

MLHU's Quarterly Performance Report to the Board of Health

Q1 2024

Public Health Programs

Program highlights are only provided when strategically significant.

Program Cluster	Programs	Q1 Summary
Food Safety	<ul style="list-style-type: none"> Food Safety Program 	<ul style="list-style-type: none"> On target to meet high risk and moderate risk inspections, however, challenges exist in meeting Special Event inspections due to increase in demand.
Health Hazards	<ul style="list-style-type: none"> Health Hazards Program 	<ul style="list-style-type: none"> No new emerging risks; may need more specialized capacity for health hazard investigations in the long-term.
Healthcare Access and Quality	<ul style="list-style-type: none"> Health System Reorientation 	<ul style="list-style-type: none"> Due to lack of access to primary care in Middlesex-London, MLHU clinical services (specifically immunization) are seeing an increase in demand. MLHU's executive leadership are members of the Middlesex-London Ontario Health Team Coordinating Council, including the Governance Sub-Committee, to support discussions related to health system integration and improvement.
Healthy Behaviours	<ul style="list-style-type: none"> Healthy Sexuality Physical Activity and Sedentary Behaviours Tanning Beds Ultraviolet Radiation and Sun Safety 	<ul style="list-style-type: none"> Given local priorities, limited resources are available for interventions specifically related to physical activity and sedentary behaviours, although work in other programs synergistically address this program area (e.g., built environment and active transportation). Given sustained increases in Sexually Transmitted Infections in the community, MLHU is currently prioritizing a review of its comprehensive approach to healthy sexuality, including social marketing approaches.
Healthy Eating	<ul style="list-style-type: none"> Menu Labelling Food Systems and Nutrition 	<ul style="list-style-type: none"> MLHU continues to support the Middlesex-London Food Policy Council; assessment of the population health impact of the work of the Council is underway. Compliance inspections for the Healthy Menu Choices Act are being reviewed, and likely discontinued, in alignment with Provincial direction. The School Health Team is in early engagement with Thames Valley District School Board related to school food programs, given national funding announcement and evidence related to improved student attendance.

<p>Healthy Environments</p>	<ul style="list-style-type: none"> • Active Transportation and Built Environment • Healthy Environments and Climate Change Program • Healthy Workplaces 	<ul style="list-style-type: none"> • MLHU is liaising with City and County staff to provide expertise on the health implications of the built environment; further assessment of the service provided is necessary. • MLHU has recently reviewed its approach to climate change. • Aside from periodic IPAC support, limited resources are available for interventions related to Healthy Workplaces.
<p>Healthy Growth & Development</p>	<ul style="list-style-type: none"> • Early Childhood Development • Healthy Pregnancies • Infant Nutrition • Preconception Health 	<ul style="list-style-type: none"> • The number of births in Middlesex-London continues to increase year over year, increasing demands for home visiting and breastfeeding supports. • The postpartum screening rate dropped to 68% in Q1, compared to 86% in 2023. Significant team turnover related to organizational restructuring resulted in decreased team capacity.
<p>Immunization</p>	<ul style="list-style-type: none"> • Community Based Immunization Outreach • COVID-19 Vaccine Program • Immunization Monitoring and Surveillance • Immunizations for Children in Schools and Licensed Child Care Settings • Vaccine Administration • Vaccine Management 	<ul style="list-style-type: none"> • Significant progress in ISPA enforcement, resulting in near pre-pandemic vaccine coverage rates amongst school aged children. • Increased frustration from sub-segments of the public with enforcement of the ISPA. Subsequently, there are also subjective concerns of increasing vaccine hesitancy. Addressing vaccine hesitancy is a future priority for a social marketing intervention.
<p>Infectious Disease Control</p>	<ul style="list-style-type: none"> • Rabies and Zoonotic Disease • Sexually Transmitted and Blood-Borne Disease • Infectious Disease Control • Vector-Borne Diseases Program 	<ul style="list-style-type: none"> • Significant increase in the number of reports of infectious diseases, resulting in a notable increase in workload (790 reports in Q1 2024 vs. 233 reports in Q1 2023). • Notable increase in congenital syphilis cases, compared to baseline. Resource requirements for follow-up and support are significant. • Continue to see high numbers of animal bite reports, requiring substantial follow-up. • MLHU continue to support clinical services for TB outpatient care; sustainability of this service given increasing demands and physician retention remains a risk.
<p>Injury Prevention</p>	<ul style="list-style-type: none"> • Adult Injury Prevention • Childhood Injury Prevention 	<ul style="list-style-type: none"> • Limited resources are available for interventions specifically related to injury prevention. Work in other program synergistically address injury prevention (e.g., built environment and active transportation).
<p>Mental Health & Wellbeing</p>	<ul style="list-style-type: none"> • General Mental Health Promotion 	<ul style="list-style-type: none"> • Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health

	<ul style="list-style-type: none"> • Perinatal Mental Health Promotion 	and wellbeing (e.g., Healthy Babies Healthy Children and Nurse Family Partnership, School Health).
Oral Health	<ul style="list-style-type: none"> • Non-Mandatory Oral Health Programs • Ontario Seniors Dental Care Program • Oral Health Assessment and Surveillance • Healthy Smiles Ontario Program 	<ul style="list-style-type: none"> • Wait-list for the Seniors Dental Program is ~500 people for the London clinic; completion of the expanded facility at CitiPlaza will help to address this.
Safe Water	<ul style="list-style-type: none"> • Drinking Water Program • Recreational Water Program 	<ul style="list-style-type: none"> • No updates or emerging risks.
School Health	<ul style="list-style-type: none"> • Comprehensive School Health 	<ul style="list-style-type: none"> • Due to resource limitations, the MLHU is no longer present in elementary schools, except for vaccination and oral health services. • There has been increased engagement with the school boards through the work of the new Health Promotion Specialists, specifically related to mental health and wellbeing, sexual health, and substances.
Substance Use	<ul style="list-style-type: none"> • Needle Syringe Program • Alcohol • Cannabis • Opioids (Harm Reduction Program Enhancement) • Other Drugs • Tobacco and Vapour Products (Smoke Free Ontario) 	<ul style="list-style-type: none"> • MLHU is currently evaluating participation in a project that would increase capacity in pharmacists to providing smoking cessation supports; resource requirements are still being assessed. • Significant progress has been made in re-forming of the Middlesex-London Community Drug and Alcohol Strategy Steering Committee; next steps will be determined in Q2.
Social Conditions	<ul style="list-style-type: none"> • Poverty Reduction • Housing and Homelessness • Anti-Racism and Anti-Oppression 	<ul style="list-style-type: none"> • The number of unsheltered individuals in Middlesex-London has increased significantly. MLHU's executive leadership are members of the Strategy and Accountability Table for London's Health and Homelessness response. Staff are also supporting the development of the City's Encampment Strategy and participating in the evaluation efforts for the response. • The Health Unit continues to make incremental progress on the Taking Action for Reconciliation (TAFR) plan. The agency has improved relationships with First

		<p>Nations communities in the Middlesex-London region through regular and frequent partnership meetings.</p> <ul style="list-style-type: none"> • The Health Unit continues to make incremental progress on the Anti-Black Racism Plan (ABRP) and continues to engage community members through the ABRP Community Advisory Committee. • Limited resources are available for interventions directly related to Poverty Reduction.
Violence Prevention	<ul style="list-style-type: none"> • Intimate Partner Violence Prevention • Violence Prevention 	<ul style="list-style-type: none"> • iHEAL program continues to operate; funding from PHAC currently slated to end in spring 2025; this is being reviewed.

Finances

Please see previous Q1 Financial Update, Borrowing Update and Factual Certificate ([Report No. 09-24FFC](#)). These reports will be integrated in the future.

Human Resources

Fill Rate and Time to Fill

Fill rate varies by team, with some positions held to meet the budgeted gap. This also impacts the time to fill metric, as some delays in hiring are intentional. Restructuring also greatly impacted staff turnover and these metrics, with employees applying to new positions shortly after starting on restructured teams.

Client and Community Confidence

Clients

As of Q1 2024, the MLHU does not have a comprehensive client relations process in place. This is on track for development and completion mid-2024.

Partners

The MLHU has relationships with numerous community partners through the work of the teams and the divisions. At the executive level, the MLHU continues to prioritize close relationships with municipal and provincial government partners. These relationships are fostered through timely responses to reactive requests for support and information, and the proactive sharing of novel initiatives and innovations. The MLHU also continues to conduct proactive touch-bases with executive leaders of health system partners, and actively engages with the Middlesex-London Ontario Health Team.

The MLHU is establishing a Partnership Engagement Framework, with a targeted completion for 2024. This framework will assist the organization in monitoring, tracking, and evaluating relationships with key partners. This will strengthen the quality of the quarterly and annual performance reports in this domain.

Community

The MLHU continues to make incremental progress on the Taking Action for Reconciliation (TAFR) plan. The agency has improved relationships with First Nations communities in the Middlesex-London region through regular and frequent partnership meetings.

The MLHU continues to make incremental progress on the Anti-Black Racism Plan (ABRP) and continues to engage community members through the ABRP Community Advisory Committee.

Employee Engagement and Learning

Leadership Development

The MLHU introduced an internal leadership development program in 2023, in response to turnover in leadership positions during the pandemic and associated exit interview data, as well as feedback from the Joy In Work project. The program includes a stream for staff who aspire to leadership, as well as existing leadership staff. The Canadian College of Health Leaders LEADS framework is a foundational component of the program, and 'refresh' sessions were implemented in Q1, co-facilitated by the CEO and the HR Coordinator, Systems, Learning and Performance Development.

Organizational Restructuring and Impacts to Teams

The labour relations implications associated with the organizational restructuring implemented in Q1 resulted in a high amount of disruption to staff. Concerted efforts to support teams with team-building, including the engagement of an organizational development consultant, were made to attempt to minimize negative impacts to culture. Demands placed on existing team members to orient new staff added to the change burden and impacted productivity in some areas of service, as expected. Support continues to be offered to teams, with Managers playing a critical role in their recovery.

Risks

Please see previous Q1 Risk Register Update ([Report No. 38-24](#)). These reports will be integrated in the future.