

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

MINUTES of the Regular Board of Health Meeting  
March 22, 2013

Northwestern Health Unit Fort Frances Office Boardroom



**PRESENT:** Julie Roy, Chair

Jim Belluz, Shayne MacKinnon, Paul Ryan, Doug Squires, Bill Thompson

**IN ATTENDANCE:**

Dr. Jim Arthurs, Medical Officer of Health (MOH)

Mark Perrault, CEO

Dorothy Strain, Executive Assistant (Recorder)

Alex Berry, Quality Improvement (QI) Officer

Kim Gardiman, Manager, Family Health

**REGRETS:** John Albanese, Dennis Brown, Dave Canfield

**1. CALL TO ORDER**

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

**2. APPROVAL OF AGENDA**

Additions: Agenda #6.1, Medical Officer of Health Report:

6.1.1- Nuclear Waste Management

Agenda #7.2, Finance Report:

7.2.2- Aboriginal Public Health Policy Analyst Position

<b>Motion / Resolution: 40-2013</b>	
THAT the Agenda for the Board of Health meeting dated March 22, 2013, be approved as amended.	P. Ryan B. Thompson

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

None was declared.

**4. IN CAMERA SESSION**

At 8:45 a.m. Board of Health members moved to an in camera session.

<b>Motion / Resolution: 41-2013</b>	
THAT the Board of Health moves to an in camera session to discuss: <i>Board of Health education/orientation session- Balanced Scorecard; Healthy Babies, Healthy Children Program</i>	P. Ryan B. Thompson

At 10:30 a.m. Board of Health members moved out of the in camera session to resume regular business.

<b>Motion / Resolution: 42-2013</b>	
THAT the Board of Health moves out of the in camera session to resume regular business.	J. Belluz B. Thompson

Board members recessed at 10:30 a.m.  
 Alex Berry and Kim Gardiman left the meeting.  
 The Chair called the meeting to order at 11:00 a.m.

## 5. MINUTES OF BOARD OF HEALTH MEETING, February 22, 2013

<b>Motion / Resolution: 43-2013</b>	
THAT the Minutes of the Board of Health meeting held February 22, 2013, be approved as written.	J. Belluz P. Ryan

## 6. PUBLIC HEALTH PROGRAMS

### 6.1 Medical Officer of Health Report – *Dr. Jim Arthurs, Medical Officer of Health* *Reference # 2013-03-22-6.1*

#### Purpose

To provide an update on the activities and priorities of the Medical Officer of Health for the reporting period of February 22, 2013-March 22, 2013.

#### Background

- "Population Health is Good Medicine" – American College of Preventive Medicine Conference, February 20-23, 2013
- No Time to Wait: The Healthy Kids Strategy. Healthy Kids Panel Report, released March 5, 2013.  
[http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy\\_kids/healthy\\_kids.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf)

#### Link to the Strategic Plan

Focus on chronic disease-healthy eating/physical activity

#### Discussion

There is so much being written today about the obesity epidemic and what we can or should be doing about it, that it can become overwhelming. Most of the sessions I attended at the recent American College of Preventive Medicine Conference were related to obesity, measurement, results and outcomes; along with public and political will. How many times do we have to hear that we eat too much and exercise too little?

The executive summary in the Healthy Kids Panel Report, No Time to Wait: The Healthy Kids Strategy, shares many concerns. Parents want healthy children, yet childhood overweight and obesity is undermining their children's health. The youth of today may be the first generation to live less long and have more chronic illnesses than their parents. While we cannot ignore our adult population and all the other mandates of public health, it

would seem that a focus on child health may provide the best return on our investment of time, energy and money.

In January 2012, the Ontario Government set a bold, aspirational target: reduce childhood obesity by 20 percent in five years. The Healthy Kids Panel has also been bold in their recommendations:

1. Start all kids on the path to health.
2. Change the food environment.
3. Create healthy communities.

They comment that if nothing is done, then children will be less healthy as they age and the economic and societal burden will continue to grow.

In changing the food environment, the challenge is really whether there is sufficient public and political will. Have we reached that tipping point?

Some recent local and North American news emphasize the challenge.

On March 8, 2013, the Kenora Daily Miner & News carried a comment article, "Junk food tax solves nothing" (page 6). The Healthy Kids Panel did not recommend taxes on junk food (high calorie, low nutrition). They did recommend:

- A ban on marketing junk food beverages and snacks to children under age 12 years
- A ban on point-of-sale promotion and displays of junk food and beverages in retail settings, beginning with sugar sweetened beverages
- To require all restaurants, fast food outlets and retail grocery stores to list the calories in each item on their menus
- To encourage easy to understand, standardized nutrition ratings

On March 11, 2013, a New York City judge rejected the efforts of Mayor Bloomberg's initiative to limit the size of sugar sweetened drinks to less than 16 ounces.

So the legal fights are on, and will become reminiscent of the tobacco wars.

On March 7, 2013, CBC's "The Current" interviewed Michael Moss, author of his new book, Salt, Sugar, Fat: How the Food Giants Hooked Us. He described how the food industry began creating junk food with the above necessary-for -life chemical compounds as additives that brought pleasure, and habit-forming desired taste – And, do not forget convenience in our hurried world.

The largest tobacco product producer 30-40 years ago was Philip Morris. As the junk food industry prospered and tobacco lost at least some legal battles, Philip Morris acquired both General Foods and Kraft. As a result, they are now also the largest food industry producer. The industry was initially warned of the impending obesity epidemic by a former Kraft CEO in 1999. Needless to say, the industry did not heed the advice and developed more research to find the peak bliss level for sugar and greatest taste quality concentration of salt.

At the American College of Preventive Medicine Conference I also learned of new and ongoing research that reveals that our environmental pollution and its thousands of chemicals may well be genetically changing the structure of some of our hormones and enzymes to crave more salt, sugar and fat. The clue that led to this on-going research was that in 1976 obesity rates changed significantly. In lab animal experiments it has been further shown that these changes pass generationally, even if those substances are limited in the diets of offspring of now-fat frogs and mice. An informational book on this issue is Our Stolen Future (Theo Colborn, Dianne Dumanoski, and John Peterson Myers, 1996)

It is not my intent to make this depressing; but for sure we have a very great challenge in our effort to make a difference. Fortunately, the electronic / digital age is upon us. This industry is developing new gadgets and apps that can measure heart rates, blood pressure (these both now exist) and blood chemistries, especially sugar, so that they can be monitored better. Those, along with similar monitors that record time and effort of exercise, can take the guessing or self-reporting out of our wellbeing data. These devices then send their signals to our smart phones, where data collection and even analysis can be sent to our caregivers. Eventually digital epidemiology and digital surveillance will become tools in helping us change the way we do things.

#### QUOTES

*Ministry of Health and Long-Term Care Media Release, March 4, 2013, "Giving Kids a Healthier Start:*

*Expert Advice to Guide New Ontario Government Initiatives to Reduce Childhood Obesity":*

"The Healthy Kids Panel has produced an excellent report that provides us with invaluable advice on how we can help make our kids healthier. As part of our Action Plan for Health Care, our government is committed to taking action on many of these recommendations in the coming months."

— Deb Matthews, Minister of Health and Long-Term Care

"These recommendations further strengthen our commitment to ensuring that children get the best possible start. We know the importance of healthy eating and nutrition for children. This combined with other programs such as investments in pre-natal and post-partum supports, healthy child development programs, early learning and opportunities will ensure the success of our children and our province."

— Teresa Piruzza, Minister of Children and Youth Services

#### Budgetary Impact

None in the near future, although we must begin now and sign on for the long term

#### Recommendation

That the Board of Health receives and ponders the report of the Medical Officer of Health.



Discussion

There was discussion regarding the report's concern for a focus for proactive programs to address the current obesity epidemic, and opportunities for providing education for populations. The importance of educating children and youth about establishing healthy exercise and healthy eating habit was confirmed. Opportunities to partner with other agencies and organizations, e.g., school boards, were discussed.

**6.1.2 Nuclear Waste Management**Discussion

The issues concerned with storage of nuclear waste, perceived and/or potential associated safety risks, e.g., long-term exposure to radiation; impact of material 'leaks' upon watersheds, were identified as an emerging consideration for area communities. The Health Unit may be approached for information or reference concerning these issues.

**Medical Office of Health Report, Verbal Update –Provided by Dr. Arthurs**

TB Control- A fact sheet was distributed to provide follow-up to an inquiry at the Board's February 22, 2013, meeting regarding confirmed cases of TB in the area.

Infectious Diseases- An update was provided for outbreaks of measles in Ontario, and coronavirus in international communities. The importance of maintaining up to date immunizations was emphasized.

Harm Reduction Program – An Overdose Prevention Program has been implemented, under the Health Unit's mandate for Harm Reduction. Northwestern is the third Ontario health unit to implement the overdose prevention program for opioid substances.

Food Premise Inspections –The Health Unit will implement a disclosure program with the rollout of the new website. Area food premises are currently being educated regarding the public reporting program.

**6.2 Foundations Team Report - Submitted by Alex Berry, Quality Improvement Officer**  
**Reference # 2013-03-22-6.2**

*The report will be retained on file.*

<b>Motion / Resolution: 44-2013</b>	
THAT the Report of the Medical Officer of Health be accepted as presented.	D. Squires J. Belluz

<b>Motion / Resolution: 45-2013</b>	
THAT the Report of the Quality Improvement Officer be received.	B. Thompson D. Squires

Mark Perrault was called away from the meeting. The Chair directed the meeting to proceed with the following agenda items.

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

<b>Motion / Resolution: 46-2013</b>	
<p>THAT the Board of Health for Northwestern Health Unit approves the appointment of the following Medical Officers of Health:</p> <ul style="list-style-type: none"> <li>- Dr. Jim Chirico, Medical Officer of Health for North Bay Parry Sound District Health Unit</li> <li>- Dr. David Williams, Medical Officer of Health for Thunder Bay District Health Unit</li> </ul> <p>as Acting Medical Officer of Health to provide Medical Officer of Health on-call/coverage for Dr. Jim Arthurs during his absence from Northwestern Health Unit on an as-needed basis for the year 2013.</p>	<p>S. MacKinnon B. Thompson</p>

**9. ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHA) ANNUAL GENERAL MEETING, JUNE 2-3, 2013**

Board members were asked to indicate their interest in attending this event.

alPHA Board of Directors – No interest was expressed in representing the Northwestern Health Unit in a by-election for North West Region representative to alPHA Board of Directors. The position became vacant following the expiration of Russ Fortier's term of public appointment.

<b>Motion / Resolution: 47-2013</b>	
<p>THAT the following Board of Health members be approved to attend the Association of Local Public Health Agencies (alPHA) Annual General Meeting, June 2-4, 2013, in Toronto:</p> <p style="text-align: center;">Julie Roy, Doug Squires</p> <p>Expenses to be provided by the Northwestern Health Unit.</p>	<p>S. MacKinnon J. Belluz</p>

**7. CORPORATE ADMINISTRATION****7.1 Chief Executive Officer Report**

Mark Perrault was absent during the report preparation period for this meeting. A written report will be provided to the Board's meeting, April 19, 2013.

**7.2 Finance Report – Mark Perrault, CEO**

*Reference # 2013-03-22-7.2*

*The report will be retained on file.*

Verbal Update: - *Provided by Mark Perrault, CEO*

Variance Report – An adjusted variance report incorporating funding to be received from one-time funding requests that were recently approved by the Ministry of Health and Long-Term Care was distributed and reviewed.

Current and Reserve Funds – The process for a year-end risk assessment regarding surplus funds per Policy, Accumulated Surplus – Current and Reserve Funds was described. Mark Perrault recommended that a review process be conducted prior to finalization of the

auditors' report to identify any surplus that would be eligible for rebating municipal per capita levies. Board of Health members provided verbal direction to proceed. A report will be provided to the Executive Committee meeting, April 18, 2013.

#### 7.2.1 Northwestern Health Unit 2013 Budget Submission Package – Mark Perrault, CEO

A copy of the formal 2013 program budget application was distributed. It is a component of the consolidated budget that was approved for submission to the Ministry of Health & Long-Term Care at the Board's February 22 meeting. Proposed requests for one-time funding to be submitted with the budget package were reviewed.

#### 7.2.2 Aboriginal Public Health Policy Analyst Position Report – Mark Perrault, CEO

Reference # 2013-03-22-7.2.2

*The report will be retained on file.*

Mark Perrault provided background to the report leading to the CEO's recommendation to submit a request for funding for a liaison position for area First Nations communities and agencies.

<b>Motion / Resolution: 48-2013</b>	
THAT the Finance Report be accepted as presented.	D. Squires S. MacKinnon

<b>Motion / Resolution: 49-2013</b>	
<p>THAT the Board of Health approves an application for one-time cost shared funding to be made to the Ministry of Health and Long-Term Care for a total of \$240,000, for the following projects:</p> <ul style="list-style-type: none"> <li>• replacement signage for offices</li> <li>• upgrades to communications systems</li> <li>• modification / replacement of reception desks to meet the <i>Accessibility for Ontarians with Disabilities Act's</i> built standards</li> <li>• inventory system including hardware for resource centre</li> </ul> <p>The application to be submitted with the 2013 budget submission package.</p>	S. MacKinnon B. Thompson

<b>Motion / Resolution: 50-2013</b>	
<p>THAT the Board of Health approves an application to be made to the Ministry of Health and Long-Term Care for full (100%) funding of \$125,000 per annum for an Aboriginal Public Health Policy Analyst position, for a two-year term. Annual funding to include travel and administrative expenses. Commencement date and position location to be determined.</p> <p>The application to be submitted with the 2013 budget submission package.</p>	S. MacKinnon D. Squires

### 7.3 Administration Team Report: Communications and Human Resource Services

Reference # 2013-03-22-7.3

*The report will be retained on file.*

<b>Motion / Resolution: 51-2013</b>	
THAT the Report of the Communications and Human Resource Services Manager be received.	S. MacKinnon D. Squires

#### 7.4 QI Officer, Communications & HR Services Manager Report: Board of Health Self Evaluation

*Reference # 2013-03-22-7.4*

*The Report will be retained on file.*

<b>Motion / Resolution: 52-2013</b>	
THAT the Report entitled, <i>September 2012 Board of Health Self-evaluation Results</i> be received.	S. MacKinnon D. Squires

### 8. APPOINTMENT OF ACTING MEDICAL OFFICER OF HEALTH

This agenda item was discussed following agenda #6, Public Health Programs.

### 9. ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHA) ANNUAL GENERAL MEETING, JUNE 2-3, 2013

This agenda item was discussed following agenda #6, Public Health Programs.

### 10. NON AGENDA ITEMS

There were no non agenda items.

### 11. NEXT MEETING DATE

#### Regular April Meeting

Date: Friday, April 19, 2013 Start time: 8:30 a.m.

Location: Kenora City View office boardroom

#### Executive Committee Meeting

Date: Thursday, April 18, 2013 Start time: 11:00 a.m.

Location: Kenora City View office executive boardroom

All Board of Health members are invited to join the meeting at 3:00 p.m. to receive the auditors' report of audited 2012 financial statements.

### 12. ADJOURNMENT

The Chair adjourned the meeting at 1:45 p.m.



BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS ..... DAY OF .....2013

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CHAIR, BOARD OF HEALTH

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RECORDING SECRETARY