BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT

MEETING MINUTES

Regular Board of Health Meeting
Friday, May 25, 2012
Atikokan NWHU Board Room

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MEMBERS PRESENT: Julie Roy – Vice-Chair, Chair of Meeting
Jim Belluz, Dennis Brown, Dave Canfield, Mel Fisher, Russ Fortier, Paul Ryan, Doug Squires, Bill Thompson

PARTICIPATING:
Dr. Jim Arthurs, Medical Officer of Health (MOH)
Mark Perrault, Chief Executive Officer (CEO)
Debby Cousineau, Manager, Speech, Hearing & Vision
Kim Gardiner, Manager, Family Health
Lee-Ann Nalezyty, Epidemiologist
Eva Shields, Public Health Nurse, Atikokan Office
Dorothy Strain, Executive Assistant (Recorder)

REGRETS: John Albanese, Margaret Harland

1. CALL TO ORDER

Meeting Chair Julie Roy called the meeting to order at 9:30 a.m.

2. APPROVAL OF AGENDA

2.1 Additions to Agenda

- Agenda #10, Non Agenda Items:
  - 10.1 Draft Resolutions for alPHa AGM, June 10-12, 2012
  - 10.2 Strategic Planning Update
  - 10.3 NOMA Update: Bed Bug Issue

Motion / Resolution: 56-2012	
THAT the Agenda for the Board of Health meeting dated May 25, 2012, be approved as amended.	P. Ryan R. Fortier

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3. DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF

None was declared.

4. MINUTES OF BOARD OF HEALTH MEETING, April 20, 2012

Motion / Resolution: 57-2012	
THAT the Minutes of the Board of Health meeting held April 20, 2012, be approved as written.	D. Canfield B. Thompson
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5. SENIOR MANAGEMENT REPORTS

Medical Officer of Health Report

Submitted by Dr. Jim Arthurs, Medical Officer of Health

Our Mission is "Longer Lives, Lived Well". Every one of our programs and projects is related in some way to 'prevention': of infectious and chronic disease, and injuries. Throughout the entire health care system, 'prevention' is discussed at great lengths yet is poorly understood, poorly measured, and poorly funded. Dr. Arlene King's Chief Medical Officer of Health Annual Reports of 2009 and 2010 focused upon prevention. Another provincial report of January 30, 2012, *Ontario's Action Plan for Health Care,* again emphasized prevention along with better integration and continuity across the health system.

In my April report I had a bulleted list of topics that I had been involved in during the month. You requested that I expand on those bullets for May's report:

Accountability and Indicators

The Northwestern Health Unit is on the cusp, perhaps even among those on the leading edge, of focusing on transparency, accountability, measurement, indicators, and answers to the question, "Did we Make a Difference?"

Ministry of Health and Long-Term Care Performance Indicator Targets:

Human Papilloma Virus (HPV) vaccination: The indicator concerning vaccination of grade eight females to prevent cervical cancer initially listed the target uptake as 90%. As you recall, we discussed this and found it improbable to attain; but decided to advise the Ministry of Health and Long-Term Care (the 'Ministry') that we would work to improve our annual uptake as best we could. Last month Donna Stanley, Manager of Infectious Disease, and I participated in a teleconference with Ministry officials. They shared their appreciation for our transparency, but proposed a target of improving our uptake by 5% per year. Our revised target for 2012 is 57.5%, up from our baseline of 52.5%.

Seniors Falls: One of our mandated indicators is a measurement of falls among seniors 65 years and older. The actual measurement is numbers of falls/1000 population that lead to injuries requiring emergency medical care. Our chronic disease and injury prevention program has developed an excellent plan for our falls prevention project. We will be providing education and increased awareness for seniors who are at risk of falling, regarding hazards in the home and outside, increasing exercise, strength, balance, and coordination. The team is working on defining a method for estimating high, medium and low risks for falls.

Twyla Berubé, Public Health Nurse, Ignace office, has joined the team. Twyla is completing her practicum experience for the masters of public health program at Lakehead University. Lee-Ann Nalezyty, Epidemiologist, and I are providing mentorship. Twyla and I have discussed the issue of poly-pharmacy among seniors and how medication side effects and interactions can cause dizziness, light headedness, fainting, weakness, fatigue, etc., all of which can lead to falls.

Dental Programs and Oral Health

I attended a session at The Ontario Public Health Conference entitled, "Staying Ahead of the Curve?- A Unified Public Oral Health Program for Ontario". The session panel discussed the numerous dental and oral health programs that have been developed over time in Ontario:

- CINOT (Children In Need of Treatment); and Extended CINOT
- COHI (Children's Oral Health Initiative)
- HSO (Healthy Smiles Ontario)

The panel described each and shared the questions:

- Why are they funded differently?
- Why different Ministries and governments?
- Why are they not integrated and coordinated?

These are strategic considerations. Dr. Arlene King has just released her report, *Oral Health- More Than Just Cavities: A Report by Ontario's Chief Medical Officer of Health*. This report is a 'must-read' for all of us, to understand our dental programs, achieve our strategic goals for oral health, acknowledge the current barriers to success, and consider imaginative opportunities for the future.

Bed Bugs – Health Hazard or "Pest"?

As you know, we were funded by the Ministry to participate in a surveillance and educational project. An issue for consideration was: what responsibility and authority does the Northwestern Health Unit have in attempting to regulate or control bed bug infestations in our region? Bed bugs do not carry or transmit/cause an infectious disease (reportable or not). They have become a widespread problem over the past few years, drawing significant media attention in both Canada and the United States. However, the current scientific information indicates that, while problematic, bed bugs remain only a pest.

Our Enforcement Team led by Enforcement Program Manager Jennifer McKibbon and Valdine McEwen, Health Promoter, utilized our funding to develop educational programs for nearly all of our local municipalities. We also provided a limited number of vacuum cleaners for some vulnerable people to help keep their homes, apartments, and rooms more tidy. The bulk of our effort went toward the surveillance project to gather local information about bed bug infestations. Our preliminary report was submitted to the Ministry on March 31, 2012. The final report was due and submitted by April 30, 2012. This report will be posted to the Health Unit's website by mid-May, and will essentially become public domain at that time.

Addiction and Withdrawal - Considerations of this "Crisis"

Is this a crisis of oxycontin abuse and intravenous drug use (IVDU), or is it a progressive opioid / narcotic addiction problem that has continued to grow in most societies over several centuries?

The topic is very important for all of us, and especially important regarding vulnerable populations including our many First Nation communities. Addictions - whether to tobacco, alcohol, drugs, gambling, etc., - are considered to be mental health chronic diseases.

Where does the Northwestern Health Unit's responsibility and authority lie? We do not provide programs specific to mental health and/or drug addiction, e.g., we do not provide a substitute Methadone program, and we are not involved in writing prescriptions for chronic pain clients who may become addicted and turn to illegal activities to maintain their addiction. We have no regulated jurisdiction over public health services for First Nation communities. So while this is very important to us and our population, there is little we have control over. Sexual Health Program Manager Gillian Lunny has provided information to Board of Health meetings about our harm reduction and needle exchange programs, whose purpose is to work toward preventing further spread of blood borne infections like Hepatitis B and C as well as HIV.

My pharmacy background and my previous experience for two years as a co-director of a chronic pain clinic in Spokane, WA have provided significant background knowledge about this problem. Thunder Bay District Health Unit Medical Officer of Health, Dr. David Williams, was selected to be on an expert panel of physicians and scientists to advise Minister Deb Matthews (Ministry of Health and Long-Term Care) and Dr. Arlene King (Chief Medical Officer of Health) on this complex subject. Dr. Williams and I communicate frequently and he has asked for support on different questions and potential opportunities to decrease this ever-expanding dilemma. There is no quick fix, and it will be a slow process.

Medical and Public Health Student Placements

Over the 2011-2012 scholastic year I participated with others in the mentoring and training of six third-year medical students from the Northern Ontario School of Medicine during their Kenora-based placement. Our topics of discussion included:

- What is public health?
- How do primary care and public health differ?
- How do they overlap? Where are the gaps?
- Identifying opportunities for integration, collaboration, partnerships

One of the students is a recipient of our bursary award. She has requested a two-week placement with the Health Unit in November 2012, during her fourth year. She and her husband are from Kenora and she plans to practice in Kenora post-graduation.

In March I spent a half day with a third-year medical student from the University of Manitoba. This student grew up in Sioux Lookout and she requested her public health placement through our office there. Our staff provided two days of public health experience on topics of interest to her and of importance to us. She intends to do a residency in family medicine and then practice in Sioux Lookout.

I was also contacted by a general surgeon in Sioux Lookout who is completing a masters of public health at the University of Waterloo. She requested to spend some time with me and our staff. We will arrange this for May or June.
My experience as a former pharmacist, primary care physician, emergency room physician, and now public health physician is proving to be valuable in my interactions with these students.

Epidemiologist Report

Submitted by Lee-Ann Nalezyty, Epidemiologist

Health Status and Determinants

Several health reports have been released thus far this year by various agencies. In particular is the joint study released by Public Health Ontario and the Institute for Clinical Evaluative Sciences (ICES), *Seven More Years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario*. It can be accessed at: http://www.oahpp.ca/sevenmoreyears.html. This report summarizes the health experience of Ontarians living in 2007 based upon their healthy or unhealthy behaviours, combined mortality risks, and self-reported, health-related quality of life. The behaviours that were studied included smoking, alcohol misuse, poor diet, physical inactivity and high stress. These are the risks factors that we can control.

The findings of this study increase our understanding of healthy living by being able to measure the impact of these five risks on health. From the report, it is predicted that the population in Ontario in 2007 could gain seven more years in life expectancy and have a better quality of life by removing these risk factors. In the Northwestern Health Unit region, it is predicted that we could improve our life expectancy by nine years if we avoided those risk factors. It implies that we could improve our current life expectancy of 79.4 years to 88.4 years. This information is important for planners as we inform the public of the potential of years of life lost by continuing to engage in these risk behaviours. The report has made available a Life Expectancy Calculator to help us understand the impact of these risk factors: http://www.rraspphirn.ca/index.php?option=com_wrapper&view=wrapper&Itemid=91&lang=en. This calculator asks for your age, gender, questions on the risk factors, ethnicity and postal code.

Advances in Data Access

Public Health Ontario Central Analytics:

Recall some months ago that I shared with the Board, a joint venture with Thunder Bay District Health Unit, North West LHIN and Northwestern Health Unit to build a website that provided local/provincial data, "Northwestern Ontario Population Health Indicators Project". While approval for the project was granted between the health units, we are awaiting a decision from the NW LHIN. In the meantime, as reported in March, Public Health Ontario (PHO) is developing a super on-line platform that will:

- Put PHO's knowledge, information and support at our fingertips
- Bring people together
- Deliver the right information, when we want it, how we want it

This Central Analytics platform will have:

- An interactive map-based dashboard showing both geographic and temporal trends
- A tool for interactive data exploration and drill down analysis for public health professionals
- Specialized GIS mapping capability for exploration of spatial relationship
- Learning tools and resources
- Technical reports

This is way more than our joint venture could have offered. With the projected release of this platform in September, the joint venture will not proceed. This new platform will reduce the time that epidemiologists spend in researching and calculating data and will provide opportunities to display the data for the province and the other health units. The epidemiologist should have more time to develop and implement local research projects.

Internal Resources and Services

A Framework for Ethical Conduct of Public Health Initiatives:

Prepared by Public Health Ontario, this document provides a foundation for reflection/review of ethical issues using a public health lens. The model will be applied throughout a project, from beginning to end. It is designed to foster a culture of integrity and will be used in evaluation of projects where risks are involved. The Northwestern Health Unit's Research and Review Committee offered comments on the initial draft of the document, and we are pleased to see that many of them have been incorporated. The Committee will be meeting May 17 and one of the agenda items includes discussing how the document will be used throughout the Health Unit.

Practicum Student:

We are very pleased to report that Twyla Berubé, Public Health Nurse, Ignace office, is completing her Masters in Public Health from Lakehead University and will be doing her practicum experience with us. Dr. Arthurs and I are her direct supervisors. Her project includes studying falls in seniors.

Current projects:

Project Name	Status	Completion date
Youth Against Drugs	In progress	May 31
Dental Review for Dryden	In progress	May 31
Early Years Community Profiles	In progress	Summer/Fall
Breast Feeding Summary	In progress	June 15
Association of Public Health Epidemiologists project on Injury Indicators	In progress	June 30
NWHU Public Health Report Card data requests	In progress	May 31
Replacement survey vehicle for Northwestern Ontario Student Drug Use Survey	In progress	Summer
Bed Bug Project	Complete	
Individual requests since March 2012 (9)	8 complete	

Family Health Program

Submitted by Kim Gardiman, Manager, Family Health

On May 7 – 9, 2012, the Family Health Team (Child Health, Reproductive Health and Healthy Babies, Healthy Children programs staff) held its annual meeting in Dryden. The theme of the meeting was "Strengthening the Home Visiting Program". This topic was selected due to the new initiatives coming out from the Ministry of Children and Youth

Services (MCYS) for the Healthy Babies, Healthy Children (HBHC) program. These changes, including the new screen, education initiatives, enhancements to the Integrated Children's Information System (ISCIS), and others, impact the work being done in the home visiting program. Based on staff feedback, current challenges faced by families we serve, and pressures we are experiencing in the HBHC program, it was decided it was necessary to bring the team together and focus the majority of our discussions and education on the home visiting program.

My board report to you this month will be in the form of a face-to-face presentation to the Board of Health meeting on May 25. Eva Shields, Public Health Nurse, Atikokan office, and I will present some data for 2011, and will outline the common as well as the more difficult needs that families on the home visiting program are facing. We will share the challenges to meet the needs as well as the successes and opportunities within the HBHC program. Eva and I look forward to our upcoming opportunity to meet with you!

Speech, Hearing & Vision Program

Submitted by Debby Cousineau, Manager, Speech, Hearing & Vision Program

April 2012 marked the beginning of a new fiscal year for the North Words Preschool Speech & Language (PSL) program. Unfortunately, the Ministry of Children and Youth Services did not announce additional operating dollars for 2012-2013. As the cost of benefits, supplies, gasoline/travel, and expenses increase, fewer budget dollars are available for service to children and families.

Throughout the service year, the North Words PSL program goals included:

1. Identify and serve all of the children in the preschool population with speech and language disorders as early as possible.
2. Maximize positive outcomes for children's communication, play, social, and literacy development through the most efficient means possible.

During 2011-2012, 510 children were seen for various speech and language services throughout the Kenora and Rainy River districts. Of those children, 284 were referred to the program during the service year. This is approximately a 5% decrease in service volume from the previous year. However, approximately 10% of the current preschool population has at some point accessed services through North Words.

The average age of referral for children was 37 months of age (slightly higher than the 2010-2011 average of 34 months). The program objective is for children to receive assessments by 30 months of age, however only 27% of initial assessments achieved this target.

Overall, wait times for initial assessment increased slightly to 16 weeks from time of referral. This is an average across the district, as some communities experience much longer wait times.

North Words continues to strive to have an increased number of children enter school with appropriate speech, language, literacy and play skills. With the increased age of referral and longer waiting lists, fewer children were discharged from North Words with age-appropriate skills. As part of the transition to school protocol, 100 children were transitioned from North

Words to school requiring ongoing services. The transition plans for these JK and SK students work to ensure that a seamless transition from preschool to school services will occur.

In order to provide both the clinical services required for children with communication disorders and the preventive and educational services necessary for empowering parents to facilitate speech, language, and literacy skills at home, a new service model was implemented. Beginning in September 2011 service was divided into an 11-week intervention block, followed by a 4-week 'community' block. This was repeated three times throughout the school year. (Service during July and August differs, based on community needs). Various intervention services were offered throughout the therapy block at over 65 community locations throughout the district.

During the newly-implemented community block, staff were able to provide a variety of prevention and health promotion activities targeting parents, caregivers, and service providers. For example, "Play Dates" were scheduled for parents and children during the community blocks in the Rainy River district. Developed to provide an opportunity for parents and children to take a break from their busy lives to 'play' and 'interact' without technology or expensive equipment, activities were children- and parent-directed and highlighted a variety of materials that are easily accessible to all families. A healthy meal or snack was included. Through these hands-on activities, parents saw the benefit of interaction and play, while facilitating the language and literacy skills needed for academic and social achievement.

To enhance partnerships and increase efficiency of services, PSL is an active member of the Best Start Network in both the Kenora and Rainy River districts. A number of initiatives have been implemented through these networks to support optimal child and family health and well-being. A system navigator intranet was recently launched to support the referral pathways for children's services. Through www.beststart4kids.ca, service providers can access real time, local and relevant information regarding services that are available in the district. Further strategies such as the 18 month well baby initiative will ensure a coordinated and efficient approach to provision of supports and services.

Within the Northwestern Health Unit, the Joint Planning for Early Years Team (JPEYT) is also working to develop a tool that will assist staff working with families and children to adopt a coordinated approach and information system for families. Through this tool, which is currently in development, staff will look at the whole child/family to ensure we provide the appropriate supports and information at all ages and stages of development.

It is through these external and internal partnerships that the PSL will work to meet the goals of early identification of communication disorders and optimizing skills. Unfortunately, with the static program budget and increasing community needs, necessary services for children will be in jeopardy. We continue to look for innovative approaches to service to improve efficiencies and outcomes.

Chief Executive Officer Report

Submitted by Mark Perrault, Chief Executive Officer

Healthy Smiles Ontario (HSO) Program

During the past month, I have spent a considerable amount of time discussing and working with our Medical Officer of Health, Chief Financial Officer, Ministry of Health and Long-Term Care ('Ministry') and our dental team on the Healthy Smiles Ontario (HSO) budget. At issue is what to do with our Mobile Dental Office (both the van and also fixed sites) due to the lack of eligible HSO clients. We have currently been seeing other clients who can receive government- funded treatment, such as Children in Need of Treatment (CINOT) and Non-Insured Health Benefits (NHIB), which we bill back. That money has been sitting in our account. The Ministry funds us with a per diem for the dentist (equivalent of 72 days); but the Ministry has to show that the per diem is effective use of money

There are three possible options that can be looked at, depending on how you view the situation:

1. We only book clinics when we have HSO clients. In this scenario, the Mobile Dental Office would be used less than one day per month. Ministry expenditures would be low relative to the budget; but with one client per day, the difference between the per diem and the shadow-billed amount (per procedure based on a government fee guide that is currently 49% of the Ontario Dental Association fee guide) would be in excess of $1,000 per client. This would mean the state-of-the-art dental van ($400,000) would be sitting idle. In addition, retaining a dentist to work on the van and operate the equipment (which takes training) would be impossible. In this scenario, the van would have to be returned to the Ministry or put up on blocks until the income threshold is raised for HSO and we have sufficient number of clients.

2. We spend all of the Ministry per diems, see other government funded clients, bill back these programs; and then we keep all the bill-back money to expand services to other groups. This would certainly provide much-needed service to our communities. However, this would make the HSO Northern Pilot initiative unsustainable from a cost per treatment point of view. Also, the HSO program was not intended to subsidize other government programs and this would violate our contribution agreement with the Ministry of Health and Long-Term Care.

3. The third option - which I am recommending - is to have an agreement with the Ministry for a fixed number of days for the Mobile Dental Office to be in service, and offset the cost by having the other programs buying back the dentist time utilizing bill-back. This way the actual expenditure for the Ministry to keep the Mobile Dental Office operational is capped, and will be far less than the originally budgeted amount for per diems.

   Service will be provided to vulnerable people including First Nations clients who would not have access to a dentist. Having the van visible in the communities will promote the program, which will increase the number of eligible HSO clients. The taxpayers will see the investment in the van improve the health of our citizens.

The other issue that has arisen is the tragic cases of parents with severe dental disease whose children do qualify for HSO because they are the working poor with a family income less than $20,000. But the parent has no access to any service because they are not on government assistance such as Ontario Works or Ontario Disability Support Program, and

they are 18 years or older. We are prohibited from seeing them under the HSO program, our Ministry Northern Pilot agreement, and any other government funded program.

Offices Update

The Kenora City View office is on schedule. Preparations for the move are well advanced and staff are looking forward to it. We have initiated some changes to the layout of the building since we first entered into the agreement to accommodate program requests, and, as a result, there are some additional costs which we will manage within our current budget.

The Sioux Narrows office (former Tourist Centre) is still in the planning stage. We are in the process of contacting local contractors to receive quotes. We are not anticipating moving in until mid- to late summer.

Work Well Audit

The Health Unit is preparing for a work well audit that will be conducted by the Ministry of Labour on behalf of Workers' Safety and Insurance Board (WSIB) sometime in the fall. Over the next five months we will be preparing our documentation and training management and staff. This is very similar to accreditation. An organization must score 75% in order to avoid a penalty, which is a surcharge based upon the organization's annual WSIB premium times the percentage shortfall below 75%. For example, if an organization scores 70% they will pay a 5% surcharge.

alPHa Fitness Challenge, May 10

The Northwestern Health Unit received honorable mention in the Association of Local Public Health Agencies (alPHa) annual health units fitness challenge, losing to Porcupine Health Unit (who had 100% participation) by one participant. It was noted in alPHa's announcement that the "Northwestern Health Unit's board of health members and their spouses joined the health unit staff during their community walkabout". Although only staff participation can be counted towards a health unit's participation rate, our Board members' enthusiasm and support were appreciated by staff in 'their' office.

Finance Report

Submitted by Lois Bailey, Chief Financial Officer

Total revenues for the three months ending March 31, 2012, are $3,820,647 (including a carry-over of funding from 2011 of $119,292) and total expenditures $3,670,147 resulting in an excess of revenues over expenditures of $150,500. The cost shared programs (not including Healthy Babies, Healthy Children) are reporting a surplus of $132,737; whereas the 100% funded and other programs are contributing an additional $17,763 to the surplus.

The carry-over of funding relates to revenue that was deferred at the end of 2011 for specific programs to be carried forward to 2012 (including Diabetes Strategy, Speech and Hearing programs, Student Nourishment program, etc.) and the VoIP project ($50,320).

Cost Shared Programs

A review of the funding recorded related to Cost Shared Programs and Unorganized Territories indicates a net shortfall of $162,105 compared to budget. Until such time as the

Ministry approves the 2012 budget, a variance will continue to grow as funding is recorded on a cash basis. In the expenditure categories, most variances are either reasonable or explainable. A $179,432 combined variance from salaries ($163,321) and benefits ($16,111) are related to gapped positions and the Public Sector Salary freeze. Once pay increases are implemented effective April 1st, the gap will decrease; however, as long as there are gapped positions the variance will continue to exist and grow. A variance of $64,948 in one-time expenses exists as new projects have not started. Expenditures to-date of $59,843 includes $44,781 in final costs related to the $240,000 VoIP project that came under budget by $5,539.

100% Funded Programs

As per the report titled "100% Funded Programs", total revenues for the year are $960,001 compared to the budget of $858,342 (an excess of $101,659) and include $29,858 in third party revenues from the mobile dental program (HSO) and a carry-over of $68,972 in funding from 2011. Actual expenditures for all 100% funded programs are $942,238 compared to the budget of $903,845; a difference of $38,393 that is primarily related to program supplies and services expenses. Due to the nature of the Student Nutrition Program, transfer payments to schools occur at different times than funding received; however, within the 2011-2012 fiscal year the program was within $100 of total budget. Minimal spending in advertising and lower than anticipated costs of purchasing services (i.e., dentists) and underspending in travel is contributing to the surplus.

Healthy Smiles Ontario (HSO):

The HSO program has a total annual budget of $413,677 including $100,000 in projected revenues from third party sources. As of March 31, 2012, the program received $78,417 in funding (on target) and earned approximately $30,000 in third party revenues compared to the budget of $25,000. Approximately $25,700 (or 86%) of third party revenues was from NIHB clients. Expenditures were $79,193 compared to the budget of $103,419 resulting in a program surplus of $29,082. The program is experiencing lower than expected enrolment resulting in reduced purchased service expenses, and, since the van was in storage during this time, travel costs have been minimal.

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

5.1 Medical Officer of Health Report

Verbal Update – *Provided by Dr. Arthurs*

Dr. Arthurs is currently providing Medical Officer of Health (MOH) coverage for Dr. Jim Chirico, MOH for North Bay Parry Sound Health District Unit, as part of a reciprocal arrangement for vacation coverage for the MOH position.

Dr. Arthurs worked from the Northwestern Health Unit's Atikokan office on May 23-24 following his attendance at Atikokan Council meeting on May 22, and prior to the Board of Health meeting in Atikokan on May 25. Connections established with officials from the local health care community were described.

Discussion, Questions
Bed Bugs – The Health Unit is not aware of any reviews planned for the current ban on DDT to control/remove bed bugs and other pests. The Health Unit's final report on bed bugs was submitted to the Ministry of Health and Long-Term Care. It is posted to the Health Unit website, www.nwhu.on.ca.

Discussion ensued regarding the opportunity for the Health Unit to encourage and facilitate hospitality agencies to provide instructions for patrons in hotel rooms, public places, etc. for vigilance and checking for bed bugs on a regular basis. Management will follow up.

5.1.1 NOMA Update: Bed Bug Issue

Dave Canfield reported that no interest was expressed at the recent Northwestern Ontario Municipal Association (NOMA) conference regarding a suggestion to schedule a presentation on bed bugs to NOMA's fall meeting.

Epidemiology / Foundations Update – *Provided by Lee-Ann Nalezyty, Epidemiologist*

Bed Bug Report: The evidence provided by the Health Unit's and other surveys confirms that bed bugs have dispersed throughout the world via increased international travel.

Commercial products claiming to kill bed bugs are not ultimately successful to eradicate them. They do not kill the bed bugs, but are offensive to them and drive them further into hiding. They then emerge later.

Public Health Ontario (PHO): The agency's support for public health units is becoming more comprehensive. In addition to the recently-published document, *A Framework for the Ethical Conduct of Public Health Initiatives*, agency staff are available for consultations.

Youth Action Against Drugs program: The Health Unit's final report has been submitted to Health Canada. The report provides data breakdown for communities, suggesting focused intervention opportunities.

Dental Review: The review of the Dryden community involved comparison with a similar community in the region. The data and the report are being reviewed by an external epidemiologist.

Speech, Hearing & Vision Program Update – *Provided by Debby Cousineau, Manager, Speech, Hearing & Vision*

The new budget year began April 1. The program focus is prevention and education for preschool children, to accompany clinical services. Rainy River District School Board's demonstration site (pilot project), one of seven in Ontario, has been extended for another year for provision of speech language services to school-aged children. The Health Unit is subsequently concentrating on providing services to preschool children aged 0-3 years.

Recruitment has been unsuccessful to date for a speech language pathologist for the Sioux Lookout initiative, funded by Health Canada, to provide services for northern clients. The

Health Unit is involved to recruit a service provider for the program. Funding has been extended for an additional year; however, concerns remain for provision of treatment for conditions that require long-term provision of services.

Questions, discussion;
Short-term Program Funding: Is often utilized to test the efficacy of a new program. The funding is extended or established if a program meets expectations.

Services to Children: Treatments usually comprise hour-long, one-on-one sessions (client-therapist). The Health Unit also facilitates involvement with caregivers for related ongoing, daily support, e.g., via language interactions, play situations.

Meeting Break

A recess was called at 10:30 a.m.
Atikokan Council and municipal office staff, and local media were invited to join Board members for the morning break. A short walk was taken, guided by Atikokan office staff member Anita Lyons.
Julie Roy called the meeting to order at 11:15 a.m.

5.1.2 Healthy Babies, Healthy Children Program Presentation

Kim Gardiman, Manager, Family Health; and Eva Shields, Public Health Nurse, Atikokan office, were introduced. Their presentation provided information and data about programs and services delivered to clients in-office and via home visits, '48 hours' phone call check-ups after births; prenatal classes, and counselling sessions. Program staff refer clients for screenings for speech, hearing and vision and dental exams; offer assistance for breastfeeding; food preparation classes; and provide referrals for community services.

Staff are noting increased needs and/or severity of needs for client families. Poverty and isolation; drug use/addiction; family violence; and mental health issues are now routinely encountered. The job description and duties of the Parenting Partner position were described. Challenges and opportunities encountered by staff in their interactions with clients, and also successful interventions, were described via 'case studies' compiled from individual situations.

Appreciation was expressed to Kim Gardiman and Eva Shields for their informative presentation. Program staff were commended for their commitment and care for clients and families.

Motion / Resolution: 58-2012	
THAT the Report of the Medical Officer of Health be accepted as presented.	D. Squires P. Ryan

5.2 Chief Executive Officer Report

Update – *Provided by Mark Perrault*

Finance Report: Provincial approval for health units' submitted 2012 budgets has been promised by end of June. Health units were advised to expect "modest increases".

Budget expenditures are proceeding as planned. Primary contributors to the variance for the 'salaries' expenditure line are gapped salaries for a public health inspector and public health nurse positions.

Work Well Audit: A contract staff person was hired to prepare for the audit. Expected timeline for the preparation process is five months.

Partnerships and Collaborations: On May 24 Mark Perrault met with Doug Heath, CEO, Thunder Bay District Health Unit, to finalize a mutual aid agreement. The document has been submitted to the Health Units' respective counsels.

On May 24 Mark Perrault also met with representatives of the North West LHIN. Discussions involved establishment of a regional vulnerable persons registry, to be incorporated within the regional GIS mapping initiative spearheaded by the City of Dryden. Other opportunities for collaboration discussed included IMS training for regional emergency response; project management systems; mental health resources for school systems.

5.2.1 Dental Program Update - *Provided by Mark Perrault*

The Healthy Smiles Ontario (HSO) program data sheet included with Finance Report documentation was reviewed. The number of eligible clients registered to date is lower than provincial estimates. Offset revenue generated from provision of services to third party-funded clients was noted. Options for operating parameters for the HSO program that were identified in the Management Report were reviewed.

Situations of need for non-eligible members of HSO clients' family members (e.g., older sibling, parent) have been identified. The Health Unit continues to urge the Ministry of Health and Long-Term Care ('Ministry') to raise the income level for eligibility for the program.

Questions, Discussion

Definition of 'Low Income': Although Statistics Canada has identified annual 'low-income' to be $26,000-27,000, the Ministry of Health and Long-Term Care's eligibility parameter for 'low-income' for the HSO program is $20,000. The Ministry has informed that the program's parameters will be reviewed in three years' time.

Motion / Resolution: 59-2012	
THAT the Report of the Chief Executive Officer be accepted as presented.	J. Belluz M. Fisher

6. NWHU PROGRAMS: HBHC PROGRAM PRESENTATION

The presentation was provided during the Medical Officer of Health Report, agenda #5.1

Board of Health members recessed at 12:40 p.m.
Bill Thompson left the meeting at 12:40 p.m.
Meeting Chair Julie Roy called the meeting to order at 1:00 p.m.

7. NWHU PROGRAM BUDGET: CHILDREN'S ORAL HEALTH INITIATIVE (COHI)

Motion / Resolution: 60-2012	
THAT the Board of Health for the Northwestern Health Unit approves the contribution agreement (ON1300125) for the Children's Oral Health Initiative (COHI). Term of the contribution agreement is three years, commencing April 1, 2012, and expiring March 31, 2015. Funding in the amount of $114,732 will be provided each fiscal year, commencing April 1, 2012 to March 31, 2013, for a total funding amount of $344,196. Funding for the contribution agreement is provided by Health Canada.	M. Fisher J. Belluz

8. NWHU POLICIES

Motion / Resolution: 61-2012	
THAT Northwestern Health Unit Policy, Blastomycosis (Section IV, Programs) be deleted. The Northwestern Health Unit continues to promote awareness and provide information to individuals and agencies about blastomycosis, in accordance with direction of the Health Hazard Prevention and Management Standard of the *Ontario Public Health Standards (2008).*	R. Fortier D. Brown

9. IN CAMERA SESSION

At 1:10 p.m. Board of Health members moved to an in camera session.

Motion / Resolution: 62-2012	
THAT the Board of Health moves to an in camera session to discuss personal matters concerning an identifiable individual, including municipal or Board employees.	R. Fortier D. Brown

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

Motion / Resolution: 63-2012	
THAT the Board of Health moves out of the in camera session to resume regular business.	P. Ryan D. Squires

10. NON AGENDA ITEMS

10.1 Draft Resolutions for alPHa AGM, June 10-12, 2012

Voters for Northwestern Health Unit at the 2012 Resolutions Session of the Association of Local Public Health Agencies (alPHa) AGM were decided: Chair, Vice-Chair, MOH, CEO.

Dr. Arthurs noted that a late resolution will be submitted to the Session from Kingston, Frontenac and Lennox & Addington Public Health Unit requesting that oversight of the Healthy Babies, Healthy Children (HBHC); Preschool Speech & Language; Infant Hearing; and Blind Low Vision programs be transferred from the Ministry of Children and Youth Services to the Ministry of Health and Long-Term Care.

Comments:
Board of Health members recognized that the 'child health' programs are an essential component of health unit programing, and that ongoing, appropriate funding is essential. As the delivery of specific program services becomes increasingly integrated, the importance of including these programs in the Program Standards and Protocols becomes increasingly apparent.

10.2 Strategic Planning Working Group Update – *Provided by Russ Fortier*
Progress towards a new strategic plan is on target. Since the Working Group's March meeting, Alex Berry, CQI Coordinator, has conducted consultation sessions with office staffs, management, and the Board of Health. A consultation session with the MOH and CEO is planned.

Next meeting for the Strategic Planning Working Group will be May 29.

10.3 NOMA Update: Bed Bug Issue
The update was provided during the bed bugs discussion, Medical Officer of Health Report, agenda #5.1

11. NEXT MEETING DATES

Regular June Board of Health meeting
Date: Thursday, June 28 Time: 8:30 a.m.
Location: Ear Falls Municipal Council Chambers

Executive Committee meeting
Date: Friday, June 15 Time: 11:00 a.m.
Location: Dryden NWHU Board Room

12. ADJOURNMENT

Julie Roy adjourned the meeting at 1:40 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS ..... DAY OF 2012

_____
CHAIR, BOARD OF HEALTH

_____
RECORDING SECRETARY