

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, December 12, 2024 at 7 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Matthew Newton-Reid
Michael Steele
Peter Cuddy
Aina DeViet
Skylar Franke
Michael McGuire
Selomon Menghsha
Howard Shears
Michelle Smibert
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)
Emily Williams (Chief Executive Officer, ex-officio member)

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURES OF PECUNIARY INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: November 21, 2024 – Special Board of Health meeting
November 21, 2024 – Board of Health meeting

Receive: November 28, 2024 – Performance Appraisal Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1		X	X	2025 Middlesex-London Health Unit Budget (Report No. 81-24)	Appendix A	To seek Board of Health approval for the 2025 Middlesex-London Health Unit budget. Leads: Emily Williams, Chief Executive Officer and Dr. Alexander Summers, Medical Officer of Health
2			X	Monitoring Food Affordability and Implications for Public Policy and Action 2024 (Report No. 82-24)	Appendix A Appendix B Appendix C Appendix D	To provide an update on food affordability and public policy actions in Middlesex-London Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Kim Loupos, Public Health Dietitian
3			X	Middlesex London Food Policy Council Restructuring (Report No. 83-24)		To provide an update on the Middlesex-London Health Unit's involvement with the Middlesex London Food Policy Council. Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Darrell Jutzi, Manager, Municipal and Community Health Promotion
4			X	MLHU Ontario Living Wage Network Certification (Report No. 84-24)		To provide an update on the Middlesex-London Health Unit's Living Wage certification. Lead: Emily Williams, Chief Executive Officer Presenting: Cynthia Bos, Associate Director, Human Resources and Labour Relations

5			X	Client Relations Process (Report No. 85-24)		To review the client relations process for the Middlesex-London Health Unit. Lead: Emily Williams, Chief Executive Officer Presenting: Ryan Fawcett, Associate Director, Operations/Privacy Officer
6			X	Current Public Health Issues (Verbal Update)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Alexander Summers, Medical Officer of Health
7			X	Medical Officer of Health Activity Report for November (Report No. 86-24)		To provide an update on the activities of the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health
8			X	Chief Executive Officer Activity Report for October and November (Report No. 87-24)		To provide an update on the activities of the Chief Executive Officer since the October Board of Health meeting. Lead: Emily Williams, Chief Executive Officer
Correspondence						
9			X	December Correspondence		To receive items a) through e) for information: <ul style="list-style-type: none"> a) Peterborough Public Health re: <i>Support for the Walport Report and Sustained Investment and Reporting on Provincial Emergency Preparedness</i> b) Middlesex-London Board of Health External Landscape – December 2024 c) Kingston, Frontenac, Lennox and Addington Public Health re: <i>Harm Reduction in Ontario</i> d) Peterborough Public Health re: <i>Support for a Provincial Immunization Registry</i>

						<p>e) Kingston, Frontenac, Lennox and Addington Public Health re: <i>Health Canada Radon Guideline</i></p> <p>To endorse item f):</p> <p>f) Community Drug and Alcohol Committee re: <i>Letter to Ontario Chief Medical Officer of Health</i></p>
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OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, January 23, 2025 at 7 p.m.

CLOSED SESSION

The Middlesex-London Board of Health will move into a closed session to approve previous closed session Board of Health minutes and to discuss matters which pertain to one or more of the following, as per section 239(2) of the *Municipal Act, 2001, S.O. 2001, c. 25*:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

ADJOURNMENT



PUBLIC SESSION (SPECIAL) – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 21, 2024, 6 p.m.
MLHU Board Room – Citi Plaza
355 Wellington Street, London ON

MEMBERS PRESENT: Michael Steele (Vice-Chair) (presiding)
Matthew Newton-Reid (Chair) (attended virtually)
Michelle Smibert (attended virtually)
Selomon Menghsha
Aina DeViet
Howard Shears
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

REGRETS: Michael McGuire
Peter Cuddy
Skylar Franke
Emily Williams, Chief Executive Officer (ex-officio)

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Dr. Joanne Kearon, Associate Medical Officer of Health
Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services
Sarah Maaten, Director, Public Health Foundations
Jennifer Proulx, Director, Family and Community Health
Ryan Fawcett, Manager, Privacy, Risk and Client Relations

Vice-Chair Michael Steele called the meeting to order at **6 p.m.**

It was moved by **A. DeViet, seconded by S. Menghsha**, *that the Board of Health appoint an Acting Secretary (Alexander Summers) for the duration of the November 21 Special Board of Health Meeting per the Middlesex-London Board of Health – By-law No. 3 - Proceedings of the Board of Health.*

Carried

It was moved by **A. DeViet, seconded by S. Menghsha**, *that the Board of Health appoint an Acting Treasurer (Alexander Summers) for the duration of the November 21 Special Board of Health Meeting per the Middlesex-London Board of Health – By-law No. 3 - Proceedings of the Board of Health.*

Carried

DISCLOSURES OF PECUNIARY INTEREST

Vice-Chair Steele inquired if there were any disclosures of pecuniary interest. None were declared.

APPROVAL OF AGENDA

It was moved by **S. Menghsha, seconded by M. Smibert**, *that the AGENDA for the November 21, 2024 Special Board of Health meeting be approved.*

Carried

CLOSED SESSION

At **6:01 p.m.**, it was moved by **M. Smibert, seconded by A. DeViet**, *that the Board of Health will move into a closed session for the purpose of educating or training the members, to which no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee.*

Carried

At **7:17 p.m.**, it was moved by **A. DeViet, seconded by S. Menghsha**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **7:17 p.m.**, it was moved by **S. Menghsha, seconded by A. DeViet**, *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Vice-Chair

ALEXANDER SUMMERS
Acting Secretary



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 21, 2024, 7:30 p.m.
MLHU Board Room – Citi Plaza
355 Wellington Street, London ON

MEMBERS PRESENT: Michael Steele (Vice-Chair) (presiding)
Matthew Newton-Reid (Chair) (attended virtually)
Michelle Smibert (attended virtually)
Selomon Menghsha
Aina DeViet
Howard Shears
Skylar Franke
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

REGRETS: Michael McGuire
Peter Cuddy
Emily Williams, Chief Executive Officer (ex-officio)

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Dr. Joanne Kearon, Associate Medical Officer of Health
Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services
Sarah Maaten, Director, Public Health Foundations
Jennifer Proulx, Director, Family and Community Health
Ryan Fawcett, Associate Director, Operations/Privacy Officer
Alanna Leffley, Epidemiologist, Population Health Assessment and Surveillance
Amanda Harvey, Manager, Strategy, Planning and Performance
Parthiv Panchal, End User Support Analyst, Information Technology
Alex Zhou, Medical Student

Vice-Chair Michael Steele called the meeting to order at **7:31 p.m.**

Vice-Chair Steele noted that Emily Williams, Chief Executive Officer was absent for this meeting. This will require the Board of Health to appoint an Acting Secretary and Acting Treasurer for the meeting per the Board's By-Law No. 3 – Proceedings of the Board of Health.

It was moved by **S. Franke, seconded by A. DeViet**, *that the Board of Health appoint an Acting Secretary (Alexander Summers) for the duration of the November 21 Board of Health Meeting per the Middlesex-London Board of Health – By-law No. 3 - Proceedings of the Board of Health.*

Carried

It was moved by **S. Franke, seconded by M. Smibert**, *that the Board of Health appoint an Acting Treasurer (Alexander Summers) for the duration of the November 21 Board of Health Meeting per the Middlesex-London Board of Health – By-law No. 3 - Proceedings of the Board of Health.*

Carried

DISCLOSURES OF PECUNIARY INTEREST

Vice-Chair Steele inquired if there were any disclosures of pecuniary interest. None were declared.

APPROVAL OF AGENDA

It was moved by **H. Shears, seconded by S. Menghsha**, that the *AGENDA* for the November 21, 2024 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **H. Shears, seconded by S. Menghsha**, that the *MINUTES* of the October 17, 2024 Board of Health meeting be approved.

Carried

It was moved by **S. Franke, seconded by M. Newton-Reid**, that the *MINUTES* of the October 17, 2024 Governance Committee meeting be received.

Carried

NEW BUSINESS

Opioid Crisis Update 2024 (Report No. 74-24)

Jennifer Proulx, Director, Family and Community Health and Alanna Leffley, Epidemiologist presented information and data on the current status of the opioid crisis in Middlesex-London.

A. Leffley explained that opioid related morbidity and mortality continues to have a significant impact on the Middlesex-London community. Interventions across pillars of upstream prevention, harm reduction, treatment, and enforcement are required to address the opioid crisis within the community. The Health Unit and community partners continue to implement a variety of interventions to address opioid-related harms.

A. Leffley summarized the findings from the Health Unit's newly revised substance use interactive data dashboard.

Since 2017, the Middlesex-London rates for opioid-related poisoning emergency department visits have remained significantly higher compared to Ontario and peer group (other health unit areas). Since peaking in 2021, local rates have significantly decreased for the second year in a row, by 16%, to 122.8 per 100,000 in 2023. Despite this decrease, there were still more than 650 (nearly 2 per day) opioid-related poisoning emergency departments visits in 2023 for Middlesex-London. Those who attending the emergency room the most were males (2.5 more than females) and those between the ages of 25-44. There was no significant difference between urban and rural emergency department visits. Hospitalizations in Middlesex-London have remained comparable to its peer group.

Middlesex-London opioid-related death rates were significantly higher in 2021 and 2022 but were comparable to Ontario and its peer group in 2023. The local rate of opioid-related poisoning deaths declined for the second year in a row to 19.3 per 100,000 in 2023, which is an 18% decrease.

This represents over 100 deaths (about 2 deaths per week) in 2023. Deaths occurred 3 times more in males than females and the highest age group of deaths was in the 25-44 age range. A. Leffley noted that while the rates were decreasing slightly, opioids continue to take the lives of people within the Middlesex-London community. The Health Unit's Population, Assessment and Surveillance team will continue to monitor data closely for any changes for the Board of Health.

J. Proulx explained that the Health Unit uses several interventions to address the opioid crisis at the local level, including surveillance of substance related data. The Health Unit delivers clinical services, including early childhood home visiting, naloxone distribution and the needle syringe program. The Health Unit also delivers social marketing, education, supports healthy public policy development and supports community and partner mobilization. Further, the Health Unit provides administrative support and leadership to the

Community, Drug and Alcohol Committee (CDAC), which reconvened earlier this year. The opioid crisis and toxic drug supply has been identified as a priority area for the Committee. The Committee brings leaders of community agencies and subject matter expert together to identify issues and to ensure collaborative action to address the harms in the community. The Committee is working to further expand membership and identify local actions. For next steps, there is a continued need for upstream prevention, community-based treatment, harm reduction interventions, and enforcement to reduce opioid related harms in the Middlesex-London region. Health Unit staff will continue to work with and learn from community partners to guide and support community action.

Board Member Skylar Franke noted that across the province, some of the safe consumption sites are being closed down. S. Franke inquired that if London's safe consumption site was closed, would the area see an increase in opioid-related deaths? She also asked if a visit to the emergency room is more expensive than a visit to a safe consumption site. Dr. Summers noted that the community is still in a crisis, however the decrease in rates are being reflected in other parts of North America. The hypothesis is that there may be more services and foundational supports, along with the decreasing toxicity of the drug supply. The shift in policy around harm reduction services (consumption and treatment sites) has a potential to impact some progress as people are less likely to have an overdose who use these sites. The other benefit is that the sites are a place for people to use that is not out in the open, which is a local concern as expressed to the Community Drug and Alcohol Committee. Dr. Summers highlighted that a continuum of support is required to make progress, and some may see as enforcement being antagonistic to this progress – it is not. People who are relying on harm reduction may be ready for treatment or they may not, depending on the stage of their illness. Treatment is essential and it is needed desperately in the community.

S. Franke followed up inquiring if the Community Drug and Alcohol Committee has considered joint advocacy with the City of London and County of Middlesex to the Province of Ontario on the lack of recovery and detox centres in Ontario.

J. Proulx noted that the first step is trying to understand which partners are offering what services, and the Committee is still in its early action planning.

Vice-Chair Steele noted that he previously served as Chair of the Foundation for Addiction Services at Thames Valley and learned extensively about the disease of addiction. Vice-Chair Steele added that it is distressing to hearing about the closure of the consumption and treatment sites and that while treatment centres do important work, an individual cannot be forced to seek treatment if they are not ready for the step of recovery.

It was moved by **M. Newton-Reid, seconded by M. Smibert**, *that the Board of Health receive Report No. 74-24 re: "Opioid Crisis Update 2024" for information.*

Carried

2023-25 Provisional Plan 2024 Q3 Status Update (Report No. 75-24)

Sarah Maaten, Director, Public Health Foundations introduced Amanda Harvey, Manager, Strategy, Planning and Performance to present the Q3 2024 status update for the Health Unit's Provisional Strategic Plan.

A. Harvey noted that within the status document for the Provisional Plan, many of the tactics continue to move forward. The Strategy, Planning and Performance team identified that there were many big projects happening all at the same time, so the Senior Leadership team has conducted reprioritization of some of these projects to stagger implementation in a reasonable manner. A. Harvey concluded that this is a positive win for the Health Unit as it indicates the use of the framework as a learning organization is occurring, which means the Health Unit can learn further and pivot as needed.

There were no questions or discussion.

It was moved by **S. Franke, seconded by H. Shears**, *that the Board of Health receive Report No. 75-24 re: "2023-25 Provisional Plan 2024 Q3 Status Update" for information.*

Carried

2024 Budget Amendment (Report No. 76-24)

Dr. Summers presented to the Board the report on a 2024 budget amendment related to funding received from the Ministry of Children, Community and Social Services.

Dr. Summers explained that the Health Unit received notification in July of additional funds from the Ministry (of Children, Community and Social Services) for the Healthy Babies, Healthy Children program. The funding amount was an additional \$304,120 and was not in the original approved budget for 2024, which requires an amendment from the Board of Health.

Board Member Howard Shears inquired if the funding provided has to be spent expeditiously in 2024, as the funding was received halfway through 2024. Dr. Summers explained that the funding provided was to support the Healthy Babies, Healthy Children program for six (6) months in 2024, and will be utilized in 2025 to expand the service portfolio. For 2024, the increased funding was used to offset financial pressures for the rest of 2024 due to a portion of the program being paid from the cost shared budget. The funding for the program is otherwise 100% funded by the Ministry of Children, Community and Social Services. Dr. Summers concluded that it is anticipated that this will be the ongoing amount of funding received for the program and that the program has not previously received a funding increase in twelve (12) years.

It was moved by **A. DeViet, seconded by M. Smibert**, *that the Board of Health:*

- 1) *Receive Report No. 76-24 re: "2024 Budget - Amendment" for information; and*
- 2) *Approve an amendment to the 2024 Middlesex-London Board of Health Budget to include the additional \$304,120 in funding from the Ministry of Children, Community and Social Services for the Healthy Babies, Healthy Children program.*

Carried

Q3 2024 Organizational Performance Reporting (Report No. 77-24)

Dr. Summers provided the Board of Health with the Health Unit's Q3 2024 Performance Reporting.

Dr. Summers noted that this is the third report to the Board regarding quarterly performance reporting. Performance reporting describes the work that the organization is doing across several different domains. Organizational performance management allows for the alignment of people, resources and processes to achieve annual objectives. It further allows leadership to identify risks and create timely solutions that ensure accountability and excellence in the organization, while conducting continuous improvement and learning. Dr. Summers reminded the Board of the reporting process: managers report metrics and performance to their directors, directors report to the Medical Officer of Health and Chief Executive Officer and then the Medical Officer of Health and the Chief Executive Officer report to the Board of Health. Performance at the team and division level is organized around the work that is being done (the public health intervention) whereas the Board is provided information summarized by program area.

Highlights of Q3 include:

- The Health Unit continues to see increased demand for services from clients due to lack of access to a family doctor, particularly in immunization;
- Collaboration is underway with municipal partners on policy positions related to topics such as built environment, school food programs, housing and homelessness, and substance use;
- Significant work continued in Q3 with school-aged children under the *Immunization of School Pupils Act, R.S.O. 1990, c. I.1*; this included follow up with students outstanding from previous rounds to reduce potential suspensions in subsequent quarters;

- Discussions and action on the opioid crisis within Middlesex-London continued through the reconvening of the Community Drug and Alcohol Committee; and
- Continued work to support recommendations from the Health Unit's Taking Action for Reconciliation Plan and Anti-Black Racism Plan.

There were no questions or discussion.

It was moved by **S. Franke, seconded by S. Menghsha**, *that the Board of Health receive Report No. 77-24 re: "Q3 2024 Organizational Performance Reporting" for information.*

Carried

Current Public Health Issues (Verbal Report)

Dr. Summers provided the Board of Health with an update on current public health issues.

Respiratory Season Update

Middlesex-London is in a high-risk season across all respiratory illness except influenza, but rates are starting to increase. There are many outbreaks in long term care homes and institutional healthcare facilities. COVID-19 activity is relatively high, consistent with the activity observed through the summer (July-October).

Influenza has not yet had a significant impact, but there have been some cases of influenza A. Respiratory syncytial virus (RSV) is starting to make an impact slowly in the community. Dr. Summers emphasized the importance of vaccination; influenza and COVID-19 vaccines are available to everyone, and RSV vaccines are available to a select population.

Avian Flu

Avian influenza (bird flu) has been known to cause illness in humans, however the public health community has not seen transmission from human to human. Canada has announced its first domestically acquired case recently in British Columbia. Public health authorities are still investigating to understand where the teenager may have contracted that virus. Dr. Summers noted that the general risks to the public still remain very low and that the situation is being monitored.

Safer Streets, Stronger Communities Act

The *Safer Streets, Stronger Communities Act* was introduced in the provincial legislature and if passed, it would affect consumption and treatment facilities and other safer supply initiatives. It prohibits any consumption and treatment site within 200 metres from a school, licensed childcare centre, EarlyON centre or family centre. The legislation would require municipalities and local boards to get provincial approval before making or supporting requests for new or renewal of federal exemption required to operate a consumption and treatment site. At the moment, the consumption and treatment site in the Middlesex and London region is beyond 200 metres and will still be permitted to operate. Dr. Summers noted that the Health Unit is looking into understanding the ongoing risks for when an exemption is requested as historically, the Medical Officer of Health supports the exemption. It is unknown at this time if the Health Unit will legally be able to provide exemption support for a site.

Ontario Public Health Standards Review

The review of the Ontario Public Health standards is underway, and the Ministry of Health has provided an update based off a survey conducted in early 2024 to public health units. There was feedback that some of the work of local public health could be releveled, which means potentially shifted to the province so that there could be centralized approaches. There were requests for further clarity on how public health works with other partners, specifically school boards, Ontario Health teams and Ontario

Health. It was also highlighted that public health need access to high quality and relevant data, with opportunities to coordinate business functions. Overall, the standards are asking public health to do critical work, but public health units are struggling due to low resources. The next steps include further engagement within the Ministry of Health to understand the final version of the review. It is anticipated that the current standards will be still in effect in 2025.

MLHU in the News

The Health Unit was in the media discussing a few different topics. These topics included vaccines, the RSV virus, scaling down School Health program due to budgetary constraints and the opioid crisis.

Board Member S. Franke inquired if a 2.5-year-old is eligible to be vaccinated for COVID-19, influenza and RSV. Dr. Summers noted that a 2.5-year-old is eligible for COVID-19 and influenza, but not RSV at this time. RSV vaccines are being provided to pregnant individuals between 32 to 36 weeks of pregnancy over the winter, as they will then have protection against the virus. The RSV vaccine is also available for those over 60 who are higher risk. The vaccine that children under one (1) are receiving for RSV is an immunoglobulin, which are pre-formed antibodies that provide passive immunization.

It was moved by **S. Franke, seconded by H. Shears**, *that the Board of Health receive the verbal report re: Current Public Health Issues for information.*

Carried

Acting Medical Officer of Health Activity Report for October (Report No. 78-24)

Dr. Joanne Kearon, Associate Medical Officer of Health presented her activity report for October. It is noted that Dr. Summers returned from his parental leave of absence on October 28. Dr. Summers thanked Dr. Kearon for her remarkable leadership during his leave.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Newton-Reid**, *that the Board of Health receive Report No. 78-24 re: "Acting Medical Officer of Health Activity Report for October" for information.*

Carried

Chief Executive Officer Activity Report for October (Report No. 79-24)

Vice-Chair Steele noted that as E. Williams was absent, the Board of Health would be required to defer her activity report to the December Board meeting.

It was moved by **S. Franke, seconded by S. Menghsha**, *that the Board of Health defer Report No. 79-24 re: "Chief Executive Officer Activity Report for October" to the December 12, 2024 Board of Health meeting.*

Carried

Board of Health Chair and Vice-Chair Activity Report for September and October (Report No. 80-24)

Board Chair Matthew Newton-Reid and Vice-Chair Steele co-presented their activity report for September and October. Board Chair Newton-Reid noted that Vice-Chair Steele supported many tasks as Vice-Chair for October due to work commitments of the Board Chair.

There were no questions or discussion.

It was moved by **S. Menghsha, seconded by A. DeViet**, that the Board of Health receive Report No. 80-24 re: “Board of Health Chair and Vice-Chair Activity Report for September and October” for information.

Carried

CORRESPONDENCE

It was moved by **S. Franke, seconded by M. Newton-Reid**, that the Board of Health receive items a) through e) for information:

- a) *Public Health Sudbury and Districts re: Support for Ontario to continue to protect the safety of private drinking water*
- b) *Municipality of Central Manitoulin re: Public Health Ontario Proposes Phasing Out Free Water Testing for Private Wells*
- c) *Town of Gore Bay re: Public Health Ontario proposes phasing out free water testing for private wells*
- d) *Peterborough Public Health re: Funding support for Student Nutrition Programs*
- e) *Middlesex-London Board of Health External Landscape for November 2024*

Carried

Vice-Chair Steele noted that the Board of Health’s general email inbox received an email from Board Chair Chris Moise (Toronto Public Health) at the end of October which the Board may find interest to discuss:

“I am reaching out as the Chair of the Board of Health in Toronto to open a conversation about the upcoming Provincial changes to the regulation of safe consumption sites. As my colleagues and I grapple with what this will mean in Toronto, we also wanted to hear from you, as chairs of respective boards of health in Ontario, about how you are preparing for these changes in your own communities. Additionally, I wanted to pose the idea of putting out a joint letter advocating for the Province to reconsider the legislation.”

Members of the Board of Health suggested that the Board Chair casually reach out to Board Chair Moise to learn more about his email request.

It was moved by **S. Franke, seconded by A. DeViet**, that the Board of Health receive item f) for information re: *Email Correspondence from Board of Health Chair, Chris Moise (Toronto Public Health)*.

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, December 12, 2024 at 7 p.m.

CLOSED SESSION

At **8:18 p.m.**, it was moved by **M. Newton-Reid, seconded by A. DeViet**, that the Board of Health will move into a closed session to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations, litigation or potential litigation, including matters before administrative tribunals affecting the municipality or local board, advice that is subject to solicitor-client privilege, including communications necessary for that purpose and to approve previous closed session Board of Health minutes.

Carried

At **8:22 p.m.**, it was moved by **H. Shears, seconded by S. Menghsha**, that the Board of Health return to public session from closed session.

Carried

ADJOURNMENT

At **8:22 p.m.**, it was moved by **S. Franke**, seconded by **M. Smibert**, *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Vice-Chair

ALEXANDER SUMMERS
Acting Secretary

DRAFT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
PERFORMANCE APPRAISAL COMMITTEE

Thursday, November 28, 2024 at 6:30 p.m.
Microsoft Teams

- MEMBERS PRESENT:** Michelle Smibert (Committee Chair)
Matthew Newton-Reid
Michael Steele
- REGRETS:** Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)
Selomon Menghsha
- OTHERS PRESENT:** Stephanie Egerton, Executive Assistant to the Board of Health (recorder)

At **6:29 p.m.**, Chair Michelle Smibert called the meeting to order.

DISCLOSURES OF PECUNIARY INTEREST

Chair Smibert inquired if there were any disclosures of pecuniary interest. None were declared.

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by M. Newton-Reid**, that the *AGENDA* for the November 28, 2024 Performance Appraisal Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Newton-Reid, seconded by M. Steele**, that the *MINUTES* of the September 19, 2024 Performance Appraisal Committee meeting be approved.

Carried

CLOSED SESSION

At **6:30 p.m.**, it was moved by **M. Newton-Reid, seconded by M. Steele**, that the Performance Appraisal Committee will move into a closed session to consider matters regarding personal matters about identifiable individuals, including municipal or local board employees; labour relations or employee negotiations and to approve previous closed session Board of Health (Performance Appraisal Committee) minutes.

Carried

At **6:48 p.m.**, it was moved by **M. Newton-Reid, seconded by M. Steele**, that the Board of Health return to public session from closed session.

Carried

OTHER BUSINESS

The next meeting of the Performance Appraisal Committee is to be determined by the Chair in 2025.

ADJOURNMENT

At **6:48 p.m.**, it was moved by **M. Steele**, seconded by **M. Newton-Reid**, *that the meeting be adjourned.*
Carried

MICHELLE SMIBERT
Committee Chair

MATTHEW NEWTON-REID
Board Chair

DRAFT

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 81-24

TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health
DATE: 2024 December 12

2025 MIDDLESEX-LONDON HEALTH UNIT BUDGET

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 81-24 re: “2025 Middlesex-London Health Unit Budget” for information; and*
 - 2) *Approve the 2025 Budget as outlined in [Appendix A](#).*
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Report Highlights

- The MLHU continues to face resource challenges as provincial funding remains static at 1% for 2025. The Board of Health approved an additional 3% from each contributing municipality to assist with inflationary pressures and prevent further staff positions from being reduced.
- The MLHU continued its prioritization exercise and reallocated staffing resources to programs facing high demand, as well as further reducing other programs and services.
- The draft budget is affixed as [Appendix A](#).

Background

The Middlesex London Health Unit (MLHU) faces continued resource constraints in 2025 as provincial funding remains static at 1% growth. In order to address inflationary pressures without incurring further reduction in staff positions, the Board of Health (BOH) approved an additional 3% from each of the contributing municipalities for 2025.

2025 Base Budget

In the face of resource constraints, the Middlesex-London Health Unit has undertaken a reprioritization and realignment of work again this year for the 2025 budget.

Work related to schools has been re-structured. The former School Health team has been disinvested, and nurses will no longer be assigned to specific secondary schools. Schools and school boards will now be supported by a number of different teams, including the new “Education and Skills Building” team. The goal for this team is to become the MLHU experts in

improving health at a population level through education and skill building activities, including small group trainings and train-the-trainer programs. For 2025, a key intervention of this team will be delivery of the Healthy Relationship Plus program in prioritized elementary schools.

Two positions will be disinvested via attrition:

- 1.0 TFT Marketing Coordinator
- 1.0 FTE Registered Dietitian

In addition to the disinvestments, staff are being reassigned to programs experiencing high demand in 2024. Additional dollars have also been allocated to support on-call, overtime, and shift premiums. Impacted positions include:

- 2.0 FTE Public Health Nurses are being reassigned to Vaccine Preventable Diseases team
- 1.0 FTE Public Health Nurse is being reassigned to the Infectious Disease Control team

Additionally, some positions that were temporary in the 2024 budget will remain for 2025. This included the 1.0 FTE Outreach worker, a 1.0 FTE Financial Analyst role (in the budget as a Payroll & Benefits Administrator), and a 1.0 FTE Operations Coordinator role.

Finally, the budgeted gap was noted to be unsustainable at its 2024 budgeted level of \$941,000 and has been reduced in the 2025 budget to \$441,000.

Next Steps

The Board of Health is required to approve the 2025 Budget, presented as [Appendix A](#).

This report was prepared by the Chief Executive Officer and Medical Officer of Health.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The fiduciary requirements and good governance and management practices as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The requirement for the Board of Health to prepare an annual budget per the *Municipal Act*, 2001, S.O. 2001, c. 25.

Middlesex London Health Unit
Consolidated Budget *(Jan-Dec 2025)*

<i>(revenue)/expenses</i>	2024	Budgets 2025	Incr/(Decr)
Shared Funded Programs			
Grants, User Fees & Other Income	(31,853,278)	(32,703,498)	850,220
Salaries & Wages	20,943,175	20,997,563	54,388
Salaries & Wages Overtime	12,288	24,500	12,212
Benefits	5,523,838	5,367,678	(156,160)
General Expenses	6,364,529	6,755,001	390,472
Transfer to/(from) Reserves	0	0	0
Total Expenses	32,843,830	33,144,742	300,912
Gap	(990,551)	(441,244)	(549,307)
Shared Funding Programs: (Surplus) / Deficit	1	(0)	1
100% Funded Programs (Schedule A)			
Grants, User Fees & Other Income	(3,700,484)	(3,576,500)	(123,984)
Salaries & Wages	1,674,173	1,661,780	(12,393)
Salaries & Wages Overtime	0	0	0
Benefits	447,223	468,456	21,233
General Expenses	1,579,088	1,446,264	(132,824)
Total Expenses	3,700,484	3,576,500	(123,984)
100% Funded Programs: (Surplus) / Deficit	0	0	0
100% Funded Programs - MLHU2 (restated January to December) (Schedule B)			
Grants, User Fees & Other Income	(2,842,977)	(3,086,184)	243,207
Salaries & Wages	2,103,491	2,292,698	189,207
Salaries & Wages Overtime	0	0	0
Benefits	525,275	570,117	44,842
General Expenses	226,431	223,370	(3,062)
Total Expenses	2,855,197	3,086,184	230,987
100% Funded Programs: (Surplus) / Deficit	12,220	(0)	12,220
Total Health Unit, Consolidated			
Grants, User Fees & Other Income	(38,396,739)	(39,366,182)	969,443
Salaries & Wages	24,720,839	24,952,041	231,202
Salaries & Wages Overtime	12,288	24,500	12,212
Benefits	6,496,336	6,406,251	(90,085)
General Expenses	8,170,048	8,424,635	254,586
Transfers to/(from) Reserves	0	0	0
Total Expenses	39,399,511	39,807,426	407,915
Gap	(990,551)	(441,244)	(549,307)
Total Health Unit - MLHU: (Surplus) / Deficit	12,221	(0)	12,221

Middlesex London Health Unit
100% Funded Programs - MLHU (Jan-Dec 2025)

Schedule A

<i>(revenue)/expenses</i>	Budgets		
	2024	2025	Incr/(Decr)
School Focused Nurses Initiative: (Surplus) / Deficit	0	0	0
3. Seniors Dental (172): Grants, User Fees & Other Income	(3,491,500)	(3,491,500)	0
Salaries & Wages	1,542,440	1,608,415	65,975
Salaries & Wages Overtime	0	0	0
Benefits	409,972	453,416	43,444
General Expenses	1,539,088	1,429,669	(109,419)
Total Expenses	3,491,500	3,491,500	0
Seniors Dental: (Surplus) / Deficit	0	0	0
4. CLIF (128): Grants, User Fees & Other Income	(208,984)	(85,000)	(123,984)
Salaries & Wages	131,733	53,365	(78,368)
Salaries & Wages Overtime	0	0	0
Benefits	37,251	15,040	(22,211)
General Expenses	40,000	16,595	(23,405)
Total Expenses	208,984	85,000	(123,984)
City of London Cannabis Legalization: (Surplus) / Deficit	0	0	0
MLHU 100% Funded Programs Consolidated:			
Grants, User Fees & Other Income	(3,700,484)	(3,576,500)	(123,984)
Salaries & Wages	1,674,173	1,661,780	(12,393)
Salaries & Wages Overtime	0	0	0
Benefits	447,223	468,456	21,233
General Expenses	1,579,088	1,446,264	(132,824)
Total Expenses	3,700,484	3,576,500	(123,984)
MLHU 100% Funded Programs: (Surplus) / Deficit	0	0	0

Middlesex London Health Unit

100% Funded Programs - MLHU2 (Restated from Jan to Dec 2025)

Schedule B

(revenue)/expenses	Budgets		
	2024	2025	Incr/(Decr)
1. Smart Start for Babies (145): Grants, User Fees & Other Income	(152,430)	(152,430)	0
Salaries & Wages	45,068	45,982	914
Salaries & Wages Overtime	0	0	0
Benefits	9,467	9,451	(16)
General Expenses	97,896	96,998	(898)
Total Expenses	152,430	152,430	(0)
Smart Start for Babies: (Surplus) / Deficit	0	0	0
2. Best Beginnings (150): Grants, User Fees & Other Income	(2,471,093)	(2,711,403)	240,310
Salaries & Wages	1,898,158	2,083,238	185,080
Salaries & Wages Overtime	0	0	0
Benefits	479,455	522,991	43,536
General Expenses	105,700	105,175	(526)
Total Expenses	2,483,313	2,711,403	228,090
Best Beginnings: (Surplus) / Deficit	12,220	0	12,220
3. Library Shared Services (206): Grants, User Fees & Other Income	(108,414)	(108,142)	(272)
Salaries & Wages	75,074	77,189	2,115
Salaries & Wages Overtime	0	0	0
Benefits	17,580	18,036	457
General Expenses	15,760	12,916	(2,844)
Total Expenses	108,414	108,142	(272)
Library Shared Services: (Surplus) / Deficit	(0)	(0)	(0)
4. FoodNet Canada Program (233): Grants, User Fees & Other Income	(111,040)	(114,209)	3,169
Salaries & Wages	85,191	86,289	1,098
Salaries & Wages Overtime	0	0	0
Benefits	18,774	19,639	866
General Expenses	7,075	8,281	1,206
Total Expenses	111,040	114,209	3,169
FoodNet Canada Program: (Surplus) / Deficit	(0)	(0)	(0)
MLHU2 100% Funded Programs Consolidated:			
Grants, User Fees & Other Income	(2,842,977)	(3,086,184)	243,207
Salaries & Wages	2,103,491	2,292,698	189,207
Salaries & Wages Overtime	0	0	0
Benefits	525,275	570,117	44,842
General Expenses	226,431	223,370	(3,062)
Total Expenses	2,855,197	3,086,184	230,987
MLHU2 100% Funded Programs: (Surplus) / Deficit	12,220	(0)	12,220

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 82-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 December 12

**MONITORING FOOD AFFORDABILITY AND
IMPLICATIONS FOR PUBLIC POLICY AND ACTION (2024)**

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 82-24 re: “Monitoring Food Affordability and Implications for Public Policy and Action 2024” for information; and
 - 2) Direct staff to forward Report No. 82-24 re: “Monitoring Food Affordability and Implications for Public Policy and Action 2024” to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.
-

Report Highlights

- In 2023, 1 in 4 households in Middlesex-London were food insecure. This is a statistically significant increase from 2022.
- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2024 Ontario Nutritious Food Basket results demonstrate decreased food affordability and inadequate incomes to afford basic needs for many Middlesex-London residents.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

Background

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health¹. Food insecurity is a strong predictor of poor health and is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress²⁻⁹ ([Appendix A](#)). Poor diet quality costs Ontario an estimated \$5.6 billion annually in direct healthcare and indirect costs (e.g., lost productively due to disability and premature mortality)¹⁰.

As a result of systemic and structural inequities, racism, and colonization, food insecurity disproportionately affects certain populations^{1,11,12}. Higher rates of food insecurity are found among Indigenous People, Black people, recent immigrants, female lone parent led households, low-income households, and other marginalized populations¹. Although households whose main

income is from social assistance have the highest rate of food insecurity, 58.6% of food insecure households in Ontario rely on wages, salaries, or self-employment as their main income¹.

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity which is often tied to income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). The Ontario Nutritious Food Basket (ONFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns. The [Ontario Dietitians in Public Health](#) (ODPH), in collaboration with Public Health Ontario (PHO) develops, tests, and updates tools for monitoring food affordability for Ontario public health units. The costing tool uses a hybrid model of in-store and online data collection.

Local Food Insecurity

In 2023, 1 in 4 households in Middlesex-London were food insecure (25.1%, CI 21.8-28.4%)¹³ ([Appendix B](#)). The rate was higher than in Ontario and the Peer Group comparator (i.e., mainly urban centres with moderate population density); however, this was not a statistically significant difference. The 2023 rate represents a statistically significant increase from 2022; and the highest rate reported in Middlesex-London since the Canadian Income Survey started measuring food insecurity in 2019. In 2022, 1 in 6 households in Middlesex-London were food insecure (17.5%, CI 14.1-20.9%)¹³. Local food insecurity rates are not yet available for 2024.

Nearly 44,000 more Middlesex-London residents lived in food insecure households in 2023 as compared to 2022^{13,14}. An estimated 151,477 residents lived in food insecure households in Middlesex-London in 2023, as compared to 107,835 residents in 2022^{13,14}.

Local Food Affordability

Local food and average rental costs from May 2024 are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes ([Appendix C](#), [Appendix D](#)). The scenarios include food and rent only and are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing etc.). The household scenarios highlight that incomes and social assistance rates are not keeping pace with the increased cost of living.

A key indicator for food insecurity is the average monthly cost of a nutritious diet as a proportion of household income. Households with low incomes spend up to 47% of their after-tax income on food, whereas households with adequate incomes (family of 4) only spend approximately 12% of their after-tax income.

Comparing the monthly funds remaining after rent and food costs in 2024 to 2023 for various household scenarios illustrates that specific scenarios are falling further behind each year and provides evidence for the impact of income-based policy changes on food affordability.

Scenario	Monthly Funds Remaining After Rent and Food Costs		Income-Based Policy
	2023	2024	
Single Person ODSP	-\$186	-\$172	As of July 2023, ODSP rate increases are indexed to Ontario's Consumer Price Index.
Single Person OW	-\$420	-\$522	OW rate increases are not indexed to inflation.
Family of 4 Minimum Wage	\$1,351	\$1,579	As of 2015, under the Employment Standards Act , minimum wage rates are set and adjusted annually based on changes to Ontario's Consumer Price Index in the previous year.
Family of 4 Refugee Claimants Minimum Wage	N/A	\$310	Refugee claimants are not eligible for the Canada Child Benefit. A refugee claimant is a person who left their country and is asking for protection in another country because it is unsafe to return to their home country.

ODSP = Ontario Disability Support Program

OW = Ontario Works

Monitoring food affordability data and methodology details, including cost adjustments required to compare the 2023 and 2024 scenarios, are included in [Appendix C](#).

Public Health Action

Annually, the Health Unit monitors and reports on local food affordability, the impact of health inequities due to food insecurity, effective strategies to reduce these inequities, and shares this information with the municipalities, the public, and community partners.

Living wages help to protect individuals against food insecurity. A living wage is the hourly wage a full-time worker needs to earn to afford basic expenses and participate in community life. In Middlesex-London, the 2024 living wage was \$19.50 per hour¹⁵, an increase from \$18.85 in 2023 and as compared to the Ontario minimum wage of \$17.20. Local food costs, as estimated utilizing the ONFB, are shared with the Ontario Living Wage Network and used to calculate our regional living wage. The Health Unit re-certified as a living wage employer in 2024.

Over the past year, the Board of Health:

- Sent a [letter](#) to the federal government in support of [S-233](#) and [C-223](#) "An Act to develop a national framework for a guaranteed livable basic income" ([Report No. 49-24](#)). The Board's letter was endorsed by [Haliburton, Kawartha, Pine Ridge District Health Unit](#) and [Peterborough Public Health](#).
- Sent a letter to the provincial government to advocate for increased social assistance rates in regards to the affordability of food ([Report No. 25-23 Minutes](#)).

The Association of Local Public Health Agencies (aLPHa) endorsed ODPH-sponsored resolutions that included advocacy to the Province of Ontario to:

- Support income-related policies to reduce food insecurity, especially for households with children ([A24-05](#))
- Utilize food affordability monitoring results from public health units in determining the adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation ([A23-05](#))

- Legislate targets for reduction of food insecurity as part of Ontario's plan for poverty reduction ([A23-05](#))

Next Steps

Health Unit staff are exploring the development of a municipal primer on food insecurity as an important public health and local issue and actions municipalities can take to address it.

The ODPH Food Insecurity Workgroup and PHO are collaborating on a provincial food affordability report planned for release February 2025. The report will include various household and income scenarios utilizing data submitted by Ontario public health units, health outcomes of food insecurity, and discussion of income-based solutions.

Continued work is needed to address food insecurity and its significant health and well-being implications. MLHU can continue to highlight the need for upstream income-based solutions and changes and programs that address both food affordability and access.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Population Health Assessment and Surveillance Protocol, 2018; and the Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards, as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:

Anti-Black Racism Plan Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

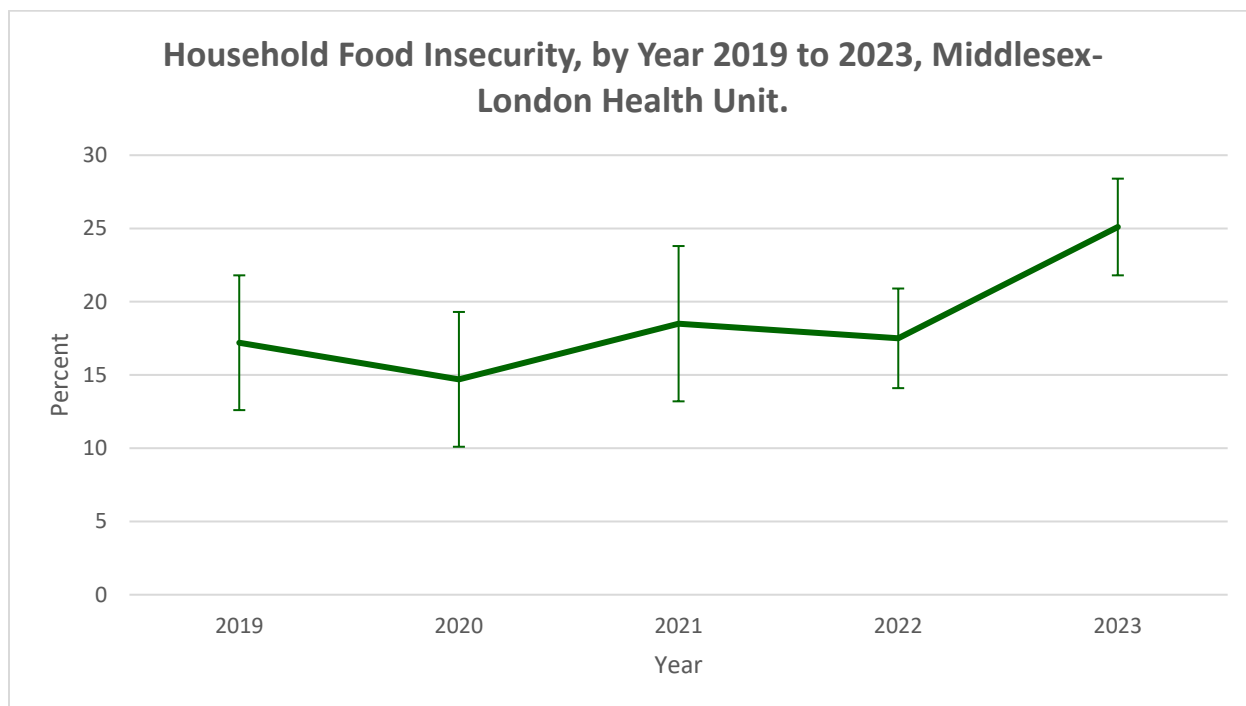
Taking Action for Reconciliation Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

References

- ¹ Li T, Fafard St-Germain AA, Tarasuk V. (2023). Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>.
- ² Jessiman-Perreault G, McIntyre L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.
- ³ Vozoris, NT, Tarasuk VS. Household food insufficiency is associated with poorer health. (2003). *The Journal of Nutrition*, 133(1):120-126.
- ⁴ Tarasuk V, Mitchell A, McLaren L, et al. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785-1793.
- ⁵ Men F, Gundersen C, Urquia ML, et al. (2020). Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *Canadian Medical Association Journal*, 192(3):E53-E60.
- ⁶ McIntyre, L, Williams, JV, Lavorato, DH, et al. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1):123-129.
- ⁷ Kirkpatrick, SI, McIntyre, L, & Potestio, ML. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8):754-762.
- ⁸ Melchior, M, Chastang, J F, Falissard, B, et al. (2012). Food insecurity and children's mental health: A prospective birth cohort study. *PLoS ONE*, 2012;7(12):e52615.
- ⁹ Ontario Dietitians in Public Health. (2020). Position statement and recommendations on responses to food insecurity. Retrieved from <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.
- ¹⁰ CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario; 2019. Retrieved from <https://www.ccohealth.ca/sites/CCOHealth/files/assets/BurdenCDReport.pdf>.
- ¹¹ Dietitians of Canada. (March 2024). Dietitians of Canada position statement on household food insecurity in Canada. Retrieved from https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement_2024_ENG.pdf.
- ¹² BC Centre for Disease Control. (2023). Food costing in BC 2022: Assessing the affordability of healthy eating. Vancouver, BC.: BC Centre for Disease Control, Population and Public Health Program. Retrieved from http://www.bccdc.ca/Documents/Food_Costing_in_BC_2022_Report_FINAL.pdf.
- ¹³ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots data file for household food insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>.

¹⁴ Statistics Canada. (2024). Table: 17-10-0148-01. Population estimates, July 1, by census metropolitan area and census agglomeration, 2021 boundaries. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710014801>.

¹⁵ Coleman, A. (November 2024). Onario Living Wage Network: Calculating Ontario's living wages. Retrieved from https://assets.nationbuilder.com/ontariolivingwage/pages/110/attachments/original/1731935587/Calculating_Ontario's_Living_Wages_-_2024.pdf?1731935587.



Indicator	Year	Geography	Per cent (%)	95% Confidence Interval (Lower)	95% Confidence Interval (Upper)	Margin of Error
Food insecure (household level)	2019	Middlesex-London Health Unit	17.2	12.5	21.8	4.6
Food insecure (household level)	2020	Middlesex-London Health Unit	14.7	10.1	19.3	4.6
Food insecure (household level)	2021	Middlesex-London Health Unit	18.5	13.2	23.7	5.3
Food insecure (household level)	2022	Middlesex-London Health Unit	17.5	14.1	20.9	3.4
Food insecure (household level)	2023	Middlesex-London Health Unit	25.1	21.8	28.4	3.3

Reference: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots data file for household food insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>.

Middlesex-London Income and Cost of Living Scenarios for 2024

Income Source	Monthly Income ¹	Monthly Rent ² / % Income		Monthly Food ³ / % Income		What's Left? ⁴ 2024	What's Left? ^{4,5} 2023
Single Person Ontario Works	\$881	\$988	112%	\$415	47%	-\$522	-\$420
Single Person Ontario Disability Support Program	\$1,465	\$1,222	83%	\$415	28%	-\$172	-\$186
Single Pregnant Person Ontario Disability Support Program	\$1,505	\$1,222	81%	\$440	29%	-\$157	-\$170
Single Person Old Age Security/Guaranteed Income Security	\$2,069	\$1,222	59%	\$296	14%	\$551	\$553
Single Parent with 2 Children Ontario Works	\$2,670	\$1,523	57%	\$890	33%	\$257	\$309
Family of 4 Ontario Works	\$2,908	\$1,734	60%	\$1,194	41%	-\$20	-\$15
Family of 4 Minimum Wage Earner (full-time)	\$4,507	\$1,734	38%	\$1,194	26%	\$1,579	\$1,351
Family of 4 Median Income (after tax)	\$9,685	\$1,734	18%	\$1,194	12%	\$6,757	\$6,475
Family of 4 Refugee Claimants Minimum Wage Earner (full-time)	\$3,238	\$1,734	54%	\$1,194	37%	\$310	N/A

The household scenarios spreadsheet is prepared annually by [Ontario Dietitians in Public Health](#) (ODPH) to support Ontario public health units to monitor local and provincial food affordability.

What's Left?⁴

People still need additional funds for childcare, utilities, Internet, phone, tenant insurance, transportation, household operations and supplies, personal care items, clothing, school supplies, gifts, recreation and leisure, out of pocket medical and dental costs, education, savings, and other costs.

Income¹

[WoodGreen Community Services](#) calculated the incomes for each scenario.

Income estimates for each scenario include all family and tax benefit entitlements available to Ontario residents (e.g., Climate Action Incentive Payment, Ontario Trillium Benefit, Canada Child Benefit, GST/HST credit, Canada Worker Benefit). Individual incomes may be lower if individuals do not file their income tax and/or do not apply for all available credits and benefits.

The main income for each scenario was estimated for May/June 2024. The exception is median income obtained from Statistics Canada, as the most recent data are from 2022. Combined Ontario median income for couples with children was utilized, with deductions made for income tax, Employment Insurance, and Canada Pension Plan.

Rent²

Average apartment rental costs are estimates based on the [Canadian Mortgage and Housing Corporation \(CMHC\) Ontario Rental Market Report](#). CMHC provides a consistent data source with a known methodology. CMHC does not publish a statistic if its reliability is too low or if publication would violate confidentiality rules. However, CMHC's data likely underestimate local rental costs, and as a result the amount of funds remaining for each scenario would likely be lower and the percentage attributable to rent would be higher.

The Rental Market Survey is conducted in urban areas with populations of 10,000 or more. The survey includes both new and existing units in privately initiated structures with at least 3 rental units. The cost for a new tenant would likely be higher, as current tenants are protected from large annual increases by Ontario's [residential rent increase guideline](#).

Utility costs (e.g., heat, electricity, hot water) may or may not be included in the rental amounts.

CMHC cost estimates were for October 2023. Cost estimates were adjusted for inflation using the [Consumer Price Index \(CPI\)](#) for shelter in Ontario for the estimated increase from October 2023 to May 2024.

Accommodation size for most scenarios was selected based on suitability as defined by the [National Occupancy Standard \(NOS\)](#). The standard includes various criteria, including a maximum of 2 people per bedroom. Most scenarios utilize 1, 2, or 3-bedroom apartments, depending on the household size and composition. Exceptions were made for 2 scenarios where the suitable accommodation size may not be realistic due to what is available or affordable. The scenario with a single person receiving Ontario Works is costed with a bachelor apartment. The scenario with a single parent with 2 children receiving Ontario Works was costed with a 2-bedroom apartment.

Food³

Food costs are calculated using the Ontario Nutritious Food Basket (ONFB), which is based on the [National Nutritious Food Basket \(NNFB\)](#). The ONFB survey tool is revised annually by ODPH, in collaboration with Public Health Ontario (PHO). The ONFB measures the cost of basic eating that represents current nutrition recommendations and average food purchasing patterns.

The NNFB is based on Canada's Food Guide, national food intake data, and Dietary Reference Intakes (DRIs). The NNFB and Canada's Food Guide are not inclusive for all religious and cultural groups. The ONFB does not reflect sourcing of traditional Indigenous foods. These are significant limitations of this data collection and may limit the generalizability and relevance of the food costs to different population groups.

London Food Bank volunteers and a Western University Dietetic Practicum Student completed the food costing, with training and support provided by a Health Unit Registered Dietitian. Costing was conducted May 19 to June 1, 2024, at 10 full-service grocery stores in Middlesex County and the City of London, both online and in person, including premium and discount stores. Average costs were calculated for 61

food items. If preferred food items were unavailable, similar items (i.e., proxy items) were used with minor differences between nutrition and/or price.

An adjustment factor was applied to the food costs depending on the household size in the scenario to account for the additional costs per person to feed a small group and the lower costs per person to feed a larger group.

Comparing 2024 to Previous Year's Scenarios⁵

Adjustments to the food and rent costs for the 2023 and 2022 scenarios are required before comparison to the 2024 scenarios. Comparing 2024 food costs to years prior to 2022 is not appropriate due to methodology changes (e.g., introduction of online costing; revisions to the NNFB to be consistent with 2019 Canada's Food Guide, updated national food intake data, and updated DRIs).

Local food costing was not completed in 2020 or 2021 due to the COVID-19 pandemic.

Food Adjustments

In 2024, Health Canada adjusted the NNFB spreadsheet due to revisions to [Dietary Reference Intakes for Energy](#) for groups where the Estimated Energy Requirement (EER) increased by more than 100 kcal/day (i.e., Males 14-18 years old, Females 14-18 years old, Pregnant <19 years old, Pregnant 19-30 years old, Pregnant 31-50 years old, Breastfeeding <19 years old, and Breastfeeding 19-30 years old).

The 2024 Monitoring Food Affordability in Ontario Master Spreadsheet was updated to reflect the increased EER for these groups. Weekly cost of ONFB in 2024 for these groups increased significantly compared to 2023 and 2022 due to the increased EER.

Rent Adjustments

In 2024, a CPI adjustment to rent costs was made to more accurately reflect actual local rental costs. This adjustment was not made in previous years. CMHC cost estimates were for October 2023. Cost estimates were adjusted for inflation using the [CPI](#) for shelter in Ontario for the increase from October 2023 to May 2024.

Data Sources

Canadian Mortgage and Housing Corporation (January 2024). Rental Market Report: London, 2023, Table 1.1.2 Private Apartment Average Rents (\$), by Zone and Bedroom Type - London CMA. Retrieved from <https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables>.

Government of Canada (2024). Child and family benefits calculator. Retrieved from <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/child-family-benefits-calculator.html>.

Middlesex-London Health Unit (2024). Ontario Nutritious Food Basket data for Middlesex-London Health Unit – Includes family size adjustment factors.

Ministry of Children, Community and Social Services (2024). Social Assistance, Pension, and Tax Credit Rates: April – June 2024.

Statistics Canada. (2024). Table: 11-10-0190-01. Market income, government transfers, total income, income tax and after-tax income by economic family type. Retrieved from <https://www150.statcan.gc.ca/t1/tb11/en/cv.action?pid=1110019001>.

Statistics Canada. (2024). Table: 18-10-0004-01. Consumer Price Index, monthly, not seasonally adjusted. Retrieved from <https://www150.statcan.gc.ca/t1/tb11/en/cv.action?pid=1110019001>.

FOOD INSECURITY

MIDDLESEX-LONDON 2024

Report No. 82-24 Appendix D



Food insecurity negatively impacts physical, mental, and social health ¹

Food insecurity is the inadequate or insecure access to food due to a lack of money ¹



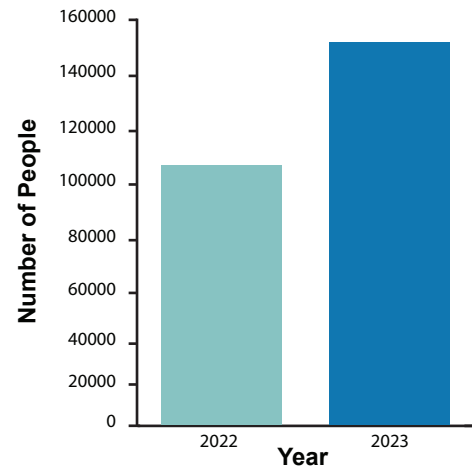
2023

1 in 4 Middlesex-London households were food insecure ²

2022

1 in 6 Middlesex-London households were food insecure ²

Middlesex-London Residents Living in a Food Insecure Household ^{2, 3}



How much money is left each month after paying for food and rent? ⁴



Income Source	Single Person		Family of 4		
	OW ^a	ODSP ^b	OW ^a	Minimum Wage ^c	Median Income ^d
Food (% of Monthly Income Needed)	112%	83%	60%	38%	18%
Rent (% of Monthly Income Needed)	47%	28%	41%	26%	12%
What's Left?	-\$522	-\$172	-\$20	\$1,579	\$6,757

^a Ontario Works ^b Ontario Disability Support Program ^c As of May 2024 ^d Statistics Canada, 2024.

Households still need to pay for all other expenses, including childcare, utilities, Internet, phone, tenant insurance, transportation, personal care, clothing, school supplies, gifts, recreation, out of pocket medical and dental costs, education, and savings.

Solutions are needed that help people afford the costs of living



- Adequate social assistance benefits
- Jobs that pay a living wage
- A basic income guarantee
- Affordable housing, public transit, and childcare
- Reduced income tax for low-income households
- Free tax filing support
- Learn more at www.healthunit.com/food-insecurity

References

1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
 2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2024). Snapshots Data File for Household Food Insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)).
 3. Statistics Canada. Table 17-10-0148-01 Population estimates, July 1, by census metropolitan area and census agglomeration, 2021 boundaries
 4. Middlesex-London Health Unit (December 2024). Report No. 82-24 Monitoring food affordability and implications for public policy and action (2024). Retrieved from https://www.healthunit.com/uploads/82-24_-_appendix_d_-_food_insecurity_infographic.pdf.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 83-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 December 12

MIDDLESEX LONDON FOOD POLICY COUNCIL RESTRUCTURING

Recommendation

It is recommended that the Board of Health receive Report No. 83-24 re: “Middlesex London Food Policy Council Restructuring” for information.

Report Highlights

- The Middlesex London Food Policy Council (MLFPC) has restructured, redefining the roles and responsibilities of its members.
- The role of the Middlesex-London Health Unit (MLHU) Registered Dietitian (RD) supporting the MLFPC will shift from primarily administrative duties to focussing on the delivery of public health interventions, including Community and Partner Mobilization and Healthy Public Policy Development.
- MLHU’s ongoing support of the MLFPC aligns with internal program priorities and demonstrates our commitment to this community collaboration.

Background

In 2014, the Middlesex-London Health Unit (MLHU) approved a new Food Systems Registered Dietitian (RD) position which including dedicated time to coordinate the [Middlesex-London Food Policy Council](#) (MLFPC, “the Council”). This new RD position was instrumental in ensuring all requirements to establish the MLFPC were enacted, including directing the first local Community Food Assessment (CFA). The MLHU RD also worked with a MLFPC implementation team of community representatives to recruit members, form committees, and develop terms of reference, a description of roles and responsibilities, and priorities for action. By 2016, the MLFPC was fully established.

The MLFPC includes members representing all aspects of the food system such as production, distribution, government, advocacy, and education. The Council provides cross-sector collaboration and addresses food-related challenges and opportunities to promote a healthy, safe, equitable, ecologically responsible, and economically viable food system.

As the MLFPC matured and evolved, it became challenging for Council members and community volunteers to fulfill its day-to-day operations. The MLFPC recently reviewed and

revised its structure to ensure its members' roles and responsibilities maximize their skills and capacity to benefit the work of the Council. The revised roles and responsibilities more effectively utilize the knowledge and skills of the MLHU RD to achieve activities aligned with MLHU interventions, with all administrative duties now assigned to a new Facilitator role within the Council.

Aligning support with MLHU intervention priorities

Changing the way in which the MLHU RD supports the MLFPC contributes to the MLHU's Community and Partner Mobilization work by enhancing Council's ability to expand outreach and engage with new and potential partners, and coordinate efforts of Council members to respond to community need through collective impact.

The revised roles and responsibilities of MLFPC members also support the MLHU RD to contribute more fully to the MLHU's Healthy Public Policy work by focusing participation on the steps involved in healthy public policy development. The MLHU RD will have increased capacity to provide knowledgeable, and evidence-informed information to the Council, to support the creation of policies that are tailored to address specific food system issues. Through engagement of key partners, the MLHU RD will support the Council to ensure policies are inclusive and reflective of the needs and preferences of the population they aim to serve.

Providing greater capacity for collective impact and advocacy efforts will help raise awareness about food systems issues, mobilize public support, and build coalitions that are essential for driving policy changes. The MLHU RD will have greater capacity to support long-term strategic planning with the MLFPC. This can lead to the creation of policies that not only address immediate, local food systems concerns but also contribute to sustainable, long-term food system improvements for our community.

Next Steps

To support the change in responsibilities and time commitment of the MLHU RD, the MLFPC worked with the London Food Bank to hire a Community Food Systems Facilitator. For the remainder of 2024, the MLHU RD will continue to support the new Facilitator role through this transition and will focus efforts exclusively on public health interventions starting January 2025.

This report was prepared by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Foundational standard (Health Equity, Effective Public Health Practice) and Program standard (Chronic Disease and Wellbeing) as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Client and Community Confidence
 - Program Excellence
 - Organizational Excellence

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations Strengthening Community Capacity, Effective Collaboration (Anti-Black Racism Plan) and Supportive Environments (Taking Action for Reconciliation).

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 84-24

TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health
DATE: 2024 December 12

MLHU ONTARIO LIVING WAGE NETWORK CERTIFICATION

Recommendation

It is recommended that the Board of Health receive Report No. 84-24 re: "MLHU Ontario Living Wage Network Certification" for information.

Report Highlights

- MLHU has obtained re-certification as a Living Wage Champion as of November 18, 2024.
- London Elgin Oxford Living Wage has been increased to [\\$19.50 per hour effective November 18, 2024.](#)
- The increase to the living wage requires an increase to the wages of Test Shoppers and contracted services (e.g. security).

Background

The [Ontario Living Wage Network](#) (OLWN) is a network of employers, employees, non-profits, and researchers who certify and advocate for proponents of Living Wage work standards for all Ontario workers.

A Living Wage is not the same as the minimum wage, which is the legislated minimum all employers must pay and is set by the provincial government. The living wage reflects what people need to earn to cover the actual costs of living in their community. A Living Wage ensures families are not under severe financial stress, promotes social inclusion, and helps families achieve a basic level of economic security, which aligns with the principles of health equity. The Living Wage is calculated based on the needs of a family of four with two parents each working full-time, full year. The 2024 living wage rates have increased by an average of 3.4%, driven primarily by rising rent costs in the province. The London-Elgin-Oxford region has the lowest living wage in the province at \$19.50, up from \$18.85 in 2023. The MLHU's decision to become a Living Wage employer was values driven, as the equity principle that drives our service division is also embedded into the MLHU practices about compensation. It is important

for the MLHU not to lose sight of this value driven decision during difficult times, especially as it will most impact lowest paid employees and contractors.

MLHU successfully obtained certification as a Living Wage Champion on October 16, 2023. The Champion level of certification signifies that all direct and indirect employees of MLHU are paid at or above the Living Wage, or will be within the next six months, and that any contractors who provide services to MLHU are paid at or above the Living Wage. With the 2024 increase to the living wage, MLHU will be required to increase the wages of Test Shoppers and ensure wage increases to some external contracted staff (e.g. security) within the next six months. The total annual cost for the increase to contracted services is \$6,241. The total annual increase to wages for Test Shoppers will cost between \$400-700 in 2025.

Next Steps

The OLWN provides material to identify MLHU as a certified living wage employer and the MLHU will coordinate a re-certification announcement internally. The increases for contractors will be effective May 1, 2025, to enable those companies time to adjust. Test Shopper wage increases will be implemented January 1, 2025, in alignment with the MLHU annual budget.

This report was written by the Associate Director, Human Resources and Labour Relations in the Corporate Services Division.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Employee Engagement and Learning specific to supporting staff and vendor financial wellbeing.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically Anti-Black Racism Plan recommendation #5, Employment Systems to Support Black Employees and Taking Action for Reconciliation recommendation #5, Workforce Development.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 85-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2024 December 12

CLIENT RELATIONS PROCESS

Recommendation

It is recommended that the Board of Health receive Report No. 85-24 re: "Client Relations Process" for information.

Report Highlights

- The client relations policy and framework will ensure MLHU is responsive to client feedback in accordance with the *Excellent Care for All Act* (ECFAA).
- The process ensures all client interactions are managed effectively, transparently, and consistently.
- This framework applies to all leaders, employees, and healthcare providers at MLHU.
- Aggregate client relations data will be reported to the BOH twice a year at a minimum.

Background

The *Excellent Care for All Act* (ECFAA), 2010, Sec 6 (1) states, every health care organization shall have a patient/client relations process and shall make information about that process available to the public.

Upholding the commitment to client-centered care and to meet legislative requirements, MLHU has developed a client relations policy and framework designed to streamline the management of client feedback. It outlines clear processes for intake, investigation, and resolution of client concerns, fostering accountability and promoting continuous improvement and serves as a foundation for tracking performance and ensuring quality service delivery.

The client relations framework defines feedback as any input, concern, complaint, suggestion, or compliment expressed by clients regarding their experiences and interactions with the agency.

The Process

Client feedback is received through various methods – in-person, telephone, e-mail, letter and MLHU website.

The MLHU client relations process contains five (5) distinct steps, ensuring clients who provide feedback receive optimal service from intake to resolution.

1. **Intake and Documentation** – when feedback is received, resolution in the moment is the desired outcome. If a resolution is achieved, a notification is sent to the Client Relations team for tracking. If a resolution is not achieved, the feedback is escalated, and steps 2-5 of the framework are initiated.
2. **Triage and Initial Response** – feedback is categorized by urgency and complexity. An acknowledgement of receipt is sent within two business days.
3. **Communication and Investigation** – responsibility for the feedback is assigned, and a root cause analysis is conducted.
4. **Resolution and Follow-up** – a resolution plan that addresses the client's concerns is developed and promptly implemented. Investigation findings are shared with the relevant team, and a final resolution conversation is held with the client.
5. **Documentation and Reporting** – the outcomes of the investigation and resolution process are documented in the Client Relations database. Aggregate client relations data will be shared with the Senior Leadership Team and the Board of Health twice a year at a minimum.

Where feedback is received directly by the BOH, CEO, and/or MOH, this will be shared with the Manager responsible for Client Relations who will lead the Client Relations process identified above. Generally, the initial response and resolution will be under the signature of the Manager responsible for Client Relations, facilitating further escalation within the agency if required.

Next Steps

The MLHU client relations policy and framework will be integrated into daily practice. Initial education for teams will begin December 13, with ongoing training in effective communication, and service recovery skills to follow. The online client feedback form will be promoted, encouraging clients to share their experience as feedback enables reflection and improvement.

MLHU will evaluate and refine the framework to ensure it remains responsive to client needs. Key performance indicators, such as response times, resolution rates, and client satisfaction, will be tracked and reviewed to ensure both compliance and effectiveness.

This report was written by the Associate Director, Operations/Privacy Officer in the Corporate Services Division.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Good Governance and Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The *Excellent Care for All Act*, 2010, Section 6 (1)

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation Governance.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 86-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
DATE: 2024 December 12

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR NOVEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 86-24 re: “Medical Officer of Health Activity Report for November” for information.

The following report highlights the activities of the Medical Officer of Health for the period of November 7 – November 28, 2024.

The Medical Officer of Health provides oversight of all public health programs at the Middlesex-London Health Unit and co-chairs the Senior Leadership Team. The Medical Officer of Health participates in a wide range of external and internal meetings, along with liaising with community partners and municipal and provincial stakeholders.

The Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall.

The Medical Officer of Health also participated in the following meetings:

Public Health Excellence– *These meeting(s) reflect the MOH’s work regarding public health threats and issues; population health measures; the use of health status data; evidence-informed decision making; and the delivery of mandated and locally needed public health services as measured by accountability indicators*

- November 7** Chaired an internal planning meeting with regards to the Middlesex-London Community Drug and Alcohol Committee.
- November 20** Attended the Middlesex London Health Unit Anti-Black Racism Plan Advisory Committee meeting.
- November 27** Participated in an internal planning meeting regarding upcoming meetings with local school boards to discuss changes in the delivery of public services in schools.

Community Engagement, Partner Relations, and System Leadership – *These meeting(s) reflect the MOH's representation of the Health Unit in the community and engagement with local, provincial and national stakeholders both in health and community arenas, along with engagements with local media.*

- November 7** Interview with Mayan Correia, 106.9 The X, regarding the respiratory dashboard and respiratory season.
- November 8** Participated in the City of London's 2024 annual Emergency Management Exercise.
- Participated in the Council of Ontario Medical Officers of Health (COMOH) section meeting.
- November 13-15** Attended the Urban Public Health Network fall meeting.
- November 20** Interview with Devon Peacock, Global News AM980, regarding encouraging vaccinations ahead of the holiday season.
- Participated in a meeting regarding the Middlesex-London Ontario Health Team Governance Committee.
- Interview with Matthew Trevithick, CBC News London, regarding the Opioid Crisis Update Board report.
- November 21** Participated in a call with Dr. Mehdi Aloosh, Medical Officer of Health, Windsor-Essex County Health Unit.
- Participated in a meeting of the Ontario Public Health Standards Review Table, facilitated by the Ministry of Health.
- November 22** Attended the City of London's Budget Committee meeting to answer questions regarding the Middlesex-London Health Unit's 2025 budget submission.
- Participated in a focus group facilitated by St. Joseph's Health Care regarding its strategic plan.
- November 26** Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, and Pine Ridge Health Unit.
- November 27** With Jennifer Proulx, Director, Family and Community Health, attended a meeting with representation from Atlohsa to discuss the Community Drug and Alcohol Committee.
- November 28** Participated in the monthly Middlesex-London Ontario Health Team Coordinating Committee meeting.

Employee Engagement and Teaching – *These meeting(s) reflect on how the MOH creates a positive work environment, engages with employees, and supports employee education, leadership development, mentorship, graduate student teaching, medical students or resident teaching activities.*

- November 7** Met with a medical student completing a rotation with MLHU.
- November 21** Presented at the Public Health 101 orientation session provided by the Middlesex-London Health Unit to staff who have joined the organization in the past several years to provide a foundational understanding of public health and the work of the organization.
- November 28** Met with a medical student interested in public health.
- Met with a Masters of Public Health student.
- Attended the Public Health Ontario Rounds webinar regarding BC Radon Data Repository.

Organizational Excellence – *These meeting(s) reflect on how the MOH is ensuring the optimal performance of the organization, including prudent management of human and financial resources, effective business processes, responsive risk management and good governance.*

- November 7** Participated in a meeting to discuss completion of the Annual Service Plan and the alignment of public health interventions with programs.
- November 11** With Emily Williams, CEO, and Jennifer Proulx, Director, Family and Community Health, met to distinguish the role of the Communications team and the role of the Social Marketing and Health Systems Partnership team for communication and marketing products.
- November 21** Attended the November Special Board of Health meeting.
- Attended the November Board of Health meeting.
- November 25** Participated in the Management Operating System and Intervention Description/Indicator Development Steering Committee meeting.
- November 28** Attended the monthly touch base meeting with the Board of Health Chair.

This report was prepared by the Medical Officer of Health.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Good Governance and Management Practices Domain as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically the Governance and Leadership (ABRP) section.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 87-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2024 December 12

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR OCTOBER AND NOVEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 87-24 re: "Chief Executive Officer Activity Report for October and November" for information.

The following report highlights the activities of the Chief Executive Officer (CEO) for the period of October 4 – November 28, 2024.

Standing meetings include weekly Corporate Services leadership team meetings, Senior Leadership Team meetings, MLHU Leadership Team meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, monthly check ins with the Director, Public Health Foundations, weekly check ins with the Corporate Services leaders and the Medical Officer of Health.

The Chief Executive Officer provided Director On-Call coverage from October 4-6.

The Chief Executive Officer was on vacation on October 11 and from November 22 to November 29.

The Chief Executive Officer also attended the following meetings:

Client and Community Impact – *These meeting(s) reflect the Chief Executive Officer's representation of the Health Unit in the community:*

- October 7** As part of the Legal Vendor Request for Proposal process, attended an introductory meeting with one of the successful legal vendors Clyde and Co.
- October 16** Met with the City of London, Deputy City Manager, Finance Supports and Treasurer and Director, Financial Planning and Business Support to provide the MLHU financial update.
- October 17** Met with the Middlesex County, General Manager, Finance and Community Supports to provide the MLHU financial update.
- November 15** Met with City of London Councilor Corrine Rahman to discuss the MLHU's 2025 funding request to the City of London's Budget Committee.

November 21 As part of MLHU's 2025 funding request to the City of London's Budget Committee, attended the November 21, 2024 Budget Committee meeting to answer questions regarding MLHU's 2025 budget submission. The item was deferred to November 22nd.

Employee Engagement and Learning – *These meeting(s) reflect on how the Chief Executive Officer influences the Health Unit's organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

October 15 Attended the October MLHU Leadership Team meeting and provided a 2025 Budget Update.

October 18 Attended a meeting to discuss the process and considerations for charity support for 2025 as part of the Corporate Social Responsibility policy.

October 21 With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended a touch base with union partner Ontario Nurses Association.

With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended a touch base with union partner Canadian Union of Public Employees.

October 23 Attended a meeting with the employee benefits vendor to discuss the Administrative Services Only (ASO) float.

October 24 Attended a meeting to provide an update on the pilot MLHU Leadership Mentorship program.

October 25 Attended a meeting to discuss the MLHU Leadership Team Deliverables tracking document.

October 28 With the Medical Officer of Health and Associate Medical Officer of Health, held Budget Open Office Hours as part of the MLHU 2025 Budget communication process.

October 29 Attended a meeting to debrief and plan for the Lead Self, Engage Others, Achieve Results and Systems Transformation (LEADS) session being offered to MLHU leaders.

With the Medical Officer of Health and Associate Medical Officer of Health, held Budget Open Office Hours as part of the MLHU 2025 Budget communication process.

November 4 Chaired the MLHU Leadership Team November Pre-Planning meeting to establish the upcoming meeting agenda.

Attended the Employee Systems Review (ESR) Steering committee.

Governance – *This meeting(s) reflect on how the Chief Executive Officer influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the Health Unit’s mission and vision. This also reflects on the Chief Executive Officer’s responsibility for actions, decision and policies that impact the Health Unit’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- October 4** Attended the Association of Public Health Business Administrators (AOPHBA) Executive meeting.
- October 7** Attended a meeting to discuss Infection Prevention and Control Hub Quarterly reporting to the Ministry.
- With the Acting Medical Officer of Health, met with the Member of Provincial Parliament, Elgin-Middlesex-London, to discuss the MLHUs application for funding as part of Ontario’s Action Plan to end Gender-Base Violence Proposal Guidelines.
- Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- October 8** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- Attended the Board of Health October agenda review and Executive meeting.
- October 10** With the Acting Medical Officer and Director, Family and Community Health met to discuss policy and government relations strategy for the MLHU submission to Ontario’s Action Plan to end Gender-Base Violence Call for Proposals.
- As part of the key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.
- October 18** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- October 22** Attended an Association of Public Health Business Administrator (AOPHBA) Nominations Working Group meeting in preparation for the AOPHBA Annual General Meeting.
- Met with the Board of Health Chair for a monthly one-on-one meeting.
- Attended the monthly Ministry of Health Public Health Funding Updates meeting.
- October 17** Attended the October Governance Committee meeting.
- Attended the October Board of Health meeting.
- As part of the key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.
- October 23** Attended a meeting to discuss planning for Board Orientation.
- October 24** With the Director, Family and Community Health, met with the Public Health

Agency of Canada representatives to discuss the funding model for the Smart Start for Babies program.

As part of the key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.

- October 25** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- October 28** With the Acting Medical Officer of Health, met with Member of Provincial Parliament, London-West, to discuss the MLHUs application for funding as part of Ontario's Action Plan to end Gender-Base Violence Call for Proposals.
- Attended the Virtual Association of Public Health Business Administrators (AOPHBA) Annual General Meeting.
- October 31** As part of the key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.
- November 1** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- November 5** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- November 7** As part of the key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.
- November 11** Attended a meeting to define the roles and responsibilities between the Communications and Social Marketing and Health System Partnerships teams.
- Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- November 13** Attended a meeting to define the roles and responsibilities between the Communications and Social Marketing and Health System Partnerships teams.
- Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- November 14** Attended the Board of Health November agenda review and Executive meeting.
- Attended the monthly Ministry of Health Public Health Funding Updates meeting.
- As part of the key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.
- November 15** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- November 20** Met with the Board of Health Chair for a monthly one-on-one meeting.
- Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

Personal and Professional Development – *This area reflects on how the CEO is conducting their own personal and professional development.*

October 30 Chaired and facilitated the Inaugural Association of Public Health Business Administrators (AOPHBA) Virtual Lunch and Learn Human Resources Expertise Panel.

November 6 Attended and co-facilitated the LEADS Achieve Results Review to enhance and support leadership development for the MLHU Leadership team.

This report was prepared by the Chief Executive Officer.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Good Governance and Management Practices Domain as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically the Governance and Leadership (ABRP) section.

November 27, 2024

Hon. Sylvia Jones
Deputy Minister / Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Hon. Mark Holland
Minister of Health
Government of Canada
hcminister.ministresc@hc-sc.gc.ca

Dear Honourable Ministers:

Re: PPH Board of Health Support for the Walport Report and Sustained Investment and Reporting on Provincial Emergency Preparedness

On November 13, 2024, the Board of Health (BOH) for Peterborough Public Health expressed its support for the recommendations in the Health Canada report, *The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Science Advice and Research Coordination*. The BOH also confirmed its belief that annual reporting on emergency preparedness activities is an essential mechanism for ensuring continued work and development of emergency preparedness capacity and exhorts the Ontario Ministry of Health to ensure that the legislature is kept informed of the status of emergency preparedness of the Province.

It has been five years since we learned of the outbreak in China that preceded the declaration of a global pandemic. We have learned significantly in public health and more broadly from these experiences and several reports have been authored summarizing the learnings and calling for sustained investment in emergency preparedness.

In 2022, the Office of the Chief Medical Officer of Health (CMOH) published the [2022 Annual Report - Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics](#) that included findings at the provincial level and a need for ongoing vigilance and reporting to the Ontario provincial legislature on pandemic readiness on an annual basis.

More recently, Health Canada published [The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Science Advice and Research Coordination](#), which takes a similar, yet higher level call to sustained investment and commitment to emergency preparedness including coordination of research and scientific advice across the country and close attention to addressing inequities and determinants of health.

As noted in the report, “The pandemic exposed and exacerbated the weaker elements of Canada’s health research and science advisory systems. It also highlighted severe shortcomings of health data systems and an inability to conduct timely and adequate observational studies, including infectious disease surveillance, and clinical trials.”¹

Major findings of the Expert Panel Report (also referred to as the “Walport Report” after Panel Chair, Sir Michael Walport) include:

- Canada must act now to be prepared for the next health emergency;
- Greater pan-Canadian coordination of research and science advice is required;
- A greater focus needs to be placed on equity and addressing social and structural determinants of health;
- Indigenous health expertise must be embedded in research coordination and science advice processes.²

The 2022 CMOH report recommended annual reports, however, to date public health reporting to the Province has not changed and to the best of our knowledge the legislature has not yet received a report on preparedness activities for 2023 and 2024. Failing to implement the recommendation for ongoing reporting to the legislature on pandemic readiness would be a significant setback for both the public and public health.

Furthermore, the federal Walport Panel's recommendations, which emphasize the need to improve and sustain emergency preparedness in advance of future crises, underscore the importance of transparent, consistent reporting. Without this essential accountability, Ontario risks falling behind in its readiness for future emergencies, which could have dire consequences for public health and safety.

Respectfully,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local MPPs
Local MPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Walport Report, p. 7

² Ibid, p. 7-8

Middlesex-London Board of Health External Landscape Review – December 2024

The purpose of this briefing note is to inform MLHU Board of Health members about what is happening in the world of public health and impacts to the work of the MLHU and Board. This includes governance and legislative changes, news from other local public units, external reports on important public health matters, learning opportunities and MLHU events. **Please note that items listed on this correspondence are to inform Board members and are not necessarily an endorsement.**

National, Provincial and Local Public Health Advocacy


TIMMINS

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Resolution to withhold HART Hub support fails at council

At the November 27 City of Timmins Council meeting, Council voted in favour of supporting a HART Hub application for an old Ramada Inn hotel in Timmins, ON, titled the "Wellness Centre of Excellence".

Council listened to a presentation regarding the Wellness Centre of Excellence, or HART Hub (Homelessness and Addiction Recovery Treatment), project in response to a request council made in September for an update. Jean Carriere, director of Health Services for the Cochrane District Services Board, and Paul Jalbert, executive director for the Canadian Mental Health Association's Cochrane Temiskaming Branch, outlined where things stand and attempted to answer some of the concerns raised. The Wellness Centre of Excellence will not provide emergency shelter/homeless shelter services, supervised consumption and safe supply programs for drug use, or be an enabling environment.

Councillors Curley, Feldman, Gvozdanovic and Whissell voted in favour of the resolution, while Councillors Black, Marks, Robin and Mayor Boileau opposed its passage, creating the four-to-four tie, which resulted in its defeat.

To read the full article, visit the Timmins Daily Press [website](#).

Impact to MLHU Board of Health

The Province of Ontario announced the closure of 10 consumption and treatment sites in Ontario, and followed with the introduction of the *Safer Streets, Stronger Communities Act* on [November 18](#). The Province's alternative is the HART Hub, which many partners have applied for. In Middlesex-London, the [Canadian Mental Health Association](#) has submitted an intention to operate a HART Hub.


 Public Health
Agency of Canada

 Agence de la santé
publique du Canada

The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2024

Dr. Theresa Tam, Chief Public Health Officer of Canada released her report on the State of Public Health in Canada, titled "[Realizing the Future of Vaccination for Public Health](#)".

Dr. Tam notes that "vaccines provide protection across the life course against a range of infectious diseases. They also can prevent some chronic conditions, like certain types of cancer, and play a role in addressing antimicrobial resistance. Vaccination additionally has wide ranging economic and societal benefits. It can ease strain on healthcare resources, reduce costs to the healthcare system, and increase economic productivity. Successful vaccination efforts help to mitigate the disproportionate impact of infectious diseases on some populations that experience differential exposure, susceptibility, and access to treatment." Further, Dr. Tam calls on the public health system to take advantage of future advancements in vaccine technology.

To read the full report, visit the Chief Public Health Officer's report page on the Public Health Agency of Canada's [website](#).

Impact to MLHU Board of Health

The Board of Health had heard the benefits of vaccination within the community and continues to promote it. Further within the Current Public Health Issues updates, the Medical Officer of Health has emphasized the importance of vaccination and how the Health Unit is supporting those in equity-deserving groups receive vaccination.



November 25, 2024

VIA ELECTRONIC MAIL

Hon. Sylvia Jones
Ministry of Health
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 1Z8

Dear Minister Jones:

Like many regions in Ontario, KFL&A is experiencing the devastating human toll and profound social and economic cost of the current drug poisoning crisis. As such, on behalf of the KFL&A Board of Health, I would like to commend the Government of Ontario for the \$378 million investment in the Homelessness and Addiction Recovery (HART) Hubs Demonstration Project. This welcome initiative in Ontario will support access to treatment and can contribute to innovative approaches that meet people where they are at in their recovery journey.

However, *the drivers of substance use are complex and requires a collective response to the crisis that is evidence-based, comprehensive and community-driven.* A comprehensive and integrated response requires investment in prevention, harm reduction, treatment/recovery, and public safety, *as recommended by both Ontario's Chief Medical Officer of Health in his 2023 annual report - Balancing Act: An All-of-Society Approach to Addressing Substance Use and Harms and by the Association of Municipalities of Ontario in their 2024 report - The Opioid Crisis: A Municipal Perspective.* Investments in life saving, harm reduction interventions, which are known to reduce the incidence of fatal overdoses, to reduce the transmission of blood-borne infections, and to increase referrals to treatment, are a complementary part of an integrated response.

In the midst of this drug poisoning crisis, it is imperative that a broad set of evidence-based tools be available to communities to respond to the crisis. To that end, we urge the Government of Ontario to reconsider the decision to introduce legislation that would prohibit starting up new consumption sites, participating in federal safer supply initiatives, and requesting a federal exemption to decriminalize illegal drugs. Further, we urge the Government of Ontario to adopt, without delay, the Chief Medical Officer of Ontario's recommendation calling for an investment in a comprehensive strategy that considers the breadth of evidence-based interventions available to reduce the burden of opioid-related harms.

Kingston, Frontenac and Lennox & Addington Public Health

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Hon. S. Jones, RE: Harm Reduction in Ontario
November 25, 2024

KFL&A Public Health remains committed to working with all levels of government, our local partners, researchers, frontline workers, people with lived and living experience, and others to support the health and well-being of people who use substances and to support the safety of our communities.

Sincerely,



Wess Garrod
KFL&A Board of Health Chair

Copy to: The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health
MPP Ric Bresee, Hastings-Lennox and Addington
MPP Ted Hsu, Kingston and the Islands
MPP John Jordan, Lanark-Frontenac-Kingston
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health

November 29, 2024

Hon. Sylvia Jones
Deputy Minister / Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones:

Re: PPH Board of Health Support for a Provincial Immunization Registry

I am writing on behalf of the Board of Health for Peterborough Public Health to indicate its strong support for the Ontario Immunization Advisory Committee's recommendation to establish an Immunization Registry for all residents of Ontario.

Immunizations registries are centralized electronic systems that hold immunization information of residents. They facilitate "timely, accurate recording of all relevant immunization information, regardless of where and by whom vaccines are administered."¹ Currently, the immunization records for residents of Ontario may be stored at a wide variety of locations including physician offices, clinics, public health agencies, and pharmacies, to name a few.

In September, 2024, the Ontario Immunization Advisory Committee (OIAC) released a position statement strongly urging that Ontario Ministry of Health develop a provincial immunization registry. The OIAC recommends that such a registry include vaccination records for all residents and ensure real-time access to everyone, including their health care providers. The OIAC position statement also outlines seven recommendations on what is needed for Ontario to implement an immunization registry² that meets the "need of diverse populations and ensure timely and equitable access to individual immunization records."³

An Ontario-wide immunization registry would address many of the challenges with the current system, including:

- eliminate the need for parents to report vaccinations to local public health agencies;
- reduce the risk of inaccurate information being reported;
- help identify individuals who are overdue on their immunizations;
- prevent duplication of immunizations;
- reduce resources needed to enter data;
- lower school suspension rates; and
- enable evaluation of immunization programs.

We respectfully request that the Ministry employ the powerful and efficient technology that is now available to develop a provincial Immunization Registry that will ease administrative burdens, increase the efficiency and effectiveness of the health care system and meet the needs of all Ontarians.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Local MPPs
Peterborough Family Health Team
Peterborough Ontario Health Team
Peterborough Regional Health Centre
Association of Local Public Health Agencies
Ontario Boards of Health

¹ [Immunization records: Canadian Immunization Guide - Canada.ca](#)

² [OIAAC Position Statement: A Provincial Immunization Registry for Ontario \(publichealthontario.ca\)](#)

³ Ibid.



December 2, 2024

VIA ELECTRONIC MAIL

The Honourable Mark Holland
Minister of Health
House of Commons
Ottawa, ON, K1A 0A6

Dear Minister Holland,

November is Radon Action Month and Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health is reminding our community of the health risk caused by radon gas. Radon is the leading cause of lung cancer for non-smokers and is linked to approximately 16% of all lung cancer deaths in Canada. There is no known safe level of radon exposure and Canadians can be exposed to radon in residential homes and other buildings because of the soil upon which the building stands.¹ In confined spaces, radon can accumulate to harmful levels and cancer risk is directly related to radon concentration and length of exposure.^{2,3}

We urge KFL&A residents to test their homes for radon. While Health Canada recommends mitigation of residential homes, public buildings and indoor workplaces if radon levels are above 200 Bq/m³, the World Health Organization (WHO) recommends mitigation at 100 Bq/m³. Differing radon guidance can impact informed decision making and cause confusion when taking action to lower radon levels, as was observed in a radon testing study of residential homes in KFL&A.⁴

Exposure to radon is a significant health risk. If all residential homes in Canada above 100 Bq/m³ were lowered to as reasonably achievable, it is estimated that 28% of radon-attributable lung cancer deaths could be prevented each year. That is, a reduction of approximately 200 lung cancer deaths in Ontario and 700 deaths in Canada.^{5,6}

To that end, the KFL&A Board of Health strongly urges Health Canada to establish a new radon guideline for residential homes, public buildings and indoor workplaces that aligns with the WHO's radon limit of 100 Bq/m³ and to continue recommending a reduction in radon levels to as low as reasonably achievable below this new guideline.

Sincerely,

Wess Garrod
KFL&A Board of Health Chair

Kingston, Frontenac and Lennox & Addington Public Health

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Hon. M. Holland, RE: Health Canada's Radon Guideline
December 2, 2024

Copy to: Dr. Dr. Theresa Tam, Chief Public Health Officer
Mark Gerretson, Member of Parliament, Kingston and the Islands
Shelby Kramp-Neuman, Member of Parliament, Hastings – Lennox and Addington
Scott Reid, Member of Parliament, Lanark – Frontenac – Kingston
Association of Local Public Health Agencies
All Ontario Boards of Health

References:

1. Health Canada. Radon Reduction Guide for Canadians. Published online February 2023.
https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/pdf/pubs/radiation/radon_canadians-canadiens/radon_canadians-canadien-eng.pdf
2. Chen J. Canadian Lung Cancer Relative Risk from Radon Exposure for Short Periods in Childhood Compared to a Lifetime. *Int J Environ Res Public Health*. 2013;10(5).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709356/#:~:text=The%20above%20discussion%20shows%20that,exposure%20to%20moderate%20radon%20concentration.>
3. Risk of Residential Radon Exposure Varies Geographically. Cancer Care Ontario. June 2017.
<https://www.cancercareontario.ca/en/cancer-facts/risk-residential-radon-exposure-varies-geographically>
4. Maier A, Hayes E, Munday L. Using the precaution adoption process model and the health belief model to understand radon testing and mitigation: a pre-post quasi-experimental study. *BMC Public Health*. Published online May 2023.
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15752-2>
5. Peterson E, Aker A, Kim J, Li Y, Brand K, Copes R. Lung cancer risk from radon in Ontario, Canada: how many lung cancers can we prevent? *Cancer Causes Control*. 2013;24.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3824583/pdf/10552_2013_Article_278.pdf
6. Chen J, Moir D, Whyte J. Canadian Population Risk of Radon Induced Lung Cancer: A Re-Assessment Based on the Recent Cross-Canada Radon Survey. *Radiation Protection Dosimetry*. 2012;152.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3509926/pdf/ncs147.pdf>

Dr. Kieran Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health
Ministry of Health
Office of Chief Medical Officer of Health, Public Health
Box 12
Toronto, ON M7A 1N3

Re: Chief Medical Officer of Health Annual Report

Dear Dr. Moore,

Your 2023 annual report, *Balancing Act: An All-of-Society Approach to Substance Use and Harms*, calls for an all-of-society, health-first approach to address the significant harms from substance use seen across the province. The Middlesex-London Community Drug and Alcohol Committee (CDAC) supports this approach and applauds you for this excellent report.

Substance use has significant health impacts within Middlesex-London, across a variety of substances. In particular, the opioid crisis has significantly impacted Middlesex-London. Opioid-related deaths have been on the rise since 2014, with morbidity and mortality rates in Middlesex-London surpassing those of Ontario and the Peer Group from 2017 to 2022.

Addressing these harms is a priority for the Middlesex-London CDAC. As your report highlights, substance use harms are a public health issue that requires the participation of many partners. The purpose of the Middlesex-London Community Drug and Alcohol Committee (CDAC) is to provide leadership in supporting and coordinating an all-of-community approach to reduce and eliminate the harms associated with drugs and alcohol in Middlesex County and the City of London. The CDAC has recently reconvened after the COVID-19 pandemic, and your annual report provided helpful insight and strategy to inform the ongoing work and priorities of the CDAC.

Thank you for providing us with this Annual Report, and we look forward to continuing to work together to better the health of the Middlesex-London community.

Sincerely,

Dr. Alex Summers
Co-Chair, Middlesex-London Community Drug and Alcohol
Committee
Medical Officer of Health, Middlesex-London Health Unit

Scott Courtice
Co-Chair, Middlesex-London Community Drug and Alcohol
Committee
Executive Director, London InterCommunity Health Centre

CC: Middlesex-London Board of Health