

WINDSOR-ESSEX COUNTY HEALTH UNIT
AGENDA
REGULAR BOARD

Windsor Office
(Main Boardroom, Room 1A)

****4 P.M.****
2007 November 15

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WINDSOR-ESSEX COUNTY HEALTH UNIT MINUTES REGULAR BOARD MEETING

2007 October 18

Minutes of the Regular Board meeting held on Thursday, 2007 October 18.

Board Members Present:

Mr. Bill Allison	Mr. Ken Lewenza, Chair
Mr. Tom Bain	Mr. Bill Marra
Ms. Lorraine Hodgson	Mr. Ron McDermott
Mr. Mike Holdsworth	Mr. Rob Modestino
Mr. Wayne Hurst	Ms. Lynda Monik

Regrets:

Ms. Rosemary Limarzi
Mr. Gary McNamara

Guest:

Mr. Bill Allsop

Administration Present:

Ms. Deb Bennett
Ms. Liz Haugh
Dr. G. Allen Heimann
Ms. Sharon Kelly
Ms. Nancy Smith
Ms. Rosanne St. Denis (Recorder)

1.0 The meeting was formally called to order at 4:03 p.m. by Chair, Mr. Ken Lewenza.

2.0 Opening prayer was led by Mr. Ron McDermott.

3.0 **Agenda Approval**

It was moved
that the agenda be approved.

Moved by	Ms. Lorraine Hodgson
Seconded by	Mr. Ron McDermott
	CARRIED

4.0 **Announcement of Conflicts of Interest**

Pecuniary interest raised by Mr. Mike Holdsworth as a WSIB employee in relation to the Human Resources report on page 19, final paragraph.

5.0 Presentation to Mr. Bill Allsop

Mr. Ken Lewenza, on behalf of the Board, thanked Mr. Allsop for his years of dedication and service.

6.0 Minutes

6.1 Regular Board Meeting – 2007 September 20

It was moved
that the minutes of 2007 September 20 be received as read.

Moved by	Mr. Mike Holdsworth
Seconded by	Mr. Ron McDermott
	CARRIED

7.0 Staff Reports

7.1 Medical Officer of Health

Dr. Heimann referenced the Addendum distributed further to his report on page 7, developed in response to questions raised about Health Unit collaborations with our United States' partners.

The West Nile virus season is essentially finished for the year. There has been one additional bird since the report, for a total of four birds all identified in Windsor. The Provincial wrap-up meeting is November 21 in Toronto. Following this meeting, a meeting with the municipalities will be scheduled. Formal funding for West Nile virus ceases this year. Dr. Heimann will inquire at the November 21 Provincial meeting, the Ministry of Health and Long Term Care's intent and propose continued support. This year, a very efficient and effective larviciding program was provided. Windsor-Essex has the highest risk of West Nile virus of anywhere in Ontario. Questions were raised regarding the financial consequences to municipalities if the Province were to cease funding of the program. Dr. Heimann responded that the main cost would be for the larviciding program which costs approximately \$419,000. The Board agreed that West Nile virus should be the responsibility of the Province and funding should be requested to continue the West Nile Virus program.

It was moved
that a letter of support be sent to government to fund the West Nile virus program.

Moved by	Mr. Ken Lewenza
Seconded by	Mr. Bill Marra
	CARRIED

Dr. Heimann highlighted the media's recent reporting of 'superbugs'. Dr. Heimann updated on Health Unit follow up of drug resistant infections, advising the Health Unit will be more and more involved with tracking these particular illnesses. VRE, MRSA, and C. difficile are areas where the primary work needs to be done. Multi-resistant infections will be a continuing issue with the Ministry of Health and Long-Term Care. Dr. Heimann advised the Health Unit expects to be working together with the Ministry and hospitals on multi-resistant bacteria.

The first shipment of vaccine as part of the provincial influenza immunization campaign was received this past Tuesday and will be distributed to long-term care facilities and hospitals. The second shipment expected the end of October will be distributed to health care providers. Flu vaccine will be offered at the November Board meeting to those Board members who wish to be immunized.

Dr. Heimann thanked Dr. David Colby publically for his Medical Officer of Health coverage and Ms. Deb Bennett for taking on the extra workload during his recent vacation.

No formal motion to receive the report of the Medical Officer of Health.

7.2 Reports of Divisional Directors

Health Protection

Ms. Bennett highlighted the Health Unit's meeting with the City of Windsor regarding the current refugee influx, advising the City continues to see Haitians and Mexicans coming across the border claiming refugee status. The City is under the belief that there is an underground operation assisting refugees. Mr. Hurst raised the point that there are not enough safeguards in place to prevent refugees from coming across the border nor safeguards in place to ensure these individuals are free of disease. He further stated that the federal government should be alerted of the possible bringing in of disease.

The 9th Annual Infectious Disease Conference held September 26 was very successful with over 240 health care providers in attendance. Internationally renowned speakers discussed themes such as C. difficile and MRSA. Ms. Bennett is Chair of the Windsor-Infection Control Committee who hosted the conference. She relayed concerns relative to the low immunization rate of health care front-line workers in Windsor-Essex, particularly hospital front-line staff. To encourage immunization, the Windsor-Infection Control Committee is developing a contest for hospitals and long-term care facilities, offering ballots toward a \$500 draw for those who choose to be immunized.

Ms. Bennett updated on a recent Hepatitis A outbreak involving an individual who flew to Saudi Arabia. This individual affected members of the Arabic community and students of a couple local schools. Ms. Bennett thanked Ms. Lauzon and her team of eight public health nurses for their assistance during the outbreak. Because it was Ramadan and these individuals were fasting, immunization took place after normal working hours.

Ms. Bennett acknowledged the assistance of Ms. Rosemary Limarzi of the Roman Catholic Separate School Board in mediating between the Catholic School Board and the Health Unit on the issue of Human papillomavirus vaccination of grade 8 female students. HPV is one of the major contributors to cervical cancer. The National Advisory Committee on Immunization (NACI) is recommending vaccination of females from ages 9-26. The Ministry is also looking to formalize HPV vaccination of females in grade 7. The Health Unit is endorsing HPV vaccination as it is a good and necessary vaccine that it would like to ultimately see expanded beyond the current age group. There is also some evidence to support vaccination of males. HPV is transmitted through skin-to-skin contact, not exclusively through sexual intercourse. HPV immunization consists of a three-dose series. It is voluntary and will be offered to grade 8 females in November. Handouts distributed to the schools/parents will be copied to the Board for their information.

It was moved

that a resolution be drafted for Dr. Heimann to take the Human papillomavirus immunization issue to the ALPHA December meeting in a positive light.

Moved by

Mr. Mike Holdsworth

Seconded by

Ms. Lynda Monik

CARRIED

Ms. Bennett has been in communications with City Licencing on the issues of body modification institutions and street vendors. The Health Unit is supporting the licencing of body modification (piercing, tattoos, etc.) institutions in order that their operations may be regulated. New legislation regarding street vendors has broadened the food premise regulations to create another category that provides the Medical Officer of Health with discretion to approve applicants meeting the criteria. Street vendors, however, must be licenced in their municipalities. Dr. Heimann is willing to work with municipalities who wish to licence them. If the municipality does not intend to move forward with licencing, Dr. Heimann will support them as well. Upon discussion with the City, the Health Unit will be supporting the City's position to limit street vendors.

It was moved

that the Report of the Director of Health Protection be accepted as presented.

Moved by

Mr. Tom Bain

Seconded by

Ms. Lynda Monik

CARRIED

Health Promotion

Human papillomavirus information has been incorporated into relevant Family Health programs because of its vast child health and reproductive health implications.

The Reaching IN...Reaching OUT workshop held in October was a sellout and was very well received.

The Healthy Babies/Healthy Children program is one of six health units to receive funding from the Ministry of Children and Youth Services to address the needs of vulnerable populations. Funds will be allocated toward prevention of post partum mood disorder as there are few resources within the community.

Ms. Haugh is in the process of completing all requirements recommended by the Privacy Commission in response to a breach of confidentiality.

In August, the Health Unit was requested to send a letter to the University of Windsor to confirm its interest in participating in the car seat safety initiative in collaboration with the Schulich School of Medicine.

It was moved

that the Report of the Director of Health Promotion be accepted as presented.

Moved by

Mr. Tom Bain

Seconded by

Mr. Mike Holdsworth

CARRIED

Finance & Administration

Ms. Kelly advised of her intent to conduct a nine-month review with the Finance Committee. She highlighted challenges relative to the 2008 budget year, with the ultimate goal being to present a 2008 budget tied to a strategic plan. N. MacKenzie was congratulated for his efforts in securing a \$53,000 diabetes grant from Daimler Chrysler in addition to a former grant of \$67,000.

It was moved

that the Report of the Director of Finance & Administration be accepted as presented.

Moved by

Ms. Lynda Monik

Seconded by

Ms. Lorraine Hodgson

CARRIED

Human Resource Officer

Ms. Smith highlighted her report on page 18. The Essex clerk is a new position subject to 2008 Board budget approval. Recruitment to fill the epidemiologist position out of the pool of previous applicants is moving forward as a result of a candidate who withdrew his offer for medical reasons. There are currently three outstanding grievances. Two of the grievances are at Step 4 with the 3rd grievance at Step 2. There will be one nursing retirement after 23 years of employment. The WSIB cases have been moved from McTague Law Firm to Ms. Doreen Snelling now of Miller-Canfield. The Vitality Committee has put forth the Coast-to-Coast race again this year. This is a morale booster for staff which usually takes place in October.

It was moved

that the Report of the Human Resources Officer be accepted as presented.

Moved by

Mr. Ron McDermott

Seconded by

Mr. Rob Modestino

CARRIED

8.0 BUSINESS ARISING

8.1 West Nile Virus Program--2007

Update provided under Medical Officer of Health Staff Report.

8.2 Board Evaluations

At the last meeting it was suggested that board members bring forward input. The consensus was that this issue be dealt with at the November meeting.

It was moved
that Board Evaluation discussion be deferred to the November meeting.

Moved by	Mr. Bill Marra
Seconded by	Mr. Tom Bain

CARRIED

8.3 Strategic Planning-2003 Process

Dr. Heimann advised of the presence of 2003 materials for Board examination. Mr. Allison queried whether there was an executive summary of the process that could be used as a starting point to assist both management and the Board in determining priorities over the next couple years, whether the Health Unit is being proactive in programming, succession planning, etc. He advised it was his belief that the Health Unit was close to finalizing a plan. Mr. Bain agreed that an executive summary would be helpful in establishing what was done, what is needed, what goals require emphasis, etc. Dr. Heimann advised of recent contact with Mr. Bryan, the strategic planning consultant, who indicated his interest in assisting with continuing the process.

In the last three years, the Province has placed a 5% cap on all funding. Funding is 75/25 provincial-municipal and will likely stay that way for a number of years. The Province completed their strategic planning process this year which resulted in the new Ontario Public Health Standards.

It was moved
that Senior Management prepare an Executive Summary of the 2003 process for Board review.

Moved by	Mr. Bill Allison
Seconded by	Mr. Ron McDermott

CARRIED

Ms. Haugh added that the Capacity Review recommended amalgamation of some of the health units from 36 to 25, and that Windsor-Essex was mentioned as one of the health units to be considered.

9.0 MEDIA COVERAGE—Posted

10.0 **CORRESPONDENCE**

10.1 Circulation

11.0 **NEW BUSINESS**

11.1 Hepatitis A

Discussed under 7.2 Health Protection report.

12.0 **COMMITTEE OF THE WHOLE**

It was moved
that the Board move into Committee of the Whole at 4:56 p.m.

Moved by Ms. Lynda Monik
Seconded by Ms. Lorraine Hodgson
CARRIED

It was moved
that the Board rise from Committee of the Whole at 5:35 p.m.

Moved by Mr. Rob Modestino
Seconded by Ms. Lorraine Hodgson
CARRIED

13.0 **NEXT MEETING** - At the Call of the Chair or 2007 November 15.

14.0 **ADJOURNMENT**

It was moved
that the regular portion of the meeting of the Board adjourn at 6:03 p.m.

Moved by Ms. Lynda Monik
Seconded by Mr. Bill Marra
CARRIED

Recording Secretary

SUBMITTED BY:

APPROVED BY:

Medical Officer of Health
Board Secretary

Chairperson

/rs

**REPORT OF THE MEDICAL OFFICER OF HEALTH
AND
CHIEF EXECUTIVE OFFICER
TO THE CHAIRPERSON AND MEMBERS OF THE BOARD OF THE
WINDSOR-ESSEX COUNTY HEALTH UNIT**

2007 November 15

The 2007-2008 influenza immunization program began on Monday, November 5. Throughout the month of November, the Health Unit will be providing daily immunization clinics during the week, throughout the municipalities of Windsor-Essex. So far the uptake of the vaccine has been very good with over 500 immunizations at the first day's clinic alone. So far the Health Unit has received approximately 80,000 doses of vaccine. The vaccine has been distributed to hospitals and long-term care facilities and to physician's offices as well as throughout our immunization clinics. We will be receiving further vaccine as our immunization program continues and there is no anticipated shortage of vaccine this year. Over the past several years the Health Unit has distributed approximately 160,000 doses of influenza vaccine. We are still early in the influenza season which usually begins in mid to late December. No cases of influenza have been identified in the Province of Ontario to date. Influenza immunizations will be available for Board members at the November Board meeting. I would ask Board members who wish to receive their influenza immunization at the Board meeting to bring their personal immunization records if they have them.

Planning for the Human Papillomavirus school immunization program continues. We have developed our student/parent immunization pamphlet with consent form. A copy of this form will be distributed to Board members at the November Board meeting.

On November 2, Leamington Memorial District Hospital identified an outbreak of Noro virus in its facility. To date, some 19 of 89 patients have been affected by this gastro intestinal virus. Health Unit staff have been working with Infection Control staff of the hospital to bring this outbreak under control. Noro virus is a very contagious gastro intestinal virus spread from person-to-person by direct contact. It has a short incubation time and is usually self-limited to 24 to 48 hours. Victims experience nausea, vomiting, abdominal cramps, and watery diarrhea. Among the steps taken to control this outbreak is a restriction on visitors to the hospital.

The West Nile Virus program for 2007 has been completed. The Provincial wrap-up meeting for November 21 has been confirmed. I will be presenting the results of our program at the Provincial wrap-up meeting in Toronto. At that meeting I will have the opportunity to bring the October Board resolution on the West Nile Virus program to the provincial staff and lobby for its acceptance.

In the Leone trial it has been confirmed that the crown prosecutor will be making an application to the court for designation of Carl Leone as a dangerous offender which could result in an indefinite prison sentence. The hearing on this issue is scheduled to begin December 17 and last for five days.

Further to the discussion on the strategic planning process, Senior Management and I have completed a background Executive Summary on the history of and follow up to the 2003 process. That Executive Summary is attached to this report.

In October, I was nominated as one of the candidates for the District One Election for the Council of the College of Physicians and Surgeons of Ontario. I have received notification of the results of the election and I was not the successful candidate.

On October 24, I attended by teleconference the first meeting of the Provincial Public Health Emergency Preparedness Committee. The Committee was formed by the Chief Medical Officer of Health to provide input to public health aspects of and public health unit preparation for emergency planning. I agreed to be the chair of this provincial committee.

I have received confirmation from the International Society of Travel Medicine that I passed my certification exam in Travel Medicine. Our Travel Clinic is now listed with and certified by the ISTM.

There are three upcoming events that I would like to highlight to the Board. The first event is the Staff Appreciation Breakfast which will be held on Thursday, December 13 at the Masonic Hall on Ouellette Avenue across from the Health Unit. The event is scheduled to begin at 8:30 a.m. All members of the Board are cordially invited to attend. The second event is the staff Christmas party to which Board members are invited. The party is scheduled to be held on December 14 at Torino's in Tecumseh beginning at 6 p.m. for cocktails and 7 p.m. for dinner. The final event is the annual Board dinner which is traditionally held after the December meeting. I would ask Board members to bring their suggestions for a venue to the November Board meeting.

Respectfully submitted,

G. Allen Heimann, MD, MHSc
Medical Officer of Health

GAH:rs

2003 STRATEGIC PLANNING PROCESS AND FOLLOW-UP

EXECUTIVE SUMMARY

06 NOVEMBER 2007

At the direction of the Board of Health, the Senior Management Team of the Health Unit has developed a summary of the follow-up to the strategic planning process begun in 2003. It is important that the Board understand the history and follow-up to the strategic planning process as we look forward to 2008. The year 2008 will be a significant year in Health Unit planning for a number of reasons:

1. The new Ontario Public Health Standards have been approved and are expected to be promulgated in April of 2008;
2. The supporting Program Protocols are expected shortly and are also expected to become effective in 2008;
3. The recommendations of the Capacity Review Committee will be reviewed by the Ministry after the Program Standards are implemented.
4. The transfer to 75% provincial funding has been completed and municipalities cannot expect a further decrease in their budget share; and
5. The newly-elected Provincial government has given no indication at this time as to where they intend to proceed with public health funding.

In 2003, the Board of the Windsor-Essex County Health Unit initiated a strategic planning process utilizing the services of Mr. Roger Bryan of KPMG. The Executive Committee of the Board, including Mr. Gary McNamara, Mr. Bill Allison, Mr. Tom Bain, Ms. Lorraine Hodgson, Dr. Richard Lewis, and Ms. Mary Ouellette, and the Senior Management Team participated in a series of meetings culminating in the development of a strategic planning process which was presented to the full Board at its regular meeting on September 18, 2003. The presentation included an overview of the strategic planning process by Mr. Roger Bryan and a presentation on board liability by Mr. Brian Chillman of McTague.

As a result of this process, the Senior Management Team developed and presented to the Board in December 2003 an assessment matrix of the Mandatory Programs and Services Guidelines (2003-2004) assessing the then current status of the Mandatory Programs. This matrix identified shortfalls in the delivery of the Mandatory Programs.

At the Special Budget Information meeting on February 7, 2004, the 2004 budget estimate was presented. It was noted at the time that the 2004 proposed budget was intended to begin to address some of the shortfalls identified in the Mandatory Programs matrix. The initial budget proposed an increase in nine staff including an associate medical officer of health, an epidemiologist, a health promotion specialist, three public health inspectors, and two public health nurses with appropriate support staff. The original budget request for 2004 was for a 13.92% increase over the 2003 budget. The Board approved a 7.7% increase and the budget was passed to the municipalities and to the Province.

The City of Windsor subsequently declined to pay its share of the approved budget. This resulted in a confrontation with the Administration of the City of Windsor which was not resolved until October of 2004. The Province subsequently approved the Health Unit budget in December 2004. With the approvals coming so late in the year, it was impossible to efficiently utilize the funding which was approved.

Further work on strategic planning was interrupted first by the City confrontation and subsequently by the Public Health Capacity Review and finally by the Public Health Standards consultation process.

Beginning in 2005, as the Province announced its intention to move from 50/50 municipal funding to 75/25 provincial-municipal funding, the Province placed a 5% cap on health unit budgets for the three years of this transition. This cap prevented the significant addressing of the shortfalls identified in the strategic planning process. The 5% budget increases between 2005 and 2007 addressed operational budget pressures, including contractual wage and benefit increases, reinstatement of OMERS contributions, increased insurance and legal costs, pay equity settlements, and the increased occupancy costs of an aging building. These budget increases did not translate into addressing program needs.

At its meeting on January 19, 2006, the Board of the Windsor-Essex County Health Unit passed a resolution limiting the municipalities of the approved budget to that set by the Province. For example, in the 2005 budget the funding formula was set at a 75% share of the Provincially-approved budget. The Board resolution therefore committed the municipalities to no more than 25% of the approved budget.

In 2006 the Province of Ontario began a review of provincial public health services. This review included a review of the 1997 Mandatory Program and Services Guidelines and a review of provincial public health capacity. These reviews were completed in 2007 and forwarded to the Minister of Health. The review of the Mandatory Programs resulted in the development of new program standards and a set of program protocols which amplify the program standards. The program standards were approved by the Minister of Health in August of 2007 and are planned to become effective in April of 2008. The accompanying program protocols are expected in draft in mid November.

The Capacity Review was completed in June 2007. The Capacity Review has been forwarded to the Ministry where the recommendations are being examined, but any actions resulting from the recommendations are not expected until the spring of 2008.

At this time, neither the Ministry of Health and Long Term Care nor the Ministry of Health Promotion has given direction with regards to expected funding levels for 2008 or any future years. On October 17, 2007, I received a letter from the City of Windsor requesting budget information for 2008. Among the items requested was a request for the implications of a 10% decrease in the City of Windsor's budget allocation for 2008.

I would like to review the budget process as it now stands as it imposes some restrictions on the program planning process. The more experienced Board members may be well aware of these limitations, but it is important to ensure that all Board members are aware as well.

The Board of the Windsor-Essex County Health Unit along with its supporting municipalities, operate on a calendar year from January 1 to December 31. The Province of Ontario operates on a fiscal year from April 1 to March 31. Therefore, the Health Unit is already through one-fourth of its fiscal year before the Province even begins to review its budget. The earliest Provincial budget approvals have been received are late August and often budget approvals will be delayed until December. This means that at least 2/3s

of our budget year is gone before the final budget is approved. The Province cash flows funds to the Health Unit on the basis of the budget approved in the previous year.

The Health Unit operates its budget from year to year and cannot maintain a reserve past year-end. Any funds which are unspent at the end of December are returned to the funders, both municipal and provincial. Prudent financial planning requires that the Health Unit not run a deficit as any deficit incurred at the end of the fiscal year would be the sole responsibility of the municipalities. The Director of Finance maintains a reserve appropriate to anticipate contingencies and should those contingencies not occur, this reserve constitutes a surplus and is returned to the Province and the municipalities.

At this time the Health Unit's budget is influenced by the separate funding decisions of each of its funding partners. The Health Protection and Promotion Act places budget responsibility on the Board and its supporting municipalities. Section 72 of the Health Protection and Promotion Act states that "obligated municipalities in a health unit shall pay the expenses incurred by or on behalf of the board of health of the health unit in performance of its functions and duties under this or any other act." Section 76 of the HPPA states that "the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate." Therefore, while the standards for programs are set by the provincial government, the obligation to fund and carry out the programs is clearly the responsibility of the Board.

Under the current budget process, the budget is approved by the Board in January or February and submitted to the City of Windsor and County of Essex and the Province of Ontario. The Board may take into account budget information received from the Province or the municipalities but is not obligated to do so. As noted over the past three years, the Province has set a limit of 5% on increases and this has been accepted by the Board and budgets developed accordingly. The budgets have been then presented to the municipality on the direction that the municipalities incur only a 25% share of the budget. As the Province over the last three years has increased its share from 50/50 provincial-municipal to 75/25 provincial-municipal, the municipalities have seen a decrease in their contributions over those years. The Province anticipated that some municipalities might retain the savings from the increased provincial share to reinvest in public health, although they did not direct that this must occur.

In summary, progress in addressing the program gaps identified in the strategic planning process has been limited—first, by a confrontation with the City of Windsor over funding increases and subsequently by arbitrary limits placed on health unit funding by the Province of Ontario.

In looking toward the coming year, in January 2008, when the Board has been reconstituted, Senior Management will look to hold strategic planning sessions to conduct a bottom-up review to develop a long-term strategic plan to address the implementation of the new Ontario Public Health Standards within the full context of our unique local community challenges and opportunities. Once the Public Health Program Protocols have been released, Senior Management will review the implications in preparation for the planning sessions.

HEALTH PROTECTION DIVISION

Report to the Board of Directors

2007 November 15

TUBERCULOSIS AND VACCINE PREVENTABLE

Tuberculosis – The TB team continues to screen 60-75 individuals per week. An elderly man was diagnosed with pulmonary TB after a long stay in hospital. He was identified as being resistant to the INH medication. The team is working with the hospital, University of Windsor School of Nursing, and St. Clair College Nursing School in order to identify all individuals that may have been in close contact with this individual. Twenty-four Karen refugees are expected to arrive next week bringing the total number of arrivals to 65 since early August. In addition, 10 Karen refugees that have moved from London are also being followed. The Ministry has requested that they be screened within 48 hours of their arrival in Windsor.

Vaccine Preventable – The Vaccine Preventable team has implemented the meningococcal C vaccine campaign for grade seven students. Approximately 3,500 students will be immunized

The first dose of Hepatitis B vaccine has been administered to grade seven students with 3,329 individuals participating in the program. This number is at par from last year. Administration of the second and final dose is scheduled to begin in early February 2008.

Currently, the team is preparing for the implementation of the HPV vaccine program, targeting only grade eight girls. It is estimated that 2,500 girls are eligible to receive the vaccine. The HPV vaccine is a 3-dose series and is valued at \$500 a series.

Lastly, the Universal Influenza Immunization program has begun in the community. To date the Health Unit has received 126,000 doses of influenza vaccine. It has been distributed to all agencies caring for high-risk individuals, physicians' offices, community clinics, and private nursing agencies. The Health Unit will be hosting over 20 community clinics across a number of municipalities. The first clinic held on November 05 at the Essex Retirees Social Club was a huge success with 600 individuals attending to receive their immunization. Over 800 individuals accessed the clinic held in LaSalle.

SEXUAL HEALTH CLINIC, TRAVEL CLINIC, OUTBREAK AND EPIDEMIOLOGY

Sexual Health Clinic - The Sexual Health Clinic nurses complete a thorough health history with each client presenting to the Clinic. One section of the history is the RUCS (Routine Universal Comprehensive Screening). This screening is designed to provide early identification of abuse, as well as assessment and documentation of the person's health status and referral to appropriate community resources. The nurse will ask the client if they have been abused in the past or present. This can include physical and/or emotional abuse. If a client answers "yes", then a more in-depth assessment is performed. Referrals to community resources for ongoing support are provided for the client.

	2004	2005	2006	Total
RUCS Screening	210	415	324	949
RUCS Disclosure	49	104	36	189
RUCS Referral	16	36	12	64

Travel Clinic - The Travel Clinic is currently booking into the beginning of January for first assessments. A total of 10 yellow fever vaccines were administered in October. The expected contract nurse for Travel accepted a full-time position in the Health Unit. We currently have one full-time nurse in the Travel Clinic.

Outbreak - The past outbreak season for reporting to the Ministry runs from October 1, 2006 to September 30, 2007. During that time frame, Windsor–Essex County had 23 enteric outbreaks with 21 in long-term care facilities and two involving day cares. Respiratory outbreaks totalled 13. An outbreak involves notifying all long-term care facilities, day cares, retirement homes, community partners and hospitals. The Health Unit uses an e-mail to fax system to ensure timely notification to the community of respiratory or enteric outbreaks.

Epidemiology - The Epidemiology, Outbreak, Vaccine Preventable and Clinic teams were involved in the coordination of Hepatitis A follow-up in the community. Two cases of children with Hepatitis A were hospitalized and follow-up of 96 contacts as well as family members was initiated. Clinics were offered to provide Hepatitis A vaccine to the contacts of the two cases. One clinic was offered over the Thanksgiving weekend and staff volunteered to provide services.

HEALTH INSPECTION

WNV Wrap Up and Presentation - The final trappings for the West Nile Virus program for 2007 are now complete and we are currently preparing final reports for the 2007 season. Dr. Heimann will be attending the provincial wrap up meeting at the end of November on behalf of the Health Unit to discuss this year's program and our aspirations for the program in 2008.

Part VIII Program Wrap Up - As a result of the completion of our Part VIII program, the Health Unit has been setting up meetings with requesting municipalities to provide information and guidance into the operation of this program which they will inherit beginning in January 2008. So far these meetings have occurred with the City of Windsor and the Town of Lakeshore with others to be scheduled over the next few weeks.

Health Inspection – Area Changes - Due to increasing demands of the Health Inspection department and staff, a new area, 017 will be created in Essex County. This new area will include Kingsville and Pelee Island. We are anticipating some new challenges for the inspector in this area, primarily on Pelee Island as a result of O. Reg. 252/05 for non-residential and non-municipal seasonal residential systems that do not serve designated facilities. Public health units will need to evaluate risks at individual systems and develop a system-specific water protection plan to ensure compliance with provincial drinking water quality standards.

Restaurant Ratings and Disclosure Program - The Education and Evaluation Team of the Health Protection Division has completed a draft plan of action for the development and implementation of the Health Unit's restaurant ratings and disclosure program scheduled for release in 2008. The plan is currently being reviewed by management and senior management and is targeted to become operational during the month of November.

Respectfully submitted,

Deb Bennett, Director

HEALTH PROMOTION DIVISION
Report to the Board of Directors
 2007 November 15

Family Health Department

Child Repro Health

(Manager, Sue Kocela)

November public/professional education activities include the following:

1. Four 2-hour workshops:
 - a. *Picky Eater – Feeding Kids Right*: November 6, Windsor
 - b. *Understanding Toddler Behaviour*: November 14, Essex
 - c. *Toilet Learning*: November 20, Windsor
 - d. *Stress Management for Parent of Preschoolers*: November 26, Essex
2. Small workshops at Ontario Early Years Centres (city & county)
3. Three Prenatal series: 2 Windsor, 1 Leamington
4. Weekly classes at *Building Blocks For Better Babies* in 4 locations (2 city & 2 county)
5. Four weekly *Just For Moms & Babies Series* (2 Windsor, 1 Essex, 1 Belle River)
6. Weekly breastfeeding clinic at Windsor WECHU

Reaching In... Reaching Out Workshop

Forty-six PHN, FHV, teachers, childcare providers and social service providers attended the WECHU sponsored resiliency workshop and provided very positive evaluations. PHNs on the Child Health team are developing plans to utilize the training in 2008 parenting classes. Parents will be taught to role model resilient behaviours with their children 0-6 years to encourage resilience and better mental health.

Reading, Rhythm, & Movement

PHNs are training staff at Ready Set Go and Drouillard Place to provide the Reading, Rhythm, and Movement series developed by our team to promote healthy weights in preschoolers. Parents attend the series with their children and learn how to use the music CD, children's books and other resources promoting physical activity and healthy eating. Once trained, the agencies will receive materials to continue providing the classes to high-risk populations. (Resources were purchased last year from an NCB grant.)

Home Safety

The team is making home safety presentations at all OEYC this fall. Parent participants each receive a gift package containing cabinet slide locks, door knob covers, cabinet locks, our *Hold, Follow, Watch* booklet and other printed safety resources. Centres with more than 10 workshop registrants hold a draw for a child safety gate. (Promotional materials were purchased last year with ECD funding.) All multicultural agencies have been offered training and relevant resources to provide workshops for their own clientele.

Dental

The dental department held a staff open house to increase awareness of the dental health programs. Seventy-nine staff attended and received a tour of the facility, an overview of programming, and gift bag of dental hygiene products.

Statistics***Intake:***

	January to October 2007
# of clients: phone, e-mail, walk-in	2679

Dental:

MONTH/2007	SCHOOL SCREENING		WINDSOR CLINIC				ESSEX CLINIC				LEAMINGTON CLINIC			
	# of Schools Completed	# of Students Screened	# of Children Screened	# NEW TO CINOT	# of Children Requiring Fluorides	# of Fluorides Completed	# of Children Screened	# NEW TO CINOT	# of Children Requiring Fluorides	# of Fluorides Completed	# of Children Screened	# NEW TO CINOT	# of Children Requiring Fluorides	# of Fluorides Completed
TOTALS JAN-Sept	89	18262	1862	509	589	546	276	64	43	151	805	208	228	329

Healthy Babies, Healthy Children

(Managers, Elizabeth Kinnaird-Iler and Shirley Davies)

Postpartum Mood Disorder – Peer Support Trial

Dr. Cindy-Lee Dennis, Researcher with the University of Toronto Faculty of Nursing, presented the results of the Postpartum Mood Disorder Peer Support Trial to staff, community partners, and study volunteers on Monday, October 22 from 2-4 pm. Windsor HBHC was one of seven programs that participated in this study. Through the use of the Edinburgh Postnatal Depression Scale, this study identified moms within the first two weeks postpartum who were potentially at risk for developing postpartum depression. When these moms received peer support (i.e. weekly telephone support from trained volunteers who were moms who had experienced and recovered from postpartum depression), they are two times less likely to develop postpartum depression than those who did not receive this support.

The HBHC program has received money from the Ministry of Children and Youth Services to address the needs of vulnerable populations. HBHC identified a need to look at the prevention of postpartum depression, as there are few treatment services available within this community. HBHC will explore further, in consultation with the University of Toronto and Dr. Dennis, the use of her materials for the recruitment screening and training of volunteers, and the implementation of peer support similar to that provided in the study.

High Risk Training

As mentioned in last month's Board report, Invest in Kids has provided training to help nurses work more effectively with high-risk families in the home visiting program. For the past two years, this training has been offered in Sarnia, Chatham-Kent, and St. Thomas; six staff have attended the training. In February 2008, Invest in Kids will offer the training on-site at the Windsor-Essex County Health Unit; this will enable the remainder of our nurses (12) to receive the training. This training takes five days and is provided free to the Health Unit by the Ministry of Children and Youth Services.

Prenatal/Postnatal Nurse Practitioner Services

The Prenatal/Postnatal Nurse Practitioner continues to provide essential services to moms in this community who are pregnant or have young children, up to two years of age, without a family physician. From July 1st to September 30th, 2007, the Nurse Practitioner conducted 354 visits with clients and saw 55 new clients. Of the 354 visits, 348 were to clients who did not have a family physician and 37 were to clients who did not have OHIP. The Nurse Practitioner also made 143 referrals to other services in the community. The Nurse Practitioner works closely with HBHC; the two programs share many joint clients. She sits on an internal committee working on the development of a prenatal plain language document, which will be used to help educate prenatal clients on their care. She is also part of the cultural competence project with HBHC and Multicultural Council of Windsor and Essex County, to look at strategies to more effectively address the needs of new immigrants and clients from different cultures.

Comprehensive School Health Department

(Manager, Theresa Marentette)

Youth Tobacco Program

We successfully secured funding for the 2007 Smoke-Free Ontario High School Grant Program and have offered \$1000 to all our high schools to implement student-driven tobacco control projects that are linked to local, regional and/or provincial tobacco control programming. To date 24 out of 34 high schools have applied for this grant. Our goal is to have every high school in Windsor and Essex County participate. We look forward to the outcomes of their creative work during the 2007-2008 school year.

Master Trainer Heather Gartner taught *Lungs Are for Life* at the University of Windsor's Faculty of Education again this year. We were able to reach over 100 student teachers in an effort to empower them to use this grade specific curriculum in their classrooms. Gina McKenney has also recently become a French Master trainer.

Eat Smart! Program

We are excited that another secondary school in our community has expressed interest in the Eat Smart! High School Cafeteria program. This provincial health promotion program recognizes high schools that meet and maintain exceptional standards in cafeteria nutrition and food safety and support a non-smoking environment. St. Anne's Catholic High School has successfully met their food safety standards, and will be completing their nutrition standards in the next few weeks. We look forward to presenting them with their Award of Excellence in the near future. There are currently 15 high schools participating in this program.

The goal of the *Eat Smart!* Program is to help reduce chronic diseases (i.e. heart disease, cancer) and food-borne illnesses. To meet this goal, cafeterias must:

- Ensure a variety of healthier food choices (menu items and by request) including vegetables and fruit, lower fat options, and substitutions;
- Demonstrate an excellent track record in food safety;
- Have at least one certified safe food handler on staff.

Injury Prevention

An aggressive driving and road rage web quiz was recently posted on the Health Unit's website and can also be accessed at www.getoutofmyway.ca. The quiz was developed in conjunction with CDIP to raise awareness of predictable and preventable injuries related to road safety.

Research shows that young drivers are involved in this risky behaviour more than any other age group. Scripted school announcements were disseminated to all high schools inviting students to participate in the quiz.

Information Resources Department

(Manager, Vacant)

We are getting ready to resume RRFSS data collection again after a year's hiatus. This is a monthly survey of 100 residents to solicit input regarding attitudes and awareness of public health issues and health behaviours. Managers will be meeting before year-end to choose the modules needed for program planning.

In addition to the purchase of an upscale version of EBSCO that will give staff more access to full text journals mentioned in last month's report, we will use a reference management system to archive the results of literature reviews for future reference in order to save time for planning prospective projects.

The IRD department has been working on coordinating an agency-wide Workplace Health and Safety Awareness poster campaign to be launched at Staff Appreciation Day. In addition they are compiling a photo catalog slide show of all staff to be set to music at the event.

Active recruitment for an epidemiologist continues with the assistance of a manager epidemiologist from Niagara Region Health Department. She will assist us with the interviewing assessment and ongoing performance appraisals of the successful candidate. January is the goal for having one in the building.

In General

The Corporate Policy and Procedure Committee, which I chair, was put on hold while I was covering two manager positions last year. It is slowly starting to get back into business. Several new policies need to be developed and there is a huge backlog of corporate policies that need to be reviewed and updated. Hopefully with regularly scheduled meetings we will start to put a dent in this. Prior to formalizing the Violence in the Workplace policy we have taken the lead in providing in-service for ONA members and the staff who work with nurses. We hosted a one-day on respect and communication in October. The second day, December 17, will be more directly related to workplace safety and violence prevention. Both workshops are provided by our EAP carrier Shepell: FGI and are subsidized by some one time HBHC funding.

Recently I attended a workshop on Privacy Issues in Public Health and am pleased to say that our relatively recent work regarding MFIPPA and PHIPA implementation has us at a level that is similar to many other Health Units thanks to the committed work of Sue Kocela who assumed the role of coordinator in 2005. She will be providing regular updates at manager meetings to keep us informed and aware of issues like personal data collection, elements of implied and express consent, disclosure, and access to information.

Feedback from our 18 dedicated preceptors and 14 fourth year nursing students regarding the clinical placements continues to be positive. I am very proud of the level of professionalism displayed by our nurses in continuing to support this initiative. Quality clinical placements are very hard to find in this community and I believe we provide one of the best.

Respectfully submitted,

Liz Haugh, Director

FINANCE & ADMINISTRATION DIVISION***Report to the Board of Directors***
2007 November 15***2006 Budget***

Settlements and audited financial statements have been sent to the Ministry and I am awaiting cash flow adjustments.

2007 Budget

September financial summary is included with this package, along with the listing of cheques issued over \$5000. The Ministry has requested spending estimates until the end of the year. I intend to review possible reallocations of expenses to the 100% programs. I intend to have a Finance Committee meeting later this month.

2008 Budget

The City of Windsor has requested a 2008 Budget, with an explanation of any requested increases over the 2007 level of funding, other than the fact that the new program standards are to be implemented within the existing funding envelope. In addition, they asked for the impact of a status quo contribution, as well as a possible 10% reduction. I advised that the Health Unit does not yet have any guidelines from the Ministry, who funds 75% of the budget. In addition, the Board has passed a resolution that the local municipalities will not assume any extra burden of funding due to a Board approved budget that is greater than the Ministry approval. However, it would seem unlikely that the Board would recommend funding increases less than what the Ministry has approved, since this would reduce the larger 75% share of funding from the Ministry. For example, for every 75 cents that the Ministry approves, the City's share is less than 13 cents.

Other

We have been assigned a new program advisor who will be the primary contact for this Health Unit for all matters pertaining to the Program-Based Grants process. I have arranged to meet with Brent Feeney, our lead advisor, and Sharona Liberman, the designated backup when I am attending meetings in Toronto. They are also proposing to introduce voluntary site visits to interested public health units. The aim is to develop a better understanding of the work done at the local level and the issues that individual health units are facing, primarily due to the fact that 24 health units requested funding greater than the 5% growth. I will discuss this opportunity with them.

Respectfully submitted,

Sharon Kelly
Director of Finance and Administration

Windsor - Essex County Health Unit
30-Sep-07
Year to date analysis

	2007 Budget	YTD Budget	YTD Actual 07	YTD Actual 06	Variance	% spent
Salaries	8606925	6455194	5466666	5216110	988528	63.51%
Employee Benefits	2083822	1562867	1237899	1230317	324968	59.41%
Medical Fees	528000	396000	403537	345589	-7537	76.43%
Travel/Meetings	12350	9263	4563	5721	4700	36.95%
Mileage	161300	120975	103840	103241	17135	64.38%
Prof Development	49281	36961	27794	12769	9167	56.40%
Assoc & Mem Fees	18250	13688	23711	20349	-10024	129.92%
Office Supplies	75000	56250	21569	26672	34681	28.76%
Program Supplies	471629	353722	135716	121015	218006	28.78%
Office Equip Rental	217500	163125	140996	138691	22129	64.83%
Outside Printing	10000	7500	6068	11546	1432	60.68%
Laundry	10000	7500	6850	6220	650	68.50%
Publications	6000	4500	2482	5231	2018	41.37%
Purchased Services	75000	56250	26382	35844	29868	35.18%
Promotional	20500	15375	6767	9706	8608	33.01%
Board Expenses	10500	7875	5368	6358	2507	51.12%
Prof Fees	60000	45000	34990	-32161	10010	58.32%
Bank Charges	12500	9375	9234	8068	141	73.87%
Rent	552500	414375	459599	453909	-45224	83.19%
Bldg Mtce	96500	72375	103851	100544	-31476	107.62%
Utilities	93000	69750	70809	69555	-1059	76.14%
Taxes	198000	148500	161312	158986	-12812	81.47%
Insurance	56000	42000	0	0	42000	0.00%
Telephone	92000	69000	68327	62789	673	74.27%
Security	26000	19500	14920	18626	4580	57.38%
Car Leasing	25000	18750	18699	18326	51	74.80%
Postage & Freight	50000	37500	28538	29806	8962	57.08%
GST	0	0	948	-512	-948	#DIV/0!
Parking	70000	52500	55417	55417	-2917	79.17%
	<u>13687557</u>	<u>10265668</u>	<u>8646852</u>	<u>8238732</u>	<u>1618816</u>	
Offset Revenue	-100000	-75000	-86805	-79458	11805	86.81%
	<u>13587557</u>	<u>10190668</u>	<u>8560047</u>	<u>8159274</u>	<u>1630621</u>	
One-time request	0	0	0	22024	0	#DIV/0!
	<u>13587557</u>	<u>10190668</u>	<u>8560047</u>	<u>8181298</u>	<u>1630621</u>	
West Nile Virus	100000	75000	205966	138699	-130966	205.97%
	<u>13687557</u>	<u>10265668</u>	<u>8766013</u>	<u>8319997</u>	<u>1499655</u>	<u>64.04%</u>

HUMAN RESOURCES

Report to the Board of Directors 2007 November 15

POSTINGS/VACANCIES

We currently have postings and vacancies in the following departmental areas:

- 1 full time Public Health Inspector – Health Inspection – Essex Office
- 1 maternity contract Public Health Nurse – TB
- 1 7-month contract Public Health Nurse – Travel Clinic
- 1 full time clerk – Health Promotion/Health Protection – Essex Office
- 1 contract up to one-year clerk – Clinical Services
- 1 full time Epidemiologist
- 3 maternity contract Health Promotion Specialists - CDIP

RECRUITMENT

Carol Russell has just retired from the Family Health Department. Carol worked for the Health Unit as a Public Health Nurse for 23 years. We wish Carol a happy retirement with many years of good health.

Interviews have been ongoing for a number of positions including Nurses and Health Promotion Specialists. I am working on an offer of employment to a HPS from out of town with details to follow once things are finalized.

Angela Pillon has been recruited for the position of Microfiche Data Input Operator for up to one year. We have aging tapes that must be transferred to an electronic file system before they start breaking down and we lose these records. The bulk of the records are from Health Inspection and Family Health files.

CONTRACT ISSUES

There is one outstanding grievance with CUPE that has been at the arbitration stage for some time. We have not been notified of any dates yet. There are three outstanding grievances from ONA at various stages of the grievance process.

We have not been notified of the specific dates that have been set for the upcoming negotiations between the Health Unit and CUPE; however Mr. George King is leading the team and will be working closely with our negotiating team. The Health Unit team includes Deb Bennett, Rob Lyons and I with Sharon Kelly providing financial advice throughout the session.

STAFFING ISSUES

I have been working with CUPE on a Human Resources issue. Details will be discussed at the Committee of the Whole.

HUMAN RESOURCES UPDATE

The annual Staff Appreciation Breakfast is scheduled for December 13th at the Masonic Temple across the street from our main office. As always Board members are very welcome to attend. Please contact Deb Gemmell for details.

Committees

Vitality - The Coast to Coast Race has finished and the results are being calculated. We had over 120 staff members involved, logging their physical activity each day. The team with the most minutes of physical activity wins the prize.

Policy and Procedure - The committee will reconvene on November 14th to review, revise and recommend policies to the Senior Management team. These policies include Corporate, Administration and Human Resources policies and procedures.

Workplace Violence Prevention - The committee is in the process of putting together the draft. A plan will be devised to roll it out to staff with an education component to ensure staff is aware of the policy.

Incident Reports/WSIB - An ergonomic assessment will be provided for a clerk with a repetitive strain injury. All employees have been trained for WHMIS on a new on-line training module. Each staff person has a login and password and can complete the training at their own pace as opposed to having to attend a day long session. The Youth Action Alliance peer leaders are currently in the process of completing the training this month.

PROJECTS

After reviewing my calendar from the beginning of 2007, I have spent almost 50 full working days recruiting staff for a variety of positions. With the assistance of Brooke Bechard, my St. Clair College co-operative Human Resources student, I have been reviewing and developing protocols and formats for enhancing our hiring and recruitment processes, keeping best practices in mind.

Respectfully submitted,

Nancy Smith, HRO, B.A., H.R.Studies Cert.