



Please note that a Board of Health in-service
is taking place from 4 p.m. to 4:30 p.m.

The open Board meeting will start at 4:30 p.m.

Thank you,

Windsor-Essex County
Health Unit Management Team

WINDSOR-ESSEX COUNTY HEALTH UNIT
REVISED AGENDA
REGULAR BOARD MEETING

Windsor

****4:30 P.M.** (Media)**

2011 May 19
(Estimated Time)

	<u>Page</u>
1.0 Call to Order	
2.0 Moment of Reflection	
3.0 Agenda Approval	
4.0 Announcements of Conflicts of Interest	
5.0 Board Orientation: Risk Communications (20 min)	
6.0 Committee of the Whole (25 min)	1
7.0 Adoption of Minutes (5 min)	
7.1 Regular Board Meeting: 2011 April 21	Handout
8.0 Consent Agenda: (5 min.)	
a) Report Number 2011-R011-CORP-0519-GAH from Dr. Heimann, Medical Officer of Health dated May 19, 2011; Medical Officer of Health Report to the Board of Directors	9
b) Report Number 2011-R012-HPROT-0519-GAH from Dr. Heimann, Medical Officer of Health dated May 19, 2011; Health Protection Division Report to the Board of Directors	11
c) Report Number 2011-R013-HPROM-0519-LH from Liz Haugh, Director, Health Promotion dated May 19, 2011; Health Promotion Division Report to the Board of Directors	14
d) Report Number 2011-R014-CORP-0519-SK from Sharon Kelly, Director, Corporate Services dated May 19, 2011; Corporate Services Division Report to the Board of Directors	21
e) Report Number 2011-R015-HR-0519-NS from Nancy Smith, Director, Human Resources dated May 19, 2011; Human Resources Report to the Board of Directors	Handout

Moved by

Seconded by

THAT the reports listed on the Consent Agenda for May 19, 2011 as items 7a) to 7e) be received.

- 9.0 Reports and Questions
- 10.0 Business Arising
 - 10.1 Southwest Board of Health Representative on alPHa Board of Directors (5 min.)
 - 10.2 WECHU Bylaws (5 min.)
 - 10.3 alPHa Annual Conference (June 12-14) (5 min.)
- 11.0 Media Coverage –Circulated
- 12.0 Correspondence
 - 12.1 Circulation
- 13.0 New Business
 - 13.1 Ministry Webinar (May 9) Accountability Agreements-Performance Indicators (10 min.)Handouts
 - 13.2 Resolution Recommendation—Endorsement of Action on Smoking in Movies (10 min.) 25
 - 13.3 2011 Distinguished Service Award Nominee—Liz Haugh (5 min.)
 - 13.4 Board Executive Nominations—Position of Treasurer (15 min.)
- 14.0 Next Meeting: At the Call of the Chair or 2011 June 16 (Leamington)
- 15.0 Adjournment

WINDSOR-ESSEX COUNTY HEALTH UNIT MINUTES REGULAR BOARD MEETING 2011 April 21

Minutes of the Regular Board meeting held on Thursday, 2011 April 21.

Board Members Present:

Mr. Bill Allison	Mr. Richard Meloche
Mr. Mark Carrick	Ms. Lynda Monik
Ms. Eleanor Groh	Mr. Hilary Payne
Mr. Mike Holdsworth	Ms. Tamara Stomp
Mr. Gary McNamara	

Board Member Regrets:

Mr. Al Maghnieh
Mr. Rob Modestino

Administration Present:

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

1.0 The meeting was formally called to order at 4:04 p.m. by the Vice-Chair, Ms. Lynda Monik.

2.0 Moment of Reflection conducted by Ms. Lynda Monik.

3.0 **Agenda Approval**

It was moved
that the revised agenda be approved.

Moved by	Ms. Eleanor Groh
Seconded by	Mr. Richard Meloche
	CARRIED

4.0 **Announcements of Conflicts of Interest**—None noted.

5.0 **Board Orientation and 2011 Budget Presentation**

Ms. Sharon Kelly explained the program-based grant, reporting policy, and the funding and legislative framework. Ms. Kelly advised of the separate settlement documents for 100% funded programs--the Nurse Practitioner, Healthy Babies/Healthy Children program, and

tobacco programs that need to be filed. Ms. Kelly highlighted the Public Health Funding Review Process which is underway to review potential funding models. Recommendations will be released in 2012.

Ms. Kelly discussed additional positions requested as part of the salaries budget. Other positions will not be recruited until after the strategic plan has been completed.

Priorities were highlighted. The need for a new voice over IP system that would link all sub offices was recommended as a one-time request for approximately \$85,000 to replace the old phone system.

Dr. Heimann discussed public reporting, notably the indicators being created as part of Accountability Agreements with health units. Ms. Monik advised the board may want to see a copy of the accountability agreement and indicators before it is signed by the Chair. Dr. Heimann responded that the indicators will be agreed upon by individual boards of health units before signed. The agreement will be between the Ministry of Health Promotion and Sport, Ministry of Health and Long-Term Care, and Ministry of Youth Services. The Ministry is looking to work with health units toward continuous quality improvements using the indicators.

Ms. Kelly advised the budget request being made is to try to maintain our base going forward as this health unit has in the past been the lowest per capita funded health unit. She asked the Board to approve the base budget request. She added that there are enough funds in the budget to do the organizational standards, strategic plan, and recommendations in Western Management's organizational review. Ministry approval is expected in June or July.

Ms. Monik turned the Chair over to Mr. Gary McNamara.

It was moved

That the 2011 budget be approved totaling \$16,105,172, inclusive of \$169,818 for Enhanced CINOT and a one-time request of \$85,000 for a telephone system;

AND FURTHER a cost-share request for vector borne diseases of \$128,726 for contracted services for West Nile virus;

AND FURTHER 2011 budget approval for 100% Ministry *programs* as follows:

Infectious Disease Control	\$341,677
Infection Prevention Nurse	84,872
Healthy Smiles Ontario	669,977
Enhanced Food Safety – Haines	40,343
Enhanced Safe Water	24,608
Needle Exchange	15,437
Infection Prevention Week	8,000

AND FURTHER, \$12,900 for 100% funded Small Drinking Water Systems program which is the Ministry funding in prior years on the understanding that once we begin the work required on Pelee Island, a further one-time request will be presented to the Ministry which will detail actual funding necessary to perform the program.

Moved by
Seconded by

Mr. Bill Allison
Mr. Mike Holdsworth
CARRIED

6.0 COMMITTEE OF THE WHOLE

It was moved
that the Board move into Committee of the Whole at 5:26 p.m.

Moved by
Seconded by

Mr. Bill Allison
Ms. Lynda Monik
CARRIED

It was moved
that the Board rise from Committee of the Whole at 5:56 p.m.

Moved by
Seconded by

Mr. Mike Holdsworth
Mr. Mark Carrick
CARRIED

7.0 Adoption of Minutes

7.1 Regular Board Meeting – 2011 March 10

It was moved
that the minutes of 2011 March 10 be received as read.

Moved by
Seconded by

Ms. Lynda Monik
Ms. Tamara Stomp
CARRIED

8.0 Consent Agenda

It was moved
that the reports listed on the Consent Agenda for 2011 April 21 as items 7a) to 7e) be received.

Moved by
Seconded by

Mr. Bill Allison
Mr. Richard Meloche
CARRIED

9.0 REPORTS AND QUESTIONS

The Board queried charges to the TD VISA under S. Kelly. Ms. Kelly explained that this is a corporate credit card used for various program needs-purchases for the agency that can only be secured with credit, not a personal credit card.

It was queried whether there is any follow up to establishments in Windsor not posting their Safe Food Counts signage. Dr. Heimann responded that it is a City bylaw in Windsor and if signage is not posted the Health Unit needs to take action. If a specific facility is not found to be posting signage then a public health inspector would be advising the establishment and taking action through the City bylaw.

10.0 BUSINESS ARISING

10.1 Southwest Board of Health Representative on alpha Board of Directors

Mr. Bill Allison represented the board as a nominee for the past term, however was not appointed. That appointment was for a short term. The appointment re-opens in June and is for a two-year term. Mr. Allison confirmed his interest in reapplying.

It was moved

that Bill Allison put his name forward for nomination as the Southwest Board of Health Representative on the alpha board of directors.

Moved by

Ms. Tamara Stomp

Seconded by

Mr. Mark Carrick

CARRIED

10.2 Ontario Public Health Organizational Standards

The Ministry has held a couple webinars board members had the opportunity to participate.

The implementation of the standards will be a priority lead by the Senior Management Team. The Board recommended attaching names to initiatives. Management will be requiring assistance to update and develop Human Resources and Finance policies and procedures. The Chair responded if there are not enough in-house resources to facilitate the implementation in a short time, then this should be brought to the next Executive Committee meeting with timelines and who is responsible for what so the board is aware of the Health Unit's plan. This then can come back to the May full board meeting.

11.0 MEDIA COVERAGE—Circulated

12.0 CORRESPONDENCE

12.1 Circulation

13.0 NEW BUSINESS

13.1 WECHU Bylaws

The Health Unit's solicitor has questions and made recommendations in the areas of placement, format, and organization relative to developing a framework for board of health policies. The Board was queried as to how they would like to proceed.

It was moved

that the Health Unit proceed with Ms. Dana Young's recommendations and assistance in conjunction with Senior Management in the three critical areas [placement, format, organization].

Moved by Ms. Tamara Stomp
Seconded by Mr. Mark Carrick

CARRIED

Ms. Monik recommended a committee made up of board members to assist in the review process. Ms. Kelly recommended Ms. Young begin the process and report back to the Executive. Ms. Monik responded that because of the significant amount of work that is involved, Ms. Young's assistance be sought and supported by an ad hoc bylaw review committee of the board. The Chair advised that the Executive can bring a recommendation to the board. Ms. Monik put her name forward for the ad hoc committee.

13.2 June Board Meeting (Leamington)

With June 16 being the next board meeting and the official opening of the new dental operatory for children (Healthy Smiles Ontario program) the June board meeting will be held in the Leamington sub office. The address will be forwarded to board members.

13.3 Liquor Licence Act Proposed Changes

Ms. Haugh explained the resolution recommendation put forward against proposed changes to the Liquor Licence Act of Ontario. The Board voiced their concern over the liability the proposed changes are creating in making liquor more accessible/Act being too broadened. Other concerns noted are the mix of alcohol and young children [fairs and festivals], possible rate increases for municipal liability insurance, and the ramifications as a result of Windsor-Essex having one of the highest alcohol abuse rates in the Province.

WHEREAS restricting access to alcohol is part of a comprehensive strategy to improve and maintain health and reduce the risk for alcohol-related diseases and injuries and;

WHEREAS increasing access to alcohol has been shown to increase consumption which in turn increases the risk for injury (e.g., crashes, fights, falls, alcohol-poisoning) and;

WHEREAS youth in Ontario (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drunk in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report) and;

WHEREAS a significant portion of Ontarians are drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%) (CAMH Monitor) and;

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year and;

WHEREAS Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Board of the Windsor-Essex County Health Unit recommends that the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA) petition the Ontario government to maintain the current requirements of Liquor Licence Act (LLA) of Ontario until a formal review and analysis of proposed changes is completed;

AND FURTHER the Board of the Windsor-Essex County Health Unit encourages the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA) to petition for a formal review and analysis of the health and economic effects of alcohol in Ontario and for the development of a renewed provincial Alcohol Strategy.

Moved by
Seconded by
OPPOSED

Ms. Lynda Monik
Mr. Richard Meloche
Mr. Mike Holdsworth
CARRIED

13.4 alpha Annual Conference (June 12-14)

This will be a critical conference. The Ministry will review the drafts of the accountability agreements and the concept of accountability agreements with health units. Anyone who would like to attend the conference may contact Rosanne St. Denis or Dr. Heimann for assistance with travel arrangements. The registration package has been provided to board members.

14.0 NEXT MEETING - At the Call of the Chair or 2011 May 19 (Windsor)

15.0 ADJOURNMENT

It was moved

that the regular portion of the meeting of the Board adjourn at 5:56 p.m.

Moved by Mr. Richard Meloche

Seconded by Mr. Mark Carrick

CARRIED

Recording Secretary

SUBMITTED BY:

APPROVED BY:

Medical Officer of Health
Board Secretary

Chairperson

/rs

Report Number 2011-R011-CORP-0519-GAH

**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**

2011 May 19

In my last report I noted that the summary findings of the five staff meetings to review the Western Management Report were being compiled by the Western Management Consultants. The initial draft has been received by Nancy Smith, Director, Human Resources. She will be reviewing the report with the consultants so that it can be formally distributed prior to our town hall meeting scheduled for June 17.

Over the last several weeks I have been working with Senior Management to develop a project management list to plan for the organizational changes and strategic planning which needs to be accomplished. The work breaks down into three areas:

1. Ontario Public Health Organizational Standards
2. Western Management Organizational Review Recommendations
3. The strategic planning process.

I reviewed the listing with the Executive Committee at the May 13 meeting and will develop a priority list.

On May 9 the Ministry of Health and Long-Term Care provided a webinar on the public health accountability agreements. These accountability agreements are being developed by the Ministry of Health and Long-Term Care and the Ministry of Health Promotion and Sport and will be individually signed with each of the 36 public health units. The accountability agreements will set out the obligations of the boards of health and the separate ministries for a three-year period 2011-2013. They will articulate the respective roles and responsibilities of both parties, specify performance expectations to boards of health, serve as a performance monitoring tool to support and inform continuous quality improvement strategies and assist in demonstrating the role that public health plays in the broader health system. A copy of the slide package, draft accountability agreements, and the proposed performance indicators will be available at the board meeting. The major task that we will have in preparing for the accountability agreements will be to ensure that the health unit meets the public health organizational standards.

The launch for the Heat Alert Response System (HARS) has been scheduled for June 8. The Heat Alert Response System (HARS) is a joint project supported by Health Canada which is designed to prevent mortality during extreme heat events. The project which began in 2009 includes a number of community partners from the City and County of Essex. The City of Windsor has been selected as one of the pilot communities across Canada to participate in the project. The plan is focused around proactive measures to building a more resilient community through preparing for heat each spring. Actions to be completed include outreach to community partners, updating a list of places to cool

down, updating the Stay Cool Windsor-Essex website, preparing 211 Call Centre to receive heat enquiries, and public education.

On May 12 the formal announcement was made that the Health Unit will be receiving two directly funded nursing positions to address social determinants of health. The announcement on May 12 was particularly appropriate as it occurred in the middle of nursing week which runs from May 9 to 15.

On April 27 I met with our municipal representatives and consultants from GDG to confirm plans for the 2011 West Nile Virus season.

On May 2 confirmation of funding for the provincial bed bugs programs was received. We will be meeting with local partners on May 19 to formalize the program and a framework for funding distribution.

On May 5 the Ministry announced that starting August 2011 the Province will offer two new vaccines as part of its immunization program and expand the availability of two others. These include;

- a new rotavirus vaccine to protect infants against rotavirus which causes severe diarrhea, vomiting, and dehydration;
- a combined mumps, measles, rubella, varicella vaccine to reduce the number of immunizations required;
- a second dose of varicella vaccine to enhance protection against chicken pox;
- a lifetime dose of pertussis (whooping cough) vaccine to adults ages 19-64 to reduce the transfer to infants and children.

I would like to thank this opportunity to congratulate Liz Haugh, Director, Health Promotion on receiving the 2011 alPHa Distinguished Service Award. The award recognizes Liz's excellent work in many areas of public health in Ontario including her work as President of The Ontario Public Health Association and alPHa board member.

I will be away from the office from May 28 through June 7. During this time Liz Haugh will be providing direct pager coverage. I will be available by cell phone and blackberry.

Respectfully submitted,

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

GAH:rs

Report Number 2011-R012-HPROT-0519-GAH

HEALTH PROTECTION DIVISION

**Report to the Board of Directors
2011 May 19**

VACCINE PREVENTABLE/COMMUNICABLE DISEASE DEPARTMENTS

(Manager, Line Lauzon)

Vaccine Preventable

As of August 2011, Ontario residents will have access to more provincially-funded vaccines. They are: rotavirus to prevent infants from getting gastro intestinal illnesses; a second dose of Chickenpox for children; and Tetanus, Diphtheria and Pertussis combined vaccine for adults.

Communicable Disease and Outbreak

On May 3 the Village of Aspen Lake Long-Term Care Facility was placed in outbreak due to an increase of residents with C. difficile and enteric illness. Eight cases have been confirmed by laboratory reports. The Outbreak Team met with the infection control staff at the facility and reviewed the proper disinfecting measures to decrease the spread of the organism. We are monitoring the outbreak on a daily basis and continue to provide guidance to their infection control staff.

In mid April the Health Unit was notified of a confirmed case of Pertussis. The individual attends a Kingsville high school. Within days of this notification the Vaccine Team was offering the Adacel vaccine at the school for high-risk individuals. The clinic was well attended with over 105 individuals participating.

Tuberculosis

The team is managing two new cases of Active TB. Both individuals are foreign born and have been living in Canada for a number of years. The team is providing Direct Observation Therapy (DOT) which involves daily visits to the clients' homes to ensure they take the medication, monitoring for possible side effects, and provide the attending physician any information on the clients' progress and needs.

HEALTH INSPECTION DEPARTMENT

(Manager, Rob Lyons)

Safe Food Counts

To date a total of 2,087 facilities have been rated in Windsor-Essex County. Their ratings are as follows:

5 Star Facilities	1,822
4 Star Facilities	165
3 Star Facilities	33
2 Star Facilities	5
1 Star Facilities	5
Closed Facilities	0
Still Awaiting Rating	57

96% of facilities continue to be 5 or 4 star

Rabies

As of May 9, 2011 there were 139 animal bite cases investigated in the City of Windsor and 75 cases from municipalities in the County during the 2011 calendar year. Of these, 11 have resulted in a recommendation for rabies post exposure prophylaxis due to the circumstances of the case (animal unable to be located or quarantined).

Staffing Update

The Health Inspection Department will be welcoming a new full-time Public Health Inspector this month. James Chang will be joining the team on May 11, 2011. James's primary role will be conducting inspections for the Small Drinking Water program.

Pool Course

The Public Health Inspection Educator is currently working on the update of our pool/spa training course for delivery to owners and operators of recreational water facilities in Windsor-Essex. This year's course is set to take place in early June, prior to the opening season. The online version of our pool course will also be available to the public by the end of the month.

CLINICAL SERVICES DEPARTMENT

(Manager, Nichole Fisher)

The Sexual Health Clinic is now able to see clients from the community that have a primary physician and need low cost birth control. A person can come to the clinic with a prescription from their doctor and we will dispense birth control at cost. This is to assist residents that are on birth control but do not have a drug plan. We provide various birth control pills, Nuva ring, Evra patch and Depo-provera shots. We are enhancing our responsibility under the Ontario Public Health Standards (2008) to provide contraception to priority populations in the community.

The Health Unit will be providing our testing and counseling services at the AIDS Committee of Windsor at their Wednesday drop-in clinic. The AIDS Committee of Windsor provides a dinner to those attending their drop-in clinic. This will begin June 2011. At this time HIV Care provides HIV rapid testing to those who wish to be tested. Health Unit nurses test for Chlamydia, Gonorrhea, Hepatitis B, C and Syphilis. Our goal is to reach high-risk individuals in need of counseling and testing that may feel uncomfortable coming to the Health Unit in a clinic setting.

The Travel Immunization Clinic continues to be full each week but appointments can be accommodated with a wait time of 1-2 weeks. We average 24-30 patients per week. We are the only provider of Yellow Fever vaccine and certificates in Windsor-Essex County. We average 17 clients per month requesting the vaccine.

Respectfully submitted,

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

Report Number 2011-R013-HPROM-0519

HEALTH PROMOTION DIVISION

**Report to the Board of Directors
2011 May 19**

FAMILY HEALTH DEPARTMENT

Child Repro Health

(Manager, Debbie Silvester)

Prenatal Programming in May:

In-class program (5 week series): Currently there are two series running in Windsor and one running in Leamington.

On-line program: We currently have 20 women signed up for the on-line course.

Building Blocks for Better Babies (13 week series): The programs run weekly at two locations in Windsor and at one location in Leamington. The current 13 week series started the week of May 2, 2011. PHNs continue to give out prenatal vitamins donated from Jameison™.

Prenatal Education Survey: The Windsor Regional Hospital's ethics review board approved the survey. The next step is to obtain approval from the Health Unit's ethics review board. We hope to conduct the survey in the fall of 2011.

Parenting Programming in May:

Just For Moms & Babies (6 week series): Two series are running in Windsor and one series is running in Belle River.

Ontario Early Years Centres, Parent and Family Literacy Centres, and Drop-In Centres: Staff is continuing to book NutriSTEP and Developmental screening clinics with the centres for May and June. Five clinics were held in April.

Liaison with CAS High-Risk Infant Team:

A PHN is currently working on healthy pregnancy kits for the team.

Healthy Babies/Healthy Children Program

(Managers, Beth Kinnaird-Iler and Debbie Silvester)

Parkyn Validation Initiative

We continue to partner with Windsor Regional Hospital to facilitate the Ministry-led project to review the usefulness of an enhanced HB/HC assessment tool. The Ministry is requesting that local hospitals pilot an enhanced screening tool by completing it on each consenting postpartum mom prior to referral

into HB/HC. Once referred to HBHC, the public health nurses will select a random sample of moms that will be requested to accept additional assessment using a current program tool. Hospital nurses will be trained on the use of the new tool from May 9 to 20 and on May 24 will begin to use the tool with new moms prior to hospital discharge.

2011 First Quarter Stats

Number of pregnancies, females screened with a Larson tool – 290

Number of at-risk prenatal referrals received – 90

Number of live births – 904

Number of at-risk Parkyn postpartum referrals – 150

Number of postpartum families contacted within 48 hours of hospital discharge – 650

Number of families who received a postpartum home visit – 481

Number of families on caseload who are also involved with Children's Aid Society - 131

Nurse Practitioner

The nurse practitioner, Kim McAlpine, continues to be busy serving families in the Windsor-Essex area. A continually growing population is evident at the Leamington clinic location where newcomer families frequently access the NP service for their new babies and child immunization needs. In addition to NP clients, Kim has assisted with seeing Health Unit clinic clients during the recent physician shortage.

2011 First Quarter Stats

Total number of visits – 289

New clients – 59

Pre and postnatal client visits – 87

Visits with clients without a physician – 289

Visits with 0-6 years clients – 126

Visits for 18 month well-baby exams – 5

Visits for reproductive health – 69

CHRONIC DISEASE AND INJURY PREVENTION

(Manager: Kristy McBeth and Neil MacKenzie)

Stay Cool Windsor-Essex – Heat Alert Response Training (HARS)

The Windsor-Essex County Health Unit (WECHU) is currently working in partnership with the City of Windsor and County of Essex to deliver train-the-trainer workshops about appropriate responses and safety measures during heat alerts. In May and June we will be implementing and evaluating Health Canada's Pilot Heat Alert Response System and Heat Alert Response Partnership project. After an initial pilot session with WECHU staff, four additional sessions will be open to the entire community but will be targeted towards those groups and agencies who care for or are responsible for vulnerable populations like, older adults, infants and children, individuals with one or more chronic disease (cardiovascular, respiratory, or kidney disease, mental illness, or diabetes), those that live in poverty, those that live alone, and those that work or are active outdoors for long periods (e.g., construction workers, road crews).

Tobacco Promotion – Tobacco Free Sports and Recreation

In the fall of 2010 the Health Unit assisted youth in the Town of Lakeshore to prepare materials in support of making Lakeshore's outdoor sports and recreation facilities tobacco free. The intention of the group was to present to both Lakeshore Town Council and local recreation groups. This now self organized group of youth made their presentation to Town Council on April 12, and Council authorized administration to assemble a committee to explore the implementation of the group's recommendation. The motion carried unanimously. WECHU's efforts towards advocating for tobacco-free sports and recreation facilities continues in our community by supporting recreation facility administrators in the preparation phase of attending municipal council to seek approval of by-laws prohibiting smoking in these outdoor spaces.

Tobacco – Enforcement

Tobacco Enforcement Officers (TEOs) issued sixteen provincial offence notices during the month of April. All were for selling tobacco to a minor.

Implementation of our non-compliant tobacco vendor education program began with charged facilities as of April 1, 2011. The strategy involves meeting with all the vendors' staff and reviewing a package of information we've assembled regarding the requirements of the Smoke-Free Ontario Act. The meeting is approximately a half hour in length. While the remedial training cannot be made mandatory, most vendors have expressed a willingness to participate in the program.

A media release was issued on Monday, May 9, 2011 highlighting the continuing high number of sales to minor charges and the renewed enforcement and education effort by WECHU tobacco staff.

Nutrition

Throughout the month of May two dietitians from the Windsor-Essex County Health Unit will be completing the Nutritious Food Basket surveillance tool. The Nutritious Food Basket is a provincial tool used to assess the costs of basic food items. The tool compiles pricing for 67 items from 9 grocery stores throughout the area. Prices for all products are used to generate an average basic cost of feeding a family of four. The Nutritious Food Basket considers only basic food items and does not include snack items (e.g. potato chips, soda) nor does it include personal hygiene items (e.g. toilette paper, deodorant, soap).

Physical Activity – alPHa Challenge

The WECHU Vitality Committee will be lead by WECHU staff on May 12, 2011 to participate and seek a win in alPHa's Annual Health Unit Employee Fitness Challenge~ THE alPHa CHALLENGE. Our goal is to involve the entire staff in all three locations to accumulate at least 30 minutes of physical activity. To support our staff in reaching this massive goal, a variety of fitness classes are being offered throughout the day at various locations and healthy snacks will be supplied.

Go For Health-Government Sector

Over the past year, Go For Health (GFH) - Government sector has been supporting local CAOs, Council members, senior administrative municipal staff, and the general public on regional active transportation

initiatives. After several activities, the GFH group will appear in front of Essex County Council to seek approval for the adoption of the County Wide Active Transportation Study (CWATS) Master Plan to be funded over 20 years. On May 18th, GFH is bringing a group of organizations to council to propose reasons why this initiative and investment will benefit the community. Presenting delegates include; Go For Health (Chair), Waterfront Regeneration Project, WindsorEats, Tourism Windsor-Essex, WECHU (CDIP), Share the Road-Essex County, ERCA, Essex Active Transportation (Councillor John Scott), County of Essex, and Ontario's Share the Road Cycling Coalition. The goal is to have each Mayor and Deputy Mayor bring CWATS back to their individual councils for review and adoption in 2012 prior to the July Essex County Council Meeting.

COMPREHENSIVE SCHOOL HEALTH DEPARTMENT

(Manager, Theresa Marentette)

Nutrition

School Food and Beverage Policy (P/PPM 150) workshops for teachers will be held this month at both the WECDSB and the GECDSB board offices. In addition, a workshop regarding the new policy will be offered to the Parent Advisory Councils of schools on May 30th. This workshop will be hosted at the Health Unit and registration is available online at www.wechealthunit.org. As well, a new fundraising brochure is being developed for schools to help with healthy fundraising in keeping with the spirit of the School Food and Beverage Policy.

You're the Chef - the pilot for this cooking program for youth is scheduled for June 5th, 12th and 19th. This program is funded by the Herman Community Outreach Project and will take place at the high school after school. The program will be co-facilitated by the Comprehensive School Health nutritionist and a public health nurse.

Parenting- 'Help! There's a Teen in My House!' was presented at Assumption High School on Tuesday May 3rd and will be offered again at Catholic Central High School on Wednesday, June 8th.

Physical Activity

Active and Safe Routes to School walkabouts are scheduled to take place at both Amherstburg Public School and St. Jean Baptiste on May 26th. Amherstburg town planners and police will be in attendance.

Females Using Energy for Life (FUEL) promotes non-competitive physical activity along with classroom instruction for females. To highlight this new program, Holy Names High School hosted a Mother's Day Zoomba Event, held May 2nd at the school. Seventy females attended, including students and their mothers (or other significant female) from the high school and the elementary feeder schools- Our Lady of Mount Carmel, St. Christopher, Christ the King, and Notre Dame. The Zoomba class was lead by YMCA instructors and participants received a healthy snack in a bag. Plans are in place to launch the FUEL program at Holy Names Catholic High School in the fall 2011.

Substance Misuse

As one of the pilot sites for the OPHA Youth Engagement Pilot Project, the Comprehensive School Health Department assisted with the delivery of the regional workshop and resource dissemination. Six

regional workshops were offered throughout the province. The one-day interactive workshop was offered to public health nurses, community partners, and relevant stakeholders who are considering or involved in youth engagement. Helpful tools and resources were presented along with lessons learned and the launch of the website. All resources, tools, and project information is available at: <http://www.youthengagement.ca/>.

Sexual Health

During the month of April sexual health workshops were held at Belle River, Walkerville, and Massey high schools. A total of 102 grade 9 students received the 4-period workshops. At the elementary level sexual health workshops were held at Hetherington, Queen Victoria, Bellewood, Coronation, Begley, Ruthven, and Kingsville public schools. A total of 364 grade 8 students received the full-day workshop. All workshops were well received.

ORAL HEALTH DEPARTMENT

(Manager, Rosemary Arsenault)

After many months of preparation, we are assessing and putting on the final touches to our Oral Health Clinics.

In our Windsor and Leamington Clinics, we continue with our CINOT screenings utilizing our Registered Dental Hygienist and Dental Assistant teams. These teams provide oral exams and preventive services for clients who have obtained a Healthy Smiles Ontario card and who qualify for CINOT services.

Our Hygienist and Assistant teams, along with the help of our Dental Educator, continue to bring our initiatives into the community with the help of our community partners. These teams provide oral examinations, preventive services, and dental education at six clinics located in Windsor and Essex County, including the Windsor and Leamington Health Unit sites, community partner sites, area schools, and the Essex Municipal offices of WECHU.

As we continue to grow in our initiatives, we look forward to offering our services throughout Windsor and Essex County. We will continue to assess our delivery model and make adjustments as necessary.

Our records and statistics show growth in both CINOT and Healthy Smiles Ontario programs.

ORAL HEALTH DEPARTMENT
TOTALS FOR THE MONTH OF APRIL 2011

April 2011	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
CINOT	17	2077	162	67	5	21	15	4	0	10	97	38	3	38
CINOT Expansion	0	0	42	22	1	6	4	0	0	0	16	10	0	7
TOTALS	17	2077	204	89	6	27	19	4	0	10	113	48	3	45

Healthy Smiles Ontario:

Of New Applicants: 27

Of Cards Issued: 52

of Fluorides Provided by Health Unit: 0

EPIDEMIOLOGY DEPARTMENT

(Manager, Ali Artaman)

- Ongoing communication with the IT and program departments of the health unit re access to and requests for health data
- Coordinating internal and external meetings related to compilation of information and select data for *WEC Environmental Health Report*
- Ongoing extraction and analyses of data for WEC Reproductive Health Report; held regular group meetings with Family Health Department re review of the indicators analyzed; initiated internal discussions on planning for WEC Chronic Disease Report
- Reviewing statistical methods of comparative morbidity and mortality data analyses; communicated with epidemiologists in other health units re analytic methodologies and data programming related to health status reports, time trend and complex survey analyses

- Attended monthly meeting of Windsor-Essex County Smart Community Action Team
- Department Manager participated in teleconferences of the Ontario Council on Community Health Accreditation (OCCHA); had e-mail communication and/or participated in teleconferences of the following working groups of the Canadian Alliance for Risk Factor Surveillance (CARRFS): Environmental Scan; Symposium Planning, and the World Alliance for Risk Factor Surveillance (WARFS) Conference Local Organizing Committee; was selected as member of International Scientific Committee (APHEO Representative) of the WARFS Conference
- Epidemiology team members had e-mail communication and/or participated in teleconferences of the following working groups of the Association of Public Health Epidemiologists in Ontario (APHEO): Cancer Surveillance for Public Health, Small Rural and Northern Health Units, Reproductive Health Core Indicators, and GIS
- Epidemiology team participated in a number of educational webinars related to public health
- Briefing the newly-hired GIS Analyst

Respectfully submitted,

Liz Haugh
Director, Health Promotion

Report Number 2011-R014-CORP-0519-SK

CORPORATE SERVICES DIVISION

**Report to the Board of Directors
2011 May 19**

FINANCE DEPARTMENT

(Accounting Manager, Jen Gretes)

Jen Gretes was appointed Accounting Manager on May 2nd, 2011 and will be assuming several of the financial reporting responsibilities that Sharon Kelly previously handled. Training is in process. Elaine Bax who filled a maternity leave in the Finance Department has assumed the Accounting Admin. Assistant position.

First quarter financial reports are due mid month as well as coordination of the external audit to commence May 24th. Funding letters have been sent to the municipalities to advise them of their 2011 budget obligations. Once the budget presentation has been made to the HUMAT group, the Board-approved budget will be posted on our intranet for all staff to review. The March financial statement is included in this report.

All expense categories over 25% spent at the end of March have been reviewed and commentary is as follows:

Assoc & Mem Fees – timing of fee purchase – budget should be adequate for year
Outside Printing – small budget of \$5000, not material – most printing is performed in house
Publications – timing of purchase – small budget of \$4500 – may need to increase – will monitor
Rent – April payment made at end of March so cheque is received by beginning of month
Bldg Mtce – small overage – will monitor
Taxes – timing of tax demands
Insurance – one payment for entire year, no other charges to be incurred and awaiting credits from change in deductibles
Postage & Freight – will monitor
Parking – April payment made at end of March so cheque is received by beginning of month
Offset Revenue – mainly vaccine revenue and dependent on timing of vaccine campaigns
One-time Request – awaiting Ministry approval
West Nile Virus – program not to start until late spring

INFORMATION TECHNOLOGY DEPARTMENT

(Manager, Fernando Bayuga Jr.)

Systems Support has continued to enhance the Health Inspection Department's dashboard. New sections have been added to help track the number of times a pool has been inspected and to show which infection control facilities still require inspection. Upcoming re-inspections have also been added to assist in scheduling. There are plans to integrate google maps with our reporting to allow us to display the facilities on a map, which may assist the inspectors in planning their visits.

A new self-contained cooling tower was installed in our server room to regulate temperature. Old switches were converted to new POE (Power Over Ethernet), and switch panels were updated.

We are awaiting some resources before rolling out the new HEAT website which will eventually alert people about temperature conditions that could pose health risks. The immunization website has been completed and will be promoted once all parties are trained on it.

On May 2nd we hosted an OHUG (Ontario Hedgehog Users Group) conference during which we presented our Safe Food Counts program. We presented our Health Inspectors' dashboard, demonstrating some of the in-house reports that have been created. The conference was a success and some very good ideas were tabled and discussed at the meeting.

FACILITIES/SUPPORT DEPARTMENT

(Manager, Deb Gemmell)

I have reviewed an on-line option for the storing and updating of our Material Safety Data Sheets (MSDS) to better manage this process. With the introduction of new substances we will now be handling with our expanded Oral Health program, new options are being considered for this important health and safety issue.

I met with the Director of Planning and Physical Resources from the Windsor Police Services to assess our Pelissier Street entrance to get his opinions on what steps might be taken to improve the safety of this area for our staff. His report has been shared with Senior Management and the Joint Occupational Health and Safety Committee members from both our sites, and Senior Management will receive the Committee recommendations in June. A number of changes had already been considered and now that they have been verified through this report, I am in the process of obtaining quotes to begin the necessary adjustments.

With the improvement in our weather, I am also in the process of obtaining quotes for signage and landscape to complement our new front entrance.

COMMUNICATION RESOURCES

(Manager, Mike Janisse)

During the month of April, the newly formed Communications Resources Department (CRD) began implementing departmental operations, workflows, communications, and processes.

Eight team members are now located in the same area on the third floor in the Windsor office. This move was done to facilitate team dynamics and build team chemistry. Two staff members continue to work at the Essex office.

The department also implemented many information technology changes over the month of April to enhance departmental efficiencies. The changes have allowed us to work more closely together on projects. We continue to move forward towards a unified project management system that will allow us to work more efficiently with each Health Unit department.

Day-to-Day Activities

- April 2011 was busier in every statistical category with the exception of print job requests of less than 500 copies, when compared to April 2010. However, when you compare April 2011 to the 2010 average, we were consistently busy with Express Jobs, Communication Reviews, and print job request of over 500 copies.

	April 2011	April 2010	2010 Average
Express Jobs	76	64	79
Communication Reviews	38	31	37
Print Jobs < 500	26	33	51
Print Jobs > 500	7	1	4

Website Activity

- A *visit* is defined as a period of interaction between a browser and a particular website. There were 12 313 visits to www.wehealthunit.org during the month of April. This represents a 9.48% decrease from the previous month of March.
- *Unique visitors* are the number of unduplicated (counted only once) visitors to the website. During the month of April there were 8 816 unique visitors, a figure down 8.78% from the month of March.



- 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 April were:
 1. WECHU Home Page
 2. How a Mother May Feel Physically After Childbirth
 3. Careers
 4. A to Z Topics
 5. Contact Us
 6. About Us
 7. Hours and Locations
 8. Resources
 9. Sexual Health
 10. Doctor's Accepting New Patients

Respectfully submitted,

Sharon Kelly
Director, Corporate Services

WINDSOR-ESSEX COUNTY HEALTH UNIT

Year to Date Analysis

31-Mar-11

	2011 Budget	YTD Budget	YTD Actual 11	YTD Actual 10	Variance	% spent	
Salaries	9610848	2402712	1842550	1827700	560162	19.02%	
Employee Benefits	2381000	595250	439364	394045	155886	16.55%	
Medical Fees	907582	226896	157121	106174	69775	11.70%	
Travel/Meetings	28150	7038	2477	3565	4561	12.66%	
Mileage	208250	52063	22829	27210	29234	13.07%	
Prof Develop	102250	25563	5862	7130	19701	6.97%	
Assoc & Mem Fees	39020	9755	10409	11013	-654	28.22%	**
Office Supplies	85000	21250	31930	8239	-10680	9.69%	
Program Supplies	634428	158607	86068	65358	72539	10.30%	
Office Equip Rental	225000	56250	54332	54660	1918	24.29%	
Outside Printing	5000	1250	190	1482	1060	29.64%	**
Laundry	7500	1875	1196	998	679	13.31%	
Publications	4500	1125	2100	1198	-975	26.62%	**
Purchased Services	184321	46080	1827	6690	44253	3.63%	
Promotional	12000	3000	1752	372	1248	3.10%	
Board Expenses	11500	2875	568	542	2307	4.71%	
Prof Fees	138000	34500	28152	1129	6348	0.82%	
Bank Charges	18000	4500	3558	3477	942	19.32%	
Rent	682027	170507	225561	190897	-55054	27.99%	**
Bldg Mtce	160000	40000	26842	40761	13158	25.48%	
Utilities	160000	40000	21807	27609	18193	17.26%	
Taxes	210000	52500	98274	66307	-45774	31.57%	**
Insurance	81372	20343	81852	83350	-61509	102.43%	
Telephone	110000	27500	35572	23248	-8072	21.13%	
Security	35000	8750	4768	3861	3982	11.03%	
Car Leasing	27000	6750	5529	5437	1221	20.14%	
Postage & Freight	43000	10750	13848	12734	-3098	29.61%	**
HST	0	0	38	5558	-38	#DIV/0!	
Parking	57124	14281	19041	16625	-4760	29.10%	**
	<u>16167872</u>	<u>4041968</u>	<u>3225417</u>	<u>2997369</u>	<u>816551</u>		
Offset Revenue	-147700	-36925	-15108	-18452	-21817	12.49%	**
	<u>16020172</u>	<u>4005043</u>	<u>3210309</u>	<u>2978917</u>	<u>794734</u>		
One time request	75000	18750	0	0	18750	0.00%	**
	<u>16095172</u>	<u>4023793</u>	<u>3210309</u>	<u>2978917</u>	<u>813484</u>		
West Nile Virus	128726	32182	0	0	32182	0.00%	**
	<u>16223898</u>	<u>4055975</u>	<u>3210309</u>	<u>2978917</u>	<u>845666</u>	<u>18.36%</u>	
Ministry of Health						3328277	
City of Windsor						535891	
County of Essex						443750	
Township of Pelee						0	
						<u>4307918</u>	

Funding letters have been sent to the Municipalities reflecting the 2011 budget approval.

** See written report for commentary.

Windsor-Essex County Health Unit
Board of Directors

Resolution Recommendation

2011 May 19

ENDORSEMENT OF ACTION ON SMOKING IN MOVIES

BACKGROUND

The history of the tobacco industry's collaboration with Hollywood film producers, including paid product placements, has been well documented. According to one source, "Film is better than any commercial that has been run on television or in any magazine, because the audience is totally unaware of any sponsor involvement¹."

In 1998 US Tobacco companies entered into a legally-binding agreement with state attorney general's that prohibited the paid product placement of tobacco products in entertainment available to young people. Despite signing this "Master Settlement Agreement" smoking depictions actually increased from 1998-2005 in youth rated films. It is estimated that half of all films rated PG-13 and 14A in Canada feature tobacco imagery which raises speculation that their may be some covert planning/payments happening between tobacco and movie executives. ²

Researchers have looked at the prevalence of smoking in movies and its impact on youth smoking. The US National Cancer Institute reached the following conclusions:

"The total weight of the evidence from cross sectional, longitudinal, and experimental studies indicates a causal relationship between exposure to smoking in movies and youth smoking initiation."³

As a result, researchers estimate that 44% of youth smoking can be attributed to on screen smoking exposure.⁴ From a Canadian perspective, 130, 000 Canadians age 15-19 became addicted to tobacco industry products due to exposure to on screen smoking, of which 43, 000 will eventually die of tobacco related illnesses.⁵

As a result, The World Health Organization (WHO) has endorsed four solutions to reduce tobacco depictions in movies:

- 1) **Rate new movies an adult rating**—making any movies that show smoking in a positive way, without giving messages of harm or consequences, or representing a historical figures life, should be given an 18A rating.

1 Smoke-Free Movies website. <http://smokefreemovies.ucsf.edu/problem/bigtobacco.html>. Accessed May 3rd, 2011.

2 Physicians for Smoke-Free Canada, Polansky, J.. Tobacco Vector: How American movies, Canadian film subsidies and provincial rating practices will kill 43,000 Canadian teen alive today- and what Canadian government scan do about it. July 2010. www.smoke-free.ca/pdf_1/2010/Tobaccovector.pdf

3 National Cancer Institute, *Monograph 19: The Role of the Media in Promoting and Reducing Tobacco Use*, June 2008.

4 C Millett and SA Glantz, "Assigning an '18' rating to movies with tobacco imagery is essential to reduce youth smoking (editorial)," *Thorax* 2010; 65(5): 377-78

5 Physicians for Smoke-Free Canada, Polansky, J.. Tobacco Vector: How American movies, Canadian film subsidies and provincial rating practices will kill 43,000 Canadian teen alive today- and what Canadian government scan do about it. July 2010. www.smoke-free.ca/pdf_1/2010/Tobaccovector.pdf

- 2) **Certify no payoffs**—require film producers to indicate that no money, free cigarettes, gifts...etc were used in exchange for exposure in the film.
- 3) **Require strong anti-smoking ads prior to movies depicting tobacco use**—counter marketing where the film is used to deter smoking rather than encourage the behaviour.
- 4) **Stop identifying tobacco brands**—there should be no form of advertising showing tobacco in the movie (i.e. billboards, backgrounds and commercials).

Call for Action

The Ontario Coalition for Smoke-Free Movies is calling for health organizations and agencies that work with children and youth to endorse the policies outlined to reduce youth exposure to on-screen smoking and impressions of tobacco. Other actions include writing letters to film board executives, provincial and federal leaders that supports removing smoking in youth movies and discourage funding for movies under an 18A rating with tobacco scenes.

Conclusion

Tobacco use remains the number one cause of preventable disease and death in Ontario. Consequently, smoking in movies challenges Ontario's tobacco control efforts. Tobacco imagery in movies, particularly films rated as suitable for children and adolescents, promotes tobacco use and normalizes tobacco products to youth. Therefore, endorsement of the Ontario Coalition for Smoke-free Movies policy actions would help to prevent young people from starting to use tobacco products. Locally, we are organizing several smoke-free movie nights with our community partners throughout the month of May to help raise awareness on the issue of smoking in youth movies.

Therefore be it resolved that Windsor-Essex County Health Unit of Windsor, Ontario endorses the following policies to support the Ontario Coalition for Smoke-Free Movies in bringing this issue forward to the Ontario Film Review Board (Ministry of Consumer Services) to reduce the exposure of youth to smoking in movies:

- (1) Rate new movies with smoking "18A" in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of a real historical figure.
- (2) Require producers to certify on-screen that no one involved in the production of the movie received anything of value in consideration for using or displaying tobacco.
- (3) Require strong anti-smoking ads to be shown before any movie with tobacco use at the distributor's expense, regardless of rating and distribution channel.
- (4) Require producers to stop identifying tobacco brands.
- (5) Require that films with tobacco imagery assigned a G, PG, or 14A rating be ineligible for federal and provincial film subsidies.