



Minutes of the Board of Health Regular Meeting

Thursday, January 19, 2017
 458 Laurier Blvd.
 Board Room
 Brockville Office
 4:00 p.m. – 6:17 p.m.

Present:

A. Warren, Chair (2017)	H. Patel
D. Malanka, Vice Chair (2017)	C. Russell-Julien
A. Churchill	Regrets: R. Jones, I. Hargreaves
P. Deery	
J. Gallipeau	P. Stewart, Medical Officer of Health/CEO
T. Jansman	H. Bruce, Executive Assistant

J. Empey – Manager - Quality, Corporate and Information Services	J. Lyster – Director- Community Health Protection
C. Farella – Manager- Healthy Living and Development	J. Mays – Manager – Community Health Protection
S. Gates – Director - Quality, Corporate and Information Services	L. Bursey, Y. Decoste, M. Green
J. Hess – Director - Healthy Living and Development	

Agenda Item	Key Discussion Points	Decision	Action
1. Call to Order	A. Warren called the meeting to order at 4:00 p.m. and welcomed everyone.	n/a	n/a
2. Certificate of Appreciation	A. Warren stated that L. Bursey has been a member of the Board for 1 year and it has been good having him here. We wish you luck in your future endeavours. L. Bursey thanked everyone and wished them all the best.	n/a	n/a
3. Welcome and Introduction of New Board Member	A. Warren introduced P. Deery as the new representative from Brockville for 2017.	n/a	n/a
4. Approval of the Agenda	The agenda was reviewed.	It was moved by: A. Churchill Seconded by: C. Russell-Julien That: The agenda of the January 19, 2017 Regular Meeting be approved as circulated. Motion Carried.	
5. Conflict of Interest Declaration	The question was raised if there were any conflicts of interest to declare. None were raised.	n/a	n/a
6. Consent Agenda			
6.1. Finance, Property and Risk Management Committee Report 6.1.1. 2016 Financial Statement	The motion was read.	It was moved by: P. Deery Seconded by: D. Malanka That: The following items on the consent agenda be approved as circulated: 6.1. Finance, Property and Risk Management	n/a

Agenda Item	Key Discussion Points	Decision	Action
		Committee Report 6.1.1. 2016 Financial Statement 6.2. Approval of the Minutes from the Board of Health Regular Meeting held on November 17, 2016 6.3. General Correspondence 6.3.1. Social Determinants of Health Report 6.4. Duty of Care Report Motion Carried.	
7. Annual Meeting Requirements:			
7.1. Chair's Report	A. Warren gave her annual report to the Board. (See Appendix #1)	n/a	n/a
7.2. Report of the Governance Committee and the Election of Officers to the following positions: <ul style="list-style-type: none"> • Board of Health Chair • Board of Health Vice Chair 	Election of Officers 2017: C. Russell-Julien read the slate of nominees for the positions for Chair and Vice Chair: Chair – Anne Warren Vice Chair – Doug Malanka Board Chair: Are there any nominations from the floor for Board Chair? No nominations were made from the floor. C. Russell-Julien stated that nominations are closed.	Anne Warren is proclaimed, Chair, Board of Directors.	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>A. Warren thanked everyone for their vote of confidence.</p> <p>Vice Chair: Are there any nominations from the floor for Vice Chair? No nominations were made from the floor. C. Russell-Julien stated that nominations are closed.</p> <p>This ends the election of officers.</p>	<p>Doug Malanka is proclaimed Vice Chair, Board of Directors.</p>	
<p>7.3. Appointment of Signing Officers</p>	<p>The motion was read.</p>	<p>It was moved by: D. Malanka Seconded by: H. Patel That: The signing officers for the Corporation of the Leeds, Grenville and Lanark District Health Unit for the year 2017 are as follows: Medical Officer of Health <u>Dr. Paula Stewart</u> Business Manager <u>Jackie Empey</u> Chair <u>Anne Warren</u> Vice Chair <u>Doug Malanka</u> Director <u>Shani Gates</u></p> <p>Motion Carried.</p> <p>I certify this to be a true copy of the Resolution passed by the Board</p>	<p>n/a</p>

Agenda Item	Key Discussion Points	Decision	Action
		<p>of Health of the Leeds, Grenville and Lanark District Health Unit at a meeting duly called and regularly held on the 19th day of January, 2017.</p> <p>Dated this 19th day of <u>January</u>, 2017.</p> <p><u>Heather Bruce</u> Executive Assistant of the Board of Health</p>	
7.4. Borrowing Limit	A. Warren reviewed the briefing note. This authorizes the corporation to borrow money from RBC.	<p>It was moved by: J. Gallipeau Seconded by: D. Malanka That: The Medical Officer of Health or Business Manager together with any one of the Chair or Vice Chair are hereby authorized and empowered to borrow from RBC Royal Bank on behalf of the Corporation of the Leeds, Grenville and Lanark District Health Unit from time to time as may be required by way of overdraft not exceeding in all at any one time the sum of three hundred and fifty thousand dollars (\$350,000).</p> <p>Motion Carried.</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
7.5. Appointment of Auditor	P. Stewart advised that according to legislation our auditor should be the same as that of our largest obligated municipality which is United Counties.	It was moved by: T. Jansman Seconded by: J. Gallipeau That: Allan and Partners LLP be appointed auditor for the Corporation of the Leeds, Grenville and Lanark District Health Unit for the year 2017.	
7.6. MOH Report (Presentation)	<p>P. Stewart, in collaboration with the directors, gave a presentation on the Health Unit - 2016 in review and 2017 priorities. (See Appendix #2)</p> <p>J. Lyster presented on community health protection program highlights.</p> <p>D. Malanka asked about wild parsnip. Is there a time when it does not create a health hazard when it is being cut? United Counties is trying to deal with this, but a lot of homeowners are not. Is there a way of communicating this better? P. Stewart stated not to go past May or June to cut.</p> <p>D. Malanka suggested that a communique go out from the health unit.</p> <p>J. Lyster advised that weed inspectors can be helpful in this process as well.</p> <p>NRC fire lab environmental contamination discussed. Is there an obligation for local fire departments to advise the health unit? P. Stewart advised that we only get called if it affects human health – they should</p>	Motion Carried.	

Agenda Item	Key Discussion Points	Decision	Action
	<p>contact the MOE. Both NRC and MOE may contact us if they want our involvement. Any time anyone is concerned about a health effect they can call us.</p> <p>J. Hess reported on the healthy living and development program highlights. Numbers reflect the work done but not the interactions with clients and that is what affects our community and its health.</p> <p>P. Deery asked is Brockville moderate or low risk for naloxone kits? C. Farella advised that we are seeing more bootleg fentanyl coming into our community. C. Farella stated that we do have a lot of recreational drug use and the bootleg fentanyl is often disguised in that.</p> <p>C. Farella advised that we can give naloxone kits to users and their friends and family members. We are moving from injectables to nasal spray very soon.</p> <p>What is the advertising campaign to make the public aware of the concern regarding fentanyl? C. Farella stated that if you follow the health unit web page and twitter we do 4 or 5 posts a day. We inform how to get a kit in our sites or from pharmacies. We have been working with fire departments on what to wear for personal protective equipment. Across the province this is being looked into further. C. Farella advised</p>		

Agenda Item	Key Discussion Points	Decision	Action
	<p>that Peterborough got a special grant for police, fire and emergency as a pilot project for protection. P. Stewart will keep the Board apprised of this.</p> <p>The question was raised, can the municipality purchase naloxone for first responders to use? C. Farella stated yes and we could share our policy on how to administer it. A. Warren suggested that this would be a good topic for a future generative discussion.</p> <p>P. Stewart presented on the LHIN collaboration. She advised that we have participated on the Rideau Tay and Thousand Islands health links and that the sub regions are being formed around those health links. We are around the table because we understand the need for housing and transportation. It has connected us into the people working in the healthcare system. A. Churchill and R. Jones have participated in the Rideau Tay governance to governance committee meetings and P. Stewart attends regular meetings with the SE LHIN CEO, Paul Huras.</p> <p>S. Gates gave the QCIS program highlights. QIS merged with the business office last year and hired Jackie Empey as the business manager. We also have a communications team that provides support</p>		

Agenda Item	Key Discussion Points	Decision	Action
	<p>to our professional staff to disseminate communication to our communities.</p> <p>P. Deery asked, is the health unit using similar software as other health units so that it can be integrated. S. Gates advised that the province does develop some software that all health unit's use. J. Lyster advised that for our land control program, we share data with both Lanark County and United Counties which is an efficiency.</p> <p>P. Stewart shared the work done in 2016 to promote organizational excellence and reviewed it with the group. A risk management logic model was developed and the policy and operational plan will go to the Finance, Property and Risk Management Committee this spring.</p> <p>Looking ahead to 2017, the health unit will have to respond to the new Ontario Public Health Standards and participate in the LHIN initiatives around the Patients First Act.</p> <p>Internal Priorities – The focus will be on enhancing and monitoring and reporting of program performance indicators and client service standards. We will begin work on our strategic plan renewal in the fall. In the past we have had some members of the Board be part of the steering committee for the strategic plan. We will implement the risk management plan and will develop a</p>	<p>We will send the link to Board members around falls prevention on our website.</p>	<p>H. Bruce to forward to Board members.</p>

Agenda Item	Key Discussion Points	Decision	Action
	<p>professional practice council for disciplines other than nursing. We will continue improving our information systems.</p> <p>A. Warren thanked the group for their report. It shows that we have done a lot in the last year. She thanked P. Stewart and the staff for everything they do.</p>		
8. New Business:			
8.1. Governance Committee Report			
8.1.1. Committee Membership	A. Warren advised that we will be reviewing committee membership on the subcommittees of the Board.	n/a	Membership on subcommittees of the Board will be reviewed at the February Board of Health Meeting.
8.1.2. Governance Committee Chair	A. Warren advised that B. Hurrle was our Governance Committee Chair, but moved out of our jurisdiction so she has been filling in, in the interim. At our last meeting we recommended that C. Russell-Julien be appointed as Governance Committee Chair.	<p>It was moved by: D. Malanka Seconded by: P. Deery That: The Board of Health approve the appointment of Cheryl Russell-Julien as Chair of the Governance Committee.</p> <p>Motion Carried.</p>	n/a
8.2. Finance, Property and Risk Management Report			
8.2.1. 2017 Budget and Municipal Levy	P. Stewart thanked the Finance, Property and Risk Management Committee for their support in developing the 2017 public health programs budget. When we initially	<p>It was moved by: T. Jansman Seconded by: J. Gallipeau That: The Board of Health approve the 2017 General Programs</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>did the 2017 budget we projected a budget shortfall of \$377,613. We analyzed the data we had from 2016 and found there was savings in the time it takes to fill positions, and savings from when someone goes on maternity leave – from the highest pay scale to the lowest pay scale. We were able to save \$150,000 on this. We also asked staff to indicate if they would like to take LOA's and that saved us \$150,544. That left us with a shortfall of only \$77,069 and we used the PBMA process to identify what services/programs to change to respond to this shortfall. We eliminated 1 Administrative Assistant position, and made small reductions in programs of PHN time.</p> <p>The Finance, Property and Risk Management Committee recommended that there be no change to the municipal levy for 2017.</p> <p>The recommendations were reviewed. P. Stewart reported that it is difficult to manage new provincial legislative requirements without any new resources. A. Warren stated that it is important that the ministry understands that the municipalities pick up the difference when the province downloads programs. She thinks we need to send on this letter. Board members agreed.</p>	<p>Budget in the amount of \$11,612,721;</p> <p>And That: The Board maintain the municipal levy at the same level as 2016;</p> <p>And That: A letter be written to the Minister of Health and Long-Term Care outlining the importance that the ministry provide an appropriate level of funding for all new public health program requirements.</p> <p>Motion Carried.</p>	

Agenda Item	Key Discussion Points	Decision	Action
8.2.2. 2017 Public Health Projects	P. Stewart advised that the Reserve is in a healthy state right now. The management team has suggested the Reserve be used to fund 5 projects – electronic medical record, HLD activity tracking system, Triple P parent training, social media advertising and cell phone migration from blackberry to android.	<p>It was moved by: C. Russell-Julien Seconded by: H. Patel That: The Board of Health approve the use of the Reserve for the following projects in 2017:</p> <ul style="list-style-type: none"> • Assessment of Electronic Medical Record (up to \$25,000); • Healthy Living and Development Department Activity Tracking System (up to \$20,000) • Triple P (parenting) Training (up to \$20,000); • Social Media Advertising (up to \$20,000); • Cell Phone Migration from Blackberry to Android (\$21,250) <p>Motion Carried.</p>	
8.2.3. SFO and HB/HC 2017 Budget	The Healthy Babies Healthy Children and the Smoke Free Ontario Programs are 100% funded by the Province.	<p>It was moved by: H. Patel Seconded by: C. Russell-Julien That: The Board of Health approve the 2017 Healthy Babies Healthy Children budget in the amount of \$1,060,739. And That: The Board of Health approve the 2017 Smoke Free Ontario Program Budget in the amount of \$415,600.</p> <p>Motion Carried.</p>	n/a

Agenda Item	Key Discussion Points	Decision	Action
8.2.4. Land Control Budget	<p>M. Green, the Chief Building Official at the health unit, reported that the Land Control Program at the health unit does the sewage program for 19 out of 22 municipalities in the tri county area. We have had agreements with them since 1998.</p> <p>J. Cunningham, our epidemiologist, has been doing some dashboard work for us over the years which show the trends since 2008. It was predicted we would be on a downward scale with the activity levels.</p> <p>We look at the numbers each quarter, and started off the year fairly well and then we hit summer and did not get a lot of activity for replacement of old systems.</p> <p>In November, the Finance, Property and Risk Management Committee reviewed the revenue and the number of service requests to date.</p> <p>There will be a change in legislation on January 1st and a lot of tertiary systems might not be able to be used in Ontario due to a new certification that tests the systems for 12 months of the year. This resulted in people coming forward at the end of the year to have their tertiary systems installed before the limits were imposed. We had 18 more permits come in, in the last 2</p>		n/a

Agenda Item	Key Discussion Points	Decision	Action
	<p>weeks which resulted in a small surplus of \$3748 for 2016.</p> <p>We need to give municipalities 6 months' notice of any fee changes, so any changes in the fee structure wouldn't take effect until August 2017.</p> <p>The Finance, Property and Risk Management Committee reviewed and were in agreement with the proposed fee changes.</p> <p>Sewage and site permits bring in the most money. We propose going ahead with fee increases from \$650 to \$700 (sewage permits) and \$725 to \$775 (tertiary systems) and adding \$30 to severance permits.</p> <p>P. Stewart stated that some years we have had surpluses in land control and they are in a separate fund from public health. There is about \$230,000 specifically in reserve in case we have a deficit in land control. J. Empey advised that the fee increase allows a small contingency if the services do drop or expenses increase. P. Stewart advised that the last fee increase was 18 months ago.</p> <p>With the fee increase, the fees are still below or in the lower end of the fees of other organizations doing similar work.</p>	<p>It was moved by: H. Patel Seconded by: C. Russell-Julien That: The Board of Health approve:</p> <ul style="list-style-type: none"> • The 2017 Land Control Budget in the amount of \$477,870 • That the fee for conventional sewage permits be increased from \$650 to \$700 as of August 1, 2017 • That the fee for tertiary system permits be increased from \$725 to \$775 as of August 1, 2017 • That the fee for severance be increased from \$400 to \$430 as of August 1, 2017. <p>Motion Carried.</p>	

Agenda Item	Key Discussion Points	Decision	Action
8.2.5. 2017 Board Stipend	<p>A. Warren advised that the Board in the past had decided to keep their stipend in line with that of the United Counties. The Health Protection and Promotion Act states that the Board stipend cannot be higher than the highest stipend paid by any one of the obligated municipalities. The United Counties rate is the highest at \$85.07.</p> <p>A 5 minute break was taken.</p>	<p>It was moved by: J. Gallipeau Seconded by: D. Malanka That: The Board of Health stipend rate be increased to \$85.07 effective January 1, 2017.</p> <p>Motion Carried.</p> <p>It was moved by: D. Malanka Seconded by: C. Russell-Julien That: The Board of Health Regular Meeting adjourn.</p> <p>Motion Carried.</p>	n/a
9. In-camera Items:	The motion to move in-camera was read.	<p>It was moved by: A. Churchill Seconded by: P. Deery That: The Board move into a closed session of the Board of Health due to the following: (b) personal matters about an identifiable individual, including municipal or local board employees.</p> <p>Motion Carried.</p>	n/a
9.1. Governance Committee Report on Provincial Appointments			

Agenda Item	Key Discussion Points	Decision	Action
10. Report from In-Camera (if necessary)	The candidates recommended for provincial appointment were reviewed. There is nothing to report at this time.	It was moved by: P. Deery Seconded by: A. Churchill That: The closed session rise and report. Motion Carried.	n/a
11. Time, Date and Location of Next Meeting	The next meeting will be held on Thursday, February 16, 2017.	n/a	n/a
12. Adjournment		It was moved by: A. Churchill Seconded by: P. Deery That: The meeting adjourn at 6:17 p.m. Motion Carried.	n/a

A. Warren, Chair

Date

H. Bruce, Executive Assistant

Date

c: Board members
Shared Drive

Board Chair Annual Report

Dr. Stewart, Board Members, Health Unit Staff, and Guests:

The past year has been one of significant accomplishments and I am pleased to report that the Board has continued to deliver its mandate in an efficient and professional manner.

While reflecting on the accomplishments of the Board, it is important to also reflect on the very important support role that the Committees play in reviewing key issues and in making recommendations to the Board on those issues. You will recall that going back two years ago, we established both a Governance Committee, and a Finance, Property and Risk Management Committee.

The Governance Committee has dealt with a number of ongoing responsibilities in the past year, not the least of which was the requirement for Board Self-Evaluation. Nine of eleven Board members responded to the survey questionnaire. They reported a clear understanding of their roles and responsibilities, and satisfaction with meeting processes, resources, format and the function of the Board Chair. Areas noted for improvement included making videoconferencing more effective, and allowing more time for discussion of items.

During 2016, the Committee continued its ongoing review and update of our policies and by-laws. They recommended the implementation of the Electronic Board Package; interviewed candidates for provincial representation on the Board; and conducted the nomination process for the roles of Chair and Vice Chair of the Board of Directors for 2017.

The Finance, Property and Risk Management Committee has also been very active in the past year with review and update on a wide range of financial policies, and recommendations to the Board on the 2015 Audit; banking arrangements/line of credit; capital repairs; reserve fund investments; fee structure for the Land Control Program; Insurance coverage including cyber insurance; 2016 Financial Statements; 2017 Budget and Municipal Levy; and the policy on Board Stipends.

Special Events: There were a number of special events which took place over the past year, as follows:

- In March, our Health Unit sponsored a Risk Management Workshop at the Gallipeau Centre in Smiths Falls. This workshop was open to all health units in Eastern Ontario and the guest speaker was the Senior Audit Manager, Treasury Board Secretariat, with a number of presentations from representatives of the various health units in attendance. The workshop focused on the Ontario Public Health Organizational Standards, specifically 6.2 which addresses Risk Management – how the Board of Health ensures that the administration monitors and responds to emerging issues and potential threats to the organization, from both internal and external sources, in a

timely and effective manner. This could include financial risks, HR succession and surge capacity planning, operational risks, and legal issues to name a few.

- In May, we engaged the services of Jacques Levesque to deliver a workshop on Generative Governance and how helpful it can be to a Board in delivering its mandate in a more participatory manner. This was an excellent workshop, and there was consensus that the Board should engage in generative governance where the subject matter would lend itself to generating new concepts and ideas. Because of other priorities, time has not permitted us to arrange for a session where we could engage in generative discussion, but we are hoping to do so in the next few months.
- In May, I had the privilege of addressing the RNAO (Registered Nurses Association of Ontario) Best Practice Spotlight Organization at their Champions Celebration held here in Brockville. We are honoured to be the 5th Health Unit in Ontario to pursue BPSO (Best Practice Spotlight Organization) designation, and the event was particularly important for our Health Unit as one of our Public Health Nurses, Tanis Brown, was presented with the RNAO President's Award for Leadership in Clinical Nursing Practice.
- At our June Board meeting, we met at our Smiths Falls office where we partnered with the Lanark County Interval House to engage in a lively and interactive discussion on the topical subject of "Violence Against Women".
- In September, we celebrated the 25th anniversary of the Brockville office at its current location.
- Lastly, of special note was the appointment of our Medical Officer of Health, Dr. Paula Stewart to the alPHA Board of Directors where I am sure she will advocate on a wide range of current Public Health issues.

Board Membership: As with most organizations, change is inevitable. In the past year, we lost one provincial representative who was physically unable to continue, and another who moved out of our jurisdiction. Although a new provincial appointee joined us in November, we are still short by three members for provincial representation. Our recent advertisement for Provincial candidates yielded a number of applications. Interviews have been held and the applications will soon be forwarded to the Senior Appointments Office in Toronto. Also, we have been notified that our Vice Chair, Robin Jones, has been appointed as the Warden of the United Counties, so will be unable to continue as a representative from the United Counties. She has been an excellent Vice Chair, and an outstanding member of the Board of Directors. Farewell and best wishes to Robin in her new role.

Reporting Relationships:

As you may recall, when we were first notified that Health Units throughout the Province would be reporting through the LHIN's, we forwarded a letter to Minister Hoskins expressing our concern that the funding for public health continue to come direct from the Ministry. The Minister's response was encouraging in that he reassured us that the funds for public health will be protected and dedicated exclusively for use by our public health units.

Without doubt, we have experienced some frustration, and at times mixed messaging as we tried to identify with any degree of certainty our reporting relationship with the LHIN's. In the case of our Health Unit, this has been complicated by the fact that geographically, our jurisdiction falls within the boundaries of both the SE LHIN and the Champlain LHIN.

As well, we have been actively involved in determining our mandate within the Sub-Region structure relative to the Patients First legislation. There have been numerous meetings to resolve all these issues, and Dr. Stewart will be updating us when she delivers her report later in this meeting.

In summary I wish to express my sincere gratitude to the Board members and to Dr. Stewart and staff for your support; a special thank you to Heather Bruce, EA to the Board and its Committees for her dedication and professionalism.

Thank you again for all the work that you do to ensure that our Board continues to fulfill its governance role in meeting the public health mandate of the Leeds, Grenville and Lanark District Health Unit.

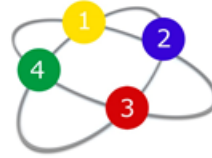
Anne Warren, Chair,
Board of Directors



Dr. Paula Stewart
Medical Officer of Health/CEO
Leeds, Grenville Lanark District Health Unit
January 19, 2017



Health Goals



1. Healthy Baby/Infant/Youth Growth & Development
2. Healthy Living
3. Health Equity
4. Healthy Environments



Leeds, Grenville & Lanark District **HEALTH UNIT**

Community Health Protection Program Highlights

- Successful transition to Health Space (Inspection Data Base)
- Public web access to food premises inspections via LGLDHU website
- 487 food handlers certified after training
- Focused food safety related training sessions for the Food Hub (108 participants), and Emergency Shelter Volunteers (5 participants)
- Facilitated 10,635 private water system samples tested through Public Health Labs
- Managed 50 institutional communicable disease outbreaks



Leeds, Grenville & Lanark District **HEALTH UNIT**

Community Health Protection Program Highlights

- Municipal and public meetings with information on wild parsnip and Clearview herbicide
- Environmental Health Impact Assessments:
 - NRC Fire lab environmental contamination
 - Hwy 43 fire and water contamination
- New HPV immunization program for grade 7 boys
- 92% age 7 and 82% of age 17 students with documented up-to-date publicly funded immunizations
- 935 sewage and other permit related activities in Land Control
- LGLDHU Business Continuity Plan development and Municipal table top exercises attended



Leeds, Grenville & Lanark District **HEALTH UNIT**

Healthy Living and Development Program Highlights

Community

- 5 municipalities given Healthy Communities plaque
- Work on Active Transportation
- foodcore LGL - Food Inventory
- Fentanyl and opioid community response
- Healthy Kids Community Challenge- Water Does Wonders
- Nature 4 Life – Libraries and Early Years Centres
- Support Healthy Schools and School Travel Planning
- Rethink Your Drinking Campaign
- 2,511 Smoke Free Ontario Act inspections conducted
 - 41 charges and 366 warnings issued
- Promoting tobacco free youth with My View Film Festival, Colour Run

Program Excellence

- 6 Best Practice guidelines as part of BPSO



Leeds, Grenville & Lanark District **HEALTH UNIT**

Healthy Living and Development Program Highlights

Child Health

- 1,187 HBHC Screens were completed in the first 3 quarters, 151 families followed on HBHC Home Visiting Program, participated in Provincial HBHC review
- 852 children with 401 new referrals with the Preschool Speech and Language Program
- 4,945 children with dental screening, 707 fluoride varnish applications to children (schools, community)
- 4,000 resources requested by community to support 18 Month Well-Baby Enhanced Visit
- 1,463 child Developmental Screens completed
- 60 Roots of Empathy programs in 42 schools
- 12 parenting cafes, Sprinkler Party with Triple P Program in Lanark
- Touch a Truck, 3 seminar series with Triple P in Leeds and Grenville
- 7 breastfeeding clinics/wk. in 4 communities



Leeds, Grenville & Lanark District **HEALTH UNIT**

Healthy Living and Development Program Highlights

Prenatal

- 27 series of face to face prenatal classes with 202 plus registered
- 19 participants in the Young Parent Prenatal series
- 263 codes distributed for the online prenatal program
- 2016 large media campaign "What's your plan" and "Zero Matters"

Sexual Health

- 408 community clinics/280 school clinics - 3815 clients seen
- "Are you safe" twitter account continues to be successful with over 300 followers
- Working with community partners to reduce violence against women



Leeds, Grenville & Lanark District **HEALTH UNIT**

Healthy Living and Development Program Highlights

Smart Works

- 1500 clients seen with harm reduction/needle exchange program
 - Dispensed 198,000 syringes, 2500 glass stems, 1300 safer inhalation kits, 4000 condoms
- Made 350 referrals - top 3 being emergency care, primary care and methadone/suboxone
- Distributed 180 naloxone kits - 17 kits used successfully
- Working with Pharmacies to provide support where needed.



Leeds, Grenville & Lanark District **HEALTH UNIT**

LHIN Collaboration

- Participate on Rideau Tay and Thousands Island Health Links
- Participate on Rideau Tay Governance to Governance meetings
- Participate on Lanark, Leeds, Grenville LHIN Sub-region meetings – presentation on Population Health
- Regular meetings with SE LHIN CEO
- Participation on SE LHIN seniors falls prevention program
- Attendance at ALPHA June conference on Patients First ACT



Leeds, Grenville & Lanark District **HEALTH UNIT**



QCIS Program Highlights

Business Office

- Merged into QCIS and hired and trained new Business Manager

Communications

- Health Unit Communication strategy developed
- \$48,840 advertising dollars spent for a \$90,485 value
- 507,082 Health Unit website hits and 43,208 hits to new online Food Safety Portal since July
- 966 Facebook page likes and 169 Twitter followers
- 5 Videos Developed and 270 resources designed
- Launch of Healthy Kids Community Challenge (website, social media, videos)



Leeds, Grenville & Lanark District **HEALTH UNIT**

QCIS Program Highlights

Foundational Standard

- 28 program evaluation reports completed and 30 electronic surveys completed
- Created 26 municipal and summary dashboards for land control
- Surveillance reports on youth mental health, social determinants of health, and falls across the lifespan

IT

- Added 2 new video conferencing sites and converted to virtual servers
- Initiated pilot for File Hold document management software

HR

- Short-term Disability Program developed, and managed by Morneau Shepell
- Non-union salary review initiated



Leeds, Grenville & Lanark District **HEALTH UNIT**

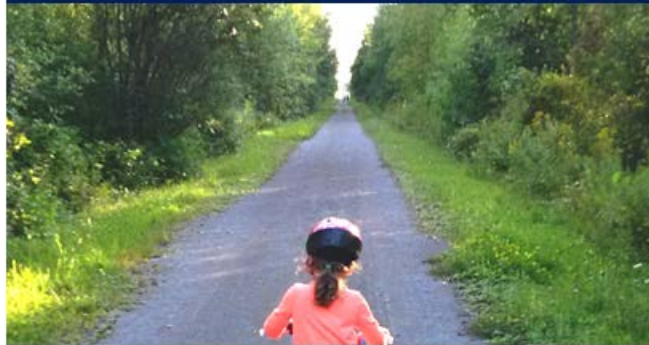
Organizational Excellence

- Management training – Risk management, performance management
- Collaboration across Health Unit – Planning and Accountability Committee developed
- Population outcomes for Health Goals identified
- Accountability and performance management policy and process
- Risk management logic model, policy and operational plan
- Program Budgeting and Marginal Analysis for 2017 budget shortfall
- Occupational Health and Safety related policies updated
- Active Multi-workplace Joint Health and Safety Committee



Leeds, Grenville & Lanark District **HEALTH UNIT**

LOOKING AHEAD 2017



Leeds, Grenville & Lanark District **HEALTH UNIT**

Program Initiatives

- Response to modernized Ontario Public Health Standards and provincial Accountability Framework
- Response to review of Ontario Food Premises Regulations; Recreational Water Regulations and Recreational Camps Regulation
- Work with LIHN Sub-Regions on population health planning and identified priorities
- Community collaboration on problematic use of opioids and harm reduction
- Community consultations on Basic Income Guarantee



Leeds, Grenville & Lanark District **HEALTH UNIT**

Internal Priorities

- Enhance monitoring and reporting of program performance indicators and client service standards
- Begin work on strategic plan renewal
- Report on strategic plan population level indicators
- Implement risk management plan
- Develop Professional Practice Council for disciplines other than nursing
- Improved information systems – File hold document management system, Electronic Medical Record, health promotion activity reporting system, financial reporting systems
- Implement Virtual desktops and migrate cell phones to Android
- CUPE and ONA negotiations



Leeds, Grenville & Lanark District **HEALTH UNIT**

Visit our website:

www.healthunit.org

Email us at:

contact@healthunit.org

Call the Health ACTION Line:

1-800-660-5853

FACEBOOK:
LGLHealthUnit



TWITTER:
@LGLHealthUnit



SCAN LINK:
www.healthunit.org



@LGLbeaches – June – Sept
@areyousafe



Leeds, Grenville & Lanark District **HEALTH UNIT**