



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

MEETING MINUTES
Regular Board of Health Meeting
Friday, April 20, 2012
Kenora Lakeside Inn Heritage Board Room

MEMBERS PRESENT: John Albanese – Chair
Jim Belluz, Dennis Brown, Mel Fisher, Russ Fortier, Margaret Harland, Julie Roy, Paul Ryan,
Doug Squires, Bill Thompson

PARTICIPATING:
Dr. Jim Arthurs, Medical Officer of Health (MOH)
Mark Perrault, Chief Executive Officer (CEO)
Lois Bailey, Chief Financial Officer
Gillian Lunny, Manager, Sexual Health Program
Lee Pitt, IT Coordinator and Manager (A), IT and Operations
Shannon Robinson, Health Promotion Coordinator
Dorothy Strain, Executive Assistant (Recorder, Secretary)

REGRETS: Dave Canfield

1. CALL TO ORDER

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

2. APPROVAL OF AGENDA

2.1 Additions to Agenda

- Agenda #6, Report of Executive Committee:
 - 6.2 Current Fund and Reserves Update
 - 6.3 Northwestern Health Unit 2012 Program Budgets
- Agenda #8, Non Agenda Items:
 - 8.1 alPHa AGM, June 10-12, 2012

Motion / Resolution: 39-2012	
THAT the Agenda for the Board of Health meeting dated April 20, 2012, be approved as amended.	R. Fortier D. Brown

3. DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF

None was declared.

4. MINUTES OF BOARD OF HEALTH MEETING, March 23, 2012

Motion / Resolution: 40-2012	
THAT the Minutes of the Board of Health meeting held March 23, 2012, be approved as written.	D. Brown P. Ryan

5. SENIOR MANAGEMENT REPORTS

Medical Officer of Health Report

Submitted by Dr. Jim Arthurs, Medical Officer of Health

The Ontario Public Health Conference

I attended the Ontario Public Health Conference in Toronto-April 2-5, 2012. The Conference theme, "*Staying Ahead of the Curve*", was very appropriate for the times we live in--Budget deficits, Drummond report, transparency, accountability agreements, and indicator measures. All of these efforts for documenting successful progress are ringing in our ears as we move toward a new strategic plan.

In my career I have been to uncountable conventions, seminars, formal classes, and meetings of all kinds. Honestly, I do not recall any others that were as engaging, pertinent, timely, educational, and overall as useful in terms of take home messages as these four days were.

Highlights

- Let's get moving. Walking 30 minutes daily (or more) is the best thing you can do for your health. Nearly all 700 attendees participated, competing for a new Dell laptop computer for the individual logging the highest total steps. At each morning's opening remarks, pictures of the presidents of Public Health Ontario, alPHa, and Ontario Public Health Association were shown on the big screens with their accumulated total steps. This was only one of four walking challenges happening this spring: our own for the month of April; alPHa's single day challenge to health units; and our own ongoing Board of Health coffee break walks starting with this meeting.
- Nearly every topic, plenary and luncheon speaker emphasized quality improvement and performance management. Dr. David Butler-Jones, Chief Public Health Officer for Canada, encouraged the audience to have mutual respect and to work together in teams. He reminded us all that one doesn't have to take personal ownership for new and better ideas, nor take the credit if successful. We must all share and gain knowledge from one another.
- I was one of four presenters and panelists for the session topic, "Exploring Public Engagement models, for Public Health Policy Making in Ontario." It was a lively session with many enthusiastic attendees with good questions and discussions. My take-home message was one I have pondered from my beginnings with the Northwestern Health Unit: Do we have the RIGHT message? Are we getting our message to the RIGHT target population? Do we understand their needs and do they know what services we offer to help fill their needs?

I presented our community engagement project that had 28 separate meetings over nine months and involved 12 of our municipalities. I presented an overview and summary of what we learned. The individual municipal reports from this effort can be viewed on the our website, www.nwhu.on.ca : Programs>>Health Promotion>>Health Promotion Reports>>Community Engagement Summary Reports. I want to give my

many thanks to my/our staff of Tanis Fretter, Shannon Robinson, Alex Berry, and Lee-Ann Nalezty for their slides, notes, comments and recommendations. All were very helpful and were excellent coaches for me. The presentation went very well.

The following is a list of additional session topics that I attended. I will be happy to discuss any of them briefly or answer your questions as time permits.

- Changing practice in a changing landscape: vaccine wars, science and new media
- Staying Ahead of the Curve? A unified public oral health program for Ontario
- Impact of current trends on future directions in public health
- The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario
- Pet husbandry and disease prevention practices in Canadian pet-owning households
- Quality improvement and performance management: lessons learned from the U.S.
- Media advocacy and public health
- Complexity theory: Can we apply it to public health?
- Social media 101 and Edutainment too? How to create a BUZZ in the business of public health
- Chief Medical Officer for Ontario—report on oral health
- Public health and primary care collaboration
- Learning in community: How to build a health promotion community of practice

Medical Officer of Health Updates

- 1) Public health for First Nations peoples
- 2) Bed Bugs
- 3) Resetting HPV vaccine target realistically
- 4) Mentoring third year NOSM and University of Manitoba medical students
- 5) Addiction and withdrawal
- 6) Falls prevention project
- 7) Poly-pharmacy
- 8) A pharmacist's view of diabetic prevention

Foundations Report

Submitted by Shannon Robinson, Health Promotion Coordinator

A key component of effective health promotion and behaviour change programs is sustainability. Sustainability generally refers to the continuation of something.

There are four components of sustainability, as identified by The Health Communication Unit (www.thcu.ca):

- Sustaining the issue - keeping awareness high
- Sustaining the behaviour changes – creating skills and supportive environments
- Sustaining the programs – integrating the activity into existing structures
- Sustaining the partnerships – keeping communication lines open among stakeholders

Sustainability is an important component of maintaining the benefits of active living promotion and physical activity.

The Northwestern Health Unit is working on keeping awareness of the issue high. Physical activity, active living and walking have been prominent topics in recent months. The release of the "23 and ½ hours video" (<http://www.youtube.com/watch?v=aUalnS6HIGo&sns=em>); staff promotion of the 'Wellness in Motion' challenge; and 'walking the talk' highlighted in recent media have created opportunities to extend the reach of our key messages.

These key messages include:

- Adults need a minimum of 150 minutes of moderate to vigorous aerobic physical activity per week (more is better).
- There is a lot of flexibility in how you can choose to fit it in throughout the week (for example, daily or every other day), but activity should be accumulated in bouts of 10 minutes or more.
- Find an activity you like and stick with it. There are many local opportunities waiting for you:
 - Incorporate walking into your day by walking your kids to school, or getting active during your coffee breaks. It can make a big difference. Not only does it increase activity, it provides quality time with family and co-workers, and it's free.
 - Try a class - spinning, zumba, aerobics, weight training, learn to run, or urban poling.
 - Take advantage of your local walking trails, bike paths or ski trails.
 - Use the opportunity for active transportation - walk or bike to work, school or to shop. It's easy to fit into your day and it's free.
 - Find a friend and go for a walk.

The Board of Health has the opportunity to be champions of physical activity for the Northwestern Health Unit and for the communities that are represented. Currently in development is a Healthy Meeting and Event policy that can help sustain the behaviour changes during Board of Health meetings. Adopting the policy can help us 'walk the talk', and give us further opportunity to promote our key messages to the public by inviting the media to participate.

Sexual Health, STI/BBI, Early Detection of Cancer

Submitted by Gillian Lunny, Manager, Sexual Health

Sexual Health Program

In February, the Sexual Health program team implemented a *Positive? Me?* campaign that focused on testing for Chlamydia and Gonorrhoea. This included the development of posters, Facebook ads, a press release and "locker swag" for all the high schools in the region.

Our new electronic documentation system, XWave, is up and going in all of our clinic sites with the exception of Machin and Ear Falls. The system is working well and is starting to save time and streamline processes for the team. The clinic statistics we are able to pull off of the system are more accurate than our previous method, and we can now look at trends and a variety of statistics that we did not have access to before.

Last year we adjusted our regional condom ordering, distributing and tracking process. Condoms are now ordered and distributed from Dryden office and we are working to capture regional condom distribution in our communities. In 2011 we purchased 66,672

condoms that were distributed throughout our communities through the Sexual Health clinics, our Needle Exchange Program, and community partners such as high schools, community counselling agencies, Ontario Works, shelters, etc.

Sexual Health program staff continue to follow up on all STI/BBI cases in our region. In 2011, the Health Unit received 132 cases of Gonorrhoea and 680 cases of Chlamydia. Northwestern Health Unit STI case numbers continue to be higher than the provincial rate.

Harm Reduction Program

In the last few months, public health nurses have been presenting to community partners about our program. Dryden, Kenora and Sioux Lookout office staff have recently done presentations to the city and to the police. These presentations have included education about the program, BBIs and support for safe needle pick up.

Over the last few months, Kenora and Sioux Lookout staff have been very busy with our Needle Exchange Program (NEP). Our two Public Health Nurses (PHNs) in these communities (Kim Elke and Shelly McLarty) have lead new initiatives to give the media and the public accurate information and education about our services, as well as provide training and support to community partners for safe disposal. Both of these PHNs are working with the police, the City, schools and numerous community partners. They are working with partners to build capacity for needle pick up and for safer disposal in our communities.

Our feedback has been very positive and people have been very open to receive education about our program and to help in their communities.

Early Detection of Cancer Program

The Early Detection of Cancer finished up the MANuary campaign in January and will be starting planning soon for October and Movember. We will continue to include testicular and prostate cancer in our education and promotion, as well as to continue with breast and cervical Cancer.

Chief Nursing Officer Position

I attended a meeting in Toronto last week, which the Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario (ANDSOOHA) organized for the Chief Nursing Officers (CNOs). This group met to start a discussion regarding supports, direction and plans on how this position will be implemented throughout the province. It was a great learning opportunity for me to meet with CNOs, some with over 30 years of experience in nursing leadership. The three areas defined as roles of the CNO are nursing practice quality assurance/continuous quality improvement; nursing leadership; and supporting organizational effectiveness.

Chief Executive Officer Report

Submitted by Mark Perrault, Chief Executive Officer

Professional Development

On March 27-28, management staff gathered for two days of emergency management training to obtain our IMS 200 (Incident Management System) certification. Prior to the

training, managers obtained their IMS 100 certification by completing an on-line course. What was invaluable about this training was that the instruction was by our Manager of Infectious Diseases, Donna Stanley. Her expertise and knowledge of the Health Unit allowed us participants to see how the system fits within the public health realm and our organization. For myself, these two days really clarified who would do what designated role, and how all roles interact. Since the meeting I have met with our CQI Coordinator and will be updating our Emergency Response Plan that will be hosted on SharePoint.

On April 2-3, Alex Berry, CQI Coordinator, and I attended a two-day course at York University in Toronto entitled "Strategic Planning Using a Balanced Scorecard." The title is a bit misleading as while it did cover that topic, it also then expanded to include how to implement a performance management system through to the department and even individual level. It also included training on how to facilitate teams to develop their Key Performance Indicators and commit to them. If it were not for the IMS training mentioned earlier, I would have said this was the best two-day course I have ever attended.

Municipal Meeting

On March 26, Board of Health member Mel Fisher and I attended Machin Council's meeting to update them on our programs. Prior to our turn, we were able to listen to a presentation by their water department, which I found very informative. But the highlight of that evening was the second presentation, which was done by our public health nurse, Sue Wood, who introduced the plans for this summer's community garden. Listening to the back and forth discussion between Sue and council, it was clear that the Town is a real partner with us; and credit goes to Sue and Council for making that happen. When our turn came it was apparent that the Council was very interested in learning what public health does, and we spent almost an hour discussing our programs and strategic direction.

Funding

Recently, Linda Stewart, Executive Director of the Association of Local Public Health Agencies (alPHA), forwarded to us comments made to her that public health can expect a small increase in our 2012 budget. Knowing that some larger health units are not requesting any increase, I am still optimistic that we will receive close to our three percent budget increase request.

Finance Report

Submitted by Lois Bailey, Chief Financial Officer

Total revenues for the two months ending February 29, 2012, are \$2,522,151 (including a carry-over of funding from 2011 of \$109,591) and total expenditures \$2,343,386 resulting in an excess of revenues over expenditures of \$178,765. The cost shared programs (not including Healthy Babies, Healthy Children) are reporting a surplus of \$130,738; whereas the 100% funded and other programs are contributing an additional \$48,027 to the surplus. The carry-over of \$109,591 in funding relates to revenue that was deferred for specific programs (including Diabetes Strategy, Speech and Hearing programs, Student Nourishment program, etc.) and the VoIP project (\$50,320).

Cost Shared Programs

A review of the Cost Shared and Unorganized Territories report indicates a shortfall of \$94,105 in funding and other revenues compared to budget. Until such time as the Ministry approves the 2012 budget, a variance will exist as funding is recorded on a cash basis. In the expenditure categories, most variances are either reasonable or explainable. A \$127,336 combined variance from salaries (\$116,418) and benefits (\$10,918) are related to gapped positions and the Public Sector Salary freeze. Once pay increases are implemented from some employee groups as of April 1st, the gap will decrease; however, gapped positions will continue to affect the variance. A variance of \$60,391 in one-time expenses exists as new projects have not started. The report includes anticipated one-time funding and related expenses for all approved projects including the NWHU website, renovation projects and leasehold improvement and moving costs to relocate the Wolsley office in Kenora to the new City View site.

100% Funded Programs

As per the report titled "100% Funded Programs", total revenues for the year are \$612,411 compared to the budget of \$556,229 (a difference of \$56,182). Revenues in 2012 from the mobile dental services program have not yet been recorded. As reported last month, one-time funding of \$16,000 from the Ministry of Children and Youth Services (MCYS) is for the pilot project in Sioux Lookout. Actual expenditures for all 100% funded programs are \$564,388 compared to the budget of \$612,541; a difference of \$48,153. Minimal spending in advertising and lower than anticipated costs or purchasing services (ie. dentists) is contributing to the surplus.

IT & Operations Report

Submitted by Lee Pitt, IT Coordinator and Acting Manager, IT & Operations

Attachments: Appendix A, B

Project Updates

Voice over I.P (VoIP) System:

In late autumn of last year we began a project that will see the existing phone system at the Northwestern Health Unit replaced with a Cisco based voice over I.P system.

The system will provide many benefits to the users and management of the Health Unit alike. It provides a flexible platform to administer and configure the phone system logic as required. Essentially, this means that we can configure the functionality of the phone lines without assistance from the phone company, something that we couldn't do previously.

Users will be able to take advantage of a vast array of new features and functions. Management of the organization will be able to report on phone usage by person, an ability that we've not had before. The financial benefits are quite impressive, with massive reductions of long distance charges chief among them.

Both offices in Kenora have made the switch to the new system and are actively using it. The equipment has been installed in the Dryden and Ignace offices, but we have not officially

made the switch to the new system. We expect that the entire project will be fully completed by the end of May.

The Ministry of Health and Long-Term Care ('Ministry') has funded 75% of the total cost of this project.

Upcoming Milestones:

April 19	Deployment in Red lake/Ear Falls
April 24	Deployment in Sioux Lookout
May 1– May 11	Deployment in Fort Frances, Atikokan, Rainy River, Emo

New Public-Facing Website:

This year we will be undertaking a project to give our public-facing website a much-needed update. We will be designing and deploying a new site using Sharepoint Server 2010 as the base technology. We have applied for funding from the Ministry for this project and are in preliminary consultations with potential vendors. The planned launch date is in May of 2012.

Purchasing system:

Last year we upgraded our Microsoft Dynamics financial system to the most current version. The upgraded software included a Sharepoint add-on for the Dynamics system. This essentially allows us to give staff direct access, via Sharepoint, to many of the functions of our financial system. Our initial focus will be on deploying the purchasing module and making it available to the required staff. This will enable us to model our purchasing business process electronically, and eliminate the dependency on the postal system for approvals of requisitions.

Sharepoint Intranet:

In November 2011, we launched our intranet system. (An intranet is essentially a website that is available to staff only and not to the public). Our chosen platform is Sharepoint Server 2010, which is a leading collaboration technology. This system provides enhanced ability for staff to communicate and collaborate, and is a tool perfectly suited for a decentralized organization like ours.

Our strategy for the initial phase of deployment was to gently introduce staff to the new technology and focus on adoption. Our go-live consisted of deploying the main staff intranet page, which provided some standard features, such as:

- The ability to post or read an announcement.
- Access to blogs written by staff
- Staff Travel Calendar – (used for listing the travel of all Health Unit staff)
- All Health Unit forms and policies
- NWHU "Wiki" – (a library of organization knowledge that all staff can contribute to)

Over the course the next year, we will focus on the next phase of deployment – creating team sites for each of our Health Unit teams on the Sharepoint system. The team sites allow our teams to:

- Develop, store, and share documents.
- Have discussions
- Use workflow for business process modelling.
- Plan using the calendar features.

In that same time frame, we will also explore some of the more advanced features, such as record retention and management dashboards.

Departmental Business

Strategic Planning:

The I.T department engaged in a strategic planning session (lead by Alex Berry) in mid-January. The goal of the session was to identify priorities that the I.T department should plan for. The planning sessions identified the core areas of concern (strategic priorities) and subsequently identified the initiatives in those areas that we will be addressing in the next two to three years.

The results of the initial session were presented to the management team, where some feedback and additional recommendations were made. The draft results are contained in Appendix A.

Department Merge:

Recently, the I.T and operations elements of the Northwestern Health Unit have been combined. We expect that this move will lead to some efficiency improvements and a higher quality of service to the staff of the Health Unit.

Helpdesk Report:

Our helpdesk tool, Webhelpdesk, has seen an increase in the numbers of tickets generated annually by staff since its incorporation in 2008. This tool has helped the I.T department measure and improve the service provided to staff. The scope of its use has recently been expanded to include all requests for service for facilities, ergonomics, and Sharepoint. (See Appendix B for more detail.)

Submitted by Dr. James Arthurs, Medical Officer of Health, and Mark Perrault, Chief Executive Officer

5.1 Medical Officer of Health Report

Foundations Team Update – Provided by Shannon Robinson, Health Promotion Coordinator

The concept of 'sustainability' for programs or initiatives was reviewed. The Chronic Disease prevention team is encouraging the Board of Health to be 'champions' for daily physical activity; and for the corporate healthy meeting policy, currently in preparation, that will

provide guidelines for meeting formats conducive to healthy eating (nutrition) and lifestyle (physical activity). It is hoped the Board will adopt the policy guidelines for Board meetings, and also to promote it at municipal meetings and events.

Sexual Health Program – *Provided by Gillian Lunny, Manager, Sexual Health Program*

Documentation for sexually transmitted infection (STI) rates in the region was distributed. The rates are significantly higher than provincial rates. A factor contributing to the recent rise in STI rates arises from the Health Unit’s recent focus upon promoting testing for STIs. Attendance at sexual health clinics has risen. As more tests are performed, more cases of STIs have been discovered and rates have increased correspondingly.

The Health Unit is required to follow up with contacts when test results are positive. Provincial performance indicators are related to how well health units provide contact tracing. Northwestern Health Unit nurses follow up all contacts provided for each positive test result. Follow-up is intense and more thorough than in some areas of the province.

Incidence of Hepatitis C is also higher than the provincial rate. In this region it is primarily transmitted through needle sharing. It is hoped that increased uptake for needles provided through the harm reduction program will result in lower rates of Hepatitis C.

Documentation for 2011 depicting increased Northwest Points Needle Exchange Program staff’s interactions with individuals for counselling and return visits were distributed. Pamphlets and posters for the Program’s publicity campaign for disposal of discarded needles were also distributed.

Discussion, Questions:

Education campaigns and shifts in predominant drug use were considered in light of public health’s mandate delivered through programs such as the Needle Exchange Program. Societies’ attempts to address substance abuse, from legalization of substances to programs of public health and related agencies were discussed.

Appreciation was extended to Shannon Robinson and Gillian Lunny for updates provided.

Medical Officer of Health Report – *Provided by Dr. Arthurs*

Bed Bugs: The Health Unit’s final report will be submitted to the Ministry of Health and Long-Term Care by April 30. A meeting has been organized in one community to consider the issue. A request from another for Dr. Arthurs to attend a Council meeting was received.

Motion / Resolution: 41-2012	
THAT the Report of the Medical Officer of Health be accepted as presented.	R. Fortier M. Fisher

5.2 Report of Chief Executive Officer

Verbal Update - *Provided by Mark Perrault*

Provincial Update: Following publication of the Drummond Report, Ministry of Health and Long-Term Care officials have assured that the province has no intention to amalgamate health units with LHINs.

GIS Update with City of Dryden: Mapping is underway for vulnerable persons' locations, for emergency situations. The Health Unit is working with the City to ensure privacy issues are addressed.

Offices Update: Renovations are proceeding on schedule for the new Kenora office. Move-in date for Wolsley staff is August 1. The lease for Sioux Narrows-Nestor Falls office is being finalized for May 1. Renovations will proceed after that date.

IT Presentation: *Provided by Lee Pitt, IT Coordinator and Manager (A), IT and Operations*

Lee Pitt provided a PowerPoint presentation to trace the IT department's accomplishments since 2008, and to provide a timeline for future projects. The department's priority for communications and connectivity for all Health Unit offices was described. Current projects include further applications for the new Sharepoint intranet, and the Voice Over IP phone system for all offices. A new Health Unit web site incorporating social media capabilities and interconnectivity is in the planning stage.

A recess was called at 10:30 a.m. Board of Health members were joined by Kenora Council members Ron Lunny, Rory MacMillan, Rod McKay, and Sharon Smith. A short 'recess walk' was taken, guided by Wolsley office staff members Judy Underwood, Randi Casey, Stephanie Sirman, and Neil Bird.

John Albanese called the meeting to order at 11:15 a.m.

Lee Pitt concluded his presentation. Appreciation was expressed for his informative update.

Motion / Resolution: 42-2012	
THAT the Report of the Chief Executive Officer be accepted as presented.	D. Brown M. Fisher

6. REPORT OF EXECUTIVE COMMITTEE

Executive Committee Chair Julie Roy provided a verbal report of the Committee's meeting held April 19.

6.1 Northwestern Health Unit Audited 2011 Financial Statements

Dunwoody Canada auditors Claudine Cordeiro and Jennifer Pyzer-Whetter presented the draft 2011 audited financial reports to the Executive Committee meeting.

Julie Roy reviewed the draft statements to the Board of Health meeting and noted the Statement of Financial Position (page 4), and Statement of Operations (page 5).

Risk Assessment of Current Fund and Reserves – Lois Bailey, Chief Financial Officer

The Statement of Operations (page 5) recorded 2011 surplus of \$610,303 was noted. When added to the existing accumulated surplus, the recorded accumulated surplus is \$2,642,817.

The Accumulated Surplus Note to Financial Statements (#8, page 12) was referenced. The stated balance in the 2011 current fund, \$410,374, reflects compliance with Policy direction for a maximum two months' equivalent of municipal levy payments funding (Policy: Accumulated Surplus- Current and Reserve Funds).

After conducting a risk assessment process, management proposes to transfer \$250,000 of excess Current funds to the reserve Capital fund for funding 2012 projects should one-time funding requests not be approved by the Ministry of Health and Long-Term Care.

Accompanying documentation, 'Refund of Municipal Levies', provides an accounting of current funds identified in excess of \$410,000 at 2011 year-end. The resultant \$165,000 would be available for reallocating to municipalities according to the same municipal per capita funding formula under which they were levied in 2011. Management proposes the rebate be provided through the approved 2011 financial statements.

Chair Julie Roy referred to the Auditors letters accompanying the draft 2011 financial statements. The 'management letter' recommendation was reviewed and discussed.

The Independent Auditor's Report, page 3 of the draft financial statements, was noted, in particular the auditors' stated opinion that the financial statements present fairly the financial position of the Northwestern Health Unit as at December 31, 2011.

Motion / Resolution: 43-2012	
THAT the Board of Health for the Northwestern Health Unit approves the Northwestern Health Unit Financial Statements for the year ended December 31, 2011, and accepts the Independent Auditor's Report prepared by BDO Canada dated April 20, 2012.	M. Fisher M. Harland

Motion / Resolution: 44-2012	
THAT the Board of Health for the Northwestern Health Unit approves the appointment of BDO Canada as the Northwestern Health Unit's external auditor for the year ending December 31, 2012.	M. Harland P. Ryan

Julie Roy described management's proposal for an AGM to be held in late spring, for a summary presentation of the approved audited financial statements and also the Health Unit's annual Public Health Report Card. Discussion ensued regarding opportunities the proposed meeting would provide for public interaction and transparency of Health Unit processes.

6.2 Current Fund and Reserves Update

This agenda item was discussed during discussion of agenda # 6.1, Audited 2011 Financial Statements.

Motion / Resolution: 45-2012	
THAT, following a risk assessment of the approved 2011 audited financial statements according to Policy, Accumulated Surplus – Current and Reserve Funds, the Board of Health has determined that \$250,000 shall be transferred on December 31, 2011, from the Current fund to the designated Capital Fund for specified capital projects. Said transfer is reflected in the 2011 audited financial statements and cannot be accessed for ongoing operational needs without prior approval by the Board of Health.	P. Ryan M. Harland

Motion / Resolution: 46-2012	
THAT, following a risk assessment of the 2011 audited financial statements 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 \$165,649.07; and approves a reallocation of same funds to its obligated municipalities, according to the same municipal per capita funding formula under which they were levied in 2011.	M. Fisher D. Squires

6.3 2012 Program Budgets

Julie Roy noted that the programs are 100% (fully) funded. Their fiscal year extends April 1- March 31. There are no changes to funding from the previous year.

Motion / Resolution: 47-2012	
THAT the Board of Health for the Northwestern Health Unit approves the budget for the Student Nutrition Program in the amount of \$260,872 for the fiscal year April 1, 2012, to March 31, 2013. Funding for the Student Nutrition Program is provided by the Ministry of Children and Youth Services.	J. Roy D. Squires

Motion / Resolution: 48-2012	
THAT the Board of Health for the Northwestern Health Unit approves the funding agreement for the Diabetes Prevention Program in the amount of \$250,000. Terms of the original funding agreement have been amended to extend the agreement effective April 1, 2012, and expiring March 31, 2013. Funding is provided by the Ministry of Ministry of Health and Long-Term Care.	P. Ryan M. Fisher

Motion / Resolution: 49-2012	
THAT the Board of Health for the Northwestern Health Unit approves the budget for the Kenora Rainy River Preschool Speech and Language Program in the amount of \$829,941 for the budget period April 1, 2012, to March 31, 2013. Funding for the Preschool Speech and Language Program is provided by the Ministry of Children and Youth Services.	J. Roy M. Fisher

Motion / Resolution: 50-2012	
THAT the Board of Health for the Northwestern Health Unit approves the budget for the Infant Hearing Program in the amount of \$116,878 for the budget period April 1, 2012, to March 31, 2013. Funding for the Infant Hearing Program is provided by the Ministry of Children and Youth Services.	D. Squires J. Roy

Motion / Resolution: 51-2012	
THAT the Board of Health for the Northwestern Health Unit approves the budget for the Blind Low Vision Program in the amount of \$47,630, for the budget period April 1, 2012, to March 31, 2013. Funding for the Blind Low Vision Program is provided by the Ministry of Children and Youth Services, Early Learning and Development Branch.	P. Ryan D. Squires

Finance Report: - *Provided by Lois Bailey, Chief Financial Officer*

Revenues received to date were reviewed. Deferred revenues from 2011 were explained, for projects that are ongoing into 2012. Notable variances to date include Ministry of Health and Long-Term Care funding. This variance will continue until the Health Unit's submitted 2012 budget is approved and 2012 funding begins to flow. The variance for travel reflects decreased travel during the first, winter months of 2012.

Motion / Resolution: 52-2012	
THAT the Report of the Executive Committee be accepted as presented.	D. Squires P. Ryan

Board of Health members recessed for lunch at 12:30 p.m.
Chair John Albanese called the meeting to order at 1:00 p.m.

7. IN CAMERA SESSION

At 1:00 p.m. Board of Health members moved to an in camera session.

Motion / Resolution: 53-2012	
THAT the Board of Health moves to an in camera session to discuss personal matters concerning an identifiable individual, including municipal or Board employees: public appointment	P. Ryan D. Squires

John Albanese, Dr. Arthurs, Mark Perrault, and Dorothy Strain left the meeting.
John Albanese rejoined the meeting at 1:10 p.m.

At 1:20 p.m. Board of Health members moved out of the in camera session to resume regular business.

Dr. Arthurs, Mark Perrault, and Dorothy Strain rejoined the meeting at 1:20 p.m.

Motion / Resolution: 54-2012	
THAT the Board of Health moves out of the in camera session to resume regular business.	J. Belluz B. Thompson

8. NON AGENDA ITEMS

8.1 Association of Local Public Health Agencies (alPHa) AGM, June 10-12, 2012

Margaret Harland, previously approved for attendance, informed that she will not be able to attend this conference. Doug Squires indicated his availability to attend as a delegate.

Motion / Resolution: 55-2012	
THAT Board of Health member Doug Squires is approved to attend the Association of Local Public Health Agencies (alPHa) Annual General Meeting, June 10-12, 2012, in Niagara Falls. Expenses to be provided by the Northwestern Health Unit.	J. Belluz B. Thompson

9. NEXT MEETING DATES

Regular May Board of Health meeting

Date: Friday, May 25 Time: **9:30 a.m.**

Location: Atikokan Northwestern Health Unit Board Room

10. ADJOURNMENT

Julie Roy adjourned the meeting at 1:30 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS DAY OF2012

VICE-CHAIR, BOARD OF HEALTH

RECORDING SECRETARY