BOARD OF HEALTH
MINUTES

DATE:	Friday December 19, 2014
LOCATION:	Grey Bruce Health Unit Boardroom (Room 207)
TIME:	10:00 a.m. – 12:00 p.m.
MEMBERS PRESENT:	John Bell, Kevin Eccles, Stewart Halliday, David Inglis, Laurie Laporte, Gary Levine, Bob Pringle, David Shearman, Mike Smith, Mitch Twolan
REGRETS:	Will Rogers
ALSO PRESENT:	Dr. Hazel Lynn, Drew Ferguson, Sue Murray
SPECIAL GUESTS:	
SECRETARY:	Erin Meneray

1.0 CALL TO ORDER

Dr. Hazel Lynn assumed Chair and called the meeting to order at 10:00 a.m.
Chair, Dr. Hazel Lynn declared a quorum present.

2.0 ELECTIONS

2.1 Board of Health Chair

Dr. Lynn invited nominations for Chair of the Board of Health for 2015.

Moved by: David Shearman Seconded by: Kevin Eccles
"That Board of Health member Mike Smith be nominated Chair of the Board of Health for the Grey Bruce Health Unit for 2015."

Carried

Moved by: Kevin Eccles Seconded by: Stewart Halliday
"That nominations be closed for Chair of the Board of Health for the Grey Bruce Health Unit."

Carried

Mike Smith, as a representative of Bruce County, accepted the position of Chair of the Board of Health for the Grey Bruce Health Unit for 2015.

Mike Smith assumed Chair.

Chair, Mike Smith, welcomed new Board of Health members John Bell and Stewart Halliday and returning Board of Health members David Inglis and Kevin Eccles.

2.2 Board of Health Vice-Chair

Mike Smith invited nominations for Vice-Chair of the Board of Health for 2015.

Moved by: Bob Pringle Seconded by: Mitch Twolan
"That Board of Health member Kevin Eccles be nominated for the Vice-Chair of the Board of Health for the Grey Bruce Health Unit for 2015."

Carried

Moved by: Bob Pringle Seconded by: John Bell
"That nominations be closed for Vice-Chair of the Board of Health for the Grey Bruce Health Unit."

Carried

Kevin Eccles, as a representative of Grey County, accepted the position of Vice-Chair of the Board of Health for the Grey Bruce Health Unit for 2015.

3.0 AMENDMENTS TO AGENDA

New Business, 11.3 Building Update

4.0 APPROVAL OF AGENDA

Moved by: John Bell Seconded by: David Shearman
"That the agenda be approved as amended."

Carried

5.0 DISCLOSURES OF PECUNIARY INTEREST

There were no disclosures of pecuniary interest declared at this time.

6.0 REVIEW OF MINUTES OF LAST MEETING (November 28, 2014)

Moved by: Mitch Twolan Seconded by: David Shearman
"That the minutes of November 28, 2014 be approved as circulated."

Carried

7.0 STAFF PRESENTATION: Health Status Report – Alanna Leffley

8.0 CORRESPONDENCE

8.1 2015 Public Health Funding and Accountability Agreement
8.2 Algoma Public Health Resolution Re. Maintaining Preventative Dental Services and Urgent Care Programs in the Ontario Public Health Standards
8.3 Northwestern Health Unit Resolution Re. Ensuring Continued Oral Health Access for Children in Need of Preventative Services or with Urgent Dental Needs
8.4 Haliburton, Kawartha, Pine Ridge District Health Unit Re. Maintaining Preventative Dental Services in the Ontario Public Health Standards and Dental Care for Children with Urgent Dental Needs

8.5 Haliburton, Kawartha, Pine Ridge District Health Unit Re. Support for Private Members Bill C-626, which calls for the appointment of a Chief Statistician and the Reinstatement of the mandatory Long-Form Census

8.6 Smoke-Free Housing Ontario, Endorsement of Action for Smoke-Free Multi-Unit Housing

Moved by: Mitch Twolan Seconded by: Gary Levine

"That the Board of Health for the Grey Bruce Health Unit endorse the Smoke-Free Housing Ontario Coalition's policy recommendations to reduce the exposure of second-hand smoke in multi-unit housing."

Carried

Moved by: David Shearman Seconded by: Laurie Laporte

"That the Board of Health receives correspondence 8.1 to 8.5 as circulated."

Carried

9.0 REPORTS

9.1 December Reports

9.1.1 MOH Report – Mental Illness

9.1.2 Program Report – December 2014

9.2 News Releases

9.2.1 Flu Arrives in Grey Bruce

9.2.2 The Cost of Eating Well in Grey Bruce

9.2.3 OPSEU Pro-Tech Members Ratify Contract Agreement

9.2.4 We CARE Launch

9.2.5 Spread Joy, Not Germs!

Moved by: Bob Pringle Seconded by: John Bell

"That the Board of Health receives the December reports as presented."

Carried

10.0 ADMINISTRATION AND FINANCE

10.1 Financial Report October – Sue Murray

Moved by: David Inglis Seconded by: Kevin Eccles

"That the Board of Health receives the Financial Report for the Month of October as presented by Sue Murray."

Carried

10.2 MOH Employment Contract

Moved by: Gary Levine Seconded by: David Inglis

"That the Board of Health approve the Medical Officer of Health employment contract extension as presented."

Carried

11.0 OTHER BUSINESS

11.1 Internal Equity Development Committee

Moved by: Mitch Twolan Seconded by: Bob Pringle
"That Board of Health Chair Mike Smith be appointed the Board representative on the Internal Equity Development Committee."

Carried

11.2 2015 Meeting Dates

Moved by: Bob Pringle Seconded by: Gary Levine
"That, Board of Health meetings continue to be held the fourth Friday of each month, and will commence at 10:00 a.m. with the exception of the December meeting which will be changed to December 18, 2015."

Carried

11.3 Building Update

The Board was briefed on the ongoing remedial work. A report from the engineer is pending.

12.0 ADJOURNMENT

By Motion of Laurie Laporte, Chair Mike Smith adjourned the meeting at 12:00 p.m.

Date of Next Meeting: Friday January 23, 2015 – 10:00 a.m.
Grey Bruce Health Unit Boardroom

Mike Smith
Chairperson

Dr. Hazel Lynn
Medical Officer of Health

Erin Meneray
Recording Secretary

BOARD REPORT

Friday, January 23, 2015

Medical Officer of Health

REPORT TO THE BOARD

Friday, January 23, 2015

Benjamin Disraeli introduced the Public Health Act to British Parliament in 1875 and commented, "Public Health is the foundation for the happiness of the people and the power of the country. The care of public health is the first duty of a statesman."

Now, 140 years later, the statement about the importance of the health and well being of all citizens is still true. There are many organizations involved in the 'care of public health'. Local Municipal Government involvement is critical as we look at input in our natural, social and built environments, and how these contribute to our community where generations of families can live, work and play safely, now and in the future.

Health Promotion, as defined in the Ottawa Charter for Health Promotion (World Health Organization, 1986) is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment. Therefore, health is seen as a resource for everyday life, not the objective of living.

The Ottawa Charter, the most widely used health promotion document in the world, outlines five action strategies:

- Building health public policy
- Creating environments for health
- Strengthening community actions
- Developing personal skills
- Reorienting health services

You, as members of local governments have the opportunity to make the biggest contribution to our health.

Together we can build healthier communities.

Hazel Lynn

An example of a multi-organizational partnership:
Center for Social Innovation – Constellation Collaboration

Program Report
January 2015

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WEBSITE: www.publichealthgreybruce.on.ca

We work with the Grey Bruce community to protect and promote health.

CLIENT SERVICES

HEALTHY COMMUNITY DEVELOPMENT

CLIENT SERVICES

NutriSTEP Research Project

NutriSTEP is a standardized nutrition screening tool for toddlers (18 to 35 months) and preschoolers (3 to 5 years). The questionnaires are a fast and simple way to assess eating habits and recognize nutrition problems in children. The comprehensive strategy for NutriSTEP identifies primary care (Family Health Teams and Community Health Centres) as integral partners to the successful implementation of NutriSTEP.

A research study into its use was undertaken based on key informant interviews with ten primary care sites. This work examined the challenges to using NutriSTEP as well as what facilitated its use. Of the ten sites, five do not use NutriSTEP. They cite lack of time and lack of target group as the main reasons. Those using NutriSTEP note education/training, IT support, nutrition expertise, ease of use and inter-professional collaboration as contributing factors supporting its implementation. The study also looked at how sites using NutriSTEP interpret results, provide feedback to parents and initiate referrals

Results and implications for practice will be completed in early 2015. The final poster summary of results will be presented at Brescia University College as part of the lead researcher Jenessa Dalton's dietetic internship requirements. The study will also be submitted to Dietitians of Canada for an opportunity to present it at their annual conference.

HEALTHY COMMUNITY DEVELOPMENT

Public Health Influenza Immunization Coverage

Canada is experiencing an early influenza season with influenza A (H3N2) as the predominant strain; affecting mostly the elderly. There have been confirmed cases of influenza across Grey Bruce, in both the community and in Long-Term Care facilities.

Public Health policy states that all Public Health employees should receive annual influenza immunization to protect themselves and others. A recent staff survey found that 82.5% of Public Health staff had received the influenza vaccine with 70% receiving the vaccine at a Public Health clinic.

Influenza viruses are constantly changing. The vaccine is updated each year based on which virus strains are circulating, how they are spreading and how well the current vaccine protects against new strains. While the current vaccine may offer less than ideal protection from circulating strains, it can still reduce the risk of severe complications from the flu. The best defense against influenza is vaccination. Hand washing, sneezing/ coughing into your sleeve, frequent cleaning of hard surfaces and staying home when sick all provide additional protection.

Auditor General's Report

The 2014 Ontario Auditor General's Report reviewed the Ontario Immunization System "to ensure Ontario's immunization program protects against vaccine preventable diseases in an efficient and cost-effective manner and is in compliance with legislative requirements" (OAG Report, December 2014). The Ministry of Health and Long-Term Care, Public Health Ontario and Health Unit's are committed to a two-year timetable to address the issues identified in the Auditor General's report.

1. **Ontario's child-immunization rates are below federal targets**. Low immunization coverage rates can increase the risk of disease outbreaks. In Grey Bruce, immunization rates are high for most diseases (92% coverage for measles in 2011/12). Locally, surveillance of immunization rates will continue with special focus on under-immunized communities.
2. **There is no central immunization registry in Ontario**. It is important to maintain an immunization registry incorporating information from all health care providers who administer vaccines (including physicians, public health and pharmacies). The introduction of Panorama, which Grey Bruce Health Unit was instrumental, will create a comprehensive system for immunization reporting.
3. **Lack of information on immunization coverage in childcare centers**. Due to challenges in reporting, the Ministry of Health and Long-Term Care is often not aware of coverage levels in childcare centers. In Grey Bruce, all childcare immunization records are assessed annually and submitted to the Ministry.
4. **Vaccine wastage**. The Auditor General noted $3 million in publicly funded vaccines expiring before use. In Grey Bruce, we monitor vaccine orders and allocate based on a one-month supply of vaccine at any one time. Facilities who over-order or have large amounts of wasted product must have a contingency plan to better manage vaccines or they lose the ability to order from Public Health. Grey Bruce Health Unit had a wastage rate of less than 1% for HPV vaccine and less than 5% for influenza vaccine (MOHLTC Accountability Indicators, 2013).

More Public Places Going Smoke-Free

More public areas across Grey Bruce are going smoke-free.

As of October 2014, Grey County prohibits smoking within nine metres of any entrance or exit of a municipal or county building. The restriction does not extend to any private property unless the consent of the owner has been granted and does not include a highway as defined in the *Highway Traffic Act*. Tenants occupying Grey County social housing units prior to October 2014 will be exempt; however, the bylaw will be enforced with all new residents.

Funding was received through the Southwest Tobacco Control Area Network to purchase signs for distribution to Grey County and lower tier municipalities.

Several regulatory changes to the *Smoke-Free Ontario Act* came into effect January 1, 2015.

The **sale of tobacco** is prohibited on post-secondary campuses, schools, day nurseries and licensed private-home childcare and premises under the *Independent Health Facilities Act*.

The **use of tobacco** products is prohibited on:

- Outdoor restaurant and bar patios (except Royal Canadian Legions with existing patios prior to November 18, 2013)
- Outdoor playgrounds and within 20 metres of the playground
- Outdoor municipal sporting areas, spectator areas and within 20 metres of the sporting area and spectator areas

The Ministry of Health and Long-Term Care has provided signs for municipal playgrounds and sports fields. Signs for outdoor restaurants and bar patios will be delivered in the spring. It is the responsibility of the municipality and the owner of the restaurant/bar patio to post the signs.

Tobacco Enforcement and Education Officers at the Grey Bruce Health Unit will enforce both the Grey County bylaw and *Smoke-Free Ontario Act* amendments.

Expanded Outdoor Air Quality Monitoring in Grey Bruce

The relationship between poor outdoor air quality and human health is well understood. Commonly encountered air pollutants can increase the risk of cardiovascular and respiratory disease and/or worsen pre-existing conditions such as allergies and asthma.

The Grey Bruce's State of the Environment Report, released late last year, found air quality in Grey Bruce to be very good. However, the report notes there is only one monitoring station near Tiverton in southwest Bruce County. Data from this site reflects pollution carried by the prevailing winds from outside Grey Bruce but does not provide information about local sources and therefore may not reflect the state of air quality further inland. While there are no obvious, focused sources of air pollution (e.g. large-scale industrial operations or areas of concentrated vehicular traffic) it has been hypothesized that the combination of local climatic conditions and less focused, but still potentially impacting, activities could produce adverse conditions.

Addressing this concern, the Grey Bruce Health Unit proposed a collaborative project with the Ontario Ministry of the Environment and Climate Change to undertake expanded air quality monitoring in Grey Bruce. A discussion regarding potential methodology for the project was made during a preliminary meeting with Ministry technical staff last November. Components of this project could include the installation of temporary portable air monitoring equipment (locations to be determined) and cross-referencing data from nearby air quality monitoring stations located outside of Grey Bruce. Pending Ministry approval, this work would proceed during the summer, when adverse air quality events are most common, with findings available in the fall.