BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, July 18, 2024 at 7 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

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

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: June 20, 2024 – Board of Health meeting

Receive: June 20, 2024 – Performance Appraisal Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1		**X**	**X**	Public Health Action to Support School Food Programs (Report No. 48-24)	Information on *The Coalition for Healthy School Food*	To provide information on public health initiatives to support school food programs and to seek endorsement for the work conducted by the Coalition for Healthy School Food. Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Kim Loupos, Registered Dietitian
2		**X**	**X**	Support for "An Act to Develop a National Framework for a Guaranteed Livable Basic Income" (Report No. 49-24)	Appendix A Appendix B Appendix C	To seek support and endorsement for a federal act to develop a national framework for a guaranteed livable basic income (Bill *S-233* and *C-223*) Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Heather Thomas, Health Promotion Specialist
3		**X**	**X**	Alcohol Density and Related Harms (Report No. 50-24)	Appendix A	To provide information on alcohol marketplace expansion and associated harms to the Board of Health and local municipalities. Lead: Jennifer Proulx, Director, Family Presenting: Jaelyn Kloepfer, Health Promotion Specialist
4			**X**	Nurse-Family Partnership – Annual Report (Report No. 51-24)		To present the Nurse-Family Partnership Annual Report. Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Lindsay Croswell, Community Health Nursing Specialist

5			**X**	Private Well Water Testing (Report No. 52-24)	Appendix A	To provide information on the discontinuation of private drinking water (well water) testing. Leads: Dr. Joanne Kearon, Associate Medical Officer of Health and Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services Presenting: Andrew Powell, Acting Manager, Infectious Disease Control
6			**X**	Q1 2024 Organizational Performance Reporting (Report No. 53-24)	Appendix A	To review the first quarterly Organizational Performance Management reporting (from the Management Operating System). Leads: Dr. Alexander Summers, Medical Officer of Health and Emily Williams, Chief Executive Officer
7		**X**	**X**	Quarterly Risk Register Update – Q2 2024 (Report No. 54-24)	Appendix A	To review the risk register for Q2 of 2024. Lead: Emily Williams, Chief Executive Officer Presenting: Ryan Fawcett, Manager, Privacy, Risk and Client Relations
8			**X**	Current Public Health Issues (Verbal Report)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Alexander Summers, Medical Officer of Health
9			**X**	Medical Officer of Health Activity Report for June (Report No. 55-24)		To provide an update on external and internal meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Medical Officer of Health

10			**X**	Chief Executive Officer Activity Report for June (Report No. 56-24)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting. Lead: Emily Williams, Chief Executive Officer
11			**X**	Board of Health Chair Activity Report for May and June (Report No. 57-24)		To provide an update on external and internal meetings attended by the Board of Health Chair since the May 2024 Board of Health meeting. Lead: Matthew Newton-Reid, Board Chair
Correspondence						
12		**X**	**X**	July Correspondence		To receive items a) through c) for information: a) Association of Local Public Health Agencies re: *Ontario Public Health Standards Review 2024* b) Peterborough Public Health re: *Wastewater Surveillance* c) Middlesex-London Board of Health External Landscape for July 2024 d) Public Health Sudbury and Districts re: *Physical Literacy for Communities: A Public Health Approach* To endorse item e) and direct the Board Chair to write a congratulatory letter to E. Michael Perley for their contributions to public health and appointment to the Order of Canada: e) Governor General of Canada's Order of Canada Appointments for June 2024

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, September 19, 2024 at 7 p.m.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, June 20, 2024, 7 p.m.
Microsoft Teams (Virtual)

MEMBERS PRESENT:	Matthew Newton-Reid (Chair) Michael Steele (Vice-Chair) Michelle Smibert Michael McGuire Howard Shears Dr. Alexander Summers, Medical Officer of Health (ex-officio) Emily Williams, Chief Executive Officer (ex-officio)
REGRETS:	Aina DeViet Selomon Menghsha Skylar Franke Peter Cuddy
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Dr. Joanne Kearon, Associate Medical Officer of Health Sarah Maaten, Director, Public Health Foundations Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services Ryan Fawcett, Manager, Privacy, Risk and Client Relations David Jansseune, Associate Director, Finance and Operations/Chief Financial Officer Marc Resendes, Acting Manager, Strategy, Planning and Performance Tara MacDaniel, Strategic Advisor, Emergency Management Cynthia Bos, Associate Director, Human Resources and Labour Relations Parthiv Panchal, End User Support Analyst, Information Technology Angela Armstrong, Program Assistant, Communications Jason Micallef, Marketing Coordinator, Communications Carolynne Gabriel, Executive Assistant to the Medical Officer of Health

Chair Matthew Newton-Reid called the meeting to order at **7:01 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Newton-Reid 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. Smibert,** *that the **AGENDA** for the June 20, 2024 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **M. Smibert, seconded by M. McGuire,** *that the **MINUTES** of the May 16, 2024 Board of Health meeting be approved.*

Carried

It was moved by **M. Smibert, seconded by M. McGuire,** *that the **MINUTES** of the May 16, 2024 Finance and Facilities Committee meeting be received.*

Carried

NEW BUSINESS

2023 Annual Report and Attestation (Report No. 42-24)

Dr. Alexander Summers, Medical Officer of Health provided background information on the 2023 Annual Report and Attestation.

Dr. Summers explained that each year, the Ministry of Health requires public health units (through Board of Health approval) to attest to what work was completed in the year. The Health Unit provides an overview of various narratives and metrics on the delivery of programs, fiduciary requirements, good governance and management principles, as well as public health practice.

Dr. Summers highlighted that within the 2023 Annual Report and Attestation, the Health Unit has had to note that certain work and programming has not occurred in 2023 due to insufficient resources. Dr. Summers noted that during recovery efforts from the COVID-19 pandemic, the Health Unit was prevented from fully operationalizing and meeting all the program and service delivery requirements of the Ontario Public Health Standards. Further, the Health Unit was not able to attest to the Ministry of Health that all program and service delivery requirements have been met.

Dr. Summers emphasized that the Health Unit's inability to achieve the fulsome completion of the Ontario Public Health Standards is not a result of a lack of staff or leadership commitment, but is the result of the ongoing deficits that the Health Unit has faced. This will be an ongoing challenge for the Health Unit unless further funding is received. The Ministry of Health is aware that the Health Unit continues to not be able to fulsomely meet all the expectations of the standards currently.

Dr. Summers concluded that the organization is proud that it is being transparent that it has not been able to achieve objectives for reasons noted, and emphasized that it is critical to note what activities have been conducted to the public and Board of Health.

Emily Williams, Chief Executive Officer noted that the Health Unit did fulfil the fiduciary, good governance and management requirements. E. Williams concluded that financial information provided in the report is aligned to the Board approved 2023 audited financial statements.

Chair Newton-Reid noted that this may be the first time the Health Unit has explicitly said that they have not met all the requirements and emphasized that this is not a reflection of the hard work that's happening at the Health Unit. Chair Newton-Reid thanked staff for being transparent about the challenges.

It was moved by **M. McGuire, seconded by H. Shears,** *that the Board of Health:*

1) *Receive Report No. 42-24 re: "2023 Annual Report and Attestation" for information; and*
2) *Approve the Middlesex-London Health Unit 2023 Annual Report and Attestation.*

Carried

MLHU 2024 Emergency Response Plan Revisions (Report No. 43-24)

Sarah Maaten, Director, Public Health Foundations introduced Tara MacDaniel, Strategic Advisor, Emergency Management to provide information to the Board of Health on the Health Unit's 2024 Emergency Response Plan Revisions.

T. MacDaniel summarized the reasons for needing an Emergency Response Plan. Emergency Management is a foundational standard within the Ontario Public Health Standards, with the goal to ensure consistent and effective management of emergency situations. The Emergency Management Guide also notes the requirement of meeting requirements to ensure a 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts. Health units are also required under the *Emergency Management and Civil Protection Act* (EMCPA) and Order in Council 1739/2022 to establish emergency management programs that include emergency plans, training and exercise opportunities, and education. Emergency Management initiatives are also identified within the Health Unit's 2023-2025 Provisional Plan.

The Board of Health approved the last Emergency Response Plan in 2012. T. MacDaniel noted that an updated Emergency Response Plan was brought to Senior Leadership for approval, and permission to proceed with external consultations and implementation. Guidance on the prioritization of several team level sub-plans to be developed for emergency preparedness was also sought.

Updating the Emergency Response Plan commenced in 2023 and the following principles were applied:

- An "all hazard" approach to respond to various types of risks identified in the community and which supports the development of other internal and external plans
- A collaborative process to engages key partners in the Emergency Response Plan development, i.e., municipal and health care sector partners
- A living document to continue to be updated to represent the most up to date content toward optimal emergency preparedness
- A detailed planning process for emergency preparedness will be maintained by the Emergency Management team

T. MacDaniel highlighted in summary changes to the Emergency Response Plan:

- Risk disaster approach
- Incident Management Team (IMT) established
- Clarity on the IMT governance and IMS structure
- More direction on criteria for declaring emergencies
- Commitment to a continuum approach model
- Alignment with external partner Emergency Response Plans
- Enhancement for annual exercising of the Emergency Response Plan

T. MacDaniel noted that the next steps of the plan include posting the plan on the Health Unit's website, developing the Emergency Management Policy and developing the following appendices/supplementary plans:

- Continuity of Operations Plan
- Labour Disruption Plan
- Facility/Infrastructure Failure Plan
- Respiratory Season Plan
- Pandemic Plan
- Mass Vaccination Plan

Chair Newton-Reid inquired if this plan was updated for the first time in ten years. T. MacDaniel confirmed that to her knowledge that this was correct.

It was moved by **M. Steele, seconded by M. Smibert,** *that the Board of Health receive Report No. 43-24 re: "MLHU 2024 Emergency Response Plan Revisions" for information.*

Carried

Introduction to the MLHU Management Operating System (Report No. 44-24)

Dr. Summers and E. Williams provided an overview of the Health Unit's Management Operating System.

Dr. Summers explained that a management operating system is a framework that describes how the Health Unit as an organization operates and how work is completed. A management operating system is critical for an organization because it helps ensure that the organization is conducting work that they are supposed to be doing and doing it appropriately. Dr. Summers explained that the framework ensures consistent quality in meeting organizational goals and foundational aspects including:

- Defined accountabilities and decision-making authorities
- Organizational and programmatic structure and design including definitions and documentation of the work (interventions), and the diseases, topics, or populations on or with which the Health Unit works with (programs)

Dr. Summers provided background on the development of the Health Unit's management operating system. The process started in the summer of 2023, with discussions about Health Unit management processes, which were recognized to be largely organic knowledge, embedded within the organization in individuals, but not necessarily understood or documented. The Health Unit went through an organizational restructuring process in late 2023, which would assist in grounding how the Health Unit would organize themselves under the management operating system. Throughout the winter, the Health Unit further defined the management operating system, which includes four (4) core processes. The Board of Health will receive quarterly updates on this, with the first update at the July Board of Health meeting.

The four (4) core processes included in the Management Operating System are:

- Strategic Planning
- Operational Planning and Implementation
- Risk Management
- Organizational Performance Management

These core processes are further described within the management operating system policy, which also describes how the organizational structure was designed through the grouping of public health interventions. Further, Dr. Summers noted that there are key governance aspects which share administrative or operational functions that are described in the management operating system policy, for example, strategic planning.

Dr. Summers noted that the operational planning and implementation process needs further work, and this area will be developed through 2025.

E. Williams provided an overview of organizational performance management within the management operating system. Organizational performance management provides the opportunity for staff to systematically talk about the work that is conducted every day in a meaningful way that can be measured. E. Williams explained that this also includes enabling teams to be successful and identifying challenges and barriers for when they find it difficult to achieve results. The process of reviewing the work also helps to identify any risks as well as a method to propose solutions. E. Williams added that the process starts with managers discussing with their directors on the results and findings, which the directors then communicate to the Medical Officer of Health and Chief Executive Officer, who role up the reports to the Board of Health.

E. Williams noted that the next steps regarding implementation of the performance management system (within the management operating system) involve learning and embracing the process. E. Williams noted that reporting is being kept flexible and narrative at this point, with limited indicator reporting as some are still being developed.

E. Williams reiterated that the Board of Health would be reviewing the first quarterly report of the management operating system's organizational performance management results at the July Board of Health.

Chair Newton-Reid noted that this work is an important step to build on very strategic work that will help move the organization forward.

It was moved by **M. McGuire, seconded by H. Shears,** *that the Board of Health receive Report No. 44-24 re: "Introduction to the MLHU Management Operating System" for information.*

Carried

Current Public Health Issues (Verbal)

Dr. Summers provided a verbal update on current public health issues within the region.

Association of Local Public Health Agencies – 2024 Annual General Meeting and Conference

From June 5-7, representatives from the Middlesex-London Board of Health and leadership attended the Association of Local Public Health Agencies (alPHa) Annual General Meeting and Conference in Toronto.

Topics at the conference included:
- Strengthening Public Health
- Proposed voluntary public health unit mergers
- Updates from Queen's Park

The Board of Health's supported resolution from the April Board Meeting on Permitting Applications for Automatic Prohibition Orders under the Smoke Free Ontario Act, 2017 for Vapour Product Sales Offences was supported by the alPHa delegates.

Ontario Public Health Standards Review

The Ontario Public Health Standards will be released effective January 1, 2025. These standards dictate what work public health must conduct. The new standards are intended to refine, refocus and re-level roles and responsibilities and to clarify and strengthen the role of local public health agencies.

The Health Unit was invited to provide a response during the consultation process (by the Ministry of Health). The current standards consist of seven (7) foundational standards and nine (9) program standards. The new standards propose four (4) foundational standards and eight (8) program standards, with protocols decreasing from 43 to 32 (noting that not all protocols are being reviewed at this time). At this time, there is no information on changes regarding accountability of boards of health, and if there are, the Board of Health will be engaged. The implications of any proposed changes to the standards on Health Unit operations remain unknown at this time, particularly given that local public health is currently only at the consultation stage. Dr. Summers further noted that these standards are draft and could change at any time before the fall.

Public health units were given an opportunity to provide feedback on the draft standards, which was submitted on June 20 to the Ministry of Health. Leaders across the Health Unit contributed to the consultation. The Chair and Vice-Chair of the Board of Health also reviewed and there were no significant governance issues to identify at this time.

Dr. Summers provided an executive summary of the submission to the Ministry of Health:

- If the objective is to ensure clarity and standardization on the role of public health units (PHU), further work is required to clearly define and describe the services that PHUs provide to their community. This is particularly true in the health promotion domains. It might help to frame the objectives of the standards as trying to answer the question – what can every Ontarian, regardless of where they live, expect from their local PHU? This means describing health promotion work through the lens of service delivery; what are the services provided to community partners, municipalities, and our public?
- The Health Unit is very encouraged by the shift to a Comprehensive Health Promotion standard; some aspects of the other standards could be rolled into that standard as well.
- Further standardization of language and clarity of definitions is required.
- There is no data available to stratify our population by social and structural determinants of health, making it difficult to confidently identify priority populations.

Ontario Seniors Dental Care Program Eligibility Update

On August 1, the annual income eligibility thresholds for the Ontario Seniors' Dental Care Program will increase:

- $22,200 to $25,000 (single Ontarians aged 65+)
- $37,100 to $41,500 (couples)

Those eligible under new thresholds can start applying July 1.

As of June 19, the wait list for the Ontario Seniors Dental Care Program in Middlesex-London is 455 individuals. The Health Unit currently has four (4) dental operatories in Strathroy and two (2) in London (Citi Plaza). Construction is currently in progress to add two (2) additional operatories in London to expand capacity with an expected opening date of July 8.

Wastewater Surveillance Update

The Provincial Government is ending the Ontario wastewater surveillance program for COVID-19 and infectious diseases on July 31. The program was launched in 2021 and sampled wastewater for COVID-19 levels and was expanding into different infectious diseases. The Federal Government is launching their own program, with it being unknown at this time if Middlesex-London will be included. The Health Unit will continue to provide updates throughout the summer on COVID-19 risks until surveillance reporting resumes in the fall. The Health Unit is in contact with Western University researchers regarding ongoing local work with wastewater surveillance.

Dr. Summers noted that the loss of the wastewater surveillance system was not ideal, as it assisted in helping to provide relevant updates to the population, especially those at high risk. Dr. Summers emphasized that even though respiratory season is over, it remains important to ensure the community is vaccinated if eligible, wearing a mask in crowded areas, and staying home if unwell.

Alcohol Sales Expansion

The Provincial Government made an announcement on May 24 to expand the alcohol beverage marketplace earlier than originally announced:

- August 1 – up to 450 grocery stores currently selling beer, cider and wine to sell ready-to-drink beverages and larger pack sizes
- After September 5 – all eligible convenience stores can sell beer, cider, wine and ready-to-drink alcoholic beverages
- After October 31 – all eligible grocery and big-box stores can sell beer, cider, wine and ready-to-drink beverages, including larger pack sizes

Staff will provide the Board of Health with an overview of the public health implications at the July meeting.

School Vaccination "No Info" Letter Update

The *Immunization of School Pupils Act* (ISPA) requires students to have certain vaccinations or a documented exemption. The Vaccine Preventable Diseases (VPD) team screens student vaccination records and provides letters to parents/students identifying missing vaccinations as well as information on how to provide proof of vaccination and/or receive the vaccine. "No Info" letters are those sent to students for which the Health Unit has no vaccination records on file. Dr. Summers noted that this legislation is not mandatory vaccination, but mandatory reporting.

The Health Unit has seen a major reduction from 6471 pupils with no info on vaccination to 1039, which is an 84% decrease.

MLHU in the News

The Health Unit has been in the news regarding Lyme disease, opioids, measles and wastewater testing.

Dr. Summers noted in conclusion that a Health Unit employee unexpectedly passed away in the past week, and teams are grieving the loss of this employee. The Health Unit is grateful for the Board of Health's support and that leaders have been courageous in supporting staff. He noted that staff have been tremendous in supporting each other during this challenging time.

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

Carried

Medical Officer of Health Activity Report for May (Report No. 45-24)

Dr. Summers presented his activity report for May.

There were no questions or discussion.

It was moved by **M. Steele, seconded by M. McGuire,** *that the Board of Health receive Report No. 45-24 re: "Medical Officer of Health Activity Report for May" for information.*

Carried

Chief Executive Officer Activity Report for April and May (Report No. 46-24)

E. Williams presented her activity report for April and May.

There were no questions or discussion.

It was moved by **M. McGuire, seconded by H. Shears,** *that the Board of Health receive Report No. 46-24 re: "Chief Executive Officer Activity Report for April and May" for information.*

Carried

CORRESPONDENCE

Dr. Summers highlighted correspondence a) from the Township of Lucan-Biddulph to the Board of Health. Dr. Summers noted that staff would be bringing a report forward at the next Board meeting to provide more information on the impacts of the Ministry of Health ceasing well water testing.

It was moved by **M. Smibert, seconded by M. McGuire,** *that the Board of Health receive items a) through c) for information:*

a) Township of Lucan-Biddulph re: Recommended Phase Out of Free Water Well Testing in the 2023 Auditor General's Report
b) Public Health Sudbury & Districts re: Support for Bill C-322 National Framework for a School Food Program Act
c) Middlesex-London Board of Health External Landscape for June 2024

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, July 18, 2024 at 7 p.m.

CLOSED SESSION

At **7:49 p.m.** it was moved by **M. Steele, seconded by H. Shears,** *that the Board of Health will move into a closed session to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations and to approve previous closed session Board of Health minutes.*

Carried

At **8:24 p.m.,** it was moved by **M. Smibert, seconded by M. McGuire,** *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **8**:**24 p.m.,** it was moved by **M. McGuire, seconded by M. Smibert**, *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary

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

Thursday, June 20, 2024 at 6 p.m.
Microsoft Teams

MEMBERS PRESENT:	Michelle Smibert (Chair) Matthew Newton-Reid Michael Steele
REGRETS:	Emily Williams, Chief Executive Officer (ex-officio) Dr. Alexander Summers, Medical Officer of Health Selomon Menghsha
OTHERS PRESENT:	Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Marc Lacoursiere, President, The Achievement Centre

At **6:01 p.m.,** Chair Michelle Smibert called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the **AGENDA** for the June 20, 2024 Performance Appraisal Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

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

Carried

CLOSED SESSION

At **6:03 p.m.,** it was moved by **M. Steele, seconded by M. Newton-Reid,** *that the Performance Appraisal Committee will move into a closed session to consider matters regarding personal matters about identifiable individuals, including municipal or local board employees; labour relations or employee negotiations and to approve previous closed session Board of Health (Performance Appraisal Committee) minutes.*

Carried

At **6:38 p.m.,** it was moved by **M. Steele, seconded by M. Newton-Reid,** *that the Board of Health return to public session from closed session.*

Carried

OTHER BUSINESS

The next meeting of the Performance Appraisal Committee is on Thursday, September 19, 2024 at 5 p.m.

ADJOURNMENT

At **6:39 p.m.,** it was moved by **M. Steele, seconded by M. Newton-Reid,** *that the meeting be adjourned.*
Carried

MICHELLE SMIBERT	**MATTHEW NEWTON-REID**
Committee Chair	**Board Chair**

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 48-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

PUBLIC HEALTH ACTION TO SUPPORT SCHOOL FOOD PROGRAMS

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 48-24 re: "Public Health Action to Support School Food Programs"; and*
2) *Endorse the work and initiatives of The Coalition for Healthy School Food.*

Report Highlights

- As part of Budget 2024, the federal government announced a new National School Food Program advocated for by the Coalition for Healthy School Food.
- Locally, schools participating in the Ontario Student Nutrition Program will benefit from this funding, as program demands have significantly outpaced provincial funding for years.
- The federal government released the National School Food Policy identifying the long-term vision for this policy, including a set of principles, core values, and key objectives outlining how the principles can be operationalized.

Background

Providing children access to food in the school environment contributes to optimal child development outcomes, school performance, and school attendance (Global Child Nutrition Foundation, 2021). Universal school nutrition programs (SNP) can have wide-reaching impacts on families, local communities, and the economy through the reduction of household food expenses, the creation of SNP jobs, and strengthening the agrifood sector (Kleinman et al., 2002; Ruetz et al., 2023). Income-based policy solutions, such as the Canada Child Benefit and a basic income, are still needed to reduce household food insecurity (Report No. 49-24, Report No. 69-23).

There is a great need for SNPs in London and Middlesex County. In 2022-2023, the highest number of requests for support from the Thames Valley Education Foundation's Caring Fund were for hunger and food scarcity (61.88%) (Thames Valley Education Foundation, 2024). During the 2023-2024 school year, the Ontario Student Nutrition Program (OSNP) operated in

89 out of 182 schools in London-Middlesex, supporting a projected 23,000 students and serving nearly 4 million meals and snacks (OSNP, 2024). Insufficient funding, rising food costs, and increased participation rates have forced some schools to be waitlisted for funding, to end programming earlier than anticipated, reduce the quality and/or quantity of food provided, and even terminate programming.

As part of Budget 2024, the Office of the Prime Minister of Canada announced a new National School Food Program with an investment of $1 billion over five years and a target of providing meals to 400,000 more children every year. Prior to this announcement, Canada was the only G7 country without a national school food program.

In follow-up to the funding announcement, the Government of Canada recently released the National School Food Policy to help support the federal government's long-term vision of every child having access to nutritious food in school. The Policy outlines a set of principles for the national school food program in Canada (i.e., accessible, health promoting, inclusive, flexible, sustainable, and accountable).

The Coalition for Healthy School Food, a network of over 300 non-profit organizations, works with partners across Canada to: 1) advocate for a universal cost-shared healthy Canada-wide school food program; 2) strengthen commitments from provinces and territories, local governments, and school communities; and 3) support replication, networking, and sharing of best practices for the diverse school food programs across Canada. Organizations may become members or endorsers of the Coalition.

Public Health Action

- A Health Unit Public Health Dietitian participates in the Children's Nutrition Network, a local community partnership that works to enhance support for the ongoing development and sustainability of student nutrition programs in Middlesex-London.
- The MLHU School Health Team collaborates with local school boards to support board-level planning and implementation of school food programs. These partnerships aim to facilitate the implementation of school food programs that meet crucial criteria, such as:
    - Ensuring culturally inclusive and acceptable food offerings
    - Educating the school community to reduce the stigma associated with school food programs
    - Assisting schools in identifying and applying for additional funding
    - Ensuring that new school constructions and renovations include sufficient facilities to support school food programs
- The Board of Health recently endorsed the following items: 1) Public Health Sudbury & Districts re: Support for a Funded Healthy School Food Program in Budget 2024 (Federal) (Nov 2023 meeting), and 2) Windsor-Essex County Health Unit re: Investing in a Sustainable Federal School Food Policy (October 2023 meeting).
- Letters of support for a national school food program have been sent from the Middlesex-London Food Policy Council (forthcoming); Public Health Sudbury & Districts (May 2024); Association of Local Public Health Agencies (alPHa) (April 2024); Haliburton, Kawartha, Pine Ridge District Health Unit (March 2024); Ontario Dietitians in Public Health (2022, 2023); and the Council of Ontario Directors of Education in collaboration with the Council of Ontario Medical Officers of Health (2021).
- At its 2024 Annual General Meeting and Conference, alPHa passed Resolution A23-06: Advocating for a National School Food Program in Canada.

Next Steps

MLHU staff will continue to support local student nutrition programs through participation with the Children's Nutrition Network and collaboration with local school boards. Student nutrition program updates and action from the federal and provincial governments and The Coalition for Healthy School Food will continue to be monitored by Health Unit staff for potential future action. In addition, it is recommended that the Board of Health endorse The Coalition for Healthy School Food.

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

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

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

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

- The Chronic Disease Prevention and Well-Being, Healthy Growth and Development, and School Health standards as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
  - Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities
  - Our public health programs are effective, grounded in evidence and equity

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

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

Taking Action for Reconciliation
Supportive Environments: Continue to provide adequate funding and resources for the development and maintenance of activities to support cultural safety and cultural humility.
Equitable Access and Service Delivery: Develop Indigenous-specific programs and/or services, using a co-creation process, with Indigenous-led organizations and First Nations communities, if and when such programming is desired and deemed appropriate by these organizations and/or Nations.

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 49-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

SUPPORT FOR "AN ACT TO DEVELOP A NATIONAL FRAMEWORK FOR A GUARANTEED LIVABLE BASIC INCOME"

Recommendations

It is recommended that the Board of Health:

1) *Receive Report No. 49-24 re: "Support for 'An Act to Develop a National Framework for a Guaranteed Livable Basic Income'"; and*
2) *Direct the Board Chair to send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233 and C-223 "An Act to develop a national framework for a guaranteed livable basic income".*

Report Highlights

- In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.
- Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.
- Opportunities exist to influence healthy public policy through support for "An Act to develop a national framework for a guaranteed livable basic income" which is currently moving through the Senate (S-233) and the House of Commons (C-223).

Background

Upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being. The Association of Local Public Health Agencies (alPHa) endorsed the concept of a basic income guarantee as a policy option for reducing poverty and income insecurity and for providing opportunities for people with lower incomes[1]. A guaranteed livable basic income is a cash transfer from the government to citizens, not tied to labour market participation, that ensures everyone has a sufficient income to meet basic needs and live with dignity.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[2]. In 2021, 16.6% of London households, with or without children (89,030 people), were low income based on the Census Family Low Income Measure (CFLIM-AT)[3]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents[4,5]. The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[6].

Health Impacts

Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being. Income has a strong impact on health, with better health outcomes associated with higher income levels and poorer health outcomes associated with lower income levels[7]. In addition, income increases access to other social determinants of health (e.g., education, food, housing)[7]. Income inequality is a key health policy issue requiring attention from policymakers[7].

Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[8-10].

Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[11-18]. Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[19-21].

Guaranteed Livable Basic Income

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[22,23]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[24]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[25] and positively impacts childhood health outcomes (e.g., birth weight and mental health)[26].

From 2017-2019, the Ontario government conducted a basic income pilot with 4,000 participants from the Hamilton area, the Thunder Bay area, and in Lindsay, Ontario. There is limited evaluation from the pilot, as the study ended earlier than anticipated. Results from the Hamilton area showed “many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships[23(p4)]”. Further assessment of basic income as a policy option could demonstrate positive health outcomes.

"An Act to develop a national framework for a guaranteed livable basic income" is currently moving through the Senate (S-233)[27] and the House of Commons (C-223)[28]. The Bill requires "the Minister of Finance to develop a national framework for the implementation of a guaranteed livable basic income program throughout Canada for any person over the age of 17, including temporary workers, permanent residents and refugee claimants". The framework includes measures to: 1) determine what constitutes a livable basic income for each region in Canada; 2) create national standards for complementary health and social supports; 3) ensure participation in education, training, or the labour market is not required to qualify; and 4) ensure implementation does not result in a decrease in services or benefits related to health or disability.

Senate Bill S-233 is being considered by the Standing Committee on National Finance after passing the second reading (April 2023) and House of Commons Bill C-223 was read a second time and is in the Order of Precedence after an initial debate (May 2024). The Bills require support to continue moving through the Senate and House of Commons.

Public Health Support and Next Steps

The Board of Health has a history of support for income-based solutions to reduce rates of poverty, income insecurity, and household food insecurity including social assistance policy, increased social assistance rates, support for basic income, and support for the Ontario basic income pilot (Report No. 25-23 Minutes[6], Report No. 070-19[29], Report No. 053-18[30], Report No. 007-17[31], Report No. 063-16[32], Report No. 50-15[33]). Recently, Ottawa Public Health (June 2024 – Appendix A), Thunder Bay Public Health Unit (Agenda item 9.1)[34], and Ontario Dietitians in Public Health[35] have submitted reports and letters in support of Bill S-233 and C-223.

It is recommended that the Board of Health send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233[27] and C-223[28] "*An Act to develop a national framework for a guaranteed livable basic income*" (Appendix B).

References are affixed as Appendix C.

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

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

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

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

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

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

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

Taking Action for Reconciliation
Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.
Equitable Access and Service Delivery: Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.

Ottawa | Public Health / Santé publique

Ottawa Board of Health
Conseil de santé d'Ottawa

☒Motion ☐Notice of Motion / Avis de motion

Agenda: 11
Motion 11/02

WALK ON - Motion to Support a Guaranteed Livable Basic Income for Canadians

Moved by / propose par: Member Carr

WHEREAS, the Ottawa Board of Health recognizes that income is one of the most important social determinants of health, and relates to many other determinants including education and literacy, healthy behaviors, inadequate housing, and employment conditions;

AND WHEREAS, a Basic Income Guarantee program for people over the age of 17 in Canada would meet basic human needs by ensuring the security of a minimum income level, regardless of employment status;

AND WHEREAS, a Basic Income Guarantee program would help to reduce poverty and improve income security in Canada and address the related negative social and economic impacts on the health of our most vulnerable populations;

AND WHEREAS, income-based policy measures are necessary to effectively reduce household food insecurity, which is associated with many negative physical and mental health outcomes, and is experienced by 1 in 7 households in Ottawa (as outlined in a report received at the November 2023 Ottawa Board of Health meeting);

AND WHEREAS, a Basic Income Guarantee program can complement existing social support systems in Canada, in the form of longstanding programs like the Canada Child Benefit and the Guaranteed Income Supplement for seniors, which have demonstrated positive impacts on basic income recipients, economies, and our greater society;

AND WHEREAS, the Ontario Basic Income Pilot project, that was tested in the Hamilton area, Thunder Bay area and Lindsay between 2017 and 2019, saw 4,000 eligible applicants receive basic income and report positive outcomes, including the alleviation of food and housing insecurity, improved physical and mental health, financial stability, social equity and increased access to employment opportunities;

AND WHEREAS, Bill S-233, *An Act to develop a national framework for a guaranteed livable basic income* was referred to and currently being considered by the Standing Senate Committee on National Finance **after passing second reading in April 2023;**

AND WHEREAS Bill C-223, *An Act to develop a national framework for a guaranteed livable basic income* was read a second time and remains in the Order of Precedence in the House of Commons after an initial debate in May 2024;

AND WHEREAS, the call for a Basic Income Guarantee program in Canada is being made by many other Board's of Health and municipalities in Ontario and beyond;

AND WHEREAS, a Basic Income Guarantee program would align with public health priorities, including to seek to address negative impacts of poverty and improve access to healthcare and potentially reduce healthcare costs, enabling people to afford preventive care and timely treatments while preventing more costly healthcare interventions, leading to better overall population health;

NOW THEREFORE, BE IT RESOLVED:

THAT, the Ottawa Board of Health supports the concept of a Basic Income Guarantee for all people over the age of 17 in Canada to help combat low income and economic vulnerability within our community;

AND THAT, the Ottawa Board of Health calls upon the federal and the provincial governments to collaborate on the introduction and implementation of a national Basic Income Guarantee program for all people over the age of 17 in Canada;

AND THAT, the Chair of the Ottawa Board of Health write a letter to the Government Representative in the Senate, and the Chair of the Standing Senate Committee on National Finance sharing the Board's support for this legislation and calling on these leaders to prioritize the passage of Bill S-233.

AND THAT, the Chair of the Ottawa Board of Health write a letter to the Prime Minister and copy to Deputy Prime Minister and Minister of Finance, and the Government House Leader sharing the Board's support for this legislation and calling on these leaders to prioritize the passage of Bill C-223.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

The Honourable Justin Trudeau, Prime Minster of Canada
Office of the Prime Minister
80 Wellington Street
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The Honourable Chrystia Freeland, Deputy Prime Minister and Minister of Finance – chrystia.freeland@parl.gc.ca

The Honourable Mark Holland, Minister of Health - mark.holland@parl.gc.ca

The Honourable Steven MacKinnon, Leader of the Government in the House of Commons – Steven.MacKinnon@parl.gc.ca

The Honourable Andrew Scheer, House leader of the Official Opposition – Andrew.Scheer@parl.gc.ca

Alain Therrien, House leader of the Bloc Québécois – Alain.Therrien@parl.gc.ca

Peter Julian, House leader of the New Democratic Party - peter.julian@parl.gc.ca

Standing Senate Committee on National Finance - nffn@sen.parl.gc.ca

July 18, 2024

Re: Support for Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*"

Dear Prime Minster, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*", currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels [1].
- Income increases access to other social determinants of health (e.g., education, food, housing)[1].
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[2-4].
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[5-12].
- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[13-15].

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A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[16,17]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[18]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[18] and positively impacts childhood health outcomes (e.g., birth weight, mental health)[19].

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[20]. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)[21]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents [22,23].

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[24].

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,

Matt Newton-Reid
Chair, Middlesex-London Board of Health

cc:
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Ontario Boards of Health

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 50-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

ALCOHOL DENSITY AND RELATED HARMS

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 50-24 re: "Alcohol Density and Related Harms" for information; and*
2) *Direct staff to send Report No. 50-24 (including Appendix A) to the City of London, Middlesex County, and lower tier municipalities within the County of Middlesex.*

Report Highlights

- The Ontario government announced plans to expand alcohol retail outlets, allowing eligible convenience stores, grocery, and big box stores to sell beer, cider, wine, and ready-to-drink alcoholic beverages this year.
- Increased alcohol access has been shown to increase consumption and consequently increase alcohol-related health and social harms.
- Policies which limit availability (e.g., restrict density, limit hours of sale, etc.) help to reduce harms associated with alcohol use. Appendix A outlines alcohol policy options for municipalities.

Background

In December 2023, the Ontario Government announced expansion of alcohol retail outlets beginning no later than January 1, 2026. On May 24, 2024, the government announced plans to move forward with the expansion of alcohol retail outlets, with a phased rollout between August and October 2024.

Research confirms that expanding alcohol availability (e.g., increasing the number of alcohol outlets) results in increases in consumption, and consequently increases alcohol-related health and social harms (CAPE, 2023). A public health approach to alcohol regulation aims to find a balance between alcohol availability and the enactment of measures to protect public health and safety, while removing commercial influences and product promotion.

Alcohol Retail Density in Middlesex London

Currently, best practice guidelines for off-premise alcohol retail outlets (i.e., where alcohol can be purchased and taken offsite to consume, including LCBO and grocery stores) are 2 outlets or fewer per 10,000 capita aged 15 years and older (CAPE, 2023). In 2022, the off-premise retail outlet density in the Middlesex-London region was at 2.1/10,000 (PSQI, 2023). Any alcohol outlet expansion will further exceed what is considered a best practice limit and may result in increased alcohol-related harms in Middlesex-London.

Alcohol Retail Expansion: Key Considerations

Increased consumption: In 2019/2020, 30% of Middlesex-London residents aged 12 years and older were drinking alcohol above what is considered a low risk level according to Canada's Guidance on Alcohol and Health (3 or more standard drinks in the past 7 days) (PHO Snapshots). Alcohol harms include multiple cancers, liver disease, heart disease, violence, poisoning, alcohol use disorder, fetal alcohol spectrum disorder, and injuries (CCSA, 2023). For the Middlesex-London region, in an average year there is an estimated 154 (4.1%) deaths, 842 (2.4%) hospitalizations, and 6,968 (3.8%) emergency department visits that are attributable to alcohol consumption among people ages 15 and older (PHO/Ontario Health, 2023). The last time access to alcohol in retail stores increased in Ontario in 2015, the number of emergency department visits attributable to alcohol grew by more than 24,000 in two years (Myran et al., 2019).

Additionally, research indicates that groups of lower socioeconomic status (SES) who consume similar or less amounts of alcohol than groups of higher SES, experience greater rates of alcohol-attributable harms. This is referred to as the alcohol-harms paradox and must be considered when assessing alcohol density impacts on health equity in the community (Bloomfield, 2020 and CIHI, 2017).

Public Health and Safety: As identified through community consultations for the Community Safety and Wellbeing Plans of both the City of London and Middlesex County, safe neighbourhoods, physical health, mental health, and road and mobility safety are included as key components of a safe and healthy community. Alcohol consumption can result in impaired driving, violence, and other public safety issues, negatively impacting community safety and wellbeing. (CAPE, 2023).

Youth Use: The impact of alcohol outlet density on high risk drinking among younger populations is concerning, particularly when outlets are close to schools (CAPE, 2023). Convenience stores, grocery stores, and big box stores close to school locations are frequented by children and youth who are often unaccompanied by an adult. Outlet expansion will increase youth exposure to alcohol, and can contribute to societal normalization through marketing and alcohol product promotion in retail outlets (CAPE, 2023). Outlet expansion also increases youth access to alcohol. According to a study conducted in Montreal using mystery shoppers in 2009, only 55 to 60% of corner stores were compliant with the rule that they should not sell alcohol and lottery tickets to those under the legal age, compared to 96% of government-run retail outlets (Martin et al., 2009). Public health's experience monitoring retailer compliance with requirements under the *Smoke-Free Ontario Act, 2017* for tobacco and vapour product retail sale have heightened the Middlesex-London Health Unit's (MLHU) concerns for youth access to age-restricted products. To date, in 2024, the MLHU has completed 25 vapour product youth access inspections, 7 of which a vapour product sale was made to a youth under the age of 18,

despite the legal age being 19 years of age. It is a concern that similar trends could be seen with alcohol sales to youth with retail expansion.

Next Steps

Strategies at the municipal and local community level that can support the reduction in alcohol-related harms include municipal bylaws, municipal alcohol policies, monitoring and surveillance, public education, youth prevention initiatives, and working with other levels of government. Given the expansion of alcohol retail outlets provincially, a focus on how to reduce or mitigate harms related to an increase in outlet density is recommended. Endorsing and sharing "Reducing Alcohol Harms: A Primer for Municipalities" (Appendix A) aims to begin an open dialogue about alcohol-related harms and strategies to reduce those harms in our local communities.

The MLHU will continue to collect and analyze relevant data to monitor trends over time, emerging concerns, priorities, and health inequities related to alcohol use and related harms; and deliver effective public health interventions that meet the needs of Middlesex-London.

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

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

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

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

- The Substance Use and Injury Prevention, Chronic Disease Prevention and Well-being, and Health Equity standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The Liquor Licence and Control Act, 2019; Ontario Regulations: 750/21, 746/21, 745/21; Municipal Act 2001
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Goal: Our public health programs are effective, grounded in evidence and equity

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

Anti-Black Racism Plan:

Engage in Healthy Public Policy (collection of race-based data, initiatives that mitigate or address, at an upstream level, negative and inequitable impacts of the social determinants of health and ensure the policy approaches take an anti-Black racism lens)

Taking Action for Reconciliation:

Research: Establish and monitor health indicators as identified by TRC Calls to Action #19 and #55iv, in order to determine progress in closing the gap between Indigenous and non-Indigenous communities (i.e., infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, availability of appropriate health services) as appropriate to public health and population health.

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Reducing Alcohol Harms: A Primer for Municipalities

When building a healthy community, local governments are in a unique position to foster healthy environments and healthy behaviours. This document provides an overview of the health implications of alcohol use, supporting communities to continue to have informed conversations about reducing harms.

Risks to Community Safety and Well-being[1,2]

Alcohol is the most used drug in the Middlesex-London region. Its use is under-reported across Canada, therefore rates of alcohol use are even higher than the data that is available.

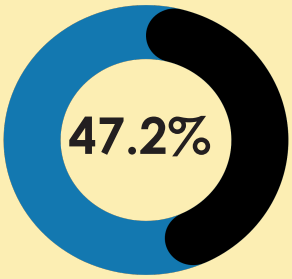
30% of Middlesex-London residents aged 12 and older are drinking alcohol above what is considered a low-risk level according to Canada's Guidance on Alcohol and Health (had 3 or more standard drinks in the past 7 days).

Alcohol causes injuries, violence, and health harms[3,4]

Alcohol is linked to more than 200 health and injury conditions, including cancers, physical injuries, liver disease, and fetal alcohol spectrum disorder, putting strain on our already overburdened healthcare system. Those who don't drink can experience secondary harms through impaired driving, intimate partner violence, and public disturbances.

Alcohol exposure impacts youth[5,6,7]

Having alcohol in areas frequented by youth normalizes and encourages use due to increased exposure and access to alcohol. Early alcohol initiation has clear harms for youth. Regulating alcohol availability is a tool to effectively addresses these risks and harms.



of youth (Gr 9-12) in Ontario reported alcohol use initiation before grade 9.

Middlesex-London: Deaths, Hospitalizations, and Emergency Department Visits Attributable to Alcohol[8]

(average year estimate)

154 deaths (4.1%)

842 Hospitalizations (2.4%)

6,968 emergency department visits (3.8%)

Retail Density Impacts Consumption[6,9]

On-premise:
Licensed establishment such as restaurants and bars.

Off-premise:
Retail outlets such as LCBO, the Beer Store, convenience stores, and grocery stores.

Research shows there is a relationship between **density** of on-premise establishments and off-premise outlets and **alcohol harms**.

More alcohol outlets result in more alcohol consumption and associated harms including injuries, illness, assaults, suicide, public disorder, and violent crime at the population level.

Currently, Middlesex-London meets best practice guidelines for **off-premise** alcohol outlet density levels (2 outlets or fewer per 10,000 capita age 15+).

Any increase in alcohol outlet density in Middlesex-London will exceed the recommended threshold.

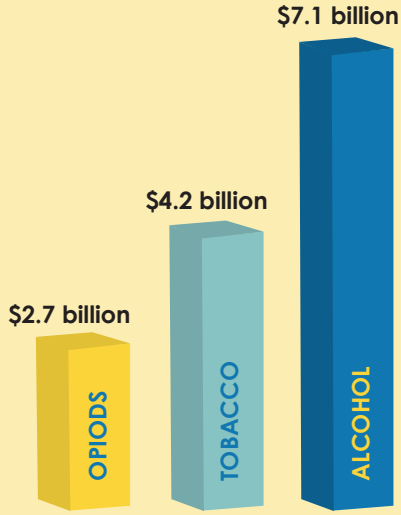
Costs[10,11]

In 2020/21, alcohol cost Ontario taxpayers over **$7 billion** in direct (e.g., healthcare and enforcement) and indirect (e.g., lost productivity) costs.

Despite perceptions that alcohol is a large revenue generator, in 2020/21 **alcohol generated just over $5 billion in returns** for Ontario, creating a **nearly $2 billion deficit for the province.**

Substance use-attributable costs, Ontario, 2020

In comparison to all other substances, the societal burden of alcohol is the greatest.



Provincial Alcohol Retail Landscape

2015	2019	2020	2024
Expansion of alcohol sales to grocery stores, with approx. 450 participating stores.	Expansion of LCBO convenience outlet stores.	Expansion of alcohol delivery.	Expansion of alcohol sales to grocery, convenience and big box stores (with no cap on number of outlets).

Reducing harms related to physical availability of alcohol
Currently there are no plans for provincial restrictions on retail outlet density, regulations to limit clustering of alcohol outlets, or proximity restrictions (e.g., distance between alcohol outlets and schools or healthcare facilities).

What Can Local Governments Do?

Local governments are uniquely situated to create healthy environments and foster healthy behaviours. Through healthy public policies and partnerships, they can support the local economic and social benefits of alcohol, while reducing negative impacts.

Modify land use planning[5,6,12,13]

A greater density of alcohol outlets (on and off-premise) can increase community-level harms such as injury, poor mental health, and acute and chronic diseases.

Possible Actions:

- Explore zoning options related to alcohol retail locations and density.
  - Consider minimum separation distances between alcohol outlets (on and off-premise) and sensitive land use areas, such as schools, treatment centers, and parks.

Less alcohol available → **Decreased consumption** → **Decreased alcohol-related harms**

Work with other levels of government[13,14]

Municipalities know their communities best and see community-level impact from policies at all levels. Municipalities can advocate to the provincial and federal governments for evidence-based policies that work to reduce alcohol harms.

Possible Actions:

- Advocate to keep municipal control over alcohol policy that impacts the wellbeing and safety of the local community, such as keeping the public notice requirement for liquor license applications and allowing municipalities to have more input on alcohol retail outlet density and location decisions.
- Advocate for a provincial alcohol strategy, where a public health approach to access, pricing, marketing, and labelling are implemented across the province.
- Advocate for other measures to reduce potential harm, such as increased fines and license fees and progressive enforcement of regulations.

Regulate alcohol at public spaces & events[5,6,13]

Permitting alcohol use on public property can create a sense of normalization and increase consumption, resulting in public safety risks and increased risk of health and social harms. Event organizers can reduce alcohol-related harms by managing the availability of alcohol and strategically designing environments where alcohol is served.

Possible Actions:

- Avoid any changes to alcohol consumption in public areas (e.g., parks), particularly given the rapid increase of alcohol outlets planned for Ontario.
- Regulate, manage, and evaluate alcohol consumption on municipally owned and managed properties during public and private events, through up-to-date municipal alcohol policies. Contact the MLHU to discuss the Quality Measurement Tool for Municipal Alcohol Policies (MAPs) and accompanying gold standard template. These tools help to measure how effective a MAP is compared to best practice.
- Restrict or prohibit alcohol imagery, marketing, and sponsorship locally (e.g., on public transit, in arenas, at outdoor special events, etc.).
- Promote health by providing alcohol-free spaces, restrict or prohiit alcohol imagery and incentives for alcohol-free events (e.g., lower booking fees, priority dates, etc.).

Monitor for alcohol harms[14]

Understanding the local impacts of alcohol use is crucial to supporting healthy public policy decisions.

Possible Actions:

- Collaborate with public health to monitor local alcohol availability and alcohol-related harms. This can include measuring alcohol-related emergency calls and monitoring changes in outlet density.

Contact

health@mlhu.on.ca for:

- Support with local policy development, including bylaws and Municipal Alcohol Policy review.
- Opportunities to collaborate on strategies to reduce alcohol harms in our community.
- Information on the health impacts of alcohol use.

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 51-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

NURSE-FAMILY PARTNERSHIP ANNUAL REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 51-24 re: "Nurse-Family Partnership Annual Report" for information.

Report Highlights

- The Nurse-Family Partnership (NFP) intervention is being implemented in Ontario under the broader umbrella of Healthy Babies Healthy Children (HBHC) as a targeted and more intensive intervention with a strong evidentiary foundation and proven outcomes for families experiencing complex challenges.
- MLHU is the license holder for the NFP intervention in Ontario, with a total of 10 health units implementing NFP as of 2024.
- As the license holder, MLHU submitted the 2023 Ontario Annual Report to the NFP Licensor. Areas of focus for 2024 include continued monitoring and quality improvement of program fidelity, establishing additional local Community Advisory Boards in communities where NFP is delivered, and ongoing collaboration among Canadian provinces delivering NFP.

Background

The number of families requiring early childhood support and intervention in Ontario has increased, coupled with growing complexity and acuity of need. Infants and children of families experiencing complex challenges are at greater risk of having lasting and lifelong impacts. Preventing adverse childhood experiences is a primordial prevention intervention that can impact physical and mental health and health-related behaviours, including substance use. The Nurse-Family Partnership (NFP) intervention addresses a gap in the Healthy Babies Healthy Children (HBHC) intervention by providing a more intensive intervention at a greater dose for families with the greatest need.

NFP is an evidence-based intensive home visiting intervention for young, low-income, first-time parents, with demonstrated positive effects on pregnancy, children's subsequent health and development, and parents' economic self-sufficiency. The strong evidentiary foundation of NFP has led to international implementation and evaluation. NFP is a licensed intervention currently delivered in eight countries (USA, Canada, England, Scotland, Northern Ireland, Bulgaria, Australia, and Norway). Since 2008, a series of rigorous studies have been conducted in Ontario and British Columbia (BC) to pilot, adapt and evaluate NFP in Canada. In 2019, the Middlesex-London Health Unit (MLHU) became the provincial license holder for five Ontario public health units delivering NFP. Following completion of the BC randomized control trial (RCT), permission was granted by the NFP licensor to expand implementation of the intervention outside of a research context. Since 2022, 5 additional health units have begun implementing NFP in Ontario.

Each year, license holders are required to submit an annual report to guide discussion of implementation successes and challenges, as well as emergent outcome variations. By using quantitative and qualitative data, the annual report supports reflection on progress and development of quality improvement plans for the following year. The international office provides guidance, research, resources, and quality improvement assessment, planning, and implementation. New in 2024, each license holder in the RCT or post-RCT stage of international program replication participates in an annual peer review process instead of meeting with the international team representatives. MLHU (on behalf of all Ontario health units implementing NFP) was paired with England's Family-Nurse Partnership (FNP) to participate in the annual peer review process.

2023 Ontario Annual Report Summary

The annual report includes an overview of data related to implementation (including fidelity to core model elements) and impacts/outcomes, as well as progress related to the previous year's priorities and objectives agreed on with the international office. The report reflects the work across all of Ontario's participating public health units.

In 2023, 392 clients participated in the program and a total of 4228 visits were completed. At program intake, clients:

- Ranged in age from 13 to 32 years,
- 38% reported an annual income of <$25, 000,
- 45% reported tobacco or nicotine use,
- 32% reported alcohol use,
- 42% reported cannabis use,
- 56% disclosed challenges with mental illness, and
- 35% reported current or recent experience of intimate partner violence.

All sites reported an improvement in the number of referrals to the program and subsequent enrollment rate, collectively contributing to meeting quality improvement goals for both indicators.

Of 145 discharges from the program:

- 44 were graduates of the program (i.e., maintained enrollment from pregnancy until discharge at the time of their child's second birthday),

- 64 were considered a result of un-addressable attrition (e.g., client moved out of service area) and,
- 31 were considered the result of addressable attrition (e.g., client-initiated discharge after care transferred to another nurse).
- The remaining 6 discharges included transfers to other NFP sites and discontinuation in the program after child apprehension.

The annual report also provided an update on the decision to add an additional 0.5 FTE Nursing Practice Lead position (recruited in 2024), successful transition of the NFP Canada website to a new server and the inclusion of additional indicators for the 2023 reporting period, including the involvement of partners/fathers, breastfeeding continuation past 12 months of age, mental health screening results and a breakdown of referral sources.

Identified priorities and objectives for 2024-2025 include continued monitoring and quality improvement of fidelity, establishing additional local Community Advisory Boards in communities where NFP is delivered, increasing site self-efficacy related to data analysis, and reviewing the BC RCT data to inform and enhance quality improvement processes. Ongoing collaboration will continue with other NFP implementing provinces to identify efficiencies related to future education and the long-term maintenance of program materials and a shared program website.

Conclusion

The Nurse-Family Partnership intervention will continue to expand to other health units in Ontario as determined by local need and resources. MLHU remains committed to providing leadership as the license holder and supporting other public health units in the delivery of this intervention.

Investment in the early years is a cost-effective approach to improving population health, especially when servicing those with the greatest need.

This report was submitted by the Community Health Nursing Specialist, Family and Community Health Division.

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

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

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

- The Healthy Growth and Development standards as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
  - Client and Community Confidence

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendations under Partner with Other Sectors (ABRP) and Supportive Environments (TAFR) and Relationships (TAFR).

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 52-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

PRIVATE WELL WATER TESTING IN MIDDLESEX-LONDON

Recommendation

It is recommended that the Board of Health receive Report No. 52-24 re: "Private Well Water Testing in Middlesex-London" for information.

Report Highlights

- In 2017, Public Health Ontario (PHO) proposed the gradual discontinuation of private drinking water testing, which was then referenced in the 2023 Auditor General's Value for Money Audit of PHO.
- The MLHU spends approximately $19,800 annually on the pickup and delivery of private drinking water samples to the Public Health Ontario Laboratory (PHOL) from the 17 pick-up locations throughout Middlesex-London.
- As of 2012, approximately 25% of Middlesex County residents lived in homes with private wells.
- Since 2017, an average of 1891 well water samples per year have been submitted to the PHOL from residents within Middlesex-London.

Background

Currently, PHO offers a well water testing program that identifies bacteriological indicators of contamination in private drinking water systems at no cost. Homeowners are encouraged to test their well water three times annually (spring, summer, and fall), though more frequent testing is permitted. The focus is on detecting two specific parameters:

- **Coliforms:** Bacteria often linked to animal waste, sewage, and environmental sources, serving as indicators for potential waterborne illness.
- **E.coli:** Bacteria found in the digestive systems of humans and animals, indicating possible contamination from nearby waste sources.

In 2017, PHO proposed a modernization plan, jointly with the Ontario Ministry of Health, for the PHOL. The Auditor General's Value for Money Audit of Public Health Ontario, released in December 2023, referenced this earlier plan. The gradual discontinuation of publicly funded testing of private drinking water was one recommendation within the proposed plan. The decision follows a strategic review of public health expenditures and aims to redirect resources towards programs considered higher impact or cost-effective. If implemented, homeowners with private wells would be responsible for arranging and financing their own water testing through accredited laboratories or private providers.

In response to this report, the Council for the Township of Lucan-Biddulph passed a resolution urging the province to reconsider this recommendation, and was received for information (correspondence) by the Board of Health at the June 20, 2024 Board meeting. The council's resolution was received by the MLHU as correspondence, as well as being distributed to all Ontario municipalities, the Minister of the Environment, Conservation, and Parks (MECPP), and the MPP for Elgin-Middlesex London. The Ministry of Health has not yet made a final decision regarding the future of PHO's well water testing program.

MLHU Private Well Water Program

The MLHU supports PHO's well water testing program with a comprehensive approach to safeguarding private well water. Public health inspectors from the Safe Water, Tobacco Enforcement, and Vector Borne Disease team educate residents, assist owners with adverse sample results, and collaborate with the Ministry of the Environment, Conservation and Parks and local municipalities. To encourage well water sampling, the MLHU facilitates access by providing sample bottles at 17 locations throughout Middlesex County and City of London and offering nine drop-off locations for courier services to PHOL. The annual cost for courier services amounts to approximately $19,800. Since 2017, the local PHOL has received an average of 1,891 private well water samples annually from Middlesex-London residents, which would be approximately 10% of individuals supplied by private wells. The samples submitted have an average pass rate of 74% for contamination, compared to a provincial average of 70%.

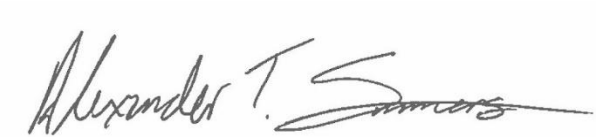
Impact of Private Well Water Testing

Provincially, it is estimated that 20% of homes have water supplied from private wells (Ministry of the Environment, Conservation and Parks, 2018). In previous studies, less than 10% of Ontarians have tested their private water supply at the recommended frequency in the last year (Jones et al., 2006). Over 5 years, less than 0.3% have consistently tested their private water supply at the recommended frequency (Maier et al., 2014). In one study in Ontario of an intervention where public health inspectors made phone calls to individuals to remind them to test their water, and also delivered the testing kits directly to individuals' houses and picked them up the following day, testing rates increased to 50% (Hexemer et al., 2008).

Given well water quality can shift rapidly and frequently, there is limited evidence to inform the recommendation regarding frequency of well water testing to impact health outcomes. Thus, jurisdictions have varying recommendations. Testing is one component of ensuring safe drinking water. Protecting the quality of groundwater and routine maintenance of water treatment and disinfection systems are essential.

References are affixed as Appendix A.

This report was written by the Acting Manager, Infectious Disease Control,



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 Safe Water standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The *Health Protection and Promotion Act, R.S.O. 1990, c. H.7*
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Program Excellence

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Taking Action for Reconciliation plan, specifically equitable access and service delivery for communities relying on private wells for water supply.

References

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 53-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

Q1 2024 ORGANIZATIONAL PERFORMANCE REPORTING

Recommendation

It is recommended that the Board of Health receive Report No. 53-24 re: "Q1 2024 Organizational Performance Reporting" for information.

Report Highlights

- A core process of MLHU's new Management Operating System is the Organizational Performance Management system, which includes quarterly performance reporting to the Board of Health.
- The initial cycle of quarterly performance reporting occurred for Q1 2024 and involved the Family and Community Health and Environmental Health, Infectious Diseases and Clinical Services divisions.
- Quarterly reporting will be expanded in Q2 2024 to include the Corporate Services and Public Health Foundations divisions.
- A summary report is affixed as Appendix A.

Background

The Management Operating System (MOS) is the administrative governance system by which MLHU is directed and managed. It is an integrated system that describes the structure and processes for decision making and accountability that guide behaviour. This framework ensures consistent quality in meeting organizational goals. The MLHU recently launched the MOS and is continuing to on-board additional components and processes.

A core process of MLHU's new MOS is the Organizational Performance Management (OPM) system. The OPM system is intended to help all levels of leadership, including the Board of Health, monitor interventions and programs, clarify what we do and know we do it well, while identifying risks and creating timely solutions. The OPM system provides a structure to enable accountability and excellence in the agency, and to ensure ongoing learning and improvement.

The OPM system aims to create a culture where staff want to learn and improve overall organizational performance and the quality of services delivered, with a focus on communication and creating space for interaction and effective dialogue. To enable this, the MLHU strives to be a learning organization, and supports a culture of learning and improvement.

The OPM system includes quarterly performance reporting to the Board of Health. The quarterly report provides a summary of performance across multiple domains, including public health programs, finance, human resources, risk, client and community confidence, and employee engagement and learning. The report is intended to facilitate strategic discussions and decisions and assist the Board in monitoring the agency's performance within the expectations of the Ontario Public Health Standards.

The initial cycle of quarterly performance reporting occurred for Q1 2024 and involved the Family and Community Health and Environmental Health, Infectious Diseases and Clinical Services divisions.

Q1 2024 Organizational Performance Report to the Board of Health

A summary report of MLHU's Q1 2024 organizational performance can be found in Appendix A. Much of the work of the agency in Q1 was impacted by the implementation of organizational restructuring, required to meet a significant budget shortfall. The associated churn resulted in reduced capacity for service provision in some cases, as well as significant stress for staff, as noted in the attached. Two other high-level drivers impacting first quarter results include:

- Impacts of a growing population in Middlesex-London that are felt across multiple programs as demand for service increases
- Insufficient funding requiring continuous prioritization of programs and services

Next Steps

Quarterly organizational performance reporting will be expanded in Q2 2024 to include the Corporate Services and Public Health Foundations divisions. Additional refinement of the report is anticipated, including the development and adoption of key performance indicators and the further integration of pre-existing quarterly reports (i.e. finance, occupational health and safety, risk, etc.).

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

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 organization requirements in the Public Health Accountability Framework outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
  - Our public health programs are effective, grounded in evidence and equity
  - We make effective decisions, and we do what we say we are going to do

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 broad sets of recommendations related to governance and accountability in both plans.

MLHU's Quarterly Performance Report to the Board of Health

Q1 2024

Public Health Programs

Program highlights are only provided when strategically significant.

Program Cluster	Programs	Q1 Summary
Food Safety	• Food Safety Program	• On target to meet high risk and moderate risk inspections, however, challenges exist in meeting Special Event inspections due to increase in demand.
Health Hazards	• Health Hazards Program	• No new emerging risks; may need more specialized capacity for health hazard investigations in the long-term.
Healthcare Access and Quality	• Health System Reorientation	• Due to lack of access to primary care in Middlesex-London, MLHU clinical services (specifically immunization) are seeing an increase in demand. • MLHU's executive leadership are members of the Middlesex-London Ontario Health Team Coordinating Council, including the Governance Sub-Committee, to support discussions related to health system integration and improvement.
Healthy Behaviours	• Healthy Sexuality • Physical Activity and Sedentary Behaviours • Tanning Beds • Ultraviolet Radiation and Sun Safety	• Given local priorities, limited resources are available for interventions specifically related to physical activity and sedentary behaviours, although work in other programs synergistically address this program area (e.g., built environment and active transportation). • Given sustained increases in Sexually Transmitted Infections in the community, MLHU is currently prioritizing a review of its comprehensive approach to healthy sexuality, including social marketing approaches.
Healthy Eating	• Menu Labelling • Food Systems and Nutrition	• MLHU continues to support the Middlesex-London Food Policy Council; assessment of the population health impact of the work of the Council is underway. • Compliance inspections for the Healthy Menu Choices Act are being reviewed, and likely discontinued, in alignment with Provincial direction. • The School Health Team is in early engagement with Thames Valley District School Board related to school food programs, given national funding announcement and evidence related to improved student attendance.

Healthy Environments	• Active Transportation and Built Environment • Healthy Environments and Climate Change Program • Healthy Workplaces	• MLHU is liaising with City and County staff to provide expertise on the health implications of the built environment; further assessment of the service provided is necessary. • MLHU has recently reviewed its approach to climate change. • Aside from periodic IPAC support, limited resources are available for interventions related to Healthy Workplaces.
Healthy Growth & Development	• Early Childhood Development • Healthy Pregnancies • Infant Nutrition • Preconception Health	• The number of births in Middlesex-London continues to increase year over year, increasing demands for home visiting and breastfeeding supports. • The postpartum screening rate dropped to 68% in Q1, compared to 86% in 2023. Significant team turnover related to organizational restructuring resulted in decreased team capacity.
Immunization	• Community Based Immunization Outreach • COVID-19 Vaccine Program • Immunization Monitoring and Surveillance • Immunizations for Children in Schools and Licensed Child Care Settings • Vaccine Administration • Vaccine Management	• Significant progress in ISPA enforcement, resulting in near pre-pandemic vaccine coverage rates amongst school aged children. • Increased frustration from sub-segments of the public with enforcement of the ISPA. Subsequently, there are also subjective concerns of increasing vaccine hesitancy. Addressing vaccine hesitancy is a future priority for a social marketing intervention.
Infectious Disease Control	• Rabies and Zoonotic Disease • Sexually Transmitted and Blood-Borne Disease • Infectious Disease Control • Vector-Borne Diseases Program	• Significant increase in the number of reports of infectious diseases, resulting in a notable increase in workload (790 reports in Q1 2024 vs. 233 reports in Q1 2023). • Notable increase in congenital syphilis cases, compared to baseline. Resource requirements for follow-up and support are significant. • Continue to see high numbers of animal bite reports, requiring substantial follow-up. • MLHU continue to support clinical services for TB outpatient care; sustainability of this service given increasing demands and physician retention remains a risk.
Injury Prevention	• Adult Injury Prevention • Childhood Injury Prevention	• Limited resources are available for interventions specifically related to injury prevention. Work in other program synergistically address injury prevention (e.g., built environment and active transportation).
Mental Health & Wellbeing	• General Mental Health Promotion	• Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health

	• Perinatal Mental Health Promotion	and wellbeing (e.g., Healthy Babies Healthy Children and Nurse Family Partnership, School Health).
Oral Health	• Non-Mandatory Oral Health Programs • Ontario Seniors Dental Care Program • Oral Health Assessment and Surveillance • Healthy Smiles Ontario Program	• Wait-list for the Seniors Dental Program is ~500 people for the London clinic; completion of the expanded facility at CitiPlaza will help to address this.
Safe Water	• Drinking Water Program • Recreational Water Program	• No updates or emerging risks.
School Health	• Comprehensive School Health	• Due to resource limitations, the MLHU is no longer present in elementary schools, except for vaccination and oral health services. • There has been increased engagement with the school boards through the work of the new Health Promotion Specialists, specifically related to mental health and wellbeing, sexual health, and substances.
Substance Use	• Needle Syringe Program • Alcohol • Cannabis • Opioids (Harm Reduction Program Enhancement) • Other Drugs • Tobacco and Vapour Products (Smoke Free Ontario)	• MLHU is currently evaluating participation in a project that would increase capacity in pharmacists to providing smoking cessation supports; resource requirements are still being assessed. • Significant progress has been made in re-forming of the Middlesex-London Community Drug and Alcohol Strategy Steering Committee; next steps will be determined in Q2.
Social Conditions	• Poverty Reduction • Housing and Homelessness • Anti-Racism and Anti-Oppression	• The number of unsheltered individuals in Middlesex-London has increased significantly. MLHU's executive leadership are members of the Strategy and Accountability Table for London's Health and Homelessness response. Staff are also supporting the development of the City's Encampment Strategy and participating in the evaluation efforts for the response. • The Health Unit continues to make incremental progress on the Taking Action for Reconciliation (TAFR) plan. The agency has improved relationships with First

		Nations communities in the Middlesex-London region through regular and frequent partnership meetings. • The Health Unit continues to make incremental progress on the Anti-Black Racism Plan (ABRP) and continues to engage community members through the ABRP Community Advisory Committee. • Limited resources are available for interventions directly related to Poverty Reduction.
Violence Prevention	• Intimate Partner Violence Prevention • Violence Prevention	• iHEAL program continues to operate; funding from PHAC currently slated to end in spring 2025; this is being reviewed.

Finances

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

Human Resources

Fill Rate and Time to Fill

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

Client and Community Confidence

Clients

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

Partners

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

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

Community

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

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

Employee Engagement and Learning

Leadership Development

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

Organizational Restructuring and Impacts to Teams

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

Risks

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

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 54-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 July 18

QUARTERLY RISK REGISTER UPDATE – Q2 2024

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 54-24 re: "Quarterly Risk Register Update – Q2 2024" for information; and*
2) *Approve the Q2 Risk Register (Appendix A)*

Report Highlights

- There were seven (7) risks identified in Q1 of 2024.
- One (1) risk in the Financial category specific to COVID-19 and mitigation funding was removed in Q2.
- Residual Risk in Q2 2024-25:
    - Two (2) classified as minor risk.
    - Two (2) classified as moderate risk.
    - Two (2) classified as significant risk.

Background

In January 2018, the Ministry of Health and Long-Term Care (now called the Ministry of Health) implemented modernized Ontario Public Health Standards (OPHS) and introduced new accountability and reporting tools required under the Public Health Accountability Framework.

The OPHS require boards of health to have a formal risk management framework in place that identifies, assesses, and addresses risks. In response to OPHS, MLHU maintains a Risk Register (Appendix A) which is a repository for all risks identified across the organization and includes additional information about each risk (priority rating, mitigation strategies, and residual risk). It captures MLHU's response and actions taken to address risks, which are monitored on a quarterly basis and reported to the Board.

Q2 2024 Risk Register

There are six (6) risks identified on the Q2 2024-25 Risk Register.

Of the six (6) risks identified on the Q2 Risk Register:

- Three (3) are high risk.
    - Two (2) carry significant residual risk within the Financial and People/Human Resources categories.
        - Financial risk related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset contractual obligations and general inflation.
        - People/Human Resources risk related to restructuring – reduced productivity as new teams are forming/learning new work in Q1. Leaders/teams continue to demonstrate decreased resilience, secondary to post-pandemic recovery and restructuring.
    - One (1) carries moderate residual risk in the Political category – related to health unit mergers.
- Three (3) are medium risk.
    - One (1) carries moderate residual risk related to the Technology risk category.
    - Two (2) carry minor residual risk related to Technology and Legal/Compliance risk categories.

    These three (3) risks are receiving effective mitigation strategies to minimize organizational risk to an acceptable level.

The Financial risk related to COVID-19, and mitigation funding was removed in Q2 as COVID-19 related work was rolled into the base budget while mitigation funding was accounted for in the 2024 balanced budget.

Continued focus on supporting staff/leaders, cyber security and reducing the financial gap will be prioritized throughout Q3 and Q4 of 2024-25.

This report was written by the Manager, Privacy, Risk and Client Relations in the Corporate Services Division.

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

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

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

- The Good Governance and Practices 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:
  - Organizational Excellence – we make decisions, and we do what we say we are going to do.
  - Direction 4.2 – Develop and initiate an organizational quality management system

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

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 55-24

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health

DATE: 2024 July 18

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR MAY 2024

Recommendation

It is recommended that the Board of Health receive Report No. 55-24 re: "Medical Officer of Health Activity Report for June 2024" for information.

The following report highlights activities of the Medical Officer of Health for the period of June 9-July 5, 2024.

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

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

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

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

June 12 Met internally to finalize the MLHU Emergency Response Plan.

June 17 Attended the monthly Management Operating System (MOS) Steering Committee meeting.

June 18 Participated in a meeting to inform the Board of Health Chair and Vice-Chair about the MLHU submission to the Ontario Public Heath Standards Review survey.

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.*

June 11 Participated in the monthly Public Health Sector Coordination Table meeting, facilitated by the Ministry of Health.

June 12 Attended the quarterly London Middlesex Primary Care Alliance and MLHU touch base meeting.

Interview with Justin Koehler, Fanshawe CIXX 106.9 'The X', regarding meningococcal disease.

Met with Sean Warren, London InterCommunity Health Centre.

June 17 Chaired the monthly meeting of the Southwestern Ontario Medical Officers of Health/Associate Medical Officers of Health.

June 19 Participated in providing a tour of MLHU's sexual health clinical services to representatives of Lambton Public Health.

June 20 With Emily Williams, CEO, participated in a meeting regarding participation on the Middlesex-London Ontario Health Team Governance Sub-Committee.

June 21 Participated at National Indigenous Solidarity Day activities through engaging with the public at MLHU's booth at the Green in Wortley Village, London.

June 24 Participated in an internal planning meeting for the Middlesex-London Community Drug and Alcohol Committee.

With Emily Williams, CEO, hosted Sandra Datars Bere, City Manager for the City of London, at the MLHU Citi Plaza offices for an introductory meeting.

June 25 Interview with Brian Williams, London Free Press, regarding the local opioid response.

June 27 Participated in the monthly meeting of the Middlesex-London Ontario Health Team Coordinating Council.

July 2 Interview with Madeleine McColl, Western Gazette, regarding respiratory illnesses during the start of the university school year.

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

July 3 Participated in a call with Chief Neal Roberts, Middlesex-London Paramedic Services.

Co-chaired the meeting of the Middlesex-London Community Drug and Alcohol Committee.

July 4 Attended the monthly meeting of the Strategy and Accountability Table for the Whole of Community System Response, facilitated by the City of London.

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.*

June 14 Met with medical students as part of their rotations.

June 20 Participated with MLHU leadership in reviewing LEADS training.

Attended the quarterly touch base meeting with the Ontario Nurses Association.

June 21 Participated and gave remarks at the MLHU Staff Summer Social.

June 24 Attended the School Health Team meeting to present and answer questions about the Management Operating System.

June 25 Met with a medical student as part of their rotation.

June 26 Attended the Public Health Foundation divisional meeting to present and answer questions about the Management Operating System.

June 27 Attended a meeting with the Social Marketing and Health System Partnerships and Municipal and Community Health Promotion teams to present and answer questions about the Management Operating System.

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.*

June 11 Participated in an internal meeting regarding the organization and classification of internal, organizational policies and procedures.

June 13 Attended the monthly Board of Health Agenda Review and Executive meeting.

June 19 Participated in an internal meeting regarding the use of the software Profile by teams within the organization.

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

June 24 Attended an internal meeting to discuss the organizational Q1 performance reporting.

June 27 Participated in an internal meeting to discuss an organizational language framework.

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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REPORT NO. 56-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2024 July 18

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JUNE 2024

Recommendation

It is recommended that the Board of Health receive Report No. 56-24 re: "Chief Executive Officer Activity Report for June 2024" for information.

The following report highlights activities of the Chief Executive Officer (CEO) for the period of June 7-July 5, 2024.

Standing meetings include weekly Corporate Services leadership team meetings, Senior Leadership Team meetings, MLHU Leadership Team meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, monthly check ins with the Director, Public Health Foundations, and weekly check ins with the Corporate Services leaders and the Medical Officer of Health. The Chief Executive Officer took vacation from June 28 to July 5.

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:*

June 21 Attended the MLHU booth, arranged by the HEART team at the National Indigenous Solidarity Day event in Wortley.

June 24 With the Medical Officer of Health, hosted Sandra Datars Bere, City Manager for the City of London, at the MLHU Citi Plaza offices.

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:*

June 18 Attended the June MLHU Leadership Team meeting.

June 20 With the Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended a quarterly touch base with the union partner Ontario Nurses Association (ONA).

June 21 Attended the Staff Summer Social at the German Canadian Club hosted by the Be Well committee.

June 24 With the Medical Officer of Health and Director, Public Health Foundations, attended a meeting to discuss and finalize the Q1 Performance Reporting Board of Health report.

Attended the Employee Systems Review (ESR) Steering committee.

Chaired the Pride Working Group meeting.

June 27 Chaired the MLHU Leadership Team June Pre-Planning meeting.

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:*

June 7 Attended the Association of Local Public Health Agencies Annual General meeting and conference in Toronto.

June 10-12 Attended the Association of Public Health Business Administrators Conference in Muskoka.

June 13 Attended the Board of Health June agenda review and Executive meeting.

June 17 Attended a meeting to discuss a new process for leadership on-call coverage for the vaccine fridge alarms.

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

June 18 With the Medical Officer of Health and the Associate Medical Officer of Health, met with the Board Chair and Vice Board Chair to discuss MLHU's submission for the Ontario Public Health Standards Review.

Attended a meeting with the Association of Public Health Business Administrators (AOPHBA) members to discuss AOPHBA's submission for the Ontario Public Health Standards Review.

June 19 Met with the Board of Health Chair for a monthly one-on-one meeting.

June 20 With the Medical Officer of Health, met with Brian Orr to discuss potential membership on the Middlesex London Ontario Health Team (MLOHT) Governance Sub-Committee.

Attended the June Board of Health meeting.

June 25 With the Executive Assistant, Board of Health, attended a meeting with the Association of Municipalities of Ontario (AMO) policy representatives to discuss current and advocacy priorities related to public health matters with AMO.

June 27 Met with the Medical Officer of Health as part of their weekly touch base and discussed the Language Framework for MLHU.

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

June 20 Attended and co-facilitated the LEADS Engage Others Review Session to enhance and support continuous professional leadership development and practices for the MLHU Leadership team.

This report was prepared by the Chief Executive Officer.

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

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

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

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

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 57-24

TO: Members of the Board of Health

FROM: Matthew Newton-Reid, Board of Health Chair

DATE: 2024 July 18

BOARD OF HEALTH CHAIR ACTIVITY REPORT FOR MAY AND JUNE 2024

Recommendation

It is recommended that the Board of Health receive Report No. 57-24 re: "Board of Health Chair Activity Report for May and June 2024" for information.

The following report highlights activities of the Middlesex-London Health Unit's Board of Health Chair for the period of May 9 – July 5, 2024. The 2024 Board of Health Chair is Matthew (Matt) Newton-Reid.

Categories for the Board Chair's Activity Report are outlined in Governance Policy G-270 - Roles and Responsibilities of Individual Board Members, Appendix B (Chair and Vice-Chair Responsibilities).

Leadership - *Guides and directs Board processes, centering the work of the Board on the organization's mission, vision and strategic direction*

May 30 Reviewed policy resolutions being presented at the 2024 Association of Public Health Agencies (alPHa) Annual General Meeting with the Vice-Chair, Chief Executive Officer, Associate Medical Officer of Health and Executive Assistant

June 5-7 Attended the 2024 Association of Public Health Agencies (alPHa) Annual General Meeting and Conference with the Vice-Chair, Medical Officer of Health, Chief Executive Officer and Associate Medical Officer of Health

June 18 Reviewed the Health Unit's draft submission to the Ministry of Health's Ontario Public Health Standards Review survey from the governance perspective with the Vice-Chair, Medical Officer of Health, Chief Executive Officer, Associate Medical Officer of Health and Director, Public Health Foundations

Agendas - *Establishes agendas for Board meetings, in collaboration with the Medical Officer of Health (MOH) and Chief Executive Officer (CEO).*

May 8 Participated in the monthly agenda review meeting with the Vice-Chair, Chief Executive Officer, Associate Medical Officer of Health and Executive Assistant

June 13 Participated in the monthly agenda review meeting with the Vice-Chair, Medical Officer of Health, Chief Executive Officer and Executive Assistant

Meeting Management - *Presides over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making*

May 16 Presided over the May Board of Health meeting

June 20 Presided over the June Board of Health meeting

MOH and CEO Relationship - *Serves as the Board's central point of official communication with the MOH and CEO. Develops a positive, collaborative relationship with the MOH and CEO, including acting as a sounding Board for the MOH and CEO on emerging issues and alternative courses of action. Stays up to date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee*

May 8 Participated in the monthly executive meeting with the Vice-Chair, Chief Executive Officer and Associate Medical Officer of Health

May 13 Monthly meeting with the Chief Executive Officer

May 13 Monthly meeting with the Medical Officer of Health

May 13 Monthly meeting with the Executive Assistant

June 13 Participated in the monthly executive meeting with the Vice-Chair, Medical Officer of Health and Chief Executive Officer

June 19 Monthly meeting with the Chief Executive Officer

June 19 Monthly meeting with the Medical Officer of Health

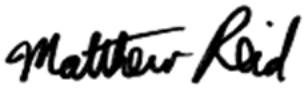
June 19 Monthly meeting with the Executive Assistant

Committee Attendance - *Serves as an ex-officio voting member of all committees*

May 16 Attended the Finance and Facilities Committee meeting

June 20 Attended the Performance Appraisal Committee meeting

This report was prepared by the Board of Health Chair.



Matthew Newton-Reid
Board of Health Chair

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

- The good governance and management standard 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), Governance (TAFR) and Awareness/Education (TAFR) sections.

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON M7A 1N3
Via e-mail: ophs.protocols.moh@ontario.ca

June 20, 2024

Dear Dr. Moore:

Re: Ontario Public Health Standards Review 2024

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, I am writing today to provide our initial feedback on the Draft Ontario Public Health Standards (OPHS) released on May 22, 2024. Given's alPHa's role and mandate, our comments will be at the system level as our members will be providing more detailed comments through your e-survey.

To start with, we and our members are pleased to see some of the needed systemic changes in the draft 2024 OPHS that reflect the best public health practices including:

- An emphasis on Indigenous Health, and Truth and Reconciliation, notably engagement with First Nations and other Indigenous communities:
- Greater emphasis on health equity throughout the standards;
- Emphasis on engagement of priority populations and those with lived experience; and
- An emphasis on primordial prevention in the Comprehensive Health Promotion standard/protocol.

We recognize the great work effort that has gone into updating the draft 2024 OPHS and we note a number of structural changes to the draft document itself. We see that guideline content under the draft 2024 OPHS are to be discontinued or included in existing/new protocols or reference documents. We look forward to future consultation on any revised protocols or new reference documents that are not included in this phase of the OPHS consultation process.

It was stated in the OPHS Review: Consultation Primer that Strengthening Accountability element under the Public Health Accountability Framework is not included in this phase of the OPHS consultation process. It would appear that the draft OPHS Foundational standards did not include the previous 2018 requirement for a BOH Annual Service Plan and a Budget Submission. Many use the Annual Service Plan as an organizing mechanism for program planning over the multitude of standards.

It was said at the recent alPHa conference that further engagement on the Accountability Framework would be coming shortly. It is hoped that all these streams of provincial public health work are coordinated and reviewed from a cumulative impact perspective on local public health agencies (LPHA).

With respect to the draft Population Health Assessment Standard, there are a number of recommendations we have that would improve the clarity and local ability to employ this standard effectively:

- Replace the broad references to “data” and “information” with more specific terms such as “local epidemiology” and “evidence” to better align with the standard’s requirements;
- Add in the first requirement that “the Board of Health shall have access to and use local population assessment and surveillance”. Without this clarification, LPHAs may not be able access provincial or federal population health surveillance systems, tools and products where available.
- Consider the reinstatement of the 2018 PHAS Protocol requirement that “the board of health shall produce information products to communicate population health assessment and surveillance results”. This is needed to be able to meet the requirements embedded throughout many draft program standards and needs to be stated explicitly.

The draft Health Equity standard has been greatly expanded with new elements included such as “the social and structural determinants of health”, much greater clarity on the engagement and relationship building with Indigenous Communities and Organizations, and the inclusion of a “Health in All Policies” approach in the development and promotion of health public policies. Many of our members already employ a “Health in All Policies” approach and this inclusion to the Draft 2024 OPHS is timely. It would be of great assistance that staff training and resources are made available by the province so that each LPHA does not have to search or create their own. Common language, approaches and policies would assist greatly in consistency and application in this foundational standard.

It is noted that the Draft Relationship with Indigenous Communities Protocol is still under development as the Ministry is still in the process of receiving feedback from all partners. The draft protocol is a thoughtful approach to developing and maintaining relationships with Indigenous Communities and Organizations while respecting their self-determination of which type of engagement and/or partnership they wish to have with the public health unit. Our members look forward to receiving more information in the forthcoming Relationship with Indigenous Communities Toolkit. Building staff knowledge and skills for these complex and critical activities will take time and funding to be able to do well. Additionally, Indigenous communities and representatives will also require new capacity funding to be able to engage to the degree they deem desirable.

Emergency Management now being a stand-alone standard makes sense given the last several years’ experience and learnings with the COVID-19 pandemic. It has been greatly expanded in both the Program Outcomes and its Requirements from the 2018 standard under the Foundational Standards. It is more explicit in the Board of Health’s (BOH) responsibilities in order to be fully prepared for future public health emergencies while working in coordination and collaboration with health sector and community partners, including municipal governments.

It is understood that local public health may not be able to control or manage an emergency, however need to be prepared and able to effectively respond including the mitigation of population health impacts. Now that the draft Emergency Management is outside of the Foundational Standards, it should be explicitly stated that it includes the Relationship with Indigenous Communities Protocol.

Understanding that “primordial prevention” refers to avoiding the development of health risk factors in the first place while primary prevention is about treating risk factors to prevent disease, makes the choice of this framing in the draft 2024 Comprehensive Health Promotion Standard very fitting. It would

be important to emphasize prevention at various life stages so consideration should be given to adding "primary" and "secondary" prevention with the focus on primordial prevention within the OPHS. Although many areas of health promotion strategies are listed in the first program outcome for the draft Comprehensive Health Promotion Standard, oral health is not listed even though it is expressly part of the requirements. We would ask that oral health is explicitly included in the first Program Outcome.

It truly is a comprehensive health promotion standard that incorporates the full range of public health activities to develop and implement such strategies. It is both flexible for its process design which is dependent on community needs while being quite broad in how it should be done through community partners engagement. It would be beneficial to add a direct reference to the role of public health in schools recognizing that schools are not mandated to work with public health. It needs to be recognized that collaboration, coordination and partnerships are a two-way activity.

Provincial coordination and alignment are critical between provincial ministries (i.e. Ministry of Health, Ministry of Education, Ministry of Children, Community and Social Services) in order to achieve population health objectives through systems level efficiencies and opportunities. The performance indicators for this draft Standard will need to mirror its breadth and what public health is actually accountable for as opposed to only being able to influence.

It is appreciated that new flexibility with respect to providing, in collaboration with community partners, visual health support services but not requiring the delivery of visual health support services, is provided in the draft 2024 OPHS. That said, it has been suggested by many that any reference to vision service navigation should be removed and re-leveled as there are more appropriate associations and provincial ministries that could provide this service more appropriately.

With respect to the draft 2024 Immunization Standard, there are a couple of requirements that bear high-level comments. Understand that the Immunization of School Pupils Act states that the reporting of immunization information is to the Medical Officer of Health, rather than the Board of Health. However, it is still the BOH who is the accountable body (as noted in the Consultation Primer for Specific Organizations) to ensure that all the standards are complied with so we would ask that this requirement is made consistent with your stated approach. Further, the Board of Health, and by extension all its staff including the Medical Officer of Health, must comply with all provincial legislation and regulations, therefore it is somewhat puzzling why the MOH's compliance with the Immunization of School Pupils Act, is identified on its own.

Our remarks on the new requirement for the BOH to utilize vaccine program delivery information systems designated by the ministry is framed in the context of the forthcoming Public Health Digital Platform. We understand that the vision for this platform is to be a combination of interconnected digital products and infrastructure to streamline public health operations. Given this direction, we have the following information management system recommendations:

- All centralized data and information systems must meet provincial and local needs which will require a broad, deep and on-ongoing engagement process by the province with LPHAs, health care providers and their representative associations
- There needs to be a centralized immunization information system that all health care providers, including public health, use and that the two current distribution channels for vaccines need to be part of this centralized immunization information system
- A successful centralized immunization information systems will require full implementation funding with on-going training, resources and support

- There needs to be full discussions on data-sharing governance and data-ownership principles in order to develop a consensus-informed agreement between parties
- There needs to be centralized and integrated data-sharing, including provincial data sharing agreements such as between the Ministries of Health and Education

The draft 2024 Substance Use Prevention and Harm Reduction Standard does provide more clarity on the BOH's responsibilities with respect to the development and implementation of a comprehensive substance use strategy to reduce harms in the population served. However, it needs be emphasized that the BOH cannot be solely responsible for providing increased access to services and supports that reduce harms associated with substance use in the Program Outcomes. Substance use services are primarily provided by the health care system which public health can influence but cannot direct. This will need to be read in concert with the new standard requirement calls for the "coordination of initiatives, programs, services, and policies with community, regional, and provincial partners to build on community assets, enhance access to and effectiveness of program and services, and promote regional harmonization".

These new requirements are particularly resource intensive and will require additional supports and human resources such as each LPHA to have a dedicated Drug Strategy Coordinator. Further there will need to be a dedicated funding model to support the remuneration and meaningful inclusion of those with lived experience into the planning, implementation and evaluation of a comprehensive substance use strategy.

The enhanced use of risk-based assessment to inform public health activities is welcome. Members would like this expanded to include inspection frequencies for recreational water (spas/pools/etc.) and low-risk food safety inspections. It is also suggested that beach water sampling could be removed as a public health responsibility given the risk analysis related to the burden of disease.
There are a number of new requirements in the draft 2024 OPHS to regional harmonization, provincial coordination and strengthening collective action. A key question that arises is whether this coordination and regional harmonization be driven by the province or will it be driven by each BOH dependent on its population health assessment and surveillance data? Prior to the draft 2024 OPHS being finalized, it would be prudent to consider this together in better detail to make sure that there is agreed-upon alignment with respect to both local and provincial expectations.

An overall observation is that the draft 2024 Ontario Public Health Standards are much more intensive and action-oriented than the previous 2018 OPHS. They are likely to take more effort and resources from our members' staff to achieve. The few 2018 OPHS activities that have been removed do not balance with the greater work intensity and workload observed in the draft 2024 OPHS. The draft 2024 OPHS directs BOH to "engage", "co-design", "collaborate" and work in partnership rather than the common direction to "consult" or "inform" in the 2018 OPHS.

Although this is the preferred mode of public health work, it will take additional staff time and focus not only develop, but maintain, respectful working relationships with health sector partners, community partners, Indigenous communities and municipal officials to achieve the program outcomes while delivering successfully on the new draft requirements. We would ask that this more active, mandated OPHS work is fully considered in the upcoming public health funding review as well as annual budgetary processes.

In closing, we recognize that having extensive public health standards is unusual in Canada and the public we both serve benefits from having a strong foundation for the collective practice of public health

in Ontario. Thank you for the opportunity to work together to strengthen Ontario's public health system.

Yours sincerely,

Trudy Sachowski
alPHa Chair

COPY: Deborah Richardson, Deputy Minister, Ministry of Health
Elizabeth Walker, Executive Lead, Office of the CMOH, Public Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Correspondence B

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June 20, 2024

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

Hon. Andrea Khanjin
Minister of the Environment, Conservation and Parks
Government of Ontario
minister.mecp@ontario.ca

Dear Honourable Ministers,

On Wednesday, June 12, 2024, the Board of Health for Peterborough Public Health approved a motion to request continued provincial coordination and support of wastewater surveillance across broad communities including the Peterborough Public Health region.

On May 30, 2024, PPH learned that the Provincial government will discontinue funding for wastewater surveillance throughout the province, including the local partnership with Trent University as of July 31st (early end to their current contract) despite continued relevance and importance of this information to residents of our region. The public health field has come to understand the broad utility of wastewater surveillance, not only for COVID-19 but for other infectious disease threats. In recent months it has proven useful for RSV, Influenza, MPox, and Polio.

COVID-19 continues to kill and have a greater severity than other respiratory viruses. In our small region there have been 188 deaths due to COVID-19 through the pandemic including 12 confirmed deaths in 2024 (396 in Ontario) and in 2023 there were 35 deaths (2,063 in Ontario). By comparison, there has been one confirmed outbreak-related death from influenza to-date in 2024.

The provincial decision to discontinue funding for wastewater surveillance comes at the same time that the province is also shutting down the Case and Contact Management (CCM) surveillance tool provincially, which will mean that we will lose easy access to individual case count data for COVID-19, another local surveillance indicator of risk. Therefore, the importance and relevance of wastewater surveillance data is even greater.

Locally, wastewater surveillance has been an exemplary collaboration with Trent University and has been led by Professor Christopher Kyle. The Trent University partnership has been nationally and globally innovative, leading important research work that had not only local implications for the COVID-19 pandemic, but has resulted in internationally relevant research output with a peer reviewed publication in Canada's national journal and additional research outputs anticipated.

For the community of the Peterborough Public Health region since the Omicron wave of COVID-19 in 2021, individual-level testing has not been feasible and accessible. For this reason, wastewater has been the primary indicator of community transmission of COVID-19 and other respiratory viruses and informs the Peterborough

Public Health COVID-19 Risk Index, the most visited page on the Peterborough Public Health website (4,952 distinct views). Beyond individual-level use, we have been informed that many community organizations and institutions rely on the Risk Index to establish guidance for respiratory virus precautions.

The provincial decision to cut funding early to this program, and not renew funding on an annual basis comes as a surprise to the public health community, who believed that wastewater surveillance would be an established function on a long-term basis. Although there does appear to be some possibility of funding that may continue federally for certain large urban sites (e.g., Toronto, Ottawa), Peterborough and rural sites do not appear to be in the scope of the forthcoming federal program. There was no duplication of work, and the federal program will be far more narrow than the previous provincial program.

Termination of this program will be a great loss of local infrastructure and capacity to support wastewater surveillance, in particular with the introduction of new infectious disease threats and preparedness for pandemics into the future. The tracking of mpox and polio were recent examples of its use in detecting emerging infectious diseases, and with ongoing H5N1 transmission in the United States, there is an immediate possibility of needing wastewater surveillance for detection of H5N1.

This will continue to be the case on an ongoing basis, and one of, if not the most, important mechanisms of public health surveillance, particularly in a cost-effective, non-intrusive community snapshot manner.

Your support of continued wastewater surveillance as an early warning system would benefit all local residents and maintain world class status in disease surveillance.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Professor Christopher Kyle, Trent University
Local MPPs
Hon. Mike Holland, Minister of Health, Health Canada
Ontario Boards of Health

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

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

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

Local Public Health News

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 amended effective July 1

Ontario

Effective July 1, amendments to the Health Protection and Promotion Act R.S.O. 1990, c. H.7 were made to a few regulations.

The following amendments were made:

- O. Reg. 135/18: Designation of Diseases were made to remove COVID-19 from the list of diseases identified as being caused by a novel coronavirus while maintaining it as a disease of public health significance (DOPHS). Public health units are required to report a DOPHS under the HPPA
- Regulation 569: Reports to limit the data that specified regulated health professionals are required to report in connection with COVID-19 to public health units pursuant to paragraph 11 of section 5
- Exempt public health units from having to forward a copy of any COVID-19 reports (other than death data and outbreak data in specified institutions and hospitals) to the Ministry of Health and Public Health Ontario pursuant to a new section 6.1
- To remove the requirement in section 5.4 for individuals not otherwise required to report under the HPPA to report positive COVID-19 point-of-care test results to the local public health unit
- Moving forward, public health units are only required to forward reports related to COVID-19 to the Ministry of Health and Public Health Ontario if the report relates to death or outbreaks in specified institutions and hospitals.

To review the changes to the legislation, please visit the E-Laws website.

Impact to MLHU Board of Health
The Board of Health acknowledges that core legislation for public health units is amended and updated to reflect changing requirements. These changes represent the integration of public health and other health system partners response to COVID-19 into regular operational requirements.

National, Provincial and Local Public Health Advocacy

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Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use

On June 18, the Ontario Drug Policy Research Network (ODPRN) at St. Michael's Hospital and Public Health Ontario released a report titled "Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use".

Researchers used data from the Office of the Chief Coroner of Ontario and ICES, and found that there were 210 accidental opioid-related toxicity deaths within shelters between January 2018 to May 2022, with the number of deaths more than tripling during the study period (48 before the pandemic versus 162 during the pandemic).

In summary:

- 210 accidental overdoses in shelters between January 2018 and May 2022
- 48 accidental opioid-related toxicity deaths within shelters between January 1, 2018 and March 16, 2020

- 162 accidental opioid-related toxicity deaths within shelters between March 17, 2020 and May 31, 2022 (3.5 times higher during the pandemic)
- 5% of deaths during the pandemic involved only pharmaceutical opioids, with the majority being stimulants and benzodiazepines
- The public health unit regions with the highest rates (per 100,000 population) of opioid related toxicity deaths were Toronto Public Health, Ottawa Public Health, Hamilton Public Health and Waterloo Region Public Health

To learn more, please read the media release from Public Health Ontario and review the full report on the Ontario Drug Policy Research Network website.

New AMO Advocacy on Homelessness, Opioids, and Water Infrastructure Demonstrate the Critical Need for Social and Economic Prosperity Review

Association of Municipalities of Ontario

On July 2, the Association of Municipalities of Ontario (AMO) posted new advocacy materials on the economic and prosperity review, homelessness and opioids. This includes AMO's positions on these matters and resources to guide conversations.

In summary:

AMO Continues to Advocate for a Social and Economic Prosperity Review
Earlier this year, AMO and nearly 150 of its members called on the provincial government to commit to a Social and Economic Prosperity Review to fix the broken provincial-municipal fiscal framework. AMO is now calling on the provincial government to commit to this joint review at the 2024 AMO Conference in August.

Call for Provincial and Federal Action on Homeless Encampments
While municipalities did not create the homelessness crisis, they are being forced to manage it without the resources or tools to sufficiently respond. Municipalities are often caught balancing the important needs of unsheltered people living in encampments, who deserve to be treated with empathy and respect, and a responsibility to ensure our communities are safe and vibrant places for all residents.

Call for Provincial Action on the Opioid Crisis
More than 2500 Ontarians died due to opioids in 2023, in communities big and small across the province. Increasingly, divisive rhetoric is distracting from much needed government action and leadership.

AMO collaborated with key partners from the health, justice, business and social services sectors to develop The Opioid Crisis: A Municipal Perspective. This paper seeks to re-focus attention on evidence-based solutions across the four pillars of prevention, treatment, enforcement and harm reduction.

To review the advocacy resources, please visit AMO's website.

Impact to MLHU Board of Health
The Board of Health has previously heard information on the opioid crisis currently active in Middlesex-London, Ontario and across Canada in Report No. 37-24, 36-24 and 58-23. Individuals experiencing homelessness are impacted the most by the opioid toxicity crisis, and there is a need for governments to invest in expanded access to harm reduction services, access to healthcare, social care, and treatment programs, and support in these settings. Locally, this is being supported through the Whole of Community System Response within the City of London.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

E. Michael Perley appointed to the Order of Canada

On June 27, Her Excellency the Right Honourable Mary Simon, Governor General of Canada, announced 83 new appointments to the Order of Canada, including one Companion, 16 Officers, two Honorary Officers and 64 Members. Two appointments are promotions within the Order. Established in 1967, the Order of Canada celebrates outstanding achievements and extraordinary contributions. Over the years, its members have been honoured for inspiring innovation, for shaping who we are, and for enriching Canada's fabric.

One of these appointments is E. Michael Perley. Mr. Perley is well known in public health for his tremendous work advocating for stronger tobacco and smoke-free legislation in Ontario. Mr. Perley joined the Ontario Campaign for Action on Tobacco (OCAT) as Director in 1993 to lead the Campaign's efforts to help pass the *Ontario Tobacco Control Act* 1994, which made tobacco sales to minors illegal and banned the sale of tobacco industry products in pharmacies and vending machines. Since the Act's passage, Mr. Perley supported local public health agencies, community smoke-free coalitions, and municipal councils across Ontario in their efforts to develop and implement countless municipal smoke-free bylaws, paving the way for the enactment of the Smoke-Free Ontario Act on May 31, 2006.

The full listing of appointments is affixed as Correspondence D.

To learn more, please read the media release on the Office of the Governor General of Canada's website.

Impact to MLHU Board of Health
The Board of Health supports the work of the Southwest Tobacco Control Area Network (SWTCAN) and other advocacy organizations/individuals. The Board thanks Mr. Perley for his contributions to public health, specifically within tobacco legislation.

Public Health
Santé publique
SUDBURY & DISTRICTS

July 8, 2024

VIA ELECTRONIC MAIL

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON
M7A 1N3

Dear Dr. Moore:

Re: Physical Literacy for Communities: A Public Health Approach

At its meeting on May 16, 2024, the Board of Health carried the following resolution #34-24:

> *WHEREAS according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every day[i]; and*
>
> *WHEREAS higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood[ii]; and*
>
> *WHEREAS the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children (motion #29-22) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.*
>
> *THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorses the Physical Literacy for Communities: A Public Health Approach as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.*

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The Board of Health for Public Health Sudbury & Districts is pleased to endorse the *Physical Literacy for Communities: A Public Health Approach* as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways in which public health can work with other sectors (e.g., education, sport, and recreation) toward building a physically literate community.

The document was developed based on Public Health Sudbury & Districts' experience implementing the Physical Literacy for Communities (PL4C) strategy in partnership with Active Sudbury under the guidance of Sport for Life. The *Physical Literacy for Communities: A Public Health Approach* provides recommendations that public health agencies can help to implement to support a multi-sector strategy that builds a more physically literate community.

We hope this document encourages other communities and public health units to begin or continue their journey in becoming a physically literate community.

Thank you for your attention to this important issue.

Sincerely,

René Lapierre
Chair, Board of Health

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

cc: Ian Culbert, Executive Director, Canadian Public Health Association
Susan Stewart, Chair, Health Promotion Ontario
Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer, Public Health Ontario
Richard Way, Chief Executive Officer, Sport for Life
Drew Mitchell, Senior Director of Physical Literacy, Sport for Life
Association of Local Public Health Agencies
All Ontario Boards of Health

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[i] ParticipACTION (2022), Pandemic-Related Challenges & Opportunities for Physical Activity. Retrieved from: https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf

[ii] Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. Adapted physical activity quarterly, 31(1), 67-78. https://doi.org/10.1123/apaq.2013-0048

Correspondence E

The Governor General of Canada
Her Excellency the Right Honourable Mary Simon

Order of Canada Appointees – June 2024

COMPANIONS

Monique Forget Leroux, C.C., O.Q.
Outremont, Quebec
Monique Leroux is a leading figure in Canadian finance. As president and CEO of Desjardins Group, she contributed to the remarkable national and international growth of this financial co-operative. She has also represented Canada on numerous multinational groups and committees, notably as the first Canadian woman to chair the International Cooperative Alliance. Still deeply involved in the community, she supports several initiatives dedicated to education, youth and the arts.
This is a promotion within the Order.

OFFICERS

Yusuf Altintas, O.C.
Vancouver, British Columbia
A professor of mechanical engineering at the University of British Columbia (UBC), Yusuf Altintas continues to push the limits of manufacturing. The founder and director of UBC's Manufacturing Automation Laboratory, he is a world leader in the fields of metal cutting dynamics and the computer control of machine tools. An exceptional mentor, he has also contributed to cultural and educational organizations worldwide.

Pamela Geraldine Appelt, O.C.
Oakville, Ontario
Pamela Appelt is an esteemed community leader. The first Black Canadian woman appointed to the Court of Canadian Citizenship, she is dedicated to uplifting Black communities, particularly through her contributions to education initiatives and her mentorship of young leaders. For decades she has supported initiatives and organizations focused on arts and culture, and children and families in the Greater Toronto Area and the Jamaican diaspora.

Martha Rachel Friendly, O.C.
Toronto, Ontario
Martha Friendly is a leading figure in Canada's childcare movement. For the past five decades, she has tirelessly advocated an accessible and publicly funded early childhood education and care system, believing it crucial for women's equality nationwide. As executive director and founder of the non-profit Childcare Resource and Research Unit, she has been influential in shaping social policies impacting children, families and women.

Mellissa Veronica Fung, O.C.
London, England, United Kingdom
Mellissa Fung is an acclaimed veteran correspondent, author and documentary filmmaker. After being kidnapped in Kabul during her coverage of the war in Afghanistan in 2008, she chronicled her harrowing experiences in her best-selling book, *Under an Afghan Sky: A Memoir of Captivity*. Through her riveting films, she has become a powerful advocate for

women and girls in war-torn countries, giving a voice to victims and calling for greater international protection.

Chit Chan Gunn, O.C., O.B.C.
Vancouver, British Columbia
Chan Gunn has shared the benefits of his innovative chronic pain treatment, intramuscular stimulation (IMS), with the world. He continues to broaden its impact through increased training and research, as well as philanthropic investments in academic programs and professorships. His substantial and transformative gift to the University of British Columbia led to the establishment of the Chan Gunn Pavilion, an integrated space for exercise science and sports medicine.
This is a promotion within the Order.

Beverley Jean Johnston, O.C.
Uxbridge, Ontario
Beverley Johnston is an internationally renowned percussionist. Since the 1980s, she has been at the forefront of the development and promotion of Canadian music, commissioning, performing and recording compositions from numerous Canadian composers. At the University of Toronto, she inspires female percussionists to excel in a mostly male-dominated field. Her achievements as a musical innovator have brought classical and contemporary percussion to concert halls and venues worldwide.

Daniel Gérald Lavoie, O.C.
Montréal, Quebec
Singer-songwriter Daniel Lavoie is a prominent ambassador for French-Canadian culture. Rocketing to the top of the charts with the hit single *Ils s'aiment*, he further distinguished himself as an original cast member of *Notre-Dame de Paris*, one of the most successful musicals in Quebec's music and entertainment industry. An actor, poet and radio host, he has received numerous awards, attesting to the influence of his work both at home and abroad.

Lindsay Machan, O.C.
Vancouver, British Columbia
Lindsay Machan is an early Canadian proponent of interventional radiology. A clinical practitioner at the Vancouver Hospital and an associate professor at the University of British Columbia, he continues to innovate while guiding others on their own paths to growth and success. His company created and licensed the paclitaxel coated stent, which has improved the lives of people with peripheral arterial disease.

Daphne Maurer, O.C.
Toronto, Ontario
Experimental psychologist Daphne Maurer has reshaped our understanding of the sensory world of infants. This professor emeritus and distinguished university professor at McMaster University is internationally renowned for her research on visual and cognitive development during early childhood, which led to new clinical practices and improved patient outcomes. She was also instrumental in developing and implementing Ontario's universal vision screening program for kindergarten children, an initiative that is spreading across Canada.

Charles M. Morin, O.Q., O.C.
Québec, Quebec

Charles Morin is internationally recognized for developing psychological and behavioural interventions for insomnia. His groundbreaking research has proven the short- and long-term efficacy of cognitive-behavioural therapy for the condition, now a first-line treatment across Canada and abroad. Full professor at Université Laval and Canada Research Chair in behavioral sleep medicine, he has advanced clinical research and has helped improve the quality of life for people impacted by this disorder.

Kent George Nagano, O.C., G.O.Q., M.S.M.
Montréal, Quebec and San Francisco, California, United States of America
Kent Nagano is a world-leading conductor with a prestigious international career. Renowned for his operatic and orchestral repertoire, he has worked tirelessly to share classical music with the public. He captivated audiences at the helm of the Orchestre symphonique de Montréal for more than one and a half decades, and premiered and commissioned numerous works by Canadian composers, spreading the unique sounds of Montréal, Quebec, and Canada around the world.
This is an honorary appointment.

Jack Cyril Pearpoint, O.C.
Toronto, Ontario
A leader of inclusive educational practices, Jack Pearpoint co-developed internationally renowned planning approaches Circles of Support, PATH and MAPS to help individuals with disabilities overcome social barriers. He is co-founder of Inclusion Press, the Marsha Forest Centre and the Toronto Summer Institute, which provide community-based resources and workshops. He continues to advocate social change by amplifying the participation of people with disabilities and under-represented groups in society.

Stephen Shawn Poloz, O.C.
Orleans, Ontario
Renowned economist Stephen Poloz served the Canadian public for more than three decades. As president and CEO of Export Development Canada, and then as governor of the Bank of Canada, he helped facilitate our country’s international trade and promote its economic well-being. A frequent speaker, visiting scholar and author, he continues to share his significant expertise at home and abroad.

Kenneth John Rockwood, O.C.
Halifax, Nova Scotia
Kenneth Rockwood is passionate about improving care for older adults. This Dalhousie University professor and specialist in the study of age-related diseases is a foremost expert in frailty research and the creator of the Frailty Index and the Clinical Frailty Scale, now used in health care systems worldwide. Senior medical director of Nova Scotia Health’s Frailty and Elder Care Network, he is a dedicated clinician and advocate for older patients.

Frances Estelle Reed Simons, O.C.
Winnipeg, Manitoba
Estelle Simons has had a profound global impact on mitigating the effects of allergic reactions and diseases, notably among children. This world-renowned University of Manitoba professor emerita advanced the field of anaphylaxis diagnosis and management. She has been a leading presence in clinical immunology and allergy, as an educator and mentor, and through

her leadership of national and international professional organizations and initiatives in the field.

Douglas Wade Stephan, O.C.
Toronto, Ontario
Douglas Stephan is a world-leading researcher in inorganic and organometallic chemistry. He discovered and commercialized a new class of polymerization catalysts that are now used in one of the largest chemical manufacturing facilities in the world, located in Alberta. His 2006 groundbreaking discovery and subsequent advancement of the Frustrated Lewis Pair concept received worldwide recognition in academia and industry, and continues to impact the broader scientific community.

Jozef Straus, O.C.
Ottawa, Ontario
Visionary Jozef Straus has been a critical player in the rise of Canada's high-tech industry. As co-founder of JDS FITEL, and CEO and co-chair of JDS Uniphase, he was at the vanguard of innovations in data communications and fibre-optic technology. A discreet and generous philanthropist, he contributes to many causes and organizations, notably those supporting disadvantaged or marginalized communities, the arts, education, science, health and nature.

Vaira Vike-Freiberga, O.C., O.Q.
Riga, Latvia
Vaira Vike-Freiberga has enriched Canada-Latvia relations and reflected Canadian values abroad. Professor emerita in psychology at l'Université de Montréal, she returned to her native Latvia to become the first woman to serve as its president, helping the country enter into NATO and the European Union, and regain stability during its post-Soviet period. She remains committed to protecting democracy and human rights, and to promoting women leaders worldwide.
This is an honorary appointment.

MEMBERS

Joe Brock Average, C.M., O.B.C.
Vancouver, British Columbia
Joe Average is a revered Vancouver artist, human rights activist and philanthropist. His colourful, pop-inflected images have adorned Vancouver's cityscape since the late 1980s. Diagnosed with HIV/AIDS at age 27, he used his art to advocate for people living with HIV, and shared his personal story to raise awareness of the stigma associated with AIDS. He has donated his work to support charitable organizations that support people with terminal illnesses.

Vickie Elaine Baracos, C.M.
Edmonton, Alberta
Vickie Baracos has transformed our understanding of cachexia, a debilitating syndrome that causes rapid weight and muscle loss in patients with advanced-stage cancer, leaving them with a skin-and-bones appearance. A professor at the University of Alberta, she developed groundbreaking insights into the fundamental biology of this complex condition. Her work has since led to clinical classification and diagnosis, and has paved the way for treatment and improved patient outcomes.

Christi Marlene Belcourt, C.M.
Lac Ste. Anne, Alberta
Christi Belcourt is a Métis visual artist, environmentalist and social justice advocate. She is renowned for her large, painted floral landscapes inspired by Métis beadwork, which are found in many public and permanent collections across North America. She has also organized several national, community-based projects of note, including Walking With Our Sisters, the Willisville Mountain Project, and the Onaman Collective. She devotes much of her time to supporting Indigenous language revitalization.

David Gordon Ben, C.M.
Toronto, Ontario
David Ben is one of the finest sleight-of-hand artists in the world. An influential figure in Canadian performance art, he has spent more than four decades exploring, developing, performing and preserving magic at home and abroad. Devoted to sharing wonder, he has written important books on the history of magic and its greatest practitioners. He also co-founded Magicana, a world-renowned arts organization dedicated to the exploration and advancement of magic.

Daniel Georges Bichet, C.M.
Montréal, Quebec
Daniel Bichet is an internationally renowned nephrologist. Full professor at Université de Montréal, he has led major global studies and was the first to identify the AVPR2 gene responsible for nephrogenic diabetes insipidus, thus preventing severe episodes of dehydration affecting those with the disorder. A prolific author and lecturer, and nephrologist at Hôpital du Sacré-Cœur-de-Montréal, he supports several organizations, including The Kidney Foundation of Canada and the Gairdner Foundation.

bill bissett, C.M.
Toronto, Ontario
A revered poet, painter and musician, bill bissett is a pre-eminent figure of the 1960s counterculture movement in Canada. His poetry collections, which combine sound and visual elements with printed works, are acclaimed for breaking down artificial barriers between the arts. He is also the esteemed co-founder of the Secret Handshake Gallery in Toronto’s Kensington Market, Canada’s first and only peer-support facility for people with schizophrenia.

John Allan Cairns, C.M., O.B.C.
West Vancouver, British Columbia
John Cairns has made major international contributions to cardiology, notably demonstrating the benefits of aspirin for patients with unstable angina, helping millions worldwide. As dean of medicine at the University of British Columbia, he led efforts toward its two-fold expansion. He also served with several academic societies and holds many elected fellowships, including with Canadian Academy of Health Sciences, for which he served as president.

Mark Joseph Cameron, C.M., M.B., M.S.M.
Hastings, Ontario
Mark Cameron is a humanitarian, educator and former paramedic dedicated to advancing paramedicine and disaster response education. He is associate director of the Sunnybrook Advanced Life Support and Trauma Education program, which specializes in courses for

cardiac, pediatric and trauma life support. He co-founded the Canadian International Medical Relief Organization and the Critical Incident Management Response Organization, and his initiatives continue to reach global communities in need.

Pierre Chastenay, C.M.
Shefford, Quebec
Pierre Chastenay is a fixture in science communication in Quebec. Full professor and researcher in science didactics at Université du Québec à Montréal, he first made a name for himself as a television host, including on Télé-Québec's wildly popular *Le code Chastenay*. Trained as an astronomer, he has lent his expertise to the Montréal Planetarium for decades and has published several books introducing young people to astronomy.

Edward Herman Cole, C.M.
Toronto, Ontario
Edward Cole is dedicated to developing and delivering the highest quality of care to people living with kidney disease. An esteemed leader in transplantation, this University of Toronto professor was instrumental in establishing a kidney-paired donation program, a highly impactful process now practised in clinical settings worldwide. A force in academic medicine, he is a former physician-in-chief at the University Health Network.

John Terry Copp, C.M.
Elora, Ontario
Terry Copp has nurtured Canadians' understanding of our history. Professor emeritus at Wilfrid Laurier University, and the founder and director emeritus of the Laurier Centre for Military and Strategic Disarmament Studies, he fostered a rich community of scholarship and cemented Canada's role in the Second World War. His ongoing work is a legacy to future generations and their knowledge of our past.

The Reverend Michael Creal, C.M.
Toronto, Ontario
The Reverend Michael Creal has dedicated more than 50 years to being an educator, activist and faith leader. Now professor emeritus, he has been with York University since its early days and played a significant role in establishing its internationally renowned Centre for Refugee Studies. This Anglican priest and steadfast member of Toronto's Church of the Holy Trinity has participated in many initiatives to support historically marginalized people, particularly refugees.

Budhendranauth Doobay, C.M., O.Ont.
Hamilton, Ontario
A retired surgeon, religious leader and mentor, Budhendranauth Doobay is a pillar of the Indo-Canadian community. Founder of the Vishnu Mandir temple and the Gandhi Memorial Peace Garden, he shares the tenets of Hinduism with different communities in Canada by advocating unity in diversity. He is also a philanthropist, humanitarian and the founder of Guyana's Doobay Medical Centre, which provides free dialysis to patients in need and promotes preventative care.

Nima Gyaltsen Dorjee, C.M.
Calgary, Alberta
For decades, leading engineer and Tibetan human rights activist Nima Dorjee has devoted his

time and expertise to the well-being of others. He transformed the University of Calgary's Schulich School of Engineering internship program into Canada's largest. Under his leadership as president of Project Tibet Society, he has played a pivotal role in the resettlement of more than 1 000 displaced Tibetans in Canada.

Elder Jane Rose Dragon, C.M., O.N.W.T.
Fort Smith, Northwest Territories
Jane Dragon is a pillar in her community. A long-time educator, she is renowned and beloved throughout the North for maintaining and sharing traditional knowledge and skills with the next generation, notably in the creation of Indigenous garments. For decades, she has been devoted to social causes, Indigenous cultural activism, and creating resources for students and youth, notably as a resident Elder and educator for the non-profit organizations FOXY and SMASH.

Marcelle Dubois, C.M.
Montréal, Quebec
Playwright and theatre director Marcelle Dubois has revitalized Quebec playwriting. In addition to being artistic co-director of Théâtre aux Écuries, which she co-created, she co-founded and directed the Festival du Jamais Lu, giving hundreds of playwrights the opportunity to present their works to audiences throughout the Francophonie. A dedicated mentor, she is the driving force behind several innovations to give younger generations what is often their first theatre experience.

Leonard John Edwards, C.M., M.S.M
Ottawa, Ontario
Leonard Edwards is a distinguished senior public servant and diplomat. Lauded for his contributions to the advancement of foreign and domestic policy, and to the country's economic growth, he furthered Canada's positive international relationships as ambassador to both Korea and Japan. The Asia Pacific Foundation of Canada, the Canada-Korea Forum, and the Centre for International Governance Innovation have also all benefited from his leadership and expertise.

Lee Edward Errett, C.M., O.Ont.
Toronto, Ontario
Lee Errett is a global leader in cardiac research and care. He transformed St. Michael's Hospital into a world-class centre for cardiac surgery, teaching and research. A long-standing professor at the University of Toronto, he is committed to educating the next generation of medical leaders. As founding president of the Bethune Medical Development Association, he volunteers his time and expertise to providing care in underserved areas worldwide.

Brian Ross Evans, C.M.
Nepean, Ontario
Brian Evans is Canada's first chief food safety officer and the country's second-longest-serving chief veterinary officer. Praised for his leadership during the 2003 bovine spongiform encephalopathy outbreak, he played a key role in the establishment of Canada's Council of Chief Veterinary Officers. A long-time proponent of One Health, he also contributed to the creation of the Canadian Veterinary Reserve, Veterinarians Without Borders (Canada), and the Canadian Embryo Transfer Certification program.

William Anthony Fox, C.M.
Peterborough, Ontario
William Fox is one of Canada's foremost authorities on archaeology. A research fellow and adjunct professor at Trent University, this retired public servant and long-standing leader of the Ontario Archaeological Society devoted his career to advancing knowledge of Canada's archaeological past. He was among the first to advocate the participation of Indigenous communities in preserving their material heritage, thus broadening our understanding of Canadian history.

Janine Elizabeth Fuller, C.M.
Vancouver, British Columbia
Janine Fuller is a lifelong champion of intellectual freedom and an advocate for 2SLGBTQI+ communities. At Little Sister's Book and Art Emporium in Vancouver, she played an instrumental role in the shop's fight against censorship, which led to a landmark Supreme Court of Canada ruling and a breakthrough in the recognition of 2SLGBTQI+ rights. As someone living with Huntingdon's disease, she has been a beacon of hope for others with the condition.

Rosemary Burns Ganley, C.M.
Peterborough, Ontario
Rosemary Ganley is a long-time advocate for human rights, gender equity and social justice. In 1980, she co-founded Jamaican Self Help to support community-chosen initiatives in Jamaica and drive interest in international development among young service-trip volunteers from Canada. A prolific columnist, she was a Canadian delegate to the United Nations World Conference on Women, and served on the Gender Equality Advisory Council of the G7.

Arnie Gelbart, C.M.
Montréal, Quebec
For decades, Arnie Gelbart has been in the vanguard of independent film and television in Canada. As the founder, executive producer and CEO of Galafilm Productions Inc., he has overseen the production of nearly 400 hours of acclaimed and diverse documentaries, television series and specials, and feature films, which have notably been released in both official languages. He has also mentored many in the Canadian film industry.

Franklyn Griffiths, C.M.
Toronto, Ontario
Franklyn Griffiths is one of Canada's early scholars of Arctic international relations. Now professor emeritus and George Ignatieff Chair Emeritus of Peace and Conflict Studies at the University of Toronto, he helped shape the West's understanding of Soviet politics through his seminal writings on Russian affairs. He also played a prominent role in the formation of the Arctic Council, advocating direct Indigenous participation as a key tenet of circumpolar co-operation.

Sylvia D. Hamilton, C.M., O.N.S.
Grand Pre, Nova Scotia
Sylvia D. Hamilton is an esteemed filmmaker, writer, poet and artist based in Nova Scotia. Her award-winning films have premiered at festivals in Canada and abroad, and are taught extensively in schools and universities across the country. Her groundbreaking body of work

documents the struggles and contributions of African Canadians, particularly Black women, and have helped to enrich and reframe conceptions of Canadian history.

Madeleine D. Humer, C.M.
Victoria, British Columbia
Madeleine Humer is a beloved mentor and music educator in choral conducting. Her school choirs have performed with professional orchestras and choirs, and in many Pacific Opera Victoria productions. She is renowned for her work as the founder and past artistic director of the Victoria Children's Choir, which was invited to perform in festivals and commemorative celebrations both in Canada and abroad. An admired soloist, she specializes in Baroque music and performs on stages worldwide.

Jane Knott Hungerford, C.M., O.B.C.
Vancouver, British Columbia
Jane Hungerford is admired for her leadership in fundraising for health care, education, social services and conservation efforts. She has raised millions of dollars for crucial cancer research and community services in British Columbia and beyond. The B.C. Cancer Foundation, Science World, the University of British Columbia, and the Aboriginal Mother Centre have all benefited from her determination and ability to bring people together. She is a proud member of the Gwich'in Nation.

Captain Sidney Joseph Hynes, C.M., O.N.L., M.M.
Mount Pearl, Newfoundland and Labrador
Master mariner and entrepreneur Sidney Hynes is a leader in the marine transportation and offshore oil industries. He co-founded Canship Ugland Limited, which manages marine vessels operating worldwide, and is the executive chair of Oceanex Inc., a prominent player in the East Coast transportation industry. His expertise has been sought by government and academia, resulting in major economic and social advantages throughout Newfoundland and Labrador.

William Janzen, C.M.
Ottawa, Ontario
For more than 30 years, William Janzen served as director of the Ottawa office of the Mennonite Central Committee Canada. He has influenced government policy development and contributed to refugee resettlement, citizenship, development aid and peace building. He was instrumental in the creation of the Private Sponsorship of Refugees program, which mobilized Canadians to support incoming refugees, notably from Southeast Asia, and marked a turning point in Canada's immigration policy.

Tina Jones, C.M., O.M.
Winnipeg, Manitoba
Tina Jones is a passionate community builder. As chair of the Health Sciences Centre Foundation, she has championed philanthropy as a means of advancing innovation in health care. A trailblazer in business, she has drawn a new landscape in the hospitality industry as the founder of Jones & Company Wine Merchants. She has also helped to reimagine sports leadership and athlete support as a partner of The Rink.

Christina Jean Keeper, C.M., O.M., M.S.M.
Winnipeg, Manitoba

Best known for her role in CBC's *North of 60*, Tina Keeper is an award-winning actress, producer and former politician. One of the first Cree members of Parliament, she championed bills on Jordan's Principle, the UN Declaration on the Rights of Indigenous Peoples, and Missing and Murdered Indigenous Women, Girls and Two Spirit. Co-founder of Kistikan Pictures, she focuses her Indigenous-themed film and television work on human rights, reconciliation and gender-based violence.

Judy M. Kent, C.M.
Picton, Ontario
Judy Kent champions sport as a tool for social change. The first woman to serve as both president of Commonwealth Sport Canada and Canada's chef de mission for the Commonwealth Games, she has ardently promoted gender equality and inclusion. Her seminal paper on sport for international development laid the framework for the creation of the SportWORKS program, and she was also lead facilitator of Generations for Peace.

William James Gordon Kirby, C.M.
Winnipeg, Manitoba
William Kirby proudly promotes contemporary Canadian art and artists. He is the founder and executive director of the Centre for Contemporary Canadian Art, where he developed the Canadian Art Database, an innovative and extensive resource made freely accessible online for artists, educators, researchers and the general public. His dedicated archival work has broadened awareness of contemporary Canadian art and artists at home and abroad.

James Gregory Kyte, C.M.
Ottawa, Ontario
Jim Kyte is renowned as the first deaf player in the history of the National Hockey League. Throughout his career, he championed the rights of athletes with physical disabilities to achieve greater accessibility and inclusion in sports. Off the ice, he has been a role model to others as a volunteer with numerous charities, an advocate for disability rights, and a distinguished voice for Deaf and hard of hearing Canadians.

Patrick Joseph Lahey, C.M.
Ottawa, Ontario and Vero Beach, Florida, United States of America
Patrick Lahey is one of the world's pre-eminent experts on submersibles and a leading voice for safe practices in the deep diving industry. As co-founder of Triton Submarines, he invented and built dozens of vehicles for research, exploration, entertainment and tourism. A skilled pilot, he led diving missions to the deepest parts of the oceans, becoming the second Canadian to reach the bottom of the Mariana Trench.

The Honourable Susan Elizabeth Lang, C.M.
Toronto, Ontario
Susan Lang has had a distinguished legal career. Co-founder of an all-woman law firm and the first woman to be president of the Canadian Superior Courts Judges Association, she served as a judge in Ontario's Superior Court of Justice and Court of Appeal. Leader of the Motherisk Hair Analysis Independent Review, she influenced how scientific evidence is handled, and inspired the *Ontario Forensic Laboratories Act*, the first legislation of its kind in Canada.

Barry Paul Lapointe, C.M., O.B.C.
Kelowna, British Columbia
Founder and chair of KF Aerospace, Barry Lapointe has made lasting contributions to our country's aerospace industry. Now Canada's largest commercial aeronautical maintenance, repair and overhaul provider, the company also supports Royal Canadian Air Force pilot training and nationwide aircraft maintenance engineering instruction. As a dedicated philanthropist, he has contributed to post-secondary institutions and recently opened the KF Centre for Excellence in Kelowna.

Myrna Eunilda Lashley, C.M.
Montréal, Quebec
Myrna Lashley is an important advocate against racial profiling. An associate professor in the Department of Psychiatry at McGill University, she is internationally recognized as an authority on cultural psychology and mental health. She has played a vital role in shaping policies, practices and interventions that promote equity, inclusivity and cultural sensitivity. Her commitment to racial justice has helped improve the experiences and outcomes for marginalized groups across Canada.

Avril R. Lavigne, C.M.
Malibu, California, United States of America
Avril Lavigne is one of the best-selling female artists of all time. With over 50 million albums sold worldwide, she paved the way for female-driven punk-rock music and continues to do so today. Generous with her time, she supports individuals with serious illnesses, disabilities and Lyme disease through the Avril Lavigne Foundation. A global ambassador for Special Olympics, she promotes inclusion and helps end the stigma around intellectual disabilities.

Pierre Legault, C.M., M.S.M.
Montréal, Quebec
Social entrepreneur Pierre Legault has devoted his career to supporting those in need. Trained as a psychoeducator, he is renowned for using the economy to underpin social and sustainable development. He co-founded several social and environmental organizations helping disadvantaged people, including Moisson Montréal, Quebec's first food bank, and Renaissance, an innovative enterprise serving as a springboard into the job market for those seeking employment.

Brandt Channing Louie, C.M., O.B.C.
West Vancouver, British Columbia
Brandt Channing Louie is a business entrepreneur and philanthropist contributing to public and non-profit organizations across economic, education, health and arts sectors. He is the chair and CEO of both London Drugs Limited and H. Y. Louie Co., Limited, a family-owned grocery retailer spanning four generations. He supports various community initiatives through the Tong and Geraldine Louie Family Foundation, and is a dedicated consultant on national anti-Asian racism strategies.

Bruce A. Lourie, C.M.
Toronto, Ontario
Bruce Lourie is passionate about sustainability. This renowned leader and entrepreneur has been behind the establishment of numerous organizations addressing climate change and environmental health. He has been a critical player in key sustainability victories, including

the phase-out of Ontario's coal-fired power plants, considered the largest climate action in North America. As president of the Ivey Foundation, he is committed to a net-zero future for Canada.

Zoe N. Lucas, C.M.
Halifax, Nova Scotia
For 50 years, Zoe Lucas has explored and shared her observations and insights regarding the unique natural and cultural values of Sable Island. She is a founding member and president of the Sable Island Institute, and her contributions have encouraged research and conservation that will help preserve the island's rich legacy for future generations.

Mother Pierre Anne Rosaria Mandato, C.M.
Montréal, Quebec
Provincial Superior of the Congregation of the Sisters of Charity of Saint Mary, Mother Pierre Anne Mandato has devoted her life to supporting young people, the elderly and the sick. As director of École Marie Clarac and Marie-Clarac Hospital, she helped both institutions grow by supporting several major initiatives, including opening a high school campus and building a palliative care wing. She has also had an international impact, founding the Hope of Life – Children of the World Association.

Bruno Gottfried Marti, C.M., O.B.C
Vancouver, British Columbia
Bruno Marti is a world-class chef who has advanced the culinary arts in British Columbia and Canada. The retired owner of La Belle Auberge, an award-winning restaurant in Ladner, British Columbia, he is lauded for his leadership in gastronomy on the world stage. He has mentored Canadian chefs for over four decades, and has coached and led teams in international competitions, including the Culinary Olympics.

Theresa Helen Matthias, C.M.
London, Ontario
Internationally esteemed for her artistic talent, mouth painter Susie Matthias is dedicated to eradicating stereotypes. Her paintings have graced public galleries and private collections worldwide; one was featured on a Canada Post stamp, and others have adorned greeting cards and calendars. A full member of the Association of Mouth and Foot Painting Artists, she travels the world and proudly represents the country at events and conferences.

James David Meekison, C.M.
Toronto, Ontario
James Meekison's career has spanned 45 years in investment banking, cable television and private equity. He has served on many boards of directors, and has supported countless philanthropic endeavours, including the Jim Meekison and Carolyn Keystone Foundation. He is a long-time champion of the University of British Columbia, Shaw Festival, Arthritis Research Foundation, and Pathways to Education Canada.

Richard Kelly Miskokomon, C.M.
Muncey, Ontario
Chief Joe Miskokomon is one of Ontario's most committed Indigenous leaders. Chief of the Chippewas of the Thames First Nation and former grand chief of the Anishinabek Nation, he has helped advance First Nations self-governance, safeguard Indigenous rights and treaties,

and encourage community economic development for more than five decades. He is noted for his successful negotiation of two major land claim settlements with the Canadian government.

Colleen Louise Murphy, C.M.
Toronto, Ontario
Colleen Murphy is a unique and fearless voice in Canadian theatre. A foremost playwright, she has worked across media, creating plays and operas, as well as writing and directing film. Her award-winning and ongoing body of work tackles difficult subjects and explores calamity in society. Committed to the future of playwriting and theatre, she is a stalwart supporter of young, emerging writers and women in the arts.

Joyce Napier, C.M.
Ottawa, Ontario
Joyce Napier is renowned for her proficient bilingual reporting in both print and broadcast journalism. A senior journalist, she has covered major political stories and headed both CBC/Radio-Canada's Washington, D.C. bureau and CTV's parliamentary bureau in Ottawa. She also served as Radio-Canada's Middle East correspondent for five years, becoming a familiar figure in her blue flak jacket as she reported from and lived in a war zone.

Javaid Abbas Naqvi, C.M.
Edmonton, Alberta
Jerry Naqvi is a well-respected business and community leader in Edmonton. Following his immigration to Canada from Pakistan in 1964, he became the founder and chair of Cameron Corporation, a prominent Alberta commercial real estate development company. Committed to giving back, he is a long-standing supporter of many community and non-profit organizations supporting education, newcomers to Canada, interfaith dialogue, and individuals living with autism.

Robert Panet-Raymond, C.M., C.Q.
Montréal, Quebec
A distinguished administrator, Robert Panet-Raymond is also renowned for his philanthropy. He supported the development of the Maison des étudiants canadiens in Paris by chairing its Comité au Canada, and contributed to the meteoric growth of Université de Montréal's physical education and sports centre. An associate professor at Polytechnique Montréal and a former corporate executive, he is committed to business and finance, particularly as board chair of the Autorité des marchés financiers.

E. Michael Perley, C.M.
Colborne, Ontario
Over the past 40 years, Michael Perley has devoted his life's work to addressing serious environmental and health challenges. At the helm of the Ontario Campaign for Action on Tobacco, he advocated for tighter laws to reduce tobacco use and limit second-hand smoke. A vital and effective leader, he also spearheaded coalitions on acid rain and air pollution that led to significant legislative changes in Canada and the United States.

Dan Poenaru, C.M.
Montréal, Quebec
Dan Poenaru is a McGill University professor and pediatric surgeon. Starting in 2003, he established a pediatric surgical unit and novel training program in a remote area of Kenya,

which have subsequently expanded the quality and quantity of treatments within the country and beyond. He also helped found three medical schools in Africa, and has served in leadership roles with the Global Initiative for Children's Surgery and BethanyKids.

Linda Rabeneck, C.M.
Toronto, Ontario
Gastroenterologist and University of Toronto professor Linda Rabeneck is a leader in colorectal cancer screening and prevention. As Ontario Health's vice-president of prevention and cancer control, she led the roll-out of ColonCancerCheck, the first province-wide colorectal cancer screening program in the country. Its success influenced the development of similar programs across Canada and around the world.

Stephen James Randall, C.M.
Calgary, Alberta
Stephen Randall is an academic and expert advisor on international relations. Founder of the University of Calgary's Latin American Research Centre, and a founding member of the Canadian Council for the Americas Alberta, he has helped develop the field and inspired the creation of interdisciplinary and internationally focused programs. His expertise in myriad issues affecting the United States and Latin America, notably Colombia, have benefited Canada's foreign policy.

Solomon Ratt, C.M., S.O.M.
Regina, Saskatchewan
Storyteller, educator and author Solomon Ratt is dedicated to preserving and revitalizing the Cree language through his literacy materials and teachings grounded in traditional cultural values. He is a retired associate professor at the First Nations University of Canada, where he helped develop the first bachelor's degree in Cree language studies. He is a primary contributor to the Cree Literacy Network, and his publications serve as a cornerstone for language education throughout western Canada and beyond.

Jonathan Scott Rose, C.M.
Toronto, Ontario
Jonathan Rose has made groundbreaking innovations in the architecture and software used in field-programmable gate arrays. A professor of electrical and computer engineering at the University of Toronto, he created new methods for exploring the properties of these integrated circuits, which are powering devices used by millions of people in telecommunications, manufacturing and health care. As one of the leaders within the Entrepreneurship Hatchery, he has also fostered Canadian high-tech ventures.

Bibudhendra Sarkar, C.M.
Toronto, Ontario
Bibudhendra Sarkar is a celebrated bioinorganic chemist whose achievements have advanced medical research in Canada and abroad. During his distinguished 60-year career at SickKids Research Institute, he discovered a novel treatment for patients with Menkes disease, a rare genetic condition. After identifying toxic metals in local water sources in south and southeast Asia, he and an international team of scientists have led efforts to mitigate the resulting health crisis.

Frances Marjorie Shaver, C.M.
Vancouver, British Columbia
Frances Shaver has made groundbreaking scholarly contributions to the field of sex work. Professor emeritus at Concordia University, she is lauded for her respectful engagement with those working and living in the industry. Many researchers in this field have been inspired by her approach to research, her advocacy, and her commitment to fight for legal and policy changes to support and protect marginalized Canadians.

Donald George Simpson, C.M.
Toronto, Ontario
Don Simpson has demonstrated a lifetime commitment to innovative leadership development and cross-cultural engagement. Throughout a career spanning seven decades, he has been an academic, entrepreneur, researcher, program designer, administrator and mentor, working and residing in various communities around the world. He founded the Innovation Expedition and the Renaissance Expedition, bringing together creative, collaborative, compassionate innovators committed to changing the world for the better.

Marvin R. V. Storrow, C.M., O.B.C.
Vancouver, British Columbia
Marvin Storrow is a revered lawyer who, over six decades, has argued at all levels of the provincial and federal court systems, including the Supreme Court of Canada. He is highly regarded for working with B.C. First Nations and for litigating several groundbreaking cases on land titles and constitutional rights. An esteemed mentor to many members of the legal profession, he is admired for his advocacy of human rights and pro bono work.

Jack Edward Taunton, C.M.
Delta, British Columbia
Jack Taunton is an early leader in sport and exercise medicine. Professor emeritus at the University of British Columbia and an active fundraiser, he helped found SportMedBC, the Canadian Health and Fitness Institute, the Vancouver Marathon and the Vancouver Sun Run. He has also served as a specialist for elite athletes and the general public, as a national team physician and as chief medical officer for six major Games.

Charles E. Weaselhead, C.M.
Cardston, Alberta
Charles Weaselhead has brought Canadians together across sectors and has helped advance reconciliation. As CEO of the Blood Tribe Department of Health, he formed a long-standing partnership with the Canadian Red Cross and, as chief of the Blood Tribe and Treaty 7 Grand Chief, he launched new social, health and education initiatives. The first Indigenous chancellor of Lethbridge University, he has also been a leader with the Aboriginal Healing Foundation.

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