

Chatham-Kent Board of Health

Minutes

Wednesday, October 18, 2017

11:00 a.m.

Call to Order

Present: Councillor Joe Faas, Chair
Councillor Brock McGregor
Councillor Carmen McGregor
Mr. Ron Carnahan
Ms. Sharon Pfaff
Dr. David Colby, Medical Officer of Health
Teresa Bendo, Director, Public Health
Dr. April Rietdyk, General Manager, Health and Family Services
Lisa Powers, Executive Assistant, Health and Family Services

Regrets: Councillor Bob Myers, Vice-Chair
Ms. Noreen Blake

1. Provision for Declaration of Pecuniary Interest

No member of the Board declared a pecuniary interest on any matter on the open session agenda.

2. Minutes of the Board Meeting September 20, 2017

Mr. Carnahan moved, seconded by Councillor B. McGregor:

“That the minutes of the September 20, 2017 Board of Health meeting be approved.”

The Chair put the Motion.

Motion Carried

3. Business Arising from the Minutes

a) Response to the Report of the Minister’s Expert Panel on Public Health

At the September 20, 2017 meeting of the Board of Health, Administration was directed to prepare a response the Report of the Minister’s Expert Panel on Public Health. Dr. Rietdyk shared the prepared response for the Board’s review and approval.

Thank you for the opportunity to provide feedback on the Report of the Minister’s Expert Panel on Public Health. Chatham-Kent operates under a single tier municipal governance structure following the amalgamation of 23 distinct communities in 1998, covering a land mass of 2,458 square kilometers. Chatham-Kent is classified as predominately rural, having a population of 104,000 people. The local economy is supported largely through agriculture and as in many rural communities, older adults and seniors outnumber children, youth, and younger adults. Cardiovascular Disease, Ischemic Heart Disease, and Diabetes continue to be Chatham-Kent’s leading causes of mortality. As the local public health unit, Chatham-Kent Public Health knows,

and more importantly, understands Chatham-Kent and is best situated to address the needs of the communities served within its border.

The Chatham-Kent Board of Health has always functioned in a manner that ensures accountability, addresses capacity, improves equity, supports integration and leverages the significant amount of public health expertise collectively held by Chatham-Kent's public health team. As an autonomous-integrated board this is accomplished through partnerships and collaboration with numerous community groups and organizations but more importantly through the strong bonds that exist between the Chatham-Kent Public Health Unit and the Municipality of Chatham-Kent. When reviewing the panel's recommendations, emphasis was placed on looking at Public Health from a local and provincial perspective while recognizing potential benefits to the public health system if recommendations were implemented. The Chatham-Kent Board of Health supports health units and their respective municipalities struggling to fulfill their public health mandate and acknowledge that the recommendations in the report may assist some communities to meet their provincial obligations. While Chatham-Kent Board of Health is not supportive of the report in its entirety, there are recommendations that might improve public health depending on how, where, and when they are implemented, but a single organizational model is unlikely to be optimal for all geographic areas in Ontario.

The Chatham-Kent Board of Health is comprised of seven members. Four are municipal councillors who submit an expression of interest following each municipal election to sit as a member of the board. The two community representatives are selected by open competition where candidates apply and are screened, interviewed as required, and ultimately appointed by Council. These positions have four year terms with terms staggered opposite the municipal election appointments thus ensuring continuity of the board and its support to the health unit's leadership team. The final member of the board is a provincial appointee, currently serving her second three-year term. Chatham-Kent Public Health's leadership team consists of a full-time Medical Officer of Health, Chief Executive Officer, Director, and five Program Managers, three who share responsibilities of the Chief Nursing Officer. The team is supported by one administrative assistant and two epidemiologists. Service Level Agreements exist with the Municipality of Chatham-Kent for Human Resource and Organizational Development, Legislative, Finance, Information Technology, and Building Services.

The Chatham-Kent Board of Health would like to express concern that more consultation was not undertaken prior to the writing of the report. Some of the recommendations outlined in the report reflect best practice and are occurring in many health unit areas, including Chatham-Kent, without the need to overhaul and disrupt the entire provincial public health system. When local capacity is potentially compromised, health unit staff contact a neighbouring health unit or community partner for support, advice and assistance. Health units experiencing ongoing capacity issues and demonstrate the need for amalgamation should be provided resources, support, and guidance to do so. Addressing local needs and responding to those needs in a way that makes sense to the community, has always been a fundamental belief of public health. Forcing health units to report to a regional Board of Health strips the local leadership of the ability to meet local needs in a way the community desires those needs to be met. By removing public health oversight and governance from the local community it further silos public health from the local community health, education, and social services networks. In Chatham-Kent, this move would significantly impact the work completed over the last several decades to build community, working together collectively to improve the quality of life for all Chatham-Kent citizens.

The expert panel has indicated that the current organization of public health units has a negative impact on the capacity of smaller health units, further indicating that boundary changes are necessary to enhance public health capacity and effectiveness, and to help public health be

more integrated with the rest of the health system. Evidence to support this broad assertion is not provided. In conversation with numerous other small health units, none were contacted by a member of the expert panel to assess needs or concerns regarding capacity or integration with the local health system. Chatham-Kent has made great strides, working collaboratively with the Municipal Human Resources and Organizational Development Department to ensure the recruitment, onboarding, and retention of skilled public health workers and provides quality services tailored to local needs.

Working effectively within the health system, Chatham-Kent Public Health sits on numerous committees and works on multiple projects together, sharing and contributing both human and financial resources. The expert panel has not acknowledged the significant work public health does in partnership and collaboration with all sectors in the community. Meeting the public health mandate would not be possible if health units focused on integration and partnership with only the health care sector. The benefits of local municipal integration in addressing all aspects of public health is absent from the analysis. Chatham-Kent Public Health partners and collaborates with organizations from the public, private, and non-profit sectors to address the social determinants of health. Chatham-Kent Public Health supports the fundamental underpinning of public health – public health is not primarily about health care, it is about improving the well-being of everyone.

Organizationally, Chatham-Kent Public Health is a municipal department, with health unit leadership participating in all levels of municipal operations. Service Level Agreements acknowledge the services provided to Chatham-Kent Public Health and public health employees. Everything from recruitment and onboarding to procurement and accounts payable. From legal support to snow removal, all support and administrative services are provided by employees from other municipal departments. As experts in their field, employees working in the public health department are afforded the ability to focus on the work of public health, knowing their municipal colleagues are there to provide support services. While the Board acknowledges the report is not just about one health unit or one region, any type of organizational structure change will have significant implications to Chatham-Kent.

Synergies between public health and numerous municipal departments allow the delivery of programs and services with significantly greater reach, serving more citizens than public health would be able to do on their own. The greater the reach of services, the greater number of clients served. While synergies may also be found in a regional system, the Chatham-Kent Board of Health firmly believes that the benefits of a centralized regional system do not outweigh the negative impact on local planning and collaboration. Creating a regional board of health for Erie St. Clair that will oversee public health programs and services in twenty municipalities, creates amalgamation issues and concerns that will be discussed and potentially remain unresolved for decades, despite the establishment of local public health service delivery areas. Although one of the guiding principles of the Expert Panel's report is to maintain and enhance local relationships, history has demonstrated that moving towards any type of regionalized structure impacts the close relationships that municipalities and other community partners have with public health.

The report does not identify any consultation with health units currently embedded in a municipal structure. While the Chatham-Kent Board of Health acknowledges that the implementation of recommendations was not the mandate of the expert panel, recommendations indicating such a monumental shift in organizational structure would have benefitted from an in-depth analysis regarding the unintended consequences of the recommendations. Something as simple as bringing together Information Technology departments as part of centralizing administrative services creates challenges as IT systems, processes, information management, infrastructure and system capabilities vary between health units. Chatham-Kent Public Health Unit's

Information Technology systems are embedded in the municipal system and totally supported by the Municipal IT Department. The potential for significant data loss and security risks occur when health units are separated from their current IT system and amalgamated into the designated host system. If administrative functions are centralized, considerations on the impact of disentangling these services from the municipal fold must be addressed.

The panel indicates that, Public health units of the future will require leaders with broad-based skills that encompass strong demonstrated organizational and business management, relationship management, strategic planning and performance management skills as well as extensive public health experience. The Chatham-Kent Board of Health is proud of the extensive background and experience held by their leadership team. Senior staff hold Master's Degrees in public health, nursing, business, epidemiology, and leadership, with one member having a Doctorate in Public Health. Significant skills and competencies also exist with Chatham-Kent's front-line workforce with half of the employees having at least 10 years of public health experience. Once again, the Board is concerned that recommendations have been made without significant consultation regarding staffing capacity, experience, and competencies of current public health employees, many who have dedicated their careers to public health and their communities.

Just over five years ago Chatham-Kent secured a full-time Medical Officer of Health who works with the Chief Executive Officer in a shared leadership model. The Expert Panel recommends this type of leadership at the regional level with the hiring of 14 additional Medical Officers of Health. While the Chatham-Kent Board of Health supports a shared leadership model they are not supportive of the hiring of 14 additional Medical Officers of Health without the ability to review and assess the evidence used by the Expert Panel to make this recommendation. Formalizing senior leadership relationships between health units would be a cost-effective way to maximize skills and expertise, facilitate knowledge transfer, and encourage shared services.

The expert panel report recommends OIC appointments, implying that the Province will be choosing Board Chairs and other key positions for the regional boards, completely removing local and even regional input. These positions are typically held by local public health champions. The Chatham-Kent Board of Health cannot support the establishment of 14 Regional Boards of Health coupled with the disintegration of 36 Local Boards of Health without significant discussion on municipal representation and financial responsibilities at this regional level. Programs and services that are based on local assessment and surveillance, address local needs, decrease gaps in local service and are delivered in community partnership deserve local oversight and governance. Public Health prides itself with protecting and promoting the health of its local community. Health happens at a local level, where we live, learn, work, and play.

As indicated previously, the Chatham-Kent Board of Health operates as an autonomous integrated board. It benefits from being integrated into the municipal organizational structure while maintaining its requisitioning and authoritative powers like all other autonomous boards. The Chatham-Kent Board of Health supports a board that is comprised of municipal, provincial, and citizen appointments, based on skills and competencies, with terms adjusted to ensure continuity of services.

Prior to the development of an implementation plan, we trust that local health units will be consulted for feedback. The Chatham-Kent Board of Health continues to provide programs and services in a time of significant fiscal restraint that meet the specific needs of our local community. If the Board of Health and the Municipality of Chatham-Kent are expected to contribute financially toward the implementation of the recommendations, local programs and services will be impacted, and our community will suffer.

In the Erie St. Clair LHIN catchment area, the current public health climate is one of collaboration and cooperation. This has led to innovative service delivery models to address specific local issues. We look forward to the opportunity to share these successes to help strengthen public health across the Province. We hope that the concerns shared in this letter demonstrate the need and importance of the local voice before any of the recommendations are implemented and changes are made to the Provincial public health system.

Discussion

Councillor C. McGregor appreciates the work that's gone in to preparing this letter; it is believed most feedback will be in a similar direction, however Chatham-Kent's response is a good description of how the local system works.

Ms. Pfaff also thanked staff for the work in preparing the response; stating it is well written and reflects the Board's concerns. Ms. Pfaff inquired if any other responses have been received yet. Dr. Rietdyk replied that although nothing has been received yet, conversations have had a similar tone. Councillor C. McGregor requested that the Chatham-Kent response be copied to other boards of health. Ms. Pfaff recommended copying the response to the Erie St. Clair LHIN. Councillor Faas shared he is interested to see the response from the Windsor-Essex Health Unit as their chair was on the Expert Panel.

Councillor B. McGregor moved, seconded by Councillor C. McGregor:

“That the Chatham-Kent response to the Report of the Minister’s Expert Panel on Public Health be approved and copied to all Ontario Boards of Health, the Erie St.Clair LHIN, as well as other community partners and stakeholders as appropriate.”

The Chair put the Motion.

Motion Carried

4. Education/Training -None

5. New Business

A. Items Requiring Action

- a) Chatham-Kent Public Health Risk Assessment- Phase Two, prepared by Teresa Bendo, Director, Public Health

Recommendation

It is recommended that:

1. The Chatham-Kent Public Health Unit Risk Assessment be approved.

Background

At the November 2016 Board of Health meeting the Board was presented an information report outlining the Chatham-Kent Public Health Unit's (CKPHU) progress towards the development of a formal risk management plan.

The development of the plan was broken down into three phases:

Phase one: Set the stage (2016)

- Orient management team to risk management
- Develop risk management policy
- Establish a risk management culture/ objectives of risk management program
- Define roles & responsibilities

Phase two: Develop the system (2017)

- Identify & assess risks
- Develop reporting mechanisms
- Identify current risk mitigation strategies
- Develop risk mitigation strategies

Phase three: Roll out (2017 and beyond)

- Assign responsibilities and resources
- Implement the program
- Review progress and revise
- Imbed as an ongoing process

This report provides a summary of Phase 2 of the risk management plan.

Comments

CKPHU's risk management plan (the Plan) provides a structured approach to identifying, assessing and managing organizational risk. The plan will incorporate a process for regularly updating and reviewing the assessment based on new developments or actions taken.

The Plan involves four steps: identifying risks, analyzing and categorizing risks, managing risks, and monitoring risks.

1. Identifying Risk:

When identifying risks, CKPHU is committed to ensuring appropriate measures are put in place to:

- safeguard the safety of staff, students, clients;
- ensure ongoing operations of CKPHU;
- protect the assets of CKPHU; and
- protect the reputation and goodwill of CKPHU.

To support the above objectives, the following main categories are used to identify potential risks. These include:

1. Financial
2. Governance/organizational

3. Human Resources
4. Knowledge/Information
5. Technology
6. Legal/Compliance
7. Service Delivery/Operational
8. Environment
9. Political
10. Stakeholder/Public Perception
11. Strategic/Policy
12. Accountability/Governance
13. Security
14. Privacy

2. Analyzing and Categorizing Risk:

In this step in the process, CKPHU assesses the likelihood of each risk occurring and the potential impact if the risk was to occur.

CKPHU is using a simplified low, medium, high likelihood scale based on the following:

Likelihood	Description
High	Has happened frequently or has a very significant chance of happening in the future
Medium	Has happened occasionally or has a reasonable chance of happening in the future
Low	Has happened infrequently or is not expected to happen in the future

A similar scale is being applied to determine the impact if a risk was to occur:

Impact	Description
High	This would have a major impact on services
Medium	This would have some impact on services
Low	No service impact or negative effects are expected

Using these two scales and the fourteen categories CKPHU has developed its risk assessment, which is attached as Appendix 1.

3. Managing Risk:

Controls, procedures, policies and other strategies will be prioritized annually. Additional focus will be paid to issues which fall into three areas:

- High likelihood and high impact
- High likelihood and medium impact
- Medium likelihood and high impact

This chart outlines the risk management priorities for 2017-2019.

Risk Sub-section	Actions to be taken/ being taken	2017-2019
Inadequate funding/ resource allocation	Implement annual program budget marginal analysis process Continue advocacy from Board of Health	2017- ongoing
Organizational performance management framework	Continue planning and evaluation framework implementation Implement the new Service Plan requirements of the MOHLTC in 2018	2017- ongoing
Constructive/healthy labour relations environment	Continue regular meetings with unions, inform unions of issues that may impact their membership	ongoing
Province's policy direction (Patients First/ Public Health transformation)	Continue communication to staff Actively participate on food safety and chronic disease protocol workgroups Provide feedback on revised protocols, guidelines, Expert Panel reports as requested Review the new Standards and reallocate staff to respond to those Standards	2017-19
External Communications	Reallocate resources in order to have a greater focus on external communications/ promotions of public health programs and services and health and risk communications messaging	2018

4. Monitoring Risk:

This risk management plan will be reviewed on an annual basis to determine if revisions/ changes are required. Updates will be brought to the Board of Health for information.

Areas of Strategic Focus and Critical Success Factors

The recommendation in this report supports the following areas of strategic focus:

- Economic Prosperity:
Chatham-Kent is an innovative and thriving community with a diversified economy
- A Healthy and Safe Community:
Chatham-Kent is a healthy and safe community with sustainable population growth
- People and Culture:
Chatham-Kent is recognized as a culturally vibrant, dynamic, and creative community
- Environmental Sustainability:
Chatham-Kent is a community that is environmentally sustainable and promotes stewardship of our natural resources

The recommendation in this report supports the following critical success factors:

- Financial Sustainability:
The Corporation of the Municipality of Chatham-Kent is financially sustainable
- Open, Transparent and Effective Governance:
The Corporation of the Municipality of Chatham-Kent is open, transparent and effectively governed with efficient and bold, visionary leadership
- Has the potential to support all areas of strategic focus & critical success factors
- Neutral issues (does not support negatively or positively)

Consultation

The Director, Financial Services; Manager, Learning & Organizational Development; and Director, Information Technology Services were consulted to provide feedback related to their departments and areas of expertise to develop the CKPHU risk assessment.

Financial Implications

There are no financial implications as a result of this report.

Discussion

Ms. Bendo indicated that she met with the management team, IT and Finance to develop the risk assessment. This identifies the action plan that is consistent with items in strategic plan for the upcoming years.

Mr. Carnahan moved, seconded by Councillor C. McGregor:

“The Chatham-Kent Public Health Unit Risk Assessment be approved.”

The Chair put the Motion.

Motion Carried

B. Information Reports to be received

a) Director's Report, verbal report by Teresa Bendo, Director, Public Health

Ms. Bendo provided the following updates:

Twelve Chatham-Kent Public Health employees will be honoured at the 2017 Municipal Service Awards; these employees' lengths of service range from 10 to 35 years.

2018 budget preparation is in progress. Administration will be preparing a draft budget with no increase for 2018 in anticipation of the continuing funding freeze.

An early look at the draft annual service plan template was received, there will be a change for organizational standards reporting. With the new accountability agreement that will come in 2018, each program will be expected to provide information on community need, key stakeholders, budget, interventions and their objective, as well as indicators for success. There will be a new way of reporting to the Province; this will be a phased-in approach with full implementation anticipated by 2021.

There is a new partnership between the Health Unit, Council and local curling clubs for 2018. At the last Council meeting, \$30,000 from the Public Health reserve was set aside for the Pinty games, a curling event. The Health Unit will be working with local curling groups to promote physical literacy.

Dr. Peter Donnelly, CEO of Public Health Ontario (PHO) visited the Health Unit on October 3. The Health Unit management team met with Dr. Donnelly and discussed existing accomplishments as well as current and future partnership opportunities.

Councillor C. McGregor moved, seconded by Ms. Pfaff that:

"The October verbal Director's report be received."

The Chair put the Motion.

Motion Carried

b) Oral Health Status Report, prepared by Laura Zettler, Epidemiologist

Background

As outlined in the Child Health Standard of the Ontario Public Health Standards (OPHS), public health units in Ontario work toward several outcomes related to oral health of children, including:

- timely and effective detection and identification of children at risk of poor oral health outcomes, their associated risk factors, and emerging trends;

- children in need of preventive oral health services receive essential clinical preventive oral health services;
- timely and effective detection and identification of communities with levels of fluoride outside the therapeutic range;
- children in need of emergency and essential oral health care have access to such care; and
- children from low income families have access to oral health care.

Under the OPHS, boards of health are mandated to conduct oral health screening of children in schools and refer individuals that may require treatment; provide the Healthy Smiles Ontario (HSO) Program, and monitor community water fluoride levels. Public health units are also required to increase public awareness of oral health at the community level using health promotion and policy approaches. The Oral Health Assessment and Surveillance Protocol of the OPHS further outlines that the board of health shall receive an annual report on oral health surveillance findings.

The purpose of this report is to provide highlights of the 2016 Oral Health Status Report. A copy of the report is attached as Appendix A.

Comments

Oral Health in Chatham-Kent, 2016 Report Highlights

Self-reported oral health status

Eighty percent of Chatham-Kent residents 12 and older reported having good oral health. Perceived good oral health varied with household income level, with those in lower income categories being less likely to report good oral health. Females were more likely than males to report good oral health, and Chatham-Kent youth ages 12 to 19 were less likely to report good oral health compared to Ontario youth overall.

About 40% of the Chatham-Kent population 12 and older self-reported some type of oral or facial pain, with the most commonly reported type of pain being sensitivity to hot or cold. Prevalence of oral or facial pain varied with household income level with those in lower income categories reporting higher prevalence; females were more likely to report pain compared to males; and overall prevalence among Chatham-Kent residents was lower compared to Ontario. Frequent tooth or gum pain specifically was reported by 12% of Chatham-Kent residents, which was also higher among females compared to males and varied with household income.

About 14% of the Chatham-Kent population 12 and older, and nearly 50% of adults 65 and older, reported wearing dentures. Furthermore, approximately 10% reported having permanent teeth removed by a dentist in the past year, with highest rates among youth aged 12 to 19 and lower income groups. Those in the lowest education category and income group were least likely to report having all of their natural teeth.

Over 90% of Chatham-Kent residents age 12 and older reported no social limitations due to their oral health status. According to provincial estimates, prevalence of social limitations decreased as household income increased.

Self-reported oral health behaviours

About 70% of Chatham-Kent residents 12 and older reported brushing their teeth twice daily, which was lower compared to the Province. Chatham-Kent females were more likely to report brushing twice daily than males. Approximately 70% reported visiting the dentist in the past year, and 70% reported usually visiting the dentist annually. According to provincial estimates, females were more likely than males to report these behaviours, as were 12 to 19 year olds, the youngest age group. Those in the highest income category were more likely to report visiting the dentist in the past year and usually visiting annually.

Over 90% of Chatham-Kent households with children age six and under reported that an adult brushes the child's teeth at bedtime. Over 75% of households reported children not seeing the dentist by their 1st birthday.

Social factors and oral health

About 64% of the Chatham-Kent population 12 and older reported having dental insurance, with adults 65 and older being least likely to report having insurance for dental expenses. Those in the highest income group were most likely to report having insurance, and employer-sponsored plans were the most common type of dental insurance reported.

For Chatham-Kent residents, oral-related diseases resulted in more emergency room visits compared to oral-related injuries, with an annual average of about 750 and 250 ED visits per year, respectively. Chatham-Kent rates for both diseases and injuries were higher in comparison to the Province. Young adults age 20 to 39 had the highest rates of emergency room visits related to oral diseases; children under five had the highest rates of emergency room visits due to oral injuries. Rates of day surgeries for dental caries were highest among children under 10, and were significantly higher in Chatham-Kent compared to Ontario.

Most of Chatham-Kent households on municipal water receive fluoridated water, with the exception of the area along the Municipality's western border (Tilbury/Wheatley and surrounding area). When asked about support for community water fluoridation, over half of Chatham-Kent residents 18 and over said they were in support.

Student oral health surveillance

Approximately 3000 students across 44 schools were screened annually by the Oral Health Team at the Chatham-Kent Public Health Unit. Prevalence of tooth decay ranged from about 20% of junior kindergarten students to over 50% of grade 2 students. Junior kindergarten students had the highest rate of untreated dental caries; the prevalence of untreated tooth decay was highest among grade 2 students. Across all grades screened, around 90% of children required no dental care.

Consultation

The manager and staff from the Oral Health Team were consulted on the content and findings of this report, and were asked to provide feedback and further context where needed.

Financial Implications

There are no financial implications. Costs incurred were covered within the current budget.

Discussion

Ms. Zettler shared a PowerPoint presentation to support the report, reiterating the fact that those in lower income categories were likely to report complications due to poor oral health. Staff reinforce messaging around the importance of a child seeing a dentist by their first birthday; the most prominent reason for a child not seeing a dentist before their first birthday was the dentist saying it's too early for a check-up.

Mr. Carnahan complimented staff on an excellent report, asking how many Chatham-Kent respondents were in the survey sample. Ms. Zettler indicated this is a Canadian community health survey with combined sampling, so she would have to check, further explaining this information comes from Stats Canada; oral health is just one module on that survey. The survey is geared to give estimates at health unit region levels.

Ms. Pfaff commented on the link between this report and item 909 in the October Board of Health package, the report from Ontario Oral Health Alliance regarding access to public dental programs in Ontario. Ms. Pfaff asked if it would be beneficial to send a response to the government to challenge difference in the fee schedule. Ms. Bendo replied that a report will be coming on this topic at an upcoming Board meeting.

Councillor C. McGregor reported that this issue has been brought to alPha's Annual General Meeting and has been made a top priority.

Dr. Colby stated a report was made to the Community Leader Cabinet (CLC) regarding the gap in adult emergency dental care. Adults in dental pain presenting at an emergency room are typically given antibiotics and pain medications; the cause of the dental pain is not addressed. The CLC voted to defer the issue to Council for consideration of political action. This issue will come to an upcoming Council meeting with Dr. Colby's support.

Mr. Carnahan raised a question from information on page four of the staff report, around how some health units obtain their dental services. Stacy Rybansky, Program Manager Clinic Services, replied that there are several challenges in regard to health unit-housed clinics, and may be difficult to sustain. Mr. Carnahan inquired if there was any information in item 909 that Chatham-Kent could build on? Ms. Rybansky replied that the Health Unit has looked into hiring a dentist, and discussed different remuneration models. The challenge is having the capacity to support.

Councillor Faas questioned that if the Municipality is committed to fluoridated drinking water, why are the Wheatley and Tilbury drinking water systems not fluoridated? Dr. Rietdyk replied that these are separate intake lines and the question would need to be directed at the Public Utilities Commission.

Motion

Councillor C. McGregor moved, seconded by Councillor B. McGregor that:

“The Oral Health Status Report be received.”

The Chair put the Motion.

Motion Carried

- c) 2016 Chronic Disease and Associated Health Behaviour Reports, prepared by Kate Turner, Epidemiology Student

Background

As outlined in the Chronic Disease Prevention standard of the Ontario Public Health Standards (OPHS), public health units across Ontario work to reduce the burden of preventable chronic diseases of public health importance by addressing the following outcomes:

- Epidemiology influences the development of healthy public policy and its programs and services for chronic disease prevention.
- Increased awareness among community partners about the factors associated with chronic diseases that are required to inform program planning and policy development.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of chronic diseases.
- The public is aware of the importance of healthy eating, healthy weights, comprehensive tobacco control, physical activity, reduced alcohol use, and reduced exposure to ultraviolet radiation.
- The public is aware of the benefits of screening for early detection of cancers and other chronic diseases of public health importance.
- Priority populations have food skills and adopt healthy eating behaviours.
- Priority populations adopt tobacco-free living.
- Tobacco vendors are in compliance with the Smoke-Free Ontario Act.
- Youth have reduced access to tobacco products.

The Population Health Assessment and Surveillance Protocol (2016) outlines that boards of health are to collect, analyze, and report on population health data and information on the prevalence of chronic diseases and associated risk factors and preventative health practices. The purpose of this report is to provide an overview of the 2017 Health Status Reports: Chronic Disease and Cancer, and Chronic Disease Associated Health Behaviours. Copies of the full reports are available on the Chatham-Kent website. Copies of the summary reports are attached as Appendix A and Appendix B respectively.

Comments

Chronic Disease and Cancer in Chatham-Kent, 2017

When compared to Ontario, Chatham-Kent had significantly higher hospitalization rates for cardiovascular disease, ischemic heart disease, cerebrovascular disease, stroke, respiratory disease, lower respiratory disease, chronic obstructive pulmonary disease (COPD), and diabetes during 2015; and in 2012 had significantly higher mortality rates for cardiovascular disease, ischemic heart disease, lower respiratory disease, COPD, and diabetes.

When compared to Ontario, Chatham-Kent had significantly higher incidence rates for colorectal cancer and significantly higher mortality rates for all malignant cancers during 2012.

During 2013-14, the greatest self-reported chronic problems for Chatham-Kent were high blood pressure (approximately 15%), mood disorders (approximately 10%), and diabetes (approximately 8%).

Chronic Disease Associated Health Behaviours in Chatham-Kent, 2017

During 2013-14, 24% of Chatham-Kent adults reported smoking daily or occasionally. This proportion was greatest among those aged 20-44, greatest among those within the lowest household income category, greatest among those who graduated from high school, and greater among males as compared to females. Chatham-Kent experienced higher proportions of adult daily or occasional smoking when compared to Ontario.

During 2013-14, 51% of Chatham-Kent adults reported being inactive during leisure time. This proportion was greatest among those aged 45-64, greatest among those within the second lowest household income category, greatest among those who had some post-secondary education, and greater among females as compared to males. Chatham-Kent experienced higher proportions of leisure time inactivity when compared to Ontario.

During 2013-14, 68% of Chatham-Kent respondents reported consuming vegetables and fruit less than five times per day. This proportion was greatest among those aged 20-44, greatest among those within the lowest household income category, similar across educational attainment, and greater among males as compared to females. Chatham-Kent experienced lower proportions of vegetable and fruit consumption when compared to Ontario.

During 2013-14, 64% of Chatham-Kent adults self-reported as overweight or obese. This proportion was greatest among those aged 65 and older, greatest among those within the second highest household income category, greatest among those who had completed some post-high school education, and greater among males as compared to females. Chatham-Kent experienced higher proportions of self-reported overweight and obesity when compared to Ontario.

During 2013-14, 30% of Chatham-Kent females reported exceeding the low-risk drinking guidelines for either chronic disease or injury and acute effects. This proportion was greatest among those aged 12-18, greatest among those within the lowest household income category, and greatest among those who did not graduate high school. During 2013-14, 53% of Chatham-Kent males reported exceeding the low-risk drinking guidelines for either chronic disease or injury and acute effects. This proportion was greatest among those aged 12-18, greatest among those within the lowest household income category, and greatest among those who did not graduate high school. Chatham-Kent experienced lower female and higher male proportions of exceeding the low-risk drinking guidelines when compared to Ontario.

During 2012, 32% of Chatham-Kent respondents 18 years and older reported having been sunburned within the past 12 months. This proportion was greatest among those aged 18-44, greatest among those within the highest household income category, greatest among the highest educational attainment category, and greater among males as compared to females.

Consultation

The manager and staff of the chronic disease and injury prevention team were consulted on the content and findings of this report and were asked to provide feedback and further context where needed. Members of the foundational standards team were consulted for guidance around report generation.

Financial Implications

There are no financial implications. Costs incurred were covered within the current budget.

Discussion

Ms. Turner shared a PowerPoint presentation regarding the report. Ms. Pfaff thanked Ms. Turner for the excellent report, stating it validates many Board of Health discussions. The Board was asked if they would be willing to share this report with Council to help inform decisions from a health perspective.

Councillor C. McGregor moved, seconded by Councillor B. McGregor that:

“The 2016 Chronic Disease and Associated Health Behaviour Reports be received, and an information report and presentation be shared with Council at an upcoming Council meeting.”

The Chair put the Motion.

Motion Carried

C) Items to be Received and Filed

Mr. Carnahan moved, seconded by Councillor C. McGregor:

“That items a) to e) be received and filed.”

- a) Association of Local Public Health Agencies (ALPHA) Information Break, dated September 19, 2017
- b) CK Food Policy Council Minutes from its meeting held May 10, 2017
- c) Letter from ALPHA, dated October 4, 2017, regarding announcement of new Executive Director
- d) Report from Ontario Oral Health Alliance regarding access to public dental programs in Ontario
- e) Letter from Chatham-Kent CAO Don Shropshire to the Board of Health regarding 2018 budget proposal

The Chair put the motion.

Motion Carried

6. Non-Agenda Items- None

7. Time, Date and Place for the Next Meeting of the Board

The next meeting of the Board will be held Wednesday, November 15, 2017 at the Health and Family Services building, 435 Grand Ave. W., Chatham, with the open portion of the meeting to start at 11:00 a.m.

8. Adjournment

Moved by Councillor B. McGregor that the meeting be adjourned at 12:08 pm.

Joe Faas, Chair