



**BOARD OF HEALTH FOR THE  
NORTHWESTERN HEALTH UNIT**

MINUTES of the Regular Board of Health Meeting  
November 29, 2013  
Dryden Best Western Hotel boardroom

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**PRESENT:** Julie Roy, Chair  
Carol Baron, Dennis Brown, Shayne MacKinnon, Paul Ryan, Sharon Smith, Doug Squires, Bill Thompson

**IN ATTENDANCE:**  
Dr. Jim Arthurs, Medical Officer of Health  
Mark Perrault, CEO  
Donna Stanley, Manager, Infectious Disease  
Alex Berry, QI Officer  
Dorothy Strain, Secretary to MOH/BOH (Recorder)

**REGRETS**  
John Albanese, Jim Belluz, Trudy Sachowski

**1. CALL TO ORDER**

The Chair called the meeting to order at 8:30 a.m.

**2. APPROVAL OF AGENDA**

**Additions:**

- 10. Non Agenda Items**
- 10.1 Bank Signing Authority
- 10.2 Board of Health Nominating Committee
- 10.3 New Board of Health member

|                                                                                                  |                     |
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| <b>Motion / Resolution: 135-2013</b>                                                             |                     |
| THAT the Agenda for the Board of Health meeting dated November 29, 2013, be approved as amended. | P. Ryan<br>D. Brown |

**3. DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF**

None was declared.

**4. IN CAMERA SESSION**

At 8:40 a.m. Board of Health members moved to an in camera session.

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| <b>Motion / Resolution: 136-2013</b>                                                                                                                                                                                                                                                                  |                                |
| <p>THAT the Board of Health moves to an in camera session to discuss:<br/> <i>Education/orientation session- Emergency Preparedness</i><br/> <i>Personal matters..... Update Report of MOH &amp; CEO Performance Appraisals</i><br/> <i>Medical Officer of Health position recruitment update</i></p> | <p>D. Squires<br/>C. Baron</p> |

Dr. Arthurs, Mark Perrault, Donna Stanley, and Dorothy Strain left the meeting at 10:00 a.m.  
 Dr. Arthurs and Mark Perrault rejoined the meeting at 10:15 a.m.  
 At 10:30 am. Board of Health members moved out of the in camera session to resume regular business.

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| <b>Motion / Resolution: 137-2013</b>                                                           |                             |
| <p>THAT the Board of Health moves out of the in camera session to resume regular business.</p> | <p>D. Brown<br/>P. Ryan</p> |

Dorothy Strain re-joined the meeting at 10:30 a.m.  
 Board of Health members recessed at 10:30 a.m.  
 The Chair called the meeting to order at 10:45 a.m.  
 Alex Berry joined the meeting at 10:45 a.m.

**5. MINUTES OF BOARD OF HEALTH MEETING, October 25, 2013**

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| <b>Motion / Resolution: 138-2013</b>                                                                  |                                |
| <p>THAT the Minutes of the Board of Health meeting held October 25, 2013, be approved as written.</p> | <p>B. Thompson<br/>P. Ryan</p> |

**6. PUBLIC HEALTH PROGRAMS**

**6.1 Medical Officer of Health Report – Provided by Dr. Jim Arthurs, MOH**  
*Reference #2013-11-29-6.1 The report will be retained on file.*

As you all know, on October 20, 2013, I fell and fractured my patella (knee cap) that required surgical repair in Thunder Bay. I am pleased to share that I am recuperating well. I can now walk and use stairs without my crutches and get around well in continuing my Medical Officer of Health (MOH) duties.  
 My wife and I did have a wonderful time on vacation in Croatia and Germany.

During my recent discussion with Julie Roy, Chair and Doug Squires, Vice-Chair, we agreed that the current template for reports to the Board of Health does not seem to fit the MOH report on activities that have taken place since the last Board of Health meeting. This report will briefly review those activities.

**Ministry of Health and Long-Term Care**

The following is an excerpt from an email recently received from Sylvia Shedden, Director, Public Health Standards, Practice & Accountability Branch, Public Health Division (Ministry of Health and Long-Term Care):

I would like to thank you for your staff's involvement in piloting the post-inspection tool. We greatly value the support of Northwestern Health Unit in allowing your staff, Mike Mackie [Public Health Inspector], and Donna Stanley, [Manager, Infectious Disease] time to pilot the IRCT-PSS, (Personal Service Settings-tattoo parlors) and provide us with valuable feedback through the accompanying e-survey. The input received through the survey was taken to the IRA-PSS working group and informed key modifications which improved the tool's usability and accuracy of results. We are hoping to roll-out the IRCT-PSS in the coming months.

We are pleased to learn that our staff is providing valuable input to the process for determining the 2014 performance indicators for the Ministry's 2014 Accountability Agreement.

### Accreditation

On November 7, Alex Berry, QI Officer, and I participated in a presentation by Excellence Canada. Alex has supplied a report on the details. We both feel strongly that this is the best alternative to continue our effort to remain accredited, as it fits well with the four domains of our strategic plan and our measurable indicators of continued quality improvement.

### Programs

#### Tobacco Control

The Ministry of Health and Long-Term Care has received reports that some tobacco vendors across the province are giving away single cigarettes with the purchase of tobacco products. It is the Ministry's position that giving out free single cigarettes does not violate subsection 3.1(3) of the *Smoke-Free Ontario Act* ("SFOA").

We have confirmed with Health Canada that this practice may violate section 29(b) of the federal *Tobacco Act*.

Tobacco Enforcement Officer Wally MacLeod provided this update:

The issue of Mac's Milk convenience stores in Thunder Bay and southern Ontario came up at our recent Tobacco Control Area Network (TCAN) Enforcement sub-committee meeting. Du Maurier tobacco salesmen had given Mac's Milk sample packages of a new product to try, and had encouraged them to hand them out to customers to try.

On the Ontario Campaign for Action on Tobacco (OCAT) teleconference, many tobacco managers and tobacco enforcement officers felt it was indeed a violation of the *Smoke Free Ontario Act*. A legal opinion was sought from the Ministry of Health and Long-Term Care. The interpretation was that it is not a violation of the SFOA. It is a potential violation of 29 (b) of the *Federal Tobacco Act*.

Randy Cooke [Tobacco Enforcement Officer] and I have canvassed the tobacco vendors in our area and it is not an issue here. We do not have Mac's Milk or other large convenience store chains. If indeed we come across these violations we will refer them to Health Canada.

### Dental Health

Dental Health program Manager Dawn Sauve and I participated in the November 12 Public Health Working Group teleconference (which included representatives from the Ministry of

Health and Long-Term Care, Health Canada, First Nations organizations and the Northwestern Health Unit) to provide an update on our use of the Mobile Dental Office to provide dental hygiene and restorative dental treatment on several First Nation communities in the Health Unit's catchment. This program operates under a Northern Dental Pilot. It has been quite successful to date, with financial cooperation from the Ministry's Healthy Smiles Ontario (HSO) program and Health Canada's Non Insured Health Benefits that allow the Health Unit to bill back services for First Nation individuals living on Reserve to Health Canada.

In addition, we shared the attached article from the Toronto Star, "Ontario ERs Ill-Equipped to Handle Dental Problems." [Appendix A]

### **Infectious Disease**

Our Infectious Disease surveillance has shown an unusual increase in active and latent TB cases. We also have an increase in new cases of iGAS (invasive Group A Streptococcus). Our neighbor, Thunder Bay District Health Unit, has seen the same increases. Donna Stanley, Manager Infectious Disease, and I have had teleconference discussions with Dr. David Williams, MOH, Thunder Bay District Health Unit, and are working together with Maureen Carew, MD, from Health Canada for possible interventions and solutions. Unfortunately, both conditions are related to issues of poverty, overcrowded households, absence of sanitation, and safe running water.

From Donna Stanley:

We had a request from Health Canada's First Nations and Inuit Health Branch to send requisitions, under the MOH authority, to Thunder Bay Regional Health Sciences Centre lab requesting them to do additional serotype testing on all invasive GAS isolates. I wanted to see if this work was valuable to surveillance and epidemiology work, so I investigated. I talked to Public Health Ontario, and their group has had several conversations; and the result is that it is indeed seen as beneficial to have more emm-type results on iGAS in the surveillance system in order to track patterns within the province and beyond.

In my readings from the United States (US) Center for Disease Control and World Health Organization websites it is interesting that malaria cases in the US hit a 40-year high (2,000 cases in 2011, up from average of 1500/year). Almost all were acquired overseas in malaria-endemic countries by worldwide frequent travelers.

Another vector borne infectious disease is much closer to home. This past spring, summer, and fall Dr. Nick Ogdan, Senior Research Scientist, Zoonoses Division, Public Health Agency of Canada, assisted by Public Health Inspectors Kurt Casey and Brian Norris, has been working on active surveillance of ticks. They collected ticks by dragging in Kenora and Rainy River districts. No black-legged ticks (deer ticks) were identified in the Kenora area. However, their findings show increasing deer ticks in the Rainy River district, especially around the Township of Rainy River. Some live trapping of small mammals (mice, chipmunks, moles, shrews, and squirrels) was done, and many tested positive for Lyme disease. Early diagnosis and prevention against tick bites will be a focus of our next spring Lyme disease campaign.

There is increased Cholera activity in Mexico, Cuba, Dominican Republic and Haiti. This is a constant reminder that with today's travel, each of us could be in contact with any other person in the world within 24 hours.

Over 20 million children need to be vaccinated against polio in Syria and neighboring countries. The region had not seen polio for nearly a decade until the last 12 months, when Syrian refugee numbers started to grow. The refugees are living in squalor. The recent outbreak has so far left 10 children paralyzed, and it poses a risk for many more.

We can only imagine the potential of large infectious disease outbreaks yet to come as a result of the devastation from the recent typhoon strike in the Philippine Islands.

Influenza season is upon us. Surveys conducted last year regarding flu vaccine uptake by health care workers in our hospitals and long-term care facilities show the numbers are continuing to fall. Pinecrest Long-Term Care facility (Kenora) has requested a presentation by me to answer their 'pro and con' questions about influenza immunization and 'duty of care'. This is scheduled for November 19, 2013.

### **Safe Food**

Later in November we will be implementing a program to report restaurant inspections and that of other food providers. The *ChooseWise* site will be available on the Northwestern Health Unit website to share inspection results.

### **Harm Reduction and Needle Exchange Program**

The Northwestern Health Unit was among the first health units to implement a Naloxone distribution program, as part of our overdose prevention program. We have been purchasing the opioid overdose antidote, Naloxone, privately. We were recently notified by the Ministry that Naloxone is now available through the Ontario Government Pharmaceutical and Medical Supply Service. This will result in financial savings for the Health Unit.

### **APPENDIX**

Appendix A:

"Ontario Ers Ill-Equipped to Handle Dental Problems". [The Toronto Star](#): Wednesday, October 30, 2013.

### **Verbal Update**

Dr. Arthurs commented upon the spread of infectious diseases including the return of some (e.g., polio) in the modern world of travel and intercommunication. He noted the influence of the anti-immunization movement that has resulted in lowered immunization rates around the world. He referenced the essential mandate of public health to protect the public against the spread of infectious disease through immunization, and personal and public hygiene (e.g., hand washing).

TB Control program: It is suspected that increased numbers of confirmed active TB cases as well as latent TB are resulting from more efficient surveillance, reporting, and follow-up / tracing activities as well as increased communication among agencies for reporting and surveillance.

Questions, Discussion

Smoke-Free Ontario Program: There was discussion regarding Board of Health support for proposed Bill 131, which will amend the *Smoke-Free Ontario Act* and its regulation to establish new protections for children and youth. This was referred to management for follow-up at the January Board of Health meeting.

Influenza Vaccination: The numbers of vaccine administered by NWHU staff during this influenza season are expected to be down from previous years as more immunizations are administered by community pharmacies.

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| <b>Motion / Resolution: 139-2013</b>                                       |                        |
| THAT the Report of the Medical Officer of Health be accepted as presented. | P. Ryan<br>B. Thompson |

**6.2 Family Health Program Report**

*Reference #2013-11-29-6.2 The report will be retained on file.*

|                                                    |                     |
|----------------------------------------------------|---------------------|
| <b>Motion / Resolution: 140-2013</b>               |                     |
| THAT the Family Health Program report be received. | P. Ryan<br>S. Smith |

**6.3. Dental Health Program Report**

*Reference #2013-11-29-6.3 The report will be retained on file.*

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|----------------------------------------------------|---------------------|
| <b>Motion / Resolution: 141-2013</b>               |                     |
| THAT the Dental Health program report be received. | P. Ryan<br>S. Smith |

**6.4 Foundations Report- Epidemiologist**

*Reference #2013-11-29-6.4 The report will be retained on file.*

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|---------------------------------------------------------------|---------------------|
| <b>Resolution: 142-2013</b>                                   |                     |
| THAT the Foundations Team- Epidemiologist report be received. | S. Smith<br>P. Ryan |

**7. CORPORATE ADMINISTRATION**

**7.1 Chief Executive Officer Report -Mark Perrault, CEO**

*Reference #2013-11-29-7.1 The report will be retained on file.*

**PURPOSE**

To inform the Board of Health of any current issues that have developed since the last Board of Health meeting that may have an impact on the operations of the health unit, but do not warrant as separate report, and of the activities of the Chief Executive Officer. This report will complement the separate finance report.

### ***Do One Thing Conference, May 2014***

The first meeting of the advisory committee met Thursday, October 31, consisting of myself; Mike Greaves, who is the project manager; Lee Pitt, Manager, IT & Operations; Melanie Buffett, Manager, Communications & Chronic Disease Prevention; Shannon Robinson, Planning Officer; and Cindy Crandall, Executive Assistant, as recorder. This group is tasked with ensuring that all of the key deliverables for the conference are kept on track.

A local working group will also be formed, which will include local staff and a Board of Health representative.

The dates for the conference have been finalized for Tuesday-Wednesday, May 27-28, 2014; and only Health Unit Board and staff also meeting again on Thursday, May 29 in the morning. The dates had to be moved forward one day to accommodate Rick Mercer's schedule.

We will be communicating shortly to our key stakeholders to hold the date for the conference, although details of the agenda are still a month away from finalizing.

### **Presentation at Poverty Workshop**

I gave a one-hour presentation to the Health Nexus Child Poverty Workshop on Wednesday, October 30 in Dryden. Topics I included were: the role public health plays to help alleviate the conditions of poverty; and the Ontario Marginalization Index and its limitations in applying it to northwestern Ontario. I also gave a summary of a book that I recently read called Scarcity: Why Having Too Little Means So Much ( Mullainathan and Shafir, authors) and how its concepts can be applied to working with the poor.

### **Invitation to participate as a member of the Strengthening Public Health Sector Table 5**

I have received an invitation to participate as a member of the Strengthening Public Health Sector Table 5 (attachment 1), which I have accepted as it fits with our strategic plan to strengthen partnerships and raise the profile of the health unit. As the only northern representative on the committee, I feel it is important to represent ours and other remote health units' views with regards to infrastructure, including IT, human resources and emergency preparedness.

### **Other Activities**

Other areas worked on during the past month include: budget preparations for 2014 (which are in a separate report); my performance appraisal (the Board Chair will be reporting to the Board; but, in my opinion, the process was a considerable improvement); review of our benefit provision (included in my Finance Report) and preparation for a presentation to the Sioux Lookout Economic development committee on November 12. I also attended the ALPHa Fall Symposium on November 14-15 in Toronto.

### **Attachment:**

Attachment 1: Invitation to participate at Strengthening Public Health Sector Table.

Verbal Update – Provided by Mark Perrault

‘Do One Thing’ Conference: The date has been finalized for May 27-29, 2014. Planning meetings have started with the contract event coordinator. A local Board of Health member will be included on the planning committee. The second, full day (May 28) will comprise breakout sessions of interest to municipal and community partners and agencies. ‘Save the Date’ notification will be sent in the near future.

Provincial Committee, Strengthening Public Health Sector Table Five: Mark Perrault has been invited to participate on this provincial committee, which will consider how information systems, collaborative mechanisms, and workforce capacity in the public health sector can be strengthened. It will be an opportunity to provide input for northwestern Ontario public health priorities and concerns.

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| <b>Motion / Resolution: 143-2013</b>                                     |                     |
| THAT the Report of the Chief Executive Officer be accepted as presented. | S. Smith<br>P. Ryan |

**7.2 Finance Report** – provided by Mark Perrault, CEO

Reference #2013-11-29-7.2 The report will be retained on file.

Changes to reporting sheets for increased clarity of reporting were explained and the reports were reviewed. Operations are proceeding as projected and there are no concerns to date.

**7.2.1 NWHU Consolidated Constitution: By-Law #2, Sewage Systems Program**

Mark Perrault noted that two Ontario health units have recently discontinued provision of this program. However, Section 3.1 of the *Building Code Act, 1992* assigns responsibility to the Northwestern Health Unit to provide the program to its catchment region.

The program is designed to be self-sufficient through revenue from permit issuances and inspection fees. A reserve exists for years in which there is surplus revenue over operating costs; however, there is concern that the recent years’ trend of declining revenues will drain the reserve. Since 1998 there has only been one adjustment (made in 2011) to the permits and inspection fee schedule, Schedule A, By-Law #2.

Proposed adjustments to the fee schedule were reviewed. Recommendations were made for further edits. The draft fee schedule was referred to management for further revision and will be returned to the Executive Committee’s January meeting for initial review.

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|---------------------------------------------------|---------------------|
| <b>Motion / Resolution: 144-2013</b>              |                     |
| THAT the Finance Report be accepted as presented. | S. Smith<br>P. Ryan |

Board of Health members recessed at 12:15 p.m.  
The Chair called the meeting to order at 12:45 p.m.

**8. REPORT OF EXECUTIVE COMMITTEE MEETING, NOVEMBER 8, 2013**

Board Chair Julie Roy performed Chair duties in Committee Chair Doug Squires' absence. Julie Roy provided a verbal report of the Committee meeting.

**8.1 NWHU Preliminary 2014 Cost Shared Budget – report provided by Mark Perrault**  
*Reference #2013-11-29-8.1 The report will be retained on file.*

Mark Perrault provided background to the preliminary 2014 cost shared budget report and attached data sheet. Some funding expected from the Ministry of Health and Long-Term Care ('the Ministry') remains to be confirmed. Projected program and operations costs, including administration, salary and benefit costs, are almost finalized.

Proposed requests for one-time funding from the Ministry were described.

The budget is being prepared factoring a 2% increase over 2013 funding, and with the municipal per capita levy maintained at \$54.33.

A draft cost shared budget will be brought to the January Executive Committee meeting for review prior to submission of the draft 2014 budget to the January Board of Health meeting.

Questions

Investment vehicles for reserve funds were discussed. Options for the Health Unit were referred to the Executive Committee for consideration.

Julie Roy conveyed the Committee's recommendation that the Board of Health maintain the 2014 municipal per capita levy at \$54.33.

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| <b>Motion / Resolution: 145-2013</b>                                          |                          |
| That the 2014 Cost Shared Budget Preliminary Report be accepted as presented. | S. MacKinnon<br>D. Brown |

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| <b>Motion / Resolution: 146-2013</b>                                                                                                      |                             |
| THAT, per direction of the Board of Health for Northwestern Health Unit, the municipal per capita levy for 2014 be maintained at \$54.33. | S. MacKinnon<br>B. Thompson |

*Executive Committee Meeting Report – continued*

Children's Outdoor Charter: The Committee discussed providing a recommendation for Board of Health endorsement of the Charter.

Mark Perrault reported to the current meeting that the Children's Outdoor Charter was discussed at a recent Leadership Council meeting. The Charter's recommendations and encouraged activities are being incorporated into program planning, and the Charter will be linked on the Health Unit's website. A draft endorsement resolution will be provided to the Executive Committee for recommendation for Board of Health approval.

Green movement: The Committee considered a suggestion to provide Board members with [electronic] tablets. Mark Perrault noted to the current meeting that Board meeting documentation could be provided electronically. Management will follow up to identify costs, and 'pros and cons' for further consideration by the Executive Committee.

**8.2 NWHU Accreditation – further information provided by Alex Berry, QI Officer**  
*Reference #2013-11-29-8.2 The report will be retained on file.*

Alex Berry explained the report’s recommendation and clarified the reasons for choice of accrediting body.

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| <b>Motion / Resolution: 147-2013</b>                             |                          |
| THAT the report entitled Accreditation be accepted as presented. | S. MacKinnon<br>C. Baron |

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| <b>Motion / Resolution: 148-2013</b>                                                                                                                                                                                                                  |                          |
| THAT, commencing 2014, the Board of Health proceeds with the Northwestern Health Unit’s enrolment and ongoing participation in Excellence Canada’s Progressive Excellence Program, to fulfill the strategic plan objective to maintain accreditation. | S. MacKinnon<br>C. Baron |

**8.3 Board of Health 2014 Meetings and Reports Format - report provided by Alex Berry, QI Officer**

*Reference #2013-11-29-8.2 The report will be retained on file.*

Discussion

Advantages and disadvantages of provision of education / orientation sessions at each Board of Health meeting (vs. a day-long meeting) were considered. The format (i.e., report template) for reports to the Board was also considered and suggestions for more effective strategic reporting were made.

**8.4 NWHU Consolidated Constitution**

**8.4.1 By-Law #1, Board of Health Constitution: Section 2.8, Board Member Recognition of Service**

The proposed amendment to section 2.8 will be returned to the Executive Committee’s January meeting per Board member’s request.

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| <b>Motion / Resolution: 149-2013</b>                                                                |                        |
| THAT the report of the Executive Committee meeting held November 8, 2013, be accepted as presented. | C. Baron<br>D. Squires |

**9. REPORTS OF aIPHa CONFERENCE, NOVEMBER 14-15, 2013**

Board of Health delegates Julie Roy, Doug Squires, and Paul Ryan provided verbal reports of their attendance at the Association of Local Public Health Agencies (aIPHa) Fall Symposium. A written report was provided by John Albanese.

Conference focus was the recommendations of the Healthy Kids Panel’s Report, No Time to Wait: The Health Kids Strategy. Take away information and conclusions from table discussions of the recommendations were reported.

The alPHa Boards of Health section meeting was held November 15. Recommendations for restructuring section meetings and also for alPHa annual conferences were described.

Mark Perrault, CEO, also attended the conference.

**10. NON AGENDA ITEMS**

**10.1 Bank Signing Authority**

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| <b>Motion / Resolution: 150-2013</b>                                                                                                                                                                                                                                                                                                                |                                |
| <p>THAT authorization for Jacqui Bergman, Finance Coordinator, to be a bank signing authority for the Northwestern Health Unit be revoked effective November 29, 2013;</p> <p>AND THAT Marilyn Herbacz, Human Resources Coordinator, be authorized to be a bank signing authority for the Northwestern Health Unit effective November 29, 2013.</p> | <p>D. Squires<br/>C. Baron</p> |

**10.2 Nominating Committee, Board of Health Elections January 2014**

|                                                                                                                                                               |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Motion / Resolution: 151-2013</b>                                                                                                                          |                                 |
| <p>THAT Paul Ryan be appointed to the Nominating Committee for Executive and Committee elections to be held at the Board of Health first meeting of 2014.</p> | <p>D. Brown<br/>B. Thompson</p> |

**10.3 New Board of Health Member**

Notification was received of a new public appointee, Trudy Sachowski, whose appointment is effective November 20, 2013. She was unable to attend the current meeting but will be available to attend the January 2014 Board of Health meeting.

**12. NEXT MEETING DATE**

**Regular Meeting**

Date: Friday, January 17, 2014 Start time: 8:30 a.m.  
Location: Kenora City View office boardroom

**Executive Committee**

Date: Friday, January 10, 2014 Start time: 9:00 a.m.  
Location: Kenora City View office boardroom

**13. ADJOURNMENT**

The Chair adjourned the meeting at 1:55 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS ..... DAY OF .....2014

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CHAIR, BOARD OF HEALTH

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RECORDING SECRETARY