



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

MINUTES of the Regular Board of Health Meeting
April 30, 2014
Kenora NWHU City View Office Boardroom

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**PRESENT:** Julie Roy, Chair  
John Albanese, Carol Baron, Jim Belluz, Dennis Brown, Shayne MacKinnon, Paul Ryan, Trudy Sachowski, Sharon Smith, Doug Squires, Bill Thompson

**IN ATTENDANCE:**  
Dr. Kit Young Hoon, Medical Officer of Health  
Mark Perrault, CEO  
Lee Pitt, Manager, IT & Operations  
Jennifer McKibbon, Manager, Environmental Health & Smoke-Free Ontario  
Thomas Nabb, Public Health Inspector  
Dorothy Strain, Secretary to MOH/BOH (Recorder)

**REGRETS**

**1. CALL TO ORDER**

Meeting Chair Julie Roy called the meeting to order at 8:35 a.m. She noted that John Albanese and Dennis Brown informed they must leave the meeting early.

**2. APPROVAL OF AGENDA**

**2.1 Delete:**

- 9. Appointment of Acting Medical Officer of Health, 2014-2015

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| <b>Motion / Resolution: 57-2014</b>                                                           |                           |
| THAT the Agenda for the Board of Health meeting dated April 30, 2014, be approved as amended. | J. Belluz<br>S. MacKinnon |

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

None was declared.

**4. CLOSED MEETING SESSION**

**4.1 Education Sessions:** *Performance Indices*

At 8:40 a.m. Board of Health members moved to an in camera (closed meeting) session.

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| <b>Motion / Resolution: 58-2014</b>                                                                                                                                                                 |                           |
| THAT the Board of Health moves to an in camera session to discuss:<br><i>Personal matters concerning Board appointments</i><br><i>Board of Health education session: IT &amp; Operations update</i> | S. MacKinnon<br>J. Belluz |

At 10:55 a.m. Board of Health members moved out of the in camera session to resume regular business.  
 Lee Pitt, Jennifer McKibbon and Thomas Nabb left the meeting at 10:55 a.m.

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| <b>Motion / Resolution: 59-2014</b>                                                     |                         |
| THAT the Board of Health moves out of the in camera session to resume regular business. | S. MacKinnon<br>P. Ryan |

A short recess was taken at 10:55 a.m.  
 The Chair called the meeting to order at 11:10 a.m.

**5. MINUTES OF BOARD OF HEALTH MEETING, March 26, 2014**

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| <b>Motion / Resolution: 60-2014</b>                                                          |                           |
| THAT the Minutes of the Board of Health meeting held March 26, 2014, be approved as written. | J. Belluz<br>S. MacKinnon |

**6. PUBLIC HEALTH PROGRAMS**

**6.1 Medical Officer of Health Report – Provided by Dr. Kit Young Hoon, MOH**  
*Reference #2014-04-30-6.1*

**Purpose**

The purpose of this report is to update the board of health on:

- Issues that may impact the health of the population under the Northwestern Health Unit;
- Issues that may impact the operations of the Northwestern Health Unit;
- Issues that members of the Board of Health may have a prominent role or responsibility;
- Public Health issues that attract media attention; and
- The activities of the medical officer of health

*Immunization of School Pupils Act – Changes Effective July 1, 2014*

The *Immunization of School Pupils Act, 1990* outlines the powers of the medical officer of health to suspend students from school if they do not meet the requirements for immunization for designated diseases. Students can seek exemption from the vaccinations for medical reasons, or through statements of conscience or religious beliefs. Designated diseases include diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus. Effective July 1, 2014, three additional infectious diseases have been added to the regulations:

- Meningococcal disease
- Pertussis or whooping cough
- Varicella or chicken pox

Staff are approaching this amendment to the regulations initially through education and communication with parents and students, and supporting students to obtain the vaccines. Letters of suspension are used when other avenues have not been successful.

Measles Activity Update

Measles activity continues nationally and internationally. The largest number of cases in Canada is seen in British Columbia and is related to a community that is opposed to vaccination. The cases in Ontario are directly related to travel, or spread from individuals who have travelled to countries where there is ongoing activity. There have been no cases in northern Ontario in 2014, and immunization rates for measles in the Northwestern Health Unit's catchment are reassuringly high (greater than 95%). Donna Stanley (Manager of Infectious Diseases) has used the media interest in the issue to highlight the importance of vaccination.

Lyme Disease

Lyme disease is a bacterial illness that is transmitted through the bite of a blacklegged or deer tick. The illness can start with a rash and symptoms of headache, body pains, and neck stiffness. The disease may progress to affect the joints, heart and nervous system.

Surveillance of Lyme disease in 2013 has shown that there is a population of blacklegged ticks infected with Lyme disease in the Rainy River District. The public can protect themselves by using DEET-containing insect repellants, wearing light coloured clothing that covers as much skin as possible, avoiding areas with tall grass and checking for ticks after being outdoors.

Actions to be taken by staff in 2014 will include:

- Continued testing of ticks submitted by the public
- Surveillance of human cases of Lyme disease
- Active surveillance for ticks
- Communication to the public and those who could be exposed
- Communication to the medical community.

Electronic Cigarettes – Summary of the Research Evidence

E-cigarettes, or electronic cigarettes, are battery-operated devices that produce an aerosol for inhalation. They usually contain nicotine, propylene glycol and flavourings (fruit, mint, chocolate, etc.).

**The lack of conclusive research on the harms and benefits of this product have led to conflicting public health opinions on this device.**

Proponents of e-cigarettes refer to evidence that the device assists with smoking cessation similar to nicotine replacement therapy; however, the research includes low-quality small studies, and the results are not consistent. **More research is required to conclude that e-cigarettes are an effective cessation method.** It is likely that for smokers there is less individual harm from using e-cigarettes than regular cigarettes, as the majority of harm comes from the tobacco and products of combustion that are not present in e-cigarettes (nicotine is the addictive product of both cigarettes and e-cigarettes). There are theoretical concerns that using e-cigarettes may delay smoking cessation as it allows a person to continue smoking in restricted places.

The concerns for e-cigarettes are related to **lack of research on their potential harms**:

- Safety: what are the long-term harms of the chemicals and components of the e-cigarettes? What are the standards that should apply to the chemicals that can be used, and their concentrations in e-cigarettes?
- Smoking Initiation: Does the use of e-cigarettes at an individual level increase the likelihood of cigarette smoking?
- Normalization of smoking: Does the increasing popularity of e-cigarettes normalize smoking behaviours and increase tobacco smoking rates?
- Air pollution: How does use of e-cigarettes impact on indoor air pollution?

Of concern is **the increasing popularity of e-cigarettes particularly among youth**.

American studies demonstrated that the percentage of high school students that have ever tried e-cigarettes increased from 4% to 10% from 2011 to 2012. Smaller studies indicate similar increases among Canadian youth. The use of flavors in these products can be particularly attractive to these younger age groups.

E-cigarettes may also be potentially harmful through accidental ingestion or exposure to nicotine in liquid form (inhalation, eye and skin exposure). Recent research shows there are an increasing number of calls to the poison centre in the United States related to such accidental exposures.

**E-cigarettes are not regulated as a tobacco product and therefore there are no restrictions on marketing, sale to minors, the use in public spaces, and the labelling or standards.** Products containing nicotine are regulated by the federal *Food and Drugs Act*, which requires authorization to allow the sale, marketing or distribution of the product. The product must have demonstrated effectiveness, quality and safety. To manoeuvre around the legislation, e-cigarettes are generally sold without nicotine; but nicotine cartridges can be obtained separately. The Food and Drug Administration of the United States plans to regulate e-cigarettes as a tobacco product.

Staff at Northwestern Health Unit will continue to monitor the research evidence around the harms, benefits and uses of e-cigarettes to determine appropriate future action.

#### Alcohol Availability

In 2012 the Ontario Ministry of Finance indicated their intention to explore additional formats for the sale of alcohol with stated reasons of increasing convenience for consumers and increasing revenues to decrease the deficit. Since that time, there have been announcements on the sale of wine at farmers' markets and sale of all forms of alcohol at grocery store.

Long-term consumption or excessive use of alcohol is associated with a number of health harms including cancer, hypertension, stroke, and disease of the liver, pancreas, stomach, heart and nervous system. Consumption of alcohol during pregnancy has detrimental effects on brain development and increases the risk of low birth weight and fetal alcohol spectrum disorder. Excessive, heavy or frequent alcohol intake increases the risk of injury, e.g., motor vehicle accidents, and can lead to social problems such as increased crime and violence, family dysfunction, financial problems and difficulties with work or school.

Policies that allow the sale of alcohol at grocery stores or farmers' markets, or increase the number or density of retail outlets, will increase the availability of alcohol. An increase in the availability of alcohol has been associated with an increase in alcohol consumption and its associated harms including violence, public disruption, alcohol related accidents and suicide. Control of alcohol availability is a key policy tool to control the harmful effects of alcohol.

The Association of Local Public Health Agencies (ALPHA) and other public health organizations have repeatedly advocated for continued controls on alcohol availability. This issue will be discussed at the next Council of the Medical Officers of Health meeting on April 23, 2014.

### Skin Cancer Prevention (Tanning Beds) Act, 2013

The new *Skin Cancer Prevention Act, 2013* comes into effect on May 1, 2014. The purpose of this legislation is to reduce the harmful effects of tanning (i.e., skin cancer including malignant melanoma). Of particular concern is the harmful effect of tanning before the age of 35, which increases the risk of cancer by 60-70%.

The legislation outlines that:

- Tanning bed operators do not provide tanning services to those less than 18 years, and ask for proof of identification from those who appear less than 25 years
- Tanning bed establishments have four types of signage (see appendix)
- Tanning bed operators inform the medical officer of health of the location and contact information of their establishment.
- Inspections are performed on tanning bed establishments
- The sale, advertising or marketing of tanning bed services to those less than 18 years are prohibited.
- Individuals using the tanning bed services are provided with protective eyewear.

The Ontario Public Health Standards have been changed, and the responsibilities of the local health unit will be outlined in the Chronic Disease Standard and the Tanning Beds Compliance Protocol, 2014. The Protocol outlines the role of the health unit as:

- Inspection which is complaint-based
- Enforcement with the use of fines
- Education
- Data collection and reporting

There are approximately fourteen tanning bed establishments in the Northwestern Health Unit's catchment. From May 1, 2014, there is a grace period of six months to allow inspector education and outreach. Local health units will be allowed to apply for additional 100% funding for activities falling under this legislation, which can include travel, additional staffing, and communication /promotion.

### Youth Suicide Prevention Regional Planning

On April 10-11, Firefly hosted a regional planning session for youth suicide prevention. The session was conducted over 1.5 days in Dryden. I attended the first half day, and Deanna Kruger (Public Health Nurse) attended the second day. The day was facilitated by Dr. Ian Manion, who is the Executive Director of the Ontario Centre of Excellence for Child and

Youth Mental Health. The purpose of the Centre is to support communities and organizations around mental health for children and youth through a variety of tools to assist in program planning, community engagement, implementation and evaluation.

The purposes of the regional planning session included knowledge exchange for the research evidence on youth suicide, informing participants of a new website to assist communities around youth suicide prevention planning, bringing stakeholders together to discuss the strengths and weaknesses of the community, and possibly establishing initial next steps and champions around youth suicide prevention.

Key partners at the meeting included Firefly, school boards, the health care sector, adult mental health organizations, and community organizations. Discussion at the tables focused primarily on early detection of youth at high risk for suicide and providing adequate and timely health care services. Such conversations are particularly relevant to the school boards, and organizations that provide direct patient management. There was less of a focus on primary prevention efforts, e.g., increasing the resilience of youth; or addressing substance misuse.

The Youth Suicide Prevention Plan for Ontario falls under the Comprehensive Mental Health and Addictions Strategy lead by the Ministry of Children and Youth Services. The Mental Health and Addictions strategy is also predominantly focused on early detection and treatment of mental illness.

The mandate of local public health under the Ontario Public Health Standards (OPHS) does not explicitly have standards or protocols dedicated to youth suicide prevention; but the OPHS does include suicide under injury prevention. In addition, the health unit's work related to substance misuse and the school programs would be linked to youth suicide prevention efforts.

Staff at NWHU who can potentially be in contact with high-risk youth have received training to prevent the immediate risk of suicide at the individual level. As the youth suicide regional plan develops, NWHU may play a supportive role in the plan (e.g., communication campaign to reduce the stigma of mental illness, use of social media to engage youth, measurement and monitoring, etc.)

#### Sioux Lookout First Nations Health Authority (SLFNHA) Public Health Working Group

The SLFNHA Public Health Working Group met for a face to face meeting in Toronto on April 3. Representatives were present from SLFNHA, Ministry of Health and Long-Term Care, Health Canada, Thunder Bay District Health Unit, NWHU and First Nation Communities.

The full-day meeting allowed discussion on the vision of a future public health system for the First Nation Communities served by SLFNHA, and the setting of a realistic timeline and the milestones in progressing towards that vision. A few members of the group will be initiating a community engagement process with five pilot First Nation communities in order to assess what public health services and gaps exist for the community, clarify expectations and improve the communities understanding of public health.

Next steps will involve further meetings to discuss the details of a SLFNHA public health system including services provided, governance, and organizational structure.

Other activities of the MOH

- Attended The Ontario Public Health Convention (TOPHC) in Toronto on April 1, which was both a networking opportunity and an avenue of updating on the research evidence for public health practice (two sessions: e-cigarettes, and sodium).
- Attended a Farewell event during TOPHC for retiring medical officers of health: networking opportunity to strengthen relationships with other medical officers of health
- Attended a community engagement meeting in Fort Frances hosted by the North West Local Health Integration Network. Representatives of the LHIN presented on the North West LHIN Health Services Blueprint or 10 year plan for the health care system in northwestern Ontario.
- Media release on the new MOH of the NWHU resulted in interviews with a variety of media outlets, primarily from Dryden, Fort Frances and Kenora.
- Updated and reviewed medical directives in the Infectious Disease and Vaccine Preventable Diseases programs.

Additional Verbal Report, Update- Provided by Dr. Young Hoon

Dr. Young Hoon provided updates for the program reports provided to the meeting.

Measles update: Confirmed cases have been recorded in the northwestern Ontario and Manitoba regions. Numbers of confirmed cases are low and are travel-related.

Lyme disease: Information will be provided to area physicians in connection with the public communication campaign that will be launched this spring. Alternate methods to connect with family physicians are being explored.

Alcohol availability: An organizational response to the Ontario government's proposed legislation to expand points of sale (e.g., grocery stores) is being considered by the management team.

Discussion was referred to the Board of Health meeting, June 27, 2014.

*Skin Cancer Prevention Act:* A media release dated April 28, 2014, from the Ministry of Health and Long-Term Care was distributed. The Act comes into effect on May 1, 2014.

Youth suicide: Government activity is currently centered upon diagnosis and treatment. Dr. Young Hoon is connecting with regional community leads to discuss gaps in collective community resources to address the issue (e.g., establishing treatment centres).

There was discussion about advocacy roles for public health, for promotion of mental health and reducing stigma of mental illness, e.g., through our social media channels, and also for the establishment of area treatment centres and enhanced resources.

**6.2 Sexual Health & Harm Reduction Program Report**

*Reference #2014-04-30-6.2 The Report will be kept on file*

**6.3 Speech, Hearing & Vision Program Report**

*Reference #2014-04-30-6.3 The Report will be kept on file*

**6.4 Foundations Team- Epidemiologist Report**

*Reference #2014-04-30-6.4 The Report will be kept on file*

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| <b>Motion / Resolution: 61-2014</b>                                        |                         |
| THAT the Report of the Medical Officer of Health be accepted as presented. | S. MacKinnon<br>P. Ryan |

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| <b>Motion / Resolution: 62-2014</b>                                                                                                                                                                                                           |                             |
| THAT the following program reports be received:<br>Report #:<br>2014.04.30.6.2: Sexual Health & Harm Reduction Program<br>2014.04.30.6.3: Speech, Hearing & Vision Program Report<br>2014.04.30.6.4: Foundations Team – Epidemiologist Report | B. Thompson<br>S. MacKinnon |

**7. CORPORATE ADMINISTRATION**

**7.1 Chief Executive Officer Report -Mark Perrault, CEO**

*Reference #2014-04-30-7.1*

**Purpose**

To inform the Board of Health of issues that have developed since the last Board of Health meeting that may have an impact on the operations of the Health Unit, but do not warrant as separate report, and of the activities of the Chief Executive Officer. This report will complement the separate finance report.

***DO ONE THING* Conference**

Conference passes have been on sale since March 28 and are lower than hoped. We are missing representation from all but two municipalities and other key health partners, so we expect that registration will pick up in the next few weeks as we get closer to the conference date. They will be available at the Conference website, [www.doonethingconference.ca](http://www.doonethingconference.ca).

Tickets for the Rick Mercer evening, Tuesday, May 27, went on sale to the public on April 15. Conference attendees will be able to secure additional tickets if they so wish when they purchase their conference pass.

On the second night of the Conference, Wednesday, May 28, we will be hosting a public Recognition of Service reception for Dr. Arthurs at the Kenora White Cap pavilion from 5:00-6:00 p.m., with entertainment and light refreshments provided.

**Northwestern Health Unit New Website**

Due to a crunch experienced from staff leaves and the launch of the Do One Thing Campaign and Conference in May, we are delaying the official rollout of the new Health Unit website until September. While the site is built, there is more work that needs to be done to populate the community pages. The consensus of staff involved with website production was that we would rather launch a finished product rather than have parts still under construction at launch date.

**Other Activities**

On April 3<sup>rd</sup> I attended the Sioux Lookout First Nations Public Health Pilot meeting in Toronto with Dr. Kit Young Hoon (she has done a summary in her report).

I attended the Ministry of Health and Long-term Care’s Strategic Plan Table 5 meeting in Toronto on April 14. The meeting focus was health human resources. While the conversations are considered confidential, I can report that progress is being made and I am glad I am there to represent the interests of the smaller health units.

The remainder of my time was spent on a legal issue, hiring of a new Finance department staff member and taking some personal leave.

Additional Verbal Report, Update –Provided by Mark Perrault, CEO

Do One Thing Conference Update: Uptake for registrations has been slow to date. Some area communities have no representation. Staff will be contacting local agencies and organizations to promote the Conference and to identify any barriers to attendance, e.g., for concerns for registration costs.

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| <b>Motion / Resolution: 63-2014</b>                                      |                           |
| THAT the Report of the Chief Executive Officer be accepted as presented. | J. Belluz<br>S. MacKinnon |

Board members recessed at 12:10 p.m.  
John Albanese and Dennis Brown left the meeting at 12:30 p.m.  
The Chair called the meeting to order at 12:50 p.m.

**7.2 Finance Report – provided by Mark Perrault, CEO**  
*Reference #2014-04-30-7.2 The report will be retained on file.*

Information was provided regarding the rescheduling of the Auditors’ presentation of 2013 audited financial statements to the Board of Health meeting on May 29.

The General Account report for the First Quarter to March 31, 2014, was distributed and reviewed. The Funding Transfer status report (2011-present) that tracks deferred revenues and settlements for fundings received was distributed and reviewed.

Attachment 1, Draft Year-End 2013 Cost Shared and Mandatory Programs to the Finance Report was reviewed.

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| <b>Motion / Resolution: 64-2014</b>               |                           |
| THAT the Finance Report be accepted as presented. | T. Sachowski<br>J. Belluz |

**7.2.1. NWHU 2014 Program Budgets**

The budget process for these programs was explained. Funding is 100% funded. Annual funding amounts are determined by the Ministry of Children and Youth Services.

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| <b>Motion / Resolution: 65-2014</b>                                                                                                                     |                             |
| THAT the budget for the Blind Low Vision program for the funding amount of \$47,630 be approved for the budget period April 1, 2014, to March 31, 2015. | B. Thompson<br>T. Sachowski |
| Full (100%) funding is provided by the Ministry of Children and Youth Services, Early Learning and Development Branch.                                  |                             |

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| <b>Motion / Resolution: 66-2014</b>                                                                                                                                                                                                                                      |                           |
| THAT the budget for the Kenora Rainy River Preschool Speech and Language program for the funding amount \$829,941 be approved for the budget period April 1, 2014, to March 31, 2015.<br>Full (100%) funding is provided by the Ministry of Children and Youth Services. | T. Sachowski<br>J. Belluz |

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| <b>Motion / Resolution: 67-2014</b>                                                                                                                                                                                                       |                          |
| THAT the budget for the Infant Hearing program for the funding amount of \$126,878 be approved for the budget period April 1, 2014, to March 31, 2015.<br>Full (100%) funding is provided by the Ministry of Children and Youth Services. | S. Smith<br>T. Sachowski |

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| <b>Motion / Resolution: 68-2014</b>                                                                                                                                                                                                                                                                                                                               |                        |
| THAT the budget for the Student Nutrition program for the fiscal year April 1, 2014, to March 31, 2015, for the total funding amount of \$374,271 be approved:<br>Program funding grant: \$260,871<br>Food and Logistic Coordinator position: \$71,400<br>Food Grant: \$42,000<br>Full (100%) funding is provided by the Ministry of Children and Youth Services. | D. Squires<br>C. Baron |

**8. REPORT OF EXECUTIVE COMMITTEE MEETING, APRIL 17, 2014 -**

Committee Chair Doug Squires provided a verbal report of the Committee’s meeting.

Electronic format for Board of Health documentation: Committee members received iPad notebooks for piloting electronic format for documentation during the remainder of 2014. The Board plans to move to electronic documentation using tablets in 2015.

Report #2014.04.17.8, an update on plans for a Board of Health orientation and reference handbook in electronic format was reviewed by the Committee. The handbook will be stored on Board members’ tablets.

Medical Officer of Health Leave of Absence: Plans for medical officer of health coverage for Dr. Young Hoon’s leave of absence were discussed. Management hopes to submit a plan for Board approval to the May 29 Board of Health meeting.

**8.1 NWHU Policy Revision – Mark Perrault, CEO**

Mark Perrault, CEO, explained proposed revisions to Policy, Accumulated Surplus- Current and Reserve Fund. The proposed revisions were reviewed at the Executive Committee meeting.

Committee Chair Doug Squires conveyed the Committee’s recommendation that the Board approve the revisions as presented.

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| <b>Motion / Resolution: 69-2014</b>                                                                                                                                                                                                    |                       |
| THAT revisions to Policy, Accumulated Surplus – Current and Reserve Fund be approved.<br>Revisions clarify the timeline for the Board of Health’s review of the Current Fund following receipt of fourth quarter financial statements. | D. Squires<br>P. Ryan |

**8.2 Risk Assessment of NWHU Current Fund – Mark Perrault, CEO**

Mark Perrault explained the determination of the 2013 surplus funds in accordance with approved revisions to Policy, Accumulated Surplus- Current and Reserve Fund. Committee Chair Doug Squires conveyed the Committee’s recommendation that the Board approve the proposed reallocation to obligated municipalities as presented.

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| <b>Motion / Resolution: 70-2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |
| THAT, following a risk assessment of the fourth quarter results for 2013 for cost shared programs according to Policy, Accumulated Surplus – Current and Reserve Funds, the Board of Health has identified a surplus of municipal levy funds in the amount of \$124,630; and approves a reallocation of same funds to its obligated municipalities according to the same municipal population-based funding formula under which they were levied in 2013. | C. Baron<br>S. Smith |

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| <b>Motion / Resolution: 71-2014</b>                                                                      |                         |
| THAT the verbal report of the Executive Committee meeting held April 17, 2014, be received as presented. | B. Thompson<br>C. Baron |

**9. APPOINTMENT OF ACTING MEDICAL OFFICER OF HEALTH, 2014-2015**

*This agenda item was deleted.*

**10. REPORT OF aPHa BOARD OF DIRECTORS MEETING, MARCH 28, 2014**

*Reference #2014-04-30-10 The report will be retained on file.*

The report was submitted to Northwestern and Thunder Bay District Boards of Health by Julie Roy, North West Region representative to the Association of Local Public Health Agencies (aPHa) Board of Directors. The North West Region comprises both Boards of Health.

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| <b>Motion / Resolution: 72-2014</b>                                                                   |                        |
| THAT the report of the aPHa Board of Directors meeting held March 28, 2014, be received as presented. | D. Squires<br>C. Baron |

**11. NON AGENDA ITEMS**

There were no additional agenda items identified.

**12. NEXT MEETING DATE**

**Next Regular Meeting**

Date: Thursday, May 29, 2014 Start time: 1:00 p.m.

Location: Kenora City View Office Boardroom

**13. ADJOURNMENT**

The Chair adjourned the meeting at 1:35 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS ..... DAY OF .....2014

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MEETING CHAIR, BOARD OF HEALTH

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RECORDING SECRETARY  
APPROVED AS CORRECTED: JULY 25, 2014

ADDENDUM

MOTION TO AMEND MINUTES OF BOARD OF HEALTH MEETING  
HELD APRIL 30, 2014, and  
PREVIOUSLY APPROVED MAY 29, 2014

At the Board of Health meeting held Friday, July 25, 2014, the following motion was approved:

**No. 95-2014**

THAT the Minutes of the Board of Health meeting held April 30, 2014, and previously approved on May 29, 2014, be amended to correct a typo:

page 9, Agenda #7, Finance Report:

The General Account report for the First Quarter to March 31, 3014.....

*corrected to read*

The General Account report for the First Quarter to March 31, 2014...