

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

MINUTES of the Regular Board of Health Meeting
May 22, 2015, 8:30 a.m.
Fort Frances NWHU office boardroom

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**PRESENT:** Julie Roy, Chair

John Albanese, Carol Baron, Dennis Brown, Yolaine Kirlaw, Joe Ruete, Sharon Smith, Trudy Sachowski,, Bill Thompson

**IN ATTENDANCE:**

Mark Perrault, CEO

Dr. Kit Young Hoon, MOH

Alex Berry, (A) Manager, Foundations

Cindy Crandall, Secretary to BOH/MOH (Recorder)

**REGRETS:** Paul Ryan

**1. CALL TO ORDER**

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

**2. APPROVAL OF AGENDA**

|                                                                                             |                 |                      |
|---------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>Motion / Resolution: #47-2015</b>                                                        | <b>APPROVED</b> |                      |
| THAT the Agenda for the Board of Health meeting dated May 22, 2015, be approved as amended. |                 | D. Brown<br>S. Smith |

Add to NON AGENDA ITEMS:

10.1 September 23 – 25, 2015, Board of Health Retreat

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

None was declared.

**4. MINUTES OF BOARD OF HEALTH MEETING, MARCH 27, 2015**

|                                                                                              |                 |                         |
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| <b>Motion / Resolution: #48-2015</b>                                                         | <b>APPROVED</b> |                         |
| THAT the Minutes of the Board of Health meeting held April 30, 2015, be approved as written. |                 | S. Smith<br>B. Thompson |

**5. IN CAMERA (CLOSED MEETING) SESSION:**

At 8:35 a.m. Board of Health members moved to an in camera (closed meeting) session.

| Motion / Resolution: #49-2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APPROVED |                              |
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| <p>THAT the Board of Health moves to an in camera session to discuss:</p> <p><input type="checkbox"/> Security of the property of the Board;</p> <p><input type="checkbox"/> Personal matters...</p> <p><input type="checkbox"/> Proposed or pending acquisition of land for Board purposes;</p> <p><input checked="" type="checkbox"/> Labour relations or employee negotiations;</p> <p><input type="checkbox"/> Litigation or potential litigation, including matters before administrative tribunals, affecting the Board;</p> <p><input type="checkbox"/> Receiving of advice that is subject to solicitor/client privilege, including communications necessary for that purpose;</p> <p><input type="checkbox"/> A matter in respect of which the Board has authorized a meeting to be closed under another Act;</p> <p><input type="checkbox"/> Consideration of a request under <i>Municipal Freedom of Information &amp; Protection of Privacy Act</i>;</p> <p><input checked="" type="checkbox"/> Education / orientation session for Board members:</p> <ul style="list-style-type: none"> <li>• Foundations Program</li> <li>• Board of Health Operational Plan</li> </ul> |          | <p>S. Smith<br/>D. Brown</p> |

The Chair, Julie Roy, thanked Alex Berry, (A) Manager, Foundations for his presentation. Alex left the meeting at 11:00 a.m.

| Motion / Resolution: #50-2015                                                              | APPROVED |                                  |
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| <p>THAT the Board of Health moves out of in camera session to resume regular business.</p> |          | <p>C. Baron<br/>T. Sachowski</p> |

At 11:10 a.m. the Board of Health members moved out of the in camera session to resume regular business.

| Motion / Resolution: #51-2015                                                                                                                                                                                                                                                      | APPROVED |                              |
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| <p>THAT the Board of Health for Northwestern Health Unit approves the Memorandum of Agreement amending the Collective Agreement between the Board of Health and the Ontario Nurses' Association. The new term of the Collective Agreement is April 1, 2015, to March 31, 2018.</p> |          | <p>C. Baron<br/>S. Smith</p> |

## 6. PUBLIC HEALTH PROGRAMS

### 6.1 Medical Officer of Health Report – Dr. Kit Young Hoon, MOH Reference 2015.05.22.6.1

#### Smoke-Free Beaches:

As presented and discussed in the March 2015 Board of Health meeting:

"On January 1, 2015, regulatory amendments to the SFOA increased the inspection responsibilities of the team to include outdoor spaces such as municipal sporting fields and playgrounds."

The regulations specify that smoking is prohibited on municipal sporting fields and playgrounds and within 20 metres within any point on the perimeter of these areas. The regulation fails to include beaches, park space and trails and explicitly excludes golf courses.

Smoking and tobacco smoke kills; it increases the risk for many diseases including heart and vascular disease, lung diseases such as emphysema and chronic obstructive pulmonary disease, many cancers including lung, colorectal, pancreatic, stomach, cervical, kidney, bladder and leukemia. Maternal smoking during pregnancy increases the risk for low birth weight, birth defects, miscarriages, and premature births. Babies and children exposed to second hand smoke are at increased risk of sudden infant death syndrome. Tobacco smoke effects lung development and increases the risk of the respiratory illnesses such as pneumonia and asthma; and increases the risk of ear infections.

These health harms have a direct impact on the health care system with an estimated 800,000 days of acute care hospital stay in Ontario, of which 36,500 were for children under the age of one. It is estimated that more than 13,000 die from tobacco related illness per year in Ontario. The economic impact considering the direct and indirect cost to the health care system and the years of life lost is estimated to be about \$6.1 billion for Ontario.

It is important to note for the region of Northwestern Health Unit, 19% of the population continues to smoke, 42% of high school students have ever tried smoking, with nearly 20% of grade 12 students being classified as current smokers. The top causes of death for the region are heart and circulatory disease and cancers, all of which smoking is a risk factor. Lung cancer is the number one cause of death for cancers and is primarily caused by exposure to tobacco smoke.

Tobacco smoke contains over 4,000 chemicals of which about 70 are known to cause cancer. There is no known safe level of exposure to tobacco smoke. Exposure to tobacco smoke in outdoor spaces has both direct health effects and harmful social impacts. Second hand smoke in outdoor spaces is known to pollute the air quality within 2 to 4 metres of a smoker. This worsens with the increasing number of individuals who are smoking in the area. Second hand smoke can also drift into neighbouring enclosed spaces.

Smoking has social harms. Children and youth who observe smoking are more likely to try/initiate smoking and become smokers themselves. Observing smoking can also make it more difficult for an individual to quit smoking or can lead to a relapse for those who have quit smoking.

Legislation that prohibits smoking in outdoor spaces reduces the health and social harms of smoking. It also has additional benefits of reducing cigarette butt litter in communities, reducing the cost of the cleanup and disposal of this pervasive and persistent garbage. Cigarette butt litter is the most common form of litter worldwide. This litter contains components that are not biodegradable, and can end up in natural waterways and be consumed by fish and aquatic life. Cigarette butts pose a potential harm to young children due to accidental ingestion/choking, and contain chemicals that can leach into the environment. Cigarette butt litter can also have a negative effect on the image of a community with subsequent harms to the tourism industry.

## **LINK TO STRATEGIC PLAN**

Smoke free outdoor spaces decreases the harms of tobacco smoke and has benefits to smoking quit rates and smoking initiation. This links to the strategic goal of increasing behaviours that prevent chronic disease of the strategic plan.

## **DISCUSSION**

The amendments to the regulations are intended to reduce the health and social harms of tobacco smoke particularly for children and youth who are especially vulnerable to the harms of second hand smoke and who are most at risk of the social impact.

Unfortunately, the legislation fails to cover areas within our communities which can be heavily used by children including beaches, parks and trails. This gap within the legislation leaves children and the public at continued risk of the physical health, social and economic harms of smoking and allows the persistent problem of cigarette butt litter to negatively impact the environment, wildlife, the image of our communities and tourism. Although children may not witness someone smoking within 20 metres, they would still be able to observe what is happening beyond that distance, which allows the social harm to persist.

Municipalities can play a vital role in protecting their population and communities with the use of by-laws to prohibit smoking in beaches, parks and trails. Such by-laws have been shown to have public support, have benefit to their communities and have minimal cost to their municipalities. A survey of 42 municipalities that have enacted smoke-free outdoor space by-laws before the recent changes to the Smoke Free Ontario Act, showed that most were able to implement and enforce the legislation within pre-existing budgets and did not require hiring additional staff (please see attached study). Communication to the public and enforcement can also be simpler and more consistent as the prohibition of smoking would apply to an entire beach or field rather than just the area that is surrounding a playground or a sports field.

The staff of Northwestern Public Health Unit are willing to work with municipalities to develop and enact such by-laws that will meet the health needs of their community, protect the health of the most vulnerable, and improve public health.

## **BUDGETARY IMPACT**

The work related to smoke free spaces occurs within pre-existing staff resources and program budgets. There is no impact on budget.

## **RECOMMENDATION**

That the Board of Health receive the Medical Officer of Health Smoke-Free Beaches report.

*Additional Verbal Report – provided by Dr. Kit Young Hoon, MOH*

The health unit can provide sample municipal smoke-free bylaws and resolutions to assist municipalities.

Questions and comments were provided.



## 6.2 Avian Influenza Update

*Reference 2015.05.22.6.2*

### BACKGROUND

On May 6<sup>th</sup>, Public Health Ontario hosted a webinar on Avian Influenza and provided an update on the affected farms in Oxford County, the work that is occurring at the national and provincial level, and the expected activities of local public health agencies

Avian Influenza is an illness caused by a type of influenza virus that primarily affects birds both wild and domestic. The likelihood of causing disease in humans is very low. Transmission to humans requires prolonged/extensive close unprotected contact with infected birds or their contaminated environment. Symptoms of avian influenza in humans is similar to seasonal influenza and include fever, malaise, cough, runny nose, body aches and pains and may be complicated by pneumonia and lead to death. Populations most at risk usually are poultry farm workers.

As of May 6<sup>th</sup>, 2015, there were three poultry farms infected with avian influenza in Oxford County, Ontario. The source of the virus are wild birds whose migratory paths allow contact with domestic poultry. Since 2014 avian influenza outbreaks in domestic poultry have also been seen in British Columbia, Washington, Oregon, Idaho and Minnesota.

The farms and a 10 kilometre radius zone around the farms were quarantined by the Canadian Food Inspection Agency. The poultry were being humanely euthanized, remains incinerated/disposed and then the farms would undergo environmental cleaning as per internationally recognised guidelines.

The role of local public health agencies focuses on the potential impact to human health. Oxford County Public Health have been involved in the monitoring, testing of farm workers to determine if there are any human cases. To date there have been no human cases of avian influenza from the outbreaks of poultry since 2014. If there had been a case, the local health unit would be involved in ensuring appropriate isolation of the case to prevent further spread of the illness and to follow up with any potential contacts of the case who may develop illness.

### DISCUSSION

Currently the region of Northwestern Health Unit have no affected farms, poultry or humans by avian influenza. Surveillance of infectious diseases in our region continues to allow the detection, monitoring and follow up of any potential human cases. Communications with national and provincial partners would also alert us to any affected farms in the region.

### BUDGETARY IMPACT

Infectious Disease program budget information is included in the Financial Report of the Chief Executive Officer.

**RECOMMENDATION**

That the Board of Health receive the Medical Officer of Health Avian Influenza Update report.

**6.3 CDP Report**

*Reference #2015.05.22.6.3. The report will be retained on file.*

**Additional Verbal Report** – provided by Dr. Kit Young Hoon, MOH

Dr. Young Hoon gave an update on the Baby Friendly Initiative (BFI) pre-assessment site visit. All health units are required by the Accountability Agreements to go through the BFI designation process. This comprehensive evaluation included staff and community partner interviews during the pre-assessment site visit. Feedback will be provided and a full assessment will happen next year.

She also advised that small drinking water systems that are not part of a large municipal system will be monitored more closely. Those that operate a food premise on the system will no longer be able to operate under a Boil Water Advisory. Two clean samples need to be provided before the food premise opens for the year.

| Motion / Resolution: #52-2015                                                                                                                                                                                                                  | APPROVED |                             |
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| THAT the following reports be accepted as presented: <ul style="list-style-type: none"> <li>- 2015.05.22.6.1 Medical Officer of Health Report</li> <li>- 2015.05.22.6.2 Avian Influenza Update</li> <li>- 2015.05.22.6.3 CDP Report</li> </ul> |          | J. Albanese<br>T. Sachowski |

| Motion / Resolution: #53-2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APPROVED |                         |
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| WHEREAS, recent regulatory amendments to the Smoke-Free Ontario Act have been introduced to reduce children's exposure to tobacco use and to protect the public from second-hand smoke; and<br><br>WHEREAS, these regulatory amendments make smoking within 20 metres of playgrounds illegal <sup>i</sup> ; and<br><br>WHEREAS, a number of beaches in our catchment area will be partially smoke-free because of the amendments; and<br><br>WHEREAS, a number of beaches on our catchment area will not be considered smoke-free or partially smoke-free because they do not contain playground equipment; and<br><br>WHEREAS, smoke-free beaches can prevent litter and pollution caused by discarded cigarette butts, offer protection from exposure to second-hand smoke, and may help to de-normalize smoking which may prevent children and youth from starting to smoke <sup>ii</sup> ; and |          | C. Caron<br>J. Albanese |

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| <p>WHEREAS, smoke-free beaches by-laws can level the playing field between and within municipalities and provide an equal level of protection from second-hand smoke to all children in our catchment area; and</p> <p>WHEREAS, a number of municipalities in Ontario have already enacted local by-laws that provide this protection to residents, including Thunder Bay, Hamilton, Kingston, Ottawa, Peterborough, and Toronto;</p> <p>NOW THEREFORE BE IT RESOLVED, that the Board of Health for the Northwestern Health Unit endorses the recommendation of the Medical Officer of Health that municipalities in the Northwestern Health Unit catchment area each enact a local by-law to make all municipally owned beaches smoke-free.</p> <p>FURTHERMORE BE IT RESOLVED, that the Board of Health send a copy of this resolution to all municipalities and to the Northwestern Ontario Municipal Association.</p> |  |
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| Motion / Resolution: #54-2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APPROVED                            |
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| <p>Physical literacy lays the foundation for an active life. Individuals who are physically literate move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person. Physical activity is a key factor in the prevention of chronic disease as outlined in the Northwestern Health Unit Strategic Plan 2014-2017.</p> <p>WHEREAS, less than 10% of Canadian children and youth are meeting minimum recommendations for physical activity and more than one-third were considered overweight or obese in 2009-2011; and</p> <p>WHEREAS, physical inactivity is linked to a number of chronic and preventable diseases and is associated with increasing healthcare costs; and</p> <p>WHEREAS, individuals who are physically literate consistently have the knowledge, skills, and attitudes to lead physically active lives; and</p> <p>WHEREAS, individuals lacking physical literacy often withdraw from physical activity and sport and may turn towards sedentary or unhealthy lifestyle choices; and</p> <p>WHEREAS, the Ontario Ministry of Education is provincially mandated to oversee both publicly-funded education and licensed childcare settings; and</p> <p>WHEREAS, the Ontario Ministry of Education has committed to high-quality instruction and programs such as those required for the development of physical literacy; and</p> <p>WHEREAS, physical literacy is a clearly stated outcome objective of the Health &amp; Physical Education Curriculum; and</p> | <p>T. Sachowski<br/>J. Albanese</p> |

WHEREAS, less than half (45%) of schools have a specialist Health & Physical Education teacher on staff and fewer than one third of these teachers are full time; and

WHEREAS, principals report that delivery of the Health & Physical Education curriculum varies significantly depending on the expertise and comfort level of the teacher; and

WHEREAS, recent surveying in our catchment area showed that only 14.7% of surveyed grade 6-8 students in our catchment area reached the recommended level of 60 minutes of moderate to vigorous physical activity per day; that females were significantly less likely to reach the recommended guidelines, with 9.8% of females meeting the guidelines compared with 19.4% of males; and

WHEREAS, the Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH) is calling on leaders in public health, government, physical activity and education to make physical literacy a priority;

NOW THEREFORE BE IT RESOLVED, that the Board of Health for the Northwestern Health Unit endorses the following OSPAPPH policy recommendations in support of physical literacy development in Ontario:

- The Ministry of Education needs to adopt a mandatory assessment of physical literacy for elementary and secondary students across the province.
- The Ministry of Education needs to ensure that quality daily health and physical education programming is delivered by health and physical education specialists in all Ontario elementary and secondary schools.
- The Ministry of Education needs to evaluate compliance and enforce the Daily Physical Activity (Policy/Program Memorandum No. 138) requirement.
- The Ministry of Education must ensure ongoing staff training related to physical literacy for all teachers, early childhood educators, and childcare providers.
- The Ministry of Education needs to strengthen the Day Nurseries Act and the Child Care and Early Years Act (2013) to promote and support physical literacy development in licensed childcare settings.
- The Ministry of Education must make health and physical education credits a mandatory requirement in every grade from 9-12.

FURTHERMORE BE IT RESOLVED, that the Board of Health send a letter to the Ministry of Education regarding our support for the policy recommendations; and



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| FUTHERMORE BE IT RESOLVED, that a copy of this resolution be sent to the OSPAPPH. |  |
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The Board recessed for lunch at 11:50 a.m.

The Chair called the meeting to order at 12:35 p.m.

## 7. CORPORATE ADMINISTRATION

### 7.1 CEO Report – *Mark Perrault, CEO* Reference #2015-05.22.7.1

#### 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 a separate report, and of the activities of the Chief Executive Officer. This report will complement the separate finance report.

#### Partnerships with Mental Health

In the past few weeks I have had meetings with a number of different partners discussing mental health, focusing on men's mental health and the coordination of services. This is an area that I am personally passionate about and I have the support of our Medical Officer of Health to pursue this topic.

The evidence is clear that poor mental health leads to apathy, poor diet and exercise habits, substance misuse, self-harm and family violence; all of which impact the health of our population.

Both Canadian Mental Health Associations in our region are very supportive of the initiative and want to partner with the health unit. The first milestone will be a men's health workshop which will run on Bell's Let's Talk Day in late January. I, along with Jay Barnard, local chef and mental health advocate, and Scott Green, local outdoor adventure organizer and entrepreneur, have been working with Shae Emry, a Saskatchewan Rough Rider linebacker and the founder of Wellmen.org and a Bell Let's Talk spokesperson, to organize a workshop for men, by men, to encourage male leaders in our district to talk about their own personal mental health in order to give permission for the men working with them to open up about their own mental health issues.

This is based on the fact that all human beings at some point in their life struggle with their thoughts and feelings. We know that men in particular are not as receptive to getting help and the consequences are often tragic. The goal is to make these types of workshops available across our region and sustainable through workshop fees.

In my own personal experience in dealing with the mental health system in Kenora I became very aware of the lack of any coherent system. As Henry Wall, CAO of the KDSB pointed out at a meeting I attended, there are 30 different agencies providing some sort of mental health services in our region and most do not refer between each agency. In a meeting last

week with Sara Diaz from the Canadian Mental Health Association – Kenora, and one of our summer students, we agreed to have our student work with them to help develop a flow chart so consumers and family members can see what options are available depending on factors such as age, gender, First Nation status and diagnosis if known. I have also discussed this with Sandy Skirten from the Canadian Mental Health Association – Fort Frances who have offices around the region to enact a similar system regionally.

### Union Negotiations

We successfully reached a memorandum of settlement with the Ontario Nurses Association and will be bringing it to the Board of Health meeting for acceptance. It has been ratified by the ONA membership.

### **RECOMMENDATION**

That the Board of Health accepts the CEO Report.

Additional Verbal Report – provided by Mark Perrault, CEO

Mr. Perrault advised of making connections and partnerships with mental health providers across the region.

Questions and comments were provided.

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

Reference #2015-05.22.7.2 The report will be retained on file.

Additional Verbal Report – provided by Mark Perrault, CEO

Year-end settlements with the Ministry of Health and Long-Term care for 2014-2015 March year-end programs are nearly complete.

A new financial reporting system was reviewed and discussed. Further discussion will take place at the Executive Committee meeting in June 2015.

| Motion / Resolution: 55-2015                                                                                           | APPROVED |                         |
|------------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| THAT the following reports be accepted as presented:<br>- 2015.05.22.7.1 CEO Report<br>- 2015.05.22.7.2 Finance Report |          | J. Albanese<br>C. Baron |

### 8. ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (aLPHa) MEETING, JUNE 7-9, 2015, OTTAWA

Board of Health members attending the conference were reminded to register to vote on the resolutions. A breakfast meeting with the Ontario Metis Association has been arranged for Northwestern Health Unit Board of Health members on the second day of the conference.

## 9. MUNICIPAL COUNCIL MEETINGS & PUBLIC HEALTH ISSUES

Dr. Young Hoon will be contacting municipal councils offering to make presentations and engage with them on public health issues. She requested that Board of Health members who currently represent town councils advise her of any upcoming agenda items relating to public health.

## 10. NON AGENDA ITEMS

### 10.1 September 23 – 25, 2015, Board of Health Retreat Agenda

Possible agenda items were discussed for the first day of the retreat.

## 11. NEXT MEETING DATE

Regular Meeting of Board of Health, Dryden Best Western

Date: Friday, June 26, 2015

Start Time: 8:30 a.m.

## 12. ADJOURNMENT

The Chair adjourned the meeting at 1:30 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS 26 DAY OF June 2015

Julie Ray  
MEETING CHAIR, BOARD OF HEALTH

L. Leonard  
RECORDING SECRETARY

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