

Minutes of the Board of Health Regular Meeting

Thursday, September 22, 2011

Room A&B, Smiths Falls Office

25 Johnston St.

4:00 p.m. – 6:25 p.m.

Present:

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

Other Attendees:

B. Dalgleish – Director, Health Promotion Dept.	R. Kavanagh – Manager, Dental Program
S. Gates - Director, Quality Improvement Dept.	J. Lyster - Director, Health Protection Dept.
M. Graham - Manager, Corporate Services Dept.	J. Mays - Manager, Health Protection Dept.
M. Hendriks – Manager, Clinical Services Dept.	Dr. Bowes, S. Brazeau, B. Cartwright, Y. Decoste, P. Larkin, D. Patterson, S. Ranade, E. Roberts
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 4:00 p.m. and welcomed everyone to the first meeting of the fall session. J. Butt introduced Margaret Hendriks, Manager of Clinical Services and Sudit Ranade, a resident in community medicine who is training to be a Medical Officer of Health and is spending 6 months with us.	n/a	n/a
2. Presentations:			
2.1. Presentation to Dr. Bowes	Dr. Bowes has been associated with our health unit for over 20 years and has provided us valued leadership in his role as a dental consultant. His support and counsel have been much appreciated by staff and the Board. He has also supported local dental coalitions and provided advice to our surrounding counties which has helped our staff to provide good and solid partnerships through his efforts. Unfortunately Bob is retiring and headed out to Burnaby, BC. Our staff and Board will miss his valued counsel and advice. J. Butt presented Dr. Bowes with a certificate of appreciation.	n/a	n/a
2.2. Mississippi Mills Bicycle Group	Jeff Mills is the Chair of the Mississippi Mills Bicycle Month. He is here to advise the Board how important their partnership is with the Health Unit. With B. Schnittker's and D. Shewfelt's help and some in kind services we	n/a	n/a

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	<p>have had 3 successful bicycle months in Almonte. It has been a great partnership and he thanked the Board for the Health Unit support. We have been issuing a challenge to the schools between Lanark County and Renfrew County. It is a great initiative that is growing. J. Butt thanked J. Mills for his presentation to the Board.</p>		
<p>2.3. Adaptation to Climate Change</p>	<p>P. Stewart introduced Patricia Larkin. She worked with us over the spring and on her practicum for her Risk Management certificate program with the University of Ottawa on adaptation to climate change. See Appendix #1.</p> <p>She completed a preliminary risk assessment and focused on some of the issues that would be facing this area in the future such as changes in climate, risk science, vulnerable populations and risk management. We are looking at longer periods of warmer temperatures. Precipitation was reviewed and we are looking at about a 6% increase. (both rain and snow)</p> <p>Kim Giroux joined the meeting at 4:12 pm.</p> <p>The body would have to work harder to maintain body temperature in these conditions. There is a higher propensity for fog and air borne pollens with higher temperatures. Climate change affects water security, health, the economy and the natural environment. Seniors, infants and children</p>	<p>n/a</p>	<p>n/a</p>

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	<p>and those living in poverty are more vulnerable. The health unit is prepared to respond to emergencies that could result i.e. floods, heat waves, wind storms and fire. The health unit collaborates with partners to meet vulnerable populations. J. Butt thanked Patricia for her presentation. As a health unit we are reviewing this report and are looking at what else we can be doing P. Stewart advised.</p>		
<p>3. Approval of the Agenda</p>	<p>The agenda was reviewed.</p>	<p>It was moved by: L. Paine Seconded by: L. Sowchuk That: The agenda of the September 22, 2011 Regular Meeting be approved as circulated. Motion Carried.</p>	<p>n/a</p>
<p>4. Consent Agenda: 4.1. Approval of the Minutes from the Board of Health Regular Meeting held on June 16, 2011 4.2. Accounts Payable for May 4.3. Accounts Payable for June 4.4. Accounts Payable for July 4.5. Terms of Reference for Strategic Planning Steering Committee 4.6. Duty of Care Report</p>	<p>The consent agenda was reviewed. May accounts payable was reviewed. Land control should be \$1330. M. Graham advised that the Board will receive a quarterly report starting in October with a forecast through to the end of the year.</p>	<p>It was moved by: L. Sowchuk Seconded by: L. Paine That: The following items on the consent agenda be approved as circulated: 4.1. Approval of the Minutes from the Board of Health Regular Meeting held on June 16, 2011 4.2. Accounts Payable for May 4.3. Accounts Payable for June 4.4. Accounts Payable for July 4.5. Terms of Reference</p>	<p>n/a</p>

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		for Strategic Planning Steering Committee 4.6. Duty of Care Report Motion Carried.	
5. Business Arising:			
5.1. Terms of Reference for Internal Audit Committee	<p>J. Butt asked board members if anyone else would like to volunteer for this committee.</p> <p>M. Graham is our facilitator for this committee and has trained 8 staff and 1 board member, Janet Lousley. An audit will be done for September and this will go to FAC. This will then come to the Board for approval.</p>	<p>G. Grewal volunteered to sit on this committee.</p> <p>It was moved by: J. Lousley Seconded by: L. Sowchuk That: The Board of Health approve VI-300 Terms of Reference for Internal Audit Committee as circulated. Motion Carried.</p>	n/a
6. New Business:			
6.1. Accountability Agreement	<p>J. Butt advised that over the summer we received the provincial accountability agreement. The province basically stated that if we sign it we get the money, and if we don't sign it we won't get the money.</p> <p>J. Butt reviewed the indicators with the Board. The baselines and performance targets are to be decided this year.</p> <p>P. Stewart advised that the ministry will be giving us the baseline data from provincial databases we contribute to, and we have to</p>	<p>It was moved by: D. Beatty Seconded by: A. Churchill That: The Board of Health approve the recommendation that the Medical Officer of Health and Director of Quality Improvement with the Senior Management Team set targets for the performance indicators for 2012 based on current resources and reasonable expectations,</p>	n/a

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	<p>set our targets for 2012. It has to be reasonable based on what we can do. If they do not accept our targets, they can be negotiated. The targets are not tied to funding and will have no effect on our budget. There is an expectation for continuous improvement. We will try to use it in the best spirit possible.</p>	<p>and that programs be changed as needed to achieve the targets. Motion Carried.</p>	
<p>6.2. Upcoming alPHa Fall Symposium</p>	<p>J. Butt stated that at the last meeting we discussed the alPHa fee increase and alPHa advised that they took it off the table because they wanted to have more consultation with the field.</p> <p>We have been informed by alPHa that the proposal we brought forward using proportionate allocation of the increase would have added a significant fee increase to the larger health units and the larger health units would not accept an increase of more than \$5000, which means the smaller health units have to pay a greater share.</p> <p>Currently we pay alPHa \$8000 and they are adding another \$3000, which means next year we would have to pay \$11,000. Our fee will go up 40% albeit only \$3000.</p> <p>This will be voted on at the alPHa meeting in October. The day of the alPHa meeting is the same day as our regular Board of Health meeting – October 20th. alPHa has suggested that we could vote electronically.</p>	<p>It was moved by: A. Churchill Seconded by: K. Graham That: The Board agree with the need to add one more staff person to alPHa; And That: A proportionate method be used to allocate the increased costs among Health Units; And That: This approach be circulated to other Health Units; And That: If the proposed method is the only one put to the vote of the membership, that the Health Unit vote no to the proposal for increased funding to alPHa. Motion Carried.</p>	<p>Board members to let H. Bruce know tomorrow if they wish to attend.</p>

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	<p>If we as a Board don't feel this process is appropriate we should contact our peers and try to lobby their support. All Boards of Health are currently alPHa members.</p> <p>We get 4 votes – L. Paine, K. Giroux, J. Butt and P. Stewart. It is possible to drive up after our board meeting. The next Board of Health meeting is still October 20.</p>		
7. Advocacy	Nothing to report.	n/a	n/a
8. Verbal Report of the Medical Officer of Health	<p>P. Stewart gave her verbal report. See Appendix #2.</p> <p>K. Graham thanked the health unit staff for their role in the Deer Lake Evacuee event. Some people don't understand the rationale of the scope of the work done by the health unit. The health unit needs to now go to Lanark County council and the Town of Smiths Falls so that the politicians understand the response of the health unit. There is no doubt we will be asked again.</p>	K. Graham will advise P. Stewart when the debriefing is planned.	n/a
9. General Correspondence	<p>J. Butt asked if there were any questions about the correspondence.</p> <p>The correspondence requesting paved shoulders for cyclists was discussed. R. Haley advised that last year in our area United Counties looked at a bike path between Gananoque and Cardinal and the cost was \$3,000,000.</p>	n/a	n/a
9.1. Budget Correspondence	The budget correspondence was reviewed.	n/a	n/a

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10. Incamera Meeting	The motion to move incamera was read at 5:21 p.m.	It was moved by: D. Gordon Seconded by: K. Graham That: This Board move into a closed session of the Board of Health due to the following: (b) personal matters about an identifiable individual, including municipal or local board employees; (g) a matter in respect of which a board or committee may hold a closed meeting. Motion Carried.	n/a
11. Report from Incamera (if necessary)	The rise and report was read at 6:24 pm. J. Butt reported that a date was established for ONA negotiations, G. Grewal and J. Butt were appointed to be part of the bank tender review team and that P. Stewart reviewed with board members an update on the organizational review.	It was moved by: D. Gordon Seconded by: A. Churchill That: This closed session rise and report. Motion Carried.	n/a
12. Time, Date and Location of Next Meeting	The next meeting will be held on Thursday, October 20 th at 4:00 p.m. at the Brockville Office.	n/a	n/a
13. Adjournment	n/a	It was moved by: K. Giroux Seconded by: A. Churchill That: The meeting adjourn at 6:25 p.m. Motion Carried.	n/a

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive

Health Effects of a Changing Climate in LGLDHU

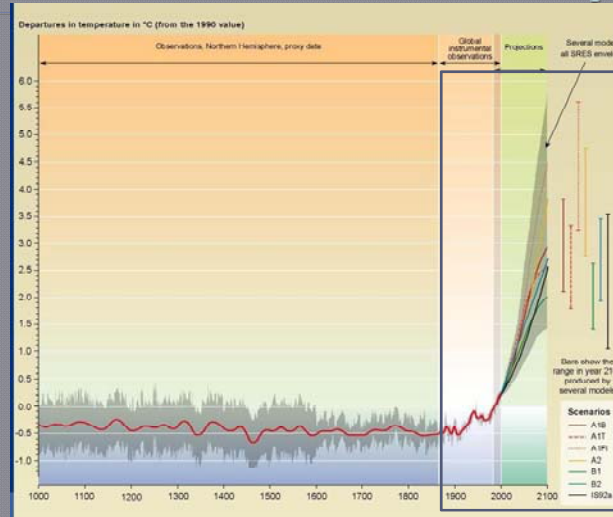
Presentation to the Board of Health
September 22, 2011
By: Patricia Larkin, MA

Outline

- Risk Science
 - Projected Change in Climate
 - Potential Effects
- Vulnerable Populations
- Risk Management

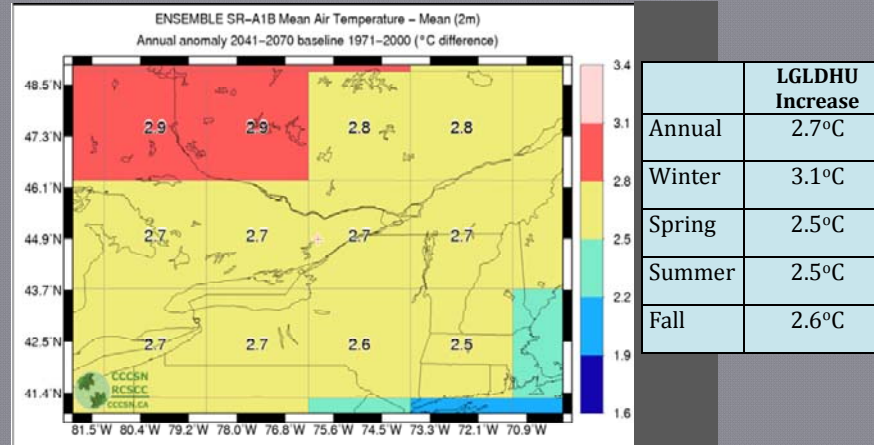
2

Climate Change – Global Projections



UNEP, SMI and GRID-Arendal, 2009

Local Projected Change - Temperature



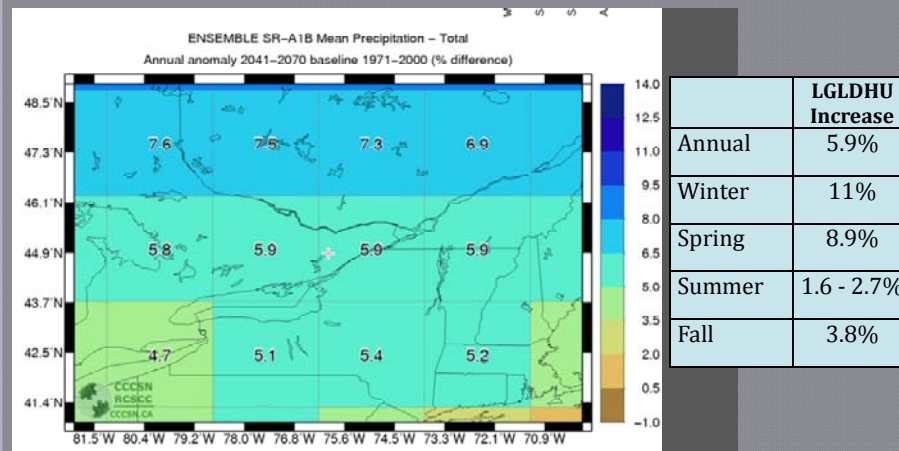
4

Heat and Duration

	1970 - 2000	2020s	2050s
• >25°C	54	78	N/A
• >30°C	10-15	21	31
• Warm Spell Duration (consecutive days)	4-8	18-30	52-78

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Local Projected Change – Precipitation



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9 Potential Effects

- ⦿ Increase in extreme cold and heat events
- ⦿ Increase in weather-related natural hazards
 - High precipitation events resulting in storms, floods, or landslide
 - Low precipitation/drought
 - Wildfires
- ⦿ Decreased air quality

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9 Potential Effects (con't)

- ◉ Increased exposure to ultraviolet rays
- ◉ Increased vector-borne and zoonotic disease
- ◉ Overall change in climate
 - Increased annual and seasonal temperatures
 - Increased annual and seasonal precipitation

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Linkages

- ◉ Climate change affects water security, health, the economy and the natural environment
- ◉ Nine effects are interconnected
 - When a storm or flood occurs, for instance, there are a number of other potential risks to health that will unfold because of the one event

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Vulnerability to Impacts of Climate Change

Vulnerability varies among individuals,
depending on:

- The built environment - water and wastewater infrastructure, land use, shading, housing
- Societal preparation and adaptation; individual lifestyle
- Pre-existing health status
- Communication during poor winter conditions, warm spells, and heat extremes
- Family preparedness and adaptation
- Employment
- Regional population growth

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Health Profile

- Some people are more vulnerable
 - Seniors, infants and children, those living in poverty
 - Persons with underlying health conditions
 - Urban, rural
 - Employment/Lifestyle

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Risk Management – Health Unit Response

- Health Unit is prepared to respond to emergencies that could result e.g. floods, heat waves, wind storms, fire
- Health Unit provides public information on sun safety, managing heat wave and extreme cold, personal emergency preparedness, safe water, food safety, infectious/vector-borne disease
- Health Unit collaborates with partners to reach vulnerable populations
- Health Unit is participating in County Official Plan development

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Risk Management – Future Possibilities

- Review lower-tier municipal planning documents with a health lens - building resilience among public
- Advisory messaging tailored to vulnerable populations
- Community consultation and engagement
- Mapping of hazards and vulnerable populations
- Provide information on climate change and weather on home page
- Increased use of social networking

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Questions?

Thank You!

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Selected References and Reports

- Atmospheric Hazards – Ontario Region – <http://ontario.hazards.ca/intro-e.html>
- Climate Change Projections – CCCSN (2009) - Available at Canadian Climate Change Scenarios Network (CCCSN.CA)
- Health Canada 2008. Human Health in a Changing Climate: A Canadian Assessment of Vulnerabilities and Adaptive Capacity, available by request from Health Canada Publications: info@hc-sc.gc.ca
- Keim, M.E. (2008). “Building Human Resilience. The Role of Public Health Preparedness and Response as an Adaptation to Climate Change” in [American Journal of Preventive Medicine](#) 35(5):508-516
- Perrotta, Kim. (2011) Public Health and Land Use Planning: How Ten Public Health Units are Working to Create Healthy and Sustainable Communities. Prepared for the Clean Air Partnership (CAP) and the Ontario Public Health Association (OPHA). April 2011. http://www.opha.on.ca/resources/docs/CAP_PHLUP-Report-Apr2011.pdf

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Selected Websites

- Air Quality Ontario - <http://www.airqualityontario.com/>
- Atmospheric Hazards – Ontario Region - <http://ontario.hazards.ca/intro-e.html>
- Climate Change Impacts and Adaptation in the Cataraqui Region Workshop
http://www.climateontario.ca/doc/workshop/cataraqui_feb2011.pdf
- From Impacts towards Adaptation in the Mississippi Watershed
<http://mvfn.ca/wordpress/wp-content/uploads/2008/11/from-impacts-towards-adaptation-mississippi-watershed-in-a-changing-climate.pdf>
- Ontario Regional Adaptation Collaborative
http://www.climateontario.ca/p_rac.php

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Medical Officer of Health Verbal Report to the Board

September 22, 2011

Strategic Plan and Organizational Review

We have been busy over the summer working on both the Strategic Plan and the Organizational Review. The Steering Committee for the Strategic Plan will meet on September 30 to review the report from the consultants on the Organizational Review including the proposed service delivery, and to review the proposed mission, vision and values. The environmental scan work is progressing well and will be presented to the Steering Committee in October. We would like to hold two to three community meetings in the fall with our partners to discuss priority areas to focus on to improve the health of the population. The Steering Committee will discuss how to make this happen.

Deer Lake Evacuation

On July 21 I received a call at 7:50 in the morning to attend an Emergency Operating Centre meeting at the Brockville Fire Department at 8:30 that morning. That call set in play intensive work by our staff to support the United Counties and the Town of Smiths Falls in the plans to receive, in the next 8 hours, 200 First Nations people for the Brockville Mental Health Centre, and 600 people to the Rideau Regional Centre in Smiths Falls! The group for Brockville was diverted to another evacuation site but the Smiths Falls group finally arrived during the night. Our staff were amazing at the quickness and the professionalism of their response during the two weeks including organizing all the health service providers in the north to set up a health centre at the site, purchasing formula for 5 day old babies, training volunteers in safe food handling practices, monitoring fridges, water, supporting the child care staff for infection control, and reassuring firefighters and police they didn't need to worry about lice. We learned a lot from the experience. Our Emergency Response Plan worked and the challenges we faced related to others understanding our role in the early stages. We plan to debrief with all involved in the evacuation centre this fall.

Flu clinics

Our flu clinics will start at the end of October and go to early December. The vaccine will be distributed to physicians this month so we expect most people will get their flu shot at their own doctor's office. We will set up an immunization clinic before the next Board meeting so if you come between 3:00 p.m. and 4:00 p.m. you will be able to get your flu vaccine for this year. We are also giving ADACEL which includes tetanus, diphtheria and pertussis. For the first time this year the ministry is funding vaccine for adults so they can be protected against pertussis because adults can transmit it to susceptible babies.

Assessment of Small Drinking Water Systems

The ministry has asked us to complete all of our assessments for places with a small drinking water system by December 2011. We are on track to complete them by concentrating staff on this program over the summer and fall.

All Candidates Meeting

The Collaborative Health Group led by Ray Marshall has organized an all-candidates meeting on Sept 26 from 4:30 to 6:00 p.m. in Brockville at the Arts Centre. We have submitted questions on food security, prevention and oral health.

Health Promotion

The Health Unit is celebrating Canada's Healthy Workplace Month (October 3-30, 2011). The theme is "**Healthy Mind, Healthy Body, Healthy Work...simple goals for everyone.**" The Health Unit is offering an opportunity for local workplaces to promote their healthy workplace activities and encourage other workplaces to take similar steps. The Health Unit will be promoting 2 (two) new workplace toolkits (i.e., Physical Activity and Shift Work). More information is available at: www.healthunit.org/workplace

The Lanark Municipal Drug Strategy held its 8th Network Day at Beckwith – "**Circle of Care**" on Sept. 16, 2011 was the theme which highlighted many service agencies and their work related to the 4 pillars of prevention, treatment, harm reduction and enforcement. Two sub-categories of housing and mental health were also highlighted.

The Health Unit will be launching a new campaign in collaboration with its partners on November 4th called "**Spread a New Attitude About Poverty**". The aim of the campaign is to help decrease stigma associated with poverty and to raise awareness about food security and poverty related issues.

Through our youth engagement funding, a **tobacco summit** is being organized in October for 2 to 3 student leaders from each of our local High Schools to help our future leaders look at a tobacco-free tomorrow.

Youth in many communities feel they are not listened to or that they do not have a voice. **Photovoice** is a photography project that allows youth to highlight and explore issues around health & wellbeing in their community. The issues can be positive or negative, and range from tobacco & substance use, to physical activity, to mental health and beyond. What's important is that the youth themselves are identifying the real issues affecting their day to day lives. Information has been disseminated about the project throughout local high schools, youth groups, public libraries & various community partners.

In December, after the initiative has ended, a community gallery featuring the photos will be held, to which local media and decision-makers will be invited, along with a selection of youth participants.

This initiative will:

- encourage youth to become socially active,
- form partnerships with other youth-serving agencies;
- make a strong effort to derive the opinions/ideas/beliefs of youth who are "at risk" (have low social determinants of health)
- be a medium for youth to present their views to the community at large

Administration

We are very pleased that our insurance cost will be reduced for Sept. 2011 to Sept. 2012 by about \$3,000. Our broker, George Giannoukos from Sussex Corporate Risk inc., has been able to negotiate decreased costs for the same or higher coverage. He reported that the market is competitive right now but he expects this will change in the next year or two and our costs may go up.

All staff are currently doing on-line training in both accessibility standards, workplace violence and harassment as required by law.

We have received funding from the ministry to hire a Senior Nursing Officer (SNO). This is a requirement within our Accountability Agreement with the ministry. The SNO will promote quality of care among the nursing staff and lead a Practice Council. We don't have any details yet about how they expect this to be implemented so we are developing options and will consider our response in light of the Organizational Review.