



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

MEETING MINUTES

Regular Board of Health Meeting

February 22, 2013

Northwestern Health Unit (NWHU) Kenora City View Office Boardroom

PRESENT: Julie Roy, Chair

John Albanese, Jim Belluz, Dennis Brown, Dave Canfield, Paul Ryan, Doug Squires

IN ATTENDANCE:

Dr. Jim Arthurs, Medical Officer of Health (MOH)

Mark Perrault, CEO

Dorothy Strain, Executive Assistant (Recorder)

REGRETS: Shayne MacKinnon, Bill Thompson

1. CALL TO ORDER

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

2. APPROVAL OF AGENDA

- Additions:
- Agenda #7.1, Chief Executive Officer Report
 - 7.1.1 NWHU Position Statement, "Future Public Health Funding Strategies"
 - Agenda #8, Report of Executive Committee
 - 8.3 Board of Health 2013 Meeting Schedule
 - Agenda #10, Non Agenda Items
 - 10.1 Leadership award
 - 10.2 Board of Health Representative to 2013 Bursary Selection Panel
 - Agenda #11, Next Meeting Date
 - 11.1 March Meeting Date

Motion / Resolution: 26-2013	
THAT the Agenda for the Board of Health meeting dated February 22, 2013, be approved as amended.	P. Ryan D. Brown

3. DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF

None was declared.

4. IN CAMERA SESSION

At 8:45 a.m. Board of Health members moved to an in camera session.

Motion / Resolution: 27-2013	
THAT the Board of Health moves to an in camera session to discuss: <i>Board of Health education/orientation session- 2013 budget preparation process</i>	D. Brown D. Squires

At 10:20 a.m. Board of Health members moved out of the in camera session to resume regular business.

Motion / Resolution: 28-2013	
THAT the Board of Health moves out of the in camera session to resume regular business.	J. Albanese J. Belluz

Board members recessed at 10:30 a.m.
Chair Julie Roy called the meeting to order at 11:00 a.m.

5. MINUTES OF BOARD OF HEALTH MEETING, January 18, 2013

Motion / Resolution: 29 -2013	
THAT the Minutes of the Board of Health meeting held January 18, 2013, be approved as written.	J. Albanese D. Squires

6. PUBLIC HEALTH PROGRAMS

6.1 Medical Officer of Health Report – Dr. Jim Arthurs, Medical Officer of Health
Reference # 2013-02-22-6.1

PURPOSE

To provide an update on the activities and priorities of the Medical Officer of Health for the reporting period of January 18- February 22, 2013.

LINK TO STRATEGIC PLAN

To link the focus of the Northwestern Health Unit 2013-2016 strategic plan with current concerns and priorities in the larger public health ‘scene’.

DISCUSSION

Staying on Track

In preparation for my presentations to the recent RRDMA and KDMA annual meetings, several questions came to mind over the past weeks:

- Who is the audience?
- What do they need to know about the Northwestern Health Unit?
- What do they want to know about our new strategic plan?
- What does it mean to us and what might it mean to them?
- Are we on track? With whom, and how do we know that?
- Knowledge exchange, Q&A, continuous improvement...
- Are we making a difference?

You, as our Board of Health, have heard me make these comments or ask these questions for several months. A few of you have introduced me, and commented that “we are on track and we may be out in front of other health units.”

Ontario’s Chief Medical Officer of Health (CMOH), Dr. Arlene King, has just released her 2011 Annual Report, “Maintaining the Gains, Moving the Yardstick”. In that Report’s executive summary she addresses “what gets measured, gets done”— clear goals, clear targets. She points to many of the health challenges of our times, and focuses upon 12 ‘individual indicators’. She speaks to the importance of taking new and innovative approaches to address these challenges — innovation, integration, transparency and accountability. She emphasizes the need to take a “life course” approach.

Individual Indicators:

1. Smoking and alcohol use during pregnancy
2. Low birth weight
3. Healthy child development at school entry
4. Immunization coverage of school pupils
5. Smoking prevalence
6. Overweight and obesity
7. Preventable mortality
8. Compliance with Canada’s Low-Risk Alcohol Drinking Guidelines
9. Self-reported positive mental health
10. The burden of infectious diseases
11. Hospitalizations for falls in seniors
12. Life expectancy at birth

This past week I along with CEO Mark Perrault and QI Officer Alex Berry attended a teleconference with the Ministry of Health and Long-Term Care to review our Accountability Agreement and the health protection indicators included in the performance targets. We met or exceeded all but a few of the targets. For those targets not met, we discussed the rationale regarding them, and that was well received and understood.

At the municipal associations annual meetings I spoke of our approach to a new strategic plan. It is quite apparent that the focus of our strategic plan and Dr. King’s Annual Report are very similar. So at a glance—We are on track.

I will be unable to attend the February 22 Board of Health meeting as I will be attending the annual national conference for the American College of Preventive Medicine. The title for this conference is, “Population Health is Good Medicine”. The focus is on improving the health of people from the clinic to the community. Over the three days of the convention there will be daily opportunities for attendees to exercise – get up and move and other wellness activities! (Hour-long classes on yoga, kickboxing, hikes and a four mile run). Doesn’t that sound a lot like a healthy meeting policy?

Here are a few of the rather universal sessions I plan on attending:

- Evidence based life style interventions
- Rethinking the obesity epidemic
- Educate the young, regulate the old
- Linking primary care and public health
- The trauma of politics

- Addressing mental health disparities in communities and populations
- Change management and improvement
- CQI toolkit
- All health and healthcare is LOCAL

Again, I hear the echo of our strategic plan goal:
Increase behaviours that prevent chronic disease

Here are the titles of some of the last decade of CMOH Annual Reports:

2004	Dr. Sheela Basrur	"Healthy Weights, Healthy Lives"
2007	Dr. David Williams	"Working Together to Build a Stronger Public Health System" (OPHS-Ontario Public Health Standards & PHO-Public Health Ontario)
2009	Dr. Arlene King	"Public Health—Everyone's Business"
2010	Dr. Arlene King	"Health, Not Health Care—Changing the Conversation"
2011	Dr. Arlene King	"Maintaining the Gains, Moving the Yardstick"
Special Reports -2009		Initial Report on Public Health—Health status report
-2011		Taking Action to Prevent Chronic Disease (Public Health Ontario)
-2012		Oral Health—More Than Just Cavities (Dr. King)

Again, I hear the echo of our strategic plan goals and priorities:
Strengthen partnership and collaboration
Increase client input into health unit planning and evaluation

One of the four recommendations in Dr. King's "Oral Health – More Than Just Cavities" report reads, *"Explore opportunities to improve access to oral health services as well as awareness of oral health services available to First Nations people in Ontario, with a focus on better integration and/or alignment of the variety of available dental programs."*

On April 5, 2013, at The Ontario Public Health Convention, the Ministry of Health and Long-Term Care (Healthy Smiles Ontario program), Health Canada (Children's Oral Health Initiative), and the Northwestern Health Unit will be jointly presenting our experience of the challenges and strengths of a pilot program to provide access to dental prevention and dental care from our Mobile Dental Office to First Nations communities with no access to private dental services.

I am quite convinced that we are on track. We are "bending the curve". There are many challenges ahead and a lot of work to do.

BUDGETARY IMPACT

None: update report only.

RECOMMENDATION

That the Board of Health receive the report of the Medical Officer of Health.

Questions, Discussion

Performance Indicator Targets Review Meeting, page 2: Mark Perrault, CEO, reported that a “positive variance report” was submitted on the performance indicator targets associated with the Ministry of Health and Long-Term Care’s Accountability Agreement. The Health Unit’s suggestions for additional, future performance indicator targets were also discussed with Ministry officials at the teleconference.

6.2 Infectious Diseases Program Report –Submitted by Donna Stanley, Manager, Infectious Diseases

Reference # 2013-02-22-6.2

The report will be retained on file.

Questions, Discussion:

Confirmed cases of TB: management will follow up with data for confirmed cases in recent years.

6.3 Foundations Team Report - Submitted by Shannon Robinson, Planning Officer

Reference # 2013-02-22-6.3

The report will be retained on file.

Motion / Resolution: 30-2013	
THAT the Report of the Medical Officer of Health be accepted as presented.	D. Squires J. Albanese

Motion / Resolution: 31-2013	
THAT the Infectious Diseases Program Report be accepted as presented.	J. Belluz D. Brown

Motion / Resolution: 32 -2013	
THAT the Foundations Team Report be accepted as presented.	D. Canfield J. Belluz

7. CORPORATE ADMINISTRATION

7.1 Chief Executive Officer Report – Mark Perrault, CEO

Reference # 2013-02-22-7.1

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 a separate report, and of the activities of the Chief Executive Officer. This report will complement the separate finance report.

BACKGROUND

The major part of my work has been finalizing the 2012 settlements and preparing our 2013 budget.

The other significant activity has been around First Nations and especially our Northern Dental Pilot. As you are aware, we received permission from the Ministry of Health and Long-Term Care (' the Ministry') and endorsed by the First Nations Trilateral First Nations Health Senior Officials (TFNHSOC) to expand our Healthy Smiles Ontario service to two First Nations communities, Big Grassy and Sabaskong. We have drafted a report and have been asked to present at The Ontario Public Health Convention in April. We were also asked to participate in a presentation that the Chief Medical Officer of Health, Dr. Arlene King, will be providing to the TFNHSOC meeting February 21, which I will be attending.

I also recently met with Grand Council Treaty Three representatives regarding linkages with the Health Unit for emergency response, and have a similar meeting scheduled this month with the Sioux Lookout First Nation Health Authority.

LINK TO THE STRATEGIC PLAN

Partnerships and collaboration.

DISCUSSION

Of the five streams the TFNHSOC working group has identified as a priority* (see below), two directly involve the Northwestern Health Unit. I have a meeting scheduled after the TFNHSOC meeting with Elizabeth Walker, Director, Public Health Planning and Liaison Branch, Office of the Chief Medical Officer of Health, who manages the Ministry's First Nation file, to discuss how the Northwestern Health Unit can support the direction that Ministry would like to go in and what resources we might need to accomplish it.

BUDGETARY IMPACT

In the past, all funding related to on-Reserve activity has been 100% funded and that is not expected to change.

RECOMMENDATION

That the Board of Health accept the report of the Chief Executive Officer.

*Note

At the March 7, 2012, TFNHSOC meeting the Public Health Working Group received endorsement to implement initiatives in the following five work streams:

- 1) Apply the **relationship principles** developed under the First Nations Public Health Advisory Committee (FNPAC) to guide the work of Public Health Working Group in the development of a public health system for First Nation communities.
- 2) Explore and promote a process leading to the development of a public health service delivery model for the **Weeneebayko Area Health Authority (WAHA)** and the First Nation communities in its catchment area as willing partners to the process.

- 3) Explore and promote a process leading to the development of an integrated public health service delivery model for the **Sioux Lookout First Nations Health Authority (SLFNHA)** and the First Nation communities in its catchment area as willing partners to the process.
- 4) Models and/or tools that can be used to facilitate partnerships for public health service delivery for First Nations communities (e.g., supporting the initiation of Section 50 agreements under the *Health Protection and Promotion Act*).
- 5) Examine the opportunity to expand First Nations access to **dental services** by modelling an integrated approach that capitalizes on existing federal and provincial programs and dental infrastructure.

Verbal Update – Mark Perrault, CEO

Partnerships and Collaborations: Mark Perrault attended a Trilateral First Nations Health Senior Officials Meeting on February 21 in Toronto. Satisfaction was expressed regarding the progress of the Northern Dental Pilot to provide dental services to First Nations communities who do not have regular access to dental services. A presentation on the dental pilot project will be made to The Ontario Public Health Convention, April 3-5.

7.2 Finance Report – Mark Perrault, CEO

Reference # 2013-02-22-7.2

The report will be retained on file.

Verbal Update:

Year-end accounting is underway for preparation of the Audited 2012 Financial Statements.

Cost Shared Budget Variance Report: The Health Unit continues to await the Ministry of Health and Long-Term Care’s (the ‘Ministry’) final decision regarding our one-time funding submissions, in order to finalize the 2012 financial records. The Variance Report includes projections for year-end variances, depending upon the Ministry’s decision.

Motion / Resolution: 33-2013	
THAT the Report of the Chief Executive Officer be accepted as presented.	D. Brown J. Belluz

Motion / Resolution: 34-2013	
THAT the Finance Report be accepted as presented.	D. Squires P. Ryan

7.1.1 NWHU Position Statement

Mark Perrault provided background and context for the proposed “Position Statement on Future Public Health Funding Strategies”. The Health Unit has provided input regarding our concerns with the Ministry’s proposed new funding formula for public health that incorporates the Ontario Marginalization Index. The Position Statement incorporates these concerns.

<p>Motion / Resolution: 35-2013</p>	
<p><i>Whereas</i> effective and ongoing public health promotion and disease prevention programs and services, and healthy public policies are crucial components of a long-term solution to address rising health care costs; and</p> <p><i>Whereas</i> the Ontario public health system is chronically underfunded; and</p> <p><i>Whereas</i> the Ministry of Health and Long-Term Care may seek input from time to time on proposed funding strategies for public health in Ontario; and</p> <p><i>Whereas</i> the Northwestern Health Unit has identified a series of elements that must be considered in a fair and equitable funding model;</p> <p><i>Therefore Be It Resolved</i>, that the Board of Health for the Northwestern Health Unit approves the Position Statement on Future Public Health Funding Strategies; and</p> <p><i>Furthermore be it resolved</i> that the Position Statement on Future Public Health Funding Strategies be forwarded to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, the Funding Review Working Group, and government partners (Public Health Division) for their consideration and reference;</p> <p><i>And Further</i> that copies be forwarded to local MPs; local MPPs; Northwestern Health Unit obligated municipalities; Northwestern Ontario Municipal Association.</p>	<p>J. Belluz D. Canfield</p>

Board of Health members recessed at 12:35 p.m.
Julie Roy called the meeting to order at 1:00 p.m.

8. REPORT OF EXECUTIVE COMMITTEE MEETING, February 8, 2013

Committee Chair Doug Squires was unable to attend the Committee meeting. Julie Roy, Committee Vice-Chair, provided a verbal report.

Public Appointees to Board of Health: Committee members considered the potential for cost reduction to Board of Health expenses, which would arise from the reduction of a public appointment to the Board of Health. Attempts to obtain information on the public appointment process from the Public Appointment Unit in the Ministry have been unsuccessful to date.

<p>Motion / Resolution: 36-2013</p>	
<p>Whereas membership of the Board of Health for the Northwestern Health Unit, as directed by the HPPA, currently comprises eight municipal appointees (HPPA, reg. 559, s.18) and provincial (public) appointees, the total number of which shall be less than the number of municipal appointees (HPPA, s. 49[3]); and</p> <p>Whereas the Board of Health is committed to exercising responsibility and restraint in keeping with its ongoing priority for operational and fiscal efficiency, and is also mindful of the current economic climate;</p> <p>Therefore Be It Resolved, that membership to the Board of Health shall be a total of ten (10); and</p> <p>Be It Further Resolved, that the Board of Health shall inform the Minister of Health and Long-Term Care of its desire to limit the current number of provincial (public) appointees to the Board to two (2).</p>	<p>P. Ryan D. Canfield</p>

Board of Directors for Association of Local Public Health Agencies (ALPHA): The position of North West region representative to ALPHA’s Board of Directors will remain vacant until ALPHA’s AGM and meeting, June 2-4.

Board of Health Surveys: Questionnaires from the Ontario Council on Community Health Accreditation have been provided to Board members, as part of the accreditation process.

8.1. Northwestern Health Unit 2013 Budget –Presented by Mark Perrault, CEO
An in-depth review of the budget preparation process was provided to the Board’s education session by Mark Perrault.

Mr. Perrault reviewed documentation for the 2013 Program based Grants submission. He noted that municipal levies comprise 20.42% of the total projected 2013 budget.

<p>Motion / Resolution: 37-2013</p>	
<p>THAT, as recommended by the Executive Committee, the Board of Health for the Northwestern Health Unit approves the 2013 consolidated budget as presented, for submission to the Ministry of Health and Long-Term Care;</p> <p>AND FURTHER THAT the municipal per capita levy for 2013 be maintained at \$54.33.</p>	<p>P. Ryan D. Brown</p>

Lunch recess: 12:15 p.m.
Julie Roy called the meeting to order at 12:30 p.m.

Executive Committee Report: *continued*

8.2 Northwestern Health Unit Policies
Revision: *Whistleblower Policy*
Julie Roy conveyed the Committee’s recommendation to approve proposed revisions.

Motion / Resolution: 38-2013	
THAT revisions to <i>Whistleblower Policy</i> be approved as presented. Revisions update the Board of Health contact for reporting suspected violations to the Code of Ethical Conduct.	D. Canfield P. Ryan

8.3 Board of Health 2013 Meeting Schedule

The 2013 meeting schedule prepared by the Committee was provided in the meeting package for the present meeting. A scheduling conflict identified for the March 22 meeting was discussed. It was decided that the March 22 Board of Health meeting date will remain.

Motion / Resolution: 39-2013	
THAT the report of the Executive Committee be accepted as presented.	D. Squires J. Belluz

9. REPORTS OF CONFERENCE: Association of Local Public Health Agencies (alPHA) Winter Symposium, February 14-15, 2013

Delegates John Albanese and Julie Roy provided verbal reports. Increased attendance at the Conference was encouraging. Highlights of the Symposium included:

- Northwestern Health Unit presentation to Boards of Health Section meeting by Alex Berry, Quality Improvement Officer, on the Health Unit’s strategic planning process
- Presentation on Emergency Planning to Boards of Health Section meeting by Monika Turner, Director of Policy, Association of Municipalities of Ontario
- Boards of Health section workshop on Board of Health governance
- Facilitated Panel consultation on the Public Health Sector’s strategic plan

An update provided by alPHA to the conference will be distributed to Board of Health members.

10. NON AGENDA ITEMS

10.1 Leadership Award

Congratulations were extended to Dennis Brown upon his receipt of the Economic Developers Council of Ontario (EDCO) Community Leadership award (2012).

10.2 Board of Health Representative to 2013 Bursary Selection Panel

It was agreed that Julie Roy will be the Board’s representative to the 2013 Selection Panel. The Panel will meet May 15 to choose 2013 recipients of the two Carl Lindstrom Bursaries valued at \$500 each.

11. NEXT MEETING DATE

11.1 March Board of Health Meeting

Confirmed date: Friday, March 22, 2013 Start time: 8:30 a.m.
Location: Northwestern Health Unit Fort Frances office boardroom

12. ADJOURNMENT

Julie Roy adjourned the meeting at 1:10 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS DAY OF2013

CHAIR, BOARD OF HEALTH

RECORDING SECRETARY