

CHATHAM-KENT BOARD OF HEALTH

MINUTES

Wednesday, January 20, 2010

11:00 a.m.

CALL TO ORDER

Present: Mr. Ron Carnahan
Ms. Ellen Craeymeersch
Councillor Marjorie Crew
Councillor Brian King, Chair
Councillor Tom McGregor, Vice-Chair
Lucy Brown, General Manager, Health and Family Services
April Rietdyk, Director, Public Health
Margaret Keech, Executive Assistant, Health and Family Services

Regrets: Councillor Larry Robbins
Dr. David Colby, Acting Medical Officer of Health

1. ADDITIONS TO THE AGENDA

Councillor Brian King, Chair, noted there were two additions to the agenda. One was a presentation by Councillor Crew on behalf of the Cops Link with Kids program, and the other was a presentation by Laura Zettler, Epidemiologist, entitled "Reflecting on Pandemic H1N1".

2. PROVISION FOR DECLARATION OF PECUNIARY INTEREST

No member of the Board declared a pecuniary interest on any matters on either the open or closed agenda.

3. MINUTES OF THE BOARD MEETING OF DECEMBER 16, 2009

Councillor Robbins moved, seconded by Councillor Crew:

"That the minutes of the December 16, 2009 Board of Health meeting be approved."

The Chair put the Motion.

Motion Carried

4. BUSINESS ARISING FROM THE MINUTES

Councillor King reminded the Board that at the December 16, 2009 meeting, Dr. Colby informed the Board of the release of the largest review and study ever done worldwide on the health effects of wind turbines. A weblink to the study was emailed to the Board members following the meeting, and today's agenda package contains a summary of the

study for the information of the Board. Ms. Rietdyk reviewed the summary with the Board, which indicated that there still remains no evidence currently of any adverse health effects from wind turbines. These finds are similar to the findings of the report prepared for the Chatham-Kent Board of Health in June 2008. Public Health Agency of Canada has posted their review of the health effects from wind turbines.

Ms. Craeymeersch inquired, when we talk about 'evidence', does that take into account people that complain? Are there people going to their homes and doing studies? Ms. Rietdyk indicated that research would be looked at, studies that had been done at that time, and take the information as it is presented to them. It does not mean that there will not be more evidence coming.

Councillor King noted that he attended a meeting last night dealing with solar and wind farms. People attending that meeting were most concerned about knowing when Hydro One will increase the capacity to allow more wind turbines to be set up. There are many conservationists that are interested in saving the environment and eager to get more wind turbines installed.

Councillor McGregor noted that whenever you do studies, you are concerned about bias as this report that Dr. Colby was involved in was prepared for the Canadian Wind Energy Association. The report does state that the panel undertook extensive review, analysis and discussion of the large body of peer-reviewed literature on sound and health effects in general, but has this study been peer reviewed? Ms. Rietdyk responded that it was her understanding that the document was not peer reviewed, however, a number of the studies they reviewed / quoted were from peer reviewed journals.

Councillor Crew moved, seconded by Councillor McGregor,

"That the Chatham-Kent Board of Health endorse the paper entitled "Wind Turbine Sound and Health Effects – An Expert Panel Review".

The Chair put the Motion.

Motion Carried

5. PRESENTATIONS

a) Presentation by Councillor Marjorie Crew on behalf of "Cops Link With Kids"

Councillor Crew presented a plaque to Lucy Brown on behalf of the Cops Link With Kids program, as an expression of their appreciation in recognition of the generous support of the goals and objectives of the Cops Link With Kids golf program. Ms. Brown accepted the plaque on behalf of the A.L.L. for Kids program that assisted with funding. The Cops Link With Kids pairs 15 at-risk children with police officers who spend one-on-one time with them golfing. The program has had a positive influence on the children and their parents.

b) "Reflecting on Pandemic H1N1", prepared by Laura Zettler, Epidemiologist

April Rietdyk, Director, Public Health, introduced Laura Zettler, Epidemiologist, to the Board. Ms. Zettler had been asked to pull together a wrap up report of the pandemic H1N1 for the Board. This presentation is timely now that the Health Unit is in the final stages of the flu program. The data that is contained in the presentation is as current as is possible.

Ms. Zettler informed the Board that the report provides data locally and provincially. Lab testing was completed only on severe cases (hospitalizations, pregnant women, people who had died), so the numbers are underestimated. What the data does confirm is that the virus affected mainly younger people. The total number of deaths in confirmed cases is 121. This number is comparable to what would be seen from seasonal influenza in a typical year.

Mass immunization clinics started in Chatham-Kent October 26, 2009 and ended December 17, 2009. There are still some flu clinics taking place January through to March, but these are by appointment only. The total number vaccinated by Health Unit staff totalled 28,702, with vaccinations administered outside of public health (through long term care homes, hospitals and doctor's offices) totalling approximately 2,200. Ms. Zettler noted that the virus still exists.

Councillor McGregor questioned if there are pockets where it is still active. Ms. Zettler responded that there are still some pockets as it would be the dominant circulating virus. There is still talk that there could be a third wave. A third wave depends on the level of protection that is out in the community. Councillor McGregor questioned about a second dose for young children. Ms. Zettler informed the Board that parents were contacted but it was up to the parents to decide whether or not to bring their child back for a second dose.

Mr. Carnahan questioned if people could get sick from the vaccine and if there were any adverse events associated with the vaccine. Ms. Rietdyk informed the Board that testing was done on the vaccine and the Ministry does follow adverse events. You cannot get sick from the vaccine. As for adverse reactions, there was only one anaphylactic reaction that was not due to the vaccine. There were other health issues such as anxiety that caused some folks to faint. Overall, the vaccine proved itself that it is safe.

6. NEW BUSINESS

A. ITEMS REQUIRING ACTION

- a) Chatham-Kent Public Health Unit proposal for Low-Income Dental Plan, prepared by Jane Reiha, Program Manager, Health Promotion – Child and Youth Strategy, dated January 7, 2010

BACKGROUND

The Children's Dental Health Project (2005), a study conducted in the USA, found that children from low-income families who have their first dental visit by age one are less likely to require subsequent dental treatment, and also have 49% lower dental-related costs than children receiving their first preventive visit after this age. Kowash et al.

(2004) found that intensive education and support for mothers of young children in low socioeconomic areas is effective in reducing childhood dental caries by 30-50%.

The provincial government has committed \$45 million a year for dental care for Ontario's low-income families as a key program in its poverty reduction strategy. The goal of this strategy is to create sustainable models, and the Low-Income Dental Plan will contribute to building a foundation for children and youth.

In January 2009, the Children in Need of Treatment (CINOT) program was expanded to include treatment for urgent dental needs for youth up to, and including, the age of 17 years. This program had previously only been available for children up to age 14 years, or completion of Grade 8. The CINOT expansion program was Phase I of the poverty reduction strategy.

The Ministry of Health and Long-Term Care is now proposing implementation of Phase II of the dental plan for low-income Ontarians. Each public health unit throughout the province has been asked to submit a proposal outlining a plan for expansion of dental services for this target population (attached). The priority group for this plan will include children and youth from low-income families, and will broaden the basket of services from just screening and referral for urgent treatment, to include scaling, polishing, sealants, varnishes, and more in-depth education about oral health issues. With enhanced staffing and funding, the Health Unit will have the ability to see children and youth for regular and routine preventive treatment until they reach their 18th birthday.

COMMENTS

The population of Chatham-Kent is just over 108,000. According to the 2006 federal census, there were 42,265 people under the age of 18 living in Chatham-Kent. Of that number, approximately 2,450 of those children and youth were living in poverty. Due to the recent economic downturn that has hit this region particularly hard, it is estimated that this number has likely significantly increased. Lack of a dental insurance plan, and the inability to financially procure dental care is one significant barrier to treatment.

Access to service is often another barrier to treatment. The Municipality of Chatham-Kent is comprised of several small towns and a large rural area. The Oral Health team has recently formed a partnership with the Tilbury District Family Health Team (TDFHT) to provide preventive dental treatment to residents living in the Tilbury-Wheatley area. The TDFHT will provide office space, including utilities, for a portable dental clinic. Taking the dental clinic to outlying communities is one aspect of our proposal, and one way of removing the transportation barrier.

The Oral Health team, comprised of only two staff, currently screens all children in Junior Kindergarten, Senior Kindergarten and Grade 2 at 55 schools in Chatham-Kent during each school year. They also provide more in-depth education to Grade 2 students during the month of April, which is Oral Health Month. In addition to this monumental task, they have also been holding screening and preventive clinics both at the Grand Ave site, and at portable clinics in area Secondary Schools, some Elementary Schools, Best Start hubs, and the Mennonite Central Committee. Despite this, there is frequently a waiting list of children and youth. By the addition of staff and equipment, the team will have the capacity to increase the number and frequency of preventive clinics, especially during the school year when staff's time has traditionally been taken up with school screening. Increased staffing will also allow for patients to be recalled for preventive check-ups.

Provincial public health units have historically provided preventive dental treatment, and this is a requirement of the Ontario Public Health Standards. The Chatham-Kent Public Health Unit's proposal is that our Oral Health team will provide oral health education and preventive services only, and that children and youth with a need for restorative treatment will be referred to community dentists.

Patients with more complex cases, and requiring general anaesthesia for treatment in Chatham are treated at the Chatham-Kent Health Alliance. It is not uncommon for dental patients to be 'bumped' off the hospital waiting list as more urgent operative cases arise, meaning that a dental patient, with urgent needs, could be waiting a significant length of time for treatment. Currently children and youth referred for specialized paediatric dental consultation are required to travel either to Windsor or London. The University of Western Ontario, Schulich Dental Clinic is requesting neighbouring health units to support the construction of a full service (including anaesthetic capability) paediatric operatory on their campus. The increase in the University's capacity to treat would result in a decreased waiting time for patients from Chatham-Kent.

With regular preventive care and oral hygiene education, it is hoped that the need for urgent treatment, currently provided through CINOT utilization, will decrease over time, thus realizing a cost-savings.

COMMUNITY STRATEGIC PLAN

The recommendations in this report support the following objective and strategic directions:

- A: Health – We are a healthy community.
 - A2: Exceed standards for health protection and promotion
 - A4: Foster a safe and caring community

Desired Outcomes/Proposed Activities

- Increase indices where Chatham-Kent meets or exceeds provincial benchmarks
- Increase number of preventative health initiatives
- Improve health and safety statistics
- Achieve substantial and sustained reduction and prevention of child poverty

The recommendations will not adversely impact on the remainder of the Community Strategic Plan.

CONSULTATION

Chatham-Kent Public Health continues to liaise with the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Association of Public Health Dentists (OAPHD) with regard to the roll-out of the Low-Income Dental Plan.

FINANCIAL IMPLICATIONS

The MOHLTC is offering each Health Unit a one-time amount of \$500,000 for infrastructure costs for preventive clinics. The plan for the Chatham-Kent Public Health Unit is attached. Furthermore, the Ministry has committed to 100% funding for operational costs until the end of the 2011-2012 fiscal year. The OAPHD is strongly recommending that the MOHLTC continue full funding of this program beyond that time.

Ms. Rietdyk introduced the report to the Board. Ms. Brown noted that this Request For Proposal came quite recently from the Ministry. As a result, this information was not included in the budget report to the Board, however, this would be 100% funded by the Ministry. The proposal looks at establishing a dental clinic at Clinic Services. Space at the WISH Centre had originally been earmarked to share with the Community Health Centre, however, the Health Centre has since made other plans so the space is there and is available.

Jane Reiha, Program Manager, Health Promotion – Child and Youth Strategy, indicated to the Board that the funding being offered by the Ministry for this project is part of the provincial government's poverty reduction strategy. Chatham-Kent Public Health has provided CINOT (Children in Need of Treatment) for many years for children up to the age of 14. Phase II of CINOT was introduced last year, which extended CINOT to young people up to their 18th birthday. The province is offering \$500,000 for infrastructure and operating costs which are guaranteed up to the end of the 2012 fiscal year. Chatham-Kent, in consultation with other health units, is in line with programming with others of our size. What the Health Unit is proposing in this RFP is moving the dental clinic to Clinic Services, and looking at enhanced services for children from families with no dental plan and no/limited financial means. The Health Unit would provide services and recall patients to ensure their oral health is maintained. The 2006 census indicates that there are 2500 children in Chatham-Kent without access to dental care. With the current economic climate, that number is estimated to be low. Current preventive clinics that the Health Unit runs have waiting lists. The proposal calls for two operatories as well as a portable dental clinic.

Ms. Brown confirmed that this proposal is targeted toward the working poor. Ontario Works clients have dental cards for children and adults and can access urgent dental services. Ms. Brown requested Dr. Wayne McKay, Dental Consultant for Chatham-Kent Public Health, to address the long term effects of this proposal.

Dr. McKay told the Board the Chatham-Kent Health Unit has a wonderful dental program, and this proposal should impact our CINOT program. The proposal should offset and ultimately eliminate CINOT which is funded 75/25 whereas the proposal is 100% funded. Dr. McKay feels that long term flexibility is needed. Though the funding could be cut in 2012, there are indications that it will not be cut. Supporting the construction of a Dental Clinic at the Schulich School of Medicine and Dentistry, University of Western Ontario, would be money well spent. The long term effect of the proposal will be positive. This is for the working poor and for people that have had dental plans in the past but have lost their benefits – those are the folks that we will be starting to see.

Councillor Crew indicated she would welcome a dental clinic to Clinic Services, but wondered if there is any benefit for the working poor that have a dental plan but have to pay up front. Dr. McKay responded that the purpose of the clinic is not to become a bank. It has been tried in some areas, and this is an on-going problem, but it doesn't work. The fee schedule is a problem, as there have been no fee increases in many years. There are 50 dentists that participate in our program and they are very supportive in spite of the outdated fee schedule. Ms. Rietdyk noted that we have to focus on this funding being offered which will take the burden off CINOT dentists. If we check, clean, and seal the teeth of the working poor, this will ensure that not as many children have problems requiring more extensive dental procedures.

Mr. Carnahan inquired about screenings taking place within the local school boards. Ms. Reiha responded that issues that we had had in the past with some of the boards has been resolved, and the boards are very supportive. The dental team is now in high schools twice a year screening high school students. Children seen during school screenings can be referred to the CINOT program. Currently we screen Junior Kindergarten, Senior Kindergarten and Grade 2 students. Depending on the results, we may screen further grades. A letter could be sent home to parents indicating that follow-up is required. Dental staff do a follow-up. Principals have sometimes called requesting a clinic and they have identified students that require being seen and have received permission from the parents.

Councillor Crew moved, seconded by Ms. Craeymeersch, that

1. **The Board of Health support the Chatham-Kent Health Unit Low-Income Dental Plan requesting \$500,000 in start-up funding, and ongoing operational costs from the Ministry of Health and Long-Term Care, to be funded at 100% provincial cost.**
2. **The Board of Health support the construction of a full service (including anaesthetic capability) paediatric operatory at the Dental Clinic, Schulich School of Medicine and Dentistry, University of Western Ontario, at 100% provincial cost.**
3. **An increase of 2.6 FTE be approved to implement the plan, to be funded at 100% provincial cost.**

The Chair put the Motion.

Motion Carried

B. INFORMATION REPORTS TO BE RECEIVED

Mr. Carnahan moved, seconded by Councillor McGregor,

“That the information reports be received.”

- a) Pilot for Infant Cardio Pulmonary Resuscitation (CPR) Anytime Personal Learning Program, prepared by Paula Morrison, Program Manager, Infant Health, dated January 6, 2010

BACKGROUND

The Chatham-Kent Public Health Unit has been discussing with the Canadian Heart and Stroke Foundation (HSF) the possibility of implementing the **Infant CPR Anytime™** program. Chatham-Kent will be the first municipality in Canada to offer this program. The plan is that expectant parents, new parents, grandparents, siblings, babysitters and daycares have a simple, convenient way to learn to perform infant CPR and to relieve choking - **Infant CPR Anytime™ Personal Learning Program.**

This new training program can be used to learn skills that could help save the life of an infant (newborn-12 months). The kit includes a one-of-a-kind infant CPR manikin, a 20-minute skills training DVD and two fold-out Quick-Reference Skills Reminders.

Knowing how to perform the relatively simple skills of CPR and relief of choking can make a life or death difference for infants who suffer cardiac arrest or whose airways become blocked by food or small objects.

COMMENTS

The Heart and Stroke Foundation of Canada will provide an endorsement letter for use of the USA kits in Canada as part of the pilot project. The first initiative will be to organize a targeted blitz (families with children under 1) for a mass CPR training. The date and location of the event will be determined once the kits arrive and receive Canadian authorization. Chatham-Kent Public Health will be collaborating with HSF Canada, HSF Ontario, HSF Chatham-Kent, Emergency Medical Services (EMS) and St. Clair College to provide education for up to 1,000 families of Chatham-Kent.

CONSULTATION

Chatham-Kent Public Health Unit staff will be working closely on questionnaire development with HSF Canada and HSF Ontario for research analysis.

FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report. Costs incurred are covered within our current budget.

Ms. Rietdyk introduced the report to the Board, noting that the Municipality of Chatham-Kent is the first municipality in Canada to offer this program. Paula Morrison, Program Manager, Infant Health Team, informed the Board that the program will target families with children under the age of one. In the United States, stats show that for every kit given out, it affects ten other families. The Health Unit will be piloting the American version, but working with Heart and Stroke Canada. The kit includes a baby manikin, DVD, pamphlet, directions, an extra set of lungs for the baby and cleaning for the manikin. Ms. Morrison stated that the Health Unit is very fortunate to have this opportunity for our community.

In response to a question by Councillor Crew, Ms. Morrison indicated that the program will be rolled out by way of a large event in the community, hopefully sometime in March or April. The Health Unit is working with both the local and regional Heart and Stroke staff to build momentum. As part of the next phase, the Health Unit will be able to offer the kits to paediatricians and hospitals. The kits are not to take the place of traditional CPR courses, but targets those that might never attend a class. Funding for the program is budgeted through program funding. One thousand kits have been received.

- b) Shaken Baby Prevention Campaign, prepared by Paula Morrison, Program Manager, Infant Health, dated January 6, 2010

BACKGROUND

In mid-April 2009, a grant was received from the Ontario Neurotrauma Foundation from a joint proposal between the Chatham-Kent Public Health Unit and Chatham-Kent Health Alliance (CKHA), Women and Children's Health.

The goal of the proposal is to focus on providing education to create a cultural change in the way parents and others think of infant crying, particularly inconsolable crying. The plan is to implement a hospital-based, parent educational program to teach new parents about the dangers of infant shaking.

The program helps parents and caregivers understand the features of crying in normal infants that are frustrating and that can lead to shaking or abuse. **PURPLE** stands for:

- **P**eaks of crying: around two months
- **U**nexpected: often happening for no apparent reason
- **R**esists soothing—crying continues despite all soothing efforts by you
- **P**ain-like face: baby looks in pain, even when they are not
- **L**ong lasting: 30-40 minutes or longer
- **E**vening crying: is common in the late afternoon or evening.

COMMENTS

All families giving birth at the CKHA will receive education and a free copy of the 10 minute DVD and 11 page booklet before going home from the hospital. It is expected that by providing this educational material, by teaching parents that crying is part of normal infant development and by connecting the dangers of shaking, it will be possible to have a direct and positive effect on parents' and caregivers' approach to infant care.

The program is set up as a 3-fold venture:

- Through the CKHA Women and Children's Health Program:
 - Teaching and materials distributed in hospital in new moms
- Through the Healthy Babies/Healthy Children Public Health Nurses and Family Home Visitors:
 - Second teaching and delivery of any materials issued from the hospital.
- By public education, with the main message in the materials on how friends and families can help support new parent(s) with crying babies. Running February 22 to March 15, 2010, there will be a media blitz throughout Chatham-Kent with the simple message: "Take a break...never shake a baby".

CONSULTATION

As part of the grant, liaison will continue with the Ontario Neurotrauma Foundation through Dr. Richard Volpe to share and receive information based on the current best practice recommendations related to Shaken Baby Prevention education.

A small study of parents will be conducted in Chatham-Kent with the Health Unit's Epidemiologist Laura Zettler as to the effectiveness of the materials prenatally and then with a 5 month follow-up.

FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report. Costs incurred are within the grant received from the Ontario Neurotrauma Foundation.

Ms. Rietdyk reviewed the report with the Board, noting that this program is being provided in partnership with the Chatham-Kent Health Alliance. Signage will be going up in bus shelters to address the prevention of shaken baby.

c) Monthly Programs and Services Information Report, dated December 2009

| Program Team | Activity | 2008 Totals | 2009 Year-to-Date |
|--|--|-------------|-------------------|
| Infant Health Services | | | |
| | Number of new families referred to public health during the prenatal, postnatal, and early childhood period | 1022 | 1020 |
| | Number of expectant and new moms attending Building Healthy Babies | 161 | 715 |
| | Number of families who attended a Baby Weigh-In or Developmental Clinic for a weight check, screening, information, or support | N/A | 2174 |
| | Number of 48-hour postpartum telephone calls | 889 | 1058 |
| | Number of postpartum home visits conducted by a Public Health Nurse | 772 | 734 |
| | Number of families referred for ongoing home visiting by a Public Health Nurse and Family Home Visitor | 303 | 150 |
| | Number of home visits made by a Family Home Visitor | 1811 | 2375 |
| | Number of families who received advanced breastfeeding support | N/A | 406 |
| Service Complaints / Serious Occurrences – Nothing to report | | | |
| Good News –2 nursing students will work with the Infant Health Team for several months starting in January; one from Ryerson post RN program and the other from the collaborative nursing program. Our Baby Friendly Initiative External Assessment will be February 9-11, 2010. This will include an extensive assessment of practices and policies, interviews with staff and clients and observations to determine whether the criteria defined in the Breastfeeding Committee of Canada Baby Friendly Initiative Practice Outcome Indicators are being met. | | | |
| Community Health Promotion Services Child & Youth Strategy | | | |
| | Number of children who received oral health screening in elementary schools | 2216 | 2386 |
| | Number of children and youth referred to CINOT | 416 | 421 |

| Program Team | Activity | 2008 Totals | 2009 Year-to-Date |
|---|--|----------------------------|---------------------------------------|
| | Number of preventative dental clinics held | 15 | 28 |
| | Number of NutriStep/nutrition workshops | 52 workshops 17 clinics | 107 Education sessions |
| | Number of health promotion activities in schools by Public Health Nurses (i.e. literacy nights, health fairs, meet the teacher night, education week activities). | 28 | 149 |
| | Number of health promotion activities in the community by Public Health Nurses. | 7 | 45 |
| | Number of students receiving classroom instruction about health sexuality and self-esteem. | 1816 | 3422 |
| Service Complaints / Serious Occurrences – nothing to report | | | |
| News – Due to the cessation of funding for the Youth Action Alliance, we bid farewell to Jeff Moco, the Youth Advisor, at the end of December. Jeff had been very active in youth engagement activities, with a primary focus on smoking. He was known for his high energy, and out-of-the-box thinking, and he will be missed by all. He is on indefinite lay-off, and we look forward to his return. | | | |
| Community Health Promotion Services Adult Strategy | | | |
| | Number of Cardiovascular/ Chronic Disease Prevention activities focused on increasing public awareness in the following focus areas: Physical Activity, Healthy Eating, Comprehensive Tobacco Control, Alcohol Use, Cancer Prevention & Screening/ Exposure to Ultraviolet Radiation. <ul style="list-style-type: none"> ▪ Activities ▪ Resources distributed ▪ Media (i.e. PSAs, media releases, purchased media, billboards, etc.) | | 47 4604 68 |
| | Number of Cardiovascular/ Chronic Disease Prevention activities focused on policy development/ creating a supportive environment/building community capacity in the following focus areas: Physical Activity, Healthy Eating, Comprehensive Tobacco Control, Alcohol Use, Cancer Prevention & Screening/ Exposure to Ultraviolet Radiation. <ul style="list-style-type: none"> ▪ Meetings ▪ Community partners ▪ Activities | | 144 329 68 |

| Program Team | Activity | 2008 Totals | 2009 Year-to-Date |
|---|--|---|---|
| | <p>Healthy Living Chatham-Kent Program (Ontario Heart Health Program) Meetings & Presentations:</p> <ul style="list-style-type: none"> ▪ Health-e @Work & Home ▪ Heart Smart & Nutrition Month ▪ Walking Program & Trails ▪ Built Environment ▪ Building Community Capacity ▪ Let's Cook ▪ Healthy Living Chatham-Kent ▪ Ministry Meetings | <p>34 26 27 11 3 36 6</p> | <p>7 20 8 6 5 23 6 11</p> |
| | Number of Workplace Wellness Activities/ Initiatives | Sept-Dec = 18 | 36 |
| | <p>Number of Injury Prevention activities with Community Partners in the following focus areas: alcohol & other substances, falls across the lifespan, road and off-road safety, other areas of public health concern for the prevention of injuries (i.e. child car seat clinics; bike helmet fitting events; pool safety)</p> <ul style="list-style-type: none"> ▪ Activities ▪ Resources distributed ▪ Media (i.e. PSAs, media releases, purchased media, billboards, etc.) | | <p>3 162 1071 52</p> |
| | <p>Total number of tobacco compliance checks to ensure compliance with the Smoke-Free Ontario Act:</p> <ul style="list-style-type: none"> ▪ Schools ▪ Workplaces & Public Places ▪ Bars & Restaurants ▪ Test Shops ▪ Inspections ▪ Complaints | <p>15 36 116 349 248 TBD</p> | <p>45 48 177 200 168 11</p> |
| | Number of Prenatal and Parenting activities/sessions provided (i.e. Prenatal classes, "1234 Parents", "Nobody's Perfect", "Beyond the Basics") | 92 | 129 |
| | Number of influenza immunizations administered (up to November 30, including H1N1 and seasonal flu) | 8583 | <p>H1N1 = 28774 Seasonal = 4726</p> |
| Service Complaints / Serious Occurrences – nothing to report | | | |

| Program Team | Activity | 2008 Totals | 2009 Year-to-Date |
|---|--|-------------|-------------------|
| <p>Good News: - The Seniors Falls Prevention Video is in final stages of production. Plans are underway to distribute DVD's to seniors in the community through community partners. Chatham-Kent Public Health will be hosting the Southwest Ontario Evidence Informed Decision Making Workshop on April 8, 2010. This practical workshop will demonstrate the overall process of evidence informed decision making in public health. The target audience for the workshop is public health practitioners, program managers, directors and staff responsible for the planning and delivery of public health programs and services.</p> | | | |
| <p>Clinic Services</p> | | | |
| | Number of telephone interactions related to sexual health (Telephone consultative services were continued during the H1N1 clinics.) | 2015 | 2844 |
| | Number of Sexual Health Clinic visits. This includes main and outreach sites. (Please note that clinics were reduced to enable redeployment of staff to H1N1 clinics.) | 3762 | 2879 |
| | Number of Sexual Health School visits (Please note that we did not provide services to the school for the 6 week duration of the H1N1 rollout.) | 1035 | 845 |
| | Number of reportable positive tests for Sexually Transmitted Infections (STI) and Blood Borne Infections (BBI) | 250 | 246 |
| | Number of Nurse Practitioner visits (Please note that NP only accepting specific patients who fall within the parameter of Public Health work.) | 1800 | 1425 |
| | Number of telephone interactions related to Vaccine Preventable Diseases (This does not include calls related to FLU or H1N1) | 7123 | 8473 |
| | Number of vaccine doses administered at school based clinics | 5040 | 5139 |
| | Number of vaccine doses administered at in house clinics | 1317 | 1555 |
| | Number of cold chain inspections | 56 | 62 |
| | Number of students suspended for inadequate immunization information | 270 | 159 |
| <p>Service Complaints / Serious Occurrences – nothing to report</p> | | | |

| Program Team | Activity | 2008 Totals | 2009 Year-to-Date |
|---|---|-------------|-------------------|
| <p>Good News – Please note that with program changes we were able to significantly decrease our overall school suspension rates for the year. This is a tribute to the dedication and great work of all staff on the vaccine team.</p> | | | |
| <p>Environmental Health Services</p> | | | |
| | Number of disease inquiries/consultations/investigations (childhood disease, respiratory or enteric illness, etc.) | | 2187 |
| | Number of outbreak investigations (respiratory, enteric, community food poisoning, etc.) | 41 | 27 |
| | Number of animal incident investigations (rabies) | 268 | 291 |
| | Number of health hazards inquiries/consultations/investigations | | 276 |
| | Number of inspections completed to assess potential health hazards (funeral homes, public accommodations, migrant housing, arenas, etc.) | 147 | 202 |
| | Number of inspections completed to assess infection prevention and control practices (rest homes, personal service settings, day nurseries, etc.) | 225 | 148 |
| | Number of food premises inspections | 1516 | 1295 |
| | Number of recreational water inspections (pools, spas, beaches, etc.) | 223 | 155 |
| | Number of boil water advisories/ water incidents | 10 | 7 |
| | Number of convictions/ legal actions taken | 1 | 5 |
| <p>Service Complaints / Serious Occurrences –</p> | | | |
| <p>Good News - December brought some staffing changes to our team. Cara Robinson, our current Public Health Inspector student, received notice in December that she had successfully passed her Board of Certification and become a certified Public Health Inspector. Cara was hired as the successful candidate to replace Donald Holmes who retired at the end of December. We wish Donald well on his retirement and we welcome Cara as the newest member of the Environmental Team.</p> | | | |
| <p>All Program Areas</p> | | | |

| Program Team | Activity | 2008 Totals | 2009 Year-to-Date |
|---------------------|---|--------------------|--------------------------|
| | Number of initiatives addressing <i>Heart Disease is Job #1</i> | | 6544 |

Ms. Rietdyk reviewed the December highlights with the Board, and congratulated the Program Managers and their staff for working through H1N1. Very few of the stats captured in the highlights are lower than the previous year. Staff carried on many of the programs in spite of all the extra time expended through the H1N1 clinics.

The Chair put the Motion.

Motion Carried

7. ITEMS TO BE RECEIVED AND FILED

Ms. Brown introduced the two items coming forward for the information of the Board.

Councillor McGregor moved, seconded by Mr. Carnahan:

“That Information Reports a) and b) be received and filed.”

- a) Recommendation from Niagara Region re: dietary sodium reduction.
- b) Memo from Allison Stuart, Assistant Deputy Minister, Ministry of Health and Long-Term Care re: extension of the implementation phase of the Small Drinking Water Systems Program to December 31, 2011, based on 100% funding.

Ms. Rietdyk noted that though the report on sodium has been read, the dietitians had not been approached for their opinions on the report. As for item b), Ms. Rietdyk informed the Board that the Ministry will continue funding until the end of 2011 for the Small Drinking Water Systems program.

The Chair put the Motion.

Motion Carried

8. NON-AGENDA ITEMS

- a) alPHa Winter Symposium

Ms. Rietdyk informed the Board that the alPHa Winter Symposium will be held February 25 and 26 in Toronto. No agenda for the conference has been received to date. Any Board

members interested in attending should let Ms. Rietdyk or Margaret Keech know as soon as possible.

b) Opening of Refurbished Kitchen at the WISH Centre

Ms. Rietdyk reminded the Board members that the official opening of the refurbished kitchen at the WISH Centre is happening in the afternoon today. The dietitians will be using the kitchen as a teaching kitchen on a regular basis.

9. MOTIONS OF THE CLOSED SESSION MEETING OF JANUARY 20, 2010 - NONE

10. TIME, DATE AND PLACE FOR THE NEXT MEETING OF THE BOARD

The next meeting of the Board will be held on Wednesday, February 17, 2010 in Room 301, Chatham-Kent Centre for Community Services, closed session at 10:30 a.m., and the regular meeting to start at 11:00 a.m.

11. ADJOURNMENT

Ms. Craeymeersch moved that the meeting be adjourned at 12:10 p.m.

Brian King, Chair