



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

**MEETING MINUTES**

Regular Board of Health Meeting

Friday, March 23, 2012

Fort Frances Northwestern Health Unit Office Meeting Room

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**MEMBERS PRESENT:** John Albanese – Chair  
Jim Belluz, Dennis Brown, Dave Canfield, 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)  
Tanis Fretter, Manager, Chronic Disease and Injury  
Dorothy Strain, Executive Assistant (Recorder, Secretary)

**1. CALL TO ORDER**

Chair John Albanese called the meeting to order at 11:30 a.m.  
An introduction for Tanis Fretter, Manager, Chronic Disease and Injury, was provided.

**2. APPROVAL OF AGENDA**

**2.1 Additions to Agenda**

- Agenda #15, Non Agenda Items:
  - 15.1 2012 Smoke-Free Ontario program budget

|                                                                                               |                       |
|-----------------------------------------------------------------------------------------------|-----------------------|
| <b>Motion / Resolution: 29-2012</b>                                                           |                       |
| THAT the Agenda for the Board of Health meeting dated March 23, 2012, be approved as amended. | M. Harland<br>P. Ryan |

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

None was declared.

**4. MINUTES OF BOARD OF HEALTH MEETING, February 23, 2012**

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|-------------------------------------------------------------------------------------------------|----------------------|
| <b>Motion / Resolution: 30-2012</b>                                                             |                      |
| THAT the Minutes of the Board of Health meeting held February 23, 2012, be approved as written. | P. Ryan<br>J. Belluz |

## 5. SENIOR MANAGEMENT REPORTS

### Medical Officer of Health Report

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

#### Management Report Format

As you know, the format of the Management Report to the Board of Health is transitioning to a "product" that will be more meaningful to all of you and more meaningful to the entire Health Unit staff. My goal and that of all of the management team is to align our reports to you with the process and development of a new strategic plan for 2013-2016. Alex Berry, CQI Coordinator and Chair of our Strategic Planning Working Group, has drafted a template that we may adopt in full or partial detail (below).

Our reports will transition to the following format. Each report will speak to at least one or more of the four quadrants referenced in our current strategic plan.

Balanced Scorecard Domains:

- Health Determinants and Status – understanding and improving the local determinants of health and health status / outcomes
- Community Engagement – ensuring that the community understands, values and accesses Health Unit services and has input into the planning and evaluation of Health Unit services and programs.
- Integration and Responsiveness – developing and maintaining appropriate internal and external partnerships and the ability to realign resources to address emerging needs.
- Internal Resources and Services – developing and maintaining the resources and internal systems needed to support effective program delivery and efficient use of public resources.

The content of the Report will then address these types of questions:

- What is the strategic objective, priority or population outcome being reported?
- What action(s) were undertaken in the reporting period to address this issue?
- What metrics are being using to measure progress / success? What do these metrics tell about our progress?
- What next steps have been identified (if any)?
- To be sure, there will be and have been a few glitches in this transition. Issues arise and fall; vacations and Spring Break come and go.

To be sure there will be and have been a few glitches in this transition. Issues arise and fall; vacations and Spring Break come and go.

What I and we are requesting is your feedback on what you think and what you would like best in our reports to you.

Medical Officer of Health Update

The following are ideas and incidents that have occupied my attention and time over the past month.

Meta-Leadership – Dr. Arlene King, Chief Medical Officer of Health (CMOH)

[http://en.wikipedia.org/wiki/Meta-leadership#The\\_Five\\_Dimensions\\_of\\_Meta-Leadership](http://en.wikipedia.org/wiki/Meta-leadership#The_Five_Dimensions_of_Meta-Leadership)

Dr. King used this topic as a keynote to the consultation meeting of provincial medical officers of health in Toronto on February 24 to discuss the provincial Smoke-Free Ontario initiative. The meeting was well attended and presentations were informative and useful. Discussions were lively.

The take-home message regarding meta-leadership is that no one can do this job alone; it requires moving up, down and across the many lines of authority and responsibilities, including Public Health at both the provincial and local levels as well as the Ministry of Finance (taxes) and Enforcement (tickets, collecting taxes not paid, etc.)

Oxycontin Addiction, and Withdrawal

<http://nationalpaincentre.mcmaster.ca/>

This has become a very hot media focus in the past three weeks.

Again, this did not just start on March 1 and then become a “crisis”. It has been going on for centuries and getting progressively worse to the present. And once again, no one can address this issue alone - it will take teamwork at every level from family, local municipalities to provincial and federal governments.

Falls Prevention Program with the North West LHIN (NWLHIN)

I attended a meeting of medical officers of health and provincial LHINs on February 8 in Toronto. The LHINs have been working on a Falls Prevention program since 2009. They are now asking for help and collaboration from each health unit. The Ministry of Health and Long-Term Care has made this one of our indicators for the Accountability Agreements.

Our Chronic Disease and Injuries Manager Tanis Fretter and staff are developing a comprehensive plan to address the project. There was a meeting of Northwestern and Thunder Bay District Health Units with the NWLHIN on Thursday, March 15 (via tele / video conferencing) to discuss expectations and plans.

Blood Borne Infections, Needle Exchange Programs

As you know, our Sexual Health program includes a Needle Exchange Program. The over-reaching goal is to reduce the incidence of blood borne infections (BBIs), primarily Hepatitis C that is transmitted primarily by individuals’ use of unsterile equipment.

I was called as an expert witness by the Crown Attorney in a court case initiated by a positive Hepatitis C result identified under the Ontario Mandatory Blood Testing Act. The Crown Attorney and I met prior to the court proceeding and our preparation allowed my testimony to go well.

#### Bed Bug Issues

Once more - no one individual, organization, or municipality can address this issue alone. I have had several meetings with Kenora Mayor, CAO and a Council member. We are now ready to move forward to develop a plan of action along with business, hospitality and landlord stakeholders. We will also invite representatives from Treaty 3 First Nations to meet in April.

#### Small Drinking Water System (SDWS) Program Update

Our public health inspectors (PHIs) have completed all of our known SDWS sites assessments. Completion of all the necessary follow-up directives to SDWS owners for designated high risk sites has a completion deadline of the week of March 19. They will be completed prior to that date. As Medical Officer of Health it is my responsibility to review and approve each directive. That too is near complete. The team of Enforcement, Manager, PHIs and staff are to be commended for their hard work and dedication.

#### Continuous Quality Improvement (CQI) Projects for Managers and Management

This is a project leading up to our next Public Health Report Card. Alex Barry, CQI Coordinator, and our program managers have discussed and identified a CQI project for each program that will review what we are doing; have we been successful; how have we measured this success; and are we making a difference for our population of people.

### **Epidemiologist Report**

*Submitted by Lee-Ann Nalezty, Epidemiologist*

#### Health Determinants and Status

Census:

On February 8, 2012, Statistics Canada released the first of its 2011 Census reports. In Canada there are 33,476,688 people, and Ontario has the largest population with 12,851,821 people. Canada and Ontario increased their populations by 5.9% and 5.7% respectively. In our region the only city reporting an increase in its population was Kenora, by 1.1%. The communities of Dryden (-7.1%), Fort Frances (-1.9%), Atikokan (-15.4%), Ignace (-16%), Red Lake (-3.5%), Sioux Lookout (-2.8%) and Rainy River (-7.4%) all reported a decrease in population growth. On May 29, 2012, Statistics Canada will release population data by age and sex. For more information on census data go to

<http://www12.statcan.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>.

As more census information becomes available, reports will be prepared to ensure that staff have the most up-to-date information for population assessment. As yet, census information at the geographic level of the Health Unit will not be prepared by Statistics Canada until all other data is released.

**Bed Bug Survey:**

The Bed Bug Survey was re-analyzed using 2011 data and geographic places within our region. Valdine McEwen, Bed Bug project lead, has completed a detailed report of the investigations. The report will be forwarded to the Ministry of Health and Long-Term Care and made available to the public in April 2012.

**Youth Against Drugs Program:**

This program project report is currently being finalized. Data for seven communities is being interpreted with staff. The community profiles of students aged 12 to 18 years show interesting opinions and perceptions of themselves, their friends, and adults about tobacco, alcohol and illicit drug use. This information will be useful in planning and delivering prevention programs to students.

**Dental Study:**

The study is almost completed. Dental Indices data for school children in the communities of Dryden, Fort Frances and Kenora were analyzed for the presence of dental caries. The years under review were from 1999 to 2010. The study is important in the struggle against dental caries.

**Blood Born Infections (BBI):**

Data is currently being identified to determine the presence of BBI in certain communities in the Northwestern Health Unit region. The data is important for staff to target and collaborate on prevention and education activities.

**Accountability Agreement Indicators and Reports:**

As you know, I have access to iPHIS data to generate various reports regarding the cases of infectious diseases in our region. A major concern of epidemiologists was the ability to confirm or generate the same results obtained by the Ministry of Health and Long-Term Care for Gonorrhoea and iGAS. Public Health Ontario has created a folder named "*Accountability Agreement Indicator Reports*" in each health unit's "*Public*" folder that enables us to verify and track our data. Having this information saves a lot of time for me when trying to validate information. It will also be useful for staff when they want to know the frequency of cases for their quarterly reports and know that there will not be conflicts with the Ministry counts.

**Surveillance:**

During the month of February the Health Unit was informed of syndromic alerts through its participation in the REAL-TIME OUTBREAK AND DISEASE SURVEILLANCE (RODS) program. These alerts notified us of the increase in respiratory symptoms from local hospital emergency departments. In addition to this, schools reported an increase in absenteeism rates. Being able to identify infectious disease activity helps us to control or reduce its spread throughout the community.

**Public Health Ontario (PHO, 'The Agency'):**

The Agency has an infectious disease surveillance mandate and is fulfilling this mandate with two teams. One team is Surveillance Integration and Support, and the other is Public Health Surveillance. From these teams we will be receiving scientific and technical advice,

surveillance analysis and reporting, field support for communicable disease/outbreak investigation, and consultation and leadership in surveillance activities. In addition, they will consult with internal and external stakeholders to develop a new "provincial" surveillance strategy. This is expected to begin in approximately three months. Being aware of the expanding role of PHO helps me (and others) to know that I am not alone in my work and have someone with more expertise in a given area to call upon. It also informs me of the pilot testing and training opportunities that will arise once the systems are available to test and ultimately ready to use.

PHO is developing an online platform for central analytics including a chronic disease population health assessment system with interactive map-based dashboards showing trends. Hoping to be ready this year, they are employing the Association of Public Health Epidemiologists in Ontario core indicators. This year one key function of mine has been working on the core indicators subgroup for injury prevention and substance use. Epidemiologists working together to determine what components are required in an indicator, has been a rewarding and satisfying experience. All of the core indicators are used by epidemiologists in health units and in other agencies as a means of ensuring consistency in data analysis.

#### Foundations Procedure Manual:

The Research and Review Committee has completed a series of procedures for section three, 'Research and Knowledge Exchange'. The procedures have been posted to Sharepoint. These procedures provide directions to staff regarding the request for and review of projects submitted to the Committee for adjudication. This information is an important way of knowing what projects the Health Unit is participating in, and meets requirements of accreditation. In addition, staff on the Committee have learned about ethical issues important in the project and the need to consult with various programs before decisions are made.

The Research and Review Committee has supported the Health Unit's participation in a research project "*Approaches to Accountability: Implications of Goals, Governance, Services, and Sub-sectors Sub-Study: Approaches to Accountability in Public Health*" conducted by several researchers in cooperation with the University of Toronto. The Northwestern Health Unit was randomly chosen to participate in this study and we believe that it is another learning opportunity for us. Perhaps information learned here may be used to assess our style of accountability in public health, particularly with the accountability agreements that we are required to submit to the Ministry. The project will take a couple of years to complete.

#### Integration and Responsiveness

##### Small Geographic Areas for Healthy Babies, Healthy Children Program Profiles:

Along with Kim Gardiman, Manager, Family Health, we are working with Firefly (formally Early Years at the Lake of the Woods Child Development Centre) to establish areas of need using postal code level of geography. The joint activities between us will help target areas within each community that may need more prevention and education programs than other areas.

Oxycontin:

Along with several community partners, Health Unit staff looked into the issues and potential problems surrounding the discontinuance of Oxycontin. One particular problem is the fear of overdosing with other narcotics, so I am looking into the use of drugs that treat narcotic overdoses and what the concerns are from using these drugs.

Falls and Seniors, a Joint Northwestern Health Unit and North West (NW) LHIN Project:

A summary of fall-related information was prepared for the Chronic Disease and Injury Prevention program. The information was required for a meeting with NW LHIN to discuss the potential for collaboration in the prevention of falls in seniors. This joint opportunity gave us the impetus to focus on seniors and develop a program that meets one of our accountability indicators for the Ministry of Health and Long-Term Care.

### **Chronic Disease and Injuries**

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

#### Diabetes Prevention Strategy

At the end of January the Ministry of Health and Long-Term Care held a forum in Toronto for all of the programs funded through the prevention-stream of the Ontario Diabetes Strategy, in order to share lessons learned to date from their interim report. They identified seven core or common factors that funded agencies described as contributing to the successful design (five factors) and implementation (two factors) of programs:

Design and substantive program content:

1. Community-based participatory process for program planning and design
2. Programming that is holistic, inclusive, and culturally appropriate
3. Group-focused activities with flexibility to accommodate individual needs
4. Developing strategies to overcome structural barriers to participation
5. Outreach, incentives, and program awareness building

Program delivery and implementation:

6. Cultivating and maintaining partnerships and networks
7. Supporting and enabling a systematic approach to evaluation

Based upon these initial results the Ministry is inviting all funded programs to submit a proposal this month for continued funding in 2012-13. The Ministry will use the coming year to conduct a more comprehensive evaluation of the programs. We are submitting a proposal and plan to continue our strategy through the next fiscal year. We are also currently working on our final report for 2011-12.

#### Falls Prevention in Older Adults

Preventing falls in older adults is identified as a priority in the Ontario Public Health Standards. In addition, reducing the rate of fall-related emergency department visits in older adults aged 65+ years is one of the performance indicators set by the Ministry of Health and Long-Term Care in the Accountability Agreements. The Northwestern Health Unit has been assigned a target of -5% for 2013, relative to our baseline. An initial plan for

addressing falls in older adults has been drafted by the team and is currently being reviewed.

At the same time, each Local Health Integration Network (LHIN), in partnership with their respective public health units, is required to implement a *LHIN-wide Integrated Falls Prevention Program*. The North West Local Health Integration Network (NWLHIN) is proceeding with the development of an integrated falls prevention program within its region. The Northwestern Health Unit is working alongside the NWLHIN in the planning and implementation of the strategy, the goal of which is to improve quality of life for seniors aged 65+ years and to lessen the impact of falls upon the health care system by reducing their number and impact. An initial meeting between the NWLHIN, Northwestern and Thunder Bay District Health Units, and the Northwest Community Care Access Centre was held in December 2011. A second meeting is planned for March 15 and will include additional key stakeholder groups; after which we will begin to look at developing a plan for the entire northwest region.

### **Chief Executive Officer Report**

*Mark Perrault, Chief Executive Officer, is currently on vacation. He will provide his report to the Board of Health meeting, March 23, 2012.*

[See Board of Health Meeting Minutes, Agenda 5.2, Report of Chief Executive Officer: page 12]

### **Finance Report**

*Submitted by Lois Bailey, Chief Financial Officer*

Total revenues for the one month ending January 31, 2012, are \$1,213,117 and total expenditures \$1,195,338 resulting in an excess of revenues over expenditures of \$17,779. The cost shared programs (not including Healthy Babies, Healthy Children) are reporting a surplus of \$52,933; whereas the 100% funded and other programs are running a deficit of \$35,154. A deficit of \$70,391 in the month of January for 100% funded programs was budgeted and is expected due to the timing of the Student Nourishment school grants. Funding for this program is received monthly from the Ministry of Children and Youth Services (MCYS) but grants are issued twice a year in September and January.

#### Cost Shared Programs

A review of the Cost Shared and Unorganized Territories report indicates a shortfall of \$72,777 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 reasonable. A \$44,310 combined variance from salaries (\$43,452) and benefits (\$858) are related to gapped positions and the Public Sector Salary freeze. A variance of \$32,542 in one-time expenses exists as the projects have not begun and won't likely begin until approval is received from the Ministry.

#### 100% Funded Programs

As per the report titled "100% Funded Programs", total revenues for the year are \$283,973 compared to the budget of \$278,113 (a difference of \$5,860). January revenues from the

mobile dental services program have not yet been recorded. One-time funding of \$16,000 from the Ministry of Children and Youth Services (MCYS) is for the pilot project in Sioux Lookout. The Ministry originally earmarked \$40,300 to spend by March 31st; however, due to a delay in recruitment, the Ministry clawed-back \$20,300. At the time this report was written a Speech Language Pathologist had not been hired for the contract.

Actual expenditures for all 100% funded programs are \$319,127 compared to the budget of \$348,504; a difference of \$29,377. There is no expenditure lines related to the 100% funded programs that are either significantly under or overspent.

### **Human Resources Department Report**

*Submitted by Melanie Buffet-Gauthier, Senior Human Resources Officer*

#### Ministry of Labour Appeal Resolution

On February 2, 2012, Mark Perrault and Melanie Buffett-Gauthier along with Northwestern Health Unit legal counsel had a meeting with the Crown Attorney for the Ministry of Labour, regarding the appeal of the Ministry of Labour Orders laid on the Health Unit on November 10, 2011 (Order# 03924DTSR889).

An agreement has been finalized between the Northwestern Health Unit and the Ministry of Labour that the current Ministry of Labour Inspector will no longer attend the premises of the Health Unit, and another Ministry of Labour Inspector will be assigned to the Health Unit's worksites.

It needs to be further mentioned, that the orders that were appealed pertained only to the question of the competency in Occupational Health and Safety of the management team. The Health Unit maintains that all management team members, through ongoing professional development and through human resource training, are exceedingly competent in their roles as leaders for their staff.

The Northwestern Health Unit has sent a Notice of Compliance for the Ministry of Labour order issued June 28, 2011, Order #03924DLZS470. In this order the Health Unit was tasked with completing ergonomic assessments for all positions. This was completed on December 16, 2011. A Compliance Plan has been submitted for Ministry of Labour Orders issued November 9, 2011, Order #1581642 and #1581643 regarding the Job Hazard Safety Analysis, which will be completed by all programs. The deadline for completion of this requirement is December 31, 2012.

#### Summer Student Employment

This year, the Northwestern Health Unit took an early recruitment approach to hiring students. As of March 31, 2012, all the students will be hired for this summer season. This provides a better opportunity for students to prepare for summer employment as many students begin work in our offices at the start of May.

#### Student Bursaries

Bursary information will be going out to the schools by March 12, 2012, with the application deadline of May 18, 2012. The selection will take place at the beginning of June. The final date for the selection meeting will be announced shortly.

Employee Assistance Program (EAP) Support Session in Dryden

The Dryden office has had some difficult news in the last month and it is important for the Health Unit to recognize that individuals in the Dryden office may be experiencing some grief, sadness and potentially having a difficult time dealing with this. As a result, an EAP counselor was brought into the Dryden office on February 15 afternoon to host a debriefing session. As well, one-on-one time consults were offered for anyone wishing to access the service. The counselor also met with the office managers to provide support to them, and to provide some strategies and resources on how to better support staff in that office during this trying time.

Healthy Workplace Foundations Sessions – Managing Stress – April 2, 3, 4

Over the past month Human Resources staff have done some auditing of reports downloaded from our benefits provider and our EAP service provider. It is obvious by the outcomes that some form of stress management training session is warranted.

The Human Resources department, through our Healthy Workplace Foundations program, has engaged a high profile speaker and workshop facilitator to come into Kenora, Dryden and Fort Frances offices in early April to provide a half-day session on managing stress. Outer offices will travel to the session closest to them.

Attendance is compulsory for these sessions, in order that staff members are better able to support themselves as well as their coworkers who may be experiencing difficult times.

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

**5.1 Medical Officer of Health Report**Program Update

Tanis Fretter, Manager, Manager, Chronic Disease and Injury, provided an update on the Chronic Disease and Injury Program.

Physical Activity: Tanis Fretter distributed information sheets and reviewed current physical activity guidelines for adults. She noted that municipalities are important collaborators and partners for promoting activity and facilitating opportunities for recreational programs.

Sudbury & District Health Unit Video: Dr. Arthurs informed that Sudbury's video regarding Social Determinants of Health has been re-mastered to incorporate statistics for the Northwestern Health Unit catchment. It will be available early summer.

Falls Prevention Program: The LHINs' project was referenced. Northwestern Health Unit's program initiatives to promote safe activity by seniors were described.

Discussion, Questions:

An information package from the Medical Officer of Health containing documentation provided to the meeting and associated information promoting physical activity will be prepared for municipal councils.

The Health Unit will follow up regarding presentation to municipal council meetings of Northwestern Health Unit’s re-mastered video for Social Determinants of Health.

Activity in Schools: Tanis Fretter described Health Unit programs conducted in schools. Details for the Playground Activity Leaders (PALs) project and Master Trainers for teachers program were provided.

Board members discussed strategies for promoting these and related activity programs and providing recognition for participating schools.

Appreciation was extended to Tanis Fretter for her updates provided to the meeting.

Verbal Update to Medical Officer of Health Report – Provided by Dr. Arthurs

Oxycontin Withdrawal: The patent for Oxycontin expires summer 2012. The manufacturer has developed a ‘replacement’ product, Oxy-Neo. It is anticipated that Ontario will require special training for physicians to prescribe this medication.

The Chief Medical Officer of Health’s office has requested weekly monitoring reports from health units regarding the use of street drugs; data for visits to clinics and medical facilities for prescription renewals, etc.

It was noted that the predominant drug of choice for abuse in this region is still alcohol.

Adult Pertussis Vaccine: Studies regarding the safety of the new universally-funded vaccine for adults were conducted to age 64 years. There is no ‘official’ evidence that it is safe for over 65 years. An alternate vaccine has been rated safe for over 65 years; however, it is not universally-funded. It must be obtained by the individual and brought to a medical facility for vaccination.

Integration of Public Health with Primary and Acute Care: Northern Ontario School of Medicine (NOSM) students recently invited Dr. Arthurs to present a ‘lunch and learn’ session at the Kenora Family Health Team Centre regarding opportunities for collaboration, partnerships, and mutual support. A document will be circulated to all agencies to highlight each’s mandate.

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|----------------------------------------------------------------------------|----------------------|
| <b>Motion / Resolution: 31-2012</b>                                        |                      |
| THAT the Report of the Medical Officer of Health be accepted as presented. | J. Belluz<br>P. Ryan |

Board of Health members recessed at 12:30 p.m.  
John Albanese called the meeting to order at 1:00 p.m.  
Tanis Fretter left the meeting at 1:00 p.m.

**5.2 Report of Chief Executive Officer**

Verbal Report - Provided by Mark Perrault

As he was on vacation during preparation of the management report, Mark Perrault provided a verbal report to the meeting.

Office Updates

Dryden office: recently went 'live' for the Voice Over IP (Internet phone) system.

Kenora office: Renovations for the City View building are on schedule.

Kenora and Sioux Narrows-Nestor Falls offices: Applications to the Ministry of Health and Long-Term Care for 2012 one-time funding to offset renovation costs will accompany the Health Unit's 2012 consolidated budget submission.

Ignace: The Health Unit will remain in its current location while Mary Berglund Community Health Centre continues negotiations for a new office.

Communications

The new Communications Advisor position has been posted.

Research continues on a new website that will incorporate social media functions. One-time funding has been applied for, to offset the cost of converting the present web site. The anticipated timeline for formal launch of the new web site is spring 2013.

First Nations Public Health Initiatives

Dr. Arthurs and Mark Perrault attended a recent meeting of the federal/provincial Public Health Working Group regarding Sioux Lookout First Nations Health Authority's proposal to the Health Services Integration Fund to develop a public health services plan.

A meeting will be scheduled with Meno Ya Win centre to discuss coordinating audiology and related services for remote First Nations children. This project is funded by the Ministry of Children and Youth Services for a speech pathologist and by Health Canada for clients' travel costs.

Municipal Collaboration

Mark Perrault and Board member Mel Fisher will attend Machin municipality's upcoming strategic planning meeting.

Questions, Discussion

Mark Perrault confirmed that the Ministry of Labour granted the Health Unit's request for an alternate inspector.

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| <b>Motion / Resolution: 32 -2012</b>                                     |                          |
| THAT the Report of the Chief Executive Officer be accepted as presented. | R. Fortier<br>M. Harland |

**6. REPORT OF STRATEGIC PLANNING WORKING GROUP**

Russ Fortier, Board of Health member, summarized the Group's meeting held March 2. The Group discussed whether its mandate includes monitoring of progress towards achieving identified objectives after the strategic plan's rollout.

Doug Squires left the meeting at 1:30 p.m.

**7. NON UNION SALARY GRIDS**

Mark Perrault noted that current agreements for union salaries extend to 2015.

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|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>Motion / Resolution: 33-2012</b>                                                                                                               |                      |
| THAT the non-union salary grids incorporating salary adjustments for 2012, 2013, 2014 and 2015 be approved as presented, effective April 1, 2012. | J. Roy<br>R. Fortier |

**8. HEALTHY BABIES, HEALTHY CHILDREN PROGRAM 2012 BUDGET**

|                                                                                                                                                                                                                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Motion / Resolution: 34-2012</b>                                                                                                                                                                                                                                                                     |                         |
| THAT the Board of Health for the Northwestern Health Unit approves the budget for the Healthy Babies, Healthy Children program in the total amount of \$808,525 for the budget period April 1, 2012, to March 31, 2013. Full (100%) funding is provided by the Ministry of Children and Youth Services. | M. Harland<br>M. Fisher |

**9. BOARD OF HEALTH PER DIEM**

Executive Committee Chair Julie Roy distributed background information for the Committee’s recommendation to adjust the Board per diem.

The Board instructed management to proceed per direction provided in By-Law #1 (Board of Health Constitution).

**10. APPOINTMENT OF ACTING MEDICAL OFFICER OF HEALTH**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
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| <b>Motion / Resolution: 35-2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| THAT the Board of Health for Northwestern Health Unit approves the appointment of the following Medical Officers of Health:<br><br><ul style="list-style-type: none"> <li>- Dr. Jim Chirico, Medical Officer of Health for North Bay Parry Sound District Health Unit</li> <li>- Dr. David Williams, Medical Officer of Health for Thunder Bay District Health Unit</li> </ul> as Acting Medical Officer of Health to provide Medical Officer of Health on-call/coverage for Dr. Jim Arthurs during his absence from Northwestern Health Unit on an as-needed basis for the year 2012. | M. Fisher<br>D. Canfield |

**11. BOARD OF HEALTH MEMBER, 2012 BURSARY SELECTION PANEL**

Julie Roy volunteered to be the Board of Health representative to the Bursary Selection Panel. Applications for the 2012 Carl Lindstrom Bursary will be reviewed in late May.

**12. NWHU BY-LAW #1, BOARD OF HEALTH CONSTITUTION**

**12.1 Article 14.15, Meetings and Proceedings**

**12.2 Revision to Article 16.0, Education, Conferences**

Proposed revisions were reviewed regarding protocol for cell phones during meetings (Article 14.15, Meetings and Proceedings); and representation to alPHa Board of Directors events (Article 16.0, Board of Health Education, Conferences, Business Meetings)

|                                                                                                                                                                                                                                                                                                                                                                      |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Motion / Resolution: 36-2012</b>                                                                                                                                                                                                                                                                                                                                  |                       |
| THAT revision(s) to Northwestern Health Unit By-Law #1, Constitution of the Board of Health, be approved, effective immediately: <ul style="list-style-type: none"> <li>- Addition to article 14.15, Meetings and Proceedings, Rules of Debate and Conduct</li> <li>- Addition to article 16.0: Board of Health Education, Conferences, Business Meetings</li> </ul> | D. Canfield<br>J. Roy |

**13. ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa)**

**13.1 alPHa Annual Fitness Challenge**

Russ Fortier suggested that Board of Health members also participate with staff on May 12. Interested Board members are asked to register with 'their' health unit office.

**13.2 Annual Conference and AGM, June 10-12, 2012**

|                                                                                                                                                                                                                                                                                                                                     |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Motion / Resolution: 37-2012</b>                                                                                                                                                                                                                                                                                                 |                           |
| THAT the following Board of Health members be approved to attend the Association of Local Public Health Agencies (alPHa) Annual General Meeting, June 10-12, 2012, in Toronto: <p style="text-align: center;">John Albanese, Julie Roy, Russ Fortier, Margaret Harland</p> Expenses to be provided by the Northwestern Health Unit. | M. Harland<br>D. Canfield |

**14. MEETING REQUEST, LAKE OF THE WOODS DISTRICT HOSPITAL**

Mark Perrault conveyed the Hospital's request for a consultation session with the Medical Officer of Health, CEO, and local Board members as part of their accreditation review process. It was agreed that Board members Dave Canfield, Julie Roy, and Bill Thompson will attend the session.

**15. NON AGENDA ITEMS**

**15.1 Smoke-Free Ontario 2012 Budget**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|
| <b>Motion / Resolution: 38-2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |
| <p>THAT the Board of Health for the Northwestern Health Unit approves the budget for the Smoke-Free Ontario Initiative in the total amount of \$291,532 for the budget period January 1-December 31, 2012, for the following:</p> <p>Tobacco Control Coordination: \$100,000<br/>                 Tobacco Control Enforcement: 106,324<br/>                 One-time Funding, Prosecution Activity: 5,208<br/>                 Youth Engagement Strategy: 80,000</p> <p>Full (100%) funding for the Smoke-Free Ontario Initiative is provided by the Ministry of Health and Long-Term Care.</p> |  | <p>B. Thompson<br/>J. Roy</p> |

**16. NEXT MEETING DATES**

**Executive Committee**

Date: Thursday, April 19, 2012 Time: 1:00 p.m.  
 Location: Kenora Lakeside Inn Heritage Board Room

**Regular April Board of Health meeting**

Date: Friday, April 20, 2012 Time: 8:30 a.m.  
 Location: Kenora Lakeside Inn Heritage Board Room

**17. ADJOURNMENT**

Margaret Harland adjourned the meeting at 2:20 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

\_\_\_\_\_  
 RECORDING SECRETARY