



BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT

MEETING MINUTES

Regular Board of Health Meeting

Friday, January 20, 2012

Dryden Holiday Inn Express Meeting Room

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

**PARTICIPATING:**

Dr. Jim Arthurs, Medical Officer of Health (MOH)  
Mark Perrault, Chief Executive Officer (CEO)  
Dorothy Strain, Executive Assistant (Recording Secretary)

**1. CALL TO ORDER**

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

**2. APPROVAL OF AGENDA**

**2.1 Move: Agenda Item # 9, Appointment of 2010 Bank Signing Officers:** to follow  
Agenda #7 (Appointment of 2012 Board Contact Person...), to be Agenda Item #8

**2.2 Additions to Agenda**

Agenda #10, In Camera Session:

- 10.1 Medical Officer of Health Performance Appraisal Update

*No. 1-2012. Moved by D. Squires, Seconded by D. Brown and Carried:  
THAT the Agenda for the Board of Health meeting dated January 20, 2012, be  
approved as amended.*

**2 DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF**

None was declared.

**4. MINUTES OF BOARD OF HEALTH MEETING, DECEMBER 2, 2011**

*No. 2-2012. Moved by M. Harland, Seconded by D. Canfield and Carried:  
THAT the Minutes of the Board of Health meeting held December 2, 2011, be approved as  
written.*

## 5. BOARD OF HEALTH ELECTIONS

### 5.1 OFFICERS

#### 5.1.1 Report of Nominating Committee – *Provided by Paul Ryan, Nominating Committee*

All Board of Health members were contacted regarding nominations for the Election of Officers and membership to the Executive Committee for 2012.

By-Law #1 (Constitution of the Board of Health) directs that names may be added to the ballot, or removed, at the time of the election.

Before the vote, a candidate may request to address the meeting for three minutes.

Two members consented to stand for election for the position of Chair of the Board of Health: John Albanese, Julie Roy.

Three members consented to stand for election for the position of Vice-Chair: John Albanese, Russ Fortier, Julie Roy.

Five members consented to stand for election to the Executive Committee: Mel Fisher, Russ Fortier, Margaret Harland, Julie Roy, Paul Ryan

#### 5.1.2 Appointment of Chair of Election

Mark Perrault, CEO, was appointed Chair of the Election.

#### 5.1.3 Call for Nominations: Position of Chair

John Albanese and Julie Roy consented to let their name stand for election to the position of Chair. The Chair of the Election called for further nominations. There were no further nominations from the floor.

*No. 3-2012. Moved by D. Canfield, Seconded by D. Squires and Carried: THAT nominations for the position of Chair of the Board of Health be closed.*

John Albanese and Julie Roy addressed the meeting prior to the vote.

Ballots were distributed and a vote was conducted. The Chair of the Election declared John Albanese to be Chair of the Board of Health for 2012.

#### 5.1.4 Call for Nominations: Position of Vice-Chair

John Albanese, Russ Fortier and Julie Roy consented to let their name stand for election to the position of Vice-Chair.

At the meeting, Mr. Fortier withdrew his name from the ballot. As John Albanese was elected Chair, the Chair of the Election directed that Mr. Albanese's name be withdrawn from the ballot.

The Chair of the Election called for further nominations. There were no further nominations from the floor.

***No. 4-2012. Moved by B. Thompson, Seconded by M. Harland and Carried:***  
*THAT nominations for the position of Vice-Chair of the Board of Health be closed.*

The Chair of the Election declared Julie Roy to be Vice-Chair of the Board of Health for 2012.

## 5.2 EXECUTIVE COMMITTEE MEMBERSHIP

### 5.2.1 Call for Nominations: Membership of Executive Committee

The following people consented to let their name stand for election to the Executive Committee: Mel Fisher, Russ Fortier, Margaret Harland, Julie Roy, Paul Ryan.

Per direction of By-Law #1, Constitution of the Board of Health, article 8.2, the Board Vice-Chair is a member of the Executive Committee (and Committee Chair). The Chair of the Election directed that Julie Roy's name be withdrawn from the ballot.

The Chair of the Election called for further nominations. There were no further nominations from the floor.

***No. 5-2012. Moved by D. Brown, Seconded by M. Fisher and Carried:***  
*THAT nominations for membership to the Executive Committee be closed.*

Ballots were distributed and a vote was conducted. The Chair of the Election declared the following to be elected to membership of the Executive Committee for 2012:

Russ Fortier  
 Margaret Harland  
 Paul Ryan

***No. 6-2012. Moved by M. Harland, Seconded by D. Squires and Carried:***  
*THAT all ballots be destroyed.*

***No. 7-2012. Moved by D. Squires, Seconded by R. Fortier and Carried:***  
*THAT the report of the Nominating Committee be accepted as presented.*

John Albanese assumed the Chair of the meeting.

Board of Health members recessed at 9:15 a.m.  
 John Albanese called the meeting to order at 9:25 a.m.

## 6. APPOINTMENT OF BOARD OF HEALTH REPRESENTATIVE, STRATEGIC PLANNING WORKING GROUP

Mark Perrault reviewed the planning process for a new strategic plan. Membership to the Strategic Planning Working Group, as directed by the Terms of Reference, includes a Board of Health member. Timeline for the new strategic plan is December 31, 2012.

***No. 8-2012. Moved by D. Brown, Seconded by D. Canfield and Carried:***  
*THAT Russ Fortier be appointed as the Board of Health representative member to the Northwestern Health Unit Strategic Planning Working Group.*

## 7. APPOINTMENT OF 2012 BOARD CONTACT PERSON, FOR REQUESTS FOR INFORMATION UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

*No. 9-2012. Moved by D. Canfield, Seconded by D. Squires and Carried:*

*THAT, for the year 2012 and in accordance with Northwestern Health Unit Policy, 'Freedom of Information Requests', the Board of Health appoints John Albanese, Chair, as the Northwestern Health Unit's "Head of the Institution" for the Municipal Freedom of Information and Protection of Privacy Act, 1989;*

*AND THAT all powers and duties of the "Head of the Institution" under the Municipal Freedom of Information and Protection of Privacy Act, 1989, be delegated to Mark Perrault, Chief Executive Officer.*

## 8. APPOINTMENT OF 2012 BANK SIGNING OFFICERS

*No. 10-2012. Moved by M. Harland, Seconded by D. Canfield and Carried:*

*THAT the Board of Health for the Northwestern Health Unit authorizes:*

*John Albanese, Chair*

*Julie Roy, Vice-Chair*

*Dr. James Arthurs, Medical Officer of Health*

*Mark Perrault, Chief Executive Officer*

*Lois Bailey, Chief Financial Officer*

*to be a bank signing authority for the Northwestern Health Unit, effective January 20, 2012.*

## 9. SENIOR MANAGEMENT REPORTS

### Medical Officer of Health Report

*Submitted by Dr. Jim Arthurs, Medical Officer of Health*

The year 2011 has come to an end. This late December day is cold, clear and sunny and seems a good time to both reflect and look forward to another new year. For me, 2012 marks the beginning of my fourth year as Medical Officer of Health for the Northwestern Health Unit.

I recall my own thoughts from over a decade ago when I had begun to change careers—from providing health care individually to studying public health and prevention at Tulane and Oregon Health Sciences University. My thoughts then and now have the same focus—prevention, or more specifically chronic disease prevention and the illnesses that occur due to poor choices and certain behaviors. Our program for Chronic Disease has another branch—injury prevention. Most injuries are preventable and, again, they most often arise from poor choices and a long list of unhealthy behaviours, often the result of unhealthy environments.

Interestingly, today I have re-read the 2010 Annual Report of the Chief Medical Officer of Health of Ontario, Dr. Arlene King: Health, Not Health Care – Changing the Conversation. It was released in December 2011. Dr. King and I have asked the same question on multiple occasions. I first started thinking along the lines of illness and injury prevention in the early 1990s while an emergency physician and medical director for the North Idaho Health Network (NIHN). I just received a New Year email from the former Chairman of NIHN's

Board and a physician colleague of mine. On a personal note, Mike was also my family physician when “we” decided my high blood pressure needed medication treatment. For me and millions of others, hypertension and most chronic diseases can be controlled but rarely cured.

Also interesting is that the focus of the 2004 Annual Report by then CMOH Dr. Sheela Basur was “Healthy Weights, Healthy Lives”. The two reports are similar, though six years apart. Dr. King’s report of 2009 also addressed Healthy Living, specifically chronic disease related to the social determinants of health. In 2007 Dr. David Williams’ CMOH Report addressed chronic disease along with infectious disease prevention. Public Health has been raising the awareness of chronic disease for a lot of years; and yet the rates of cardiovascular disease, hypertension, stroke, diabetes and others continue to rise.

What is Public Health?

Perhaps we remember it as immunizations and infectious disease.

It is still that, of course, but one might say that today it encompasses all of medicine.

- We all expect safe drinking water, safe food supplies, clean air and a safe environment.
- We expect to stay healthy, live a long life and to have good friends, neighbors, close family and support.
- We don’t always expect outbreaks, disasters, chemical spills or contamination, emerging infectious disease, resistant bacteria, terrorism, and we certainly have not prepared well for the growing epidemic of chronic disease and its social and financial impact on families and governments around the globe.

Dr. King’s 2010 Report so well matches my current and past thoughts that my report to you includes excerpts from her report:

Public health is the science and art of promoting health. It does so based on the understanding that health is a process engaging social, mental, spiritual, and physical well-being. Public health acts on the knowledge that health is a fundamental resource to the individual, to the community and to society as a whole and must be supported by soundly investing in living conditions that create, maintain and protect health.

Ilona Kickbusch, Director  
Division of Health Promotion,  
Education and Communication  
World Health Organization

Health, Not Health Care – Changing the Conversation, p.2

*Excerpts from “Letter from the CMOH” ...*

... What are, generally speaking, the greatest threats to health in our society today? Obesity. Tobacco and alcohol abuse. Chronic conditions like diabetes, cancer, heart disease. Injuries. Put any 100 experts in a room to talk about how to alleviate these threats, and you won’t hear about wait times. You won’t hear about doctor shortages...You will hear about healthy child development and eliminating health inequities and food insecurity. You will hear, in other words, a conversation about a great many things, few if any of them related to actual health care.

... I am using this annual report to expand on the idea that it is time for a different public health "conversation", and to continue advancing the argument I made in my 2009 annual report—that it is time to shift our focus from health care to prevention. Public health is, quite simply, about prevention. It is about fewer people getting sick. It is about fewer people getting injured. It is about more people living long and healthy lives...

Health, Not Health Care – Changing the Conversation, p.2,3

*Excerpt from "Health, Not Health Care "...*

The Public Health Agency of Canada lists 12 determinants of health...

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

Health, Not Health Care – Changing the Conversation, p.6

*Excerpt from "What is Healthy Public Policy?..."*

Healthy public policy has two overarching and closely linked goals: the prevention of illness and injuries, and reducing health inequities...

- Health starts, long before illness, in our homes, schools, and jobs
- All people should have the opportunity to make the choices that
- allow them to live a long, healthy life, regardless of their income, education or ethnic background
- Your neighborhood or job shouldn't be hazardous to your health
- Your opportunity for health starts long before you need medical care
- Health begins where we live, learn, work and play
- The opportunity for health begins in our families, neighborhoods, schools, and jobs.

Health, Not Health Care – Changing the Conversation, p.12

= WE ALL HAVE A ROLE TO PLAY: *Dr. Arlene King*

While the above words belong to Dr. King they are truly my sentiments during these Holiday vacation days. I sincerely recommend that each of you read the entire 2010 Annual Report of the Chief Medical Officer of Health of Ontario.

### **So what are we, the Northwestern Health Unit, doing about it?**

We have several provincially funded programs that work daily with our clients and target populations:

- In-home visits by Healthy Babies, Healthy Children program staff;
- In media and promotion, education, consultations, cooking classes, and many more within our program of Chronic Disease and Injury Prevention;
- Through our Dental program--hygiene and oral health, disease prevention, Healthy Smiles Ontario programs;
- Our Sexual Health programs for sexually transmitted infectious diseases, and blood borne diseases;
- In our immunization and Infectious Disease Control programs;
- In our Tobacco Control and Environmental Enforcement programs, and
- Our Speech, Language, Blind, Low Vision programs.

You can see that this list includes all of our delivery programs and all seven of our program managers.

New for 2012, the Ministry of Health and Long-Term Care along with health units' input have created 14 indicators now included in our signed Accountability Agreements. They have established baseline measurements for each health unit, and improvement targets for 2012. We also are now six months into immense help from our Continuous Quality Improvement Coordinator.

What does this mean? All health units are being challenged to be held accountable. To date this accountability is not connected to funding, rather connected to reports and comparisons among health units.

Frankly, our baselines numbers are quite poor. We have a large geographical and rural area with small populations. One could say that we are not doing very well. One could also say that with poor baselines numbers, improving our outcomes may be less challenging than some.

Or, this could be a huge challenge.

### **So what can I, our managers and all of our staff do?**

Get focused; get imaginative; "think outside the box"; work hard to learn better our target populations and think of new ways to reach them more effectively. We have plans to utilize social media and other media and promotion sources.

Most important are our continued efforts to build trust among teams and individuals and our continued team-building efforts. With trust, all things can become more effective, more efficient, less expensive and are implemented faster with sooner positive outcomes.

### **What can you and our Board of Health members do?**

Many of the 12 social determinants of health are about schools, housing, jobs, employment, working conditions and physical environments.

These are NOT about health care—they are about healthy communities, safe recreation, available and affordable housing, food security and more. You are our policy setters, our fiscal strength, our provision of strategic direction and for cost-shared programs, our funders.

This is not a project that any of us can do alone. We must all be working together and engaging our community stakeholders in any way and every way possible.

**In other words--It is what we do and it is our mission!**

I offer my best to all of you and your families for a Happy, Safe and Productive New Year.

**Epidemiology Report**

*Submitted by Lee-Ann Nalezty, Epidemiologist*

The month of December has been a challenge with completion of survey analysis, responding to specific requests and fewer work days due to statutory holidays. It has been a pleasure working with Valdine McEwen, Bed Bug Project Lead, on the bed bug survey. With over 200 surveys completed, a lot of information was gleaned regarding the presence of bed bugs in our region. The introduction of Sharepoint as a communication tool in the work place has been exciting. Lee Pitt, IT Coordinator, and Pam Baxter, Administrative Assistant, have been exemplary in showing me how to use this tool. The time set aside for learning sessions has resulted in a rewarding experience.

I participated in a Northern Ontario Data Summit Teleconference on December 8, 2011. Participants were from various mental health and addiction organizations in the north. The teleconference focused on the data products that are available, and the progress of their website. Their website can be accessed at [www.nordsummit.wordpress.com](http://www.nordsummit.wordpress.com)

A review of the Ministry of Health and Long-Term Care's Accountability Indicators, baselines and targets with managers took place. It was important to learn how the Ministry arrived at their targets for the Health Unit's indicators. Staff identified areas where improvements in documentation of activities are required.

**Infectious Disease Control**

*Submitted by Donna Stanley, Manager, Infectious Diseases*

Seasonal Influenza

As of December 23, the Northwestern Health Unit has administered 97% of the total number of influenza 'shots' given by the Health Unit during the whole 2010 season, October through May. Influenza vaccine will continue to be available until spring.

We have not to date (23 December) received any lab reports for influenza disease in our area. There is some influenza activity in southern Ontario and in the prairies and western provinces.

Communicable Diseases

A higher than expected number of cases of pertussis (whooping cough) was detected over the past several weeks. The cases were each geographically distinct, not connected. Pertussis is a disease that is normally circulating in the adult population and can be a nuisance to adults since the cough can last for months, but it is most dangerous to babies. Babies are routinely immunized against this disease beginning at age two months. Our team is promoting immunization against pertussis disease in adults who have frequent contact with babies, to increase protection.

Infection Control

An institutional outbreak of gastroenteric disease has been well managed by facility staff with support of Northwestern Health Unit team members. We have anecdotal reports of both respiratory and gastroenteric disease among community members in many parts of the region, but no schools are currently reporting high rates of absenteeism.

**Sexual Health, STI/BBI, Early Detection of Cancer**

*Submitted by Gillian Lunny, Manager, Sexual Health*

Sexual Health Program

Training for our new e-charting system, Xwav, will be implemented in our non-clinic sites starting this month. We hope to have all Sexual Health program staff trained by spring. This month we will also trying to run statistics off XWave; which will enable the staff to no longer manually fill out stats on every client we see.

Early Detection of Cancer (EDC) Program

During January the EDC team has planned to support MANuary: a month dedicated to promote and encourage awareness of Testicular Cancer. This cancer is most common among young men between 15-29 years of age. We did a small promotion last year and were surprised at the lack of knowledge amongst the target group.

For this year's campaign, public health nurses will be distributing posters and educational materials for health teachers in the regional high schools. Northwestern Health Unit/MANuary flash drives and information will be distributed to the target group at the high schools, as well as via social media with Facebook ads.

Needle Exchange Program

In order to support safe disposal in our communities, we have ordered two new products. The first are steel, locked sharps disposal units that mount to walls indoors. These are relatively small but can be used in areas where there may be a security risk with the plastic units. We have so far had these mounted in Sioux Lookout and Kenora.

We have also received three drop boxes. These are steel, locked sharps disposal units that are designed to be outdoors. We will be assessing where these and our three older ones can be placed in order to best support our clients in disposing safely.

## **Enforcement**

*Submitted by Jennifer McKibbon, Manager, Enforcement*

The Enforcement program teams – Environmental and Tobacco – held separate two-day face-to-face team meetings in the final months of 2011. We started the process of developing updated and comprehensive program procedures for each of our programs. It is expected to take a number of months to complete the process, but 2012 will see the completion of an enforcement procedure manual for the whole team under the expert guidance of Alex Berry, Continuous Quality Improvement Coordinator. Updated Program Plans for 2012-2014 have also been started by individual staff as program leads, and are expected to be complete by the end of January.

### Safe Water Program

The safe water program continues to support municipal water operators when Boil Water Advisories are required on their systems. The sub-zero temperatures often result in more activity in this program, but so far this winter it has been “quiet”.

### Small Drinking Water Systems (SDWS) Program

The public health inspectors team and support staff completed the on-line data entry of all known small drinking water system prior to the Ministry of Health and Long-Term Care’s deadline of December 31, 2011. The number of SDWS systems in our region as of December 31, 2011, was 893. There is still a small discrepancy between our records and those of the Ministry that will be corrected as the resulting Directives are completed over the first quarter of 2012. The task of getting this work done took a herculean effort by all the enforcement staff, and I commend them to the Board for their efforts.

### Health Hazards Program

The interim report regarding the findings of our bedbug assessment is due for submission to the Ministry in mid-February 2012, with the final report due March 31. A public version of the report, written with the lay reader in mind, will be developed for release within the same time period, along with broad distribution of the bedbug information pamphlets.

### Part 8 (Sewage) Program

In 2011 we received a total of 234 sewage applications in the region – coincidentally, exactly the same number of permits as in 2010. The Part 8 program is now in off-season mode with filing and follow-up paperwork being the activities for the next few months

### Food Safety Program

Regular inspections of food premises and Safe Food Handlers training workshops continue throughout the region.

### Tobacco Control Program

Recruitment is underway for the new crop of youth test shoppers for compliance checks in 2012.

## Dental Health

*Submitted by Dawn Sauve, Manager, Dental Health*

### Funding Received/ Collaboration with Other Agencies

Healthy Smiles Ontario (HSO):

In early December the mobile dental office (MDO) finished seeing clients in Fort Frances and moved to Rainy River. We completed the clinic there on December 15 and moved the MDO to heated storage until the spring. We will continue to run community clinics, and in the middle of January we will run a HSO community clinic at the Mary Berglund Community Health Centre clinic in Ignace. After that we hope to run a clinic at Pickle Lake.

On December 6, Dr. Arthurs, Dr. Cooney, dental consultant, Lois Bailey, Chief Financial Officer, and I had a very useful teleconference with four Ministry of Health and Long-Term Care representatives. We discussed numerous items including the October 25, 2011, Northern Pilot report; the community clinic and private practice components of the HSO program; the MDO; and the HSO promotional campaign. The purpose of the teleconference was to request continuation of the Northern Pilot.

At the end of December we had 89 clients enrolled in the HSO program. This number is higher than our projected number (78) for 2011. We are pleased with how the program has rolled out in the Northwestern Health Unit area.

HSO Promotion Strategy:

Our HSO health promotion campaign went very well. We participated in five Santa Claus parades throughout the district. We used the opportunity to showcase our state-of-the-art mobile dental office (MDO) in three of the parades (Kenora, Dryden and Vermilion Bay). In keeping with the festive season we decorated the MDO with numerous Christmas lights, decorations and wreaths. In the other two parades (Ear Falls and Rainy River), staff either put in a float or walked with a banner promoting the Health Unit and the HSO program. It is exciting to note that we won third place in the Ear Falls parade with our float.

Overall, staff and volunteers handed out well over 3,300 toothbrushing bags, which also contained HSO literature for parade watchers. It was very exciting to hear positive feedback from many members of the public and staff, along with an increase in inquiries for the program. We would like to thank all the Northwestern Health Unit staff, their family members, and the public who volunteered their time to wear their HSO/NWHU toques and help us hand out toothbrushing bags. Their efforts and time was greatly appreciated and fun was had by all.

As well as the parades we had other exciting promotional activities that took place, for example, dental coupons in all Christmas Cheer hampers throughout the district; HSO buttons; a "Send Us Your Smiles" radio contest; radio banners; television advertising at numerous hospitals; displays at numerous locations, etc.

## Chronic Disease and Injuries

*Submitted by Tanis Fretter, Manager, Chronic Disease & Injuries*

In 2011 the team identified four key areas to focus our work on:

- 1) Policy development (with schools, workplaces and municipalities)
- 2) Partnership building (in all communities; including more non-traditional partners)

- 3) Skills development (capacity building with priority populations and partners)
- 4) Community need (identifying needs; build plans based on need)

While our reporting for last year is still being completed, here are a few highlights from 2011.

We held two team trainings to increase our capacity in policy development by better understanding the needs of the partners we want to work with, specifically schools and municipalities. In March the team gathered in Dryden for a workshop designed to help us gain a better understanding of how we can approach and work with municipalities to help make our communities healthier places to live, learn, work and play. In October we met again to hear from school community representatives about how our two systems can better integrate.

We also hosted three regional skill-building opportunities for our partners. In March the Northwestern Health Unit hosted Speaking of Parenting workshops in Dryden and Fort Frances. Facilitated by the SEARCH Institute, the goal of the workshops was to help community groups and individuals gain the skills and knowledge needed to introduce the 40 developmental assets approach to parents and caregivers, with the intent of helping them to build stronger, more positive relationships with their adolescents and teens. In May we partnered with the Rainy River Recreation Centre to offer High Five training. The 1.5-day workshop was designed to help after-school program staff, early childhood educators, education assistants, recreation staff, coaches, instructors and front-line leaders improve the quality of programs. At the end of June the Youth Action on Drugs project partnered with the RCMP to provide a 'Kids and Drugs' facilitator training workshop in Kenora. As a result, 19 service providers from across the region were certified to deliver the workshops for parents.

The team offered several new skill builders for community members as well, including several pole walking workshops made possible with financial support from the Canadian Association for the Advancement of Women in Sport (CAAWS). Numerous classes, such as grocery store tours, resistance band training and a beginner running program were held in conjunction with the Diabetes Strategy communication campaign last fall.

In the spring, we released the final reports of the community needs assessment work done to our partners across the region, as part of the Healthy Communities Fund Partnership Stream. A community picture was prepared for each of the 12 participating communities, as well as one regional picture summarizing the common themes from across the districts. Many team members received positive feedback from partners about the reports, including how useful the data has been in some of their own planning and proposal development processes.

We are looking forward to more new partnerships, programs and policy work in 2012.

### **Family Health**

*Submitted by Kim Gardiman, Manager, Family Health*

In 2011 the Family Health Team, working in Child Health, Reproductive Health and the Healthy Babies, Healthy Children program, planned and implemented activities to meet the

Ontario Public Health Standards (OPHS) for Child and Reproductive Health and the Ministry of Children and Youth Services (MCYS) Protocols for the Healthy Babies Healthy Children (HBHC) Program. Although the annual reports and data have not been rolled up for 2011, I would like to touch on a few highlights from 2011 on behalf of the Family Health Team.

#### Community Network Participation

Public health nurses (PHNs) in all of our communities actively participate in a variety of community networks and coalitions, including: the Kenora Family Connection, Breastfeeding Coalitions, Safe Kids' Committee, Healthy Communities, Coming Together for Kids, Kenora Care Team, Child and Family Health Network, Maternal Child Committee, Diabetes Steering Committee, Next Generation Coalition... just to name a few. Collaborating with partners and participating in local networks and committees have allowed us opportunities for joint information sharing, assessing community gaps and overlaps, addressing needs of the communities, to participate in community events, provide information on the services and supports available through the Northwestern Health Unit and ultimately bring awareness of the importance of creating safe and/or supportive environments that promote healthy outcomes for individuals and families in our catchment area.

#### Education and Support

PHNs provided a variety of educational opportunities to target populations, including women in their childbearing years, pregnant women and their partners, teens, families and community partners:

- Preconception Health Presentations were provided by our PHNs to individuals in their child bearing years (i.e., marriage preparation group) and to high school students in some communities.
- PHNs provided prenatal classes to expectant women and their partners in the Health Unit's catchment area. These sessions were offered in group settings and on a one-to-one basis as required.
- Breastfeeding education was offered as a component of the prenatal curriculum or on a one-to-one basis.
- Breastfeeding support was provided by PHNs in person, by telephone and at community programs such as the Best Start Hubs.
- Health Before Pregnancy-A Life Plan, is a new preconception health resource developed for those wanting information before having children.
- Prenatal Smoking Cessation information continues to be provided to prenatal clients.
- Annual Prenatal update for all PHNs and community partners teaching prenatal classes.
- Our Reproductive Health program planning team collaborated with Best Start Health Nexus to offer the *Young Mothers Living in Poverty* workshop. Content included rates of poverty, teen parents, First Nations issues, the impact of poverty on parenting and strategies to reduce the impact. Sixteen community partners attended the event along with Northwestern Health Unit Parenting Partners and PHNs.
- Parenting information and support were also provided by PHNs at Best Start Hubs. This included PHNs giving information regarding parenting, breastfeeding/infant feeding, child growth and development, healthy living, etc. Parents had the opportunity to stop in at the hub, and talk with a PHN from the Health Unit.

Family Health program staff had the opportunity to take part in a variety of training as appropriate, including but not limited to the following:

- Infection Prevention & Control
- Keys to Caregiving
- Make the Connection
- Food and Nutrition
- Smoking Cessation
- Decision Making
- Fetal Alcohol Syndrome
- Violence Against Women
- Young Mothers Living in Poverty
- Healthy Mothers Healthy Babies
- Parent/Caregiver Interaction Scales
- Promoting Maternal Mental Health During Pregnancy
- Non Violent Crisis Intervention,
- Strengthening Connections with Schools
- Physical Activity and Pregnancy,
- Speaking of Parenting, Food Safety

### Community Awareness/Campaigns

Using one or a variety of media formats including local radio, newspaper, website, outreach visits, displays and newsletter opportunities, we promoted services and supports for Child and Reproductive Health, including Prenatal Classes and Reproductive Health, Positive Parenting and World Breastfeeding Week.

During the month of September our Preconception Health Campaign focused on health before pregnancy. Staff promoted the message of a "Life Plan", which uses personal goals about an individual's future to help make healthy choices that are best for them. Many people underestimate the impact that their health and lifestyle choices before conception can have on their children. The Life Plan is a way to take control of one's life and future. Among other things, the Life Plan also recommends a balanced diet and supplements like folic acid; maintaining a healthy weight; and regular physical activity. It also tells you what to look for in your family history that may affect future children.

In June, we held our annual Prenatal Class Campaign which provided information about where prenatal education is offered in our communities. These sessions help expectant parents prepare for a new baby and include topics such as prenatal nutrition, physical activity promotion, breastfeeding and preparation for labour and delivery.

"Parenting... your most important job!" campaign ran in November, 2011. The campaign focused providing positive messages to parents on attachment, spending quality time with children and being a positive role model. Radio ads relaying the messages ran throughout the region and a media release was sent to all media outlets. We were quite fortunate to have Jayme Blythe, PHN in Kenora, featured on the "Good Morning Kenora" TV show. Jayme discussed the campaign and provided information about available supports to families throughout the region. Banners were also created by the Child Health team and circulated to our community offices for display, and will be available for use for upcoming years.

World Breastfeeding Week was celebrated during the week of October 1-7, 2011. This year's theme was "Breastfeeding Support: Stay Connected". During World Breastfeeding Week 2011, the Northwestern Health Unit encouraged new mothers to stay connected through local support groups, parenting programs and the social media. The message was expanded to include promotions for the family to "stay connected" using baby carries and to keep their baby close, spending time together doing fun activities and to have family meals around the kitchen table together. Many of our PHNs working in Family Health

worked with community partners to host or attend an event during World Breastfeeding Week in an effort to enhance breastfeeding awareness, support and knowledge.

### Baby Friendly Initiative (BFI)

Our work towards achieving BFI designation continued in 2011. The Northwestern Health Unit recognizes that breast milk promotes optimal growth and development of children, and **that support has a positive impact on breastfeeding initiation and duration rates. The Baby Friendly Initiative (BFI) creates a supportive environment at all levels within our organization and is a standard of achievement for breastfeeding promotion.** BFI plaques summarizing the Breastfeeding Committee for Canada's BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services have been developed for display in client waiting areas in each of our offices, and will be distributed in 2012.

In 2011, the Ministry of Health Promotion and Sport worked with public health units to establish indicators for Child Health and Reproductive Health. The BFI was selected as the indicator for Child Health and, after reviewing baseline data, the Ministry worked with us to establish performance targets for 2012-13. Our baseline was established, identifying us at the *intermediate* stage of working towards our BFI; with our target moving to *advanced* work in 2012 and ultimately be *designated* with our BFI status in 2013.

### **Speech, Hearing and Vision**

*Submitted by Debbie Cousineau, Manager, Speech, Hearing and Vision*

As part of the North Words' community sessions, the Fort Frances staff partnered with the Rainy River District School Board's Speech & Language program to offer a "Play Date" for families. This event was held at Robert Moore School on December 7 from 5:00 to 7:00 p.m., and included a healthy dinner for families who attended the event. The purpose of the evening was to provide an opportunity for families to interact and 'play' with their children in a variety of fun activities. It is through these kinds of play-based activities that children develop necessary speech, language, literacy, and critical thinking skills. A number of activities were available for families to experience, including an 'object art' station, playdough, blocks, shaving cream centre, bubbles and a 'what if...' science centre. All centres used items that families typically have in their homes and demonstrated what children learn through play-based activities. Over 250 participants attended the "Play Date" and included children from infancy through primary grades. Feedback from families was very positive and a follow-up event will be planned for the spring.

### **Chief Executive Officer Report**

*Submitted by Mark Perrault, Chief Executive Officer*

The end of 2011 and beginning of 2012 was an eventful time at the health unit, as year-end projects wrapped up and a series of unusual incidences occurred. It is these incidents which I first like to address, as they are an indicator of the kind of staff that we have at the Health Unit.

In one incident, a member of the public in mental distress entered our Fort Frances office. The situation had potential to end up in violence, but the calm professionalism of our staff

de-escalated the situation until police arrived. Special thanks needs to go out to Kathy Jewell, Alex Berry, Tammy Hughes and Kim Gardiman for helping to ensure that no harm came to either the person in distress or to staff.

On a Friday night in Sioux Lookout, one of our office external doors failed to lock. Two of our staff members, Joanne Van Horne and Karen Kulchyski, stayed past 7 p.m. working with our IT staff (Matt Weare, Neil Bird and Lee Pitt) in Kenora to fix the problem. Karen's husband managed to secure the door using lumber until the issue was finally resolved.

Then on Monday, January 9, I received an early call from our Kenora Wolsley Street landlord that a toilet tank had broken on the floor above us and there was some water damage to our offices. That was an understatement! The damage is extensive. We have lost as many as nine workstations (desks, computers and phones); and some files have received water damage. Luckily, our server room was undamaged. What was remarkable was the take-charge attitude of staff. Immediately upon arrival at work our Occupational Health & Safety team assessed the situation and instructed staff to avoid dangerous situations. Important files and documents were immediately assessed and steps taken to preserve the damaged ones. There are far too many staff to thank in this report and I fear omitting someone, so I just want to say, thank you for your humour, hard work and dedication to safety.

### Other Updates

Office Upgrades: During December significant renovations were completed on our Sioux Lookout office. We now have a meeting room (large enough for a Board of Health meeting) and have significantly improved both accessibility and privacy. We also completed renovations in Rainy River, also to improve accessibility and overall ascetics. In Ignace, Mary Berglund Community Health Centre has entered into a lease agreement for its new downtown space, and we are currently reviewing floor plans for our sub-lease within that space. We have nearly finalized the floor plans for the new Kenora office, and details such as flooring and office colours are being worked on.

The Voice Over IP (Internet Phone) system equipment has been purchased. implementation started this week (with an emphasis on our Wolsley Street location to replace damaged phones).

The first phase of position evaluations have been completed as part of our accreditation goal to renew our job descriptions and performance appraisal processes.

### **Finance Report**

*Submitted by Lois Bailey, Chief Financial Officer*

Total revenues for the eleven months ending November 30, 2011, are \$14,078,036 and total expenditures \$13,193,904 resulting in an excess of revenues over expenditures of \$884,132. The cost shared programs (not including Healthy Babies, Healthy Children) are reporting a surplus of \$711,492; whereas the 100% funded and other programs are contributing \$172,638. The reported surplus is significant; however, a number of large expenditures will be reflected in the month of December and several year-end adjustments will be recorded in the 2011 fiscal year.

### Cost Shared Programs

As per the attached report titled "Cost Shared & Unorganized", revenues and funding for the reporting period exceed budget for the first time this year mainly due to the timing of the transfer payments from the Ministry of Health and Long-Term Care. Ministry-approved one-time projects include the Market Square renovation project of \$180,000 (\$135,000 funded) and the Voice Over IP (Internet Phone) project for \$240,000 (\$180,000 funded). The Ministry has flowed \$302,815 of the \$315,000 total funding as of November 30. The Market Square project was completed prior to March 31; however, the Voice Over IP (Internet Phone) project was just underway in November with only \$13,814 of the estimated \$240,000 in expenses incurred by November 30. When this report was submitted all hardware has been received and the project is in full swing.

Actual cost-shared and unorganized territories expenditures are \$9,701,682 compared to the budget of \$10,348,755. Salaries, wages and benefits are underutilized by \$269,405 (net) to date. In addition to the unfilled sick leave and maternity leaves throughout the year, the recent resignation of several employees in November is contributing to the growing variance. The new funding for the Chief Nursing Officer position has also freed up salary dollars beginning October 1. Other expense lines that are significantly underspent include equipment, software and leaseholds (\$88,427), purchased services (\$84,608) and program supplies and services (\$35,408).

The decision to purchase a van in 2011 was deferred to 2012 to obtain quotes, and to compare makes, models and prices. Consequently, the capital budget will not be fully spent. Purchased services continue to be underspent, and the reasons discussed in past reports continue to be valid. For example, underutilization of the Children In Need of Treatment (CINOT) program has resulted in a variance of \$36,046 to date. Most programs will have fully utilized program supply and services budgets by year-end.

### 100% Funded Programs

As per the report titled "100% Funded Programs", total revenues for the eleven months are \$3,664,861 compared to the budget of \$3,592,828 (a difference of \$72,033). Funding for the various programs are either as expected or more than budget. The mobile dental services program has reported revenues of \$23,562 from third party billings.

Actual expenditures are \$3,492,223 compared to budget of \$3,593,893; a difference of \$101,670. Expenditure lines related to the 100% funded programs that are underspent include purchased service (\$21,096), salaries, wages and benefits (\$64,742 net), a small variance in program supplies & services (\$11,767) and combined travel and conference/education (\$36,113).

### **CQI Coordinator Program Report, October to December 2011**

*Submitted by Alex Berry, Continuous Quality Improvement Coordinator*

Strategic Planning – Key internal stakeholders, including the Board of Health, were involved in a collaborative process to develop an effective strategic planning process. The overall process and the terms of reference for the Strategic Planning Working Group (SPWG), which will guide the process, were approved by the Board of Health at its December 2011

meeting. We expect to have the SPWG in place by the end of January with a first meeting in February.

Accountability Agreements and 2012 Targets – The technical and baseline data for the indicators to be included in our Accountability Agreement were reviewed by the health unit management team and feedback provided to the Ministry. The Ministry will use this information to set targets for 2012 and hopes to have this process completed by the end of January 2012. We begin reporting on progress towards achieving these targets in 2012, although no process has yet been identified.

Accreditation – Preparations for the April 2012 on-site visit from OCCHA are progressing well. The Accreditation Committee has met several times and evidence is being collected using SharePoint and assessed. We expect to meet all accreditation requirements and to have our evidence package ready for submission to OCCHA by March 26, 2012. We are using this year's data collection process as a pilot to refine our electronic collection and submission systems used for external audits.

Public Health Report Card (PHRC) – The basic format of the 2012 PHRC has been determined and the procedures discussed and revised based on feedback from the management team and the results of the evaluation of the 2011 PHRC. We are on track to provide the Board of Health with the 2012 PHRC by its June meeting.

CQI – Team Projects – Every health unit team (i.e., Program teams, Finance, HR and IT) has committed to engage in at least one CQI project each year, above and beyond the more general evaluative work already taking place. Discussions have begun with all team / program leaders and to date CQI projects have been identified for half of the teams in 2012.

CQI – Policy & Procedure – We are looking at a process to review and rationalize the many policy and procedure manuals, guidelines and related materials in the health unit. The outcome will be an integrated agency policy and procedure structure in the agency that is transparent, easy to maintain and accessible to all staff. At this point, discussions are being held with the program managers and admin team leaders to ensure that any new system meets the needs of staff and health unit teams. In the meantime, individual policies and procedures are being developed and/or revised as necessary.

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

## 9.1 Report of Medical Officer of Health

Additional Verbal Report - Provided by Dr. Arthurs

Dr. Arthurs highlighted the 2010 Report of the Chief Medical Officer of Health (CMOH), Dr. Arlene King, Health, Not Health Care : Changing the Conversation. The Report explains the need to address social determinants of health as determinant influences for health and well-being of individuals and communities.

Accountability Agreements and Performance Indicators: Dr. Arthurs described the Ministry of Health and Long-Term Care's progress toward preparing indicators and a measurement

process for the success of public health programs. Fourteen indicators were recently established, with 'baselines' and related performance 'targets' for each health unit for 2012 and future years. Formal acceptance documentation involving agreements to proceed towards meeting these performance targets were recently sent to health units. Management will submit the targets identified for the Northwestern Health Unit for the Board's review at their February meeting.

Bed Bug Project: The regional survey is complete and a report is being written for the province and subsequent public release.

Dental Survey: Analysis of data is complete and the report is being prepared.

Infectious Diseases: There have been five confirmed cases of pertussis (whooping cough) in adults in the region. The cases are not connected. An adult vaccination has been developed, as a 'booster' for childhood immunization. Dr. Arthurs encouraged uptake for this adult vaccination.

Healthy Smiles Ontario (HSO) Program: The mobile dental office is now in winter storage. Program services are being provided in community facilities in Ignace and Pickle Lake. A teleconference with the Ministry of Health and Long-Term Care and Health Canada officials has been scheduled, to consider collaboration potential for the HSO program to involve First Nation clients.

#### Questions, Comments:

CMOH Report: Mel Fisher recognized the Northwestern Health Unit's activities towards addressing the priorities identified in the Report, via partnerships and collaborations with communities.

Management Report, page 4: *What can you and our Board of Health members do?* Opportunities for discussion and interaction with municipalities were considered, for conveying the importance of effective public policy for encouraging chronic disease prevention and promotion of healthy living and lifestyles.

Board of Health members noted that municipal Councils often attempt proactive activities; however, inter-agency issues and lack of communication often hamper activities. Discussion ensued regarding issues associated with access for healthy activities; and opportunities for municipal and community initiatives and projects.

All agreed upon a priority for each individual to commit to a 30-minute daily walk.

***No. 11-2012. Moved by D. Squires, Seconded by R. Fortier and Carried:***  
*THAT the Report of the Medical Officer of Health be accepted as presented.*

## **9.2 Report of Chief Executive Officer**

### Additional Verbal Report - Provided by Mark Perrault

Office Update: A major flood occurred on January 15 evening on the second floor of the Kenora Wolsley office. Damage to the offices on the main floor, where the Northwestern Health Unit is situated, was described. Mark Perrault commended the staff's prompt, proactive and efficient actions for recovery and reallocation of work areas for affected staff.

Office Incidences: Two recent incidents were successfully addressed and diffused by staff. Mark Perrault credited crisis intervention training provided to staff, for the tools to negotiate the situations.

Office Upgrades: Complications have arisen for the proposed new Ignace office, regarding the contracting process for the proposed building. Work is proceeding towards interior renovations for the new Kenora Office. The Voice Over IP (Internet Phone) project is underway in Kenora office with upgraded priority following the Wolsley office flood. Renovations for Sioux Lookout office are complete, and include a new meeting room.

Capital Projects: Funds will be allocated in the Current Fund for the purchase of the corporate van in 2012. Discussions will be held for accommodating other existing capital projects within the 2012 budget.

Finance Report: Gapped salaries for unfilled positions that comprised the majority of the variance for Salaries & Wages expenditure line were reviewed. Preparation for the 2012 budget continues for submission to the Board of Health at their February meeting.

Questions:

New Kenora office: An elevator will be installed by the building owner. It will comply with the *Access for Ontarians with Disabilities Act*.

Healthy Communities Fund: Dr. Arthurs informed that 2011 funding was put on hold by the Ministry of Health and Long-Term Care last summer. The Ministry is now proposing reduced funding for the last quarter of 2011 and for 2012. The Health Unit is considering the cost-effectiveness for the proposed funding and associated requirements.

***No. 12-2012. Moved by D. Squires, Seconded by M. Harland and Carried:***  
*THAT the Report of the Chief Executive Officer be accepted as presented.*

Board of Health members recessed at 10:35 a.m.  
John Albanese called the meeting to order at 10:55 a.m.

## 10. IN CAMERA SESSION

At 10:55 a.m. Board of Health members moved to an in camera session.

***No. 13-2012. Moved by D. Squires, Seconded by D. Brown and Carried:***  
*THAT the Board of Health moves to an in camera session to discuss: personal matters concerning identifiable individuals, including municipal or Board employees: NWHU Organizational Chart; Medical Officer of Health Performance Appraisal Update*

Dr. Arthurs, Mark Perrault, and Dorothy Strain left the meeting.  
Dr. Arthurs, Mark Perrault, and Dorothy Strain rejoined the meeting at 11:35 a.m.

At 12:10 p.m. Board of Health members moved out of the in camera session to resume regular business.

*No. 14-2012. Moved by B. Thompson, Seconded by D. Squires and Carried:  
THAT the Board of Health moves out of the in camera session to resume regular business.*

Board of Health members recessed at 12:10 p.m.  
John Albanese called the meeting to order at 12:40 p.m.

#### **11. RRDMA ANNUAL GENERAL MEETING, JANUARY 28, 2012**

*No. 15-2012. Moved by B. Thompson, Seconded by M. Fisher and Carried:  
THAT the Board of Health for the Northwestern Health Unit authorizes John Albanese, Chair, to attend the Rainy River District Municipal Association Annual General Meeting in Devlin on January 28, 2012, on behalf of the Northwestern Health Unit. Fees and expenses will be paid by the Northwestern Health Unit.*

#### **12. KDMA ANNUAL CONFERENCE, FEBRUARY 2-4, 2012**

*No. 16-2012. Moved by M. Fisher, Seconded by P. Ryan and Carried:  
THAT the Board of Health for the Northwestern Health Unit authorizes John Albanese, Chair, to attend the Kenora District Municipal Association Annual Conference in Sioux Lookout on February 2-4, 2012, on behalf of the Northwestern Health Unit. Registration fees and expenses will be paid by the Northwestern Health Unit.*

#### **13. alPHa WINTER SYMPOSIUM, FEBRUARY 9-10, 2012**

*No. 17-2012. Moved by J. Roy, Seconded by M. Fisher and Carried:  
THAT the following Board of Health members are authorized to attend the Association of Local Public Health Agencies (alPHa) Winter Symposium, February 9-10, 2012, in Toronto:  
Julie Roy, John Albanese  
Expenses for this meeting will be covered by the Northwestern Health Unit.*

#### **14. SCHEDULE OF 2012 BOARD OF HEALTH MEETINGS**

The 2012 meeting schedule for regular Board of Health meetings was drawn up. Following confirmation of meeting locations, the schedule will be forwarded to Board of Health members. It will also be posted to the Northwestern Health Unit web site, [www.nwhu.on.ca](http://www.nwhu.on.ca) 'About Us', 'Board of Health', 'Next Regular Meeting'.

#### **15. NON AGENDA ITEMS**

There were no non agenda items identified.

#### **16. NEXT MEETING DATE**

##### **16.1 Board of Health Meeting**

Date: Thursday, February 23, 2012  
Location: Dryden Holiday Inn Express  
Start Time: 8:30 a.m.

**16.2 Executive Committee Meeting**

Date: Tuesday, February 14, 2012  
Location: Kenora Wolsley office  
Start Time: 11:00 a.m.

**9. ADJOURNMENT**

Mr. Albanese adjourned the meeting at 1:00 p.m.

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

**CONFIRMED AS WRITTEN**

**THIS ..... DAY OF .....2012**

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**CHAIR, BOARD OF HEALTH**

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**RECORDING SECRETARY**