



Minutes of the Board of Health Regular Meeting
 Thursday, May 23, 2024
 Zoom
 4:02 pm – 5:49 pm

Present:

Peter McKenna, Chair	Anne-Marie Koiner
Robin Jones, 2 nd Vice Chair	Ruth Lockett
Stephen Bird	Regrets: Toni Surko
Tory Deschamps	
Jane Fullarton	Linna Li, Medical Officer of Health
Richard Kidd	Heather Bruce, Executive Assistant
Shani Gates, Director, Corporate Services	Susan Yates, Director and CNO, Clinical Services
Rebecca Kavanagh, Director, Population Health	

1. Call to Order

Peter McKenna called the meeting to order at 4:02 pm and advised that Toni Surko has sent her regrets for this meeting.

2. Traditional Land Acknowledgement Statement

Peter McKenna read the land acknowledgement statement.

3. Approval of the Agenda

The agenda items were reviewed.

Motion: That the agenda of the May 23, 2024 Regular Meeting be approved as circulated.

Motion Carried.

4. Conflict of Interest Declaration

None declared.

5. Consent Agenda

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

5.1. Approval of the Minutes from the Board of Health Regular Meeting held on March 28, 2024

5.2. General Correspondence

5.3. Duty of Care Report Summary

5.4. Report from the Governance and Quality Assurance Committee

Motion Carried.

6. In-camera:

6.1. Strengthening Public Health:

The motion to move in-camera was read at 4:05 pm.

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;*
- *Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;*

Motion Carried.

Motion: That this closed session adjourn and that the open meeting resume at 4:33 pm.

Motion Carried.

6.2. Report from In-camera:

Peter McKenna advised that the South East Transition Team was discussed and the Board provided direction to the Chair and committee members. Item 6.3. Appointment of Stephen Bird was added to the agenda.

6.3. Appointment of Stephen Bird to the South East Transition Team (SETT)

Motion: That Stephen Bird be appointed as the fourth member of the LGL Board of Health to sit on the South East Transition Team (SETT).

Motion Carried.

Peter McKenna welcomed Stephen Bird to the South East Transition Team (SETT).

7. New Business:

7.1. Change in Signing Authority

Linna Li advised that Ginette Denford, who held the temporary position of Director of Finance and Administration, has left the organization. In the past the organization has had a Finance and Property Manager (rather than a Director), who reported to the Director of Corporate Services. The organization will be returning to this structure. Terry Perkins has previously worked with us briefly in this role and he has returned to the organization. The item for the Board to approve is to remove Ginette Denford as a signing authority and add Terry Perkins.

Motion: That effective May 23, 2024 the signing officers for the Corporation of the Leeds, Grenville and Lanark District Health Unit are as follows:

Medical Officer of Health – Dr. Linna Li

Finance and Property Manager – Terry Perkins

Chair – Peter McKenna

Director – Shani Gates

Motion Carried.

7.2. Governance and Quality Assurance Committee

7.2.1. By-Law #1

Robin Jones advised that By-law #1 has had some minor changes with the focus on conflict of interest. It is no longer the responsibility of the board member, it is up to the individual to declare a conflict and discuss with the Chair before the meeting. If the meeting is open and they declare a conflict they are

not required to leave, but if the meeting is in-camera they must leave the discussion. She thanked everyone for their input.

Motion: That the Board of Health approve the changes made to By-Law #1 as recommended by the Governance and Quality Assurance Committee.

Motion Carried.

7.2.2. Terms of Reference for Board Executive Committee

The scope and responsibility of the Executive Committee has been added to the terms of reference and it is no longer an ad hoc committee.

Motion: That the Terms of Reference for the Board Executive Committee be approved as circulated.

Motion Carried.

7.2.3. 2024 Board of Health Work plan

This is a document that has helped the Board keep track of what needs to happen in what part of the year. Heather Bruce is the steward of making sure we add these items to our agendas when there are meetings. Two additional items from the Finance Committee have been added which have to do with capital reserve and labour relations. Merger work will be taken into account as work progresses this year.

Motion: That the 2024 Board of Health Work plan be approved as circulated.

Motion Carried.

7.3. Update from the SETT

Peter McKenna advised that the Tri-Board's name has changed to the South East Transition Team (SETT) and the next meeting is being held tomorrow in Brockville. The rotating Chair and meeting locations will continue. Two lawyers have been hired, one to guide the governance work and the other to oversee some of the health unit questions at a Board level. A Memorandum of Understanding (MOU) has been drafted which will guide the work of the SETT over the next seven months.

The Ministry of Health keeps in regular contact with one group session already held and another one scheduled in June/July to review details of the feasibility plan submitted with the budget. They are very supportive and we anticipate them getting back to us earlier than expected.

Linna Li advised that from an organizational perspective the MOH/CEO's continue to work with each other very positively with the focus on governance and structural process. Some of the operational preparations are underway such as looking at how implementation will be done at an organizational level, scope of work, and how we might handle the project management work and transitional office work. Some operational elements are being planned; however we are not at a point in the process to start implementation.

Peter McKenna stated that there is strong consensus that treating our employees with respect throughout this process is a top priority and that they be provided information in a timely manner during the transition.

7.4. alPHa Conference

Peter McKenna will be the health unit's representative at the alPHa conference and members were encouraged to provide him with feedback regarding the resolutions being presented.

Resolution: Reviewing Provincial Regulatory Needs for Supportive Living Facilities Serving Vulnerable Individuals

Concern was expressed that the definition is unclear and that housing in the community for people with developmental disabilities in apartment complexes also mentions homelessness. The concern is lumping everything into one basket and advocating for more inspections. It should be easy for not for profits to set up and provide housing without adding additional barriers. Don't want to see well meaning organizations willing to start a shelter to have to go through additional levels of expense and licensing. Need to avoid setting up road blocks for emergency shelters for the homeless. Amendments to the resolution were suggested.

Linna Li advised that the issues are entwined with each other and when you act to protect people this may inadvertently recreate new challenges and that sometimes is a risk in proposing new regulatory standards. At the ALPHA meeting there will be an introduction for the resolution and an opportunity for people to propose questions and for comments to be provided and have conversations with the sponsor of the resolution to get more clarity.

ACTION: Peter McKenna will ask for clarity around the definition of the resolution at the ALPHA Conference.

*Motion: That the Board of Health appoint Peter McKenna as the voting delegate for the Leeds, Grenville and Lanark District Health Unit.
Motion Carried.*

7.4.1. Resolutions for Consideration

Discussed above.

7.5. MOH Verbal Report

See Appendix #1.

Public Health Ontario Labs – Letters were sent to the Board regarding the Auditor General's Report with recommendations that Public Health Ontario Labs (PHOL) wind down their private well water testing. This testing is provided for free and tests are able to be picked up at health units – the health unit is the distribution depot. The program is run by the province and PHOL, and they determine program roll out. If the program does get defunded people would have to pay for well water testing themselves and we have received letters from local municipalities. The majority of people in our region are on private wells and concern was expressed that people are less likely to get bacterial testing done if they have to pay for the service.

A proposal was made that the Board send a letter echoing the sentiments in the letters received from municipalities to continue with free well water testing. Peter McKenna questioned the number of wells, how many people rely on wells, how many are tested, and the contamination rate. A request was made for more information locally. For every test we get back what is the contamination rate and how big of a problem do we have? Linna Li advised that we likely don't know the denominator – how many private wells are in our region, this is not required to be registered, however she will bring some information back to the Board. A request was made to see the numbers broken out for people that consume contaminated water and the medical costs for that vs. testing of well water.

ACTION: Linna Li will request that the team in Population Health review some of the data-points for well water tests, rates of illness for contaminated water, and bring that information back to the Board at a future meeting.

A question was raised around tracking of childhood vaccinations and if the health unit has a major role to play for school aged children and if a rise in measles cases could complicate this? Linna Li advised that work done by the health unit is governed by the Immunization of School Pupils Act (ISPA) and every health unit across Ontario is responsible to identify the vaccine status of children attending school for certain diseases. Measles is part of the ISPA. During the pandemic there was a disruption in health units' ability to assess students, due to staff responding to the pandemic. We are currently assessing certain age groups to see if they are up to date on vaccinations. This is resource intensive work. Vaccine administered by health providers is not automatically sent to the health unit. We receive a list from schools and we look for records and they are often missing and not sent to us. There is work involved in tracking down those kids and vaccine records, and parents and caregivers have to send those records to us which takes time. We are in the process of doing this right now. Enforcement for children not up to date is not being undertaken by our health unit this school year and will start again next year to give us time to recover the backlog. A lot of kids are behind on their vaccinations and we provide vaccine clinics for kids that don't have a primary care provider to get those vaccines.

Peter McKenna advised that Susan Yates, Director of Clinical Services and Chief Nursing Officer is retiring and he thanked her for her service and wished her all the best. Susan Yates thanked the Board for the opportunity, experience and wonderful memories.

8. Time, Date and Location of Next Meeting

The next meeting will be held on Thursday, June 20, 2024 at 4:00 pm.

9. Adjournment

Motion: That the meeting adjourn at 5:49 pm.

Motion Carried.

Peter McKenna, Chair

Date

Heather Bruce, Executive Assistant

Date

c: Board members

MOH Verbal Update May 23, 2024

- Sexual health service updates
 - Rise in STIs in the province for a number of years now, including in our region
 - LGLDHU is one of the highest rises in syphilis in Ontario, and we've had to assess for congenital syphilis a few times (though fortunately no cases yet)
 - Congenital syphilis is a potentially severe infection of a fetus during pregnancy
 - The epidemiology of STIs more broadly is also changing, with growing risks among gay, bisexual, and men who have sex with men, those who are homeless, and those who use unregulated substances
 - All of this means that we need to shift our resources to focus on high-risk populations, including an outreach model
 - Given our limited resources as an organization, this means we need to make changes to some of our current sexual health services
 - We are currently review potential changes, includes changes to our sexual health clinic schedules and shifting to a by-request model for certain sexual health clinic sites that are consistently less busy, rather than pre-booked clinic times --> this has the benefit of being more accessible to people if a clinic is only pre-scheduled on a certain day of the week and that day consistently doesn't work for them
 - Other changes include further promotion of self-testing options and having a greater focus on those with no primary care provider
 - This is an example of work across the organization to assess and shift our services as a result of evolving health needs post-pandemic
- CMOH's annual report
 - The Chief Medical Officer of Health in Ontario recently released an annual report on the use of key psychoactive substances in Ontario: nicotine, alcohol, cannabis, and unregulated substances such as opioids
 - This is an excellent report that highlights the health harms and economic harms of these substances, as well as evidence-based interventions to prevent these harms
 - Using 2020 numbers:
 - Deaths were highest due to tobacco use at an estimated 16k people, 6k from alcohol, and 2k from opioids
 - In contrast, costs attributed to these substances were highest due to alcohol use at an estimated \$7 billion, \$4 billion from tobacco, and \$2 billion from opioids
 - To give a sense of scale, the entirety of the province's public health budget is estimated to be \$1 billion per year
 - The report calls for strategies from the province and from local entities, to reduce harms from these substances across the spectrum of prevention, from the creation of environments that support health, to regulatory structures to reduce substance use, to education and shifting social norms, to providing treatment and harm reduction services
 - We have begun to incorporate this document into our work on substance use prevention and harm reduction
 - I would emphasize that, consistent with the Health Unit's work, the report emphasizes an all-of-society approach to substance use and harms--there are many interventions that we know are effective in preventing substance use and harms, and these interventions fall beyond public health and in the scope of clinicians, municipalities, the private sector, the province, and many more.

- PHOL:
 - As you saw in your correspondence for this meeting, the Auditor General had issued a report with a recommendation that Public Health Ontario Labs (often called PHOL) wind down their private well water testing
 - As many of you will be aware, private homes with well water are able (and highly encouraged!) to get their wells tested for bacterial contamination
 - This testing is provided for free to private homes, with pick-up and drop-off locations at the Health Unit across the LGL region
 - The program is run by the province, through PHOL, and the Health Unit is the distribution depot
 - Of note, access to and funding for private well water testing is determined by the province and by PHOL, and is not under the Health Unit's control (we're just the distribution point)
 - You may be aware that the province has formally commented that, at this time, they do not intend to defund private well water testing
 - If the program does get defunded, people would have to pay for well water testing themselves
 - Of note, we estimate that the majority of people in the LGL region are on well water
 - There was another recommendation for PHOL in the Auditor General's report: to reduce the number of lab sites, including closing the site in Kingston
 - This is the closest lab location to us, and there is no lab in Ottawa
 - It's often helpful to have a lab close to us because it reduces travel time for samples, and allows us to get faster results; for some public health issues, a difference of hours or a day can make a meaningful difference (for example, measles results)
- Measles
 - Speaking of measles, you likely know that there has been a rise in cases in Ontario
 - This is due to a rise in measles cases as a result of disruptions to measles vaccination globally during the COVID-19 pandemic
 - Most Ontario cases have been associated with travel, and among individuals who had not received measles vaccination
 - There have been no cases in the LGL region yet, though our infectious diseases team has done a number of investigations of suspected cases
 - Measles typically causes a mild illness, though around 1 in 1000 people may have severe or life-altering complications
 - The single most effective way to prevent measles infection is the measles vaccine