

North Region Local Health Committee

Approved Minutes

Tuesday October 17th, 2006

5:30 - 8:00 p.m.

North York Civic Centre, 2nd floor, Cm. Rm. 2

Present: Valerie Sterling (Chair), Syed Kafil Akhtar, Jane McDonald

TPH Staff: Sara Farrell (Community Health Officer) (Minutes)

Guests: Maria Herrera, Cathy Turl

Regrets: Susan Makin (Director), Wanda McNevin, Eva Tavaries, Elizabeth Yohannan, Velumylum Thanga, Eleanor Ziv, Lidia Monaco

Absent: Bev McClelland, Thanga Velulmylum

Discussion Prior to Meeting:

Problem with attendance at meetings.

Local Health Committee Evaluation:

Cathy gave introduction. This process was done after the first session and the same process is being used. They are also having meetings with CHOs, Chairs, Directors, and are going to try and connect with City Councillors for additional comments/perspectives. After the first evaluation, the Terms of Reference were adjusted; CHO staff time was increased to .5FTE; and outreach and retention strategies were discussed.

1.0 Terms of Reference

Question: Has the Terms of Reference been useful for clarifying the roles and responsibilities of LHC members, and is the relationship to the Board of Health (BOH) clear?

- North York made a motion re attendance (i.e. 3 absences without regrets must resign). Suggestion to move this from under Qualifications to Roles and Responsibilities.
- North York meets once a month x 10mos.
- Suggestion to have Local Health Committee (LHC) meeting before BOH meetings was very useful to share agenda items and get input from the LHC
- Use more graphs, visual aids to clarify roles and responsibilities e.g. for Toronto Public Health (TPH) structure and how all the programs fit in. It is important to put in the terms of reference so people understand prior to committing to the LHC the scope of TPH Orientation needs to be more than just one session and not just downtown.
- Maybe have interviews of applicants beforehand.
- Orientation to BOH mandatory to attend 1 session before applying – maybe consider this for those who have indicated interest; should be part of application process.
- Maybe more upfront investment.

- This could be one role and responsibility of Local Health members to do mandatory information sessions in different neighbourhoods (to ensure accessibility). Should there be a limit of time a LHC member can serve?
- May this is too premature to decide as we're not there yet. It is important to consider value and necessity of continuity.
- 8 years – 2 terms seems little too long when in reality has one been 1 ½ years since meeting.
- LHCs' are also investment pool for new BOH members.
- More emphasis needs to be made on the commitment people want to make.

2.0 Membership and Participation:

Benefits:

- Increased knowledge of health issues across North York
- Deepening of understanding of services and gaps specific to North York and to the rest of the City
- People should know who members are e.g. sharing business cards and a little background
- Lots of first hand data and opportunity to give direct feedback
- Provision of opportunities: LHC members should be invited to all community consultations / open meetings and promote LHC role at these as a means of reaching out as well as hearing about other issues / opportunities.
- Maybe make this a more formal process that LHC members get cc'd on (but NOT the expectation that is would be in addition to LHC meetings).

3.0 Orientation

- Was good if you were there; need to ensure members attend this; need that commitment. If not there, then next applicant should be offered the opportunity. This is a necessity to understanding role.
- Set date with MOH ahead of time.
- Was well organized, maybe simplify content, use more visuals.
- Do we need a session in each region? Depends on members' readiness. Maybe more focus on BOH and its role vs. TPH structure.
- Add concrete examples of how an issue has processed through the LHC to the Board and how it has directed TPH services.
- Have existing LHC members assist with this.
- Education and Development Opportunities: May be important to ensure all LHC members on same page, really understand in terms of regions, parameters of issues being addressed.

4.0 Planning & Implementation

- Key achievements of LHC identifying priorities → what helped.
- We identified a lot of issues e.g., seniors, youth, 0-6, middle years, but didn't have enough time.
- No problem with identifying issues, when we began detailed demographic overview, was very useful – that plan of looking at existing data helped to identify issues, helped solidify issues.
- Valerie was a great leader in working through this.
- Staff should anticipate doing this again.

- Drawback: Waiting for different pieces of information.
- Presentations were useful but did take up much time. However they were necessary to make informed decisions; maybe send out information packages ahead of time.
- We worked very well at identifying issues, prioritizing and have been requested to advocate by various groups, members much more informed.
- For Next Term: we may not have to start at the beginning again.
- Is there value in continuing prioritizing issues but still very important to consider being open to changing these with new committee members.
- Connections to Community: members were already well connected but when going to local meetings; promoting as a member of LHC.
- Members need information cards to pass on to their connections, need to ensure geographic diversity; caution re organizational / agency people.
- Members need to be reminded frequently to connect with community to promote LHC – maybe include an application form; idea for first meeting have members ID links with groups networks, coalitions and groups throughout region (ie. Create a web of contacts) (maybe include a section on the application for this kind of information)..
- Dissemination piece needs to be addressed – this should be stressed in the Terms of Reference.
- Challenges: selection process of members, attendance
- How to get best input from both community and BOH re issues

5.0 Group Process

- No real conflicts due to expertise of chair.

6.0 Last Question

- Support of TPH was great
- Disappointment at joint LHC / BOH because of lack of City Councillors at first orientation. Local Councillors should attend.
- Perhaps having a list of alternate members; need to develop a process for bringing alternates on as well as looking at ways to ensure ongoing commitment.

Next Meeting:

Tuesday November 14, 2006

5.30 – 8 p.m.

Public Health, 2nd Fl. Conference Room

5100 Yonge Street