

# Chatham-Kent Board of Health

## Minutes

Wednesday, May 16, 2018

11:00 a.m.

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### Call to Order

Present: Councillor Joe Faas, Chair  
Councillor Brock McGregor  
Councillor Carmen McGregor  
Ms. Noreen Blake  
Mr. Ron Carnahan  
Ms. Sharon Pfaff  
Dr. David Colby, Medical Officer of Health  
Teresa Bendo, Director, Public Health  
Lisa Powers, Executive Assistant, Community Human Services

Regrets: Councillor Bob Myers, Vice-Chair  
Dr. April Rietdyk, General Manager, Community Human Services

### 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 April 18, 2018

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

**“That the minutes of the April 18, 2018 Board of Health meeting be approved.”**

The Chair put the Motion.

**Motion Carried**

### 3. Business Arising from the Minutes - None

### 4. Education/Training

- a) Legislative Changes Update, Presentation by Teresa Bendo, Chris Sherman, Rosemarie Arndt and Stacy Rybansky

Ms. Bendo and the Program Managers provided an overview of recent legislative changes affecting health units. Highlights of these changes include:

-Updates to the Health Protection and Promotion Act (HPPA) to reflect changes in technology and business innovations, as well as public health practice.

-Updates to chronic disease wording in regulations, as well as the **Immunization of School Pupils Act**.

-Implementation of regulations around certain personal services, like tattooing in the eye area and application of eye jewelry. As well, inspection results will now be reported on-site as well as on the Check It CK website. There have also been changes to regulations around quarantining animals and veterinary reporting requirements in regard to rabies and communicable diseases.

-There are now regulations around recreational water.

-The definition of a food premise was clarified, and associated regulations were updated to be more evidence-based.

-Recreational camps now need to have a camp safety plan, and there is a requirement to post on-site.

-The new Smoke Free Ontario Act is scheduled to come into effect July 1; this will combine two old regulations and defines cannabis and tobacco regulation. Guidelines and protocols around this piece were not received at the time of the presentation.

b) Association of Local Public Health Agencies (aLPHa) Election Policy Priorities, Presentation by Councillor Carmen McGregor

Councillor C. McGregor, currently the president of aLPHa, provided an update on election priorities for aLPHa. These are: strong local public health; commitment to a tobacco endgame in Ontario; oral health for adults in Ontario; commitment to a universal pharma care program; a public health approach to cannabis in Ontario, and; an opioid strategy action plan for Ontario. Councillor C. McGregor stressed the return on investment for these strategies will have far-reaching positive effects for the people of Ontario. Without the proper funding, it will be impossible to meet these goals. Councillor C. McGregor encouraged all to share this information with MPPs.

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

**“That a letter outlining these priorities be sent to local provincial candidates.”**

The Chair put the Motion.

**Motion Carried**

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

**“That the two presentations be received as information.”**

The Chair put the Motion.

**Motion Carried**

## 5. New Business

### A. Items Requiring Action

- a) Chatham-Kent Board of Health 2018 Meeting Schedule – Revised, prepared by Dr. April Rietdyk

### Recommendation

It is recommended that:

1. The September Board of Health meeting date be rescheduled from September 19 to September 12, 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.”**

The current 2018 meeting schedule was approved at the December, 2017 regular Board of Health meeting.

## **Comments**

The proposed change to the September Board of Health meeting date will accommodate municipal support at the International Plowing Match, being held in Pain Court, ON from September 18-22, 2018.

## **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. Blake:

**“That the September 2018 Board of Health meeting date be changed to September 12, 2018.”**

The Chair put the Motion.

**Motion Carried**

- b) Commitment to Reconciliation with Indigenous Peoples, prepared by Dr. April Rietdyk

**Recommendations**

It is recommended that:

1. The Chatham-Kent Board of Health Terms of Reference be amended to ensure representation of Indigenous Peoples.
2. Membership on the Board of Health be increased by one seat. This seat to be filled by an Urban Indigenous individual representing Urban Indigenous peoples residing or accessing public health programs and services in Chatham-Kent.
3. As per the **Relationship with Indigenous Communities Guideline (2018)** the Board of Health initiate contact with First Nation communities within the Health Unit catchment area to explore partnership opportunities.

**Background**

The Health Protection and Promotion Act stipulates the composition of Boards of Health. All Ontario Boards of Health are to have a minimum of three members to a maximum of thirteen members appointed locally. These members can be a combination of Municipal Councillors and community members who go through the Municipal application process. For Chatham-Kent, the Province also has the ability to appoint up to five additional members. Currently the Chatham-Kent Board of Health has one provincially appointed member, two community representatives, and four members of Council, leaving seven seats available for community use.

The 2016 Canadian Census provides a snapshot of the Indigenous population in Chatham-Kent with 4.1% (4,065 individuals) identifying as having Aboriginal Identity and an additional 1.2% identifying as having Aboriginal Ancestry. The Indigenous population in Chatham-Kent is younger than the non-Indigenous population with the average age being 33.1 years and 43.1 years respectively. Fifty-six percent of the Indigenous population in Chatham-Kent are under 34 years of age while only 38% of non-Indigenous people are in this age cohort. At the other end of the lifespan, 36.5% of non-Indigenous people are over the age of 55 years while only 20.5% of Indigenous people are older adults.

The median total income among the Indigenous population in Chatham-Kent was \$30,905 while the non-Indigenous median total income was \$58,185. Finally, 31.2% of

Indigenous people in Chatham-Kent are living in low-income while 17.0% of non-Indigenous people are living in a low income situation.

The **Ontario Public Health Standards (2018)** along with the accompanying Protocols, Guidance Documents, and Guidelines are in the final stages of completion. However the standards are explicit in identifying that, “Relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity. It is important to acknowledge that as part of this relationship building, First Nations in Ontario believe that Canada, in its fiduciary capacity and as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for these communities” (OPHS, 2018). One of the identified Healthy Equity outcomes is, “Indigenous communities are engaged in a way that is meaningful for them.”

The **Relationship with Indigenous Communities Guideline (2018)** provides insight into a number of key principles and approaches that will assist health units in forming partnerships and collaborating with Indigenous communities and organizations. One of the key principles speaks to self-determination. Indigenous organizations need to be provided with the opportunity to lead or influence relevant decision making processes that will impact Indigenous people and communities. The Relationship with Indigenous Communities Guideline (2018) is attached as Appendix A.

### **Comments**

In 2015, Canada’s Truth and Reconciliation Commission on Residential Schools issued its final report. In 2016, Ontario followed with **The Journey Together: Ontario’s Commitment to Reconciliation with Indigenous Peoples**. In **The Journey Together (2016)** the then Minister of Aboriginal Affairs states, “the residential school system tore First Nations, Metis, and Inuit families apart and inflicted generations of trauma on entire communities. The residential school era is a terrible time in our collective history, and one that must never be forgotten. We have the opportunity to come together to create lasting change through reconciliation – not only through words, but through our actions.”

While many think the residential school era occurred a long time ago, the last Ontario residential school remained in operation until 1991. At least 462 children died while attending residential schools in Ontario and unknown numbers remain missing. Indigenous children forced into residential schools lost their self-identities, their culture, and their language. Children in residential schools had their Indigenous names taken away and were forced to assume Christian or non-Indigenous names. The impact these actions had on children, families, and communities will last forever. This impact should never be forgotten. Ontario has committed to teaching coming generations about our shared history and ensuring that survivors and Indigenous communities are the ones sharing these stories. Moving forward can only happen if everyone has a full understanding of our entire history.

Earlier this year, the Board of Health approved the Chatham-Kent Public Health Unit Strategic Plan 2017-2021. One of the goals within the plan is to strengthen relationships with Indigenous communities. As mentioned in a previous paragraph and as mandated

by the Ministry of Health and Long Term Care, Public Health is fundamentally about health equity. Elaborating on that statement, public health needs to ensure public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential (OPHS, 2018). Chatham-Kent Public Health has a role to plan in working together with Indigenous partners to ensure there are culturally appropriate solutions to improve health and wellness of Indigenous people across Chatham-Kent.

As the then Minister of Aboriginal Affairs stated in 2016, change will happen with action not with words alone. A seat on the Chatham-Kent Board of Health, designated for representation by an Indigenous individual indicates the Board of Health's commitment to Reconciliation with Indigenous Peoples and their ongoing commitment to be leaders in Public Health and in Chatham-Kent.

#### Areas of Strategic Focus and Critical Success Factors

The recommendations in this report support the following areas of strategic focus:

- Economic Prosperity:  
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- Neutral issues (does not support negatively or positively)

#### Consultation

Public Health leadership discussed the content of the report and support the recommendations. An Indigenous member of the community, affiliated with our

Indigenous Friendship Centre was consulted prior to the writing of this report and has reviewed the report for cultural sensitivity.

### **Financial Implications**

There are no financial implications resulting from the recommendations in this report.

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

**“That the recommendation report be approved.”**

The Chair put the Motion.

**Motion Carried**

### **B. Information Reports to be received**

- a) Director’s Report for the Month of May, 2018, 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 Public Health.

### **Comments**

#### **Association of Local Public Health Agencies (ALPHA) Provincial Election Policy Priorities**

On April 4, 2018 ALPHA sent Ontario's political party leaders, health critics, and the Minister of Health and Long-Term Care and Attorney General its package of member policy priorities and key messages in anticipation of the 2018 Ontario general election. Specific asks have been made concerning the following important public health issues:

- Commitment to a tobacco endgame
- Provincially funded Oral healthcare for low income adults before 2025
- Universal pharma care for all Ontarians
- Public health approach to cannabis legalization
- Opioid strategy action plan for Ontario

#### **Ontario Public Health Standards: Requirements for Programs, Services, and Accountability Update**

On April 25, 2018 and May 2, 2018, the Chatham-Kent Public Health Unit (CKPHU) received the remainder of the associated documents regarding the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

Between April 25 and May 4, 2018, CKPHU management and staff attended a series of webinars and in-person orientation sessions related to the implementation of some the guidelines and the accountability reporting cycle. Topics included the following 9 points:

- orientation to the School Health Guideline;
- orientation to Health Equity Guideline and Mental Health Promotion Guideline;
- consultation on Smoke Free Ontario Act, 2017 Protocols, Guidelines and Directives;
- orientation to the Modernized Safe Food and Water Regulations;
- orientation to New Animal Health Requirements and consultation on new Personal Service Settings Guidelines;
- update/consultation on the Immunization of School Pupils Act, 2017 Health Care Provider Reporting Requirement;
- Cannabis Prevention and Harm Reduction Framework;
- Recreational Cannabis Places of Use Enforcement – potential Public Health role; and
- First quarter Standards activity report training.

#### Blenheim District High School Students Farmer's Market Project

The HSM Course for Grade 11/12 students at the Blenheim District High School invited us to be a partners and share knowledge around the food system in Chatham-Kent from our "Let's Talk Food" Community Food System Assessment. The course encourages Innovation, Creativity and Evaluation (ICE), challenging students to develop solutions to real life problems while gaining experience that will prepare them for future employment.

The focus for this project was the question; "How do you get a Farmers Market to thrive in Blenheim?" Students were provided with background information that would help them to understand the challenges, current status, and community needs allowing them to develop their solutions. On May 4, four groups of students presented their solutions for a market in Blenheim.

#### May 7, 2018 CK Municipal Council Forum: Our Health: How are We Doing? Changing the Health Conversation

In response to the Board of Health's request for CKPHU staff to present Chatham-Kent demographic information to Council, CKPHU organized a Council Forum on health.

Chatham-Kent Councillor Carmen McGregor and Dr. April Rietdyk, Chatham-Kent's General Manager of Community Human Services lead a discussion entitled **Our Health: How Are We Doing?**

The forum took place in Council Chambers at the Civic Centre at 6 p.m. The objective of the forum was to raise discussion concerning the state of chronic disease in Chatham-Kent, and how health can enhance the quality of life in the community. Speakers included Chris Sherman, the Program Manager for Chronic Disease and Injury Prevention with Chatham-Kent Public Health and Dr. Dean Kriellaars, an expert in physical literacy.

Thank you to board member Councillor Carmen McGregor for co-hosting the forum.

### **Consultation**

There was no consultation involved in producing this information report.

### **Financial Implications**

There are no financial implications with this information report.

Ms. Bendo stated that a more fulsome financial report would come to the Board at the June meeting.

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

**“That the Director’s Report be received.”**

The Chair put the Motion.

**Motion Carried**

- b) Healthy Babies Healthy Children Protocols, prepared by Marnie Van Vlymen, Program Manager

### **Background**

Throughout 2017, in support of the modernization process of the Ontario Standards for Public Health Programs and Services, the Ministry of Child and Youth Services (MCYS) undertook a process to revise the Healthy Babies Healthy Children (HBHC) (2012) Protocol and Reference Document for the HBHC program.

This modernization process provided an opportunity to update the HBHC Protocol to more accurately reflect the core business of current HBHC programming. Several public health units (PHU) including, Chatham-Kent Public Health Unit (CKPHU), were involved in the process by providing important input that informed the development of the 2018 protocol. The new protocol was released in January 2018, however the Reference Document that will guide the work of the Protocol will be developed throughout the course of 2018. During this time of development, PHUs are expected to continue to follow the current Guidance Document which accompanied the 2012 HBHC Protocol.

Moving forward in 2018, MCYS will develop a Reference Document that will support the implementation of the revised Protocol and opportunities to improve the quality and delivery of the HBHC program, toward greater effectiveness and efficiency. Discussion groups between MYCS and PHUs will support this work focusing on the following four areas:

- Improving the effectiveness of the response to screening results;

- Introducing streamlined processes focusing on consent and technology;
- Strengthening the program's ability to support the complex needs of some families; and
- Streamlining data requirement and focusing on outcome measure.

The Ministry will be scheduling teleconferences throughout 2018 to present the ministry's framework for ongoing consultation and the work to develop the Reference Document.

A copy of the 2018 Protocol can be found in Appendix A.

### **Comments**

CKPHU has reviewed the 2018 Protocol and has determined that there is no significant change to the document. The majority of changes include revisions to the language in the Protocol to better reflect current expectations.

CKPHU will participate in the HBHC Director/Manager discussion groups informing each of the four focus areas identified through the modernization process.

The 2018 Reference Document is planned for release in December of 2018. The impact on service delivery will be dependent on the magnitude of changes to this Reference Document.

### **Consultation**

Members of the Infant and Child Health Team will be updated throughout the year regarding the consultations with the Ministry to provide additional feedback to the development of the Reference Document.

### **Financial Implications**

There are no financial impacts as a result of this information report. Healthy Babies Healthy Children continues to be a 100% Ministry-funded program.

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

**“That the Healthy Babies Healthy Children report be received.”**

The Chair put the Motion.

**Motion Carried**

### **C) Items to be Received and Filed**

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

**“That items a) through l) be received and filed.”**

- a) Memo regarding new health unit board, name, and logo for Southwestern Public Health
- b) Memorandum from Roselle Martino to Medical Officers of Health, CEOs, and Board Chairs, dated April 25, 2018 regarding the Ontario Public Health Standards
- c) Memorandum from Roselle Martino to Medical Officers of Health, CEOs, and Board Chairs, dated May 2, 2018 regarding the Ontario Public Health Standards
- d) Motion from Grey Bruce Public Health Unit regarding Annual Service Plan and 2018 Budget
- e) Motion from Grey Bruce Public Health Unit regarding Tobacco and Smoke Free Campuses
- f) Motions from Grey Bruce Public Health Unit and Peterborough Public Health regarding Repeal of Section 43 of the Criminal Code
- g) Letter from aPHa to Minister Charles Sousa regarding Ontario Budget 2018
- h) Letter from aPHa to Dr. David Williams regarding 2016 Annual Report of the Chief Medical Officer of Health
- i) Recommendation/Resolution Report from Windsor-Essex County Board of Health regarding Oral Health Report Update (2018)
- j) Letter from Ministry of Health and Long Term Care to Joe Faas regarding Chatham-Kent Public Health Unit funding for the 2018-2019 funding year
- k) Letter from KFL&A Public Health to Minister Indira Naidoo-Harris regarding Mandatory Food Literacy Curricula in Ontario Schools
- l) Summary of Recent Legislative and Regulatory Changes

With respect to item l, Councillor Faas pointed out that in many communities where fluoride was removed from drinking water, an increase in dental caries was seen, and now fluoride is being added back in to the drinking water supply.

The Chair put the motion.

**Motion Carried**

**6. Non-Agenda Items**

In response to a question from Councillor C. McGregor, Rosemarie Arndt, Program Manager for the Environmental Health Team, clarified the process around becoming a special events food vendor, as well as Public Health's role in that process.

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

The next meeting of the Board will be held Wednesday, June 20, 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.

**8. Adjournment**

Moved by Mr. Carnahan that the meeting be adjourned at 11:45 am.

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Joe Faas, Chair