

WINDSOR-ESSEX COUNTY HEALTH UNIT
AGENDA
REGULAR BOARD

Windsor Office
(1005 Ouellette Avenue, Windsor)

****4 P.M.****
2007 September 20

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1.0 Call to Order	
2.0 Opening Prayer	
3.0 Agenda Approval	
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14.0 Adjournment	

WINDSOR-ESSEX COUNTY HEALTH UNIT MINUTES REGULAR BOARD MEETING

2007 June 21

Minutes of the Regular Board meeting held on Thursday, 2007 June 21.

Board Members Present:

Mr. Bill Allison (Chair beginning at Item 6.0 Regular Agenda)	Mr. Bill Marra
Ms. Lorraine Hodgson	Mr. Ron McDermott
Mr. Mike Holdsworth	Mr. Robert Modestino
Mr. Wayne Hurst	Ms. Lynda Monik
Mr. Ken Lewenza (Chair for COW agenda, 5:05 p.m. departure)	
Ms. Rosemary Limarzi	

Regrets:

Mr. Bill Allsop
Mr. Tom Bain
Mr. Gary McNamara

Guest:

Ms. Marilee Marcotte, McTague Law Firm (Committee of the Whole discussion)

Administration Present:

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

Regrets:

Ms. Deb Bennett

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

2.0 Opening Prayer was led by Dr. Heimann.

3.0 Agenda Approval

The regular agenda was approved with the following additions: Annual Report Distribution; MOH Coverage. In light of counsel's presence, it was noted that Committee of the Whole items would be addressed prior to the regular agenda.

It was moved
that the revised agenda be approved.

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

4.0 Announcement of Conflicts of Interest

Mr. Mike Holdsworth announced a conflict of interest relative to the Human Resources Staff Report, paragraph 3, in his role as a WSIB employee.

5.0 Welcome: New Board Member (Robert Modestino)

The Chair welcomed Mr. Robert Modestino, Provincial Appointee, to the Board of Directors.

13.0 COMMITTEE OF THE WHOLE

It was moved
that the Board move into Committee of the Whole at 4:02 p.m.

Moved by Mr. Ron McDermott
Seconded by Mr. Wayne Hurst
CARRIED

At the conclusion of the agenda,

It was moved
that the Board rise from Committee of the Whole at 5:02 p.m.

Moved by Ms. Lorraine Hodgson
Seconded by Mr. Mike Holdsworth
CARRIED

6.0 Presentations: Health Unit Website (New)

Health Unit staff Mike Janisse and Radek Filas demonstrated the new layout of the Health Unit website, the design a result of the compilation of Health Unit departmental input. The launch of the new website is slated for June 25/June 26.

Board members present were asked to submit to picture taking for the purposes of updating the Health Unit’s bank of electronic photos for use on the website and/or other Health Unit publications. As an alternative, members were advised they may submit digital photos to the attention of Rosanne St. Denis.

Orientation Manual

Dr. Heimann familiarized the Board with the manual before them, advising updates will be distributed throughout the year. He reminded the Board that although the mandatory programs have undergone a revision process, they are the Health Unit’s current guidelines. He thanked Ms. St. Denis for her organizational work in compiling the manual.

7.0 Minutes

7.1 Regular Board Meeting – 2007 May 17

It was moved
that the minutes of 2007 May 17 be received as read.

Moved by	Ms. Lynda Monik
Seconded by	Ms. Rosemary Limarzi
	CARRIED

8.0 Staff Reports

8.1 Medical Officer of Health

A boil water advisory for Harrow-Colchester South was issued this afternoon because of significant concern over the high count of E-coli. The media were also alerted accordingly.

Lead testing results in Windsor-Essex have been favourable thus far. Lakeshore had one exceedance in the distribution system which appears to be a fire hydrant requiring retesting.

Dr. Heimann updated on the white powder incident further to his report, highlighting the positive response of emergency services and final testing results confirming the substance was of a non-biological nature.

Dr. Heimann requested endorsement of the written resolution before the Board for medical officer of health coverage during his anticipated three-week absence (out of the country) in September 2007. He recommended Dr. David Colby of the Chatham-Kent Health Unit or Dr. Beth Henning of the Huron County Health Unit act on his behalf.

It was moved
that the Board approve the resolution as put forth.

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

It was moved
that the report of the Medical Officer of Health be accepted as distributed.

Moved by	Mr. Ron McDermott
Seconded by	Ms. Rosemary Limarzi
	CARRIED

8.2 Reports of Divisional Directors

Health Protection

Dr. Heimann was present to take questions on Ms. Bennett’s report.

It was moved

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

Moved by

Mr. Bill Marra

Seconded by

Ms. Lorraine Hodgson

CARRIED

Health Promotion

Ms. Haugh has been invited to sit on the United Way Community Advisory Committee as a health representative.

It was moved

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

Moved by

Ms. Lynda Monik

Seconded by

Mr. Ron McDermott

CARRIED

Finance & Administration

Ms. Kelly announced her attendance at the Huron County Health Unit as part of an accreditation review team.

Ms. Kelly highlighted accounts on the April statement, specifically expenses for the year incurred as at April 2006; namely, Association & Membership Fees (98% of fees incurred between January to April); Rent and Parking (lease payments for the year made in April); and Health Unit taxes (50% of annual taxes paid by April). Approximately \$8,000 in Building Maintenance expenses thus far has been a result of irregular repairs to the air-conditioning unit and biologics refrigeration units.

Ms. Kelly advised it is her intention to initiate a Finance Committee meeting this summer.

It was moved

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

Moved by

Ms. Lynda Monik

Seconded by

Mr. Mike Holdsworth

CARRIED

Human Resource Officer

Ms. Smith will be reporting many upcoming staff changes as a result of recruitment activity. An Epidemiologist has been hired to begin this fall. Nurses, as well as two Program Evaluation Specialists will also be recruited.

It was moved

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

Moved by

Ms. Lorraine Hodgson

Seconded by

Mr. Robert Modestino

CARRIED

9.0 BUSINESS ARISING

9.1 alPHa Annual Conference—June 10-12, 2007

Dr. Heimann extended his appreciation to Board members attending the conference, adding that a multitude of compliments were received from health units across the province. For its role as host of the event, the Health Unit received a plaque of appreciation from alPHa.

9.2 West Nile Virus Program—2007

All municipalities are participating in the program now underway. The larviciding surveillance program began the end of May; the bird surveillance program, the end of June. The larval surveillance program treats standing water, catch basins and sewage lagoons within two kilometres of urban communities. Last year the Health Unit instituted a habitat study which will be helpful this year in targeting specific areas and species of mosquitoes in Windsor-Essex. Nineteen species of mosquitoes are noted to carry the West Nile virus. The Health Unit has an adult mosquito surveillance program that includes trapping and testing adult mosquitoes. The town of Amherstburg has developed an additional program, one of nuisance control to target areas of high concentration of adult mosquitoes.

The Health Unit has a West Nile virus human surveillance program. It also works with local veterinarians, the primary focus being horses. The heart of the Health Unit's programs is prevention of West Nile virus through the larviciding program, surveillance programs, and the public education program, which ultimately is the most important program. Last year there were six human cases of West Nile virus compared to 23 in 2005. Windsor-Essex has probably the highest incidence of West Nile virus, for population, in the Province. There have been no positive birds or mosquito pools identified to date.

10.0 MEDIA COVERAGE—Posted

11.0 CORRESPONDENCE

11.1 Circulation

12.0 NEW BUSINESS

12.1 Electronic Distribution of Board Package

The Board was asked to consider changing the method of board package delivery from hard copy to e-mail. Board consensus was that electronic delivery would be more efficient. As such, Ms. St. Denis will check computer access of members not present and future packages will be delivered electronically. Hard copies of the package will be made available to each member in attendance.

Mr. Bill Allison queried about the status of strategic priorities discussion at the April meeting. Dr. Heimann responded that he would need to acquire dates to set up some Executive Committee meetings.

12.2 Annual Report Distribution

The 2006 Annual Report was brought before the Board for review and approval. As a result of the Board’s positive feedback, Ms. Haugh will continue with distribution to community partners throughout Windsor-Essex and health units across the province.

It was moved
that the 2006 Annual Report be accepted for distribution.

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

12.3 Medical Officer of Health Coverage

Discussed under 8.1 Medical Officer of Health Staff Report.

14.0 NEXT MEETING - At the Call of the Chair or 2007 September 20. Dr. Heimann reviewed Board meeting practice during the summer.

15.0 ADJOURNMENT

It was moved
that the regular portion of the meeting of the Board adjourn at 5:45 p.m.

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

Recording Secretary

SUBMITTED BY:

APPROVED BY:

Medical Officer of Health
Board Secretary

Chairperson

**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 September 20

The summer issues are drawing to a close.

Two further heat alerts were issued, one on the August 2 and the other on August 8.

On 2007 August 21, the first human case of West Nile virus for 2007 was confirmed. In addition to this human case, so far this year three positive birds and eleven positive mosquito collection pools have been identified. The three birds were all collected in the Windsor area; eight of the pools were collected in Windsor, two in Amherstburg, and one in LaSalle. During the first week of September we began a limited fourth round of larviciding. The larviciding at the time of this report is planned for limited areas of Amherstburg, LaSalle, and Windsor. The additional larviciding is being planned in conjunction with our municipal partners and GDG, our mosquito control consultant. With one case of West Nile virus identified so far this year, the numbers are down compared to previous years. In 2006 six cases of West Nile virus in Windsor-Essex residents were identified.

The civil suit against the Leone family in which the Health Unit is included is proceeding. I have received the statement of defence from Mr. Greg Verbeem. As I understand it, the next step in the proceedings will be the taking of depositions from participants in the case.

Consultations with ASPHEO, ALPHA, and local municipalities with regards to the expanded street food vendor options in the amended food service regulations are ongoing. Ms. Bennett will soon be meeting with City licensing authorities.

In August, the Minister of Health announced that the Province will be providing vaccine against the human papillomavirus to grade 8 girls on a voluntary basis. The staff in vaccine preventable diseases is working to develop the details of the program. The program will be provided in schools in a manner similar to the hepatitis B immunization program. Three doses of the vaccine will be given during the school year. The vaccine is given at 0, 2, and 6 months. While the vaccine is approved for use in Canada for women ages 9-26 years, the vaccine will only be provided to grade 8 female students. A background information sheet is attached to the report.

On 2007 August 30, the Province provided the Health Unit with its 2007 budget information. The 2007 budget was in line with the request approved by the Board. The budget announcement was reviewed at the Executive Committee meeting on 2007 August 30.

As I noted in my previous report, I will be away in September attending a Royal Air Force appeals hearing in London. I will be away from September 5 through September 26 inclusive. I have arranged for Dr. David Colby, the Medical Officer of Health of Chatham-Kent to provide coverage for me while I am away. Ms. Bennett will provide liaison with Dr. Colby.

Respectfully submitted,

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

GAH:rs

Human Papillomavirus (HPV) Vaccination Program for Grade 8 Females: What you need to know

What is Human Papillomavirus (HPV)?

HPV is a common virus with more than 100 types. Some types of HPV can lead to cancer of the cervix in women. Most HPV infections can be prevented with a vaccine.

How is HPV spread?

HPV is most commonly spread during sexual activity by skin-to-skin contact with an infected person.

What are the symptoms of HPV?

Most people never get symptoms and may not know they have been infected with HPV but they still carry the virus and can infect others. Depending on the type of HPV infection, the infected individual may develop cervical abnormalities, cervical cancer, other genital cancers or genital warts.

What can happen when you get HPV?

Most adults in Canada will be infected with HPV at some point in their lifetime. The body's immune system usually gets rid of the virus on its own. In some people, the virus can lead to cervical cancer. There are 500 women diagnosed with cervical cancer and 140 deaths each year in Ontario.

How can I help protect my child from HPV?

Get your child vaccinated. The vaccine can prevent infection against four types – type 6, 11, 16 and 18. In Canada, strains 16 and 18 cause 70% of cervical cancer. Strains 6 and 11 cause about 90% of genital warts.

How is the HPV vaccine given?

The vaccine is given as a needle in the arm. Three doses of the HPV vaccine are required for protection. The three doses of the vaccine are given within the school year. Usually, the second dose is 2 months after the first dose and the third dose is 6 months after the first dose.

Who should get the HPV vaccine?

The HPV vaccine has been approved for females aged 9 to 26. It is most effective when given before sexual activity begins. The provincial government is funding the HPV vaccine at no cost to all girls in Grade 8 through school clinics.

Who should not get the HPV vaccine?

Your child should not get the HPV vaccine if she:

- has already been fully vaccinated with the HPV vaccine;
- has had a serious reaction to a previous dose of the HPV vaccine;
- has a yeast allergy or an allergy to a vaccine component; and
- is pregnant.

It is not recommended that she receive the vaccine if she has a fever or anything more serious than a minor cold.

Are there side effects from the vaccine?

The HPV vaccine is safe and approved for use in Canada for females ages 9 to 26 years. The HPV vaccine has similar side effects to most other available vaccines. These side effects include redness, tenderness and swelling of the injection site and, less commonly, fever, nausea, dizziness and headache. Rare reactions that occur within 15 days of the vaccination should be reported to your doctor or local health unit. These reactions include trouble with breathing, swelling of the face or mouth, a fever over 39°C, hives or rashes. Public health nurses administer the vaccine and are present at school clinics at all times. They are trained to handle severe reactions.

How good is the vaccine?

The vaccine is almost 100% effective against the four HPV types that the vaccine protects against. Studies have shown good protection for five years after vaccination. There is no risk of getting an HPV infection from the vaccine, since the vaccine does not contain live virus.

Other important things you should know about the HPV vaccine.

Although the vaccine provides a high degree of protection against HPV, it is not a replacement for cervical cancer screening. Regular cervical cancer screening, combined with the vaccine, provides the best protection against cervical cancer. A booster shot may be required later on in life. The vaccine is not currently licensed for males.

If I have a child who is not in Grade 8, can she get the vaccine too?

The Ontario government is funding the HPV vaccine at no cost to all females in Grade 8 through school clinics. All other females aged 9 to 26 can see their doctor and pay to get the vaccine. The three doses cost approximately \$400 in total.

Before giving the HPV vaccine, public health nurses will ask your child some questions about:

- your child's health on that day;
- your child's general health status;
- any allergies to vaccines or medications;
- any medications that your child is taking;
- any problems with getting vaccines in the past; and
- any previous HPV vaccination.

On the day your child gets vaccinated:

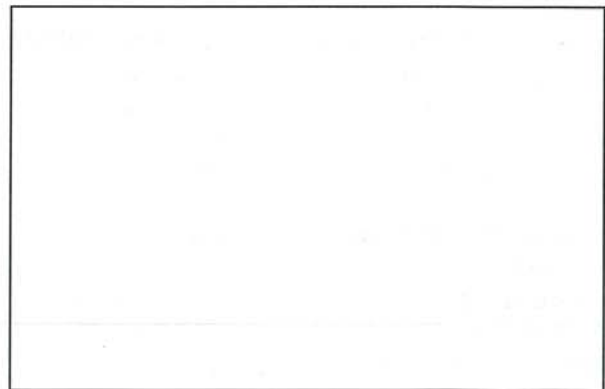
- have your child wear a short sleeve shirt to make vaccination easier; and
- have your child eat a good breakfast or lunch before the clinic.

If your child has already received the HPV vaccine, please call your local Public Health Unit to update your child's records or fill out the information in the consent form.

Want to learn more?

For more information:

- Call INFOLine 1-866-559-4598 (TTY 1-800-387-5559)
- Visit www.hpvontario.ca
- Contact your local Public Health Unit



HEALTH PROTECTION DIVISION

Report to the Board September 2007

CHRONIC DISEASE AND INJURY PREVENTION

Nutrition

Losing Weight... the Healthy Weigh - Two 12-week sessions of Losing Weight...the healthy weigh finished at the end of June. One session was held in Essex and one in Windsor. Results were very positive for each session (see below). Monthly e-mail follow-ups are currently in place and six month face-to-face follow-up sessions are being planned for late November.

Windsor session - 35 participants were initially enrolled. Of that, 22 people attended the final class, though approximately 5 indicated conflicts with the date. Assuming 27 completed the classes, this is a retention rate of 77%. An average of 12 lbs (5.4 kg) was lost for those in attendance. This represents a loss of 5.4% of their starting weight. In addition, those present lost an average of 7 cm (3 inches) from their waist circumference.

Essex session - 32 participants were initially enrolled. Of that, 10 people attended the final class, though 2 indicated conflicts with the date. Assuming 12 people completed the classes, this is a retention rate of 34%. An average of 8.5 lbs (3.8 kg) was lost for those in attendance. This represents a loss of 4% of their starting weight. In addition, those present lost an average of 7 cm (3 inches) from their waist circumference.

New Losing Weight ... the Healthy Weigh classes are being offered at the Windsor office of the Health Unit beginning September 13, 2007 and at the Essex Civic Centre beginning September 19, 2007. An on-line screening and registration tool was developed for this program. This has proven very successful. The goal is to have this program converted to an on-line program in the coming months.

Canada Food Guide Posters - Health Unit staff have developed a series of five Canada's Food Guide posters. The objectives of the posters are three fold:
Increase awareness of the newly revised Canada's Food Guide.
Increase knowledge of selected new recommendations in the Food Guide.
Have people go to www.healthcanada.gc.ca/foodguide for more information on healthy eating and the recommendations in the Food Guide.

The posters target adults (18-65), but may be appropriate for high school students. They are currently available in three sizes (11x17, 18x24, and 24x36) in English, and will be available in French shortly.

A poster for each food group and a general poster that highlights the entire Food Guide are available. The five posters are intended to be used together, though it is possible to use just the general poster instead of all five.

There are a variety of ways in which the posters can be used, depending on the setting. Examples of settings where the posters could be used include workplaces (elevators, display boards, staffrooms),

cafeterias, healthcare provider offices (waiting rooms and exam rooms of physicians, dentists, physiotherapists, kinesiologists, etc.), schools (hallways, cafeterias, classrooms), public health programs, etc.

At present, there are 7,500 posters in stock (500 of each poster), which will be sold across Canada. We have developed a communication plan and are working on creating an on-line ordering system that would facilitate the ordering, payment, processing, and shipping of posters to those interested. Posters will be stored and shipped from the Leamington office. Estimated date to begin promotions and sales is October 1, 2007.

Nutritious Food Basket - The Health Unit conducts a food cost survey every year in local grocery stores throughout the county to calculate the Cost of Eating Well in Windsor-Essex County according to gender and stage of the lifecycle. The cost of the Nutritious Food Basket for a family of four (\$571.52 month) has increased nearly 5% since 2006. The food cost survey does not take into account money required for condiments, convenience foods, snack foods, eating out, paper products, toiletries, and household cleaning agents. With the high cost of housing, hydro, natural gas, other household expenses, and the rapid rise in gasoline, people on limited incomes often go without sufficient nutritious food for themselves and their families. Insufficient nourishing food contributes to the cycle of poverty and poor health outcomes. The most vulnerable in our community need our support to break the cycle. The results of the Nutritious Food Basket 2007 will be shared widely within the community.

Physical Activity

Walk the Dog and Win – Pawsitive Steps - The 6th Annual Walk the Dog and Win Contest will be running Oct 01-14. Funded by Health Action Windsor-Essex, this initiative aims to increase the prevalence of regular physical activity by targeting those who own dogs.

There will be Windsor Star and radio advertising beginning on September 22, and running on a regular basis until September 30. In addition, direct mailing of posters and brochures is going out to all workplaces that participate in the Working Toward Wellness program, all vet clinics, and pet stores in the Windsor Essex Area.

In-Motion Physical Activity Strategy - The “in motion” physical activity strategy began on September 10, with the official grant announcement from MPP Bruce Crozier announcing a total of \$36,450 awarded from the Government of Ontario to the Southwest Area Recreation Guild.

Health Action Windsor-Essex, and the Windsor-Essex County Active Living Coalition are both funding partners in this initiative. All three counties (Windsor-Essex, Chatham-Kent, and Sarnia-Lambton) are taking part in this initiative.

Go for Health Windsor-Essex

Call To Action - The Go for Health coalition is launching a community forum to bring together leaders from seven sectors in our community to dialogue with their peers and to identify and move forward with policies for healthy living that they could implement in their respective sectors. The forum follows the successful launch of the Call For Action June 7 and is the next step in the process of developing a healthier community. The forum will be held September 19 at the Ciociaro Club in Salon C from 8:30 a.m. to 3:00 p.m. Breakfast and lunch are provided. All Board members are welcome. Please register with Yvette Reaume at yreaume@wehealthunit.org.

Workplace Wellness

Executive Breakfast Program - October 22-26, 2007 is Canada’s Healthy Workplace Week. To celebrate, Health Action Windsor-Essex is hosting the 6th Annual Working Toward Wellness Healthy Workplace and Bike Friendly Workplace Awards Breakfast from 7:30 a.m. to 10:30 a.m. in Salons D and E at the Ciociaro Club. These awards recognize workplaces in Windsor-Essex County that have implemented a workplace wellness program for employees, retirees, and their families. This year there are 19 Healthy Workplace Award Winners and four Bike Friendly Workplaces Award Winners.

Following the award presentations, there will be a presentation entitled, “Different Aspirations for Different Generations” by guest speaker, Mary T. Yates, M.Ed., who will explain how the generations of Veterans, Baby Boomers, Generation X, and Millennials differ and how they can be a source of creative strength and opportunity instead of a source of stress and conflict in a workplace.

Registration is available online at www.wechealthunit.org. Award winning workplaces receive two complimentary registrations. For others, registration is \$25 per person or \$100 for a table of five.

Also, as part of the Canada’s Healthy Workplace Week, Health Action provides up to four community grants of up to \$500.00 each to our community partners or workplaces to assist them to provide health related events for their workplaces or for the community at large. Currently, applications have been received from the University of Windsor for a Wellness Fair and Wellness Workshops for university staff and faculty, and from the Municipality of Leamington for a “Stress Buster Challenge” for their staff.

Our next Health Issues Newsletter is going out to workplaces in Windsor-Essex County for the 1st of October. The topic is *His & Her Health*, which addresses chronic diseases in adults and prevention strategies to reduce one’s risk.

HEALTH INSPECTION

West Nile Virus Strategy 2007 - As a part of the WNV monitoring program by the Health Unit, the following is an update of positive testing results obtained up to the end of August. (August 25, 2007)

<u>Pools</u>			
24-Aug-07	Site O	Week 34	Windsor
16-Aug-07	Site K	Week 33	Amherstburg
20-Jul-07	Site H	Week 29	Windsor
2-Aug-07	Site M	Week 31	Windsor
<u>Birds</u>			
20-Aug-07	Windsor	American Crow	
20-Aug-07	Windsor	American Crow	
24-Aug-07	Windsor	American Crow	
<u>Humans</u>			
14-Aug-07	Female	Confirmed	Essex

As a result of information and recommendations received by GDG Environment, a fourth round of larviciding is set to take place in Windsor, Amherstburg, and LaSalle this month.

Summer Festivals - The season for fairs and festivals is coming to an end with a few remaining in September and October. Through educational materials and training along with onsite visits, inspectors have been working to make these events are as safe as possible for the public. Results to date have been satisfactory.

Lead in Water - The Ministry of the Environment has specific regulatory requirements for schools, private schools, and day nurseries (O. Reg. 243/07) under the Safe Drinking Water Act, requiring the testing of drinking water for lead content. The regulation requires schools, private schools, and day nurseries that are housed in a building where no part of the plumbing that services the building was installed before January 1st, 1990, to conduct weekly flushing; and to conduct daily flushing if all or part of the plumbing was installed before January 1st, 1990. In addition, the regulation also imposes requirements for annual lead sampling and testing on all schools, private schools and on day nurseries that are served by plumbing installed before January 1st, 1990. Schools and private schools are required to take two samples of water and have them tested for lead between the period of June 15th and August 15th. Day nurseries are required to take two samples of water and have them tested for lead between the period of May 1 and October 31st. As a result of this requirement, all schools and nurseries have been conducting testing as required.

There were several schools that experienced elevated lead levels during initial testing but were later flushed and retested to yield acceptable levels. Recent guidance from the Ministry of Environment has provided recommendations for actions by public health units that WECHU will be following in the event of further lead exceedances. Currently there is still one school still under a drinking water advisory due to elevated lead levels in water. The Health Unit will remain in communication with this school board to ensure the safety of all students, faculty and staff in this facility until further corrective action is taken. (i.e. filters for tap)

TUBERCULOSIS AND VACCINE PREVENTABLE

Tuberculosis - Since the end of June the Tuberculosis team has screened over 500 clients in the School Screening Program. The nurses are presently screening international students at the University of Windsor, and 350 individuals are expected to access the service. Lastly, 20 Karen refugees are expected to arrive mid-September to be assessed for active TB disease as per the request of the Ministry of Health and Long Term Care.

Vaccine Preventable - The Vaccine Preventable team was extremely busy over the summer months. A review of 3,674 junior kindergarten immunization records was conducted, and over 87% are up to date. The remaining 13% of the students have partial records on file at the Health Unit, and additional information will be collected. The team also reviewed the immunization records of close to 14,000 students in senior kindergarten, grade one and grade two. These students are eligible for the 4 to 6 year vaccines. Over 10,000 immunization questionnaire forms were sent to the parents as a reminder to get their children immunized before they become at risk.

The two Biologics nurses continue to inspect the vaccine refrigerator(s) in physician and health care offices. Of the 200 sites, the team is on target and will be able to complete all the annual inspections. During the summer we had numerous cold chain failures that required additional site inspection and education.

SEXUAL HEALTH CLINIC, TRAVEL CLINIC, OUTBREAK AND EPIDEMIOLOGY

Sexual Health - The Clinic has maintained its numbers over the summer. There were 394 face-to-face visits to the clinic in July. Two nurses are on maternity leave in the clinic. A new nurse has been hired for one maternity leave in July. All nurses new to the clinic must be certified by a physician to perform extended duties. These duties include pap tests, testing for STI's, blood draws and treating clients for genital warts with liquid nitrogen.

Travel Clinic - The Travel Clinic is currently booking into mid-October for first assessments. The second nurse position for Travel will help ease the demand for appointments. A total of 35 yellow fever vaccines were administered in July and August. The demand for Japanese encephalitis vaccine has been steady yet a continued shortage of vaccine continues.

Outbreak - There is currently one enteric outbreak in Windsor-Essex County. The Outbreak team works with the facility to ensure the outbreak is identified and contained. The team also is preparing for Outbreak season and presentations in the community.

Epidemiology - Windsor-Essex County has had one confirmed human case of West Nile Virus this year. The Epi team has made presentations this summer for new Canadians at the YMCA. Information packages were sent out early in the summer to physicians in the community. This package outlined the case definition of West Nile and testing procedures for early identification.

Respectfully submitted,

Deb Bennett, Director

HEALTH PROMOTION DIVISION

Report to the Board September 2007

Family Health Department

Child Repro Health

(Manager, Sue Kocela)

September public/professional education activities include the following:

1. Three 2-hour workshops:
 - a. *Toilet Learning*: September 10, Essex
 - b. *Living With Your Spirited Child*: September 18, Windsor
 - c. *Precious Cargo – What You Need to Know About Car Seat Safety*: September 20, Windsor
2. Small workshops at Ontario Early Years Centres (city & county)
3. Two Prenatal series: 1 Windsor, 1 Leamington
4. Weekly classes at *Building Blocks For Better Babies* in 4 locations (2 city & 2 county)
5. Three weekly *Just For Moms & Babies Series* (2 Windsor, 1 Leamington)
6. Two presentations with CAW daycare workers on car seat safety
7. Weekly breastfeeding clinic at Windsor WECHU

Reaching IN... Reaching OUT Workshop

We are sponsoring a two-day training session for child care, health care, and social service providers who work with parents of children birth to 6 years. *Reaching IN ... Reaching OUT* is an evidence-informed skills training program designed to help adults help young children develop a resilient view about life's inevitable stresses and challenges. The training is based on an adaptation of the world renowned Penn Resilience Project (University of Pennsylvania). The workshop takes place October 16 & 17. In the evening of October 16, the City of Windsor Social Service department is sponsoring a 2-hour information session about the resiliency training program for people who cannot attend the full training session. Registration is underway.

Fall Injury Prevention Campaign

The focus of this year's campaign is home safety with the multicultural population. Agencies who work with multicultural groups have been offered resources and training sessions. Several resources have been translated into Arabic, Chinese, and Spanish. Beginning in October, workshops will also be held in the Ontario Early Years Centres.

Obesity Prevention

The *Reading, Rhythm & Movement* program will be offered with our target population at two sites: Ready Set Go and Drouillard Place. Once the pilot project has been completed, community agencies will be invited to receive training in the program and will be provided with the resources to deliver it in their own agencies. The *Tykes on the Move* resource for teachers of JK and SK has been completed and will be distributed to all schools by the CSH team. The resource is designed to assist the teachers to promote healthy eating, physical activity, and the "turn off the screen" message with parents and children in a manner that is consistent with the curriculum provided by the Ministry of Education.

Statistics***Intake:***

	January to August 2007
# of clients: phone, e-mail, walk-in	2235

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
JANUARY	13	2850	265	80	79	55	12	0	2	9	102	24	26	40
FEBRUARY	12	2564	178	51	64	55	24	7	3	16	65	17	19	16
MARCH	13	2367	233	55	64	83	45	10	6	23	97	26	22	38
APRIL	18	3861	196	55	52	61	41	14	9	20	65	19	17	32
MAY	19	3451	190	63	67	70	26	9	6	14	103	31	29	48
JUNE	14	3169	157	50	41	51	24	7	3	14	84	26	24	33
JULY	n/a	n/a	233	62	90	72	32	7	1	19	85	17	21	40
TOTALS JAN-JUL/07	89	18262	1452	416	457	447	204	54	30	115	601	160	158	247

Healthy Babies Healthy Children

(Managers, Elizabeth Kinnaird-Iler and Shirley Davies)

Ms. Colleen Mitchell from the Multicultural Council is working with staff in Healthy Babies Healthy Children and with the Nurse Practitioner on the Cultural Competence Project. She has presented the concept of cultural competence and cultural diversity to staff and has met with all staff individually to learn their views of how cultural differences impact and challenge the program. Colleen will meet with the Program Managers the end of the month to discuss the next steps.

Dr. Cindy-Lee Dennis, Researcher with the University of Toronto, Faculty of Nursing, will present the results of the Postpartum Mood Disorder Peer Support Trial to staff, community partners, and study volunteers on Monday, October 22nd from 2-4 p.m. Windsor HBHC was one of seven programs to participate in this study. This study used volunteers (women who had recovered from postpartum depression) to offer telephone support to women who were at-risk as a means to prevent the onset of postpartum depression. Also HBHC staff will participate in the PPMD intervention trial led by Dr. Dennis. This trial starts in October. It evaluates the effectiveness of individual psychotherapy provided by trained nurses over the telephone to moms who show depressive symptoms of postpartum mood disorder. HBHC staff will participate by enrolling eligible clients they meet during the course of their work. These clients will need to consent to the referral.

As mentioned in the Summer Board report, HBHC received a budget augmentation to address the needs of vulnerable populations. The Ministry has approved the money to fund the Physician Outreach Project on a permanent basis. It will also be used to replicate the postpartum mood disorder peer support trial, depending on the outcomes of this study.

HBHC will begin using air cards on two laptop computers to enable remote access to ISCIS for electronic documentation. IT staff will provide HBHC with a brief in-service in September. Staff will then begin to use the air cards as part of a pilot project to evaluate the effectiveness of these cards and to increase staff comfort level with this new technology.

Comprehensive School Health Department

(Manager, Theresa Marentette)

Public health nurses are making contact with their schools as another school year begins. Epi pen presentations are ongoing and dissemination of health unit information and resources is underway. A few initiatives have been highlighted below.

Elementary Sexual Health Program

Planning for the Grade 8 Teachers Sexual Health Workshops is underway. Four workshops will be held in November (2 in the city and 2 in the county). The teachers will be provided content and tools to teach sexual health using the teaching manual developed by the Health Unit. The goal of the workshops is to train the trainer. To support this goal a nurse will be available to the schools that have not had an in-class demonstration in the past 2 years or where the teacher is new to grade 8. Currently, the public health nurse teaches puberty, reproductive anatomy, and birth control with the main focus being abstinence. The role of the WECHU and our services is also explained to the students. A social worker from the Sexual Assault Crisis Centre discusses sexuality, healthy relationships, and sexual assault. In addition, the community educator from the AIDS Committee of Windsor provides an overview of sexually transmitted infections with support from the public health nurse as needed.

Active and Safe Routes to Schools

An application to the Heart and Stroke Foundation of Ontario's Community Advocacy Fund is being prepared by the school team to address active and safe routes to schools. It was decided to apply for funding after inquiries from a City of Windsor Councilor and the City of Windsor Transportation Planning Engineer. Other potential partners include the Sandwich Community Health Centre and Windsor-Essex County School Boards.

Steroid Presentation

The school nurse who planned and implemented the 'Are you Juiced' steroid project for high school teachers and coaches has been invited to speak at a school board workshop this month. She worked closely with IRD to develop posters, wallet cards, a coach's booklet, and parent pamphlets addressing the use of steroids in high schools. She will present information regarding the project, highlighting the needs assessment, resources, and evaluation of the project.

Dental Education

The dental educator is booking presentations at Ontario Early Year's Centres and Building Blocks for Better Babies. Topics address dental issues for prenatal/postnatal mothers and infants, as well as proper foods and snacks for good oral health.

Information Resources Department

(Manager, Vacant)

The replacement for our PES's mat. leave has been filled by Nansy Jean Baptiste from the University of Windsor. She has fearlessly jumped into the position and has made investigating staff access to full text journals a priority. We have had the successful integration of Information Coordinators into Family Health and Comprehensive School Health Departments. Unfortunately, the Epidemiologist that we recruited in June has had to withdraw from the contract due to health issues. We are in the process of investigating contracting out the work required to draft our local health status report and will resume formal recruitment for the position next year. This has delayed the recruitment of a manager for this department as well. I will continue to cover the role in the interim.

We had a very successful Plain Language Workshop for some key staff involved in drafting content for education resources. Our corporate communication policy now includes a requirement for a plain language edit of all materials that go out to the public.

In General

We welcomed thirteen enthusiastic fourth year nursing students to the agency this week. They will be completing their fourth year community placements with us until December. Public health is always a very coveted placement and these students are very happy to be getting this experience.

We have provided some of the additional HBHC funding to subsidize the cost-shared expense for the ONA Professional Development Committee to provide two workshops on conflict management and communication skills through our EAP provider.

A very comprehensive assessment of the prenatal situation with VON has been undertaken and the decision has been made to decline their request for a cash bail out to subsidize their early pregnancy classes for which they do not charge. We will continue to provide the same level of early pregnancy classes and monitor the situation closely if VON ceases to provide them. If there appears to be an unmet need for this in the community, we will reallocate internal resources to provide them. We have another meeting with VON next month to discuss how to support them in communicating this decision. Meanwhile we are working on an on-line prenatal course to provide the community with additional access to free classes.

Respectfully submitted,

Liz Haugh, Director

FINANCE & ADMINISTRATION DIVISION

Report to the Board
September 2007

2006 Budget

Please refer to the minutes of the Finance Committee meeting held during the summer for details of the 2006 audited financial statements.

2007 Budget

The July financial summary is included with this package. The analysis of Building Occupancy costs will be updated after the end of the September to reflect third quarter spending for the year. Rent and parking include payments made in July that relate to August.

As mentioned in the Executive Committee meeting minutes, our 2007 Budget was approved as filed with the Ministry.

Other

Please refer to the Executive Committee meeting minutes held over the summer for updates on financial/administrative items. I will not be in attendance at the September Board meeting as I am taking vacation.

Respectfully submitted,

Sharon Kelly
Director of Finance and Administration

Windsor - Essex County Health Unit
31-Jul-07

	Year to date analysis				Variance	% Spent
	2007 Budget	YTD Budget	YTD Actual 07	YTD Actual 06		
Salaries	8606925	5020706	4287797	4193720	732909	50%
Employee Benefits	2083822	1215563	965275	968506	250288	46%
Medical Fees	528000	308000	282132	269117	25868	53%
Travel/Meetings	12350	7204	4518	4883	2686	37%
Mileage	161300	94092	85279	87145	8813	53%
Prof Development	49281	28747	25320	7648	3427	51%
Assoc & Mem Fees	18250	10646	23450	20292	-12804	128%
Office Supplies	75000	43750	21873	26658	21877	29%
Program Supplies	471629	275117	99033	129548	176084	21%
Office Equip Rental	217500	126875	104311	118132	22564	48%
Outside Printing	10000	5833	1635	4124	4198	16%
Laundry	10000	5833	5275	4916	558	53%
Publications	6000	3500	2482	3067	1018	41%
Purchased Services	75000	43750	23346	32853	20404	31%
Promotional	20500	11958	5265	5612	6693	26%
Board Expenses	10500	6125	3480	3433	2645	33%
Prof Fees	60000	35000	11370	-37	23630	19%
Bank Charges	12500	7292	7248	6199	44	58%
Rent	552500	322292	367831	359758	-45539	67%
Bldg Mtce	96500	56292	72207	74009	-15915	75%
Utilities	93000	54250	53813	52330	437	58%
Taxes	198000	115500	127307	123251	-11807	64%
Insurance	56000	32667	0	0	32667	0%
Telephone	92000	53667	45091	48160	8576	49%
Security	26000	15167	11927	11265	3240	46%
Car Leasing	25000	14583	14480	14427	103	58%
Postage & Freight	50000	29167	20501	24360	8666	41%
GST	0	0	912	-686	-912	#DIV/0!
Parking	70000	40833	44333	44333	-3500	63%
	13687557	7984408	6717491	6637023	1266917	49%
Offset Revenue	-100000	-58333	-62872	-55631	4539	63%
	13587557	7926075	6654619	6581392	1271456	49%
One-time request	0	0	0	20787	0	#DIV/0!
	13587557	7926075	6654619	6602179	1271456	49%
West Nile Virus	100000	58333	72076	26129	-13743	72%
	13687557	7984408	6726695	6628308	1257713	49%

HUMAN RESOURCES

Report to the Board **September 2007**

There are a number of positions that I am recruiting for at this time. We are looking to fill two Smoking By-Law Enforcement Officers positions, Nurses for various departments, Clerks for various departments and a number of Health Promotion Specialists. There are several maternity leaves occurring at this time which is in part why there are so many vacancies. Recruitment is filling up most of my days.

Unfortunately, the Epidemiologist that we hired has declined his offer of employment due to health issues. He could not determine a time frame when he would be available so we accepted his withdrawal. Liz Haugh and I have been conducting further interviews to select another person who is able to assist us in doing just the Health Status Report. Liz will keep you updated on this.

A sub-committee of the Policy and Procedures committee has been struck to develop and write a Violence Prevention in the Workplace Policy and Procedure. The committee complement consists of two ONA staff, two CUPE staff and two Management staff. Our intention is to complete this policy within a few months; therefore we are meeting every two weeks in order to accomplish this. I have been speaking with the Hotel Dieu-Grace Hospital Workplace Violence Prevention Team and hope to develop some related training for our staff through them.

The Health and Safety Committee Joint committee met through the summer and are working on developing several policies such as a Distracted Driving/Safe Driving Policy, an internal Infection Control Policy and an Emergency/Pandemic Workplace Policy. We are working closely with the Senior and Middle Management staff for their input.

St. Clair College has requested that I take on another Human Resources student. I had a very positive experience with last year's candidate and so have accepted another student for this semester.

There are a number of staff related Human Resource issues that I am working on with Sr. Managers. There are three outstanding ONA grievances and one grievance/arbitration with a CUPE staff person.

I am on vacation the week of September 17th and will not be present at the Board Meeting on the 20th. Please don't hesitate to contact me directly with any questions you may have concerning the information in this report.

Respectfully submitted,

Nancy Smith
Human Resources Officer

STAFF CHANGES

NEW HIRES

Nansy Jean-Baptiste – Programme Evaluation Specialist – IRD – 1 yr. Mat. Leave (W)

Steve Borgh - By-Law Enforcement Officer - CDIP – Full-Time (Essex)

Marla Jackson – Programme Evaluation Specialist – CDIP – Full-Time (Essex)

Saleh Ahmed – Programme Evaluation Specialist – Health Protection – FT (Windsor)

Dara-Lynn Owens – Public Health Nurse – Sexual Health Clinic – 1 yr. Mat. Leave (W)

WECHU Board Meeting Evaluation

The Board of Health governs the organization by providing leadership on issues affecting the public's health and interest according to the Health Protection and Promotion Act (HPPA).

A. How would you evaluate the meeting overall? (If you have written comments, use the bottom reverse side of this sheet and number the items.)

	Always	Frequently	Often	Occasionally	Never
1. In accordance with the WECHU mission, topics were related to the interest of advancing public health in our community.					
2. Members were well prepared to participate effectively in discussion and decision-making.					
3. There was an appropriate level of discussion of issues.					
4. The discussion was focused, clear, concise, and on topic.					
5. Did the meeting today further public health interest?	Y/N If No – what and why				

B. Identify one of the strengths of today's meeting. What do you think worked really well?

C. Identify one area for improvement. You do not need to give us a definite solution; identifying an area for improvement is the first step.

D. Comments:

E. Suggestions for Improvement:

F. General Comments:

Signature (Optional)

Meeting Date: _____ / _____ / _____ Year Month Day	Meeting Type: <input type="checkbox"/> Executive <input type="checkbox"/> Finance <input type="checkbox"/> Regular <input type="checkbox"/> Other _____
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Please return completed forms to Rosanne St. Denis

WECHU Annual Board Assessment

The purpose of this assessment is to help Board members fulfill the role and tasks assigned as a board member. It is a tool to help identify areas of strength and to point out areas where support and educational activities may be required. There are two sections, one focuses on individual director competencies, and the other on the Board as a group. Please read the following statements and check (✓) your response for each statement.

Rating System: 5 = I feel very good 4 = I feel good 3 = I feel O.K. 2 = I need improvement 1 = Not doing 0 = Not applicable (N/A)						
INDIVIDUAL DIRECTOR ASSESSMENT	5	4	3	2	1	0
A. PERSONAL COMPETENCIES						
1. I know why I am volunteering my time on this board.						
2. I understand my role as a Board member.						
3. I am aware of what skills I bring to the Board.						
4. I feel that the Board works as a team.						
5. I feel comfortable asking questions when I don't fully understand an issue.						
6. I am able to assess my personal training needs for the role of Board member.						
7. I enjoy being on the Board, and feel that I have the opportunity and skills to contribute to the success of the organization.						
B. DIRECTING THE ORGANIZATION						
B1: Roles and Responsibilities						
8. As a Board member I understand my role and responsibilities as a trustee on behalf of our organization.						
9. I believe I can represent the public interest.						
10. I understand my legal liabilities.						
11. I am familiar with the HPPA and bylaws of the organization.						
12. I am aware of the powers, limitations, and restrictions that I have as a Board member.						
B2: Decision Making						
13. I am confident in my ability to evaluate individual and Board performance and progress.						
14. As a Board member I receive the information from which I may make informed decisions.						
15. I am able to interpret, analyze, and assess financial information, reports, and proposals.						
16. I understand the role of measurement and evaluation in the work of the organization.						
B3: Leadership						
17. I arrive at meetings on time and prepared to participate fully, to discuss, debate, and make decisions.						
18. I support the mission and value statements of the Health Unit.						
19. I support and encourage others in the group to participate fully.						

Rating System: 5 = I feel very good 4 = I feel good 3 = I feel O.K. 2 = I need improvement 1 = Not doing 0 = Not applicable (N/A)						
	5	4	3	2	1	0
20. I am able to delegate responsibility to appropriate people.						
21. I am able to tolerate differences of views and opinions.						
22. I am able to identify, analyze group problems and conflicts, and find creative solutions.						
23. I am able to face mistakes, accept responsibility, and move on.						
24. I am able to contribute to sound decision-making by asking provocative questions.						
25. I feel comfortable in motivating people to take part in the activities of the organization.						
26. I am confident in my ability to express myself and represent my views to the board members during discussions.						
SUB-TOTAL						
BOARD ASSESSMENT	5	4	3	2	1	0
A. KNOWLEDGE OF THE ORGANIZATION						
1. Board members know and can represent the mandate of the organization.						
2. The mission, mandate, and values of the organization are clearly stated, shared throughout, and internalized by all.						
3. There is a link between the mandatory programs offered and the needs of our community.						
4. Members are satisfied with project evaluations and outputs.						
B. OPERATIONS OF THE BOARD						
5. In making its decisions the values and mission guide the Board.						
6. The Board focuses its efforts on developing policies, making decisions, and planning activities that set the strategic direction of the organization.						
7. The Board has the ability and the process in place to react quickly to matters that require prompt attention.						
8. We have policies and procedures in place which adequately protect the assets of the organization.						
9. The Board has an orientation package that clearly defines responsibilities.						
10. The Board has a plan which includes assessment, recruitment, orientation, training, and recognition to ensure the perpetuation of the Board.						
11. The Board has an effective process for evaluating the CEO.						
12. Committees have clear terms of reference and a work plan which is consistent with the aims of the organization.						
13. There is a clearly defined process for reporting business to the Board – to receive reports, discuss, and reach decisions.						
14. Board members are notified well in advance of meetings.						
15. Meetings begin and end as per the agreed upon schedule.						
16. Board members receive agenda, background reports, etc. in advance of Board meetings.	5	4	3	2	1	0
17. Time limits are set for discussion of agenda items.						
18. The Board at least annually adequately reviews its own performance.						
19. The information the Board receives is adequate to make decisions.						
20. The Board receives adequate financial information.						
21. Legal requirements are reviewed by the Board regularly.						

**Rating System: 5 = I feel very good 4 = I feel good 3 = I feel O.K. 2 = I need improvement
1 = Not doing 0 = Not applicable (N/A)**

C. THE BOARD AS A TEAM	5	4	3	2	1	0
22. Members of the Board feel they are valued members of the organization and their contribution is important.						
23. The Board provides an in-depth orientation to new Board members to ensure they feel part of the team.						
24. The Board provides support, encouragement, and constructive feedback to each other.						
25. The membership of the Board is reflective of the diversity of the community.						
26. The Board works towards a resolution of the issues even when there are conflicts.						
27. Board members have the range of skills and expertise needed to conduct the business of the Board.						
28. Members of the Board feel that their opinions are heard and valued by other members.						
29. The members of the Board are committed to the mission and values of the organization and this is demonstrated through our actions.						
SUB TOTAL						

Please provide any other comments: _____

Please indicate what training opportunities you would like as a Board member and/or what opportunities would be of benefit to the entire Board.
