BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, February 20, 2025 at 7 p.m.
MLHU Board Room – CitiPlaza
110-355 Wellington Street
London, ON N6A 3N7

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

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

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURE OF PECUNIARY INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: October 17, 2024 – Governance Committee meeting
January 23, 2025 – Board of Health meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	**X**		**X**	Anti-Black Racism Plan Implementation Progress Report (Report No. 11-25)		To provide the Board of Health with updates on the Health Unit's Anti-Black Racism Plan. Lead: Sarah Maaten, Director, Public Health Foundations Presenting: Christian Daboud, Manager, Health Equity and Indigenous Reconciliation Delegates: Dr. Gani Braimoh, Co-Chair of the MLHU Anti-Black Racism Plan Advisory Committee
2		**X**	**X**	Amendments to the MLHU Anti-Black Racism Plan (Report No. 12-25)		To review and approve amendments to the Health Unit's Anti-Black Racism Plan. Lead: Sarah Maaten, Director, Public Health Foundations Presenting: Christian Daboud, Manager, Health Equity and Indigenous Reconciliation
3	**X**	**X**	**X**	Quality and Governance Committee Meeting Update (Verbal Report)	February 20, 2025 Quality and Governance Agenda	To review reports and seek approval from the Board of Health for matters discussed at the Quality and Governance Committee meeting. Lead: 2025 Quality and Governance Committee Chair
4			**X**	MLHU 2025 Continuity of Operations Plan (Report No. 13-25)		To provide information to the Board of Health on the Health Unit's Continuity of Operations Plan. Lead: Sarah Maaten, Director, Public Health Foundations Presenting: Amanda Harvey, Manager, Strategy, Planning and Performance

5			**X**	2024 Public Sector Salary Disclosure for Middlesex-London Health Unit (Report No. 14-25)	Appendix A	To provide the Board of Health with the 2024 Public Sector Salary Disclosure for MLHU. 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. Leads: Dr. Alexander Summers, Medical Officer of Health and Dr. Joanne Kearon, Associate Medical Officer of Health
7			**X**	Medical Officer of Health Activity Report for January (Report No. 15-25)		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 January (Report No. 16-25)		To provide an update on the activities of the Chief Executive Officer since the last Board of Health meeting. Lead: Emily Williams, Chief Executive Officer
Correspondence						
9			**X**	February Correspondence		To receive items a) and b) for information: a) Public Health Sudbury and Districts re: *Response to Proposed Amendment of Section 22 of the Health Protection and Promotion Act* b) Middlesex-London Board of Health External Landscape for February

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, March 20, 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 – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
GOVERNANCE COMMITTEE

Thursday, October 17, 2024 at 6 p.m.
Microsoft Teams

MEMBERS PRESENT:	Selomon Menghsha (Acting Committee Chair) Matthew Newton-Reid Michael Steele Emily Williams, Chief Executive Officer (ex-officio) Dr. Joanne Kearon, Acting Medical Officer of Health (ex-officio)
REGRETS:	Michelle Smibert (Committee Chair) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Ryan Fawcett, Manager, Privacy, Risk and Client Relations

At **6 p.m.,** Secretary Emily Williams called the meeting to order.

It was moved by **M. Steele, seconded by M. Newton-Reid,** *that the Governance Committee appoint Selomon Menghsha as Acting Governance Committee Chair for the October 17, 2024 meeting.*

Carried

Acting Committee Chair Selomon Menghsha presided over the remainder of the meeting.

DISCLOSURES OF CONFLICT OF INTEREST

Acting Chair Menghsha inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by M. Newton-Reid,** *that the **AGENDA** for the October 17, 2024 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the **MINUTES** of the April 18, 2024 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Governance Policy Review – October 2024 (Report No. 03-24GC)

Ryan Fawcett, Manager, Privacy, Risk and Client Relations presented the October Governance Policy Review to the Committee.

Policies within Appendix B to Report No. 03-24GC have been reviewed by the Governance Committee and prepared for approval by the Board of Health:

- G-190 Asset Protection
- G-220 Contractual Services
- G-230 Procurement
- G-240 Tangible Capital Assets
- G-250 Reserve and Reserve Funds
- G-310 Corporate Sponsorship
- G-330 Gifts and Honoraria
- G-370 Board of Health Orientation and Development
- G-380 Conflicts of Interest and Declaration
- G-470 Annual Report
- G-500 Respiratory Season Protection

R. Fawcett noted that there were queries and comments made regarding changes to G-210 Investing and G-320 Donations that require further research specific to finance. Specifically, for G-210 Investing, the query regarding adding language that speaks to approval pending a certain threshold to invest and for G-320 Donations, on why donations of securities cannot be accepted (such as real property and stocks). These policies will be brought before either the Committee or Board's consideration at a future meeting – it was originally proposed in the motion for November, but with current capacity, staff are proposing the motion be amended to say, "future Board of Health meeting".

R. Fawcett concluded that all other policies had housekeeping amendments or amendments that are minor in nature such as title changes, consistency of public sector language, adding an attestation form (to confirm Board Orientation activities have been completed) and updating ministry/commission names.

Committee Member Michael (Mike) Steele inquired why the Health Unit did not permit donation of securities.

Emily Williams, Chief Executive Officer noted that the Health Unit is unsure why donations of securities were not permitted previously and that an environmental scan of other municipalities and Boards of Health would be completed.

M. Steele provided background information on accepting securities as donations. Donating securities (stocks) would provide better tax treatment for the donor. If an individual sells stocks, they pay capital gains but if an individual donates, they receive a charitable tax credit for their donation. The process has to be in-kind, and the Health Unit could accept securities, but an investment dealer/account would be required for very infrequent use as the Health Unit is not involved in fundraising.

E. Williams noted that since her employment at the Health Unit, there has been one (1) financial donation, which was to the Home Visiting program. E. Williams concluded that with the information from Committee Member Steele, that administratively it would be supportive to leave the policy as is. Staff will bring further information to an upcoming Board or Committee meeting.

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the Governance Committee recommend to the Board of Health to*:

1) *Receive Report No. 03-24GC re: "October 2024 Governance Policy Review" for information;*
2) *Defer the review of G-210 Investing and G-320 Donations to a later date; and*
3) *Approve the governance policies as amended in Appendix B.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee is to be determined.

ADJOURNMENT

At **6:08 p.m.**, it was moved by **M. Steele, seconded by M. Newton-Reid***, that the meeting be adjourned.*
Carried

SELOMON MENGHSHA
Acting Committee Chair

EMILY WILLIAMS
Secretary

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, January 23, 2025 at 7 p.m.
MLHU Board Room – CitiPlaza
110-355 Wellington Street
London, ON N6A 3N7

MEMBERS PRESENT:	Michael Steele (2025 Chair-Appoint) Michelle Smibert (2025 Vice-Chair-Appoint) Matthew Newton-Reid Selomon Menghsha (attended virtually) Aina DeViet Howard Shears Skylar Franke (arrived at 7:06 p.m.) Michael McGuire (attended virtually) Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health (ex-officio)
REGRETS:	Peter Cuddy
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Dr. Joanne Kearon, Associate Medical Officer of Health Jennifer Proulx, Director, Family and Community Health Sarah Maaten, Director, Public Health Foundations Ryan Fawcett, Associate Director, Operations/Privacy Officer Cynthia Bos, Associate Director, Human Resources and Labour Relations Christian Daboud, Manager, Health Equity and Indigenous Reconciliation Samah Osman, Health Promotion Specialist Elder Valerie George Ida Cornelius, Health Administrator, Oneida Nation of the Thames Kim Fisher, Health Director, Chippewas of the Thames First Nation Health Centre Darrell Jutzi, Manager, Municipal and Community Health Promotion Sarah Neil, Public Health Nurse Heather Thomas, Health Promotion Specialist Linda Stobo, Manager, Social Marketing and Health Systems Partnerships Parthiv Panchal, End User Support Analyst, Information Technology Dr. Janice Mok, Medical Resident, Public Health and Preventative Medicine Lilka Young, Health and Safety Advisor Mustafa Sharif, Coordinator, Receiving and Operations Ethan Chi, Community Member Darryl Ntow, Public Health Nurse Janet Roukema, Human Resources Specialist, Diversity and Inclusion

Outgoing 2024 Secretary and Treasurer Emily Williams called the meeting to order at **7 p.m.**

E. Williams introduced Elder Valerie George to provide a reflection for the year 2025.

MEETING PROCEDURES

Election of 2025 Board of Health Executive and Other Procedures (Report No. 01-25)

Outgoing Secretary and Treasurer Williams introduced election and appointment procedures for the positions of Chair, Vice Chair, Secretary and Treasurer to the 2025 Board of Health.

E. Williams opened the floor to nominations for the position of Chair of the Board of Health for 2025.

It was moved by **M. Newton-Reid, seconded by A. DeViet,** *that Michael Steele be nominated for Chair of the Board of Health for 2025.*

Carried

Michael Steele accepted the nomination.

E. Williams invited further nominations. Hearing none, it was moved by **M. Newton-Reid, seconded by M. Smibert,** *that Michael Steele be appointed as Chair of the Board of Health for 2025.*

Carried

Michael Steele took over as Board Chair presiding over the meeting.

Chair Steele opened the floor to nominations for the position of Vice-Chair of the Board of Health for 2025.

It was moved by **M. Newton-Reid, seconded by H. Shears,** *that Michelle Smibert be nominated for Vice-Chair of the Board of Health for 2025.*

Carried

Michelle Smibert accepted the nomination.

Chair Steele invited further nominations. Hearing none, it was moved by **M. Newton-Reid, seconded by H. Shears,** *that Michelle Smibert be appointed as Vice-Chair of the Board of Health for 2025.*

Carried

Chair Steele opened the floor to nominations for the position of Secretary of the Board of Health for 2025.

It was moved by **M. Newton-Reid, seconded by S. Franke,** *that Emily Williams be nominated as Secretary of the Board of Health for 2025.*

Carried

Emily Williams accepted the nomination.

Chair Steele invited further nominations. Hearing none, it was moved by **M. Newton-Reid, seconded by S. Franke,** *that Emily Williams be appointed as Secretary of the Board of Health for 2025.*

Carried

Chair Steele opened the floor to nominations for the position of Treasurer of the Board of Health for 2025.

It was moved by **M. Newton-Reid, seconded by M. Smibert,** *that Emily Williams be nominated as Treasurer of the Board of Health for 2025.*

Carried

Emily Williams accepted the nomination.

Chair Steele invited further nominations. Hearing none, it was moved by **M. Newton-Reid, seconded by A. DeViet,** *that Emily Williams be appointed as Treasurer of the Board of Health for 2025.*

Carried

Appointment of 2025 Board of Health Committees (Report No. 02-25)

Chair Steele noted that under Section 2.1(b) of Board of Health Policy G-280 (Board Size and Composition), the Board determines whether it wishes to establish one or more standing committees at its first meeting of the year. The Board of Health currently has three standing committees: Finance and Facilities, Governance, and Performance Appraisals. It is proposed that for 2025, the Governance Committee be disbanded and a new committee be struck, called the Quality and Governance Committee.

Emily Williams, Incoming Secretary explained the new proposed committee, the Quality and Governance Committee. This committee would include policy review that the previous Governance Committee conducted, with the addition of providing the Committee (to the Board) quality-related reporting such as strategic planning, organizational performance, privacy statistics, and risk management.

Chair Steele noted that the first proposed meeting of the Quality and Governance Committee would be on Thursday, February 20 at 6 p.m. If the Board approves the striking of this new committee, full Terms of Reference would be provided at the first meeting.

It was moved by **M. Smibert, seconded by M. Newton-Reid,** *that the Board of Health:*

1) *Approve disbanding of the Governance Committee; and*
2) *Approve striking of the Quality and Governance Committee*

Carried

Chair Steele invited interested members to be on the Quality and Governance Committee. It was noted that the Chair and Vice-Chair of the Board of Health sit on the Committee automatically.

Matthew (Matt) Newton-Reid and Aina DeViet declared interest to be on the Quality and Governance Committee.

Vice-Chair Smibert sought clarification on membership requirements for the committee. Chair Steele noted that himself as Chair satisfied the provincial appointment requirement and herself as Vice-Chair satisfied the County of Middlesex requirement.

It was moved by **H. Shears, seconded by M. Newton-Reid,** *that Michael Steele, Michelle Smibert, Matthew Newton-Reid and Aina DeViet be appointed to the Quality and Governance Committee for 2025.*

Carried

Chair Steele invited interested members to be on the Finance and Facilities Committee. It was noted that the Chair and Vice-Chair of the Board of Health sit on the Committee automatically.

Matthew Newton-Reid, Howard Shears and Selomon Menghsha declared interest to be on the Finance and Facilities Committee.

It was moved by **A. DeViet, seconded by M. Smibert,** *that Michael Steele, Michelle Smibert, Matthew Newton-Reid, Howard Shears and Selomon Menghsha be appointed to the Finance & Facilities Committee for 2025.*

Carried

Chair Steele invited interested members to be on the Performance Appraisal Committee. It was noted that the Chair and Vice-Chair of the Board of Health sit on the Committee automatically and the first meeting would be in Q2 at the call of the Chair.

Matthew Newton-Reid and Selomon Menghsha declared interest to be on the Performance Appraisal Committee.

It was moved by **M. Newton-Reid, seconded by M. Smibert,** *that Michael Steele, Michelle Smibert, Matthew Newton-Reid and Selomon Menghsha be appointed to the Performance Appraisal Committee for 2025.*

Carried

Chair Steele highlighted that the draft 2025 Board of Health and Committee Reporting Calendar is a combined calendar for all Board and Committee business and was presented for approval.

It was moved by **M. Newton-Reid, seconded by S. Franke,** *that the Board of Health approve the 2025 Board of Health and Committee Reporting Calendar.*

Carried

Amending the 2025 Board of Health and Committee Schedule (Report No. 03-25)

E. Williams noted that there are proposed changes to the 2025 meeting schedule. The original schedule was approved by the Board of Health during the October 17, 2024 meeting. Since this meeting, it has been announced that the Association of Local Public Health Agencies (alPHa) Annual General Meeting is during the June 2025 Board meeting, and it is proposed that this Board meeting be cancelled. Further to the addition of the Quality and Governance Committee, the disbanding of the Governance Committee and amending the schedule of the Finance and Facilities Committee, the schedule needs to be revised as such.

There were no questions or discussion.

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

1) *Receive Report No. 03-25 re: "Amending the 2025 Board Meeting Schedule for information;*
2) *Amend the 2025 Board Meeting Schedule to cancel the June 19, 2025 Board of Health meeting; and*
3) *Amend the cadence of the Finance and Facilities Committee meetings, Governance Committee meetings and Quality and Governance Committee meetings as outlined in Appendix A.*

Carried

DISCLOSURES OF PECUNIARY INTEREST

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

APPROVAL OF AGENDA

It was moved by **S. Franke, seconded by M. Newton-Reid,** *that the **AGENDA** for the January 23, 2025 Board of Health meeting be approved.*

Carried

Dr. Alexander Summers, Medical Officer of Health introduced Dr. Janice Mok, Public Health and Preventative Medicine Resident to the Board of Health. Dr. Mok is doing her residency at Queen's University in Kingston and will be doing her public health rotation at the Health Unit until April 4.

APPROVAL OF MINUTES

It was moved by **M. Smibert, seconded by A. DeViet,** *that the Board of Health approve the minutes of the December 12, 2024 Board of Health meeting.*

Carried

NEW BUSINESS

Taking Action for Reconciliation Plan Implementation Progress Report (Report No. 04-25)

Sarah Maaten, Director, Public Health Foundations introduced Ida Cornelius, Health Administrator, Oneida Nation of the Thames; Kim Fisher, Health Director, Chippewas of the Thames First Nation Health Centre; and Christian Daboud, Manager, Health Equity and Indigenous Reconciliation at the MLHU to discuss work ongoing between Indigenous partners and the Health Unit.

C. Daboud explained that the Health Unit's Taking Action for Reconciliation Plan was commissioned several years ago and guides the Health Unit's efforts to support reconciliation, improve Indigenous health outcomes and collaboration with Indigenous communities and organizations. These organizations include:

- Southwest Ontario Aboriginal Health Access Centre (SOAHAC);
- Atlohsa Family Healing Services;
- N'Amerind Friendship Centre;
- Chippewas of the Thames First Nation;
- Munsee-Delaware Nation; and
- Oneida Nation of the Thames.

The Health Equity and Reconciliation team (HEART) is leading action-oriented implementation of 65 recommendations within 7 groupings:

- Relationships
- Governance
- Equitable Access and Service Delivery
- Awareness and Education
- Workforce Development
- Supportive Environments
- Research

C. Daboud noted that this report and delegation would focus on 3 of the 7 groupings: Relationships, Governance, and Equitable Access and Service Delivery.

The Health Unit has prioritized building respectful and trusting relationships with First Nations communities and with Indigenous-led organizations through frequent, consistent and purposeful interaction. This includes regular in-person and virtual meetings with Indigenous colleagues (both health centres and organizations) to work together as equals. These communications and relationships have helped the Health Unit understand the health priorities of Indigenous partners, and with this information the Health Unit has undertaken collaborative efforts to address health issues with teams such as Healthy Babies, Healthy Children, Infectious Disease Control and Vaccine Preventable Disease.

The Health Unit is committed to support the self determination of Indigenous communities around public health matters through governance. An example of this work are the collaborative efforts with local First Nations Health Centres in executing Memorandum of Understanding (MOU) agreements to share information to prevent the transmission of communicable diseases. An MOU has been executed between the Health Unit and the Oneida Nation of the Thames Health Centre.

The Health Unit has been working with urban and on reserve organizations to increase access to public health services. The Vaccine Preventable Disease team has offered mobile vaccine clinics and supports to increase access to vaccines to Indigenous community members and the Healthy Babies, Healthy Children team is working with residents and Indigenous health centres to increase mutual capacity to serve Indigenous mothers and babies.

C. Daboud concluded that for 2025, engagement efforts will focus on sustaining the relationships that have been developed. Data governance (data collection) mechanisms that align with First Nation Principles of Ownership, Control, Access and Possession (OCAP) will be explored and developed in collaboration with Indigenous partners. Efforts will be made to identify local health inequities through the disaggregation of health outcome data by Indigenous identity. It was also noted that finalizing and implementing the MOU's currently in negotiation and seeking ways to support Indigenous-led urban organizations will also be explored in 2025.

I. Cornelius thanked the Board of Health for their invitation to speak about Oneida Nation of the Thames' experience with the Health Unit. Further, I. Cornelius thanked Health Unit staff for rebuilding and strengthening positive relationships over the past two years especially over the COVID-19 pandemic. It was noted that previously, Oneida Nation experienced concern around communicable disease management notification. Oneida Nation had support from the Health Unit for the mass vaccination clinics and associated learning from putting the clinics together for the community.

I. Cornelius noted that there were meetings between the Health Unit, local community health directors and Indigenous Services Canada to support Oneida and work through concerns respectfully. During this time, Oneida Health Centre experienced staff turnover similar to other areas of the healthcare sector, and are making progress on recruitment. Oneida Nation continue to strategize, collaborate within and to maintain programs and services for those within the community.

K. Fisher thanked the Board of Health for their invitation to speak about the Chippewas of the Thames First Nation's experience with the Health Unit. K. Fisher noted that the Chippewas of the Thames had their own COVID-19 testing site and vaccination clinic (staffed by First Nation Health Nurses) which allowed for the community to take control and provide a valuable support for the community to contain outbreaks. K. Fisher reflected on when vaccines were available to the community and Indigenous individuals were considered a priority, that the community was not hesitant and began to roll up their sleeves to protect elders and themselves. Education on vaccination was also conducted to support the community, and the Chippewas of the Thames appreciated the support from the Health Unit during this time, especially when sister nations were losing their members to COVID-19 and information was changing often.

K. Fisher acknowledged that the Health Unit and the Chippewas of the Thames have not executed an MOU at this time due to health human resource challenges but hope to continue to work on an MOU for the future. K. Fisher noted that many nurses within the community experienced burnout and moved to other roles. K. Fisher reflected on the priorities of her community, such as housing, homelessness, security and equitable healthcare access. Housing and homelessness for both on reserve and off reserve has become a major issue. Reservations are lacking housing, which results in individuals moving to larger cities or not having homes to live in and a lack of security. Indigenous community members also experience gaps in equitable healthcare access, which has come to the forefront in recent years. K. Fisher noted that she hopes to continue working with partners such as the Health Unit, provincial government and federal government to work to resolve these concerns.

Dr. Alexander Summers, Medical Officer of Health thanked I. Cornelius and K. Fisher for coming to the Board of Health meeting, and noted the Health Unit's gratefulness for their partnership and learning. Dr. Summers noted that the following day (January 24) is the five-year anniversary of Middlesex-London's first COVID-19 case and the relationships that have been built. The Health Unit has been taught much by its Indigenous partners and Dr. Summers emphasized how serious the Health Unit takes these relationships.

Board Member Matthew Newton-Reid commented that it is good to see that the Health Unit is focusing on reconciliation and improving relationships with Indigenous partners. M. Newton-Reid noted that experiences and challenges that Indigenous partners are having with equitable healthcare access is not seen in the media and it is important for people to be aware of it.

K. Fisher noted that representatives from the Health Unit have visited the Chippewas of the Thames community, where food and drumming was shared with each other and a quilt was presented to the Health Unit (which hangs in the Board Room).

It was moved by **S. Franke, seconded by A. DeViet,** *that the Board of Health receive Report No.04-25 re: "Taking Action for Reconciliation Plan Implementation Progress Report" for information.*

Carried

2025 Health Promotion Priorities (Report No. 05-25)

Jennifer Proulx, Director, Family and Community Health and Dr. Summers presented the 2025 Health Promotion Priorities for the Middlesex-London Health Unit.

Dr. Summers explained that as part of the Health Unit's restructuring, the Health Unit had to reorganize how it determines what work the organization would be doing. Teams were now built around interventions. Dr. Summers explained that over the past few years, annual prioritization has become more comprehensive and substantive for health promotion work. This planning allows the organization to dedicate focused energy on a smaller number of high impact areas to make a population level impact. Dr. Summers noted that the full list of interventions is in Appendix A. Priorities for 2025 were identified through consultation with leadership and he will continue to expand the process in the years to come.

J. Proulx noted that Appendix B outlines the topics within the Ontario Public Health Standards that were prioritized for 2025 and the specific health promotion-oriented interventions that have been assigned to address the priorities. With the process complete, teams are now engaging in developing and implementing their operational plans. The Senior Leadership Team continues to evaluate and refine the prioritization framework with a goal of enhancing engagement and consultation as we look to the process for 2026.

Board Member M. Newton-Reid inquired why cannabis and other drugs were not identified for further social marketing or education. Dr. Summers explained that the substances in the community that are significantly impacting morbidity and mortality are alcohol, tobacco and opioids. Dr. Summers noted that the lower burden of illness of cannabis does not diminish the health impacts of cannabis at this time and comprehensive campaigns will not occur this year but is still being supported through work with school boards in tobacco education. It was also reminded that cannabis policy windows remain open in reducing the availability of cannabis products from a sale and retail perspective whereas tobacco has a closed policy window. This allows the organization to make strategic decisions and to double policy efforts in other areas.

M. Newton-Reid followed up inquiring if there was more funding available to public health, what priorities would the Health Unit include for 2025. Dr. Summers provided an example that poverty reduction would be a priority, as no other single social determinant of health consistently impacts poor health outcomes in the same way. Other examples include basic income guarantee, and a living wage.

Board Member Aina DeViet inquired if health promotion priorities are differentiated to prioritize the rural population in Middlesex County and what resources are available. Dr. Summers noted that the Health Unit does consider the priority areas such as whether certain groups in the community are more impacted by negative health outcomes. This includes an equity oriented focus, such as with Indigenous persons and the Black community. Differences in rural and urban health outcomes is another area where the Health Unit

has to consider health inequities, including access to health care, which may inform services as well. Dr. Summers acknowledged that it is a gap that the organization is working towards, due to resource constraints and complexity.

It was moved by **M. Smibert, seconded by S. Franke,** *that the Board of Health receive Report No. 05-25 re: "2025 Health Promotion Priorities" for information.*

Carried

A Framework to Support Healthy Public Policy: The Built, Natural, and Social Environments (Report No. 06-25)

J. Proulx introduced Sarah Neal, Public Health Nurse, and Heather Thomas, Health Promotion Specialist, to present the public policy framework for the built, natural and social environments.

S. Neal explained that while there are definitions for the built environment, the mandate is broad within the current Ontario Public Health Standards and requires the need to articulate not only what the built environment means, but also what the natural and social environments represent within the context of the Health Unit's priorities and interventions. A framework that outlines key features of the built, natural, and social environments can help to:

- Clearly articulate the nature of our work within context of [our] interventions
- Enhance collaboration
- Enhance strategic direction (defining what the Health Unit does and doing it well)
- Facilitate priority areas of focus and policy positions

The Health Unit has chosen to adapt British Columbia's Healthy Built Environment Framework to guide work with respect to the built, natural, and social environments. The Health Unit's framework consists of five (5) main features:

- Neighbourhood Design: Neighbourhoods that are designed to be compact, complete, and connected to make it easy to access daily needs.
- Housing: A mix of quality housing options that are safe, affordable, accessible, and supportive of aging in place.
- Food Systems: Increasing access to and affordability of a variety of local food options while supporting the cycle of food from production to waste and protecting agricultural land.
- Green and Natural Spaces: Maximizing opportunities for safe and easy access to green and natural spaces while also mitigating and adapting to climate change.
- Transportation Networks: Transportation networks prioritizing sustainable mobility options that are safe, affordable, and accessible for all ages and abilities.

H. Thomas noted that there also is a qualitative component to spaces. Places can support physical and mental wellbeing, can enable social connection and can ensure communities are strong and integrated while fostering a sense of ownership. H. Thomas explained that it is important to consider both the physical features of the environment and the social environment. The social environment is more difficult to see than the built and natural environment. It is relationship focused, considering the people and the existing relationships, as well as the overarching systems and policies of the space itself. H. Thomas noted that within the framework, there are additional components that support the framework and include: local economy, recreation, service environments, arts and culture and civic engagement.

S. Neal explained the guiding principles of the framework: social connection, equity, and sustainability. These principles describe the fundamental approach to [our] work to achieve the goal to encourage design of places that:

- Support and promote health and well-being
- Support and promote social connection and community belonging
- Are welcoming and inclusive of all ages, abilities, identities, and means

H. Thomas reviewed next steps. The Health Unit will utilize the framework to guide the work of the Municipal and Community Health Promotion (MCHP) Team, determine priorities for policy positions within the five domains of the framework and share policy positions with community and municipal partners.

Board Member Skylar Franke inquired if the Municipal and Community Health Promotion team would be able to support a policy position regarding urban sprawl and loss of farmland before or after the framework is implemented. H. Thomas noted that this could inform a policy position. The team is able to respond to ad hoc issues as they arise, and the development of policy positions allows them to be more proactive, but recognize that the Health Unit has to be adaptive. S. Franke advised she would send some potential policy position ideas to the appropriate individuals at the Health Unit.

Board Member Michelle Smibert inquired if the Municipal and Community Health Promotion team was aware of the County of Middlesex's Strategic Plan process and if the County representatives could support them being part of this process. H. Thomas noted that M. Smibert could reach out through Dr. Summers and the team could provide feedback. Dr. Summers emphasized that the Health Unit would very much like to be involved.

Board Member Howard Shears noted that he lived in British Columbia previously and was interested in the model from British Columbia, noting that neighbourhoods are walkable and together more closely. H. Shears inquired if this was the goal of the framework for the Health Unit. S. Neal noted that the framework was to support a complete and compact neighbourhood, for people to have access to education and health services within a short walk or ride.

Board Member A. DeViet reflected that she toured the development in West5, which is a community of houses and services in West London. A. DeViet emphasized that it is important to look into built environment and congratulated the Health Unit on starting this important work.

It was moved by **A. DeViet, seconded by M. Smibert,** *that the Board of Health receive Report No. 06-25 re: "A Framework to Support Healthy Public Policy: The Built, Natural, and Social Environments" for information.*

Carried

Submission to Health Canada on the Proposed Tobacco Cost Recovery Framework (Report No. 07-25)

J. Proulx noted that the Health Unit submitted feedback to Health Canada on the proposed tobacco cost recovery framework in October 2024

Board Member M. Newton-Reid noted that the statistics of tobacco and vaping were staggering, and that while smoking has decreased, vaping has increased especially in schools. The trends were not moving in the right direction, and it is crucial that public health continues to advocate for change in this area. Dr. Summers noted that battling vaping and smoking continues to be an uphill battle, which the Health Unit continues to advocate and work with school boards on.

It was moved by **S. Franke, seconded by M. Newton-Reid,** *that the Board of Health receive Report No. 07-25 re: "Submission to Health Canada on the Proposed Tobacco Cost Recovery Framework" for information.*

Carried

Current Public Health Issues (Verbal Report)

Dr. Summers and Dr. Joanne Kearon, Associate Medical Officer of Health provided the Board of Health with an update on current public health issues.

Respiratory Season Update
Middlesex-London is in the middle of the respiratory season. COVID-19 activity has decreased, along with outbreaks in institutional settings. Currently, the region is at a peak of influenza activity as expected. Respiratory syncytial virus (RSV) has been circulating and responsible for outbreaks, however less than previous years due to the new vaccination available.

Highly Pathogenic Avian Influenza
There were recently three (3) deceased Canadian geese found in London, who tested positive for Avian Influenza (H5NX). Several commercial poultry operations have unfortunately also been impacted. The Health Unit is seeing this strain of Avian Influenza occurring in both the domestic, agricultural and the wild bird population.

It is advised for the general public to avoid contact with both live and dead birds, keep pets away from wild birds and report dead waterfowl to the Canadian Wildlife Health Cooperative.

Agricultural workers with potential exposure to Avian Flu will be supported by the Health Unit, working closely with the Canadian Food Inspection Agency and the Ontario Ministry of Agriculture, Food and Rural Affairs.

Cold Weather Alerts
From January 13 – January 23, the Health Unit has issued and extended cold alerts. The threshold for issuing cold alerts for Middlesex-London is:

- Environment and Climate Change Canada forecasts a low temperature of –15C or lower;
- Environment and Climate Change Canada forecasts a wind chill of -20C or lower; or if
- Environment and Climate Change Canada issues a "Cold Alert" or "Cold Warning"

The purposes of cold alerts are to:

- Notify the public in order to minimize adverse health impacts and protect the public
- Notify key partners who use the cold alerts to activate community response plans
- Notify Health Unit staff working during extreme temperature conditions to take appropriate precautions

It is acknowledged that at any temperature, living without shelter poses significant health risks. The thresholds for opening warming centres or expanded shelter spaces are related to, but independent of, cold weather alerts. Different jurisdictions have different winter responses to homelessness, and decisions on when to open warming centres lie with municipalities, as it impacts resources – for example, Toronto opens warming centres when the temperature is -5C. The Health Unit will be reviewing how to support an appropriate winter response, including the role that cold weather alerts take.

ROMA Update

Dr. Summers and Emily attended the Rural Ontario Municipal Association Conference (ROMA) this January 19-21 in Toronto. The Health Unit was privileged to have a delegation meeting with Deputy Minister of Health, Deborah Richardson and Chief of Staff to the Minister of Health, Blair Hains on January 21. Joining the Health Unit included co-delegates from the County of Middlesex and the City of London. The delegation had a discussion with the Deputy Minister and Chief of Staff on a sustainable public health funding model. Dr. Summers and Emily also attended workshops and plenary sessions on matters that impact both municipalities and public health.

MLHU in the News

The Health Unit was in the news this month from topics ranging from COVID-19 to Avian Flu, to cold weather alerts.

Board Member S. Franke noted that the City of London Council has been discussing cold weather alerts frequently. S. Franke inquired whether the Health Unit can trigger cold alerts at -5C or -10C and wondered if this would have impacts on municipal cold weather plans. Dr. Summers noted that the Health Unit would need to review if a tiered response to communicating cold alerts was required as there may be situations where the community is in a constant state of being under a cold weather alert. Dr. Summers emphasized that cold weather does not impose action on municipalities and that the decision to open warming centres is up to the municipality – public health does not order these facilities to open. S. Franke noted that staff would be presenting lessons learned from the recent warming centre opened at Carling Heights Optimist Community Centre, where 120 people received services on January 27.

Board Member H. Shears inquired if there was any hesitation or resistance to the RSV vaccination in the seniors or infant population. Dr. Kearon noted that data on coverage rates is not yet available, but data is showing that the outcomes of the vaccination are evident with less cases of RSV. Dr. Summers noted that ordering of vaccine for infants has been high but data of who received the vaccine is unknown at this time.

Chair Steele noted that pneumonia has increased in the community and asked for further clarification. Dr. Summers explained that pneumonia is inflammation of the lungs, which can be caused by many things. There has been an increase in “walking pneumonia” in younger people, which is a milder version of the virus and may be resistant to standard antibiotics.

It was moved by **M. Smibert, seconded by M. Newton-Reid,** *that the Board of Health receive the verbal report re: Current Public Health Issues for information.*

Carried

Medical Officer of Health Activity Report for December (Report No. 08-25)

Dr. Summers presented his activity report for December. There were no questions or discussion.

It was moved by **S. Franke, seconded by A. DeViet,** *that the Board of Health receive Report No. 08-25 re: “Medical Officer of Health Activity Report for December” for information.*

Carried

Chief Executive Officer Activity Report for December (Report No. 09-25)

E. Williams presented her activity report for December. There were no questions or discussion.

It was moved by **M. Newton-Reid, seconded by M. Smibert,** *that the Board of Health receive Report No. 09-25 re: "Chief Executive Officer Activity Report for December" for information.*

Carried

Board Chair and Vice-Chair Activity Report for November and December (Report No. 10-25)

2024 Board Chair Matthew Newton-Reid and 2024 Vice-Chair Michael Steele presented their activity report for November and December. There were no questions or discussion.

It was moved by **H. Shears, seconded by M. Smibert,** *that the Board of Health receive Report No. 10-25, re: "Board Chair and Vice-Chair Activity Report for November and December" for information.*

Carried

CORRESPONDENCE

It was moved by **S. Franke, seconded by M. Newton-Reid,** *that the Board of Health endorse items a) and c):*

a) Public Health Sudbury and Districts re: Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury and Districts
c) Peterborough Public Health re: Federal Strategy to Address Severity and Prevalence of Household Food Insecurity

Carried

It was moved by **A. DeViet, seconded by M. Smibert,** *that the Board of Health receive items b) and d) for information:*

b) Ontario Ministry of Health re: Strengthening Public Health Updates
d) Middlesex-London Board of Health External Landscape for January

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, February 20, 2025 at 7 p.m.

CLOSED SESSION

At **8:52 p.m.,** it was moved by **M. Smibert, seconded by S. Menghsha,** *that the Board of Health will move into a closed session to consider matters regarding:*

- *labour relations or employee negotiations;*
- *personal matters about an identifiable individual, including municipal or local board employees;*
- *litigation or potential litigation, including matters before administrative tribunals;*
- *advice that is subject to solicitor-client privilege, including communications necessary for that purpose affecting the municipality or local board; and*
- *to approve previous closed session Board of Health minutes.*

Carried

At **9:04 p.m.,** it was moved by **S. Franke, seconded by S. Menghsha,** *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **9:04 p.m.,** it was moved by **M. McGuire, seconded by H. Shears,** *that the meeting be adjourned.*

Carried

MICHAEL STEELE	**EMILY WILLIAMS**
Chair	**Secretary**

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 11-24

TO: Chair and Members of the Board of Health

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

DATE: 2025 February 20

ANTI-BLACK RACISM PLAN IMPLEMENTATION PROGRESS REPORT

Recommendation
It is recommended that the Board of Health receive Report No. 11-25 re: "Anti-Black Racism Plan Implementation Progress Report" for information.

Report Highlights

- Implementation of the Anti-Black Racism Plan (ABRP) is progressing well through meaningful relationship building, race-based data collection, anti-racism staff capacity building, and cross sector collaboration to increase collective capacity to disrupt Black racism in public health.
- The establishment of an ABRP Advisory Committee composed of Black community members is a significant ongoing mechanism for meaningful engagement and accountability.
- The ABRP demonstrates the MLHU's commitment to disrupting racism.

Background
In 2020, racism was declared a public health crisis by the Middlesex-London Health Unit (MLHU) Board of Health. In response, MLHU engaged a consultancy firm for the development of the MLHU Anti-Black Racism Plan (ABRP). In April 2021, the MLHU Board of Health endorsed the ABRP for public health action.

The Anti-Black Racism Plan was developed through the engagement of the African, Caribbean, and Black (ACB) communities in London and Middlesex County. A total of 375 ACB community members representing diverse ages, cultures, and linguistic backgrounds, contributed to the plan, ensuring it reflected the views and priorities of the ACB communities. The ABRP's 45 recommendations are being implemented within seven related groupings.

Although complex to implement fully, these recommendations are the first step to dismantling anti-Black racism within and by public health. They include and emphasize the importance of

ongoing engagement with ACB community members in a direct and respectful way, placing value on their personal lived experiences and modifying current practices within MLHU.

Meaningful Relationship with ACB Communities
The Health Equity and Reconciliation Team's (HEART) Engagement Strategy and Plan is updated yearly with direct input from ACB community members. Co-creation, collaboration, Black joy and the ABRP's Ways of Working (ABRP page 6) are pillars of the MLHU approach to engagement. The goal is to increase organizational and community partners' capacity to take action against anti-Black racism with ACB communities and organizations. Examples of engagement mechanisms and collaborative efforts are:

- The ABRP Advisory Committee was formed to guide the MLHU's implementation of the ABRP. Members were recruited from diverse African, Caribbean, Black (ACB) communities in London, Ontario. The committee held its inaugural meeting in January 2022 and has provided indispensable contributions towards the effective implementation of the recommendations on the ABRP. https://www.healthunit.com/anti-black-racism-plan
- 2023 Black Joy Art Event – An event co-created with artist Amsa Yaro, WEAN Community Centre, Nigerian Association of London Area, the London Boys and Girls Club was a catalyst for the development of multiple relationships across the ACB communities and organizations.

Support the Empowerment of ACB Community Initiatives
In 2024, the MLHU focused on amplifying, supporting and connecting Black-led initiatives by providing hands-on and technical support. The HEART collaborated closely with Type DiaBeat It, a Black-led organization ensuring "Black Canadians and minority groups are not only given access to but are also equipped with adequate resources to better manage and prevent diabetes." WEAN Community Centre was supported with Black youth mental health program development, fundraising activities and community engagement events.

Anti-Black Racism Communication
The HEART has developed and monitored the implementation of the organizational Interpretation policy. It ensures clients from ACB communities can access services in the languages of their preference to improve access and quality of care. Physical and virtual spaces at MLHU are now more reflective of Black culture through the purchase and installation of art made by local Black artists. Social media messaging has been used for key cultural events such as Black History Month. Engagement activities have focused on educating ACB communities about MLHU services.

Race-Based Data Collection and Use
Race-based identity questions are asked during in-person client interactions across four teams at MLHU. Much has been learned about the operational and cultural safety challenges of collecting this information and the ABRP Advisory Committee has provided input at every stage of implementation. A key performance indicator has been integrated into the performance management system to monitor progress. The Population Health Assessment and Surveillance team will work to disaggregate health outcome data by race when sufficient data has been collected. This information can be used in the future to inform planning and resource allocations to address ACB community health needs.

Governance, Leadership and Black Health Orientation
In 2024, the HEART began to deepen their understanding of local Black health priorities with the goal of modifying and orienting services to meet ACB community needs overtime. ACB-oriented

interventions are being co-developed and implemented. Mobile vaccination clinics targeted for ACB community members were run, with the help of local settlement agencies, to increase access to COVID-19 and influenza vaccines in 2024.

Employment Systems to Support Black Employees
MLHU has established an anti-harassment and anti-discrimination policy and is currently implementing training for all leadership to enhance cultural safety; cultural humility; and, understanding of anti-Black racism, anti-oppression, and decolonization. In addition, all MLHU staff are required to complete anti-Black racism training. The organization has also prioritized the creation of safe spaces and support for staff who identify as ACB.

Cross Sector Collaboration
The MLHU has coordinated efforts with local, regional and provincial groups advancing Black health – London Health Sciences Centre, St. Joseph's Hospital, the City of London, Ontario Health Regional Black Health Network, and Public Health Ontario. These collaborations are advancing shared staff learning opportunities, policy development, race-based data collection and engagement best practices.

Next Steps within 2025

- Engagement strategies will focus on deepening understanding of health issues impacting ACB communities and the ways in which MLHU addresses those issues to continue the process of modifying services to better meet the needs of ACB communities. This will include cross sectoral collaboration with partners such as LHSC, St Joseph's Hospital, the City of London, and Centre for Research on Health Equity and Social Inclusion to maximize the impact of actions supporting Black health.
- The race-based data collection project will be working to develop data governance mechanisms including policy and procedure finalization in collaboration with the ABRP Advisory Committee and based on the EGAP framework. Additionally, understanding what is required to disaggregate health-outcome data by race will be addressed in 2025.
- The HEART will develop an anti-Black racism communication campaign that will target the Middlesex-London community to raise awareness of how racism impacts the health of ACB communities and convey MLHU's anti-Black racism commitment as an organizational priority.

This report was written by the Health Equity and Reconciliation Team.

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 Health Equity standard 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: We have strong relationships with our partners and are trusted by our community. Direction 1.1: Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

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 all ABRP recommendation groupings and TAFR plan recommendations within the Relationship, Workforce Development, Supportive Environments, and Research grouping.

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REPORT NO. 12-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 February 20

AMENDMENTS TO MLHU ANTI-BLACK RACISM PLAN

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 12-25 re: "Amendments to the MLHU Anti-Black Racism Plan" for information; and*
2) *Amend the Middlesex-London Health Unit's Anti Black Racism Plan (ABRP) to include changes to recommendations 18, 27,33, 36.*

Report Highlights

- The Anti-Black Racism Plan (approved April 2021) has been updated to amend four recommendations. Recommendations 18 and 33 were revised to align with Public Health Standards, while Recommendations 27 and 36 were removed as they fall outside public health's scope.
- These proposed changes were endorsed by the Anti-Black Racism Advisory Committee in 2024.

Background

The Middlesex-London Health Unit (MLHU) Anti-Black Racism Plan (ABRP) was endorsed by the Board of Health in April 2021. Additional background on the ABRP can be found in Report 11-25.

The plan included 45 actionable recommendations. Just over two-thirds (67%) of the recommendations are implemented, in progress, or being sustained. However, four recommendations require revision as they fall outside the scope of public health practice. The proposed modifications were presented to the ABRP Advisory Committee on November 20, 2024 for discussion and to seek their counsel and perspectives on the modifications. This process reflects MLHU's ongoing commitment to addressing anti-Black racism through thoughtful engagement, collaboration, and accountability. The proposed changes were endorsed by the ABRP Advisory Committee.

Recommendations proposed for modification:

Recommendation #18
"Create an ACB paid position at MLHU that will focus on relationship-building, communication, and connection between the ACB community and MLHU."

- **Proposed modification:** "MLHU will ensure that recruitment and talent management practices are equitable such that members of the African, Caribbean, and Black communities can be represented and perform at their full potential in the workforce at all levels. Furthermore, MLHU will ensure that the voice of people with lived experience of anti-Black racism guides public health practice from within and outside of the organization."
- **Rationale for modification:** Lived experience of anti-Black racism is critical to understanding the individual and structural factors that sustain racism and health inequity. However, a paid position for a person that identifies as a member of one of the ACB communities is not the only way to ensure that lived experience is part of the collective knowledge of MLHU. For example, regular and genuine engagement through the ABRP Advisory Committee is another mechanism to gain lived experience knowledge at MLHU. Nevertheless, MLHU has made lived experience of being racialized or a member of a racialized community a requirement for the Public Health Nurse role within the Health Equity and Reconciliation Team.

Recommendation #33:
"Seek out opportunities at community tables to advocate for increased Black representation and meaningful participation (including at decision-making tables), and call others to join in taking the initiative to challenge anti-Black racism and existing injustices."

- **Proposed modification:** "The MLHU's Senior Leadership Team, in collaboration with the Anti-Black Racism Plan (ABRP) Advisory Committee and the Health Equity and Reconciliation Team, will prioritize community tables to advocate for increased representation and meaningful participation from Black communities."
- **Rationale for modification:** Advocacy that advances the health of our community is a responsibility of the BOH enacted by the Medical Officer of Health in consultation with Senior Leadership Team (SLT) as outlined in the Healthy Public Policy Development Priorities and Positions policy. Input from the ABRP Advisory Committee will be critical to ensure that advocacy is advanced in ways that align with the African, Caribbean, and Black (ACB) communities' priorities.

Recommendations proposed for removal:

Recommendation #27
"Promote the creation and ongoing maintenance of an ACB health and allied health care professional directory so that ACB community members can more easily access practitioners from the ACB community if they wish."

- **Reason for Removal:** This is outside the scope of public health mandate and practice.

Recommendation #36
"Advocate with health system leaders for ACB "Connectors" that can support ACB community members with connection and navigation within and across the entire health care system."

- **Reason for Removal:** This is outside the scope of public health mandate and practice.

Next Steps
The MLHU acknowledges that recommendations 27 and 36 of the Anti-Black Racism Plan fall outside the jurisdiction of public health and, therefore, cannot be directly facilitated. However, we recognize the importance of advocating whenever opportunities arise. While the MLHU lacks the capacity and mandate to fulfill these recommendations directly, there remains strong commitment to amplifying the concerns of the diverse African, Caribbean, and Black (ACB) communities. Furthermore, MLHU is actively engaged with recommendations within the ABRP that hold staff and leaders accountable to collaboration, influence, and support for community systems addressing anti-Black racism. This includes significant efforts related to Recommendations 23, 14, and 20, which align with the MLHU's commitment to advancing Anti-Black Racism projects and initiatives in partnership with community stakeholders.

This report was written by the Health Equity and Reconciliation Team.

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 Health Equity standard 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: We have strong relationships with our partners and are trusted by our community. Direction 1.1: Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan, specifically recommendation #18, 27, 33, 36.

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REPORT NO. 13-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 February 20

MLHU 2025 CONTINUITY OF OPERATIONS PLAN

Recommendation

It is recommended that the Board of Health receive Report No. 13-25 re: "MLHU 2025 Continuity of Operations Plan" for information.

Report Highlights

- The Ontario Public Health Standards (OPHS) and subsequent Emergency Management Guideline (EMG) requires that the MLHU prepare for emergencies, including the establishment of a Continuity of Operations Plan (COOP).
- Planning efforts were previously initiated in 2018 but were impacted by COVID-19.
- As outlined on the 2023-25 Provisional Plan, and following completion of the MLHU 2024 Emergency Response Plan (ERP), the MLHU spent fall 2024 planning for and developing the MLHU Continuity of Operations Plan (COOP).
- The MLHU is now in compliance with legislative requirements, as the MLHU COOP was approved by the MOH and CEO in January 2025.
- The Plan will continue to be updated with approval from the MOH and CEO, and in consultation with key partners and internal stakeholders.

Background

The Ontario Public Health Standards (OPHS) identifies Emergency Management (EM) as a Foundational Standard, which enables public health units to manage emergency situations consistently and effectively. The Emergency Management Guidelines (EMG) (2024), updated by the Ministry of Health (MOH) in January 2024, provides direction to Boards of Health (BOHs) to effectively prepare for emergencies ensuring 24/7, timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts. More specifically, the EMG requires that BOHs conduct emergency planning, including the establishment of a continuity of operations plan (COOP).

The MLHU previously began the process of planning for continuity of operations in 2018 to identify the MLHU's time-critical services, but was shortly impacted thereafter by the COVID-19

pandemic. Following the strategic direction in the 2023-25 Provisional Plan, and following the completion of the updated MLHU Emergency Response Plan (ERP) in 2024, the development of the MLHU Continuity of Operations Plan (COOP) was initiated last fall. The MLHU COOP was approved by the MOH and CEO in January 2025.

Principles for the MLHU COOP

Throughout the development of the MLHU COOP, the following principles were established:

- The MLHU COOP is an internal document, intended to provide *strategic direction* around MLHU's preparation and response to continuity events, as well as detail the agency's time-critical interventions (TCI's), including the resources (e.g., staff, technology, etc.) used to support them.
- The MLHU COOP clearly identifies and prioritizes TCI's according to their Recovery Time Objectives (RTO) and Acceptable Service Levels (ASL), as legislatively required in the EMG.
- The MLHU COOP does not include details regarding specific responses, such as what would be required for other emergency plans, such as the Infrastructure Failure Plan.
- Ongoing engagement with leadership and staff is necessary to support the implementation of emergency preparedness and response strategies outlined in the MLHU COOP (e.g., development of checklists for leaders with TCI's).
- As a critical subordinate plan of the MLHU Emergency Response Plan (ERP), the MLHU COOP will be a living document that will be continuously updated over time.

Next Steps

The MLHU will continue to operationalize and maintain the 2025 Continuity of Operations Plan (COOP), including:

- Maintaining the COOP as a fluid document and companion of the MLHU ERP, including updates as required with approval from the MOH and/or CEO,
- Consulting with leadership to understand connection to their work and alignment to the Plan,
- Integrating the COOP into the MLHU's Administrative Policy Manual,
- Socializing the updated ERP with key community partners and internal stakeholders, and
- Continuing to develop more specific emergency plans, such as the Pandemic and Infrastructure Failure Plans.

This report was written by the Strategic Advisor – Emergency Management on the Strategy, Planning and Performance (SPP) Team.

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 Emergency Management Foundational standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The Emergency Management Civil Protection and Protection Act (EMCPA); and Health Protection and Promotion Act (HPPA).
- The following goal from the Middlesex-London Health Unit's Provisional Plan: Program Excellence is identified as a priority area within the MLHU 2023-2025 Provisional Plan. An initiative under this priority is to collaboration with health system partners and indigenous leader and service providers, to develop robust emergency management (EM) plans that facilitate effective and timely response and surge capacity in the event of a public health emergency.

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:

- With support of MLHU's Health Equity and Reconciliation Team (HEART), there is ongoing work on documenting and supporting emergency response as required within the Indigenous communities in our region; and
- Ongoing surveillance of public health hazards and risks that may give rise to a public health emergency, with particular attention to impacts on priority of populations.

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REPORT NO. 14-25

TO: Chair and Members of the Board of Health

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

DATE: 2025 February 20

2024 PUBLIC SECTOR SALARY DISCLOSURE

Recommendation

It is recommended that the Board of Health receive Report No. 14-25 re: "2024 Public Sector Salary Disclosure" for information.

Report Highlights

- The *Public Sector Salary Disclosure Act, 1996* requires the Health Unit to disclose names, positions, salaries and taxable benefits of employees who were paid $100,000 or more in calendar year 2024.
- Appendix A contains the information that is required to be submitted to the Minister of Finance by the 5th business day of March *(this year will be on or before March 7, 2025)*.

Background

The *Public Sector Salary Disclosure Act, 1996* (the Act) requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid $100,000 or more in a calendar year.

The Act applies to organizations such as the Government of Ontario, Crown Agencies, Municipalities, Hospitals, Boards of Health, School Boards, Universities, Colleges, Hydro One, Ontario Power Generation, and other public sector employers who receive a significant level of funding from the provincial government.

Compliance

Organizations covered by the Act are required to make their disclosure available to the public no later than March 31 each year. Organizations are also required to send their disclosure to their funding ministry or ministries by the fifth business day of March (March 7, 2025).

Attached as Appendix A is the record of employees' 2024 salaries and benefits for the Middlesex-London Health Unit which will be forwarded to the Minister of Finance on or before March 7, 2025.

This report was written by the Associate Director, Operations and Privacy Officer.

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 as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The *Public Sector Salary Disclosure Act, 1996,* S.O 1996, c.1, Sched. A

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 #43 (Governance and Leadership, Anti-Black Racism Plan).

Employee		Position with MLHU	Earnings	Taxable Benefits
Summers	Alexander	Medical Officer of Health	$269,225.98	$3,053.22
Kearon	Joanne	Associate Medical Officer of Health	$260,303.19	$3,159.06
Williams	Emily J	Chief Executive Officer (CEO)	$223,890.38	$2,057.76
Stack	Shelly M	Dentist	$166,864.62	$1,446.84
Bhattacharya	Madhuchhanda	Dentist	$162,361.94	$1,429.72
Albanese	Mary Lou	Director	$157,920.80	$2,418.08
Maaten	Sarah J	Director	$147,495.35	$2,321.07
Proulx	Jennifer	Director	$145,242.58	$2,303.40
Bos	Cynthia	Associate Director	$131,097.50	$2,200.58
Paget	Jody	Associate Manager	$128,433.41	$870.42
Thompson	Melissa	Program Manager	$126,049.37	$2,069.46
Brittan	Rhonda	Program Manager	$123,618.24	$1,080.73
Stobo	Linda M	Program Manager	$121,684.82	$2,131.61
Resendes	Isabel	Program Manager	$121,568.91	$1,076.48
Kosmack	Donna M	Program Manager	$121,540.41	$2,136.71
Dhinsa	Shaya	Program Manager	$121,528.54	$2,125.66
Pavletic	David	Program Manager	$121,528.54	$2,140.11
Cramp	Anita G	Program Manager	$121,269.66	$1,080.73
Jutzi	Darrell	Program Manager	$121,269.66	$1,067.98
Locker	Alison	Manager	$121,269.66	$1,826.88
Powell	Andrew G	Program Manager	$121,269.66	$2,137.56
Flaherty	Brendan	Manager	$114,460.24	$1,032.76
Jansseune	David	Chief Financial Officer & Associate Director	$114,368.63	$992.75
Wyscaver	Jennifer M	Associate Manager	$111,575.29	$974.73
Dallin	Warren G	Manager	$111,050.00	$2,043.90
Shepherd	Jody K	Associate Manager	$109,952.53	$987.90
Van Til	Jessica	Associate Manager	$108,063.64	$965.20
Daboud	Christian Y	Manager	$107,527.48	$958.86
Harford	James P	Manager	$107,162.27	$2,015.22
Fawcett	Ryan W	Associate Director	$106,486.42	$2,016.63
McCann	Melissa A	Strategic Advisor, Planning & Performance	$101,770.66	$921.06
Sangster Bouck	Lynda M	Strategic Advisor, Planning & Performance	$101,770.66	$50.64
Resendes	Marc J	Strategic Advisor, Emergency Management	$101,461.98	$905.80
Woodhouse	Tanya	Associate Manager	$100,412.30	$1,551.36

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 15-25

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2025 February 20

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 15-25 re: "Medical Officer of Health Activity Report for January" for information.

The following report highlights the activities of the Medical Officer of Health for the period of January 10 – February 6, 2025.

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*

January 15	Chaired an internal planning meeting with regards to the Middlesex-London Community Drug and Alcohol Committee.
	Participated in an internal meeting regarding tobacco enforcement initiatives.
January 16	Participated in an internal meeting regarding healthy public policy options related to social media use among children and youth.
January 23	Participated in an internal meeting regarding cold weather alerts and temporary emergency warming centres.

Attended an overview session on highly pathogenic avian influenza, facilitated by the Ministry of Health.

January 24 With Scott Courtice, Executive Director, London InterCommunity Health Centre, co-chaired the meeting of the Middlesex-London Community Drug and Alcohol Committee.

January 27 Participated in the meeting of the School Health Coordination Committee.

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.*

January 10 Interview with Mike Stubbs, Global News AM980, regarding the influenza vaccine.

January 14 Participated in a planning meeting for the 2025 "The Ontario Public Health Conference" (TOPHC), facilitated by Public Health Ontario.

Attended a meeting of the Middlesex-London Ontario Health Team Governance Sub-Committee.

January 15 With Dr. Joanne Kearon, Associate Medical Officer of Health, and City of London Councillor David Ferreira, met to discuss warming centres and potential responses to cold weather alerts for housing deprived individuals.

January 16 Participated in the City of London Whole of Community Response, Health and Homelessness Strategy and Accountability Table meeting.

January 17 Chaired the inaugural meeting of the Middlesex-London Healthy System Emergency Management Table.

January 20-21 With Emily Williams, Chief Executive Officer, attending the Rural Ontario Municipal Association (ROMA) conference.

January 21 With Emily Williams, Chief Executive Officer, and representatives from the City of London, attended a delegation with Deputy Minister of Health, Deborah Richardson, and Chief of Staff to the Minister of Health, Blair Hains.

January 23 Participated in the monthly Middlesex-London Ontario Health Team Coordinating Council meeting.

January 24 With representation from the City of London, participated in a call to discuss municipal water fluoridation.

Participated in a call with Dr. Ariella Zbar, Fraser Health, regarding public health intervention descriptions.

January 28 With Emily Williams, Chief Executive Officer, participated in a budget consultation with representation from the Ontario Ministry of Finance.

February 3 Participated in a call regarding the City of London Whole of Community Response, Health and Homelessness Strategy and Accountability Table.

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.*

January 13 With Dr. Joanne Kearon, Associate Medical Officer of Health, received training on the Blue Rover system for vaccine refrigerators to ensure the cold chain for vaccines.

Met with a medical student to provide mentorship.

January 17 Met with a medical student to provide mentorship.

January 23 Met with a public health and preventive medicine resident during their rotation with the Middlesex-London Health Unit.

January 29 Met with a public health and preventive medicine resident during their rotation with the Middlesex-London Health Unit.

February 3 Met with a public health and preventive medicine resident during their rotation with the Middlesex-London Health Unit.

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.*

January 15 Attended the January Board of Health Agenda Review and Executive meeting.

January 17 Attended the monthly touch base meeting with the Board of Health Chair.

January 29 Participated in the monthly Management Operating System/Intervention Description and Indicator Development Steering Committee meeting.

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.

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 16-25

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2025 February 20

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JANUARY

Recommendation

It is recommended that the Board of Health receive Report No. 16-25 re: "Chief Executive Officer Activity Report for January" for information.

The following report highlights the activities of the Chief Executive Officer (CEO) for the period of January 10 – February 6, 2025.

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

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:*

January 19-21 With the Medical Officer of Health, attended the Rural Ontario Municipal Association conference.

January 23 Attended the City of London Mayor's 2025 State of the City Address.

February 7 With other members of the Senior Leadership Team, attended the 19th Annual Youth Opportunities Unlimited Breakfast.

February 10 With the Medical Officer of Health, attended a meeting with the City of London Councillor Elizabeth Peloza to discuss MLHU budget updates.

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:*

January 27 Attended the Equity, Diversity and Inclusion Advisory Committee meeting.

January 29 As part of MLHU's 2026 budget process, chaired the first Budget Implementation working group meeting to provide an overview of the budget process and allow staff to identify key issues, opportunities and provide recommendations for the budgeting process.

Attended the Management Operating System/Intervention Description and Indicator Development Steering Committee meeting.

January 30 Attended an introductory meeting with the Director, Environmental Health, Infectious Disease and Clinical Services.

February 7 Attended a meeting with a medical resident to provide an overview of the model of service review which is how health facilities, services and resources are organized to respond to the needs of communities.

February 10 As part of MLHU's 2026 budget, chaired the second Budget Implementation Working Group meeting to provide an overview of the budget process and allow staff to identify key issues, opportunities and provide recommendations for the budgeting process.

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:*

January 10 Attended a meeting to discuss preparations for collective bargaining.

January 13 Attended a meeting to discuss work between Communications and the School Marketing & Health System Partnerships.

January 14 Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

January 15 Attended a meeting to discuss Board of Health presentations.

Attended the Board of Health January agenda review and Executive meeting.

January 16 Attended a meeting with audit vendor KPMG to discuss the Schedule of Revenue and Expenditure for 2023.

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

January 17 Attended a meeting to discuss preparations for collective bargaining.

Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

January 20 Attended a meeting with Ministry of Health Financial representatives to discuss settlements for MLHU.

January 21 As part of the Rural Ontario Municipal Association conference, attended a delegation with the Medical Officer of Health and City/County Councillors, the Deputy Minister of

Health, Deborah Richardson and Chief of Staff to the Minister of Health Blair Hains to discuss the provincial/municipal funding formula for local public health agencies.

January 22 Attended a meeting to discuss MLHU 2025 mileage rates.

Attended a meeting with the Associate Director, Human Resources and Labour Relations to discuss the Q4 Quarterly Performance Reporting as part of the MLHU Management Operating System.

January 23 As part of key finance deliverables, completed the weekly cheque run with the Financial Coordinator to process payments for vendors.

Attended the January Board of Health meeting.

January 27 Attended a meeting with the Corporate Communications Manager to discuss the Q4 Quarterly Performance Reporting.

Attended a meeting with the Associate Director, Operations & Privacy Officer to discuss the Q4 Quarterly Performance Reporting.

January 28 With the Medical Officer of Health, participated in a budget consultation with representation from the Ontario Ministry of Finance to discuss provincial/municipal funding formulas for local public health agencies.

January 30 Attended a meeting with the Associate Director, Privacy and Operations and Comptroller to discuss the 2024 and 2025 budget.

Attended the monthly Ministry of Health Public Health Funding Updates meeting.

January 31 Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

Attended a meeting with the Procurement and Operations Manager to discuss the Q4 Quarterly Performance Reporting.

February 5 Attended an introductory meeting with the new relationship manager for the MLHU at CIBC.

Attended a meeting with the Ministry of Health Financial representative to discuss MLHU's 2024 funding.

February 6 Attended a meeting to review the Q4 financials with members of the Finance team.

February 7 Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

Attended a meeting with the Associate Medical Officer of Health and the Director of Environmental Health, Infectious Disease and Clinical Services (EHIDCS) to introduce the EHIDCS budget, budgeting process and finance software 'Management Reporter'.

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

January 23 As part of the CEO's Executive membership of the Association of Public Health Business Administrator (AOPHBA), chaired the AOPHBA Training and Development working group to discuss upcoming development opportunities for members of the association.

January 24 As part of the CEO's executive membership of the Association of Public Health Business Administrator (AOPHBA), attended the AOPHBA Executive meeting.

January 29 Attended the "Leadership in Turbulent Times" webinar hosted by Ahria Consulting.

January 30 Attended the "Making Others More – Lessons in Leadership Webinar" hosted by the Canadian College of Health Leaders.

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.

Correspondence A

Public Health
Santé publique
SUDBURY & DISTRICTS

January 28, 2025

Christine Hogarth, MPP
Chair, Standing Committee on Social Policy
Whitney Block, Room 1405
Toronto, ON M7A 1A2

Ministry of Health
438 University Ave, 10th Floor
Toronto, ON, M5G 2K8

[Submitted electronically via the Legislative Assembly of Ontario, Standing Committee on Social Policy invitation for written submissions & Ontario Regulatory Registry Proposal for Comment 24-HLTC044]

Members of the Standing Committee and staff of the Ministry of Health,

We commend the government on proposing of Bill 231 2024 An Act to enact or amend various Acts related to health care, particularly Schedule 4, which seeks to amend the Health Protection & Promotion Act's section 22, subsection 5.0.1 concerning Class Orders. This section of law was used in novel ways during the COVID-19 pandemic response, and review and adjustment of this provision is very sensible to ensure we appropriately balance protecting the freedom of the public with protecting the health of the population.

As we seek to support the government and Legislative Assembly to update this provision of the Health Protection & Promotion Act, we wish to highlight what we believe could be unintended impacts of the proposed legislated amendment. It is our recommendation that the Legislative Assembly not adopt these amendments as currently written, but rather convene a thorough and detailed review of this provision in order to develop a comprehensive modernization of this important public health measure.

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phsd.ca

Public health orders under Section 22 are a longstanding public health tool that are used sparingly, but are essential when they are needed to protect the population. Variations of this exist in public health legislation across the country. We appreciate the government's recognition of the importance of this power, and that the general use of section 22 orders has not been proposed for amendment.

The Class Orders provision of section 22 was enacted after the first wave of SARS in 2023, and proclaimed on May 5, 2003. This legislation was a response to the real gaps in public health law that were identified during that first wave of SARS, and sought to ensure local public health had the tools to protect the population from a novel and deadly virus. As Dr. Sheila Basrur explained to the Standing Committee on Justice Policy on August 18, 2004 :

> One of the elements that arose during SARS was our inability to issue orders on anything but a person-by-person, one-at-a-time kind of basis. There was an instance wherein we had an entire group of people who needed to be put into quarantine on a weekend. It was physically and logistically impossible to issue orders person to person on a Saturday afternoon for 350 people who happened to live in three or four different health units all at once, each with their own MOH, their own solicitors and so on. So now there is an amendment to the Act. Again, that was processed even between phases one and two of the SARS outbreak. So things can happen fast when the will is there, but also when the need is apparent, such that orders can be issued against a class of persons. In a future pandemic or other wide-scale emergency, that will be a very helpful provision so we can issue mass orders if necessary and if warranted under the circumstances.

This measure has been used in similar fashion by local public health authorities for two decades. As Dr. Basrur noted, an essential element of this measure is that it can be issued swiftly, typically within hours on the same day that a risk to the public arises.

This original use of Class Orders is different than the novel use it had during the COVID-19 pandemic response. Whereas the original use was for a targeted and localized group of tens to hundreds of persons, during the pandemic response it was applied to the entire population of a local health unit (tens to hundreds of thousands of people), or to all businesses within a local health unit. There are rightly concerns about the breadth of this power and questions about what checks and balances should be in place.

The proposed amendments to require notice and written approval of the Chief Medical Officer of Health for any Class Order has merit for the latter, novel and very broad use of a Class Order. In particular, for something like the pandemic response where there would be provincial leadership of the response, and a desire for consistency across the province,

there is a good argument for the Chief Medical Officer of Health to have a role to bring some alignment to local orders.

However, we believe the proposed amendments as written would undermine the original purpose of Class Orders, to enable swift action on fast-moving health threats that are of a local nature. Awaiting written approval of the Chief Medical Officer of Health would delay response, perhaps critically, of a tool that was designed for swift action. And the involvement of a provincial authority in a purely local matter is both inefficient and unsound.

We believe that legislation needs to distinguish between these two scenarios and tailor conditions for the use of each in light of the very different problems they are seeking to address. The language proposed in Bill 231 does not draw these distinctions, and so would address one problem (alignment and accountability over health unit-wide orders) at the expense of another (protecting the public from a rapidly-moving local infectious outbreak) In addition to this fundamental issue, we believe there are additional issues surrounding Class Orders that should be explored:

- Do Class Orders need additional checks and balances beyond the Chief Medical Officer of Health's review? Should there be civilian review? Should there be a post-hoc assessment of whether it was used appropriately, similar to what is done after use of the federal Emergency Act?

- How do we ensure appropriate provincial review does not unduly delay a class order of the more novel variety? Should there be timelines for the Chief Medical Officer of Health's review? An alternate approach could be to allow a Class Order to go into effect, but be rescinded by the Chief Medical Officer of Health upon their review.

- Should the legal standard for a Section 22 order applied to an individual, to a class of persons, or to the entire population of the health unit remain the same standard? Should the legal standard perhaps escalate with the breadth of its application? The Campbell Commission after SARS also raised questions in 2005 regarding the ambiguity of the current legal standards . There is opportunity to review this.

- The Campbell Commission also made recommendations around the logistics of issuing section 22 orders as well as their geographic scope. These recommendations have not been addressed as of this date.

We believe that the issue of section 22 orders including class orders is complex and warrants thorough and careful examination. We commend the government for its leadership to better define the conditions in which class orders should be used. We advise

the Legislative Assembly that a broader review is warranted to study the many issues that are associated with his important public heath measure. A comprehensive and transparent review could strengthen our public health system, better balance protecting individual freedoms with protecting the public's health, and build public confidence in public health and section 22 orders specifically.

We appreciate the opportunity to provide feedback, and we look forward to an opportunity to support the government and Legislative Assembly to achieve their vision for Class Orders, while also strengthening our public health system as a whole. Our staff would be pleased to speak further to you about our thoughts and to support you any way possible as you seek to optimize this amendment.

Sincerely,

Mark Signoretti
Chair, Board of Health

Cc: Lesley Flores, Clerk, Standing Committee on Social Policy
Kieran Moore, Chief Medical Officer of Health
Kate Bingham, Associate Medical Officer of Health
Local MPPs
Local Boards of Health
M. Mustafa Hirji, Acting Medical Officer of Health & CEO, Public Health Sudbury & Districts

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Middlesex-London Board of Health
External Landscape Review – February 2025

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.**

Local Public Health News

Ontario approves 18 Additional Homelessness and Addiction Recovery Treatment Hubs (HART Hubs)

On January 27, the Province of Ontario announced that an additional 18 HART hubs have been approved. The locations were chosen as a result of a provincewide call for proposals last summer. All HART Hubs will have the goal of being operational by April 1, 2025. Earlier this year, the province announced that 9 safe consumption sites in Toronto, Ottawa, Hamilton, Kitchener, Guelph and Thunder Bay that were required to close due to being located within 200 metres of a school or licensed child-care centre have been approved for transition to a HART Hub. This brings the total number of HART Hubs across the province to 27, 8 more than initially planned. Middlesex-London will have 1 HART Hub, operated through the Canadian Mental Health Association Thames Valley. On February 4, it was confirmed that the Salvation Army in London will be the HART Hub location.

To read the full news release, please visit the Ontario Government's newsroom.

Impact to MLHU Board of Health
The current consumption and treatment site in London (Carepoint) at 446 York Street is not impacted by these changes at this time. The Middlesex-London Health Unit and the Regional HIV/AIDS Connection (operators of Carepoint) continue to support members of the community who use services at Carepoint. The Board of Health will continue to monitor Ministry direction with respect to safe consumption and other harm reduction services.

National, Provincial and Local Public Health Advocacy

Peel Region announces Dr. Hamidah Meghani as Medical Officer of Health

Effective February 18, Peel Region is pleased to announce the appointment of Dr. Hamidah Meghani as its new Medical Officer of Health.

Dr. Meghani joins Peel Region from Public Health Ontario where she served as Deputy Chief, Medical and Systems Support, providing advice on communicable disease control to local public health units and health care providers across Ontario.

Previously, Dr. Meghani served for nearly a decade as Commissioner and Medical Officer of Health for Halton Region. She has also held the position of Associate Medical Officer of Health for Hamilton Public Health Services and as a part-time faculty member at the University of Toronto and McMaster University.

Dr. Meghani holds a Doctor of Medicine from McMaster University, Master of Public Health from Columbia University and Master of Management (International Masters for Health Leadership Program) from McGill University.

To read the full news release, please visit Peel Region's newsroom.

Impact to MLHU Board of Health
The Board supports collaboration and connection with other public health units in the province, and encourages the MLHU's Medical Officer of Health to work with other Medical Officers of Health as necessary for advocacy and idea sharing.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Ontario Investing in Housing to Move Vulnerable People Out of Encampments

Ontario

On January 27, the Province of Ontario announced that they are providing up to $75.5 million to communities throughout the province to create more emergency shelter spaces and affordable housing units that will provide vulnerable Ontarians with appropriate short-term and long-term housing alternatives to encampments. Funding for the projects will flow through municipal service managers and Indigenous program administrators working in communities across the province. The City of London will receive $75,000 to support this work (the second lowest amount in Ontario).

To read the full news release, please visit the Ontario Government's newsroom.

Impact to MLHU Board of Health
The Board of Health acknowledges that homelessness within Middlesex-London has risen, and was exacerbated by challenges within the COVID-19 pandemic. The Health Unit Executive Leadership continues to participate at community tables such as the Health and Homelessness Strategy & Accountability table led by the City of London.

Ontario Election to be Held on February 27

On January 28, Premier Doug Ford confirmed that the Honourable Edith Dumont, Lieutenant Governor of Ontario has accepted the premier's advice to sign a proclamation dissolving the 43rd Parliament of the Province of Ontario, effective January 28 at 4 p.m.

Pursuant to the provisions of the Election Act, the Lieutenant Governor also called for the issuance of writs for the general election to be issued January 29, 2025, and named February 27, 2025, as the date of Ontario's next general election.

Impact to MLHU Board of Health
The Board of Health, the MOH and CEO looks forward to discussing critical public health matters that concern the provincial government post-election with elected Members of Provincial Parliament. With the dissolution of the Ontario Legislature, some government activities specific to public health have been delayed. This includes delays in the reviews of the Ontario Public Health Standards and the public health unit funding model. Additionally, the More Convenient Care Act did not pass, which means that certain modifications to the Health Protection and Promotion Act have been delayed.