



# BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT

MINUTES of the Regular Board of Health Meeting  
May 3, 2013

Northwestern Health Unit Kenora City View Office Boardroom

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**PRESENT:** Julie Roy, Chair

John Albanese, Jim Belluz, Dennis Brown, Dave Canfield, Shayne MacKinnon, Paul Ryan,  
Doug Squires, Bill Thompson

**IN ATTENDANCE:**

Mark Perrault, CEO

BDO Canada: Claudine Cordeiro, Jennifer Pyzer Whetter

Dorothy Strain, Secretary to MOH/BOH (Recorder)

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

**1. CALL TO ORDER**

The Chair called the meeting to order at 8:35 a.m.

**2. APPROVAL OF AGENDA**

Additions:

Agenda #8, Report of Executive Committee Meeting, May 2, 2013:

8.3 Additional 2013 Program Budgets:

*Student Nutrition, Preschool Speech & Language, Infant Hearing;  
Blind Low Vision*

8.4 Meeting Investigator

Agenda #11, Non Agenda Items:

11.1 Board of Health Delegate to alPHa AGM, June 2-4, 2013

11.2 Hotel Accommodation for Board of Health Members

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| <b>Motion / Resolution: 53-2013</b>                                                        |                         |
| THAT the Agenda for the Board of Health meeting dated May 3, 2013, be approved as amended. | P. Ryan<br>S. MacKinnon |

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

None was declared.

**4. IN CAMERA SESSION**

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

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| <b>Motion / Resolution: 54-2013</b>                                                                                                                                                                                                                                                |                                 |
| <p>THAT the Board of Health moves to an in camera session to discuss:</p> <ul style="list-style-type: none"> <li>- <i>Board of Health education/orientation session: Audited 2012 financial statements</i></li> <li>- <i>Personal Matters concerning individuals...</i></li> </ul> | <p>P. Ryan<br/>S. MacKinnon</p> |

Claudine Cordeiro and Jennifer Pyzer Whetter left the meeting at 10:00 a.m.

Dorothy Strain left the meeting at 10:00 a.m.

Mark Perrault left the meeting at 10:30 a.m.

At 10:45 a.m. Board of Health members moved out of the in camera session to resume regular business.

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| <b>Motion / Resolution: 55-2013</b>                                                            |                                 |
| <p>THAT the Board of Health moves out of the in camera session to resume regular business.</p> | <p>S. MacKinnon<br/>P. Ryan</p> |

Mark Perrault and Dorothy Strain rejoined the meeting at 10:45 a.m.

Board of Health members recessed at 10:45 a.m.

The Chair called the meeting to order at 11:05 a.m.

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

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| <b>Motion / Resolution: 56-2013</b>                                                                 |                                 |
| <p>THAT the Minutes of the Board of Health meeting held March 22, 2013, be approved as written.</p> | <p>P. Ryan<br/>S. MacKinnon</p> |

## 6. PUBLIC HEALTH PROGRAMS

### 6.1 Medical Officer of Health Report – Dr. Jim Arthurs, Medical Officer of Health Reference # 2013-05-03-6.1

#### Purpose

To provide a report of the Medical Officer of Health's activities for the reporting period of April.

#### Link to the Strategic Plan

Focus on chronic disease-healthy eating/physical activity; strengthening partnerships and collaborations

#### Discussion

##### Report of Conference

During the week of April 3-5, 2013, I attended The Ontario Public Health Convention in Toronto. This year's convention theme was "*Reflection, Evaluation, Integration*". Attendees come to a convention with hopes of gaining new knowledge and developing skills relative to the delivery of public health programs in new and different ways that demonstrate measurable improvements. These opportunities are in the format of single speaker plenary sessions with all in attendance; and breakout sessions of workshops, panel discussions, shorter presentations, and posters covering a very wide spectrum. It is not uncommon that

some of the greatest value of attending is the opportunity for networking with colleagues. My choices among the many session opportunities followed my interests in the Northwestern Health Unit's strategic focus on the health determinants of chronic disease – healthy eating / physical activity, community engagement, integration with partners, surge capacity and emergency response.

The first of the plenary sessions was the Fifth Annual Sheela Basrur Symposium. The plenary speaker, Dr. Julie Leask, was a visiting public health professor from Sidney, Australia, who reflected on SARS – Ten years later:

- Effective communications strategy in times of crisis
- Media needs from public health experts
- The role of social media today
- The continually changing world

Since the environment, politics and economies are constantly changing, preparation must be flexible and not simply modeled upon the last crisis.

The second plenary session speaker was Dr. Sanjeev Sridharan, University of Toronto professor of Health Policy, Management, and Evaluation. Most public health programs are complex systems, he said. He argued that these complex systems are thrust into other complex systems, and therefore planning and evaluation need to come to terms with such complexity. He stated, "Evaluation can do a better job to help build a science of what it would take to move intractable problems like health inequities (and the chronic diseases), rather than being preoccupied with estimating impacts of narrowly constructed programs". His take home message was a map of ten steps to making evaluation matter. My take home message is that we must stay flexible.

Dr. Arlene King, Chief Medical Officer of Health (CMOH) for Ontario, was a luncheon speaker to present the new Public Health Sector Strategic Plan, *Make No Little Plans*, the first-ever comprehensive strategic plan for the public health sector. The plan is a road map that will help Ontarians become the healthiest people in the world, calling for strong partnerships across all sectors to work towards:

- Giving children the best start in life
- Improving the prevention and control of infectious diseases through immunization
- Getting more Ontarians to exercise more, eat better, not smoke and drink less alcohol
- Influencing municipal planning and policy to reinforce the strong link between community planning and health outcomes
- Strengthening the public health sector's capacity, infrastructure and emergency preparedness

The plan acknowledges that good health is also determined by social and environmental factors beyond medical care, such as income, education, clean air and water. It outlines how public health, at the provincial and local levels, will cooperate on delivering on these shared goals and calls for public health to partner with other health and non-health sectors to address complex public health challenges.

Mark Perrault and I, along with other Ontario CEOs, Medical Officers of Health (MOH) and Board of Health Chairs had two opportunities to provide input to this plan in Toronto late summer and early fall of 2012. A review of the Public Health Sector Strategic Plan reveals that it and Northwestern Health Unit's strategic plan are very similar.

Dawn Sauvé, Manager, Dental Health, and I were invited to participate in one of the presentations at the Convention, *Integration of Federal, Provincial and Local Infrastructure*

*to Increase Dental Access to First Nation Communities in Remote/isolated Communities.* This was an opportunity to share our experience with the Northern Dental Pilot to provide dental services across jurisdictions to the First Nation communities of Big Grassy and Ojibways of Onigaming (Sabaskong). Also attending the presentation were Northwestern Health Unit dental hygienist Silvana Edenburn, and the health directors of these communities, Deborah Whetzel and Hazel Copenace. Dawn Sauvé will provide this presentation to the Board of Health's education session at a later date.

I had many networking opportunities that included old and new MOH colleagues, and Dr. Vivek Goel, President and CEO of Public Health Ontario, who will be visiting the Northwestern Health Unit in Kenora and Dryden on April 23-24. I spoke with Dr. Hazel Lynn, MOH of Grey Bruce Health Unit regarding their accreditation by Accreditation Canada. The highlight of my hallway networking occurred when I met Dr. Arlene King, CMOH, and the Honourable Deb Matthews, Minister of Health and Long-Term Care. We discussed our presentation to the convention regarding the cross-jurisdictional delivery of dental services for First Nations communities with our mobile dental office. It is nice to occasionally be in the right place at the right time!

I will be on vacation leave of absence April 19-May 5 inclusive, and will miss the rescheduled Board of Health meeting on May 3. There is much to do and accomplish on my return that includes continuing our focus on chronic disease (healthy eating/ physical activity), community engagements, building partnership relations, enhancing the community's awareness of public health and what we do; and, most importantly, holding ourselves accountable in our endeavour to make positive measurable progress towards our goals. The above Convention experience and some relaxing time to reflect will be helpful with this as we work to integrate these goals across all of our programs.

#### **Budgetary Impact**

None.

#### **Recommendation**

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

#### Discussion

Dr. Arthurs was absent from the meeting (vacation LOA).

#### **6.2 Foundations Team Report - Submitted by Shannon Robinson, Planning Officer**

*Reference # 2013-05-03-6.2*

*The report will be retained on file.*

#### Questions, Discussion:

Citizens' Panel Engagement: Mark Perrault, CEO, explained the purpose of citizen panels to provide a consultation process across a health unit's demographic, to review proposals for municipal and/or public policy and provide input for public health program issues or priorities. The Northwestern Health Unit's contribution to Public Health Ontario's proposed pilot project will be 'in kind' for staff resource(s).

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| <b>Motion / Resolution: 57-2013</b>                           |                         |
| THAT the Report of the Medical Officer of Health be received. | S. MacKinnon<br>P. Ryan |

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| <b>Motion / Resolution: 58-2013</b>                  |                         |
| THAT the Report of the Planning Officer be received. | D. Brown<br>J. Albanese |

## 7. CORPORATE ADMINISTRATION

### 7.1 Chief Executive Officer Report

*Reference #2013-05-03-7.1*

The report was distributed to the meeting.

#### Purpose

To inform the Board of Health of events and 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 a separate report, and of the activities of the Chief Executive Officer. This report will complement the separate finance report.

#### Link to the Strategic Plan

Internal Services and Resources

Integration and Responsiveness (Partnerships and collaboration)

#### Discussion

##### Organizational Changes

Our Chronic Disease and Injury Prevention (CDIP) program is currently undergoing re-evaluation with the departure of its manager. I want to reassure you that the Strategic Plan is being and will be followed. Healthy eating and physical activity are a cornerstone of our Strategic Plan, and we will be developing and moving forward with a plan so that Northwestern Health Unit staff across all teams can contribute to those strategic goals. We will also remain a health unit that provides Chronic Disease Prevention programs and services as outlined in the Ontario Public Health Standards (OPHS). That work must and will continue to get done – now and into the future.

Change is difficult and in these economic times, change cannot be bought. It must come from within existing resources and be sustainable not just in 2013, but, at minimum, over the course of our four-year Strategic Plan.

##### Public Health Ontario Visit

Dr. Vivek Goel, CEO and President of Public Health Ontario (PHO), and his Chief Public Affairs Officer, Anne Simard, met with management and staff on Tuesday, April 23 in Kenora. Dr. Goel also spoke to staff assembled for training sessions in Dryden on April 24. The purpose of the PHO visit was to obtain feedback on PHO's new strategic plan and to introduce their new website.



The Tuesday session that I attended was very informative and I think we all felt that we gave useful feedback to PHO. One of the unintended benefits was a discussion around PHO's new website and IT infrastructure. The Health Unit and PHO have chosen the same platforms (SharePoint) for both their internets and intranets. PHO has also adopted Microsoft Link, which the Health Unit has applied to the Ministry of Health and Long-Term Care to fund though the one-time funded grants process. As a result of the discussions we will be working to incorporate the work that PHO has already done into our SharePoint development. This will not only save us a large amount of work; it will also allow our search engine on our new website to bring up search results from PHO's website, which is a "trusted source" for public health information.

#### Staff Recognition Awards

As you may be aware, over the past two years we have utilized a company to provide a catalogue of products that fit within the monetary limits for milestone service awards. This year, 2013, we have decided to change the process to make it more flexible for staff and to ensure the money is spent locally. Now staff will be able to choose an award from a local merchant in our catchment area who is willing to be reimbursed up to the award value by the Health Unit (must be a single item or a set or pair, and be compatible with the values of the Northwestern Health Unit). No gift cards are allowed as they are taxable. Staff can provide the difference if the chosen item is more expensive than the recognition award value. The total cost to the Health Unit cannot exceed the award value and must include 13% HST. The award values, which increase every five years, have been capped at \$500 to comply with Canada Revenue Agency rules.

#### **Budgetary Impact**

None. Costs associated with organizational changes and recognition awards to be met within approved cost shared operating budget.

#### **Recommendation**

That the Board of Health accepts the report of the Chief Executive Officer.

#### Verbal Report – provided by Mark Perrault, CEO

A finance report for 2013 first quarter will be provided to the May 24 Board of Health meeting. Updates for notable expenditure lines were provided:

- Reduced shipping costs are already realized with the new provider
- Conversion to Blackberry10 system was fully completed by April 30 in time for the May 1 launch of the new system.
- Mileage costs are less than anticipated for the first quarter.

Staff Recognition: A new process has been developed. Staff will be able to choose a service award from local merchants. Value of the award will be capped to comply with Revenue Canada regulations.

#### Comments, Discussion

New funding formula: The Ministry of Health and Long-Term Care's proposed new public health funding formula has been postponed, and was returned for additional committee review.

Emergency Planning: Mark Perrault's and Donna Stanley's (Manager, Infectious Disease) presentation, "Emergency Response – the Role of a Local Public Health Unit", to the Northwest Response Forum held in Dryden, April 9-11 was well received.

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| <b>Motion / Resolution: 59-2013</b>                                      |                         |
| THAT the Report of the Chief Executive Officer be accepted as presented. | J. Albanese<br>D. Brown |

## 7.2 Finance Report – Mark Perrault, CEO

A finance report for 2013 first quarter will be provided to the May 24 Board of Health meeting. An overview was provided during the CEO's verbal report, Agenda #7.1.

## 8. REPORT OF EXECUTIVE COMMITTEE MEETING, MAY 2, 2013

Committee Chair Doug Squires provided a verbal report of the Committee's meeting held May 2, 2013.

### 8.1 NWHU Policies: Revision- 'Accumulated Surplus: Current and Reserve Funds

Mark Perrault, CEO, described proposed revisions that update direction for a risk assessment of corporate funds to be conducted prior to year-end.

Committee Chair Doug Squires conveyed the Committee's recommendation to approve revisions to the Policy.

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| <b>Motion / Resolution: 60-2013</b>                                                                  |                          |
| THAT revisions to Policy, Accumulated Surplus – Current and Reserve Funds, be approved as presented. | B. Thompson<br>J. Belluz |

### 8.2 Current Fund and Reserves Update

Mark Perrault, CEO, explained the risk assessment process that was conducted for 2012 cost shared programs at year-end.

Committee Chair Doug Squires conveyed the Committee's recommendation to approve a reallocation of 2012 surplus funds to obligated municipalities.

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| <b>Motion / Resolution: 61-2013</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| THAT, following a risk assessment of the 2012 fourth quarter results 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 \$128,386; and approves a reallocation of same funds to its obligated municipalities, according to the same municipal per capita funding formula under which they were levied in 2012. | J. Belluz<br>B. Thompson |

### 8.3 Healthy Babies, Healthy Children (HBHC) Program 2013 Budget; Additional Program Budgets

Mark Perrault reported that there is no change to previous years' funding amounts for these fully (100%) funded budgets.

Committee Chair Doug Squires conveyed the Committee's recommendation to approve the 2013 budgets.

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| <b>Motion / Resolution: 62-2013</b>                                                                                                                                                                                                                                                                          |                             |
| THAT the Board of Health for the Northwestern Health Unit approves the budget for the Healthy Babies, Healthy Children program in the total amount of \$808,525 for the budget period April 1, 2013, to March 31, 2014. Full (100%) funding is provided by the Ministry of Children and Youth Services.      | P. Ryan<br>J. Belluz        |
| <b>Motion / Resolution: 63-2013</b>                                                                                                                                                                                                                                                                          |                             |
| THAT the Board of Health for the Northwestern Health Unit approves the budget for the Student Nutrition Program in the amount of \$260,871 for the fiscal year April 1, 2013, to March 31, 2014. Funding is provided by the Ministry of Children and Youth Services.                                         | B. Thompson<br>J. Belluz    |
| <b>Motion / Resolution: 64-2013</b>                                                                                                                                                                                                                                                                          |                             |
| THAT the Board of Health for the Northwestern Health Unit approves the budget for the Kenora Rainy River Preschool Speech and Language Program in the amount of \$829,941 for the budget period April 1, 2013, to March 31, 2014. Funding is provided by the Ministry of Children and Youth Services.        | S. MacKinnon<br>J. Belluz   |
| <b>Motion / Resolution: 65-2013</b>                                                                                                                                                                                                                                                                          |                             |
| THAT the Board of Health for the Northwestern Health Unit approves the budget for the Infant Hearing Program in the amount of \$116,878 for the budget period April 1, 2013, to March 31, 2014. Funding is provided by the Ministry of Children and Youth Services.                                          | S. MacKinnon<br>P. Ryan     |
| <b>Motion / Resolution: 66-2013</b>                                                                                                                                                                                                                                                                          |                             |
| THAT the Board of Health for the Northwestern Health Unit approves the budget for the Blind Low Vision Program in the amount of \$47,630, for the budget period April 1, 2013, to March 31, 2014. Funding is provided by the Ministry of Children and Youth Services, Early Learning and Development Branch. | S. MacKinnon<br>D. Canfield |

Executive Committee Report (cont) – Doug Squires, Committee Chair

Board of Health Self Evaluation: The Committee discussed results for the survey that was completed at the Board's September 2012 education session. The self-evaluation process will be reviewed.

Accreditation: With the loss of government funding the Ontario Council on Community Health Accreditation (OCCHA) is no longer operational. The Ministry of Health and Long-Term Care is providing funding to wind up OCCHA. The Health Unit is hopeful that costs submitted for its 2013 on-site accreditation survey will be rebated. The Health Unit is investigating alternate accreditation agencies.



Thunder Bay District Health Unit 'Centre of Excellence' Proposal: This item was referred to the May 24 Board of Health meeting for Board of Health consideration to support.

#### 8.4 Meeting Investigator

Committee Chair Doug Squires conveyed the Committee's recommendation to renew the appointment for meeting investigator.

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| <b>Motion / Resolution: 67-2013</b>                                                                                                                                                                                                                                                                              |                             |
| THAT the Board of Health renews the appointment of Paul S. Heayn as Meeting Investigator for the Northwestern Health Unit. Term of reappointment shall be from June 1, 2013 – November 30, 2014, unless written notice to terminate earlier is provided by either party according to the terms of the Agreement. | S. MacKinnon<br>D. Canfield |

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| <b>Motion / Resolution: 68-2013</b>                                                            |                            |
| THAT the report of the Executive Committee meeting held May 2, 2013, be accepted as presented. | S. MacKinnon<br>D. Squires |

Board of Health members recessed at 12:30 p.m.  
The Chair called the meeting to order at 1:00 p.m.

### 9. NORTHWESTERN HEALTH UNIT AUDITED 2012 FINANCIAL STATEMENTS

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| <b>Motion / Resolution: 69-2013</b>                                                                                                                                                                                                               |                           |
| THAT the Board of Health for the Northwestern Health Unit approves the Northwestern Health Unit Financial Statements for the year ended December 31, 2012, and accepts the Independent Auditor's Report prepared by BDO Canada dated May 3, 2013. | B. Thompson<br>D. Squires |

### 10. APPOINTMENT OF 2013 AUDITOR

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| <b>Motion / Resolution: 70-2013</b>                                                                                                                                                        |                           |
| THAT the Board of Health for the Northwestern Health Unit approves the appointment of BDO Canada as the Northwestern Health Unit's external auditor for the year ending December 31, 2013. | D. Squires<br>B. Thompson |

### 11. NON AGENDA ITEMS

#### 11.1 Board of Health Delegate to alPHa AGM, June 2-4, 2013

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| <b>Motion / Resolution: 71-2013</b>                                                                                                                                                                                                  |                             |
| THAT Board of Health member John Albanese be approved to attend the Association of Local Public Health Agencies (alPHa) Annual General Meeting, June 2-4, 2013, in Toronto. Expenses to be provided by the Northwestern Health Unit. | S. MacKinnon<br>D. Canfield |

### 11.2 Hotel Accommodation for Board of Health Members

There was discussion concerning accommodation for the night before Board of Health meetings. Kenora facilities' rates and amenities were discussed. Current arrangements for Kenora will continue.

### 12. NEXT MEETING DATE

#### Regular Meeting

Date: Friday, May 24, 2013 Start time: 8:30 a.m.

Location: Dryden Best Western Meeting Room

### 13. 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 .....2013

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CHAIR, BOARD OF HEALTH

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RECORDING SECRETARY