

**UNAPPROVED MINUTES – THIRD MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, APRIL 19, 2012, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Claude Belcourt
Janet Bradley
Evelyn Dutrisac
Rita Pilon
Jim Walsh

Fabio Belli
Madeleine Dennis
Brigita Gingras
Ursula Sauvé

Claude Berthiaume
Ron Dupuis
Ken Noland
Brenda Spencer

STAFF MEMBERS PRESENT

Bruce Fortin
Marc Piquette

Sandra Laclé
Rachel Quesnel (Secretary)

Dr. Na-Koshie Lamptey
Dr. Penny Sutcliffe

Media

R. DUPUIS PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:30 p.m.

2.0 ROLL CALL

3.0 DECLARATION OF CONFLICT OF INTEREST

None.

4.0 DELEGATION / PRESENTATION

i) Rabies Prevention and Control: 2001-2011

- Stacey Laforest, Manager, Environmental Health Division

S. Laforest provided information regarding prevention and control for rabies, a deadly viral disease.

Under the Ontario Public Health Standard and Protocol, health units are required to prevent the occurrence of rabies in humans. Health units achieve this goal by investigating incidents of suspected rabies exposure, collaborating with provincial and federal agencies to test specimens and monitor the animal population for rabies, and providing public education regarding rabies prevention and control.

There is currently one confirmed human case of rabies being treated in Toronto. The case has a recent history of travel to the Dominican Republic, and the source of the exposure is currently under investigation. Human rabies cases are extremely rare in Ontario. The last confirmed human case of rabies acquired in Toronto was in 1931 and in Ontario was in 1967.

The Sudbury & District Health Unit (SDHU) investigates all reported cases of suspected rabies exposure and the role of the public health inspector in such an investigation was

explained. Aside from the 2002 animal rabies outbreak, the SDHU receives approximately 250 reports of suspected rabies exposures in humans in an average year.

Board members were also informed of the assessment and surveillance procedures in the event of a potential human rabies exposure.

The SDHU works on an ongoing basis with community partners, including local schools, physicians, veterinarians, municipal animal control services, and SPCA offices to improve public knowledge in regards to rabies prevention. For Rabies Awareness month in May, the SDHU will be issuing a media release as well as offering presentations to local elementary schools, and distributing printed material to veterinary and SPCA offices in an effort to increase public awareness about rabies prevention.

Questions were entertained and the Board thanked S. Laforest for providing them with a heightened understanding and awareness of this disease and the SDHU's role with the rabies program.

5.0 MINUTES OF PREVIOUS MEETING

i) Second Meeting – February 16, 2012

18-12 APPROVAL OF MINUTES

Moved by Belcourt – Spencer: THAT the minutes of the Board of Health meeting of February 16, 2012, be approved as distributed.

CARRIED

6.0 BUSINESS ARISING FROM MINUTES

i) Negotiation of Performance Targets for the Accountability Agreement Indicators

- Letter from the Public Health Division Acting Executive Director and Assistant Deputy Minister of the Health Promotion Division of the Ministry of Health and Long-Term Care dated February 8, 2012
- Letter from the Hastings & Prince Edward Counties Board of Health to the Chief Medical Officer of Health dated March 7, 2012

As an update from the January 19, 2012, Board meeting, Dr. Sutcliffe reported that the SDHU has not received a response from the MOHLTC yet regarding the SDHU's proposed performance indicator targets.

The Senior Management Team has established an internal mechanism to monitor compliance and to report the same to the Board on an ongoing and regular basis.

7.0 REPORT OF THE MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER

i) April 2012 – Medical Officer of Health / Chief Executive Officer Report (MOH/CEO)

Words for thought reference a report by Cancer Care Ontario (CCO) and Public Health Ontario on chronic disease including cancer and the Executive Summary of the "Taking Action to Prevent Chronic Disease" report is included with today's agenda package. Given CCO is a health partner who predominantly focuses on treatment and screening, this

health promotion partnership is an important investment in chronic disease prevention. The report makes 22 recommendations to the provincial government across many ministries for evidence-informed actions to guide a provincial strategy.

Board of Health members were thanked for arriving early today for the Board group photo taken prior to today's Board meeting.

Dr. Sutcliffe stated that this month's report summarizes activity related to her role as Chair of the Council of Medical Officers of Health (COMOH). She observed that there seems to be increasing attention at the provincial level on the prevention of chronic disease such as is referenced in the *Ontario's Action Plan For Health Care*.

MOHLTC officials have indicated that the provincial *Action Plan* will guide Ontario's health care goals and that the provincial government is not considering implementation of recommendation 5-78 from the *Commission on the Reform of Ontario's Public Services Report* (Drummond Report) "*Integrate the public health system into the other parts of the health system (i.e., Local Health Integration Networks)*".

As part of an internal review of procurement processes, the SDHU undertook a Request for Proposal for the provision of benefits consulting services and is in the process of negotiating a service agreement with the preferred proponent. Work will then commence with the consultant to identify cost containment strategies, assess the strategies and implement the approved actions.

The financial statements for the period ending February 29, 2012, shows a positive variance in the cost-shared programs of \$196,472. Dr. Sutcliffe noted that these are the first financial statements being shared with the Board for 2012. Progress continues to be made towards achieving the 2012 budgeted vacancy rate of \$297,946. The Board was reminded that the Corporate Services team submitted the grant request to the MOHLTC and we do not expect to be informed of the Ministry grants until into the summer months.

During the National Colorectal Cancer Awareness Month in March, the SDHU partnered with the North East Regional Cancer Program, the Cancer Prevention and Screening Network, ColonCancerCheck, and the Ontario Hockey League's Sudbury Wolves to urge Ontarians to take a snapshot at colorectal cancer, the second leading cause of cancer death and the third most diagnosed cancer in Ontario.

An interesting project with the SDHU's school team recruited youth/young adult volunteers to support tobacco prevention initiatives and to engage the youth in a creative way to discuss why people are smoking. As part of a northeast tobacco youth photovoice activity, the youth received training on photography and photo editing with plans to capture, in a visual format, a youth perspective on why young people start to smoke. The visual story will be shared with other youth and adults later this spring. This information will help the SDHU better understand the higher smoking rates in youth within our area compared to the provincial rates.

Under the leadership of Interim Director, Shelley Westhaver, the RRED Division has undergone a review and transition and has reformulated its purpose to focus on the OPHS Foundational Standard and the Professional Practice and Development functions and to ensure that the Division's key "client" is SDHU staff. Through funding for the Chief Nursing Officer initiative, a Manager of Professional Practice and Development has been hired.

Questions regarding the April MOH/CEO report were entertained.

19-12 ACCEPTANCE OF REPORT

Moved by Sauvé – Belcourt: THAT the Report of the Medical Officer of Health/ Chief Executive Officer for the month of April 2012 be accepted as distributed.

CARRIED

8.0 NEW BUSINESS

i) Items for Discussion

a) First Nations and Public Health

- First Nations and Public Health Power Point - Recap and Discussion for Board Strategic Direction
- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Board of Health dated November 10, 2011

Board members were thanked for their attendance and participation at the orientation workshop held on March 26, 2012, with special guests, Chief Medical Officer of Health, Dr. A. King and MOHLTC Director, L. Walker.

With the assistance of printed Power Point presentation, Dr. Sutcliffe recapped the SDHU's work and Board discussions to date on this matter.

At its November 10, 2011, meeting, the Board recognized the worse overall health status and socioeconomic challenges facing First Nations peoples in Canada and the historic separation between provincial public health systems and federally funded public health systems, and directed the MOH to convene a workshop for the Board.

A workshop was held on March 26, 2012, to orient the Board to fundamental issues to be better positioned to determine Board direction in this matter. Key points brought forward at the March 26 session included:

1. What do we know about area First Nations and issues affecting health?
2. What public health/health care services already exist on reserve?
3. How does the SDHU already interact with area First Nations?
4. What is the legal context of working with First Nations?
5. What about funding?
6. What are other boards of health doing?
7. What are possible next steps

There are 13 First Nations in the SDHU catchment area with seven on Manitoulin Island, five in the Sudbury District, and one within the City of Greater Sudbury. There is a First Nation population of 5,745 on-reserve and 14,586 total for on and off reserve with over 80% of First Nation people in our area living on Manitoulin Island. It was recognized that the demographic and health information is incomplete for our area.

The status of federally funded public health programs and services was reviewed, acknowledging that our data sources are from websites and some of our own experience. Further dialogue would be required to better understand such programs and services.

Although there are no specific agreements or policy direction, staff explained that they feel that the SDHU has productive relationships with area First Nations communities. The SDHU is responsive to requests and proactive when there are funding opportunities or special initiatives. The SDHU does not provide direct health protection or regulatory role with area First Nations.

The question of legislative jurisdiction is a difficult one. The provincial Health Protection and Promotion Act (HPPA) is the framework for public health governance and programs and services in Ontario; however, different interpretations exist as to the applicability of this legislation on First Nations lands. It was explained that the HPPA provides for agreements with the council of a band under section 50 of the Act. These agreements provide for a framework for Boards to provide programs and services to band members. In such cases, the band agrees to accept the responsibilities of an obligated municipality and the band has the right to appoint a member of the band to the Board of Health.

In the province, one Board has had a Section 50 agreement since the 1960's and another Board is currently finalizing an agreement pursuant to the request of the First Nations. It was noted that the SDHU has not had any requests.

The Board was provided with a range of possible next steps. It was proposed that we explore how we can adapt and orient our programs and services; explore opportunities for improved coordination and engage with area First Nations to better understand potential issues.

Dr. Sutcliffe noted that she has consulted with other MOHs to determine what has worked with other Boards. She also clarified the SDHU's role with First Nations during an outbreak and noted that we have good partnerships with the First Nations health care providers.

It was noted that the issue of public health and First Nations is an important one for the Board to pursue and that our further dialogue must be inclusive and respectful, looking to establish collaborative relationships for long term health improvements.

20-12 FIRST NATIONS AND PUBLIC HEALTH

Moved by Sauvé – Noland: THAT the Sudbury & District Board of Health, having carefully considered issues of health status, health services, historical relationships, and applicable legislation concerning area First Nations on-reserve; and having given thoughtful consideration to its strategic priorities of championing equitable opportunities for health, strengthening relationships with priority communities and partners, and supporting community voices to speak about issues that impact health equity; hereby direct the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations.

CARRIED

b) 2012 Association of Local Public Health Agencies (aLPHa) Annual Conference, Niagara Falls, June 10, 11 and 12, 2012

- Registration Information and Preliminary Program for Changing the Conversation, aLPHa's 2012 Annual Conference, June 10-12, Hilton Hotel & Suites Niagara Falls/Fallsview

Board members are encouraged to take advantage of this continuing education opportunity and to attend this annual conference. The conference includes the Board of Health section meeting and educational sessions which are relevant to public health. If interested, board members are to contact R. Quesnel at their earliest convenience for registration.

c) Report of the Commission on the Reform of Ontario's Public Services

- Toronto Board of Health Response to the Report dated February 27, 2012
- alPHa Board's Response to the Report to the Premier of Ontario dated March 1, 2012
- Letter from the Premier of Ontario to the alPHa Board dated March 8, 2012

Dr. Sutcliffe commended the full report from the Toronto Public Health regarding the Report of the Commissions (Drummond Report) for the Board's review as the Toronto Staff Report is very well done and the Drummond Report recommendations related to public health are effectively synthesized. The Toronto Board of Health recommends the MOHLTC undertake a comprehensive assessment of the implications of public health recommendations and a consultation process from a public health perspective.

Dr. Sutcliffe noted that more recently, we have heard that the government "compass" on health is its *Action Plan*.

ii) Correspondence

a) Panorama Phase 1 Funding

- Letter from the Minister of Health and Long-Term Care to Sudbury & District Board of Health Chair dated February 23, 2012

No discussion.

b) 2012 Provincial Budget Highlights

- Prepared by alPHa dated March 27, 2012

No discussion.

c) 2011 Nutritious Food Basket

- Letter from Durham Region Health & Social Services Committee of Regional Council to the Premier of Ontario dated February 17, 2012

No discussion.

d) One-Time Funding for H1N1 and PHRED Program

- Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair dated March 30, 2012

No discussion.

21-12 ACCEPTANCE OF NEW BUSINESS ITEMS

Moved by Gingras – Belli: THAT this Board of Health receives New Business items 8 i) to ii).

CARRIED

9.0 ITEMS OF INFORMATION

- | | | |
|------|---|---------------------------------------|
| i) | Senior Management Executive Committee Minutes | January 30, 2012 and
March 2, 2012 |
| ii) | Ministry of Education News Release Re:
Protecting Student Athletes – New Concussion
Strategy | March 6, 2012 |
| iii) | Executive Summary Taking Action to Prevent
Chronic Disease: Recommendations for a
Healthier Ontario | |
| iv) | Public Health Ontario Connections | March 2012 |
| v) | RRED Division Pamphlet | |
| vi) | Inside Edition | February 2012 |
| vii) | Sudbury and Manitoulin Districts' Community Food
Security Directory | 2011-2012 |

These items are shared for the Board's information.

The Resources, Research, Evaluation and Development (RRED) division pamphlet was recently developed given the refocusing of the division. The pamphlet will be used primarily to communicate the division's roles and responsibilities with other divisions internally; however, it may be useful externally as well.

10.0 ADDENDUM

22-12 ADDENDUM

Moved by Gingras - Belli: THAT this Board of Health deals with the items on the Addendum.

CARRIED

- i) 2012 Ontario Council on Community Health Accreditation (OCCHA) Accreditation Questionnaire**
- Briefing Note from the Medical Officer of Health dated April 19, 2012
 - OCCHA Questionnaire for Board Members

The SDHU's accreditation onsite survey is scheduled for May 14-16, 2012, and OCCHA is requesting Board members complete a Board questionnaire by April 30. Submission options were provided to the Board members and the electronic copy of the questionnaire will be sent following today's Board meeting.

- ii) First Nations and Public Health**
- Letter from the Chief Medical Officer of Health to the Sudbury & District Health Unit Medical Officer of Health dated April 17, 2012

A follow-up letter from the Chief MOH regarding the March 26, 2012, Board education workshop confirms that the discussion was valuable from our perspective as well as from the Ministry's perspective. The CMOH is encouraging the SDHU to continue discussions on this matter.

iii) Association of Local Public Health Agencies (alPHA)'s Executive Committee Meeting with the Deputy Minister of Health and Long-Term Care, Saad Rafi

- Meeting notes dated April 12, 2012

A summary of a meeting between alPHA Board members and the Deputy Minister of Health and Long-Term Care, prepared by COMOH Chair, Dr. Sutcliffe and alPHA Executive Director, L. Stewart, has been shared with all boards of health. Key points of the discussion were summarized.

iv) Public Health Ontario Connections - April 2012

This monthly external newsletter from Public Health Ontario is shared for information.

v) Inside Edition – March 2012

The Inside Edition is the SDHU's internal newsletter and is shared with the Board for information.

11.0 IN CAMERA

23-12 IN CAMERA

***Moved by Berthiaume - Walsh: THAT this Board of Health goes in camera.
Time: 2:25 p.m.***

CARRIED

M. DENNIS PRESIDING

- i) Personnel
- ii) Personnel
- iii) Personnel

12.0 RISE & REPORT

24-12 RISE & REPORT

***Moved by Walsh - Berthiaume: THAT this Board of Health rises and reports.
Time: 2:50 p.m.***

CARRIED

RON DUPUIS PRESIDING

It was reported that three personnel items were discussed and the following two motions emanated from the in-camera component of today's Board meeting:

25-12 APPROVAL OF IN CAMERA MEETING NOTES

Moved by Walsh – Sauvé: THAT this Board of Health approve the meeting notes of the February 16, 2012, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

26-12 ONA MEMORANDUM OF SETTLEMENT

Moved by Noland – Spencer: That the Board of Health ratifies the Memorandum of Settlement between the Sudbury & District Health Unit and Ontario Nurses Association dated February 23, 2012.

CARRIED

13.0 ANNOUNCEMENTS / ENQUIRIES

It was shared that former Board member, Mr. Norman Love, passed away at the age of 97.

In celebration of National Volunteer Week April 16-20, Board members received two lime green bracelets with the National Volunteer Week motto: Passion, Action, Impact. One bracelet was for board members, and the second to pass on to a colleague or friend who volunteers.

The Board congratulated the SDHU's volunteer program as well as the 135 volunteers who provided the 2,829 hours of service within 13 volunteer roles at the SDHU in 2011.

14.0 ADJOURNMENT

27-12 ADJOURNMENT

Moved by Bradley – Dutrisac: THAT we do now adjourn. Time: 2:54 p.m.

CARRIED

(Chair)

(Secretary)