

**WINDSOR-ESSEX COUNTY HEALTH UNIT**  
**AGENDA**  
**REGULAR BOARD**  
**Windsor**  
**\*\*3:30 P.M.\*\***

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**2010 March 11**

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1.0 Call to Order	
2.0 Opening Prayer	
3.0 Agenda Approval	
4.0 Announcements of Conflicts of Interest	
5.0 Presentation: Mission Vision Value Statements Food Handlers' Online Course--E-Commerce	
6.0 Minutes	
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Human Resources	25
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8.1 Small Drinking Water Systems	
8.2 Safe Food Counts Program	
8.3 Date for Board Governance Session	
8.4 Board Evaluations	
9.0 Media Coverage -Circulated	
10.0 Correspondence	
10.1 Circulation	
11.0 New Business	
11.1 Windsor Public Health Lab Closure	
12.0 Committee of the Whole	30
13.0 Next Meeting: At the Call of the Chair or 2010 April 15 (Essex)	
14.0 Adjournment	

# WINDSOR-ESSEX COUNTY HEALTH UNIT MINUTES REGULAR BOARD MEETING

2010 January 21

Minutes of the Regular Board meeting held on Thursday, 2010 January 21.

**Board Members Present:**

Mr. Bill Allison	Mr. Bill Marra
Mr. Tom Bain	Mr. Ron McDermott
Ms. Eleanor Groh	Mr. Gary McNamara
Mr. Mike Holdsworth	Mr. Rob Modestino
Mr. Wayne Hurst	Ms. Lynda Monik
Mr. Ken Lewenza	

**Administration Present:**

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

**Administration Absent:**

Ms. Sharon Kelly

**Guests:**

Mr. George King, McTague Law Firm (Committee of the Whole Agenda)  
Ms. Brenda McLaughlin, Masters Student, University of Windsor, Faculty of Nursing

- 1.0 The meeting was formally called to order at 4 p.m. by the Chair, Mr. Tom Bain.
- 2.0 Opening prayer was conducted by Dr. Heimann.
- 3.0 Remembrance for Ms. Rosemary Limarzi
- 4.0 **Agenda Approval**

It was moved  
**that the agenda be approved.**

Moved by	Mr. Mike Holdsworth
Seconded by	Mr. Gary McNamara
	<b>CARRIED</b>

- 5.0 **Announcement of Conflicts of Interest**-None noted.

## 6.0 Board Nominations/Elections

Mr. Tom Bain relinquished the chair.

Dr. Heimann opened the floor for nominations for the position of Chair. Dr. Heimann received two written nominations, that being Mr. Tom Bain nominated by Mr. Bill Allison and Mr. Tom Bain nominated by Mr. Gary McNamara. Dr. Heimann opened the floor to further nominations. As there were no further nominations, Mr. Bill Marra moved that nominations for the position of Chair be closed, seconded by Ms. Eleanor Groh. Mr. Tom Bain accepted the position of Chair for 2010 and was appointed by acclamation.

Mr. Tom Bain opened the floor for nominations for the position of Vice-Chair. Dr. Heimann received two written nominations, that being Ms. Lynda Monik nominated by Mr. Bill Allison and Ms. Lynda Monik nominated by Mr. Gary McNamara. Dr. Heimann opened the floor to further nominations. There being none, Mr. Bill Marra moved to declare nominations for the position of Vice-Chair be closed, seconded by Ms. Eleanor Groh. Ms. Lynda Monik accepted the position of Vice-Chair and was appointed by acclamation.

The Chair opened the floor for nominations for the position of Treasurer. Dr. Heimann received a written nomination, that being Mr. Bill Allison nominated by Mr. Gary McNamara. Dr. Heimann opened the floor to further nominations. There being none, Mr. Ron McDermott moved to declare nominations for the position of Treasurer be closed, seconded by Mr. Rob Modestino. Mr. Bill Allison accepted the position of Treasurer and was appointed by acclamation.

## 7.0 Minutes

### 7.1 Regular Board Meeting – 2009 December 17

It was moved  
**that the minutes of 2009 December 17 be received as read.**

Moved by	Mr. Gary McNamara
Seconded by	Mr. Rob Modestino

**CARRIED**

## 8.0 Staff Reports

### 8.1 Medical Officer of Health

The January 18 meeting with City Council regarding Zalev's has been rescheduled to February 1. Dr. Heimann will be attending an ALPHa Board of Directors meeting on January 29 where he hopes to obtain budgetary information to bring back to the Board. February 25 and 26 have been set for the ALPHa winter conference at the Novotel Hotel in North York. Dr. Heimann anticipates receiving budgetary and performance management information to update the Board.

Dr. Heimann received notice today from the Ontario Agency for Health Protection and Promotion of the decision to close the provincial lab in Windsor and transfer functions to London and Hamilton. The decision was made in part because of the expansion of the 401 which will require demolition of the site. The lab will stay open through to 2010. Mr. Goel of the OAHPP will be making a presentation on the impact of this decision. He has no immediate information on how it will impact Windsor-Essex. Dr. Heimann will keep the Board apprised. In response to a Board member query about the operational impact to the Health Unit, Dr. Heimann advised much of the work is being done in London, Hamilton, and Toronto already. He went on to say that it is the immediacy of the work, the bacteriology, which is his main concern and he is not sure how turnaround times will be addressed. This announcement has just become open news. Mr. Marra advised he is anxious to receive any news as council may need to be approached on the issue. It was raised that a letter from County council and lower municipalities relaying their displeasure with yet another cut to Windsor-Essex may be helpful.

It was moved

**that the Report of the Medical Officer of Health be accepted as presented.**

Moved by

Mr. Rob Modestino

Seconded by

Mr. Ron McDermott

**CARRIED**

## **8.2 Reports of Divisional Directors**

### **Health Protection**

Twenty two individuals were registered in the Health Unit's first infection control course for body modification and tattoo parlour operators. The agency has established a partnership with the City of Windsor whereby infection control training is a requirement to obtain licencing.

Ms. Bennett advised of an amendment to page 12 of her report. The online disclosure program on the Safe Food Counts website will not be ready to launch as planned on 2010 February 1.

It was moved

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

Moved by

Mr. Mike Holdsworth

Seconded by

Ms. Lynda Monik

**CARRIED**

### **Health Promotion**

Ms. Haugh is currently precepting University of Windsor, Faculty of Nursing students. Ms. Brenda McLaughlin, a Masters student, will be focusing her work on updating the agency's Mission Vision Value Statements. She will be meeting with Health Unit teams individually to conduct focus groups. She would like to schedule some time with the Board in March to obtain their input. Ms. St. Denis will include a copy of the Mission Vision Value Statements in the February Board package.

It was moved  
**that the Report of the Director of Health Promotion be accepted as presented.**

Moved by	Mr. Ken Lewenza
Seconded by	Ms. Eleanor Groh
	<b>CARRIED</b>

### **Finance & Administration**

Ms. Kelly was called away for a family emergency. She is beginning to put the information together to finish up the 2010 budget. Final accounting and rebates for West Nile Virus for 2009 have been sent out to municipalities. Ms. Kelly and the auditors have looked at accounting for the agency's fixed assets.

It was moved  
**that the Report of the Director of Finance & Administration be accepted as presented.**

Moved by	Mr. Ron McDermott
Seconded by	Mr. Rob Modestino
	<b>CARRIED</b>

### **Human Resources**

Ms. Smith is addressing numerous issues with preparation for the agency's health and safety audit being one of the priorities.

It was moved  
**that the Human Resources report be accepted as presented.**

Moved by	Mr. Bill Allison
Seconded by	Mr. Rob Modestino
	<b>CARRIED</b>

## **9.0 BUSINESS ARISING**

### **9.1 Small Drinking Water Systems**

Dr. Heimann contacted Mr. Bruce Crozier's office. He and his staff are attempting to secure a meeting with the Minister of Health to discuss small drinking water systems on Pelee Island. Their office will advise Dr. Heimann once a date has been set.

### **9.2 Safe Food Counts Presentation**

Ms. Bennett advised that information on the first six months of the program speaks well to how the program is benefiting the community. The Health Unit is going to use the same rationale for enforcement as the smoking bylaw—educate, educate, then ticket for non-posting of signage.

### 9.3 Low Income Dental Program

The proposal is ready for Board Chair endorsement this evening. This program is under the context of the Child Poverty Reduction Strategy. The operating budget is \$680,000 which includes a per diem for services rendered. Each health unit was given the opportunity to apply for a \$500,000 capital cost allowance. The Health Unit expects to receive news by April.

It was moved

**that the Board Chair be supported to sign the proposal.**

Moved by

Ms. Eleanor Groh

Seconded by

Mr. Mike Holdsworth

**CARRIED**

Ms. Monik declared a conflict of interest.

### 9.4 Operational Review-Ministry of Health and Long-Term Care-Health Unit Accountability Framework

Ms. Monika Turner [Public Health Standards Branch] confirmed the Ministry of Health will be going forward with their program in 2010, 2011 and by 2012 will have a framework tailored for each health unit with accountability agreements.

Dr. Heimann will try to get an update on their plans for the framework at the January 29 alPHa Board meeting. The Ministry would like this framework in place as this project is following their current operations with the hospital.

## 10.0 MEDIA COVERAGE—Circulated

## 11.0 CORRESPONDENCE

### 11.1 Circulation

## 12.0 NEW BUSINESS

### 12.1 Date for Board Governance Session

A governance and accountability presentation will be dovetailed with the 2010 budget presentation at a special Saturday meeting to be scheduled in April. Dr. Heimann hopes to obtain a funding update from Ms. Allison Stuart of the Ministry at the January 29 alPHa Board of Directors' meeting.

## 12.2 Board Evaluations

An electronic form was sent out with the Board meeting information package. Board members may return it in e-format or hard copy to Ms. Rosanne St. Denis by the next meeting.

## 13.0 COMMITTEE OF THE WHOLE

It was moved  
**that the Board move into Committee of the Whole at 4:05 p.m.**

Moved by	Ms. Eleanor Groh
Seconded by	Mr. Rob Modestino
	<b>CARRIED</b>

It was moved  
**that the Board rise from Committee of the Whole at 5:03 p.m.**

Moved by	Mr. Ron McDermott
Seconded by	Mr. Gary McNamara
	<b>CARRIED</b>

It was moved  
**that the Board move into Committee of the Whole at 5:40 p.m.**

Moved by	Ms. Lynda Monik
Seconded by	Mr. Rob Modestino
	<b>CARRIED</b>

It was moved  
**that the Board rise from Committee of the Whole at 5:53 p.m.**

Moved by	Mr. Mike Holdsworth
Seconded by	Ms. Lynda Monik
	<b>CARRIED</b>

**14.0 NEXT MEETING** - At the Call of the Chair or 2010 February 18 (Essex)

## 15.0 ADJOURNMENT

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

Moved by	Ms. Eleanor Groh
Seconded by	Ms. Lynda Monik
	<b>CARRIED</b>

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Recording Secretary

**SUBMITTED BY:**

**APPROVED BY:**

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Medical Officer of Health  
Board Secretary

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Chairperson

# WINDSOR-ESSEX COUNTY HEALTH UNIT MINUTES REGULAR BOARD MEETING

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2010 February 18

Minutes of the Regular Board meeting held on Thursday, 2010 February 18.

**Note: No motions made as there was no quorum.**

**Board Members Present:**

Mr. Tom Bain	Mr. Gary McNamara
Mr. Mike Holdsworth	Mr. Rob Modestino
Mr. Ron McDermott	

**Board Members Regrets:**

Mr. Bill Allison  
Ms. Eleanor Groh  
Mr. Wayne Hurst  
Mr. Ken Lewenza  
Mr. Bill Marra  
Ms. Lynda Monik

**Administration Present:**

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

**Administration Regrets:**

Ms. Nancy Smith

**Guests:**

Mr. George King, McTague Law Firm (Committee of the Whole Agenda)  
Allison Neilson, Tobacco Co-Ordinator, WECHU  
Richard Kokovai, Health Promotion Specialist, WECHU  
Heather Gartner, Public Health Nurse, WECHU

- 1.0 The meeting was formally called to order at 4:10 p.m. by the Chair, Mr. Tom Bain.
- 2.0 Opening prayer was conducted by Dr. Heimann.
- 3.0 Agenda Approval –No formal motion to approve.
- 4.0 Announcement of Conflicts of Interest-None noted.

**5.0 Presentation: What's Sporting About Tobacco Survey**  
**Guest: Mr. Gruen Von Behrens, Oral Cancer Survivor**

Mr. Von Behrens discussed how oral cancer has impacted his life and highlighted his national efforts to encourage children to stay away from tobacco/smoking.

**6.0 COMMITTEE OF THE WHOLE**—No motion to move into Committee of the Whole at 4:30 p.m., however, media were excused.

**7.0 Minutes**

**7.1 Regular Board Meeting – 2010 January 21**—No motion to receive.

**8.0 Staff Reports**—Reports were presented for information only. No motion to receive.

**8.1 Medical Officer of Health**

Dr. Heimann highlighted today's H1N1 debriefing meeting with community partners. Cases of H1N1 continue to emerge with another case identified today in a 21 year old.

Discussion ensued about the closing of the Windsor Public Health Laboratory. Board members raised several concerns in addition to the hastiness of a 2010 evacuation by March 2010 to support area 401 construction slated for years ahead. Dr. Heimann advised he would query Dr. Goel of the Ontario Agency for Health Protection and Promotion and update the Board via e-mail. It was stressed that a Health Unit Board representation should be present at the March stakeholder meeting. It was recommended that a letter from the Board Chair be sent to the City and County to lobby for support to keep the lab open.

**8.2 Reports of Divisional Directors**

**Health Protection**

Ms. Bennett advised of enteric outbreaks appearing in daycares and long-term care facilities. As well, the Infectious Disease team is seeing a higher number of gastro intestinal cases lasting generally 24 hours which began in long-term care facilities, then in day cares, and now in the community. It closely resembles a Norwalk-type virus. She highlighted the important of washing fruits and vegetables to address health issues that may be affecting the community.

The on-line food handlers' course will be up and running as of March 31. Ms. Bennett will have a presentation for the Board at their March meeting. Ms. Bennett recognized the efforts of her coworkers which have contributed to this agency being the first health unit in the Province to offer the food handler courses at a fee, and now on-line.

Ms. Bennett highlighted the increase in cases of chlamydia in the up to 25 age group and over 35 group with multiple partners. The agency is investigating the causes for the increase with a report of the findings to be presented at next month's Board meeting.

Enforcement under the SFOA needs to continue. Four provincial offence notices were issued for sales to minors. Two notices were given for lighting tobacco—one inside a store and one outside.

Further to the Medicine Cabinet campaign, the percentage of prescription drugs being returned are basically of the same type, reinforcing the need to educate individuals to finish their meds. The Health Unit will continue to hold this campaign at a select time of year, but this initiative should be ongoing all year round.

### **Health Promotion**

Ms. Haugh highlighted an invitation from the Ontario Agency for Public Health Prevention and Promotion to participate on a committee to plan a new risk factor surveillance system for the province. The Committee will be given a year to replace The Rapid Risk Factor Surveillance System ('RRFSS') with the Ontario Risk-Behaviour Surveillance System ('ORBSS') which will be folded into the Performance Management Indicators. Mr. McNamara asked that Ms. Haugh's Committee participation/time be brought forward for discussion at the next Executive Committee meeting.

### **Finance & Administration**

Ms. Kelly provided a verbal report. The January report was not provided because of a computer program glitch.

There is more work to do for the 2009 year end and changes to be made to the audited financial statements to include capital assets reporting to meet the standards of the Public Sector Accounting Board. Ms. Kelly highlighted the impact of capital assets reporting.

Ms. Kelly just received the 2010 budget request forms. Senior Management is working on the salary budget. It is the expectation that preliminaries will be ready for next month.

The Ministry is trying to obtain comparisons amongst health units/health department municipalities and stand-alones as they are compiling information for a benchmarking review. Building occupancy is a component of the comparison.

Ms. Kelly is the Health Unit's Freedom of Information Coordinator. She highlighted the full-day in-service provided to the management team. The agency is considering doing a communiqué to educate staff on what they need to know. The Health Unit is under MFIPPA and PHIPPA as personal health information is collected.

## **Human Resources**

Ms. Bennett reported in Ms. Smith's absence. The agency has been working with Service Canada to recruit Public Health Inspectors from other countries. One individual has been recruited thus far with recruitment to continue. Efforts to fill the vacant IT support position continue.

The next ONA contract conciliation negotiation meeting date has been set for April 19. CUPE Contract negotiation dates have been set for February 19, March 9, 10, April 7, 8. Four CUPE grievances are at Step 2. It is hoped that they can be resolved before arbitration.

CUPE Labour Management met on February 9. There are no outstanding issues. Ms. Smith is working with Ms. Haugh on personnel issues raised at ONA Nurse Management.

Ms. Bennett highlighted Ms. Smith's involvement in the community, now on the YMCA Committee.

## **9.0 BUSINESS ARISING**

### **9.1 Small Drinking Water Systems**

Dr. Heimann spoke with Mr. Bruce Crozier's office. The issue is at the Minister of Health's office with the scheduling secretary. She will be following up on securing a meeting date as soon as possible.

### **9.2 Safe Food Counts Program**

The program continues in regard to the web. Ms. Bennett has spoken to the agency's legal counsel. More to follow at the next meeting.

### **9.3 Operational Review-Ministry of Health and Long-Term Care-Health Unit Accountability Framework**

Dr. Heimann highlighted the letter on page 19 of the information package from the Ministry of Health and Long-Term Care--Update on the Performance Management Working Group. The working group's next major project will be the development and implementation of organizational standards to apply to all health units. These standards will set expectations for health units. Upcoming in the process is a consultation with the public health sector to include a focus group meeting in March 2010 and a sector-wide e-survey, with the intent to implement the performance organizational standards into accountability agreements with health units by 2011.

**9.4 Date for Board Governance Session**

Dr. Heimann will be working with Ms. Kelly on the 2010 budget. The budget presentation will dovetail with the Board governance session.

**9.5 Board Evaluations**

Three surveys have been received with eight outstanding.

**10.0 MEDIA COVERAGE—Circulated**

**11.0 CORRESPONDENCE**

**11.1 Circulation**

**12.0 NEW BUSINESS**

**12.1 Mission Vision Value Statements**

The University of Windsor Masters' nursing student will be making a presentation at the March Board meeting to present the results of her focus group meetings with departments thus far and to obtain the Board's input on the Mission Vision Value Statements. Board members were asked to review the statements for the next meeting. The student will have something ready to present in April.

**13.0 NEXT MEETING**

Given the regularly scheduled Board meeting falls within March break, the Board will be polled as to their availability to attend dates put forward. As well, the March meeting will commence at 3:30 p.m. versus 4 p.m. Ms. St. Denis will poll board members via e-mail.

**14.0 ADJOURNMENT – No formal motion to adjourn. Meeting concluded at 6 p.m.**

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Recording Secretary

**SUBMITTED BY:**

**APPROVED BY:**

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Medical Officer of Health  
Board Secretary

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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**

**2010 March 11**

The number of influenza cases continue to be low. Since the last report one further case of H1N1 has been confirmed. That case was in a 21 year old male. This brings the total of H1N1 influenza cases to 425. We are now at the end of the traditional influenza season and there continues to be no indication of a potential third wave of cases or a new virus on the horizon. The World Health Organization has now determined that the H1N1 pandemic strain will be included in the next round of immunizations for the fall of 2010.

The review of the H1N1 pandemic continues. The Ministry has circulated a survey to health units to be completed by March 22. On February 18, I chaired a debriefing session with our community partners. Our community partners were pleased with Health Unit operations during the pandemic. In discussing enhancements, we focused on improved communications of immunization priorities and timings and immunization clinic operations. Internal debriefings have been conducted in Health Protection and the Information Resources Department. The results of the debriefing process will be collated into a Health Unit report.

In the last month I have noted an increase in gastro intestinal illness, most probably noro virus. Since January 16, enteric outbreaks in long-term care facilities have been identified. During this time period we usually average 10 to 11 outbreaks. In the majority of cases organisms have not been identified but the clinical description of the outbreak points to noro-like viruses. The noro virus, previously called Norwalk virus, is a gastro intestinal virus which causes the sudden onset of intense watery diarrhea with abdominal cramping. The illness is self-limited and usually lasts one to three days. However, in children and older individuals the illness can be serious. The treatment is supportive and the primary focus is on prevention which consists of good hygiene, especially hand washing.

I continue to follow up with Mr. Bruce Crozier's office. His staff continue to work with the Minister of Health's schedule to secure a date for a meeting with the Minister regarding the small drinking water systems on Pelee Island.

On March 11, prior to the Board meeting, representatives from the Ontario Agency for Health Protection and Promotion will be available to meet with Board members to discuss the planned closing of the Windsor Public Health Laboratory. The meeting will take place at 2:30 p.m. in the Boardroom of the Windsor office.

A meeting with City Council regarding environmental surveillance information relative to the Zalev recycling facility has been confirmed for March 29. I will be meeting with members of council along with Mr. Doug MacDougall and his staff from the Ministry of Environment.

Respectfully submitted,

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

GAH:rs

## **HEALTH PROTECTION DIVISION**

### ***Report to the Board of Directors 2010 March 11***

#### **SEXUAL HEALTH, TRAVEL CLINIC, EDUCATION AND EVALUATION**

##### **Sexual Health**

On February 24 the Ministry of Health and Long-Term Care sent a fax to approximately 11,000 primary care physicians, emergency rooms, urgent care centers and walk-in-clinics throughout Ontario regarding the increase in infectious syphilis (*Treponema Pallidum*) cases in Ontario in 2009. The Ministry has identified the following trends through analysis of provincial data:

- More than half (18 out of 36) public health units in Ontario have reported increases in infectious syphilis cases during the first eight months of 2009 as compared to 2008.
- The increase in cases is occurring predominantly within the male population.
- Of reported male cases with risk factor information available, 85% identify as men who have sex with men.
- The largest number of cases occur among males aged 40 to 44 yrs; and the largest increase in recent cases is seen in males between the ages of 15 to 34.
- 45% of cases are reported to be co-infected with HIV.

In Windsor-Essex County we saw an increase from 29 cases of syphilis in 2008 to 37 cases in 2009. For 2009 the 37 cases were 16 females and 21 males.

##### **Education and Evaluation**

The online component of the food handler course will be launched March 31. Certification exam data continues to be collected to test for version equivalency and validity.

Details for the education campaign are currently being finalized, and the campaign will be launched in conjunction with the launch of the online SFC search engine. Six months following the launch, an evaluation will be done, and round two stakeholder consultation is underway.

New e-learning projects are currently being developed for Health Protection.

#### **CHRONIC DISEASE AND INJURY PREVENTION**

##### **Tobacco Program**

*Enforcement Activities* - For the month of February 2010, Tobacco Enforcement Officers issued three Provincial offence notices for illegal sale of tobacco to a minor, one Provincial offence notice for holding lit tobacco in a workplace, and one Provincial offence notice for having an ashtray within the workplace.

*Tobacco Free Sports and Recreation - Gruen Von Behrens* - Oral cancer victim Gruen Von Behrens was in Windsor Essex County on February 18 and 19, speaking about the dangers of tobacco use. Gruen delivered a powerful and believable anti-tobacco message to students and teachers at Brennan, Villanova, Holy Names, Forster, and Vincent Massy high schools. Von Behrens was also afforded the opportunity to speak to the Health Unit's Board of Directors at their meeting in Essex on February 18. Von Behrens was well received and generated meaningful discussion amongst those in attendance. He also received very good media coverage.

*Driven to Quit Challenge* - In an effort to more effectively promote participation in the *Driven To Quit Challenge*, Health Unit staff coordinated the delivery of over 11,000 promotional postcards by Canada Post in lower income neighbourhoods of West Windsor and the near east side. On February 20, Health Unit staff joined a representative from the Canadian Cancer Society in a one hour call-in talk radio show on AM800 promoting the Driven to Quit Challenge. Registration for the Challenge closed February 28. We are hoping that these promotions encouraged many Windsor-Essex County residents to take advantage of the contest as an opportunity to quit smoking for good.

### **Nutrition**

March is National Nutrition Month and Health Unit Nutrition staff, along with the Registered Dietitians of Windsor-Essex County (RDWEC), are encouraging everyone to "*Celebrate food... from field to table!*" Health Unit staff and members of RDWEC were at Devonshire Mall on Saturday, March 6 and Sunday, March 7 to answer the public's nutrition questions and promote Nutrition Month 2010.

### **Workplace Health**

*Executive Breakfast Series Forum* - Health Unit staff are working with Go For Health Windsor-Essex to provide the 7<sup>th</sup> Annual Executive Breakfast Series Forum on May 26. The keynote speaker is Yvonne VanDeBovenkamp and the title of the forum is "Mental Health in the Workplace: Supporting people in workplaces that are having a lapse in their mental health."

## **HEALTH INSPECTION**

The second class for the new body modification/infection course took place on March 6 at the Health Unit. This course is a requirement with the City of Windsor licensing by-law department which began in January. A total of 12 participants attended the session and received their certificate. A third session is slated for early spring.

As of February 28 there were 67 animal bite cases investigated in the City of Windsor and 26 cases from municipalities in the County during the 2010 calendar year. Of these, two resulted in a recommendation for rabies post exposure prophylaxis due to the circumstances of the case (animal unable to be located or quarantined).

Public Health Inspectors and Managers attended Small Drinking Water Systems training in London on February 16. The training was provided by the Ministry of Health Promotion to assist health units with implementing and conducting initial risk assessment and inspections on small drinking water systems in our area. Inspection will commence in early spring 2010.

## **TUBERCULOSIS, VACCINE PREVENTABLE, COMMUNICABLE DISEASE AND OUTBREAK**

### **Communicable Disease and Outbreak**

Enteric illness continues to be seen in the community. A media release was sent out February 24 informing the public to increase hand hygiene activities and proper food handling methods. These simple measures could help in the prevention of gastroenteritis illness. From January 1- March 3, 14 enteric outbreaks have been reported to the Health Unit. This is a slight increase compared to 11 in 2009, 10 in 2008 and 14 in 2007 for the same time period. Unfortunately, an organism has not been identified in specimens collected from both food and stools. Members of the Outbreak team attended a symposium on food borne disease investigation and management. This symposium focused on the roles and responsibilities of all levels of government and agencies when it pertains to the identification of a food borne outbreak.

### **Vaccine Preventable**

The team has completed the school base clinics for the first two doses of a three dose series of HPV vaccine for grade 8 girls. The first dose of a two dose series of Hepatitis B has been completed as well. Menactra, a vaccine that helps prevent meningococcal disease was also offered to grade 7 students. The team will be returning later this school year to complete the HPV and Hepatitis B series. Overdue HPV vaccine reminders have been sent to over 100 grade nine students who started the HPV series in grade 8 and never completed the series. Immunization Questionnaire forms for students at risk continues to be assessed by the nurses and distributed to parents with the help of the schools. The team has planned four days of immunization clinics during March break in order to accommodate schedules of parents and students.

### **Tuberculosis**

The team continues to monitor 11 active TB cases, with only one on Directly Observed Therapy (DOT), i.e. daily home visit by the nurse to ensure client is taking his/her medication. A child who attended the School Screening Program is undergoing additional testing to ensure there is no active TB disease in the lungs before entering the classroom setting.

Respectfully submitted,

Deb Bennett, Director

## **HEALTH PROMOTION DIVISION**

### ***Report to the Board of Directors 2010 March 11***

#### **Family Health Department**

##### ***Child Repro Oral Health***

(Manager, Debbie Silvester)

##### **Intake Statistics for February 2010**

From February 1<sup>st</sup>, 2010 to February 28, 2010 there were a total of 223 interactions in Intake. The following is a breakdown of the various interactions:

- phone: 178
- voicemail: 31
- office visit: 5
- email: 2
- mail/fax: 21

##### **Prenatal Programming in March**

###### *Prenatal Classes:*

- Two classes are running in Windsor and one is running in Leamington.

###### *Building Blocks for Better Babies Classes:*

- Two classes are running in Windsor and one class is running in Leamington.

##### **Parenting Programming in March**

###### *Evening Workshops:*

- The workshop schedule will be advertized in the April issue of Windsor Parent Magazine. As well, an all inclusive 211 broadcast fax of the workshop flyer will be sent out on March 22, 2010.
- Participants are now able to register for the evening workshops on-line through our website.
- The first workshop is scheduled is *Picky Eater: Feeding Kids Right* on April 14, 2010.

###### *Just For Moms & Babies Classes:*

- Two series are running in Windsor.
- One series is running in Belle River.

###### *Triple P Parenting Classes:*

- Child Health and Comprehensive School Health are teaming together to provide an eight week evening course starting April 6, 2010.

###### *Ontario Early Years Centres, Parent and Family Literacy Centres, and Drop-In Centres:*

- NutriSTEP™ clinics are being piloted at four centres during March.

##### **Obesity Prevention Programming in March**

###### *Fruits and Vegetable program:*

- Continuing to look for suitable childcare centres to pilot the program.

**Assessment and Surveillance Activities in March**

Two Master of Nursing students are doing their clinical placements with the Family Health Department.

- The students are working on literature reviews and plan to collaborate with IRD to develop surveys so we can begin to gather local data.
- Kim Smallhorn is working with Reproductive Health to look at how people want to receive prenatal education (e.g., class, internet, book, combination, etc.).
- Maureen Colledge is working with Child Health and Healthy Babies Health Children to look at why women discontinue breastfeeding before six months.

**Dental Health Program Update for March**

Dental statistics for January 2010

2010	SCHOOL SCREENING		WINDSOR CLINIC				ESSEX CLINIC				LEAMINGTON CLINIC			
	# of Schools Completed	# of Students Screened	# of Children Screened	# NEW TO CINOT	# of Sealants Placed at Clinic	# of Fluorides Completed	# of Children Screened	# NEW TO CINOT	# of Sealants Placed at Clinic	# of Fluorides Completed	# of Children Screened	# NEW TO CINOT	# of Sealants Placed at Clinic	# of Fluorides Completed
<b>CINOT</b>	<b>16</b>	<b>2129</b>	<b>150</b>	<b>61</b>	<b>7</b>	<b>19</b>	<b>23</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>88</b>	<b>32</b>	<b>3</b>	<b>20</b>
<b>CINOT Expansion</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>13</b>	<b>0</b>	<b>6</b>	<b>23</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>14</b>	<b>2</b>	<b>4</b>	<b>2</b>
<b>TOTAL</b>	<b>16</b>	<b>2129</b>	<b>181</b>	<b>74</b>	<b>7</b>	<b>25</b>	<b>46</b>	<b>10</b>	<b>2</b>	<b>10</b>	<b>102</b>	<b>39</b>	<b>7</b>	<b>22</b>

We have received information that all Health Units will be asked to scale back their requests for the Low Income Dental program. We will be asked to re-submit.

***Healthy Baby/Healthy Children***

(Managers, Elizabeth Kinnaird-Iler and Shirley Davies)

**Period of PURPLE Crying**

(Peak of Crying, Unexpected, Resists Soothing, Pain-like Face, Long Lasting, Evening)

Period of Purple Crying refers to the inconsolable crying that most infants experience; it starts when the infant is about 2 weeks of age and may continue until he/she is 4-5 months of age. It can last anywhere from 20-30 minutes to 5-6 hours at a time and nothing you do seems to soothe the baby.

Period of Purple Crying campaign is an education program designed to bring about a cultural change in attitudes and behaviour about normal infant crying in parents and society in general. The aim of the program is to educate parents and others on the normal properties of early infant crying, to reduce the stress and frustration parents feel when they have a baby who cries, and ultimately to reduce the incidence of Shaken Baby Syndrome. The Period of Purple Crying uses a program model with a triple dose approach.

Dose 1 occurs on the maternity floors of area hospitals (i.e. Windsor Regional Hospital and Leamington District Memorial Hospital). Maternity nurses are trained; they provide the families with a 10-minute DVD and an 11-page booklet about the Period of Purple Crying. They also talk to the families about the information and the materials.

Dose 2 involves pre-postnatal health care delivered in the community. For the WECHU, this involves prenatal health teaching and postpartum home visiting. HBHC staff will reinforce the information and concepts during prenatal visits to individual clients and families; they may also show the DVD although the family will not receive a copy until the hospital stay. During the postpartum home visit the PHN will enquire whether the family received the materials in hospital; they will review the information and answer any further questions. They may also leave a copy of the DVD with the family if the family did not receive one in hospital. For families involved in the ongoing home visiting program, staff will reinforce the information and refer to the materials as often as necessary. Throughout all of the teaching staff may use the simulator doll to demonstrate the devastating effects that violent shaking can have on an infant. Staff in Family Health is already aware of the information; however on March 26<sup>th</sup> they will review the protocols and preview the materials for use with families.

Dose 3 is a Public Education and Media Campaign. This campaign provides information to the general public such as parents, grandparents, aunts, uncles and neighbours. This increased understanding of the Period of Purple Crying will help ease the stresses of parents when dealing with the inconsolable crying of their babies; it is hoped that mothers and fathers will receive support and reinforcement from those who understand the Period of Purple Crying. Windsor Regional Hospital is planning a media release April 9<sup>th</sup>, 2010.

### ***Comprehensive School Health Department***

(Manager, Theresa Marentette)

#### **Sexual Health**

During the month of February sexual health workshops were held at Pass Windsor and Forster Secondary Schools. A total of 44 grade 9 male and female students received the four-day program. Elementary sexual health workshops were held at Amherstburg, Northwood, McWilliam, Belle River and Central Public Schools. A total of 275 students received the one-day program. Workshops were well received.

#### **Substance Abuse Prevention**

Our Health Unit is one of six across the province selected to participate in a substance abuse prevention research project for grades 6, 7, and 8. The research seeks to enhance protective factors and foster resilience through youth engagement activities, as well as increasing the application of knowledge and skills among public health professionals. The recruitment of 10 to 12 youth in grades 6 to 8 to form a youth group is in process. Comprehensive School Health nurses are providing collaboration and coordination for the elementary school's health team of school staff, parents and community partners. The research project will continue until June 2011 and then be rolled out provincially.

#### **Tobacco Use Prevention**

In addition to addressing the Board in Essex last month, Gruen Von Behrens, a one time professional baseball prospect who lost much of his lower face to oral cancer, addressed five local high schools about the dangers of tobacco. Senior students from feeder schools also attended the presentation. Community partners also assisted. Students were very receptive. Extensive local media coverage was received. This was a collaborative effort by CSH and CDIP tobacco enforcement teams.

**Nutrition – Nutrition Month 2010**

(“3 Out of 4 – That’s the Score”) packages have been delivered to over 55 elementary schools. Teaching students about fast food and healthier alternatives with the visual aid of fat jars has proved successful. Two more kits with lesson plans will be developed with one designated for after school programs. Two Balanced School Day presentations were completed. Two Parent Nutrition presentations were offered to new Canadians via the Settlement Workers in Schools (SWIS) program.

**Physical Activity**

Active and Safe Routes to School (ASRTS) walkabout activities in the city are progressing well. Walkabout activities with County Town Planners and School Communities are moving more slowly. Winter Walk resources were well received by the schools and great verbal comments were given. A water bottle flyer is currently being developed collaboratively by Health Promotion and Health Protection. This will be launched in fall of 2010 with coaches, school communities, and parents.

**Parenting**

A “Help! There’s a Teen in My House!” parent workshop was held at Herman High School in January 2010. Carol Mueller from ALIVE Canada also spoke on youth suicide prevention. A “Their World! Their Stress!” workshop has been scheduled with Roseville Public School.

**Information Resource Department**

(Manager, Julie Fraser)

The following provide a number of important IRD highlights for February 2010:

**Day-to-Day Activities**

- As shown below, IRD express and print jobs for quantities less than 500 were up during the month of February, as compared to the average for 2009. Communication reviews and print jobs for quantities greater than 500 were on par with the 2009 average.

	February 2010	2009 Average
Express Jobs	114	79
Communication Reviews	31	33
Print Jobs < 500	77	49
Print Jobs > 500	3	4

**Accessible Design**

- Recent changes in legislation regarding accessibility have prompted renewed attention to how our health unit addresses these concerns. In IRD, issues of accessibility largely focus on web and resource development. This past month, staff attended an accessible design conference hosted by the Registered Graphic Designers (RGD) of Ontario. The conference provided much needed professional development and guidance. Findings will be shared in an upcoming meeting with other health unit designers who did not attend. IRD is also in the process of sharing an example of an accessible design project with the RGD.

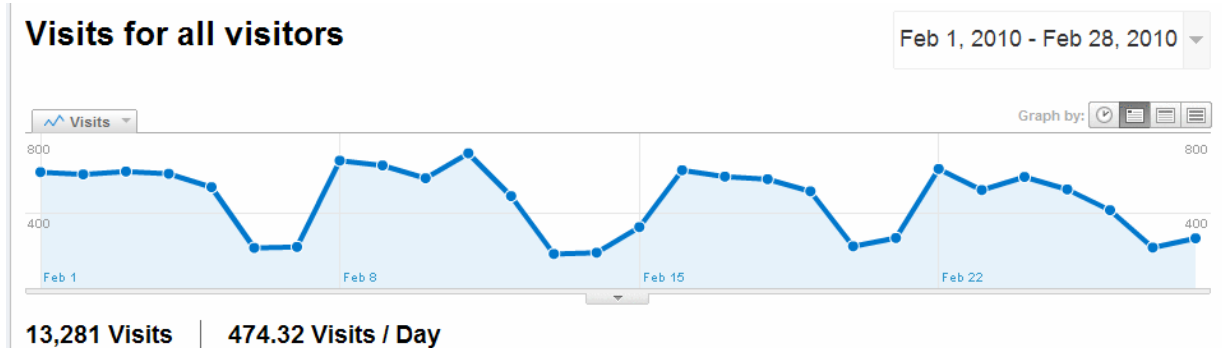
**H1N1 Debriefing**

- Given IRD communication role during H1N1, IRD staff were debriefed and given the chance to provide feedback to senior management regarding what worked and what could be improved in

future. Feedback included recommendations to streamline approval processes for web and media communications, as well as maintaining an open and immediate flow of information to all health unit staff.

**Website Activity**

- A *visit* is defined as a period of interaction between a browser and a particular website. During the month of February, there were 13 281 visits to the WECHU website. This represents an 11.63% *drop* from the previous month of January.



- *Unique visitors* are the number of unduplicated (counted only once) visitors to the website. During the month of February there were 8 153 unique visitors, a figure down 13.04% from the month of January.
- A *pageview* is an instance of a particular webpage being loaded by a browser. The ten most popular pageviews for the WECHU website during the month of February were:

1. WECHU Home Page	6. Contact Us
2. Careers	7. Family Health Home Page
3. Pregnancy the first 6 months	8. Resources
4. A to Z topics	9. Hours and Locations
5. About Us	10. Sexual Health

**Project Support**

During the month of February, IRD provided communication and evaluation support for the projects indicated:

## **Comprehensive School Health**

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Active & Safe Routes	• <i>In Progress:</i> Multi-language brochure insert, evaluation
After School Program	• <i>In Progress:</i> Online registration form development, flyer and labels
Balanced School Day	• <i>Complete:</i> Conversion to pdf for printing
School Health Pamphlet	• <i>Complete:</i> Pamphlet
Distracted Driving	• <i>Complete:</i> Evaluation data analysis, report, and research
	• <i>In Progress:</i> Promotional materials
Epi pen training	• <i>In Progress:</i> Evaluation data entry
Gruen Event	• <i>Complete:</i> Poster updates
Have Fun Play Safe	• <i>Complete:</i> Evaluation data analysis
Hocus Pocus	• <i>Complete:</i> Certificate development
	• <i>In Progress:</i> Evaluation development
I Can Be Healthy	• <i>Complete:</i> Evaluation summary report
Nutrition Month	• <i>Complete:</i> Revisions, French translations, and translation inserts for evaluation form
	• <i>In Progress:</i> Table-top banner development
Parenting Workshops	• <i>Complete:</i> Evaluation tool streamlining
Race Against Drugs	• <i>In Progress:</i> French language insert for checklist
Sexual Health	• <i>In Progress:</i> DVD creation, evaluation
Their World Their Stress	• <i>Complete:</i> PowerPoint template
Triple P	• <i>Complete:</i> Handout updates
Where's the Shade	• <i>In Progress:</i> Poster revisions, web development
Substance Misuse Seminar	• <i>Complete:</i> Flyer development
Walk Across Canada	• <i>In Progress:</i> French translations for packages and certificate

## **Family Health**

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Developmental Screening	• <i>Complete:</i> Ongoing poster revisions for February
Feeding Your Baby	• <i>In Progress:</i> Multi-language quote, French translations
Feeding Your Child	• <i>In Progress:</i> Multi-language quote, French translations
Infant Care PowerPoint	• <i>Complete:</i> Development of PowerPoint
Just for Moms and Babies	• <i>Complete:</i> Ongoing flyer updates for February
Low Birth Weight	• <i>Complete:</i> Quoting for calendars, pens, clips, magnets
Maternal Child Health	• <i>Complete:</i> Revisions to agenda for quarterly meetings
NutriSTEP	• <i>Complete:</i> Poster for clinics, revisions to documentation and sign-up sheet, referral card, evaluation, consultation
	• <i>In Progress:</i> Online data collection tool
Ontario Early Years	• <i>Complete:</i> Updates to lists and locations
Off to a Great Start	• <i>Complete:</i> Evaluation development, analysis, and report
	• <i>In Progress:</i> Online survey development
Parenting Your Preschooler	• <i>Complete:</i> Windsor Parent magazine ad

## **Dental**

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Dental Health Card	• <i>Complete:</i> Revisions to card
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### **Healthy Babies Healthy Children**

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- |                          |   |
|--------------------------|---|
| Mothers Support. Mothers | • <i>Complete:</i> Criteria postcard, quoting, magnet development |
| Red Flags                | • <i>In Progress:</i> Manual update                               |
| The Link Newsletter      | • <i>In Progress:</i> Revisions                                   |
| Web Translation          | • <i>In Progress:</i> Research into translation tool              |

### **Clinic**

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- *No updates at this time*

### **TB/VP/IDC**

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- |                            |  |
|----------------------------|--|
| Guide to Common Infections | • <i>Complete:</i> Consultation booklet re-design, updated content |
|                            | • <i>In Progress:</i> Re-design                                    |

### **Health Inspection**

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- |                  |   |
|------------------|---|
| Safe Food Counts | • <i>In Progress:</i> Media buying for marketing plan |
|------------------|---|

### **Chronic Disease & Injury Prevention**

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- |                                   |  |
|-----------------------------------|--|
| Driven to Quit                    | • <i>In Progress:</i> Public relations and advertising                         |
| Injury Prevention Website         | • <i>Complete:</i> Data request consultation                                   |
|                                   | • <i>In Progress:</i> Research for implementation, website analysis and report |
| Losing Weight...the healthy weigh | • <i>Complete:</i> Public relations and web                                    |
| We Lose We Win                    | • <i>Complete:</i> Public relations and web                                    |
| Where's the Shade                 | • <i>In Progress:</i> Web edits  |

### **Corporate**

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- |                          |   |
|--------------------------|---|
| 211 Database             | • <i>In Progress:</i> Review of records                         |
| Adobe Bridge             | • <i>In Progress:</i> Planning for corporate use with designers |
| Advertising/PR Database  | • <i>In Progress:</i> Implementation                            |
| Annual Report            | • <i>In Progress:</i> Brainstorming, consulting                 |
| Cancer Report            | • <i>In Progress:</i> Consulting on layout and design           |
| Healthy Weights Strategy | • <i>In Progress:</i> Web consultation                          |
| Planet WECHU             | • <i>In Progress:</i> Staff survey roll out                     |
| Corporate Photo Use      | • <i>In Progress:</i> Development of corporate forms            |

### **Professional Development**

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- |           |  |
|-----------|--|
| Lynda.com | • <i>In Progress:</i> Online training for design, Illustrator, Photoshop, and web publishing |
|-----------|--|

## Epidemiologist Update

(Ali Artaman)

- Ongoing communication with the IT team and program managers of the unit re access to and requests for health data
- Revising the draft of WEC Cancer Report based on the comments received from the health unit and the external reviewers in Cancer Care Ontario
- Extracted and provided aggregate data on hospitalization due to heat in response to external request for health data
- Revising draft of the policy document for Research, Ethics and Data (RED) Committee of the health unit
- Attended the Data Analysis and Research Team (DART) meeting at the health unit to review terms of reference
- Attended the meeting of the Association of Public Health Epidemiologists in Ontario (Feb 19)
- Attended the meeting of the Great Lakes Public Health Network (GLPHN) in Toronto (Feb 26)
- Participated in conference call of (PHAC-initiated) Canadian Alliance for Risk Factor Surveillance (CARRFS)
- Attended monthly meeting of Windsor-Essex County Smart Community-Action Team
- Reviewing statistical methods of comparative morbidity and mortality data analyses; communicated with the epidemiologists in other health units re analytic methodologies related to health status reports and complex survey analyses
- Ongoing communication with Public Health Agency of Canada (PHAC) re the recruitment of (PHAC-funded) environmental health officer

Respectfully submitted,

Liz Haugh, Director

## **HUMAN RESOURCES**

### ***Report to the Board of Directors 2010 March 11***

#### **POSTINGS/VACANCIES, RECRUITMENT**

Public Health Inspector - Brian Sammon commencing work on March 15  
1 Dietitian - Andrea Di Menna commenced work on February 8  
1 Student Research Assistant - Farzana Saadat commenced work on February 22  
1 System Support Services IT - Roy Fells commencing work on March 15  
2 HPS – 1 Full-time/1 contract position - recruitment ongoing  
1 Nutritionist - recruitment ongoing

#### **CONTRACTS**

##### **ONA Contract Talks**

The date set to recommence conciliation with ONA is April 19, 2010.

##### **CUPE Contract Talks**

Dates for contract talks with CUPE are March 22, April 7 & 8. Proposals were exchanged in January.

##### **Grievances**

Four outstanding CUPE grievances were settled in arbitration on February 22, 2010.  
ONA filed three grievances that are at step 2 of the process.

#### **HUMAN RESOURCES UPDATE**

I will be attending a workshop in London on March 24 and 25 put on by the Ministry of Labour. The topic is Union Grievance Administration and Workplace Problem Solving. I have been called as a witness to attend the March 16 CUPE JJE tribunal in Toronto.

##### **Committees**

CUPE Labour/Management Committee - The next committee meeting is scheduled for March 09.

ONA Nurse/Management Committee -.The Health Promotion Director and I are working on some staffing issues within a department.

The Ontario Safety Association for Community and Healthcare has postponed the Health and Safety audit. We are awaiting further dates from Ms. Dunlop. I sat on a panel of Human Resource specialists at the YMCA to take part in a question and answer session to assist new immigrants seeking employment in the health care field.

Respectfully submitted,

Nancy Smith, Manager



# Windsor-Essex County Health Unit

## *Mission*

Under the authority of the Health Protection and Promotion Act, the Windsor-Essex County Health Unit promotes and protects the health of our community.

## *Vision*

Our Vision is the highest level of health in a strong and vibrant community.

## *Value Statements*

### ***Empowerment***

To provide a quality service to the community, the Windsor-Essex County Health Unit supports an environment that empowers all staff.

### ***Accountability***

Our commitment to evaluation guides effective and efficient use of resources.

### ***Accessibility***

In recognition of the diversity of Windsor-Essex County residents, we incorporate multiple strategies in all of our programs to strive for equal access.

### ***Professionalism***

Our work is guided by the Mandatory Programs and Services Guidelines and our professional obligations.

### ***Leadership***

We strive to build community capacity using referral, partnership, advocacy, coordination and collaboration.

# 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 point out areas where support and education 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.

<b>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)</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>INDIVIDUAL DIRECTOR ASSESSMENT</b>						
<b>A. PERSONAL COMPETENCIES</b>						
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>B. DIRECTING THE ORGANIZATION</b>						
<b><u>B1--ROLE AND RESPONSIBILITIES</u></b>						
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.						
<b><u>B2--DECISION-MAKING</u></b>						
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.						

**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)**

<b><u>B3--LEADERSHIP</u></b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
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.						
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.						
<b>SUB-TOTAL</b>						
<b>BOARD ASSESSMENT</b>						
<b>A. KNOWLEDGE OF THE ORGANIZATION</b>						
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>B. OPERATIONS OF THE BOARD</b>						
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.						

**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
16. Board members receive agenda, background reports, etc. in advance of Board meetings.						
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.						
<b>C. THE BOARD AS A TEAM</b>						
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.						
<b>SUB TOTAL</b>						

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_