends, & comparisons with Ontario
2. **Mortality:** in LGL as measured by mortality rate, potential years of life lost, trends, & comparisons with Ontario
3. **Risk Factors:** prevalence of modifiable risk factors in LGL & population attributable risk (the relationship between the risk factor and causes of morbidity)
4. **Economic Burden of Illness:** direct and indirect costs of diseases in Canada
5. **Potential Consequences:** if a requirement were not implemented (morbidity, mortality, other societal costs)

Prioritization Criteria: Impact

- 1. Effectiveness:** of interventions in addressing the health need
- 2. Cost-effectiveness:** benefits of intervention exceed the costs
- 3. Appropriateness:** intervention fits with the scope of public health
- 4. Exclusiveness:** degree to which an intervention must be implemented by health unit staff

Calculation of Scores

- Total **weighted score** calculated for each of the 82 SAQs
- Ranked list, from 1 to 82 of OPHS requirements, based on the **total weighted score** for each SAQ submitted
- Total weighted score represents the level of **local need** for that requirement, and the **potential impact** of the interventions on the local need

Key Messages

- Priority does NOT equal absolute value:
 - ✓ i.e. – a requirement with low score means that there is a lower level of local need and/or lower impact of the intervention, relative to other interventions
- Ranked list of OPHS requirements has little meaning or value in and of itself. Meaning is attached through the allocation of resources.
- **Just because a requirement has a high level of NEED and IMPACT, does not mean that more resources are required to effectively and efficiently implement the intervention.**
- Ranked list is only one piece of information that will be used to allocate resources. Other factors include level of service required, feasibility, efficiency, partnerships, etc.

Step 4: Set Budget & Allocate Resources

BUDGET

How many resources we have.

RESOURCE ALLOCATION

How we distribute resources among OPHS programs.



Step 4: Allocate Resources

- The LGLDHU resource allocation framework comes from international experience with using an economics approach called **Program Budgeting & Marginal Analysis (PBMA)** and an ethics approach called **Accountability for Reasonableness (A4R)**

Resource Allocation Process

- **PBMA** draws on the economic principles of **opportunity cost** (i.e. the forgone benefit of not investing in the next best alternative use of available resources) and the **margin** (i.e. the next unit of cost and the next unit of benefit).
- **PBMA** offers a criteria-based and evidence-guided technique for making explicit trade-off decisions.

Resource Allocation Process

- **A4R** describes five key principles of a fair priority setting process:
 - Relevance
 - Publicity
 - Revision
 - Empowerment
 - Enforcement

Resource Allocation Process

1. Develop minimum levels of service and program budgets
2. Determine financial parameters for marginal analysis
3. Determine criteria for proposed marginal changes
4. Develop investment and disinvestment proposals

Resource Allocation Criteria

1. Strategic Alignment Domain (30):
 - ✓ Duplication of service; efficiency, effectiveness, and appropriateness; access; and downstream impact on service utilization;
2. Health Impact Domain (50):
 - ✓ Numbers affected; equity; population health promotion; and health protection and disease prevention
3. Organizational Domain (20):
 - ✓ Workplace satisfaction; implementation support or resistance; and liability

Resource Allocation Process

- Develop business cases for marginal changes
- **Types of disinvestments:**
 1. Reductions in the volume and/or quality of a program's services (fewer site visits, shorter visits)
 2. Efficiency gains where the program delivery can be redesigned to provide the same services with fewer resources (using volunteers for program delivery).
 3. Revenue generating proposals (introduction or increase in charges user fees, etc)

Resource Allocation Process

5. Evaluate investment and disinvestment proposals according to the criteria
6. Conduct marginal analysis and make resource allocation recommendations
7. Communicate decisions and rationale
8. Provide formal decision review process
9. Evaluate & improve

Next Steps & Timelines

Program Review Step	Approximate Timelines
Complete and evaluate business cases Make resource allocation decisions	February 2011
Communicate to staff and complete decision review/appeal process	February – March 2011
Begin implementation of efficiencies and revenue generation proposals	February 2011
Complete operational plans	February 2011
Communicate decisions to Board of Health	April 2011
Begin implementation of service reductions and investments	May 2011

Questions?

“If you do what you’ve always done, you’ll get what you’ve always gotten”

-Anthony “Tony” Robbins

**Medical Officer of Health Verbal Report
to the Board of Health**

January 27, 2011

Planning Activities

The work on Program Review continues as we identify how best to allocate our existing resources among the Ontario Public Health Standards. We expect to have this completed with a report to the Board in April. At this time we will move to the next phase which is to identify the most effective service delivery model to provide our services across Leeds, Grenville and Lanark. This will include community consultation and discussion with staff, and is expected to be completed by the fall.

Community Partners

I am continuing to meet with other community organizations to discuss how the health unit can collaborate on common projects. Recently I met with the Lanark Community Health and Social Services, the Directors of Education at the Upper Canada District School Board and the Catholic District School Board of Eastern Ontario and the Executive Director of the Kemptville Hospital. We discussed several opportunities for collaboration.

Community Partnership

The work on the Healthy Community Partnership continues with strong support from other community organizations. The community has identified a range of possible options for actions to promote healthy eating, regular physical activity, mental health, and to avoid injuries, tobacco use and substance abuse. The Steering Committee will meet on Feb. 1 to identify one to two recommended actions in each area based on the results of the recent community survey. The recommended action will be included in the Community Report which will be submitted to the Ministry of Health Promotion and Sport on Feb. 15. This information will be used by the Ministry to guide decisions about funding of local projects from the healthy community project fund. It will also be used to guide the collaborative work of the community on these 6 important health topics.

Food Handler Training Program

The Health Unit is offering 13 free food handler's certification courses in 8 communities from Jan. 31 to March 26. The community response has been incredible. By Wed. we had 500 individuals registered out of the targeted 550. This program is supported with one-time funding from the Ontario Ministry of Health and Long-Term Care.

Well water safety

The Ministry of Health and Long-Term Care also provided one time funding to support safe water in our region. Some of the money was used for a media campaign that went out in newspapers across the region encouraging well owners to know the details about their well, how to protect it from contamination, and the importance of regular testing for bacteria. We have had an increase in people calling about well water testing and they have mentioned that they heard about it through the media campaign.

Nutrition

The work of the "Do the Math - Eat the Math" campaign continues. This campaign involved several people living for one week on what they received from their local food bank and available community meals. Everyone reflected on their experience with a daily blog that was posted on the health unit website. A meeting with most participants was held at the end of the week and an Executive Summary of the blogs and the planned follow-up activities has been widely distributed across the region.

Due to the success of this campaign, our Health Unit has been invited to attend the "Put Food in the Budget" Provincial Strategy Day meeting on Jan. 28th in Toronto. This meeting will help shape the next steps of the provincial "Do the Math- Eat the Math" campaign. Mr. Jack Butt and Carrie Kasurak, PHN from the Health Unit will attend this provincial meeting.

Tobacco

The Driven to Quit Challenge promotion is under way. As of Jan. 25th, 8759 participants are registered provincially with 109 participants registered locally and eligible for the early bird prize of \$1000.00. Registration ends Feb. 28th. People can register online at www.driventoquit.ca or pick up a registration form at any of our Health Unit offices.

"*Stop on the Road*" sessions are being offered in Perth and Carleton Place Feb. 1st and 2nd. STOP (Smoking Therapies for Ontario Patients) provided in collaboration with the Ministry of Health Promotion and Sport and the Centre for Addiction and Mental Health, offers smokers the chance to attend a local session and be supported with 5 weeks of Nicotine Replacement Therapy free of charge. Anyone interested in the sessions are asked to call the Health Unit at (613) 283-2740 or 1-800-660-5853 to register.

Dental Health

The focus of Oral Health Month here in Leeds, Grenville and Lanark will be oral cancer and the harmful effects of chewing and snuff tobacco products. Oral cancer survivor Gruen Von Behrens, in collaboration with the East Tobacco Control Network, will be visiting Eastern Ontario in March and presenting at 4 local high schools about his story and the effects of chew tobacco. Gruen has had 40 operations and his lower face is severely disfigured from cancer. Gruen pleads with all who'll listen, "don't do it, it ruined my life."

The Healthy Smiles Ontario Program that provides preventive dental services to children of low income families has now recruited 49 families who have met the income criteria since the program began in October.