

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

Thursday, May 26, 2011  
 Board Room, Brockville Office  
 458 Laurier Blvd.  
 3:00 p.m. – 4:45 p.m.

Present:

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

Other Attendees:

M. Billett – Manager, Dept. of Clinical Services	J. Lyster – Director, Health Protection Dept.
J. Futchter – Director, Dept. of Clinical Services	J. Mays – Manager, Health Protection Dept.
M. Graham – Manager, Corporate Services Dept.	T. Boileau, S. Healey, J. Hicks
J. Hess – Director, Family Health Dept.	
R. Kavanagh – Manager, Dental Program	

<b>Agenda Item</b>	<b>Key Discussion Points</b>	<b>Decision</b>	<b>Action</b>
1. Call to Order	J. Butt called the meeting to order at 3:00 p.m.	n/a	n/a
2. Approval of the Regular Meeting Agenda	The agenda was reviewed.	It was moved by: A. Churchill Seconded by: A. Warren That: The agenda of the May 26, 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 April 28, 2011 3.2. Accounts Payable for March 3.3. V-195-0 – Management of Minutes 3.4. V-805-0 – Leave of Absence with Pay 3.5. V-1845-0 – Program Prioritization Criteria	The consent agenda was reviewed.	It was moved by: A. Churchill Seconded by: A. Warren 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 April 28, 2011 3.2. Accounts Payable for March 3.3. V-195-0 – Management of Minutes 3.4. V-805-0 – Leave of Absence with Pay 3.4. V-1845-0 – Program Prioritization Criteria Motion Carried.	n/a
4. Business Arising 4.1. Land Control Budget Information	In February 2011, there was a report to the Board with recommendations for sustainability of the Land Control Program. All recommendations were approved except the one relating to the cost of dismantling the program. Staff was asked to consider whether funds from the general reserve	It was moved by: D. Gordon Seconded by: R. Haley That: The Board of Health approve that funds within the general Health Unit Reserve be used to dismantle the Land	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>should be moved to the Land Control Program to ensure funds would be available if the program had to be terminated. J. Butt stated that as a Board we decided it was not our intention to cancel this program. The recommendation was to use the general reserve if the program did need to be dismantled.</p> <p>A question was raised whether, in the past, we had a motion to dismantle the program if it was in a deficit.</p>	<p>Control Program if the program were to be discontinued.</p> <p>Motion Carried.</p> <p>The previous board motion will be reviewed and brought back to the Board.</p>	
4.2. Board Liability	<p>There was a discussion about Board liability at the alPHa meeting in February. It was suggested that the CEO present the Board with a Duty of Care Report outlining the functions done by staff required by the law for which the Board is accountable. P. Stewart and J. Butt met and reviewed this material and prepared the Board of Health Duty of Care Report.</p>	<p>It was moved by: R. Haley  Seconded by: L. Sowchuk  That: The Board of Health approve the preparation of a Duty of Care Report to be presented at each Board of Health meeting.</p> <p>Motion Carried.</p>	n/a
5.New Business			
5.1. HB/HC Budget	<p>This budget is funded 100% by the Ministry of Children and Youth Services and it has been capped for a number of years. Salary costs continue to escalate and we need to gap positions to stay within the funding envelope. This will be increasingly challenging to do.</p>	<p>It was moved by: L. Paine  Seconded by: R. Haley  That: The Board of Health approve the 2011 Healthy Babies/Healthy Children base budget submission in the amount of \$1,010,740.</p> <p>Motion Carried.</p>	n/a
5.2. Accountability Agreements	<p>The ministry provided a webinar on the</p>	<p>It was moved by: J. Lousley</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>Accountability Agreements that each Board must sign with the ministry. While much is the same as the current Terms and Conditions the Board signs each year, the requirement to meet the Operational Standards and a set of performance indicators have been added. This agreement will be for 3 years. It was felt that better indicators could have been selected. P. Stewart completed the feedback survey yesterday. The Board will have to sign the Accountability Agreement this summer for 2011 prior to receiving the 2011 provincial grant.</p>	<p>Seconded by: L. Sowchuk That: The Medical Officer of Health, Director of Quality Improvement, and Senior Management with Board input prepare an in-depth analysis of the draft Accountability Agreement and the Performance Indicators and complete the feedback survey by May 25, 2011. And That: Senior Management, in consultation with the Health Intelligence Team, identify data collection methods to develop the baseline required for 2011. Motion Carried.</p>	
<p>5.3. aPHa Resolutions for Consideration at the June 2010 Conference</p>	<p>Our four voting delegates will vote on proposed resolutions at the annual aPHa conference. We need to appoint the 4 delegates. Our staff have reviewed the resolutions and have given the Board guidance. The resolutions were discussed. Board members reviewed resolution A11-2 Maintain the Current Liquor License Act and commented that there is no such a thing as an "all-you-can-drink" environment.</p>	<p>The delegates will speak to this.</p>	<p>n/a</p>

Agenda Item	Key Discussion Points	Decision	Action
	<p>Resolution A11-11 Smoke-free movies to reduce the impact of smoking in movies on youth was discussed. The practicality of the resolution was discussed - no one monitors which theatre people are going into once they pay their ticket.</p>	<p>If board members have other comments that they want to give to the delegates email to H. Bruce and the delegates will review them.</p> <p>It was moved by: L. Sowchuk  Seconded by: J. Lousley  That: The Board of Health appoint Jack Butt, Larry Paine, Kim Giroux and Paula Stewart as the voting delegates for the Leeds, Grenville and Lanark District Health Unit.</p> <p>And That: The delegates support all 11 resolutions with a suggested amendment to All-9 Removal of "No Access of Dental Benefits" Eligibility Criterion for the Healthy Smiles Ontario (HSO) Program.</p> <p>Motion Carried.</p>	
5.3.1. alPHa Fee Increase	<p>alPHa has requested that Boards of Health support the addition of one more staff person to their current complement. It is important</p>	<p>It was moved by: A. Warren  Seconded by: L. Sowchuk  That: The Board of Health:</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>that alPHa has a very strong voice when working with the ministry. We are being asked to contribute \$3,000 of the \$100,000 needed. Added to our current alPHa fee, this is a 37% fee increase. Smaller health units are contributing more to the increase than larger ones. The proposed fee allocation methods were discussed. Another option is to allocate the increase proportionate to each health unit budget – an increase of \$1,233 for us. This will be discussed further at the Eastern Medical Officer's of Health meeting tomorrow.</p>	<p>a) Recommend Option 1 to allocate the cost of funding an additional alPHa staff person.  b) Explore additional options with other health units to allocate the cost of funding an additional alPHa staff person.</p> <p>Motion Carried.</p>	
5.4. Strategic Planning	<p>At the last meeting we identified that J. Butt, K. Graham and D. Beatty would sit on the Strategic Planning Steering Committee. They attended the presentation that the 5 consultants gave prior to their selection. Western Management Group performed well, and were given rave reviews and we feel confident that they can help us.</p> <p>The project will cost \$30,000. The Board last year approved \$20,000 for consultants to do an outer office review but we have expanded the scope of work to look at the outer offices and how we are organized. The additional \$10,000 is available from the H1N1 money in the reserve.</p>	<p>It was moved by: L. Sowchuk  Seconded by: J. Lousley  That: The Medical Officer of Health and the Director of Quality Improvement provide monthly updates to the Board on the progress of the Strategic Plan and Organizational Review.  And That: The Board be available to meet with the consultants as needed.  And That: The amount available for the consultants for the Organizational Review be increased from \$20,000 to \$30,000 using</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
		available H1N1 funds in the reserve. Motion Carried.	
5.5. Board of Health Meeting in Smiths Falls	It has been our convention that we meet in Smiths Falls once a year. We will meet in Brockville on June 16 <sup>th</sup> at 4:00 p.m.	Board members agreed that the September 22, 2011 meeting will take place at the Smiths Falls office at 4:00 p.m.	n/a
6. Presentation: 6.1. Healthy Smiles Ontario	<p>R. Kavanagh gave board members an update on the Healthy Smiles program. See Appendix #1.</p> <p>The CINOT program was expanded in January 2009 to include children until their 18<sup>th</sup> birthday. Prior to this it was up to age 14. Phase II was the introduction of the Healthy Smiles Ontario program. Healthy Smiles is picking up where CINOT leaves off. Healthy Smiles does not have any dental criteria, but has rigid financial criteria. Becky outlined the local program targets.</p> <p>As of today 115 children have registered. There is definitely a need for the program. We have 6 community clinics, 5 of these are preventive and 1 is restorative, 2 semi-mobile preventive clinics and local dental providers. We have been launching these clinics over the past several months.</p> <p>We are now focusing on HSO health promotion and community outreach. To help guide the program and meet the needs of the community we established a steering committee made up of executive directors of</p>	n/a	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>our partner's sites and both P. Stewart and R. Kavanagh sit on this committee as well. This will help utilize the investment of dental equipment in the community. 95 out of 100 local dentists participate in this program. We have hired a health promoter and a clinical dentist.</p> <p>Transportation issues for clients were discussed by the Board. Jack thanked Becky for her presentation.</p>		
7. Advocacy	Nothing to report.	n/a	n/a
8. Verbal Report of the Medical Officer of Health	<p>Insert Appendix #2.</p> <p>There was a question raised by board members about Tamiflu.</p>	P. Stewart will give an update on Tamiflu at the June meeting.	n/a
<p>9. General Correspondence</p> <p>9.1. Budget Correspondence</p> <p>9.1.1. Correspondence from Deb Matthews, Minister advising of one-time funding of up to \$42,280 (at 100%) for the Leeds, Grenville &amp; Lanark District Health Unit to be spent by March 31, 2012 for Bed Bug Support Funding.</p>	<p>J. Butt reviewed the correspondence.</p> <p>The bed bug funding was discussed. A coalition of people to work on this issue will be set up.</p>	n/a	n/a
10. Incamera Meeting	There was no incamera meeting.	n/a	n/a
11. Report from Incamera (if necessary)	n/a	n/a	n/a
12. Time, Date and Location of Next Meeting	Thursday, June 16, 2011 at 4:00 p.m.	n/a	n/a

Agenda Item	Key Discussion Points	Decision	Action
13.Adjournment	n/a	It was moved by: R. Haley Seconded by: J. Lousley That: The meeting adjourn at 4:46 pm. Motion Carried.	n/a

\_\_\_\_\_  
J. Butt, Chair

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive



## HSO Policy Background – Provincial

- Supports the Ontario Poverty Reduction Strategy
  - The strategy was designed to build a stronger economy by creating more opportunity for families with low incomes and their children.
  - The strategy sets a goal of reducing child poverty by 25 per cent in 5 years -lifting 90,000 children out of poverty
- The government's total investment in low-income dental services will be \$45 million annually when fully implemented



Your Partner in Health

## Provincial Strategy Implementation

- Phase I
  - Improve and enhance the delivery of the Children In Need Of Treatment (CINOT) program to include children in low-income families until their 18<sup>th</sup> birthday (implemented January 2009)
  - Was up to 14 years of age prior to this.

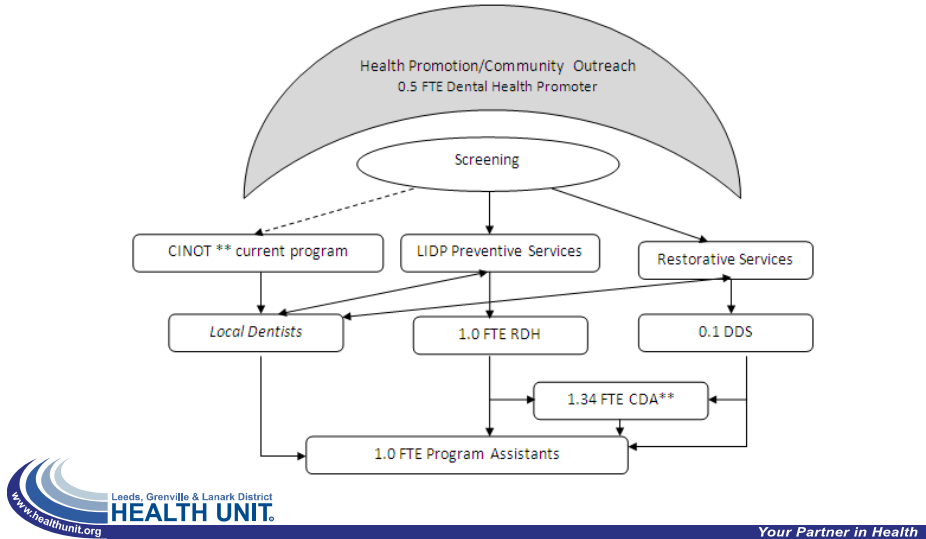


# Provincial Strategy Implementation

- Phase II:  
Healthy Smiles Ontario
  - October 2009 LIDP Announcement
  - January 2010 LIDP Business case submission
  - April 2010 LIDP Business case resubmission
  - July 7, 2010 LIDP Plan Approval – **Yippee!**
  - August 2010 – March 2011 Capital Plan Expenditures
  - October 2010 - HSO Program Launched Provincially



# Leeds, Grenville & Lanark HSO Strategy



## HSO Eligibility Criteria

- To be eligible for the program, children/youth must meet the following eligibility requirements:
  - Be 17 years of age and under;
  - Be a resident of Ontario;
  - Be a member of a household with an Adjusted Family Net Income of \$20,000 or below;
  - Not have access to any form of dental coverage (e.g. through government programs such as Ontario Disability Support Program, Ontario Works, Non-Insured Health Benefits, or through private providers)



Your Partner in Health

## Provincial Program Targets

- Based on the program targets set by the province (5-10% uptake in year 1, 10-20% uptake in year 2 and 40% uptake in year 3: cumulative), we should anticipate to see the following:

<b>Total # of HSO clients for full implementation:</b>	<b>130 000</b>
2011 uptake (5-10%):	6 500 – 13 000
2012 uptake (10-20%):	13 000 – 26 000
2013 uptake (40%):	52 000



*Your Partner in Health*

## Local Program Targets

- **Total # of HSO clients for full implementation: 500**
- 2011 uptake (5-10%): 25-50
- 2012 update (10-20%): 50-100
- 2013 uptake (40%): 200
  
- As of April 30, 2011, **105** children have registered for HSO.



## HSO Clinical Services



- 6 community clinics ●
  - North Lanark CHC\*
  - Smiths Falls CHC
  - Country Roads CHC
  - CPHC Gananoque Community Family Health Team
  - CPHC - Prescott
  - Brockville Health Unit
- 5 preventive and 1 restorative\* ●
- 2 semi - mobile preventive clinics in Gananoque and Prescott ●
- Local Dental Providers

## Gananoque Dental Clinic

- Launched November 26, 2010
- Located at 338 Herbert St. Gananoque, ON (CPHC Family Health Team Site)



## Smiths Falls Dental Clinic

- Launched November 26, 2010
- Located at 2 Gould St. Smiths Falls, ON (SF CHC)



## Prescott Dental Clinic

- Launched February 15, 2011
- Located at 555 King Street West, Prescott, ON (CPHC Office)



## Lanark Dental Clinic

- Launched April 15, 2011
- Located at 207 Robertson Drive, Lanark, ON (NLCHC)

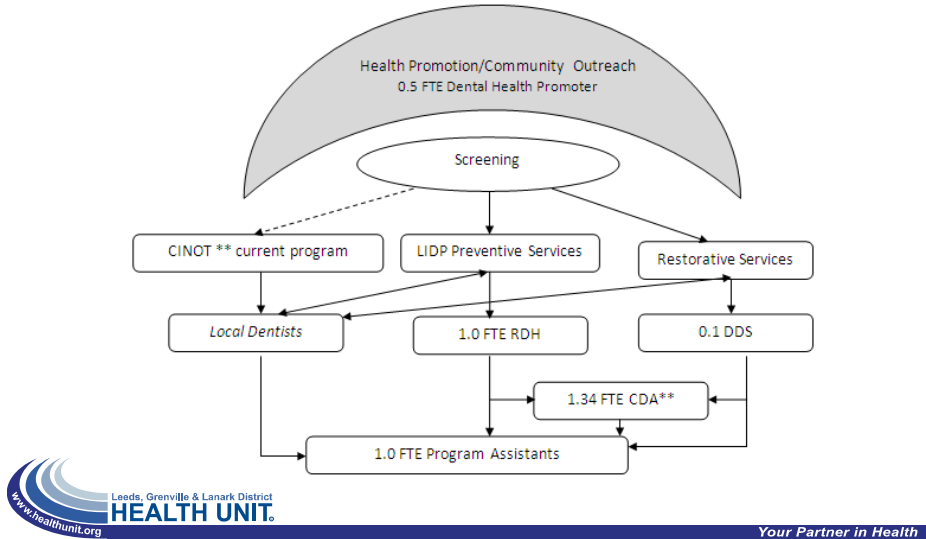


## Brockville Dental Clinic

- Already established
- Located at 458 Laurier Blvd. Brockville, ON



# Leeds, Grenville & Lanark HSO Strategy



## HSO Health Promotion/ Community Outreach

- Fluoride varnish program with high risk families
- Promote integration of dental caries risk assessment into baby/child wellness check
- Promote Healthy Smiles Ontario and general oral health information



# HSO Steering Committee

## Purpose:

- To facilitate a coordinated approach to the implementation of the Healthy Smiles Ontario program for Leeds, Grenville and Lanark. To provide direction on how best to utilize this program to maximize its reach to meet the oral health needs of those residing in the Tri-County that would otherwise not be able to access dental care.

## Committee Responsibilities:

- Assist in the implementation of the HSO program to ensure clients have easy and barrier free access to the program.
- Coordinate health promotion messaging and strategies to ensure a consistent approach to the HSO program throughout the Tri-County.
- Develop a health promotion and community outreach action plan that incorporates a fluoride varnish program for high risk children, integration of a dental caries risk assessment into a primary health care baby/child wellness check and general health promotion strategies to promote oral health and the HSO program.
- Develop a strategy to maximize the utilization of the infrastructure purchased through the Healthy Smiles Ontario program to meet the oral health needs of those residing in the Tri-County that would otherwise not be able to access dental care.
- Advocate on behalf of the community to ensure that Healthy Smiles Ontario meets the needs of those living in Leeds, Grenville and Lanark.



Your Partner in Health

## Next Steps



- Health Promoter and Clinical Dentist hired (will start work in a couple of weeks)
- Restorative clinic ready to go in July 2011
- Pilot Fluoride Varnish Program with HBHC PHNs
- Promote integration of dental caries risk assessments into primary health care
- Continue to promote HSO program

# Questions



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

**May 26, 2011**

### **Program Review**

Work continues on the implementation of the change in programs and services as identified in program review. So far things are going smoothly. Presentations to community partners have been well received and there is lots of interest in adapting the process for their own organizations.

### **Healthy Community Partnership**

The Grow Local initiative has been really well received. All the packages of cucumber, carrot and lettuce seeds have been distributed across the region along with information on growing vegetables even if you don't have a garden. We couldn't keep up with the demand for the seeds so will look at purchasing more next year and distributing them earlier.

### **Noxious Weeds**

We will continue the collaboration of last year with the Lanark and Leeds-Grenville Weed Inspectors to raise awareness about the dangers of noxious weeds like poison parsnip and giant hogweed. After skin contact with the plant a photodermatitis or burning of the skin may develop when the skin is exposed to sunlight. Our contribution will be to highlight prevention information through a media campaign, letter home to parents of students, and information on our website. We will also send information to physicians in Emergency Departments so they have the latest information on how to treat the skin rash.

## **Lyme Disease**

We have been doing a media blitz in the last couple of weeks to get the information out to people on how to reduce the risk of getting Lyme disease from a tick bite when in long grass or the forest, and what to do if you do get a tick bite. The area bordering the St. Lawrence River and its islands has been identified as an endemic area for Lyme disease and last year we also identified infected ticks in Murphy's Point Park near Perth. So everyone in our region needs to be vigilant.

We will be sending our 2010 report on the monitoring of Lyme disease and West Nile virus to all municipalities. Monitoring for West Nile virus has not identified any positive mosquitoes in 2010.

## **Climate Adaptation**

Patricia Larkin, a PhD student in the Population Health Program at the University of Ottawa is working with us to identify how climate change is influencing health problems in our area and how we need to adapt our response to it. Lyme disease is one example of this as the milder winter results in less mortality among the deer mice that carry the tick so it is able to move further north from where it was initially diagnosed in Connecticut. Another example is extreme heat waves similar to the one last summer that affect all of us but is particularly a challenge for infants, the elderly and those with chronic diseases.

## **Staff Day**

We appreciate all the donations to the All Staff Day on Friday June 17, 2011 at the new Smiths 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.

## **Leadership Retreat**

The Senior Management Team will meet with consultant Rav Bains from McMaster University on June 6 and 7<sup>th</sup> in Brockville who specializes in effective management team functioning, The focus will be on developing "group emotional intelligence" which means that the team functions better as a group than each person individually. The Health Unit is going through a significant time with program review, operational review and strategic planning and it is critical that the senior management team function as well as possible.

## **Chief Nursing Officer**

The Ontario Public Health Organizational Standards identify the requirement to have a Senior Nursing Officer by 2013. Premier McGuinty announced this month that the province will provide funding for this position. We are exploring what the role of this position would be within the Health Unit and how we can ensure that all professional groups are supported effectively.

## **Presentations/meetings**

I am continuing my work to connect with community organizations.

- Presentation to Lanark County Council Grow Local and distribute seeds on May 4
- Attended the Tay Valley Public Meeting on ATV's on county roads on May 10
- Participated in the Shaping Active Healthy Communities Workshop in Beckwith Township on May 12
- Participated in the Leeds-Grenville Injury Prevention Priority Setting Day on May 13
- Presentation to United Counties Joint Services Meeting on Grow Local and distribute seeds on May 18
- Presentation at the Thousands Island Rotary Club on Wednesday May 25
- Presentation to the Perth Kiwanis Club on Thursday May 26.