# BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT

MINUTES of the Regular Board of Health Meeting
October 23, 2015, 8:30 a.m.
Dryden, Best Western Hotel

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PRESENT: Julie Roy, Chair
Carol Baron, Dennis Brown, Yolaine Kirlew, Joe Ruete, Paul Ryan, Sharon Smith, Trudy Sachowski

REGRETS: Bill Thompson

IN ATTENDANCE:
Mark Perrault, CEO
Dr. Kit Young Hoon, MOH
Alex Berry, (A) Manager, Foundations
Dawn Sauvé, Manager, Dental Health
Cindy Crandall, Secretary to BOH/MOH (Recorder)

## 1. CALL TO ORDER

Chair Julie Roy called the meeting to order at 8:35 a.m.

## 2. APPROVAL OF AGENDA

| Motion / Resolution: #82-2015 APPROVED | |
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| THAT the Agenda for the Board of Health meeting dated October 23, 2015, be approved. | C. Baron<br>T. Sachowski |

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

None was declared.

## 4. MINUTES OF BOARD OF HEALTH MEETING, OCTOBER 2, 2015

| Motion / Resolution: #83-2015 APPROVED | |
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| THAT the Minutes of the Board of Health meeting held October 2, 2015, be approved as written. | P. Ryan<br>T. Sachowski |

## 5. IN CAMERA (CLOSED MEETING) SESSION:

At 8:36 a.m. Board of Health members moved to an in camera (closed meeting) session.
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| Motion / Resolution: #84-2015 APPROVED | |
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| THAT the Board of Health moves to an in camera session to discuss:<br>__Security of the property of the Board;<br>X Personnel matters…<br>__Proposed or pending acquisition of land for Board purposes;<br>__Labour relations or employee negotiations;<br>__Litigation or potential litigation, including matters before administrative tribunals, affecting the Board;<br>__Receiving of advice that is subject to solicitor/client privilege, including communications necessary for that purpose;<br>__A matter in respect of which the Board has authorized a meeting to be closed under another Act;<br>__Consideration of a request under *Municipal Freedom of Information & Protection of Privacy Act;*<br>_X_Education / orientation session for Board members:<br>• Dental Program Updates<br>• Emergency Preparedness | C. Baron<br>J. Ruete |

The Chair, Julie Roy, thanked Ms. Sauvé for her presentation on Dental Program Updates. Ms. Sauvé left the meeting at 9:20 a.m.

The Chair, Julie Roy, thanked Mr. Berry for his presentation on Emergency Preparedness.

Dr. Kit Young Hoon, Mark Perrault, Alex Berry, and Cindy Crandall left the meeting at 10:08 a.m. for the Personnel Matters discussion.

They returned to the meeting at 10:26 a.m.

Trudy Sachowski left the meeting at 10:30 a.m.

The Board recessed at 10:30 a.m. and resumed business at 10.55 a.m.

| Motion / Resolution: #85-2015 APPROVED | |
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| THAT the Board of Health moves out of in camera session to resume regular business. | C. Baron<br>J. Ruete |

| Motion / Resolution: #86-2015 APPROVED | |
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| THAT the Board of Health approves the Medical Officer of Health and Chief Executive Officer work plans for 2015. | P. Ryan<br>Y. Kirlew |

## 6. PUBLIC HEALTH PROGRAMS

### 6.1 Medical Officer of Health Report – *Dr. Kit Young Hoon, MOH*

*Reference 2015.10.23.6.1*

## Aboriginal health partnerships and collaborations

Mark Perrault and I have had an initial meeting with Joe Barnes of the Kenora Chiefs Advisory (KCA) to discuss a Section 50 Agreement. Joe Barnes has received direction from the board of KCA to explore a public health system for the 8 communities that the organization serves. KCA has expressed their intention to pursue a Section 50 with the Ministry of Health and Long-Term Care and with Health Canada. Joe Barnes has also indicated that the intent is a truly collaborative relationship leveraging the strengths of the involved organizations in providing public health services to the First Nation Communities. Next steps include a meeting between board chairs and bringing forward a conceptual paper to the board of KCA.

## Connections with the health care system

On October 15, 2015, MOHLTC released the Price report. The ministry had convened a panel of experts lead by Dr. Price and Elizabeth Baker in 2013 to consider how to improve the primary health care system. The panel were asked to consider four policy questions:

1. *How can we ensure all Ontarians are attached to a regular primary care provider?*
2. *How can we ensure that Ontarians who need the services of an inter-professional care team can obtain them?*
3. *How can we improve integration in primary care, both among primary care providers and between primary care and other parts of the system?*
4. *How can we ensure Ontarians can access primary care after business hours and on weekends when needed?*

The panel recommended a new model for primary health care called "Patient Care Groups". A patient care group was defined as a population based fund-holding organization that are accountable to the MOHLTC through the Local Health Integration Networks.

The report did refer to public health in the proposed model:

- Funding would be on a per-capita basis and consider the demographics, socioeconomic status and needs of the population. The report indicates that public health could be involved from an epidemiological and research perspective to determine funding levels.
- Public Health will assist in assigning marginalized individuals (e.g. homeless, lack of a health card) to a patient care group
- Public Health will work with the LHIN in service planning and monitoring
- Performance indicators will be determined in partnership with public health and other organizations
- The Patient Care Group could contract with public health to deliver services e.g. smoking cessation, diabetes care.
- Public health resources will be leveraged to do a populations-based needs assessment

The media release from the MOHLTC did state *"The report is one piece of advice the government is considering when discussing how to strengthen primary care in Ontario*." The full report is attached.

Public Health – Primary Care partnerships are vital for the work of NWHU. There are currently many existing working relationships between primary care and NWHU in our communities. These relationships are generally productive and tend to focus on infectious diseases (including sexual health) and family health. Depending on the community, there is potential to improve referrals to our services and ensure that health care providers are supported in their clinical work from a public health perspective.

A prominent challenge for health care in most communities is difficulty in the recruitment and retention of physicians and a dependence on locums. The temporary nature of a locum position means that connections with public health and referrals to our services will be minimal. To compensate for this, a strong relationship with allied health professionals is vital as they tend to be more permanently based in the community.

I am in the process of connecting with and strengthening the relationship with family health teams and have met the Atikokan Health Team and briefly attended an academic day for Sioux Lookout physicians to introduce myself. I am also working closely with a medical resident currently doing a placement in primary care in Dryden to explore how best to communicate with primary health care providers.

Also relevant to the relationship with the health care system, Dawn Sauvé (manager, Dental Health) and I, with the support of Dr. Cooney (Dental Consultant), will be engaging hospital administration in the upcoming months to explore providing dental services to vulnerable adults in order to reduce emergency room visits.

## Universal Influenza Immunization Program

The annual influenza vaccination for the public is expected to launch on October 26, 2015. The vaccine components and strains are based on the recommendations of the World Health Organization (WHO). These recommendations are based on the international monitoring of influenza around the globe and are based on trends and predictions of what influenza strains will be prevalent in the upcoming season. Unfortunately, this is not a perfect science, and there is a risk of a mismatch. Public Health Ontario and the Ministry of Health and Long Term Care monitor the incidence of influenza in the province and provide weekly updates. The infectious disease team with the support of the epidemiologist will continue to monitor the situation in our region and inform health care providers and the public as appropriate.

## Infection Prevention and Control: changes in protocol

On October 14th, the MOHLTC informed local public health agencies of changes to the standards and protocols with respect to infection prevention and control. The changes now require that if there is an infection prevention and control lapse that may lead to transmission of infectious disease, an initial report and final report should be posted on the local public health agency's website. Infection prevention and control lapse investigations may occur as a result of routine inspections, complaints from the public or other organizations or through communicable disease surveillance. They may occur in personal service settings or in settings where health care services are provided. This change is consistent with the Provincial government's intent to increase transparency.

Indoor Air Quality monitoring in arenas

It was briefly discussed at the last Board of Health meeting on October 2, 2015, on the effectiveness of annual monitoring of indoor air quality at arenas. This program has a similar model to other enforcement programs that do inspection on a regular interval. These inspections are limited as they are a snapshot in time. The strengths of the inspection is that it allows us to evaluate how the work is done and provide teaching or information as appropriate.

Municipalities can consider purchasing indoor air quality equipment to do more frequent testing with an approximate cost of $2,300. Additional calibration and maintenance costs will be required and municipal staff would need to be motivated to test regularly, accurately, and follow up appropriately. Environmental health staff can support the municipality by providing advice on what equipment to purchase, how to use the equipment, and follow up of adverse results.

Meetings with municipalities

I met with the municipal councils of Rainy River and Atikokan this month. At both meetings I spoke to what is public health, highlighted the services of NWHU, and indicated the potential role of municipalities on influencing population health.

Additional Verbal Report – *provided by Dr. Kit Young Hoon, MOH*

We are moving forward with a concept paper regarding a Section 50 with the Kenora Chiefs Advisory. A grant proposal has been completed and sent to Health Canada. A meeting with the Board Chairs from Kenora Chiefs and the Board of Health is proposed for January 2016.

Work is continuing with Grassy Narrows Community Health Assessment team. Next meeting is in Kenora, December 1, 2015.

*The Price Report* was discussed including problems of access to care for residents of northern Ontario and difficulties with recruitment and retention of physicians.

Questions and comments were provided.

## 6.2 Balanced Scorecard Report – *Alex Berry, (A)Manager, Foundations*

*Reference 2015.10.23.6.2 – The report will be retained on file.*

## 6.3 Strategic Planning Working Group – *Alex Berry (A)Manager, Foundations*

*Reference 2015.10.23.6.3 – The report will be retained on file.*

The Strategic Planning Working Group will include Yolaine Kirlew and Trudy Sachowski as representatives from the Board of Health. The first meeting will take place November 26, 2015.

| Motion / Resolution: #87-2015 APPROVED | |
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| THAT the Board of Health approve the Terms of Reference for the Strategic Planning Working Group. | J. Ruete<br>C. Baron |

## 6.4 Infectious Disease Annual Report – *Donna Stanley, Manager, Infectious Disease*

*Reference 2015.10.23.6.4 – The report will be retained on file.*

Additional Verbal Report – *provided by Dr. Kit Young Hoon, MOH*

There has been increased use of epidemiology for surveillance to better understand what is happening in the communities.

The implementation of the Panorama database used for immunization has not been easy, and staff have been working hard to learn the new system.

## 6.5 Smoke-Free Multi Unit Housing – *Shannon Robinson (A)Manager, Chronic Disease Prevention & Smoke-Free Ontario*

*Reference 2015.10.23.6.5 – The report will be retained on file.*

| Motion / Resolution: #88-2015 APPROVED | |
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| WHEREAS tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year; and<br><br>WHEREAS second-hand smoke kills 1,000 Canadians annually; and<br><br>WHEREAS approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed; and<br><br>WHEREAS Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported; and<br><br>WHEREAS indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building, and no one should be unwillingly exposed or forced to move due to unwanted second-hand smoke exposure; and<br><br>WHEREAS second-hand smoke in multi-unit housing can lead to third-hand tobacco exposure as semi-volatile and volatile organic chemicals like nicotine and polycyclic aromatic hydrocarbons (carcinogens, also known as PAHs) are oily or waxy and more likely to stick to surfaces than be removed by ventilation; and<br><br>WHEREAS 5.6% of residents age 12 and up in the Northwestern Health Unit catchment area are exposed to second-hand smoke in their home; and<br><br>WHEREAS 36.1% of residents who live in multi-unit housing in the Northwest Tobacco Control Area Network report tobacco smoke entering their home in the past 6 months.<br><br>NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the | S. Smith<br>Y. Kirlew |

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|---|---|
| Northwestern Health take the following actions to reduce exposure to second-hand smoke in multi-unit dwellings:<br><br>1. Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties.<br>2. Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties.<br>3. Encourage the Ontario Ministry of Municipal Affairs and Housing to develop government policy and programs to facilitate the provision of smoke-free housing; including:<br>a. Ensuring all future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;<br>b. Ensuring all future public/social housing developments in Ontario should be smoke-free from the onset.<br><br>FURTHERMORE BE IT RESOLVED, that a copy of this resolution be sent to the Smoke-Free Ontario Housing Coalition, the Ontario Minister of Municipal Affairs and Housing, local Members of Provincial Parliament (MPP), the Chief Medical Officer of Health, the Association of Local Public Health Agencies, all Ontario Boards of Health, the Kenora District Services Board, the Rainy River District Social Services and Administration Board, and Northwestern Health Unit obligated municipalities for their information and support. | |

## 6.6 Sexual Health Annual Report – *Gillian Lunny, Manager, Sexual Health & Harm Reduction*

*Reference 2015.10.23.6.6 – The report will be retained on file.*

| Motion / Resolution: #89-2015 APPROVED | |
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| THAT the following reports be accepted as presented:<br><br>- 2015.10.23.6.1 Medical Officer of Health Report<br>- 2015.10.23.6.2 Balanced Scorecard Report<br>- 2015.10.23.6.3 Strategic Planning Working Group Report<br>- 2015.10.23.6.4 Infectious Disease Annual Report<br>- 2015.10.23.6.5 Smoke-Free Multi Unit Housing Report<br>- 2015.10.23.6.6 Sexual Health Annual Report | S. Smith<br>Y. Kirlew |

## Peer Outreach Briefing Note

Dr. Young Hoon advised that Leadership Council has proposed we move forward with two Peer Outreach Worker positions in Kenora. Currently the two workers are paid on a small fee for service basis. Re-evaluation and evidence has shown a need to make them permanent employees. A resolution is provided with Agenda Item 8 – New Positions.

The board recessed for lunch at 12:14 p.m.

Trudy Sachowski returned to the meeting at 12:15 p.m.

The board resumed meeting at 12:45 p.m.

## 7. CORPORATE ADMINISTRATION

### 7.1 CEO Report – *Mark Perrault, CEO*

*Reference #2015.10.23.7.1*

### Funding

Management has met to plan for how we will allocate the unexpected increase to the Unorganized Territories Grant and plan for zero increases for potentially several years. For 2015, we have drafted a list of one time expenditures which are purchases we may have made in future years and will help mitigate the impact of flat-lined funding for the next few years.

We are also proposing that we immediately rebate the municipalities the same amount as the past two years so that our municipalities can make use of the funds before they close their books at year end.

Any remaining money I would recommend that the Board put into our Equipment Reserve so we are in position to match one-time funding opportunities that may come up. Our projected surplus is between $200,000 to $250,000 after the municipal rebate and year end spending. Note that capital asset depreciation and our non-vested sick leave liabilities may move this number lower once we have completed our 2015 Audited Financial Statements.

The same type of weighting was also done for the Unorganized Territories Grant (UTG) of which 8 health units share a pool of money. This model shows the NWHU is underfunded by $940,065; in 2015 we received an increase of $414,000 which was a welcome surprise. The MOHTLC says there was a "one-time" opportunity to increase the UTG by $900,000 total and they decided to forgo the same process with the cost shared grant and gave all eight health units an increase of varying amounts (NWHU was the highest) which means even the health unit that is way over funded by the model got an increase. They warned the UTG will never be increased again. They said it was a different stream of funding and it was a truly one-time increase. While we welcome the unexpected increase, it is disconcerting that equity only applies to the large pool of money.

### Dental and Healthy Smiles Ontario (HSO)

On Oct 16th myself, Dr. Kit Young Hoon, and Dawn Sauvé met with Liz Walker and Colleen Kiel from the MOHLTC to discuss the announced changes to the dental program including the elimination of CINOT as it is rolled into Health Smiles Ontario.

We were reassured that all children currently seen by the Health Unit will continue to receive services from the health unit or private practitioners. Our unique Northern Pilot Program

which has us pay a per diem amount to dentists to see clients on our dental van, rented facilities, or in private clinics will continue, albeit with increased accountability measures, which is reasonable.

More details will come to the Board in our budget submission but it is safe to say that there will be no reduction in services or staffing with our current understanding of the new model.

### First Nations

Our October 16th meeting with Liz Walker concluded with a discussion of the possible opportunities for the Northwestern Health Unit to help facilitate the development of a public health system on First Nations.

We have agreed to host a 'What is Public Health' meeting for local First Nations co-facilitated with the province and federal government. This will provide bands with the information that will allow them to make informed decisions on the development of a public health system for their members. Funding will be provided to the health unit through a one-time grant application.

This month we will be coming to the Board of Health for a Policy Analyst position paid for out of the increase to our Unorganized Territories Funding. The position will be tasked with helping develop the legal framework (consulting with a lawyer as needed), conducting privacy impact assessments, and memorandums of understandings (MOUs) between the parties. They will also facilitate the integration of our programs on reserves where appropriate and provide briefing notes to Management and Board.

Additional Verbal Report – *provided by Mark Perrault, CEO*

Questions and comments were provided.

## 7.2 Risk Management Annual Report – *Alex Berry, (A)Manager, Foundations*

*Reference #2015.10.23.7.2 – The report will be retained on file.*

## 7.3 Finance Report – *Mark Perrault, CEO*

*Reference #2015.10.23.7.3 The report will be retained on file.*

Additional Verbal Report – *provided by Mark Perrault, CEO*

Questions and comments were provided.

### Risk Management

A Risk Management annual review was done by the Leadership Council. There were no significant changes in our profile, but two risk areas were included to capture them in the overall picture of risks facing the health unit. Damage to the reputation of the health unit or negative public perception of the health unit because of (in) action on our part and lack of, or not strong enough, internal financial controls that could result in misappropriation of funds were added.

| Motion / Resolution: #90 -2015 APPROVED | |
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| THAT the following reports be accepted as presented:<br>- 2015.10.23.7.1 CEO Report<br>- 2015.10.23.7.2 Risk Management – Annual Report<br>- 2015.10.23.7.3 Finance Report | Y. Kirlew<br>S. Smith |

| Motion / Resolution: #91 -2015 APPROVED | |
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| THAT, following a risk assessment of third quarter and projected year-end results for 2015 for cost shared programs according to Policy, Accumulated Surplus – Current and Reserve Funds, the Board of Health has identified a surplus of municipal levy funds in the amount of $124,630; and approves a reallocation of same funds to its obligated municipalities according to the same municipal population-based funding formula under which they were levied in 2015. | Y. Kirlew<br>S. Smith |

## 8. NEW POSITIONS

The following positions were discussed and approved:

Peer Outreach Workers (2), 0.6FTE
Policy Analyst, 1.0FTE COPE Union
Health Educator, 1.0FTE COPE Union

| Motion / Resolution: #92 -2015 APPROVED | |
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| That the Board of Health approves the establishment of two .6 FTE non-union Peer Outreach Worker positions and that Appendix to Policy III-21A (Salaries) be amended to include a new Peer Outreach Worker grid which is the equivalent of the COPE Health Educator grid. | S. Smith<br>Y. Kirlew |

| Motion / Resolution: #93-2015 APPROVED | |
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| That the Board of Health approves the establishment of a 1 FTE Policy Analysist position (COPE) and that Appendix to Policy III-21A (Salaries) be amended to add the Policy Analysist position to the COPE Health Promotion Coordinator grid. | Y. Kirlew<br>S. Smith |

| Motion / Resolution: #94-2015 APPROVED | |
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| That the Board of Health approve 1.0FTE Health Educator position for the Environmental Health program. Funding provided by the Smoke-Free Ontario program. | C. Baron<br>D. Brown |

## 9. ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHA) MEETING, November 5, 2015, Toronto

| Motion / Resolution: #95-2015 APPROVED | |
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| THAT the following Board of Health members are authorized to attend the Association of Local Public Health Agencies (alPHa) Fall Meeting, November 5, 2015, in Toronto:<br><br>Trudy Sachowski, Julie Roy, Paul Ryan<br><br>Expenses for this conference will be covered by the Northwestern Health Unit. | S. Smith<br>Y. Kirlew |

## 10. NON AGENDA ITEMS

There were no Non Agenda items.

## 11. NEXT MEETING DATE

BOH Regular Meeting – November 27, 2015, City View Board Room, Kenora

## 12. 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 .....2015

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MEETING CHAIR, BOARD OF HEALTH

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RECORDING SECRETARY