

BOARD OF HEALTH FOR THE  
NORTHWESTERN HEALTH UNIT

MINUTES of the Regular Board of Health Meeting  
June 27, 2014 9:00 a.m.  
Fort Frances NWHU 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  
Alex Berry, QI Officer  
Dorothy Strain, Secretary to BOH/MOH (Recorder)

**REGRETS:**

**1. CALL TO ORDER**

Meeting Chair Julie Roy called the meeting to order at 9:00 a.m.

**2. APPROVAL OF AGENDA**

|                                                                                   |                         |
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| Motion / Resolution: 80-2014                                                      |                         |
| THAT the Agenda for the Board of Health meeting dated June 27, 2014, be approved. | J. Belluz<br>D. Squires |

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

None was declared.

**4. MINUTES OF BOARD OF HEALTH MEETING, May 29, 2014**

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| Motion / Resolution: 81-2014                                                               |                        |
| THAT the Minutes of the Board of Health meeting held May 29, 2014, be approved as written. | S. Smith<br>D. Squires |

**5. PUBLIC HEALTH PROGRAMS**

5.1 Medical Officer of Health Report – *Provided by Dr. Kit Young Hoon, MOH*  
Reference #2014-06-27-5.1

### Purpose:

The purpose of this report is to describe some of the major activities of the Medical Officer of Health, particularly activities that involve external partners and other levels of government, and activities/direction that involve or impact more than one program. Program-specific strategic issues or activities will be described in separate reports that are developed with the respective manager.

### Alcohol Access and Availability

Provincial directions under the Ministry of Finance to increase availability and accessibility to alcohol through farmer's markets and grocery stores have been announced despite concerns and opposing recommendations from public health. Policy initiatives to increase access have shown to subsequently increase the harms of alcohol use (public disruption, violence, family disruption, alcohol-related accidents and suicides).

Allowing the retail of alcohol at farmer's markets and grocery stores will increase alcohol consumption at the population level and will have impacts on the Ministry of Health and Long-Term Care (MOHLTC) performance indicator, "Percent of population (19+) that exceeds the Low-Risk Drinking Guidelines". On April 28, 2014, the Council of Ontario Medical Officers of Health (COMOH) formally requested that the Health Promotion Division of the MOHLTC remove this performance indicator from the Public Health Funding and Accountability agreements due to provincial plans to enhance the sales of alcohol. As of June 16, 2014, there has been no response to this request.

This most recent letter from COMOH follows two letters in 2014 from COMOH and alpha on the control of alcohol sales and the potential public health impacts of increased alcohol access at farmer's markets and grocery stores. There was also an alpha resolution in 2012 on the importance of limiting alcohol sales and increasing alcohol revenues through increased pricing rather than enhanced accessibility.

### James Bay Spring Flooding

On May 8, 2014, the Ministry of Health and Long-Term Care formally activated the Ministry Emergency Operations Centre to coordinate continued health care services for evacuees of the James Bay Spring Flooding. A number of communities were affected that required evacuation including Attawapiskat First Nation, which sent 81 evacuees to Fort Frances. The small number allowed the evacuees to be housed in hotels and did not require the set-up of evacuation centres. Repatriation from Fort Frances to the First Nation reserve occurred on May 21<sup>st</sup> and 22<sup>nd</sup>. While NWHU monitored the events of this emergency situation, no role from local public health was required.

### Initiatives with Firefly

Firefly is a non-profit organization that resulted from the amalgamation of the Lake of the Woods Child Development Centre and Patricia Centre for Children and Youth. Firefly's mandate is focused on the mental health of children and youth and includes early childhood development, rehabilitation services (occupational therapy, physiotherapy and speech and language pathology), and health promotion.

NWHU currently has a number of partnerships with Firefly in Speech and Language, Maternal and Child Health programs, through the Best Start Network and Best Start Hubs, and joint work between the NWHU epidemiologist and the Firefly Data Analysis coordinator.

Recognizing the overlapping mandates between Firefly and NWHU on child and maternal health, some additional partnerships are being explored to find efficiencies in providing services and program planning:

1. Rehabilitation services (occupational therapy, physiotherapy, speech and language services): There is currently a lack of rehabilitation services including speech and language pathology services to First Nation communities in the far north. Transportation cost to fly into communities has been a substantial barrier for NWHU to provide such a service. Firefly's services focus on children with multiple needs, while NWHU provides services to those with single needs, particularly speech and language concerns. NWHU and Firefly will be combining resources from two separate temporary funding grants to allow staff to fly into 8 communities to provide service to multi-needs children (Firefly) and children with only speech and language deficits (NWHU).
2. Data and statistics: Firefly coordinates the collection, analysis and communication of data on early childhood development and the kindergarten parent survey. This information is collected from kindergarten children every 2 to 3 years, and examines the physical, social, mental, language and communication developmental status of young children before they enter school. The analysis of the data provides an understanding, at the population level, of the developmental areas for which children are vulnerable and the factors that may determine the early childhood development in our community. This information can be further complemented by data and statistics that are collected or analyzed by NWHU. Such analysis and reporting can be used to inform program planning for a number of community partners. Firefly and NWHU will be working together by combining the strengths of our two organizations to determine how best to communicate this information for maximum leverage within our region. In the fall 2014 Bill Reynolds (Firefly Data Analysis Coordinator) will provide a presentation on their most recent report to the Board of Health.
3. Youth Suicide Prevention: Firefly is leading regional planning on youth suicide prevention. A steering committee chaired by Karen Ingebrigtsen (Chief Executive Officer, Firefly) has been identified and will initiate their work over the fall of 2014. The role of NWHU in the regional planning for youth suicide prevention cannot be explored until the steering committee has met and established priorities. As discussed at the Board of Health meeting in April 2014, Karen Ingebrigtsen has been invited to a future Board of Health meeting to discuss the youth suicide prevention regional plans and the potential role for NWHU; this is tentatively set for early 2015.

Partnership with Asubpeeschoseewagong Netum Anishinabek (ANA) (also known as Grassy Narrows)

The MOHLTC requested representatives from NWHU for a collaborative meeting with a working group from ANA. The purpose of the meeting was to explore potential collaboration between NWHU and ANA on Child and Maternal Health.

ANA is a First Nations Reserve north of Kenora, and party to Treaty 3. It has approximately 1,500 members with 930 living on reserve, and the territory is on the English-Wabigoon River system and surrounding lake system. In the 1960s a substantial quantity of mercury was released into the river system upstream of the ANA, leading to negative population health impacts and impacts on the economy that was reliant on fishing, harvesting and tourism.

ANA has been working with the Ministry of Aboriginal Affairs, the Ministry of the Environment, MOHLTC and Public Health Ontario to address the health and environmental concerns of the mercury release. Partnerships with the local public health unit were being considered around child and maternal health as the community had expressed particular concern regarding the health of pregnant women and subsequently children.

Kim Gardiman (Manager, Family Health), Deb Cousineau (Manager, Speech, Hearing and Vision Services), Melanie Buffett (Manager, Chronic Disease Prevention) and I attended the meeting on June 11 in Grassy Narrows. The community described a number of family health programs in place that had some overlap with the Family Health and Chronic Disease programming of NWHU. Supports for children with speech and language problems were identified as a gap in service. Potential areas of collaboration included joint training of staff, reciprocal knowledge exchange, and improvements in communication on case management. Another meeting will be arranged in order to further develop these potential initiatives.

alPHA's 2014 Annual Conference, *Prevent More to Treat Less: Public Health and Primary Health Care Together*

On June 4<sup>th</sup> and 5<sup>th</sup>, the Association of Local Public Health Agencies (alPHA) and the Association of Ontario Health Centres (AOHC) hosted a joint conference focused on partnerships between primary care and public health. The conference consisted of keynote speakers, plenaries and smaller sessions discussing the importance of these partnerships, barriers to partnerships, tools to assist in collaboration, and success stories of public health-primary care partnerships. There has been growing recognition of the importance of upstream social determinants of health and of interventions that prevent disease and promote health, indicating that now is the time to focus on the link between primary care and public health. The conference was well-attended by representatives from primary care, including family physicians, family health teams and community health centres, and representatives from all levels of public health.

Some suggestions for the role of public health in these partnerships included:

- Population health assessment to allow needs-based planning for primary care. One partnership that was highlighted was the work performed by Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health that analyzed the data on how

patients are using the acute care system to allow improvements in program planning for public health and primary care.

- Assessment of health human resources to allow planning for the future
- Public Health can play an advocacy role for a sustainable health care system
- Public Health can play a role in evaluation and quality assurance

Important barriers to partnership included: limited resources and time; other sectors that required partnership other than primary care; and the difficulty of engaging family physicians. A useful tool to enhance partnerships between primary care and public health was highlighted and can be found at <http://fhs.mcmaster.ca/nursing/documents/eco-reportFINAL.pdf>.

Strengthening the partnerships between NWHU and primary care will be a focus over the next few years. Face to face contact has been made with the physicians of some communities since my start in April; similar efforts will be made to contact physicians in other communities as opportunities arise.

In addition to existing working partnerships between NWHU and primary care, some additional partnerships have occurred recently:

- Donna Stanley (Manager, Infectious Diseases) and I have engaged two family physicians on the faculty of the Northern Ontario School of Medicine to coordinate a webinar on Lyme disease that is accredited for continuing medical education.
- Melanie Buffett (Manager, Chronic Disease Prevention) has supported the work of Dr. Clay Hammett, who has developed an initiative to engage the community and facilitate a weekly physical activity event in Kenora.

Further efforts will be made to engage primary care on a variety of issues including improved information sharing, immunization, and maternal and child health.

On the first day of the *Prevent More to Treat Less* conference, I also attended sessions related to partnerships with Aboriginal organizations and met the executive directors of the two Aboriginal Health Access Centres in Kenora and Fort Frances. NWHU currently works with these organizations; the executive directors and I have agreed that further meetings are required to explore, support and strengthen these partnerships.

#### Orientation with the Ministry of Health and Long-Term Care (MOHLTC)

New medical officer of health orientation sessions with various managers and directors and the chief medical officer of health within the Public Health Division and Health Promotion Division of MOHLTC took place over two half-days in Toronto. The sessions allowed face to face connections with senior management, an improved understanding of the organizational structure and roles of individuals, and a discussion of some of the issues that impact on NWHU including Bill 162 (Menu-labelling bill), harm reduction programming, consolidation of dental programming, and public health for First Nation communities.

#### Do One Thing Conference

In the interim of waiting for the evaluation results of the Do One Thing Conference, the feedback that I have received during and after the Conference from individuals (both



internal and external to NWHU), and organizations has been positive. There have already been anecdotal stories of partnerships forming, including one described with Firefly (see above).

All the staff of NWHU contributed to the preparation and implementation of the conference with willingness and energy. The planning team was lead with humour, thoughtfulness and dedication by Shannon Robinson, Alex Berry, Mark Perrault, Melanie Buffett, Cindy Crandall and Lee Pitt. The high quality of the communication branding and materials are evidence of the hard work from Melanie Buffett, Lori Lunny, Pam Baxter, Roberta Lappage, and Krista Ponton. The on-the-ground team that spent the entire time trouble shooting and ensuring the smoother flow of events included the Logistics team lead by Valdine McEwen, managers and foundations staff. Dorian Lunny led the development of informative and effective epidemiological reports to facilitate discussion.

Management ensured continued on-call service throughout the conference, and adapted to any role that needed to be filled. Staff played a vital role of engagement of stakeholders, note-taking and facilitation at breakout discussions. And recognition must also be given to the excellent work of Mike Greaves of Four Square, who was the external consultant for coordinating the conference.

Thanks to Mark Perrault for the concept and leading the process, and to the members of the Board of Health for taking a substantial risk and demonstrating public health leadership and innovation.

#### Comments, Discussion:

First Nations Public Health Partnerships: As connections are established there is increased information and resource sharing. Health Unit staff capacity is not currently impacted. If proposed joint activities imply impact to staff capacity, discussions will be held with First Nations, provincial and federal representatives for funding and/or special agreements.

Communication with Primary Care Agencies: Dr. Young Hoon is meeting with area agencies and individuals as opportunities arise, to identify potential partnerships for chronic and infectious disease prevention activities. The Health Unit recently organized a webinar for physicians on Lyme disease. Continuing Medical Education (CME) credits were made available through the assistance of individual physicians and the Northern Ontario School of Medicine.

#### **5.2 Report, Blastomycosis**

*Ref. #2014-06-27-5.2 The report will be retained on file*

#### Comments, Discussion

Board of Health members agreed with the Health Unit's strategy for public education on Health Unit website and in Health Unit offices, and promoting education of local physicians for symptoms of the disease. Communication with area veterinarians was discussed for obtaining data on confirmed animal cases, to identify 'hot spots' of blastomycosis occurrence.

**5.3 Report Speech, Hearing & Vision***Ref. #2014-06-27.5.3 The report will be retained on file***5.4 Report CQI Program***Ref. #2014-06-27.5.4 The report will be retained on file*

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| <b>Motion / Resolution: 82-2014</b>                                        |                        |
| THAT the Report of the Medical Officer of Health be accepted as presented. | D. Squires<br>S. Smith |

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| <b>Motion / Resolution: 83-2014</b>                                                                                                                                 |                         |
| THAT the following program reports be received:<br>#2014-06-27-5.2 Blastomycosis<br>#2014-06-27-5.3 Speech, Hearing & Vision Program<br>#2014-06-27-5.4 CQI Program | J. Albanese<br>S. Smith |

**6. CORPORATE ADMINISTRATION****6.1 Chief Executive Officer Report - Mark Perrault, CEO***Reference #2014-06-27-6.1***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**

It has been three weeks since the end of the Do One Thing conference and we are in the process of doing an evaluation of the conference. Initial feedback has been highly positive among staff and community partners. It has already resulted in a number of meetings with partners and more outstanding requests. Due to the size and cost of the conference both in money and staff time, I have asked our Leadership Council to help me prepare a comprehensive report that will serve as a learning tool for future events that we may consider. I will be seeking feedback from the Board of Health members who attended the conference, and it is on the agenda for the Executive Committee meeting on June 26<sup>th</sup>. I will aim to bring the evaluation report to the September Board of Health meeting now that we have finished our Public Health Report Card that is being presented at the Board's June meeting.

**Kenora Substance Abuse and Mental Health Task Force– Coordinator Position**

The Northwestern Health Unit is one of 25 partners involved with the Kenora Substance Abuse and Mental Health Task Force, which was awarded an Ontario Trillium Foundation Grant for \$220,900 over 36 months starting April 1, 2014. The funding was flowed to the Kenora Chiefs Advisory (KCA), who was the lead agency. Each of the partners offered to provide an in-kind contribution, and the NWHU offered accounting services. Under the agreement the KCA is flowing the funds to the NWHU, who will manage the expenses.

Under the initial plan a private contractor was to be hired as a coordinator, to be housed in space provided by the City of Kenora and with computer equipment supplied by the OPP. Secretarial services are supplied by the Canadian Red Cross. The Lake of the Woods District Hospital is supplying meeting space and videoconferencing.

Our Payroll Officer, Alison Ratcliffe, did some research on private contractors related to the Canadian Revenue Agency (CRA). It became apparent that this coordinator would be deemed an employee of the NWHU, and thus statutory deductions would apply. The first installment of funds has already flowed to the NWHU from KCA, so we have posted for a coordinator position. As this is a new position with a pay schedule that falls outside of any current position, at \$58,000 per annum including all benefits (the money is fixed for three years), I am asking the Board of Health to approve the position for the term ending March 31, 2017.

#### Other Activities

On June 9, Dr. Young Hoon, Deb Cousineau, Manager of Speech, Hearing, and Vision, and I met with Firefly senior administrators to discuss the provision of speech services on First Nations. Firefly provides speech services to children with multiple needs, and we are looking at how we can utilize Ministry of Children and Youth Services (MCYS) funding for a speech pathologist in Sioux Lookout to meet the needs of children who do not fall under Firefly's scope of service. The Board can expect to receive a follow-up to this initiative in the fall.

I continue to attend the Sioux Lookout First Nations Public Health Pilot meetings. The work is progressing and with the election over, I expect to see more activity related to this in the fall.

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| <b>Motion / Resolution: 84-2014</b>                                      |                        |
| THAT the Report of the Chief Executive Officer be accepted as presented. | D. Squires<br>S. Smith |

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| <b>Motion / Resolution: 85-2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| THAT the Board of Health approves the creation of a Coordinator position for the Kenora Substance Abuse and Mental Health Task Force. This is a term position, reporting to the Kenora Substance Abuse and Mental Health Task Force, commencing immediately upon hire and ending March 31, 2017. Salary and benefits of \$58,000 per annum will be paid by the Northwestern Health Unit, with funding provided by the Kenora Chiefs Advisory from a funding grant from the Ontario Trillium Foundation. | B. Thompson<br>J. Belluz |

#### 6.2 Finance Report – provided by Mark Perrault, CEO

Reference #2014-06-27-6.2 The report will be retained on file.

The report and attachments to April 30, 2014, were distributed to the meeting. Budget projections are currently on track, pending anticipated approval of the Health Unit's submitted 2014 budget to the Ministry of Health and Long-Term Care. The Ministry's response is anticipated in late August, as in prior years. Highlighted variances for the attachment reports were reviewed. There are currently no concerns for the variances.



A new report, Cash Flow with Reserves and the General Account was reviewed and suggestions received for edits for clarification of data.

Board of Health members recessed at 10:30 a.m.

During the morning recess, Board of Health member John Albanese was congratulated for receiving the Association of Local Public Health Agencies' (alPHA's) 2014 Distinguished Service Award. The Award is presented annually to individuals for their outstanding contributions to the public health field in Ontario.

The Chair called the meeting to order at 11:15 a.m.

### 6.2.1 Banking Efficiencies and Improved Customer Service Opportunities

*Reference #2014-06-27-6.2.1 The report will be retained on file.*

### 6.3 IT and Operations Report

*Reference #2014-06-27-6.3 The report will be retained on file.*

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| <b>Motion / Resolution: 86-2014</b>                                                                                                                                                                                              |                          |
| THAT the following corporate administration reports be received:<br>#2014-06-27-6.2 Finance Report<br>#2014-06-27-6.2.1 Banking Efficiencies & Improved Customer Service Opportunities<br>#2014-06-27-6.3 IT & Operations Report | J. Belluz<br>B. Thompson |

## 7. PUBLIC HEALTH REPORT CARD

*Reference #2014-06-27-7 The report will be retained on file.*

Alex Berry, QI Officer, distributed the 2014 Public Health Report Card that is prepared for the Board of Health and funders and partner agencies in the region and the province. The Report will be posted to the Health Unit web site, [www.nwhu.on.ca](http://www.nwhu.on.ca).

The document was reviewed and discussion ensued regarding reported data for health status of the region. Suggestions for format for future annual reports were provided.

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| <b>Motion / Resolution: 87-2014</b>                                                        |                          |
| THAT the Northwestern Health Unit 2014 Public Health Report Card be received as presented. | B. Thompson<br>J. Belluz |

## 8. REPORT OF EXECUTIVE COMMITTEE MEETING, JUNE 26, 2014

### 8.1 In Camera Session

At 11:59 a.m. Board of Health members moved to an in camera (closed meeting) session.

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| <b>Motion / Resolution: 88-2014</b>                                                                                                                                                                        |                          |
| THAT the Board of Health moves to an in camera session to discuss:<br><i>Personal matters concerning an individual, including employees...</i><br><i>Education for Board members: reports to the Board</i> | D. Brown<br>T. Sachowski |

An in camera lunch recess was taken from 12:30 p.m.-1:00 p.m.

At 1:10 p.m. Board of Health members moved out of the in camera session to resume regular business.

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| <b>Motion / Resolution: 89-2014</b>                                                     |                      |
| THAT the Board of Health moves out of the in camera session to resume regular business. | C. Baron<br>D. Brown |

The following Motions arising from the in camera session were presented to the meeting.

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| <b>Motion / Resolution: 90-2014</b>                                                                                                                                                                                                                           |                     |
| THAT Dr. Alex Hukowich be appointed Acting Medical Officer of Health on a per diem basis to provide Medical Officer of Health on-call / coverage for Dr. Kit Young Hoon during her leave of absence(s) from Northwestern Health Unit for the years 2014-2015. | P. Ryan<br>C. Baron |

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| <b>Motion / Resolution: 91-2014</b>                                                                                                                                                                                                                                                                                                                                                         |                          |
| That the Board of Health approves the establishment of a Senior Public Health Inspector position. This position is an extension of an existing Public Health Inspector position with additional responsibilities and duties as outlined in the job description. The salary for this position will be based on the incumbent's existing salary plus an additional stipend of \$100 per week. | T. Sachowski<br>C. Baron |

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| <b>Motion / Resolution: 92-2014</b>                                                                     |                     |
| THAT the verbal report of the Executive Committee meeting held June 26, 2014, be received as presented. | P. Ryan<br>C. Baron |

## 9. REPORTS OF ALPHA AGM AND JOINT CONFERENCE, JUNE 3-5, 2014

Board of Health delegates Julie Roy, Doug Squires, Paul Ryan, and Trudy Sachowski attended the Association of Local Public Health Agencies' (alPHA's) AGM on June 3 and joint Conference, *Prevent More to Treat Less*, June 4-5, held in Richmond Hill. Trudy Sachowski's written report was provided prior to the meeting.

The remaining delegates provided verbal reports of highlights to the meeting. At alPHA's Boards of Health section meeting held June 3, Julie Roy was acclaimed as the North West Region representative to alPHA's Board of Directors. She is also the 2014 Vice-President of the Board of Directors. Six of eight proposed resolutions were approved at alPHA's Resolutions Session. Highlights of breakout sessions at the joint Conference hosted by public health and primary care held June 4-5 were provided.

alPHA's annual Awards Dinner was held June 4. Recipients of alPHA's 2014 Distinguished Service Award included Northwestern Health Unit Board of Health member John Albanese, and also Dr. Peter Cooney, Canada's Chief Dental Officer and Dental Consultant for the Northwestern Health Unit.

## 10. NON AGENDA ITEMS

There were no non agenda items identified.

## 11. NEXT MEETING DATE

### 11.1 Next Regular Meeting

Date: Friday, July 25, 2014 Start time: 8:30 a.m.

Location: Dryden Best Western Hotel

### 11.2 Executive Committee Meeting

Date: Thursday, July 24, 2014 Start time: 4:00 p.m.

Location: Dryden Best Western Hotel

## 12. ADJOURNMENT

The Chair adjourned the meeting at 1:30 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