

Minutes of the Board of Health Regular Meeting

Thursday, November 23, 2017

Leeds and Grenville Room
458 Laurier Blvd., Brockville

4:00 p.m. – 6:10 p.m.

Present:

Anne Warren, Chair
Aubrey Churchill
Joe Gallipeau
Ivanette Hargreaves
Teresa Jansman
Candace Kaine
David Nash
Harsh Patel

Cheryl Russell-Julien
Sherryl Smith
Toni Surko

Regrets: P. Deery, D. Malanka

Paula Stewart, Medical Officer of Health
Heather Bruce, Executive Assistant

S. Gates - Director, QCIS
J. Hess - Director, HLD
E. Murkin – Manager, HLD

R. Kavanagh – Manager, HLD

T. Brown, Y. Decoste, M. Traynor

1. Call to Order

A. Warren called the meeting to order at 4:00 p.m.

2. Certificate of Appreciation

A. Warren presented I. Hargreaves a certificate of appreciation acknowledging her time on the Board and extending best wishes to her for the future.

3. Approval of the Agenda

The agenda items were reviewed.

*Motion: That the agenda of the November 23, 2017 Regular Meeting be approved as circulated.
Motion Carried.*

4. Conflict of Interest Declaration

None declared.

5. Presentation:

5.1. Health Equity

The role of public health is to improve the health of the population and reduce disparity. T. Brown gave a presentation ([Appendix #1](#)) on health equity advising that there is no single solution to health equity, it requires mutual collective action to create momentum for change. The health equity graphic tool is used to ensure health equity is embedded in our

programming and an environmental scan has been done of health equity strategies and tools. Over 2018 social determinants of health will be highlighted every month to support community awareness and conversations about what influences our health.

J. Cunningham has completed a report on healthy living indicators which is on the health unit website under reports.

ACTION: J. Cunningham will be asked to present the healthy living indicators at a future Board of Health meeting.

A. Warren thanked T. Brown for her presentation.

6. Consent Agenda

Motion: The following items on the consent agenda be approved as circulated:

6.1. Approval of the Minutes from the Board of Health Regular Meeting held on Sept. 21, 2017

6.2. General Correspondence

6.2.1. Letter to Minister Hoskins regarding Expert Panel Report on Public Health

6.2.2. Letter to Minister Hoskins regarding Provincial Grant for 2017

6.3. Duty of Care Report

6.4. Finance, Property and Risk Management Committee Report

6.5. Governance Committee Report

Motion Carried.

7. New Business:

7.1. Report from ALPHA Conference

C. Kaine gave a power point presentation highlighting key points from the ALPHA meeting. ([Appendix #2](#)) A break out session was held on managing transformational change and how public health can manage change outlining barriers and drivers.

ACTION: Resistance to change summary will be distributed to members.

A. Warren thanked C. Kaine for her presentation and report.

7.2. Governance Committee Report

7.2.1. Nominations for Chair and Vice Chair

Members interested in submitting their name for 2018 Chair or Vice Chair should submit their names to H. Bruce by November 30, 2017. Submissions will be reviewed at the next Governance Committee meeting and presented at the January meeting.

7.3. Finance, Audit, Property and Risk Management Report

The MOHLTC is applying to the Treasury Board for an increase in base funding for Public Health Units due to pressures associated with the new standards. Requests for additional funding will be discussed at the January 11, 2018 Finance, Audit, Property and Risk Management Committee meeting and then come to the Board of Health for approval in January along with the regular budget.

The Finance, Audit, Property and Risk Management Committee recommended using the interest from the Reserve to offset any increase in the municipal levy.

MPAC Population data will be used to apportion the municipal levy in 2018 because there wasn't agreement from all obligated municipalities to use the Census population data.

A. Warren reminded the Board about the letter sent to Minister Hoskins about the inappropriateness of using MPAC data. No response has been received to date.

ACTION: A follow-up letter will be sent to Minister Hoskins regarding the use of MPAC data to apportion the levy.

Motion: That the Board of Health approve:

- No municipal levy increase for 2018
- That MPAC Population Data be used to apportion the municipal levy among obligated municipalities
- The 2018 Healthy Babies Healthy Children Budget in the amount of \$1,060,739.

Motion Carried.

8. Advocacy:

8.1. Nutritious Food Basket

M. Traynor gave a power point presentation regarding food insecurity in the area ([Appendix #3](#)). Food insecurity is inadequate funds to buy nutritious food and is an income based issue. The higher the level of food insecurity, the higher the cost to the health system. 9.7% of households in Leeds, Grenville and Lanark are food insecure.

In the new standards the requirement has been taken out for nutritious food basket so we are asking the Board to send a letter advocating for a Nutritious Food Basket Protocol and Guidance Document.

Motion: That the Board of Health write a letter to the Minister of Health and Long-Term care, Dr. Eric Hoskins, Minister of Housing Peter Milczyn, responsible for the Poverty reduction Strategy, and Minister Helena Jaczek, Minister of Community and Social Services, urging the Ministries to collaboratively discuss how to ensure the continued consistent local surveillance and monitoring of food costing by public health units through a Nutritious Food Basket Protocol and Guidance Document.

Motion Carried.

8.2. SFO Expert Panel Report

This year the ministry asked experts in the field to prepare a report on what is needed going forward for a Smoke Free Ontario strategy. The report sets out a framework for the strategy with a focus on three goals:

- To substantially reduce tobacco use in Ontario
- To regulate and limit access to the supply of tobacco and other harmful inhaled substance and products
- To reduce exposure to the harmful effects of tobacco and other harmful inhaled substance and products

The implementation of this report would require more public health resources in order to ensure compliance with the new regulations and to expand our current supportive preventive and cessation services.

The role of public health in supporting people to quit smoking was discussed. The health unit provides cessation services, STOP on the Road Program, five weeks of NRT products to clients, and provides cessation products for priority populations.

Motion: That the Board of Health write a letter to the Minister of Health and Long-Term Care, Dr. Eric Hoskins, recommending the adoption of the proposed 10 year Smoke-Free Ontario Strategy laid out in the Report of the Executive Steering Committee – Smoke Free

*Ontario Modernization and to ensure proper supports and resources are in place to ensure the recommendations are implemented and complied with.
Motion Carried.*

9. Generative Discussion – Public Health Approach to Cannabis Regulation

In April the federal government created the Cannabis Act to set out a legal framework to legalize the use of cannabis. The province unveiled its provincial framework, which laid out recreational cannabis use for the province of Ontario. The framework will mimic the LCBO, but will not be part of it. There will be 150 stand-alone stores by 2020 and 80 by July 2019. The closest stores to us would be in Kingston and Ottawa. There will also be an online retail process run by the province and illicit dispensaries will remain illegal and be shut down.

Smoking cannabis will be permitted in private residences only – similar to alcohol. Many agencies have advocated for a public health approach to cannabis.

In the local area 20% of youth smoke cannabis and 6% of youth smoke tobacco. Regulations on where you can smoke cannabis will be up to the police for the most part. Our TEO's can enforce smoking medicinal marijuana in public places, but not if it is being smoked recreationally. There is a proposal to amend the act under one umbrella for smoking, vaping etc. This is being brought forward to the ministry (TEOs). Drug and driving counter measures will have more impact on local policy, but the health unit will have a role in education.

Federal law allows up to 4 plants for personal use, but it cannot be sold or provided to anyone outside of the home. Enforcement will be left to police and possession will be illegal under the age of 19.

What will be the advantages of legalization of cannabis? What will be the challenges?

- What is going to happen with those that have had convictions in the past?
- Happy to legalize it – rather have kids use things that are safe –not bought off the street
- Better to use marijuana rather than opioids
- Possible rebound in contraband – less expensive

How will it affect municipalities? Other community organizations?

- Police depts. will enforce driving under influence of marijuana/impairment
- Policing will be an issue – big costs
- Good idea to legalize – tax bonus for government to generate extra revenue

Are there other ways Public Health could be involved in promoting and protecting the health of the community?

- Hearing from 14-16, kids are starting to smoke in Grades 6-7, public health needs to focus on preventative aspect due to harm to brain development and what strategies should be used
- Reefer Madness bring it back and show it to public school kids – target group
- Harm reduction approach important
- Who will be monitoring this and gathering data from school and healthcare
- Need to evaluate the impact of this decision
- Medical marijuana – advocate for oils

10. MOH Verbal Report

[See Appendix #4.](#)

ACTION: New public health standards will be added to the website.

Motion: That the Board of Health Regular Meeting adjourn.
Motion Carried.

11. In-Camera

The motion to move in-camera was read at 6:01 p.m.

Motion: That this Board move into a closed session of the Board of Health due to the following:

- *Personal matters about an identifiable individual, including municipal or local board employees;*

Motion Carried.

Motion: That: this closed session rise and report.

Motion Carried.

11.1. Human Resources

Two items were discussed, one to do with non-union staff and the second was to discuss ONA negotiations.

Motion: That the Board approve that all non-union staff be given a 2017 annual salary increase of 1.5%, effective April 1, 2017.

Motion Carried.

Motion: That the Board of Health ratify the ONA agreement as presented on November 23, 2017.

Motion Carried.

12. Time, Date and Location of Next Meeting

- o 4:00 p.m. Thursday, January 25, 2018 Brockville Office.

13. Adjournment

Motion: That the meeting adjourn at 6:10 p.m.

Motion Carried.

A. Warren, Chair

Date

H. Bruce, Executive Assistant

Date

c: Board members
Shared Drive



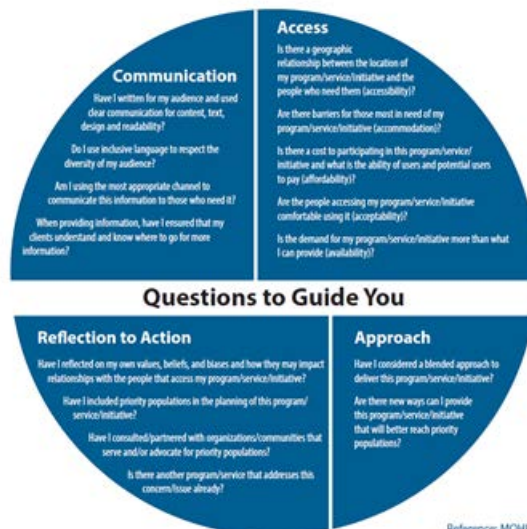
Board of Health
November 23, 2017



Objective

- Highlight internal use of the health equity wheel
- Share next steps with our health equity journey





Reference: MOHLTC, Health Equity Impact Assessment Workbook, 2012

Next Steps

- Provide summary of environmental scan of health equity strategies and tools to SLT
- Summarize the health equity indicator assessment data for SLT
- Present “Our Journey” to the LLG sub-region committee
- Implement health equity media campaign over 2018



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

Questions?



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



- Election 2018: there was discussion about topics that are considered important for BOH to discuss with local candidates in the next provincial election. Such themes as oral health for adults, the tobacco endgame and universal pharmacare are among them. alPHA will distribute some literature on these talking points by the end of November
- There was discussion of the Truth and Reconciliation Commission findings and alPHA's June 2017 resolution that local BOH do four things (note that this was discussed at LGLDHU Governance meeting in October).
- Discussion of upcoming changes to HPPA - 11 regulations are under review. alPHA requested an extension to the Nov. 8th deadline for comment, but was denied. See alPHA website for current consultations. Next BOH section meeting will take place on **Feb. 23, 2018**, at the Novotel in Toronto. The annual meeting will take place on **June 10, 11, 12** at Novotel in Toronto.

Municipal Act

Update on changes to the Act

Presented by Raymond McKinnon
of Dunsmore Law

- Amendments are pursuant to Bill 68 (clarification about what does and does not constitute a meeting) see 238.2
- The changes deal with such issues as electronic participation in meetings, the fact that remote access to meetings must take place in a "public" forum. (i.e. no Skyping from your vacation home in Florida) 🇺🇸
- There will be slides available from this presentation and Mr. McKinnon advised that the amendments are meant to create flexibility for boards

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Patients First Act

Presentation by Dr Vera Etches
Vera.Etches@Ottawa.ca

- Research is being led by Ottawa Public Health regarding Public Health Units and LHINs working together for population health.
- Dr. Etches was the Deputy Medical Officer of Health for Ottawa Public Health at the time of the meeting. She has since been named the Medical Officer of Health for Ottawa
- See handout "Strengthening a Population Health Approach for Health System Planning"

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STRENGTHENING A POPULATION HEALTH APPROACH FOR HEALTH SYSTEM PLANNING

A Public Health Ontario 2017-18 Special Edition
Locally Driven Collaborative Project (LDCP)

Key Findings - Phase 1

Both public health units (PHUs) and Local Health Integration Networks (LHINs) recognize the importance of health system planning through a population health lens.

- Clarity of expectations, shared accountability and funding support are critical for successful PHU-LHIN collaboration for health systems planning.
- LHINs and PHUs are already working in partnership on projects using elements that promote success, such as: strategies with clear, mutually agreed upon goals, shared indicators and accountability. Building on specific projects was recommended by participants.

The number of participants in Phase 1 from LHINs was very similar to the number of participants from PHUs.

What is the topic of this research?

Ontario Patients First Act provides an opportunity for PHUs and LHINs to work together using a population health approach to plan health services that meet the health needs of the entire community.

The purpose of this research is to answer what are the key elements for successful PHU-LHIN collaboration as required for Patients First Act.

Phase 1 Research Objective

To explore elements such as: values, goals, definitions, processes, structures and use of population health indicators/measures/assessment/information, in order to determine the scope of and key elements of successful PHU-LHIN collaboration.

Phase 1 Preliminary Findings

1. Generally, PHU and LHIN participants defined population health and the use of a population health approach similarly. PH participants mentioned upstream prevention interventions more frequently than LHIN participants. PHU participants used **inter sectoral** collaboration more frequently than PH.

2. PHUs and LHINs have **already worked together** in many ways, most often at an local program planning including measuring, monitoring, reporting, etc. at planning tables, (i) by jointly collecting, providing and sharing data to determine priority community needs, and (ii) through leadership councils or groups.

Most commonly noted elements for successful collaboration included:

- a. Sharing of and dedicated human resources for collaboration.
 - b. Common understanding of each other's mandates, language, roles, knowledge and expertise, and drivers.
 - c. Common and aligned vision, goals and objectives that are mutually beneficial.
 - d. Sharing of data, data infrastructure and tools and methods for data management and analysis.
 - e. Clarity of expectations from the territory regarding Patients First and how to work together.
 - f. Aligning accountability requirements and information for PHUs and LHINs.
 - g. Strong leadership and effective collaborative structures at all levels.
 - h. Organizational level agreement on collaborative processes (e.g., planning tables, cross-training).
4. **Top barriers** related to PHU-LHIN collaborations were reported as a lack of resources/capacity to do collaborative work, challenges with data (i.e., who has what, limited data for small geographic) overlapping or inconsistent geographic boundaries.
5. **Tools** that can support collaboration include shared planning tools, models and approaches to support analysis, supports for face-to-face and online communications and decision-making tools.

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How was Phase 1 of this mixed methods research done?

- Phase 1 of this research used a descriptive qualitative approach involving interviews and focus groups with only eight participants conducted between July and Sept. 2017.

- Sample:
 - n = 28 from PHUs
 - n = 30 from LHINs
 - n = 12 from other OH and non-OH key informants

- Eleven focus groups were conducted via teleconference. Purposive sampling was used to obtain representation from various PHU, LHINs or health services providers (board members, senior management, middle management, staff) and across Ontario regions.

- Eleven key informant interviews were conducted with key stakeholders from various branches of the MDHLC, as well as relevant agencies of government and key informants in practice and/or policy from across Canada. Interviews were conducted as an alternative to including challenges for focus groups and to obtain rich data from jurisdictions outside of Ontario.

- Results will inform a cross-sectional online survey of potentially 100+ respondents to be conducted to Phase 2.

Who did the research?

Lead Health Unit: Ottawa Public Health, Vera D'Amico, Deputy Medical Officer of Health, Cheryl Leach, Anne Ais, Lisa LaBoulaye

Academic Lead: Ruta Valaitis, MA, Master University, Andrius Kubilius, University of Western Ontario

Co-applicants: Col Marshall, Champion (LHIN), Louise Jermolov, Eastern Ontario Health Unit, Marc LaFond, Sudbury & District Health Unit, Ruth Sanderson, Oxford County Public Health, Sarah McEwen, Niagara Region Public Health

Research Coordinator: Nancy Murray, JMs, Master University

Where do we go from here in Phase 2?

Phase 2 Research Objective

November 2017 - March 2018
To identify and prioritize the categories of population health and health system indicators that could potentially strengthen the PHU-LHIN collaboration.

- An online survey, which aims to reach staff, management and leadership in LHINs and PHUs, will explore:
 - What do Ontario PHU and LHIN stakeholders think are the most important actions to be taken to foster successful collaboration and the most likely solutions to overcome barriers to collaboration between PHUs and LHINs?
 - What are priority categories of population health and health system data/information that could potentially strengthen PHU-LHIN collaboration?

- What do Ontario PHU and LHIN stakeholders think are the most important actions to be taken to foster successful collaboration and the most likely solutions to overcome barriers to collaboration between PHUs and LHINs?
- What are priority categories of population health and health system data/information that could potentially strengthen PHU-LHIN collaboration?

Funding and Acknowledgements

The **Public Health Units and LHINs Working Together for Population Health** Research Team would like to thank all participants who have shared their ideas and thoughts with us in Phase 1. The team also gratefully acknowledges funding received from Public Health Ontario (PHO) through the Locally Driven Collaborative Projects program. The views expressed in this publication are the views of the project team, and do not necessarily reflect those of PHO.

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Expert Panel on Public Health

Speakers: Linda Stewart
(outgoing) Executive Director of
alPHA

Monika Turner, Director of Policy,
Association of Municipalities of
Ontario (AMO)

- Discussion outlining the issues surrounding the Expert Panel findings: what is the problem they are trying to fix?
- Would create another level of bureaucracy
- Belief that decisions made by the government must be rational and transparent
- Would create a massive system disruption – is not a good fit with what Public Health is doing in local communities
- alPHA sent a letter and briefing note out in response
- AMO wrote a strongly-worded, short response stating they believe the government should not adopt all or any of the recommendations
- AMO has offered to facilitate a meeting with a fulsome discussion between all parties

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CMOH Update

Dr. David Williams, Ontario's Chief
Medical Officer of Health

Overview of focus areas:

1. Strategy to prevent opioid addiction and overdose
2. Zika virus – one year later
3. Rapid Access Addiction Medicine (RAAM) Clinics

Reminder that most addictions start with a prescription
Naloxone may not be as effective for fentanyl overdose
We need a "made in Ontario" strategy
We need accurate data to have good planning

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Food Insecurity in Leeds, Grenville & Lanark

Leeds, Grenville and Lanark District Board of Health

November 23, 2017

Marie Traynor MSc, RD, Public Health Nutritionist

Adapted in part with permission from the Ontario Society of Nutrition Professionals in Public Health



Outline

- **Food insecurity and its impacts on health**
- **Actions to improve the situation**
- **Food insecurity in Leeds, Grenville & Lanark**
- **Measuring food insecurity**
- **Community engagement**
- **Maintaining Nutritious Food Basket monitoring - our recommendation**



Food insecurity & its impact on health

- Household food insecurity is inadequate or insecure access to food because of financial constraints.
- It is an income-based issue not a food-based issue.
- It affects adults, children and the health system.



Actions to improve the issue

- Economic policies
- What about charity?



Food insecurity in Leeds, Grenville & Lanark

Food insecurity affects
9.7% of households in
LGL or approx. 18,680
residents

(CCHS 2014)



Measuring food insecurity

Household Food Security Survey Module (HFSSM)

- 18 questions
- Part of Canadian
Community Health Survey
- Reports produced by
Food Insecurity Policy
Research (PROOF)
<http://proof.utoronto.ca/>



Community engagement

- infographic – community evaluation
- social media – over 11,00 views on Facebook
- traditional media – radio & TV
- community presentations



Nutritious Food Basket (NFB) Monitoring

We recommend an advocacy letter to the Ministers of Health & Long-term Care, Community & Social Services and Housing & Poverty Reduction Strategy to ensure continued, consistent local surveillance & monitoring of food costing by PH units through a NFB protocol, guidance document and food costing spreadsheet.



Questions or concerns



Leeds, Grenville and Lanark District Health Unit**MOH Verbal Report****November 23, 2017****Organization Update**

The Population and Public Health Division of the Ministry of Health and Long-Term Care hosted a Public Health Summit on November 16, 2017 to launch the new 2017 Ontario Public Health Standards: Requirements for Programs, Services and Accountability. The Standards include Foundational Standards, Program Standards and Organizational Requirements within a Public Health Accountability Framework.

- Foundational Standards: Population Health Assessment, Health Equity, Effective Public Health Practice, and Emergency Management.
- Program Standards: Chronic Disease Prevention and Well-Being, Food Safety, Healthy Environments, Healthy Growth and Development, Immunization, Infectious and Communicable Disease Prevention and Control, Safe Water, School Health, Substance Use and Injury Prevention.
- Organizational Requirements: Delivery of Programs and Services Domain, Fiduciary Requirements Domain, Good Governance and Management Practices Domain, Public Health Practice Domain, and Common to all Domains – Annual Service Plan and Reports, Risk Management Framework, Compliance with all Legal and Statutory Requirements.

The Standards are accompanied by 23 Protocols and 14 Guidelines that give specific direction about the implementation of specific Standard Requirements.

The Management Team has been working with the draft Standards since this summer to prepare the Annual Service Plan due on March 1, 2018. They will be presented to the Board in January and February before being submitted to the Ministry. The Service Plans require allocation of staff and operating expenses by programs and this is requiring a reformatting of the financial codes in ACCPAC to facilitate quarterly reporting. We have assigned a Manager to each Standard, and are looking at aligning program staff with the Manager responsible for the comparable Standard.

The *Health Protection and Promotion Act* (HPPA) specifies the organization and delivery of public health in Ontario. Changes to 11 of the regulations under the HPPA are being modernized to ensure public health programs and services remain current to protect the health of Ontarians.

Board of Health

Mr. William Fayle has been appointed to the Board of Health as of January 28, 2018 to replace Ivanette Hargreaves. Mr. Fayle lives in Brockville and was employed for 33 years at Brockville General Hospital holding positions of Laboratory Manager, Infection Control Coordinator, Privacy Officer and Risk Management Coordinator at BGH. He was also a member of the Board of Governors at BGH.

LHIN's

The South East LHIN held a Sub-Region Planning Day on November 1, 2017 in Kingston. The Lanark, Leeds, Grenville Sub-Region met in the afternoon to review population and health service data to begin the identification of key health issues for our region. Each Sub-Region will have an Integration Table to "provide high level planning, input and oversight related to the priorities and activities of the sub-region that will lead to more patient focused, integrated and responsive care and services at a system level." Public Health will have one seat at the Table and I, as Medical Officer of Health, will attend.

Each LHIN received additional funding to support increased mental health and addiction services as part of the provincial Opioid Strategy. Our Health Unit and other community partners in our region met with the SELHIN to give advice on what was needed in our area.

Program Update

Beginning January 2018, in accordance with the Directive from the Ministry, inspection reports for pools, spas and personal service settings will be posted on our website under the "Insight" icon for Food Premises.

The Health Unit invited students in JK to Grade 8 to help build a campaign to say "NO" to germs and "YES" to being healthy. We received over 100 submissions of icky germs, germ fighting heroes, reminders about getting flu shots, washing hands, eating well, and being active. We are looking forward to sharing these submissions on our Facebook page during the month of December and are encouraging the public to like our Facebook page and share their favourites! A complete listing of all submissions will be posted on our website at <http://www.healthunit.org/infectious/influenza/posters.html>. Our Brockville or Smiths Falls Health Unit offices will have display boards in December featuring some of our creative kids' submissions. This is a great collaboration with local schools, parents, and most of all our creative kids who made this campaign a huge success!

The Health Unit is again partnering with the Volunteer Centre and several other youth serving organizations to host a one day Power Up Summit as a follow up to the three day Summit held in Gananoque in February. This is being done with remaining Ontario 150 Partnership Program Grant funds. We will be hosting approximately 60 youth and 20 adult allies from across Leeds, Grenville and Lanark counties at the Brockville Memorial Civic Centre on Friday, November 24, 2017. We are expecting media coverage – so stay tuned.

The Health Unit supported eight local youth and young adults to attend Freeze the Industry's Make 'Em Plain Rally on Parliament Hill on Thursday, November 9, 2017 in support of plain and standardized packaging for tobacco products (Bill S5). They also hosted a luncheon for MP's to discuss the details for the legislation; Gord Brown attended and is very supportive of the issue. Last month MPP Steve Clark read a petition at Queen's Park for Smoke-Free movies. This was a result of local youth advocacy on this issue.

Two of our public health nurses - Lucia Taggart and Tanis Brown - have been recognized for their exemplary work. Lucia has been awarded an RNA Fellowship to study "Supporting the Development of Caring and Compassionate Care in Nursing Students within a Public Health Setting". An article on Tanis in the Registered Nurse Journal recognized her award for leadership in clinical practice and work in Health Equity.

MOHLTC

In October, 400 people from Hamilton, Brantford, Brant County and Thunder Bay and the surrounding area started receiving a basic income as part of the Ontario Basic Income Pilot (OBIP). The three year pilot will be evaluated to assess whether it can improve health and education outcomes for people on low incomes.