

Chatham-Kent Board of Health

Minutes

Wednesday, December 20, 2017

10:30 a.m.

Call to Order

Present: Councillor Joe Faas, Chair
Councillor Brock McGregor (arrived at 11:00)
Councillor Carmen McGregor
Councillor Bob Myers, Vice-Chair
Ms. Noreen Blake
Mr. Ron Carnahan
Ms. Sharon Pfaff
Teresa Bendo, Director, Public Health
Dr. David Colby, Medical Officer of Health
Dr. April Rietdyk, General Manager, Health and Family Services (Left at 11:00)
Lisa Powers, Executive Assistant, Health and Family Services

Regrets: None

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. Recess To Closed Session

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

“That the Board of Health move into a Closed Session Meeting pursuant to Section 239 of the Municipal Act, 2001, as amended, for the following reasons:

- Labour relations or employee negotiations in regard to CUPE Local 12.3.

Education on Cannabis to be deferred to January, 2018 meeting.

The Chair put the Motion.

Motion Carried

3. Adjournment Of Closed Session

4. Resumption of Open Board of Health Meeting – 11:00 a.m.

5. Minutes of the Board Meeting of October 17, 2017

Ms. Blake moved, seconded by Mr. Carnahan:

“That the minutes of the October 17, 2017 Board of Health meeting be approved.”

The Chair put the Motion.

Motion Carried

6. Business Arising from the Minutes - None

7. Education/Training

Income Security and Ontario’s Roadmap for Change, Presentation by Valerie Colasanti, Director, Employment and Social Services

Ms. Colasanti shared a PowerPoint presentation regarding changes to the Social Assistance program. This is a high level overview of the full report; consultation and feedback are being accepted via email by the Ministry until January 2.

The new Income Security and Ontario’s Roadmap for Change (the Roadmap) is very different than the basic income pilot. The Roadmap is a broader reform across the whole social services sector.

Background:

- The income security system was designed for the workforce of the past, where many people had long-term, well-paying jobs.
- Today, low-paying, part-time jobs of short duration are much more common.
- Many people have long-standing barriers to work and social inclusion due to:
 - intergenerational poverty
 - history of colonialism
 - mental health and addiction issues.
 - More people turn to social assistance as a “first resort” despite the limitations of these programs.

Essential needs are increasingly out of reach for many people, meaning it’s harder for people to climb out of poverty. More people have disabilities and are facing barriers to employment and social inclusion and higher costs of living. Poverty and low-income are negatively impacting people’s health and well-being, and systemic racism and discrimination are contributing to entrenched inequity.

Poverty costs 32-38 billion dollars a year in Ontario. Ontario has taken steps to combat poverty through the Poverty Reduction Strategy as well as efforts aimed at ending homelessness and forging a new relationship with Indigenous peoples through reconciliation. The Ontario government tasked three working groups to examine the income security system and make recommendations on improvements. This will be a multi-year plan identifying steps needed to reach a modern, responsive and effective system to help those most affected by poverty and keep others from falling into poverty, thereby improving our overall prosperity.

In Chatham-Kent, there is a large working poor population. To keep this population off social assistance there needs to be a combination of supports to address basic needs and encourage social inclusion to develop a healthy workforce and community.

Key areas for reform include:

- Achieving income adequacy over a 10-year period
- Engaging the whole income security system
- Transforming social assistance
- Helping those in deepest poverty
- Engaging with Indigenous and First Nations peoples

Actions in the first three years of this multi-year plan are designed to target those most in need and build momentum for further change. Many of these reforms will require ongoing dialogues with several groups.

Individuals will feel a greater sense of control over their lives, their essential needs will be met and they will find it easier to use the system thereby feeling more empowered to achieve personal success. For the system, support and services are modern and effective and delivered efficiently with improved transparency.

The Roadmap is posted, with 60 days for public consultation. Recommendations will go to the Treasury Board by the end of January.

Some of the social assistance improvements include: targeted rate increases for single people in receipt of Ontario Works; increases to asset limits; exemption of child support and all federal child benefits; simplified medical review process; Implementation of Healthy Smiles Ontario, and; initiatives under the Long Term Affordable Housing Benefit (Portable Housing Benefit).

Discussion

Councillor C. McGregor thanked Ms. Colasanti for her presentation, asking if there will be any support for people over 65 in terms of dental care under this strategy. Ms. Colasanti replied that while we are seeing more seniors request these types of services, there is nothing in place for them currently. Councillor Myers raised the issue of housing, specifically does housing subsidy take into account the whole family income or just one individual. Ms. Colasanti clarified that everyone in the household is taken into account. Housing benefits are typically only to cover rent, however there is some funding for up to six months to help with mortgage payments. As housing needs to be sustainable, if a mortgage is not sustainable is it a viable housing solution? Staff will help clients to see if all income is being claimed (i.e. CPP etc.) if there is no other income, then it might be more sustainable for the client to move; six months buys time to make those plans. Ms. Pfaff asked how we educate people on these issues and make people aware that we do have a problem in Chatham-Kent. Ms. Colasanti replied that staff make presentations at Council and in the community, but are hoping to do more web-based promotion, including using the new municipal community engagement tool. Councillor C. McGregor suggested creating YouTube videos. Dr. Colby offered his professional compliments for this clear and welcome presentation.

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

“The presentation on the new Social Services Roadmap be received, with Board of Health support for proposed changes.”

The Chair put the Motion.

Motion Carried

8. New Business

A. Items Requiring Action

- a) Chatham-Kent Board of Health 2018 Meeting Schedule, prepared by Dr. April Rietdyk, General Manager, Health and Family Services

Recommendation

It is recommended that:

1. The following dates be set as meeting dates for the Chatham-Kent Board of Health for 2018:
 - Wednesday, January 17, 2018
 - Wednesday, February 21, 2018
 - Wednesday, March 21, 2018
 - Wednesday, April 18, 2018
 - Wednesday, May 16, 2018
 - Wednesday, June 20, 2018
 - Wednesday, September 19, 2018
 - Wednesday, October 17, 2018
 - Wednesday, November 21, 2018
 - Wednesday, December 19, 2018

Background

The Chatham-Kent Board of Health meets in accordance with the Chatham-Kent Board of Health Meeting Procedures, Section III - 3 of the General Policy and Procedure Manual. The policy states:

“The regular monthly meeting of the Board shall be the third Wednesday of each month, except in July and August, commencing at the hour of 11:00 a.m., unless otherwise ordered by a Board Resolution or as soon as possible after inclement weather has forced postponement of the meeting. The closed session will precede the regular meeting and will begin at 10:30 a.m. As per Section 52 of the Health Protection and Promotion Act, a majority of the Board members will constitute a quorum of the Board of Health.

Administration will prepare the agenda monthly, with the exception of July and August but if the occasion arises where important business cannot be completed at the meeting, the Chair of the Board will arrange a subsequent meeting.”

Comments

The proposed dates follow the direction of the policy in that they fall on the third Wednesday of the month. However, the Board has, on occasion, chosen to move the June meeting to the last Wednesday in the month, to shorten the time between the June and September meeting.

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 Chatham-Kent Public Health General Policy and Procedure Manual was utilized for direction.

Financial Implications

There are no financial implications as a result of the recommendation.

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

“The Chatham-Kent Board of Health 2018 meeting schedule be approved.”

The Chair put the Motion.

Motion Carried

B. Information Reports to be received

- a) December Director's Update, prepared by Teresa Bendo, Director, Public Health

Background

The purpose of this report is to provide an overview of current events or issues arising at the Chatham-Kent Public Health Unit (CKPHU).

Comments

2017 Program Based Budget approval and Amendment to Accountability Agreement

On November 15, 2017, CKPHU received its 2017 budget approval from the Ministry of Health and Long Term Care (MOHLTC).

This letter confirmed an increase to the base budget of up to \$150,000 to implement a harm reduction program to respond to the Province's opioid crisis. This funding was announced earlier this year.

CKPHU also received a total of \$216,400 one-time funding to:

- implement the Panorama immunization program (\$70,300);
- implement Smoke-Free Ontario expanded smoking cessation program for priority populations (\$15,300); and
- make capital upgrades to the vaccine refrigerator room (\$130,800).

A copy of the funding letter and accountability agreement amendment number five can be found in the December 2017 Board package in section 6C.

Public Health Summit- Release of Standards

On November 16, 2017 the Ministry of Health and Long Term Care released the Ontario Public Health Standards: Requirements for Programs Services and Accountability (formerly Ontario Public Health Standards, 2008). These will come into effect January 1, 2018, though full implementation is not expected on this day.

The Standards are supported by protocols to provide direction on how requirements are to be operationalized, and guidelines on how boards of health must apply the requirements. Eight protocols and one guideline were also released. The remaining protocols and guidelines will be released before the end of December.

Some key highlights include:

- a new Health Equity standard that provides direction on engaging with First Nations and Indigenous communities;
- there will be flexibility to re-allocate funding across programs;
- Public Health Ontario will develop population health indicators provided centrally to inform board of health and LHIN collaboration;
- mental health promotion is now a required topic; and
- the vision screening protocol will screen students in kindergarten and will be implemented beginning September 2018.

Draft indicators and the transparency framework were also released. To support enhanced transparency boards of health will be required to provide public access to standardized annual reports and performance reports

Finally, the template for the new service plan and 2018 budget submission was released. Training on this tool will be provided to public health units December 11 and 13, 2017. The deadline for submission will be March 1, 2018.

Indigenous Cultural Safety Training

To support the commitment to implementing Call to Action number 23 of the Truth and Reconciliation Commission, and further the strategic objective to strengthen the relationship with Indigenous communities, public health staff will be participating in an 8-hour, on-line cultural safety training course in partnership with the LHIN and health care organizations.

Upon course completion, participants will be able to:

- describe the diversity of Indigenous peoples within Ontario;
- describe colonial policies specific to Residential Schools & Indian Hospitals;
- describe the impact of colonization on current Indigenous health care issues;
- discuss the significance of health disparities to health care providers;
- define culture, race, and social identity;
- define the role of self-awareness in cultural safety;
- understand the ways in which assumptions and stereotypes affect levels of care within a health care setting; and
- develop strategies to build collaborative relationships with Indigenous peoples.

An invitation to attend this on-line training is extended to members of the Chatham-Kent Board of Health.

Consultation

There was no consultation required in producing this information report.

Financial Implications

There are no financial implications with this information report.

Discussion:

Ms. Bendo informed the Board that the 2017 budget approval was received on November 15; the Board can expect additional financial reports with respect to year end variance, service plan and budget in the New Year. More information in the standards is expected by the end of the year and will be shared with the Board in the New Year. Both the budget and service plan are due March 1, 2018.

Councillor B. McGregor requested an update on the additional harm reduction funding. Ms. Bendo stated that there are three key elements to this funding:

1. A situational assessment – a Public Health Nurse is currently working to complete this and to develop a harm reduction strategy.
2. Implement a naloxone program – The Health Unit is working on this; currently in place for overdoses situations, the most recent direction is to provide to police and fire personnel as well.
3. Real-time data evaluation with community partners.

Dr. Colby raised the issue that having the current year's budget approved so late in the year makes it difficult to do any type of pro-active planning or community partnerships. Councillor C. McGregor informed the Board that alPHA has a new area on their website where lobbying requests can be made. Ms. Bendo stated this will begin to be addressed in 2018 by acknowledging a difference between fiscal and calendar years and offering some flexibility to use funds until March 31. There may also be other opportunities to use funds more efficiently, though it is not known what that process will look like.

b) 2017 Community Mental Health Survey, prepared by Laura Zettler, Epidemiologist

Background

The current Ontario Public Health Standards (OPHS) do not explicitly address the issue of mental health or mental illness in great detail. Aspects related to mental health are outlined in the Chronic Disease and Injury Prevention program standards, specifically in relation to addressing stress in the workplace, and the misuse of alcohol and other substances in the population. The Family Health program standards also touch on aspects of mental health and well-being in addressing healthy pregnancies, positive parenting, health family dynamics, and healthy child development. The Population Health Assessment and Surveillance protocol refers to these same areas as far as monitoring health status in relation to mental health.

The Standards for Public Health Programs and Services Consultation document outlines mental health in a more explicit way. Mental health promotion is listed as a topic to be addressed based on assessment of local need in the proposed Healthy Growth and Development, School Health, and Chronic Diseases and Injury Prevention, Wellness and Substance Misuse program standards. Furthermore, mental illness is specifically referred to as a chronic disease of public health importance that public health works to reduce the burden of in the population.

Many people may face mental health challenges at some point in their lives, either personally or through a friend or family member. It is estimated that one in five Canadians will experience a mental health problem or illness in a given year. Mental health is an important issue and it is critical that communities work towards eliminating the stigma that exists around mental illness. To get a better local picture of mental health awareness, attitudes and knowledge of supports and services, Chatham-Kent Public Health Unit and Lambton Public Health partnered with Ipsos Public Affairs to conduct community surveys in both health unit regions.

Comments

Survey Objectives and Methodology

The key objectives of the survey were to examine:

- The mental well-being of community members;

- Attitudes about mental health/mental illness, including comfort level with concepts of mental health and mental illness;
- Mental health literacy, meaning an individual's skills, knowledge, attitudes and beliefs to take care of their own mental health; and,
- Awareness of and access to supports and services, online and in the community, and from primary care providers.

The survey was developed in close collaboration with Lambton Public Health and Ipsos Public Affairs, making use of validated questions from other Ipsos and provincial and national survey tools. Ability to replicate the survey in the future to examine change over time and to say the results were representative of the general Chatham-Kent population, were key considerations in developing survey questions. The survey was designed to take about 15 minutes to complete over the phone, and participants were selected using a dual frame design to reach a sample of landline respondents and a sample of cell phone respondents. Quota targets were set to obtain a representative sample of residents (18 and older) by gender, age, and geographical areas (urban, semi-urban and rural). The survey was conducted from June 22 to July 9, 2017 and achieved a total sample of 538 Chatham-Kent residents.

Survey Results

Well-being of the community

Nearly 70% of Chatham-Kent adults (18 and older) perceived their mental health to be very good or excellent. The groups that were less likely to report positive mental health were younger adults and those in lower income households. Those with a diagnosed chronic illness were more likely to rate their mental health as fair or poor. Overall, residents of Chatham-Kent reported a high level of emotional well-being, with the majority (over 80%) saying they were interested in and satisfied with life, and happy. A strong sense of psychological well-being was also reported with the majority (over 80%) saying they have warm and trusting relationships, a sense of direction in life, and the ability to manage daily responsibilities. Social well-being among residents on the other hand, was rated lower in comparison to emotional and psychological well-being: two-thirds said they felt they belonged to a community and felt they had something important to contribute to society, but less than half felt positive about society more broadly.

Prevalence of mental health issues and mental illness

About 23% of respondents reported ever being diagnosed with a mental illness, which was higher among younger adults, lower income households and those with a chronic illness. Furthermore, about one in five reported taking medication for their mental health, and a similar percentage reported taking time off from work or school to deal with a personal mental health issue, over the past year.

Mental health literacy: Help-seeking, resources, health promotion, and stigma

About 54% of residents with a primary care provider agreed that their provider asks about their mental health/well-being and about 30% said they talked to their family doctor about their mental health. Of all residents, 18% had talked to a mental health specialist, 47% had talked to family or friends, and just over a quarter of respondents had talked to their children about their own mental health.

Regarding access to mental health resources, about 90% were confident they knew where to seek information about mental health or mental illness and just over 70% reported being

confident using the internet to search for information about mental health or mental illness. Three-quarters of residents said that information or supports for mental health or illness are convenient/accessible to them, but slightly fewer (65%) have access to information and resources from their family doctor to help them take care of their mental health and well-being. Just under half of respondents reported having the financial means to access the mental health resources they might need. The majority of residents mentioned the family doctor as the place where they would go first to access professional supports or services for their own mental health or mental illness.

When asked about mental health promotion, a large majority of residents (95%) recognized that regular exercise or physical activity contributes to positive mental health. Fewer understood the benefits of practicing activities like meditation and yoga and about 40% said they are often too busy to do things to address their mental health.

Respondents were asked questions around stigma about others with mental illness and stigma related to seeking help. The majority of residents (87%) recognized that mental illness is a real medical illness, and disagreed with the statement that people with mental illness could snap out of it if they wanted (85%). However, there was some uncertainty and stigma in thinking that people with mental illness are dangerous. Over 80% said if they had a mental illness they would tell others and seek help from a mental health professional, however, 20% still held the view that seeing a mental health professional shows that one is not strong enough to manage their own difficulties. Overall, men were more likely to score high on the mental health stigma index, as were older residents, and those living in rural areas.

Mental health and the workplace

Of those who reported being employed, 18% reported being diagnosed with a mental illness or mental health condition and 63% agreed that their employer promotes positive mental health. Over half of those employed (55%) said they are comfortable talking to their employer about mental health, and one-third (34%) said they are not comfortable doing so.

Children and mental health

About 15% of parents reported that their children have ever been diagnosed with a mental health condition or illness by a health care professional. Nearly half of parents reported being concerned about their children's mental health. Three-quarters of parents said that resources for their children's mental health and illness are convenient and accessible and that their family/children's doctor provides them with information to help them take care of their children's mental health and well-being. Fewer, however, say their children's school would have the resources to help if they had concerns about their children's health.

Consultation

The Epidemiologists consulted with the Director and the Chronic Disease and Injury Prevention Program Manager, and the Lambton Public Health Epidemiologist around survey content, administration, and communication. Overall results were presented by Ipsos Public Affairs to public health unit staff at a general staff meeting in September. In transitioning to the new Standards for Public Health Programs and Services in 2018, these findings will form part of the local assessment of need related to mental health and well-being in Chatham-Kent. These results will be able to inform programs and services to promote and maintain positive mental health in the communities, where citizens live, learn, work, and play.

Financial Implications

There are no financial implications resulting from this information report. Cost incurred were covered under the current health unit budget.

Discussion:

Ms. Zettler distributed an infographic to further support the report, and indicated that Ipsos presented these results at the most recent staff meeting. Mr. Carnahan questioned the possibility that the people who were surveyed may not know they have a mental health issue. Ms. Zettler confirmed that the questions were pulled from many mental health scales to help calculate an index, and other questions pertain specifically to an official diagnosis. Councillor C. McGregor expressed concern around the numbers of respondents not knowing where to seek info. Ms. Zettler stated that Lambton County has created a repository of mental health information for interested residents, this could be something that might be useful to implement in Chatham-Kent; giving residents a more concrete path to navigate. Dr. Colby stated that in regard to mental health issues, a person's perceptions of their own problems will be small until behaviours are noticed by others, thus self-perception is not the ideal way to measure mental health wellness. The Board requested updates on future strategies around this topic.

- c) 2017 Immunization Program Updates, prepared by Dan Drouillard, Public Health Nurse

Background

In December 2015, the Province's strategy to strengthen the publicly-funded immunization program, Immunization 2020-Modernizing Ontario's Publicly-Funded Immunization Program, was launched. Immunization 2020 reflects the findings of the Advisory Committee for Ontario's Immunization System Review and the recommendations made in the Auditor General of Ontario's 2014 Annual Report.

The purpose of this report is to provide a summary of the changes within the Immunization Program for the 2017 year.

- a) Mandatory Education Session for ISPA Exemptions:
As per the Immunization of School Pupils Act (ISPA), parents who do not wish to vaccinate their children for non-medical reasons must attend a mandatory vaccine education session prior to submitting a legal notarized affidavit. Bill-87 was passed in Ontario Legislature on May 30, 2017.
- b) Immunization Connect Ontario (ICON) Implementation:
In an effort to advance the vision of recording and tracking the immunizations of all Ontarians, a new portal for Ontarians to securely access their immunization history has been launched.
- c) HPV-4 to HPV-9 Transition
The pharmaceutical manufacturer has developed a new Human Papillomavirus (HPV) vaccine which protects against an additional five strains of HPV compared to the HPV-4 vaccine.

Comments

Mandatory Education Session for ISPA Exemptions

In an effort to ensure that parents who wish to have their children exempted from the Ontario immunization program for non-medical reasons are well-informed, an immunization education session must be completed. This amendment to the ISPA came into force on September 1, 2017. Parents will continue to be required to submit the Statement of Conscience or Religious Belief form as well. The new immunization education session must:

- Include information on the benefits and risks of immunization and vaccine safety;
- Be delivered by a Medical Officer of Health or a Medical Officer of Health's designate; and
- Provide a certificate of completion to every parent who completes the session.

The Ministry of Health and Long Term Care has developed a video, approximately 35 minutes in length, addressing the requirements of this amendment to the ISPA. After completion of the video, parents are given an opportunity to ask Public Health Nurses about any questions they may have. The parent is then granted a Vaccine Exemption Certificate which must be presented each time they wish to file an affidavit for a child. This corresponds to Action No.13: Strengthen Public Health Unit Compliance and Legislation Review of the Immunization 2020 document.

Immunization Connect Ontario (ICON) Implementation

Building on existing infrastructure which allowed parents to report immunizations online, ICON is a province-wide, secure online portal which allows individuals to access their or their dependent's immunization records. Chatham-Kent Public Health Unit went live with ICON at the beginning of July 2017. The new interface can be accessed at the same website which was previously used for reporting immunizations (www.chatham-kent.ca/vaccinations). When setting up an account, individuals will be required to call the Chatham-Kent Public Health Unit to obtain their 10-digit, alpha-numerical, Ontario Immunization ID (OIID). Parents then provide their Ontario Health Card number to set up a six-digit, numerical, personal identification number to access their record. This information is not required to report vaccinations, only to access existing records. The site also forecasts future immunizations so that individuals know which vaccines they are due for, and when. As of October 12, 2017, 1050 immunizations have been submitted and 140 immunizations have been accessed through the Chatham-Kent portal. This addresses a component of Action No.19: Advance the Vision of a Provincial Immunization Registry of the Immunization 2020 document.

HPV-4 to HPV-9 Transition

The final change to the Immunization program in 2017 is the introduction of HPV-9 as a publicly-funded vaccine for select populations. Beginning in the 2017-2018 school year, this product will be offered to all grade seven students instead of the previously given HPV-4 vaccine. The HPV-4 vaccine protected against 70% of cervical cancers, 60% of high-risk precancerous cervical lesions and 70% of anogenital cancers. This new vaccine protects against an additional five strains of the HPV vaccine and prevents an additional 17% of cervical cancers, 30% of high-risk precancerous cervical lesions and 14% of anogenital cancers. Offering the HPV9 vaccine is in line with current scientific and expert recommendations, including Canada's National Advisory Committee on Immunization (NACI). This vaccine is also offered to eligible men who have sex with men (MSM) individuals who have not received HPV vaccine previously. We are currently awaiting additional high risk criteria from the Ministry in order to use up existing HPV-4 stock. Public Health Units will continue to be the primary delivery mechanism for publicly-funded HPV vaccine.

Consultation

There was no consultation necessary in producing this information report.

Financial Implications

All changes to the immunization program this year were funded within the current budget allocation.

Discussion: This report highlights the work nursing student Paul Ward completed as part of his placement.

- d) Program Budgeting Marginal Analysis Initiative, Prepared by Teresa Bendo, Director, Public Health

Background

Program Budgeting & Marginal Analysis (PBMA) is a priority-setting and resource allocation methodology that is based on economic principles and considers ethical conditions. It is based on economic principles of value for money, specifically opportunity **cost** (i.e. the benefit that could have been gained from an alternative use of the same resource) and the concept of **the margin**, which is about shifting or changing the resource mix so that if the budget decreases, resources are taken from areas which are producing less benefit. Together, these concepts suggest that decision-makers should re-allocate resources at the margin to get the best overall benefit within available resources.

This approach for setting priorities and allocating resources which has been used in health care organizations in Canada and multiple Ontario public health units.

Chatham-Kent Public Health Unit (CKPHU) does not anticipate receiving an increase in the Provincial grant for mandatory programs from the Ministry of Health and Long-Term Care for the next several years.

With this methodology, the financial impact of the ongoing funding freeze can be mitigated to have the least impact on program and service delivery and the health of the community. CKPHU will continue to use the framework to support Health Unit decision making throughout the year and into the future.

Comments

Targets have been established at a team level for cost savings that exceed the anticipated budget deficit to enable proposals to be prioritized. This will also provide some additional dollars to support a small number of investments.

Options for disinvestment (reductions to budget) and investments (increases to budget) to programs and services will be developed into proposals and assessed against multiple criteria, which reflect CKPHU values. Below is a list of those criteria that have been developed by the

Health Unit management team. Managers will be responsible for preparing proposals for the programs and services that are in scope for this initiative.

Staff will participate by providing ideas for disinvestment and investment proposals to their manager through team meetings or in a confidential manner. Managers will consider ideas, but may not move forward on all of them. Ideas that are not considered in this budget cycle may be considered in future.

Criteria	Definition
Legislative requirements	Impact of the proposed change on the ability of CKPHU to meet the legislative requirements (Ontario's Health Promotion and Protection Act, the Ontario Public Health Standards, the Ontario Public Health Organizational Standards, Accountability Agreements, and other legislation)
Health Impact	Impact of the proposed change to the program / activity on: <ul style="list-style-type: none"> • the burden of illness it is intended to prevent • the risk factor it is intended to reduce In assessing impact, account for the likelihood that another organization could step in and fill the gap created in the case of savings, or that another organization will retrench a similar service in the case of investments.
Determinants of Health	Impact of the proposed change on our ability to address the factors that create inequities in overall health and improve the quality of life for populations at risk of poor health outcomes. Consider specifically the impact of the proposal on our ability to: <ul style="list-style-type: none"> • Implement actions to meet the public health needs of individuals and families living in low income • Identify populations at risk of health inequities and those that require an agency response
Effective Public Health Practice (strategic direction #1)	Impact of the proposed change on: 1) the degree of incorporation, in the affected programs, of planning, evaluation and health equity; 2) the staff knowledge of planning and evaluation language, terminology, practices and outcomes; and 3) the organizational performance monitoring system
Organizational Capacity (strategic direction #2)	Impact of the proposed change on: 1) staff knowledge and skills identified in the Core Competencies for Public Health; and 2) recognition of the value of staff as an asset
Community Engagement (strategic plan direction #3)	Impact of the proposed change on: 1) the public awareness of CKPHU's programs and services; 2) the organization's relationships with Indigenous communities; 3) the organization's capacity to address health inequities through community engagement; and 4) the organization's relationship with communities and partners
Community Capacity	Impact of the proposed change on the capacity of the community to retain or improve its health

Efficiency	Impact of the proposed change on the extent to which an intervention, process or policy produces the desired effect, product or output with a minimum of effort, expense or waste.
Client Experience	Impact of the proposed change on the client experience which includes: 1) the extent to which the care/service respects client and family needs and values, 2) client safety, 3) cultural appropriateness, and 4) the personal experience of communication, professionalism, and client focus.
Innovation	Impact of the proposed change on the introduction of innovations to improve effectiveness on the culture of curiosity of the organization in terms of interest in evidence-based decisions and the translation of knowledge into action
Workplace Environment	Impact of the proposed change on staff morale, personal and professional growth, and staff engagement
Implementation Challenges	Assessment of the challenges and support for the implementation of the proposed change, including ease of sustainment

The risk of proceeding with each proposal will be assessed using the CKPHU risk management framework. Proposals will then be ranked according to their total score and those with the least impact as determined by application of the criteria will be considered for disinvestment implementation and those with the greatest impact as determined by the application of the criteria will be considered for investment.

The process will be completed by the end of January 2018, with implementation of accepted proposals to begin in the second quarter of 2018.

Consultation

There was no consultation required in producing this information report.

Financial Implications

There are no financial implications to implementing this process.

Discussion: Ms. Bendo indicated results from this initiative will be forthcoming in 2018.

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

“That the four reports be received.”

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 h) be received and filed.”

- a) Association of Local Public Health Agencies (alPHA) Information Break, dated November 1, 2017.
- b) Letter from Durham Region to Premier Kathleen Wynne regarding vaccine recommendations for child care workers.
- c) Summary of Transformation and Governance Discussion at the alPHA Boards of Health Section Meeting on November 3, 2017.
- d) Recommendation from Durham Region regarding report of Rowan’s Law Advisory Committee.
- e) Letter from Peterborough Public Health to Dr. Eric Hoskins regarding Smoke-Free Ontario Strategy Modernization.
- f) Letter from Dr. Eric Hoskins to the Chatham-Kent Board of Health regarding one-time funding for the 2017-2018 funding year.
- g) Letter from Roselle Martino to the Board of Health regarding funding under the Accountability Agreement for the 2017-18 funding year.
- h) Responses to the Report of the Minister’s Expert Panel on Public Health from the Sudbury and District Health Unit, Association of Local Public Health Associations, KFL&A Public Health, Peterborough Public Health, Council for Ontario Medical Officers of Health, Association of Ontario Public Health Business Administrators, Renfrew County and District Health Unit, Northwestern Health Unit, Porcupine Health Unit, Algoma Public Health, County of Lambton, Grey Bruce Health Unit, Association of Municipalities of Ontario, Regional Municipality of Waterloo, and Durham Region.

With respect to item a, Councillor C. McGregor reminded all that the alPHA Winter Meeting will be held on February 23, the agenda will be available early in the New Year.

The Chair put the motion.

Motion Carried

9. Non-Agenda Items

Dr. Colby expressed his gratitude to the Board for their support of him and the Health Unit over this past year.

Councillor Faas extended Christmas wishes to all, thanking all staff for their work and dedication over the past year.

10. Motions of Closed Session

The Board heard an update from Administration with respect to CUPE Local 12.3.

Mr. Carnahan moved, seconded by Ms. Pfaff:

“That information on employee negotiations with CUPE Local 12.3 be received.”

The Chair put the motion.

Motion Carried

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

The next meeting of the Board will be held Wednesday, January 17, 2018 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.

12. Adjournment

Moved by Ms. Pfaff that the meeting be adjourned at 11:55 am.

Joe Faas, Chair