

# MLHU's Quarterly Performance Report to the Board of Health

Q3 2024

## Public Health Programs

Program highlights are only provided when strategically significant.

Program Cluster	Programs	Q2 Summary	Q3 Summary
<b>Food Safety</b>	<ul style="list-style-type: none"> <li>Food Safety Program</li> </ul>	<ul style="list-style-type: none"> <li>All inspections remain on track for completion by end of year.</li> </ul>	<ul style="list-style-type: none"> <li>High and moderate risk inspections are on track for completion by year end.</li> <li>Low risk inspections are at risk of not being completed by year end.</li> </ul>
<b>Health Hazards</b>	<ul style="list-style-type: none"> <li>Health Hazards Program</li> </ul>	<ul style="list-style-type: none"> <li>A fulsome risk assessment was conducted pertaining to a health hazard investigation of odours (hydrogen sulfate/H<sub>2</sub>S) at a London landfill, and was provided and presented to municipal partners. The process worked well, but was lengthy and required significant consultation with external partners.</li> </ul>	<ul style="list-style-type: none"> <li>A policy position paper was submitted to the National Building Code of Canada related to Maximum Indoor Air Temperature.</li> <li>Work commenced and is on-going on an investigation into soil vapour intrusion in a neighbourhood.</li> </ul>
<b>Healthcare Access and Quality</b>	<ul style="list-style-type: none"> <li>Health System Reorientation</li> </ul>	<ul style="list-style-type: none"> <li>There is continued demand on the MLHU clinical services related to a lack of access to primary care, particularly for immunization services. For example, 28%</li> </ul>	<ul style="list-style-type: none"> <li>There is continued demand on the MLHU clinical services related to a lack of access to primary care, particularly for immunization services. For example, Vaccine Preventable Diseases team is supporting monthly mobile</li> </ul>

		<p>of clients seen during ISPA catch up clinics were without a Family Doctor.</p> <ul style="list-style-type: none"> <li>• Meetings with the Primary Care Alliance continued to determine opportunities for collaboration on communication and support to primary care providers.</li> <li>• MLHU executive leadership remain members of the Middlesex-London OHT Coordinating Council, supporting discussions related to health system integration and improvement.</li> <li>• Preliminary discussions with the Thames Valley Children Centre were held to determine how the Health Care Provider and Early Years Outreach teams can support education of providers to increase accuracy and timeliness of referrals.</li> </ul>	<p>clinics with London InterCommunity Health Centre for newcomers.</p> <ul style="list-style-type: none"> <li>• Meetings with the London Middlesex Primary Care Alliance continued to determine opportunities for collaboration on communication and support to primary care providers.</li> <li>• MLHU executive leadership remain members of the Middlesex-London OHT Coordinating Council, supporting discussions related to health system integration and improvement.</li> </ul>
<b>Healthy Behaviours</b>	<ul style="list-style-type: none"> <li>• Healthy Sexuality</li> <li>• Physical Activity and Sedentary Behaviours</li> <li>• Tanning Beds</li> <li>• Ultraviolet Radiation and Sun Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation).</li> <li>• Given ongoing increases in sexually transmitted infections (STIs) in the community, MLHU launched a new project, promoting “Get a Kit” home STI testing as part of its comprehensive approach to healthy sexuality.</li> </ul>	<ul style="list-style-type: none"> <li>• Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation).</li> <li>• Appointment fill rates for family planning and STBBI clinics decreased this quarter (75% and 65% respectively).</li> </ul>
<b>Healthy Eating</b>	<ul style="list-style-type: none"> <li>• Menu Labelling</li> <li>• Food Systems and Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• MLHU School Health team continues to engage with the TVDSB related to school food programs, given the national food program funding announcement and the evidence related to improved student</li> </ul>	<ul style="list-style-type: none"> <li>• The Municipal and Community Health Promotion team continues to support the work of the Middlesex-London Food Policy Council, with administrative support shifting to</li> </ul>

		<p>attendance. As well, 13 situational supports (3%) offered to students were related to food systems and nutrition.</p> <ul style="list-style-type: none"> <li>• The Municipal and Community Health Promotion team continues to support the work of the Middlesex-London Food Policy Council and the London Good Food Box.</li> <li>• Compliance inspections for the Healthy Menu Choices Act were discontinued, in alignment with provincial direction.</li> </ul>	<p>the London Food Bank, from MLHU Registered Dietitian.</p> <ul style="list-style-type: none"> <li>• Healthy public policy work advanced regarding the National School Food Program through the Municipal and Community Health Promotion team and School Health team.</li> </ul>
<b>Healthy Environments</b>	<ul style="list-style-type: none"> <li>• Active Transportation and Built Environment</li> <li>• Healthy Environments and Climate Change Program</li> <li>• Healthy Workplaces</li> </ul>	<ul style="list-style-type: none"> <li>• MLHU continues to provide City and County staff with expertise on the health implications of the built environment.</li> <li>• Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>• MLHU continues provide City and County staff with expertise on the health implications of the built environment and to engage on committees related to active transportation to school, road safety, and climate change.</li> <li>• Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy Workplaces. 81 IPAC support requests were completed for healthcare and long-term care settings.</li> </ul>
<b>Healthy Growth &amp; Development</b>	<ul style="list-style-type: none"> <li>• Early Childhood Development</li> <li>• Healthy Pregnancies</li> <li>• Infant Nutrition</li> <li>• Preconception Health</li> </ul>	<ul style="list-style-type: none"> <li>• The demand for home visiting and infant feeding supports continue to be significant, with 208 calls to the Healthy Growth and Development phone line, 66% of which were related to infant feeding.</li> <li>• The postpartum screening rate declined further to 65% (from 68% in Q1 and 86% in 2023) as the number of births continued to rise in Middlesex-London outpacing existing resources.</li> <li>• The Smart Start For Babies program provided 6 programs at 5 sites with expansion to the Northwest London Resource Centre.</li> </ul>	<ul style="list-style-type: none"> <li>• The demand for home visiting and infant feeding supports continue to be significant, with 193 calls to the Healthy Growth and Development phone line, 59% of which were related to infant feeding.</li> <li>• Challenges with data quality prevented updated numbers of postpartum screening rates from being reviewed; this is being reviewed by the team.</li> <li>• The Smart Start For Babies program continued to provide 6 programs at 5 sites.</li> <li>• The Injoy on-line prenatal education program had 93 new registrants.</li> </ul>

<b>Immunization</b>	<ul style="list-style-type: none"> <li>Community Based Immunization Outreach</li> <li>COVID-19 Vaccine Program</li> <li>Immunization Monitoring and Surveillance</li> <li>Immunizations for Children in Schools and Licensed Child Care Settings</li> <li>Vaccine Administration</li> <li>Vaccine Management</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 vaccine clinics were offered once per month to children under age 2. Only one Retirement Home required assistance with spring COVID-19 vaccinations; many LTCs are utilizing Pharmacists.</li> <li>Clinics were full during ISPA suspension process during the quarter. As well, school clinics ran for 11 weeks, with 50 clinics in 116 schools, and total doses YTD at 6640. Significant progress continues to be made in ISPA enforcement and vaccine coverage rates amongst school aged children.</li> <li>Cold chain related losses due to power outages and inclement weather totaled \$67K.</li> <li>A video was created by the Communications team to help parents navigate the ICON application (the vaccine record submission process), though this continues to be an issue of concern.</li> </ul>	<ul style="list-style-type: none"> <li>6152 grade 7 students were immunized in schools.</li> <li>Follow-up was done with students missed earlier in the year for ISPA vaccines as well as students whose oral polio vaccine is no longer valid in an attempt to reduce ISPA suspension rates.</li> <li>100% of cold chain inspections were completed during Q3 with 5 cold chain incidents in the community resulting in about \$17K in losses.</li> <li>Work is occurring to define roles and find efficiencies for vaccine management/distribution to primary care providers.</li> </ul>
<b>Infectious Disease Control</b>	<ul style="list-style-type: none"> <li>Rabies and Zoonotic Disease</li> <li>Sexually Transmitted and Blood-Borne Disease</li> <li>Infectious Disease Control</li> <li>Vector-Borne Diseases Program</li> </ul>	<ul style="list-style-type: none"> <li>The demand for rabies post-exposure prophylaxis increased this quarter, with 116 doses administered to 48 clients (up from 88 doses administered to 36 clients in Q1). 340 animal bite investigations were initiated (up from 282 in Q1). Despite this, response to rabies calls remained consistently within 24 hours.</li> <li>STI rates remain high, with significant resources dedicated to finding and supporting cases.</li> <li>Increased rates of infectious disease reports have been sustained this quarter, with associated increased workload (388 reports in Q2 2024 vs. 133 reports in Q2 2023).</li> </ul>	<ul style="list-style-type: none"> <li>The demand for rabies post-exposure prophylaxis continued to increase, with 197 doses administered to 78 clients (up from 116 doses administered to 48 clients in Q2). 488 animal bite investigations were initiated (up from 340 in Q2). Despite this, response to rabies calls remained consistently within 24 hours.</li> <li>Sexually Transmitted Bloodborne Infections (STBBIs) decreased in Q3, the causes for which are unknown; however, this correlates to a decrease in clinic visits.</li> <li>Increased rates of infectious disease reports have been sustained this quarter, with associated increased workload (371 reports in Q3 vs. 388 reports in Q2).</li> </ul>

		<ul style="list-style-type: none"> <li>Vector Borne Disease program staff conducted 5 presentations to school-aged children and disseminated tick safety information to local daycares and camps. There were 79 tick submissions requiring identification and client follow up in Q2, and 9 requests for information.</li> </ul>	<ul style="list-style-type: none"> <li>Q3 experienced a large Legionella outbreak with 27 cases, with associated increased workload across many teams.</li> <li>Vector Borne Disease program staff conducted 1 educational event for school-aged children (July/August schools are closed). There were 12 tick submissions requiring identification and 75 investigations with onsite assessment (up from 21 in Q2).</li> </ul>
<b>Injury Prevention</b>	<ul style="list-style-type: none"> <li>Adult Injury Prevention</li> <li>Childhood Injury Prevention</li> </ul>	<ul style="list-style-type: none"> <li>Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation).</li> </ul>	<ul style="list-style-type: none"> <li>Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation).</li> </ul>
<b>Mental Health &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>General Mental Health Promotion</li> <li>Perinatal Mental Health Promotion</li> </ul>	<ul style="list-style-type: none"> <li>Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health).</li> </ul>	<ul style="list-style-type: none"> <li>Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health).</li> </ul>
<b>Oral Health</b>	<ul style="list-style-type: none"> <li>Non-Mandatory Oral Health Programs</li> <li>Ontario Seniors Dental Care Program</li> <li>Oral Health Assessment and Surveillance</li> <li>Healthy Smiles Ontario Program</li> </ul>	<ul style="list-style-type: none"> <li>There were 6434 children screened, with 100% of schools completed.</li> <li>Student volunteers handed out postcards to promote Strathroy Senior Dental Clinic and Healthy Smiles Ontario program. Presentations were also done at elementary schools and community organizations to promote services in high-risk areas.</li> <li>100% of daycares part of the program (13) were provided three applications of fluoride, with 442 children included.</li> </ul>	<ul style="list-style-type: none"> <li>Oral health screening in schools began at the end of Q3 for the 2024/2025 school year.</li> <li>Efforts were made to promote the Strathroy Senior Dental Clinic and Healthy Smiles Ontario program.</li> <li>22 children received fluoride in daycare with the start of the program for the 2024/2025 year.</li> <li>OSDCP waiting list decreased further to 223, from 319 in Q2.</li> </ul>

		<ul style="list-style-type: none"> <li>Construction of two new dental operatories completed at Citi Plaza, with OSDCP waiting list down from just over 500 in Q1 to 319 in Q2.</li> </ul>	
<b>Safe Water</b>	<ul style="list-style-type: none"> <li>Drinking Water Program</li> <li>Recreational Water Program</li> </ul>	<ul style="list-style-type: none"> <li>There were 9 Adverse Water Quality incidences reported and responded to in Q2, resulting in 2 Boil Water Advisories.</li> <li>Small Drinking Water Systems inspections continue to be on track for completion end of year.</li> <li>No updates or emerging risks for Recreational Water.</li> </ul>	<ul style="list-style-type: none"> <li>There were 20 Adverse Water Quality incidences reported in Q3 with 2 Boil Water Advisories issued.</li> <li>Small Drinking Water Systems inspections continue to be on track for completion end of year.</li> <li>Inspections for spas and class B pool inspections are at risk of not being completed by year-end due to staffing.</li> </ul>
<b>School Health</b>	<ul style="list-style-type: none"> <li>Comprehensive School Health</li> </ul>	<ul style="list-style-type: none"> <li>MLHU remains unable to be present in elementary schools, except for oral health services and vaccination.</li> <li>In secondary schools, 69 interactions were targeted at increasing knowledge (up from 49 in Q1) at the individual level with topics ranging from sexual health, tobacco and vapour, and general mental health promotion. Work at the School Board level continues on initiatives related to mental health and wellbeing, sexual health and substances.</li> </ul>	<ul style="list-style-type: none"> <li>MLHU remains unable to be present in elementary schools, except for oral health services and vaccination.</li> <li>In secondary schools, 28 interactions were targeted at increasing knowledge (down from 69 in Q2, recognizing school is not in session for parts of Q3) with topics ranging from sexual health, tobacco and vapour, and general mental health promotion. Work at the School Board level continues on initiatives related to mental health and wellbeing, sexual health and substances.</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>Needle Syringe Program</li> <li>Alcohol</li> <li>Cannabis</li> <li>Opioids (Harm Reduction Program Enhancement)</li> <li>Other Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Visits remain high to the Citi Plaza Needle Syringe Program with 2268 visits in Q2. Naloxone distribution (3187 kits) continued as well to community organizations and individuals.</li> <li>The Social Marketing and Health System Partnership team launched the 'Rethinkyourdrinking' website as part of a social marketing campaign targeted at young adults. As well, the Municipal and</li> </ul>	<ul style="list-style-type: none"> <li>Visits remain high to the Citi Plaza Needle Syringe Program with 2610 visits (up from 2268 in Q2).</li> <li>The Social Marketing and Health System Partnership team promoted the 'Rethinkyourdrinking' website as part of a social marketing campaign targeted at young adults and launched the 2024 "Before the Floor" campaign.</li> </ul>

	<ul style="list-style-type: none"> <li>Tobacco and Vapour Products (Smoke Free Ontario)</li> </ul>	<p>Community Health Promotion team advanced work on the impacts of alcohol retail expansion, producing a primer document circulated to key partners.</p> <ul style="list-style-type: none"> <li>The Community Drug and Alcohol Committee was reconvened in Q2, with MLHU co-chairing with London InterCommunity Health Centre, in order to re-engage discussions on coordinated response to opioid and other substance use.</li> <li>224 complaints were received related to Tobacco and Vapour (up from 95 in Q1) and investigated, representing a significant increase in workload for the team. Significant increase in retailer outlets continues to present challenges in conducting all required inspections.</li> </ul>	<ul style="list-style-type: none"> <li>The Community Drug and Alcohol Committee continued, with MLHU co-chairing with London Intercommunity Health Centre, in order to re-engage discussions on coordinated response to opioid and other substance use.</li> <li>117 complaints were received related to Tobacco and Vapour (down from 224 in Q2) and investigated.</li> <li>Tobacco and Vapour Product inspections are on track for completion by the end of the year.</li> </ul>
<b>Social Conditions</b>	<ul style="list-style-type: none"> <li>Poverty Reduction</li> <li>Housing and Homelessness</li> <li>Anti-Racism and Anti-Oppression</li> </ul>	<ul style="list-style-type: none"> <li>Executive leaders continue to participate in the City of London's Health and Homelessness and Encampment Strategy meetings.</li> <li>Limited resources are available for interventions directly related to Poverty reduction.</li> <li>The Health Unit continues to make incremental progress on the Taking Action for Reconciliation Plan. For First Nations communities, leaders within prioritized programs are co-developing MOUs to formalize collaboration and relationship.</li> </ul>	<ul style="list-style-type: none"> <li>Executive leaders continue to participate in the City of London's Health and Homelessness and Encampment Strategy meetings.</li> <li>Limited resources are available for interventions directly related to Poverty reduction.</li> <li>The Health Unit continues to make incremental progress on the Taking Action for Reconciliation Plan. For First Nations communities, leaders within prioritized programs are finalizing MOUs to formalize collaboration and relationship.</li> </ul>
<b>Violence Prevention</b>	<ul style="list-style-type: none"> <li>Intimate Partner Violence Prevention</li> </ul>	<ul style="list-style-type: none"> <li>The iHEAL program addressing intimate partner violence continues to operate in partnership with Western University;</li> </ul>	<ul style="list-style-type: none"> <li>The iHEAL program addressing intimate partner violence continues to operate in partnership with Western University with 50% of referred clients enrolled, due to a waitlist</li> </ul>

	<ul style="list-style-type: none"> <li>Violence Prevention</li> </ul>	funding is still slated to end in spring of 2025 – this is under review.	for the program. Funding is slated to end in spring of 2025 – this is under review and MLHU has submitted for a grant to continue funding the program.
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## Finances

The Board of Health will receive the Q3 Financial Update, Borrowing Update and Factual Certificate at its December meeting. These reports will continue to be presented in an aligned cadence, with further integration 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 were intentional.

## Client and Community Confidence

### Clients

The development of a comprehensive client relations process was initiated in Q2 and will be presented to the Board of Health and launched in Q4. Feedback from clients related to programs and services provided by the Health Unit remains very positive, with increases in demand for services in several programs. The increase in capacity for the Ontario Senior Dental Care Program from the completed construction of two additional dental operatories in Q2 continues to decrease the waiting list for this service.

### Partners

The MLHU has relationships with numerous community partners through the work of the teams and the divisions. These relationships are evidenced by continued requests for data, information and perspective on issues of public health interest from numerous partners (e.g. media, health care providers, partner agencies). The MLHU continues to work closely and prioritize



relationships with municipal and provincial government partners. Examples include Emergency Management work with Middlesex County, meetings with local MPPs to review the work of the agency and prioritized issues planned for advocacy, and routine meetings with finance staff. The Community Drug and Alcohol Committee continues to meet and further define itself and its work.

### Community

Relationships with First Nations Health Centres and cross-sector representation of the African, Caribbean, and Black community continue to be strengthened and formalized. The Health Unit has been engaged in a process to determine when presence at community events needs to be prioritized in the face of resource constraints. Factors such as the ability to meaningfully engage in topics of public health significance, build relationships, and demonstrate allyship are all being included in the review.

## Employee Engagement and Learning

### Staff Development

Leaders continue to promote staff development; however, workload and capacity challenges routinely prevent staff from engaging in these activities. Additionally, financial pressures have reduced the number of continuing education opportunities being offered to staff.

### Organizational Restructuring and Impacts to Teams

Teams across the organization have been observed to be stabilizing post-restructuring, and demonstrating increased resilience in the face of further changes related to the 2025 budget plan. Leaders continue to play a key supporting role for their teams, along with the Employee and Family Assistance Program and the BeWell Committee.

## Risks

Please see previous Q3 Risk Register Update ([Report No. 67-24](#)). These reports will continue to be presented in an aligned cadence, with further integration in the future.