



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

MEETING MINUTES
Regular Board of Health Meeting
Friday, October 19, 2012
Emo Inn Meeting Room

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**PRESENT:** John Albanese, Chair  
Jim Belluz, Dave Canfield, Mel Fisher, Russ Fortier, Julie Roy, Paul Ryan, Doug Squires,  
Bill Thompson

**IN ATTENDANCE:**  
Dr. Jim Arthurs, Medical Officer of Health (MOH)  
Mark Perrault, CEO  
Alex Berry, CQI Coordinator  
Dorothy Strain, Executive Assistant (Recorder)

**REGRETS:** Dennis Brown, Margaret Harland

**1. CALL TO ORDER**

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

**2. APPROVAL OF AGENDA**

|                                                                                      |                      |
|--------------------------------------------------------------------------------------|----------------------|
| <b>Motion / Resolution: 81-2012</b>                                                  |                      |
| THAT the Agenda for the Board of Health meeting dated October 19, 2012, be approved. | M. Fisher<br>P. Ryan |

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

None was declared.

**4. MINUTES OF BOARD OF HEALTH MEETING, September 14, 2012**

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| <b>Motion / Resolution: 82-2012</b>                                                              |                      |
| THAT the Minutes of the Board of Health meeting held September 14, 2012, be approved as written. | P. Ryan<br>M. Fisher |

**5. SENIOR MANAGEMENT REPORTS**

**Medical Officer of Health Report**

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

Northwestern Health Unit Strategic Plan, 2013-2016

The work of gathering input and ideas; defining goals and objectives; collating these thoughts; and finally writing and publishing our new four-year strategic plan is nearly behind

us. A job well done – and I offer my many thanks to the hard work of our CQI Coordinator, Alex Berry, along with the input from all of our staff. Now comes the rest of the hard work of implementing, delivering and evaluating this living document with measurable targets. The process reminds me of two old proverbs—“Be careful what you ask for” and “May you live in interesting times”.

Internal services, qualified staff and resources are now only one fourth of this change-oriented process. We round out the current four quadrants of our balanced scorecard with health determinants and status, integration and responsiveness, and community engagement. There are many new challenges to achieving our goals:

- Preventing chronic disease with greater physical activity and healthier eating
- Increased community awareness of public health in general, & specifically Northwestern Health Unit
- Strengthening partnerships and collaboration

Moving forward, I see these challenges as a significant piece of my leadership job.

### Partnerships and Collaboration

Last year while I was working with third year Northern Ontario School of Medicine (NOSM) medical students, I discussed with them and the local family health team the issues of what does public health do? What does primary care do? How are we alike and how are we different?

Nearly four months ago I had the opportunity to meet with both new and old colleagues in Atikokan when I had conversations with the new hospital CEO, the new family health team administrator, a local pharmacist and our hard-working, dedicated and passionate local staff. Last month I was invited by the Lake of the Woods District Hospital Board (Kenora) to present some thoughts and lessons learned on public health, wellness and prevention.

Following our Board of Health meeting on October 19, Alex Berry, CQI Coordinator and I will be presenting to Riverside Health Care Board to “kick off” their strategic planning session. Our staff and I will continue to engage our community hospitals and family health teams over the months ahead.

### Dental Pilot:

Two weeks ago our dental program provided dental screening and treatment services to the Big Grassy First Nation community. Our contracted dentist and staff dental hygienists and educators worked together in our mobile dental office. This was a planned pilot involving Northwestern Health Unit, Health Canada (Children’s Oral Health Initiative), Ministry of Health and Long-Term Care’s Healthy Smiles Ontario program and the Big Grassy First Nation community to provide dental care for First Nation children and adults who have Non Insured Health Benefits but no convenient access to dental care. Data from the initial review show nearly full schedules and at least break-even finance balance for satisfied and appreciative clients. On October 3, Dr. Arlene King, Chief Medical Officer of Health, shared a picture slide of our mobile dental office at Big Grassy community with participants at a provincial consultation session and commented that Northwestern Health Unit was doing collaborative work across multiple agencies. In personal discussions with Dr. King and

senior staff later in the day, they expressed their satisfaction regarding this pilot project and they are considering its expansion.

I recently read a Report from the U.S. Institute of Medicine, entitled "Primary Care and Public Health: Exploring Integration to Improve Population Health" (released March 28, 2012). Here is a brief quote from the executive summary:

"Although primary care and public health share a goal of promoting the health and well-being of all people, these two disciplines historically have operated independently of one another. Problems that stem from this separation have long been recognized, but new opportunities are emerging for bringing the sectors together in ways that will yield substantial and lasting improvements in the health of individuals, communities and populations. Put simply, primary care focuses on providing medical services to individual patients with immediate health needs. Public health focuses on offering a broader array of services across communities and populations that collectively will help people to be healthier."

<http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx>

The following bullets from my hospital board presentations fit with the review of our new strategic plan.

- Where do we go from here?
- What is health?
- What is public health?
- What is health care?
- Why are we sick or healthy?
- Who is at risk of being unhealthy?
- What is most responsible for our health?
- What can we do to improve health?
  - Population health approach
  - Wellness
  - Primary prevention
  - Create changes that make healthy choices the easy choices
  - Promote health public policy
- What are our problems?
  - Unhealthy behaviors
  - Unhealthy eating habits
  - Inactivity

For sure we are different organizations and yet we share some similarities. There are inefficient duplications, yet there are still gaps. As I see it, only by improving cooperation, communications, collaboration, innovation and strengthening partnerships can we meet the challenges of improving population health and become more efficient and effective.

### **Continuous Quality Improvement (CQI) Report**

*Submitted by Alex Berry, CQI Coordinator*

Continuous quality improvement is based on the principle of reflective practice – looking back to what we have done to see if we met our objectives and how we can improve in the future.

This report summarizes the results of two evaluations related to recent Board of Health work.

#### Public Health Report Card (PHRC) Evaluation

The PHRC was distributed to Board of Health members, the CEOs / CAOs of all 19 obligated municipalities, key stakeholders at the provincial and regional levels.

The evaluation of the PHRC consisted of two parts:

1. a survey completed by Board of Health members; and
2. discussions with program managers and other content contributors to collect feedback about the process used to produce the report card.

Seven of eleven Board of Health members completed the survey. Generally, they said:

- like the format of the report
- found the report easy to read; and
- said that it was useful as one mechanism to inform the Board regarding progress towards meeting the performance targets set out by the Ministry targets and/or in our current strategic plan.

Managers and other contributors to the PHRC reported that the changes made to the process based on last year's process evaluation did, in fact, improve the process.

Our experience over the past two years has allowed us to develop systems and procedures to produce a public health report card that meets the needs of the Board of Health and addresses one of our Ontario Public Health Organizational Standards (OPHOS) public accountability requirements.

The procedures for the public health report card have been updated to capture the learning for this year.

The summary report of Board of Health responses is appended for your information.

#### Board of Health Education Session Evaluation

Nine Board of Health members were able to attend the September education session in Sioux Lookout which consisted of four core sessions:

- Board orientation and ongoing education
- Emergency planning & response annual update
- Governance presentation / discussions
- 2013 – 2016 strategic plan

Board members were asked to complete an evaluation of the two-day education session. Eight of the nine Board members completed the evaluation survey. The same five questions were asked for each of the four sessions:

- The content of this session was relevant to my work.
- The facilitator was clear and easy to understand.
- The facilitator created a comfortable and positive atmosphere for discussion & learning.
- The session / discussion met the objectives.
- I am confident that I will apply the learning from this discussion to my work.

The feedback for all four sessions was approximately equal. In general respondents "agreed" or "strongly agreed" with every evaluation statement. The only exceptions were a few "neutral" answers to questions relating to the relevance and applicability of the emergency planning item to the work of Board of Health members.

The summary report of Board of Health responses is appended for your information.

This generally positive evaluation of the two-day education session affirms the commitment of the Board of Health to its own ongoing professional development.

We will be using the results of many of our discussions in Sioux Lookout to provide the Board of Health members with ongoing educational opportunities into 2013 so that they can better govern the Northwestern Health Unit.

### **Chronic Disease & Injuries Program**

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

#### Accountability Agreement Indicators

We continue to work alongside the North West LHIN, Thunder Bay District Health Unit, and a multitude of other partners in the planning and implementation of the LHIN-wide *Integrated Falls Prevention Program*, the goal of which is to improve quality of life for seniors aged 65 years and over, and to lessen the impact of falls on the health care system by reducing the number and impact of falls. We anticipate the work of this group assisting us to advance our efforts toward reducing the rate of fall-related emergency department visits in older adults aged 65+ years, one of the performance indicators set out in the accountability agreements. In addition, Jessica Kivell, Health Promoter, has developed a falls prevention framework to guide work in our local communities.

Our goal is to have a plan in place by the end of the year for our other indicator, reducing the percentage of the population that exceeds the low-risk drinking guidelines with work to begin in 2013.

#### Enhanced Reporting System

A working group consisting of Elaine Fischer, Health Promoter, Chelsea Socholotuk, Public Health Dietitian and Alex Berry, CQI Coordinator, has been collaborating this year to enhance our program's internal reporting system. The new system officially went 'live' in August. We are currently working to ensure consistency of data entry across the team; however, even in this early stage of implementation, the improvements in access to 'real time' statistics are apparent. The system will significantly enhance our ability to start planning for the upcoming year earlier within the current year, as well as greatly increase the timeliness of our year-end reporting.

## **Chief Executive Officer Report**

*Submitted by Mark Perrault, Chief Executive Officer*

The past month has been focused on two main areas, 'partnerships and collaboration' and risk management. I have attached two documents to this month's Board report. The first is the Report of Recommendations arising from the Board of Health Governance Education Session, Sioux Lookout, September 13, 2012, by session facilitator Lyn McDonnell, President, The Accountability Group.

Several follow-up actions are taking place with regards to the recommendations. The first, you will immediately notice, are a number of recommended policy changes to clarify and separate the roles of governance and management. The revisions will help protect Board of Health members from incurring liability for decisions that are beyond the scope of their governance roles. In conjunction with this, a new set of policies, performance and accountability measures are proposed to give the Board more oversight of the Chief Executive Officer (CEO) and the Medical Officer of Health (MOH). The Executive Committee is meeting on October 11 to review and discuss the proposed new policy structure, which would be a major project of the Executive Committee in 2013.

One of the key recommendations arising from the governance education session was a review of our risk management policies. I have engaged counsel to review our existing policies related to risk management and to make recommendations. I am expecting the results of the review by the next Board of Health meeting. In the meantime we have been consolidating our existing policies that relate to risks. As part of the overall policy review, we will be developing a clear risk framework that will include not only policies, but proactive identification of risks by the MOH and CEO to the Board of Health; and that the MOH and CEO explicitly in writing attest to their compliance with all legislation, regulations, contractual obligations and Northwestern Health Unit governing policies.

On the subject of risk management, I will be bringing a Memorandum of Understanding between the Thunder Bay District Health Unit and the Northwestern Health Unit to this Board of Health meeting for the Board's consideration to approve. This agreement concerns mutual aid, and allows either health unit to request aid from the other within a legal framework. It includes limits on liability protection for the responding party, reimbursement costs and assurance of insurance coverage.

The second document I have attached is a briefing note I prepared for Laura Kokocinski, CEO, North West Local Health Integration Network (LHIN) expressing our interest in hosting the Sioux Lookout Diabetes Program (SLDP). Decisions regarding the SLDP host network are on a fast track due to the dissolution of the funding and host agency, the Northern Diabetes Health Network.

### Ministry of Health Consultations, October 3-4, 2012

I attended the Ministry of Health and Long-Term Care's Strategic Planning session on October 3-4 in Toronto along with Dr. Arthurs and our Board of Health Chair, John Albanese. All of the LHIN CEOs across the province were invited to attend the session. The first half of day one was devoted to exchanging information as to what public health does,

what the LHIN does, and how can we work together. I was fortunate to sit at the same table as Laura Kokocinski, and that was when I found out that the funding for the SLDP was going to be flowed through the LHINs and that a meeting regarding this was taking place on Tuesday, October 9. Ms. Kokocinski requested that I put into writing why we might be a suitable host agency for the Sioux Lookout Diabetes Program. I shared the idea of us hosting the SLDP with the Chief Medical Officer of Health, Dr. Arlene King, and Elizabeth Walker, Director, Public Health Planning and Liaison Branch, Public Health Division. Both were supportive. On Tuesday, October 9 I sent the attached brief that outlines why the Northwestern Health Unit may be the best agency to host the SLDP. If we are offered the opportunity to host this program, management will prepare a formal report and recommendation.

The afternoon session brought in other agencies that public health works with, such as family health teams and Cancer Care Ontario. It was clear from the afternoon session that a coordinated approach needs to be developed to ensure public health priorities are consistently reflected in the practices of these other agencies. A recommendation from my table to record all immunizations into the same database (Panorama) regardless of who gave the immunization seems obvious. But the fragmentation of the health system makes the collection of immunization data a priority for public health but not a priority for other parts of the system, for example, doctors' offices or family health teams.

One of the advantages of having so many Ministry staff and other agencies in the same room is the opportunity to network and discuss other issues. I had time to meet with Elizabeth Walker and Laura Kokocinski to discuss the First Nation dental pilot and a potential research project that came out of a recent meeting with Dr. Peter Cooney, Dental Consultant; Dawn Sauvé, Manager, Dental Health; Dr. Arthurs and myself. The premise of the research project is: if the Health Unit is providing better oral health care on First Nations communities using the blended Children's Oral Health Initiative (COHI) and Healthy Smiles Ontario (HSO) programs, can we quantify the benefit of the program in reduced costs to the primary health care system? Dr. Cooney will be meeting with the University of Toronto, which hosts the public health dentistry program, to determine if he can find a suitable Master's student to conduct the research. Both Elizabeth Walker and Laura Kokocinski were supportive of the research project, which will be useful if we need to apply for one-time funding from the Ministry of Health and Long-Term Care and need access to data that the LHINs can provide.

## **Finance Report**

*Submitted by Lois Bailey, Chief Financial Officer*

Total revenues for the eight months ending August 31, 2012, are \$10,175,555 (including a carry-over of funding from 2011) and total expenditures \$10,325,508 resulting in an excess of expenditures over revenues (a deficit) of \$149,953 and \$185,118 after program settlements of \$35,165. The cost shared programs are reporting a deficit of \$319,888; whereas the 100% funded and other programs are running a surplus of \$134,773.

As of the end of August, the Ministry has caught up with most of the funding cash flow payments. In fact, they have flowed the entire annual amounts for some special payments. Except for other revenue from user fees and mobile dental services, funding has exceeded budget estimates. Some significant variances have occurred in the expense categories (i.e.,

one-time expenses for equipment and leaseholds). Positive variances exist in equipment, software and leaseholds, office supplies and equipment, purchased services, salaries and travel including the conference line.

A more comprehensive financial report will be provided at the end of the third quarter.

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

**5.1 Medical Officer of Health Report – Update Provided by Dr. Arthurs, MOH**

Partnerships and Collaborations

On October 19 Dr. Arthurs and Alex Berry, CQI Coordinator, presented to Riverside Health Care Board of Directors’ strategic planning session to explain the planning process for the Northwestern Health Unit’s 2013-2016 Strategic Plan. The meeting is an example of connections being established with primary care agencies in the region, for ongoing dialogue regarding potential for interaction and collaboration.

Ministry of Health and Long-Term Care (‘Ministry’) Strategic Planning, October 3, Toronto: During discussions, Dr. Arlene King, Chief Medical Officer of Health, referenced the dental pilot involving the Northwestern Health Unit, the Ministry, Health Canada, and Big Grassy First Nation to provide on-site services to Big Grassy community from the Healthy Smiles Ontario mobile dental office, as an example of collaborative partnerships being encouraged by the Ministry.

Discussion:

Northern Ontario School of Medicine (NOSM): Dave Canfield reported that a resolution of concern was recently passed by the Northwestern Ontario Municipal Association (NOMA) regarding the reduced number of NOSM medical residencies in small northern Ontario communities. Management will follow up to obtain NOMA’s resolution.

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| <b>Motion / Resolution: 83-2012</b>                                        |                           |
| THAT the Report of the Medical Officer of Health be accepted as presented. | D. Squires<br>D. Canfield |

**5.2 Chief Executive Officer Report – Update Provided by Mark Perrault, CEO**

Sioux Lookout Diabetes Program Update: The North West (NW) LHIN notified that oversight of the program will be transferred to Meno Ya Win facility. The Health Unit had submitted an expression of interest regarding direction of the Program. Other opportunities for collaborative projects with the NW LHIN will be pursued by both parties.

Finance Report – Provided by Mark Perrault, CEO

One-time Funding Requests: The Ministry of Health and Long-Term Care recently informed that the Health Unit’s submitted 2012 budget requests for one-time funding, initially refused by the Ministry, are under review. The Health Unit was asked to resubmit the requests.

The Ministry’s review of funding for public health units will be resuming. Review of the unorganized territory funding grant is to start in January 2013. Mark Perrault is on the provincial review committee for the unorganized territory funding grant.

Questions, Discussion

Electronic File Transfer (EFT) reports: Julie Roy requested that documentation associated with monthly EFT process be provided for the cheque signer's review. Management will follow up.

Ministry of Health and Long-Term Care ('Ministry') Strategic Planning, October 3, Toronto: Mark Perrault reported that a focus of discussions was public health's connection with the LHINs. The majority of Ontario public health units are actively communicating and collaborating with the LHINs.

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| <b>Motion / Resolution: 84-2012</b>                                      |                           |
| THAT the Report of the Chief Executive Officer be accepted as presented. | D. Canfield<br>D. Squires |

**6. REPORT OF EXECUTIVE COMMITTEE MEETING, OCTOBER 11, 2012**

Committee Chair Julie Roy provided a verbal report of the Committee's meeting held October 11. Purpose of the meeting was to review selected policies and to consider management's proposed major policy review project. The Committee also reviewed proposed changes to Board of Health meeting format for 2013 and to the format for reports to the Board.

Additional topics considered at the meeting included:

West Nile Virus Program Funding: While numbers of confirmed cases of West Nile Virus have increased in southern Ontario, to date there is no significant rise in confirmed cases in this region. The Committee discussed submitting a one-time funding request with the 2013 budget submission for an education campaign for health care providers regarding West Nile Virus symptoms. This was referred to management for further consideration.

Board of Health 2013 Meetings: Julie Roy conveyed the Committee's recommendation that a 'constant' day of the month be set for regular meetings. An example, the third Thursday of each month, was identified for consideration. Executive Committee meetings will be held two weeks prior to a Board meeting.

Association of Local Public Health Agencies (alPHa) Board of Directors Meeting: Russ Fortier, representative for the North West region, reported on the alPHa Board of Directors meeting held September 26. Mr. Fortier approached alPHa Directors about a Northwestern Health Unit presentation to alPHa's June 2013 Annual Conference about the Health Unit's strategic planning process that incorporates a balanced scorecard.

Committee Chair Julie Roy conveyed the Committee's recommendation to authorize Russ Fortier to provide an executive summary of a presentation to the alPHa Directors meeting on December 6. Board of Health members accepted the recommendation and verbally authorized Mr. Fortier to proceed.

Preschool Speech and Language Program, Thunder Bay: Following Thunder Bay District Health Unit's decision to discontinue delivery of preschool speech and language programs, the Northwestern Health Unit was approached by Ministry of Children and Youth Services

officials to assume oversight of these programs in the Thunder Bay region. Dialogue with the Ministry will continue.

Board of Health Education Session: Committee Chair Julie Roy conveyed the Committee’s recommendation for future Board of Health Education Sessions (held annually to date) to be scheduled for alternate years with the All Staff Conference.

Board of Health members authorized management to proceed with planning for the events to be held on alternate years.

**6.1 NWHU Policies**

**6.1.1 Policy Review Process –Alex Berry, CQI Coordinator**

Report to the Board of Health: *Agency Policy Review*

An overview of the proposed policy review project was provided. Restructuring of existing corporate Policy and corporate and program Procedure manuals was described. The Executive Committee will be ‘lead’ to review existing policies, in accordance with the Committee’s mandate for policy review.

Executive Committee Chair Julie Roy conveyed the Committee’s recommendation that the Board approve the policy review project in principle and direct management to proceed as proposed. Board of Health members accepted the Committee’s recommendation.

**6.1.2 Policy Deletes**

Committee Chair Julie Roy conveyed the Committee’s recommendation to approve proposed Policy deletions from the corporate Policy Manual.

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| <b>Motion / Resolution: 85-2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
| <p>THAT the following Northwestern Health Unit Policies be deleted, effective immediately:</p> <ul style="list-style-type: none"> <li>Smoke-Free Facilities<br/><i>Redundant, due to current legislative requirements</i></li> <br/> <li>Separation Allowance<br/><i>Redundant, no longer applicable to staffing complement:</i></li> <br/> <li>Board Room/Conference Room Usage<br/><i>Inappropriate for Policy (administrative procedure)</i></li> <br/> <li>Heart Health<br/><i>Discontinued Program</i></li> </ul> | <p>J. Roy<br/>D. Canfield</p> |

**6.1.3 Policy Revisions**

Committee Chair Julie Roy conveyed the Committee’s recommendation to approve proposed Policy revisions.

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| <b>Motion / Resolution: 86-2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |
| <p>THAT revisions to the following Northwestern Health Unit Policies be approved, effective immediately:</p> <ul style="list-style-type: none"> <li>Community Emergency Response Plans</li> <li>Medical Officer of Health</li> <li>Confidentiality</li> <li>Accumulated Surplus- Current &amp; Reserve Funds</li> <li><i>Revisions reflect current legislative requirements and/or updated terminology</i></li> <br/> <li>Education: Conferences/Workshops</li> <li>Northwestern Health Unit Bursary Program</li> <li>Personnel Changes</li> <li>Insurance</li> <li><i>Revisions clarify appropriate governance/operation direction</i></li> <br/> <li>Travel</li> <li><i>Revision clarifies organizational liability</i></li> </ul> | <p>D. Squires<br/>J. Roy</p> |

**6.2 Board of Health Education and Meeting Structure –Alex Berry, CQI Coordinator**

Report to the Board of Health: *Board Education and Meeting Structure*

The proposed revised format for Board of Health meetings will include a closed meeting component for ongoing education and orientation to public health programs and topics. This is in response to the Board’s request for continued education.

The proposed format for reports to the Board of Health was reviewed. Committee Chair Julie Roy conveyed the Committee’s recommendation that the Board approve in principle the proposed revised Board of Health meeting format; and the reporting format and uniform report template for reports to the Board. Board of Health members accepted the Committee’s recommendation and instructed management to proceed to implement the changes starting January 2013 Board of Health meeting.

Questions, Discussion

*Municipal Act* Requirements for Closed Meetings: The Health Unit’s Meeting Investigator will be consulted to ensure the proposed Board of Health meeting format complies with *Municipal Act* direction.

|                                                                             |                                   |
|-----------------------------------------------------------------------------|-----------------------------------|
| <b>Motion / Resolution: 87-2012</b>                                         |                                   |
| <p>THAT the report of the Executive Committee be accepted as presented.</p> | <p>R. Fortier<br/>B. Thompson</p> |

Morning Recess was called at 10:30 a.m.  
Mr. Belluz left the meeting at 10:30 a.m.  
Guests from Chapple Township (Reeve Peter Van Heyst and Council members) and from Emo (Mayor Vincent Sheppard and Council member) joined Board of Health members for informal discussion.

Mr. Albanese called the meeting to order at 11:10 a.m.

**7. NWHU STRATEGIC PLAN, 2013-2016**

Mark Perrault, CEO, distributed the final formatted Northwestern Health Unit 2013-2016 Strategic Plan document. The Strategic Plan will be formally launched on December 4, 2012, at the grand opening of Kenora City View office building.

Appreciation was expressed for the strategic planning process and design of the final document.

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|----------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Motion / Resolution: 88-2012</b>                                                                            |                       |
| THAT the Strategic Plan for the Northwestern Health Unit for 2013-2016 be approved, effective January 1, 2013. | P. Ryan<br>R. Fortier |

**8. MEMORANDUM OF UNDERSTANDING: NWHU/THUNDER BAY DISTRICT HEALTH UNIT**

Mark Perrault noted that the Memorandum of Understanding (MOU) was adapted from other Ontario health units, and was reviewed by Northwestern Health Unit’s counsel. Thunder Bay District Health Unit Board of Health has approved the document.

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| <b>Motion / Resolution: 89-2012</b>                                                                                                                                                           |                          |
| THAT the Memorandum of Understanding regarding mutual aid between Northwestern Health Unit and Thunder Bay District Health Unit be approved, effective upon the signing date by both parties. | M. Fisher<br>B. Thompson |

**9. NWHU BY-LAWS**

Executive Committee Chair Julie Roy conveyed the Committee’s recommendation arising from the August 24, 2012, Committee meeting that By-Law #1, Constitution of the Board of Health, be revised to clarify provision of meal expenses.

**9.1 Revision, By-Law #1, Expenses**

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| <b>Motion / Resolution: 90-2012</b>                                                                                                                    |                           |
| THAT the revision to By-Law #1, Constitution of the Board of Health, article 17.1 (Expenses – meals), be approved as presented, effective immediately. | B. Thompson<br>R. Fortier |

**10. alPHa FALL SYMPOSIUM, NOVEMBER 7-8, 2012**

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| <b>Motion / Resolution: 91-2012</b>                                                                                                                                                                                                                                                              |                           |
| THAT the following Board of Health members be approved to attend the Association of Local Public Health Agencies (alPHa) Fall Symposium, November 7-8, 2012, in Mississauga:<br>John Albanese, Russ Fortier, Julie Roy, Doug Squires<br>Expenses to be provided by the Northwestern Health Unit. | R. Fortier<br>B. Thompson |

Russ Fortier, North West Region representative to Association of Local Public Health Units (alPHa) Board of Directors, reported that alPHa is seeking a representative from health units for the Ontario Council on Community Health Accreditation (OCCHA) Board of Directors. A delegate will be chosen at alPHa's Fall Symposium, November 7-8.

**11. NON AGENDA ITEMS**

There were no non agenda items identified.

**12. NEXT MEETING DATES**

**December Board of Health meeting: Wednesday, December 5, 2012**

Start Time: 8:30 a.m.

Location: Kenora City View Office board room

**Tuesday, December 4**

4:00 p.m.: Kenora City View Office Building Grand Opening, and media launch of Northwestern Health Unit 2013-1016 Strategic Plan.

**Executive Committee meeting**

Date: Friday, November 16    Start Time: 11:00 a.m.

Location: Kenora City View Office Board Room

**13. ADJOURNMENT**

Mel Fisher adjourned the meeting at 11:35 a.m.

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

**CONFIRMED AS WRITTEN**

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

\_\_\_\_\_  
**CHAIR, BOARD OF HEALTH**

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