

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

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

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

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

**MEMBERS OF THE BOARD OF HEALTH**

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

**SECRETARY**

Emily Williams

**TREASURER**

Emily Williams

**DISCLOSURE OF PECUNIARY INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: February 20, 2025 – Board of Health meeting

Receive: February 20, 2025 – Quality and Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1		X	X	Finance and Facilities Committee Meeting Update (Verbal Report)	<a href="#">March 20, 2025 Finance and Facilities Agenda</a>	To review reports and seek approval from the Board of Health for matters discussed at the Finance and Facilities Committee meeting.  Lead: 2025 Finance and Facilities Committee Chair
2		X	X	<del>2025 Annual Service Plan</del> ( <del>Report No. 18-25</del> )  To be deferred by resolution of the Board of Health	<del>Appendix A</del>	<del>To review and approve the Health Unit's Annual Service Plan for 2025.</del>  <del>Lead: Dr. Alexander Summers, Medical Officer of Health</del>
3			X	Current Public Health Issues (Verbal Update)		To provide an update on current public health issues in the Middlesex-London region.  Leads: Dr. Alexander Summers, Medical Officer of Health and Dr. Joanne Kearon, Associate Medical Officer of Health
4			X	Medical Officer of Health Activity Report for February (Report No. 19-25)		To provide an update on the activities of the Medical Officer of Health since the last Board of Health meeting.  Lead: Dr. Alexander Summers, Medical Officer of Health
5			X	Chief Executive Officer Activity Report for February (Report No. 20-25)		To provide an update on the activities of the Chief Executive Officer since the last Board of Health meeting.  Lead: Emily Williams, Chief Executive Officer

6			X	Board Chair and Vice-Chair Activity Report for January and February  (Report No. 21-25)		To provide an update on the activities of the Board Chair and Vice-Chair since the last Board of Health meetings.  Leads: Chair Mike Steele and Vice- Chair Michelle Smibert
<b>Correspondence</b>						
7			X	March Correspondence		To receive item a) for information: a) Middlesex-London Board of Health External Landscape for March

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, April 24, 2025 at 7 p.m.

## CLOSED SESSION

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

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

## ADJOURNMENT



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

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

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**MEMBERS PRESENT:** Michael Steele (Chair)  
Michelle Smibert (Vice-Chair)  
Matthew Newton-Reid  
Selomon Menghsha  
Peter Cuddy  
Aina DeViet  
Howard Shears (attended virtually)  
Skylar Franke  
Michael McGuire (attended virtually)  
Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
Sarah Maaten, Director, Public Health Foundations  
Omar Ozaldin, Director, Environmental Health, Infectious Diseases and Clinical Services  
Ryan Fawcett, Associate Director, Operations/Privacy Officer  
Cynthia Bos, Associate Director, Human Resources and Labour Relations  
Christian Daboud, Manager, Health Equity and Indigenous Reconciliation  
Dr. Gani Braimoh, Co-Chair, Middlesex-London Anti-Black Racism Plan Advisory Committee  
Darryl Ntow, Public Health Nurse  
Parthiv Panchal, End User Support Analyst, Information Technology  
Dr. Janice Mok, Medical Resident, Public Health and Preventative Medicine

Chair Michael Steele called the meeting to order at **7 p.m.**

Dr. Alexander Summers, Medical Officer of Health introduced Omar Ozaldin, Director, Environmental Health, Infectious Diseases and Clinical Services.

**DISCLOSURES OF PECUNIARY INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **M. Newton-Reid**, seconded by **M. Smibert**, that the **AGENDA** for the February 20, 2025 Board of Health meeting be approved as amended.

Carried

## **APPROVAL OF MINUTES**

It was moved by **M. Newton-Reid**, seconded by **A. DeViet**, that:

- a) the **MINUTES** for the October 17, 2024 Governance Committee meeting be approved; and
- b) the **MINUTES** for the January 23, 2025 Board of Health meeting be approved.

Carried

## **NEW BUSINESS**

### **Anti-Black Racism Plan Implementation Progress Report (Report No. 11-25)**

Sarah Maaten, Director, Public Health Foundations introduced Dr. Gani Braimoh, Co-Chair, Anti-Black Racism Plan Advisory Committee and Christian Daboud, Manager, Health Equity and Indigenous Reconciliation to discuss work with the MLHU Anti-Black Racism Plan.

C. Daboud introduced the Anti-Black Racism Plan and provided updates on the work of the plan at the Health Unit. In 2020, racism was declared a public health crisis by the Board of Health after the murder of George Floyd. In response, the Health Unit engaged a consultancy firm for the development of the MLHU Anti-Black Racism Plan (ABRP).

The Anti-Black Racism Plan was developed through the engagement of the African, Caribbean and Black communities in London and Middlesex County. A total of 375 community members representing diverse ages, cultures and linguistic backgrounds contributed to the plan, ensuring it reflected the views and priorities of the community. 45 recommendations were provided and split into 7 groups, of which C. Daboud reviewed a few of them.

C. Daboud noted that building relationships and learning from the community is also critical to the Health Unit's ability to assess the health of this population, to understand their health needs and aspirations and to prioritize the large amount of work required to reduce health inequities and reduce racism. A key mechanism for engagement and accountability is the Anti-Black Racism Plan Advisory Committee, which has been operating for three (3) years and is composed of members of the African, Caribbean, and Black communities of Middlesex County and London.

C. Daboud briefly reviewed the "Ways of Working" document that notes values to support anti-black racism work which is within the Anti-Black Racism Plan. This document guides the way that the Health Unit has undertaken this work such as creating lines (not circles), choosing critical connection over critical mass, moving at the speed of trust, deep listening, planning and designing with the community, centering lived experience, amplifying black joy, seeking people at the margins, and reckoning with the past to build the future. The Advisory Committee has also worked with other partners to hold community events and focus on black joy and black health through initiatives held by Type DiaBeat it and the WEAN Community Centre.

C. Daboud highlighted a series of recommendations that have been implemented and are being sustained at the Health Unit. The Health Equity and Indigenous Reconciliation team has developed and monitored the implementation of the Interpretation Policy to ensure clients from African, Caribbean and Black communities can access services in the languages of their preference to improve access and quality of care. Physical and virtual spaces at the Health Unit are now more reflective of Black culture through the purchase and installation of art made by local Black artists. Social media messaging has been used for key cultural events such as Black History Month. Engagement activities have focused on educating ACB communities about Health Unit services.

Next steps include improving the Health Unit's understanding of health issues affecting African, Caribbean and Black communities and adjusting services to better meet their needs, race-based data collection, and

developing data governance mechanisms to disaggregate health-outcome data by race in 2025, and to have an Anti-Black Racism communication strategy.

C. Daboud re-introduced Dr. Braimoh and thanked Darryl Ntow, Public Health Nurse as a co-chair of the Anti-Black Racism Plan Advisory Group.

Dr. Braimoh reflected on his time as co-chair of the Advisory Committee and thanked the Board of Health for inviting him to attend this meeting. Dr. Braimoh noted that joining the Advisory Committee was an important and positive decision to look at equity within the community and public health, and to find ways to support the African, Caribbean and Black communities in Middlesex-London. Dr. Braimoh noted that it is important for everyone to take the step of removing injustice (racism), which the Advisory Committee and Board of Health are doing – everyone has experienced injustice in their lives. The Advisory Committee has many diverse individuals within the community, who are privileged to be able to provide recommendations to support this work and to be taken seriously.

Dr. Braimoh concluded by noting that we cannot erase the past, but we can influence the future through this work. Dr. Braimoh further invited the Board of Health to attend a future meeting of the Anti-Black Racism Advisory Committee.

Dr. Alexander Summers, Medical Officer of Health thanked Dr. Braimoh for his reflection and thanked him for the work that the Anti-Black Racism Advisory Committee does. Dr. Summers noted his gratitude to the Advisory Committee and committed to continuing to support this work, such as asking at every single team level what can we do differently to serve the African, Caribbean and Black Community.

Chair Steele requested that the Board of Health be notified of when the next Anti-Black Racism Advisory Committee will be held.

Board Member Skylar Franke inquired if there was an ability to collect race-based data to improve customer service in a situation of a service complaint to better serve the African, Caribbean and Black community. S. Maaten explained that the Health Unit is collecting demographic data in a pilot program to understand the differences in the health outcomes at the local population level. In 2025, the Health Unit is looking at a larger data governance strategy and how to responsibly and respectfully hold and use the data. R. Fawcett added that with future program planning this process will be incorporated into the Health Unit's Client Relations process.

It was moved by **P. Cuddy**, seconded by **S. Menghsha**, that the Board of Health receive Report No. 11-25 re: "Anti-Black Racism Plan Implementation Progress Report" for information.

Carried

### **Amendments to the MLHU Anti-Black Racism Plan (Report No. 12-25)**

C. Daboud highlighted proposed amendments to the Health Unit's Anti-Black Racism Plan and noted that these recommendations are supported by the Anti-Black Racism Advisory Committee. 67% of the recommendations are implemented, in progress, or being sustained. Some recommendations require revision as they fall outside the scope of public health practice. Recommendations 18 and 33 were revised to align with public health practice, while recommendations 27 and 36 were removed as they fall outside public health's scope.

The proposed amendments are:

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

- **Proposed modification:** MLHU will ensure that recruitment and talent management practices are equitable such that members of the African, Caribbean, and Black communities can be represented and perform at their full potential in the workforce at all levels. Furthermore, MLHU will ensure that the voice of people with lived experience of anti-Black racism guides public health practice from within and outside of the organization.

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

- **Proposed modification:** The MLHU's Senior Leadership Team, in collaboration with the Anti-Black Racism Plan (ABRP) Advisory Committee and the Health Equity and Reconciliation Team will prioritize community tables to advocate for increased representation and meaningful participation from Black communities.

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

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

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

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

C. Daboud noted that the Health Unit acknowledges that recommendations 27 and 36 of the Anti-Black Racism Plan fall outside the jurisdiction of public health and cannot be directly facilitated. The Health Unit recognizes the importance of advocating whenever opportunities arise.

Dr. Summers noted that these recommendations were reviewed in depth with the Advisory Committee and the Health Unit and that these changes demonstrate how impactful these conversations are.

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

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

Carried

### **Quality and Governance Committee Meeting Update (Verbal Report)**

2025 Quality and Governance Committee Chair, Aina DeViet presented the Committee’s first verbal report of 2025. There were no questions or discussion.

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

- Receive Report No. 01-25QGC re: “2025 Quality and Governance Committee Terms of Reference” for information;*
- Approve the 2025 Quality and Governance Committee Terms of Reference;*
- Receive Report No. 02-25QGC re: “2023-25 Provisional Plan 2024 Q4 Status Update” for information;*
- Receive Report No. 03-25QGC re: “Privacy Program – Information and Privacy Commissioner (IPC) Statistical Reports for 2024” for information;*
- Receive Report No. 04-25QGC re: “Q4 2024 Risk Registry” for information;*
- Approve the Q4 Risk Register (Appendix A); and*

- g) *Receive Report No. 05-25QGC re: “Q4 2024 Organizational Performance Reporting” for information.*

Carried

### **MLHU 2025 Continuity of Operations Plan (Report No. 13-25)**

S. Maaten presented the 2025 Continuity of Operations Plan and noted that this is one of the Health Unit’s strategic initiatives.

The Continuity of Operations Plan uses an all-hazards approach for all types of emergencies to continue work at the Health Unit. The plan functions as a high level strategic document that ensures that the Health Unit can provide essential services during an emergency and identifies the most critical services that need to be prioritized to serve the community in an emergency. S. Maaten noted that this is a living document and will be adjusted as needed.

Board Member Aina DeViet inquired how these plans are integrated across the province and through local agencies. S. Maaten noted that the Strategic Advisor, Emergency Planning engages the informal network of emergency planning individuals and other foundational standards teams in health units to review consistency. Dr. Summers noted that integrating organizations in responses to emergencies is a key aspect of a lot of the foundational principles around emergency management and has been articulated in the Health Unit’s Emergency Response Plan.

Dr. Summers added that in January, the Health Unit held the inaugural meeting of the Middlesex-London Health System Emergency Management Table, which is a planning table that brings together the health system partners in the region to ensure clarity around roles and responsibilities. Further, the Health Unit liaises with municipalities including the emergency control groups at Middlesex County and the Emergency Operations Centre at the City of London.

Board Member Michelle Smibert inquired if there was a training component to the continuity of operations plan. S. Maaten noted that the training requirements are outlined in the Emergency Response Plan and there are requirements for engaging in training annually. S. Maaten added that staff have a really good sense of what would happen if there was an emergency for the Health Unit.

It was moved by **S. Franke, seconded by M. McGuire**, *that the Board of Health receive Report No. 13-25 re: “MLHU 2025 Continuity of Operations Plan” for information.*

Carried

### **2024 Public Sector Salary Disclosure for Middlesex-London Health Unit (Report No. 14-25)**

Emily Williams, Chief Executive Officer presented the 2024 Public Sector Salary Disclosure for Middlesex-London Health Unit. The *Public Sector Salary Disclosure Act, 1996* (the Act) requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid \$100,000 or more in a calendar year. This information is required to be uploaded into the provincial online portal by March 7 with public disclosures being made by March 31.

E. Williams noted that there are 36 individuals on this list for 2024 and added that the Board has received an amended appendix this evening, due to staff members needing to be added to the disclosure (an Epidemiologist and a Public Health Nurse).

Board Member Matthew Newton-Reid inquired when the Health Unit would potentially start seeing more Public Health Nurses on future salary disclosures. E. Williams noted that this may occur soon (potentially next year) pending negotiations, where the nurse is on the salary band, and the type of work that the nurse



conducts. E. Williams noted that some nurses on the disclosure engaged in after hours on-call work regarding vaccine and that the top of the salary band is approximately \$93,000.

It was moved by **S. Menghsha**, seconded by **S. Franke**, that the Board of Health receive Report No. 14-25 re: "2024 Public Sector Salary Disclosure for Middlesex-London Health Unit" for information.

Carried

### **Current Public Health Issues (Verbal Report)**

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

#### Respiratory Season Update

Middlesex-London continues to be in a high-risk respiratory season. COVID-19 and influenza are circulating, with COVID trending downwards and influenza trending upwards. COVID's peak in the region occurred earlier in the fall. Influenza is currently showing peaks, with a predicted peak in March and April. The RSV virus is also circulating and there are readily available vaccinations for RSV for pregnant persons, infants, and those over 65 years of age.

#### Measles Update

Neighbouring jurisdictions have seen significant measles outbreaks. In Middlesex-London, there are no measles cases but there have been measles exposures. Middlesex-London's measles vaccination rates are high, and the outbreaks are occurring with under-vaccinated populations. Vaccination hesitancy continues to be discussed.

#### Ministry of Finance Delegation

On January 29, Emily Williams and Dr. Alex Summers were invited to attend a private consultation meeting with the Parliamentary Assistant to the Minister of Finance, MPP Zee Hamid and Minister Rob Flack in St. Thomas (riding of Elgin-Middlesex-London). The consultation was for community partners to provide feedback on the 2025 Ontario Budget.

The Health Unit emphasized the following messages:

- Sustained and sufficient funding for public health units
- Equitable base funding for MLHU
- Suggestions to change the funding formula to include population growth impacts
- Increase in newcomers who are supported by public health, and that drives service costs (e.g., translation)

#### Provincial Election

On January 28, the Lieutenant Governor approved the Premier's request to dissolve the legislature and there will be a provincial election on February 27. For the Health Unit, there is uncertainty around funding receipt, no passing of legislation that may impact public health and uncertainty around local political representatives.

#### MLHU in the News

The Health Unit was in the news regarding the measles exposures in the community, cold weather alerts and ongoing avian influenza activity.

Board Member M. Newton-Reid inquired on the threshold for a cold weather alert to be issued. Dr. Summers noted that the threshold is -15 degrees or -20 degrees with windchill.

Board Member Howard Shears noted that the United States seems to be moving away from promoting vaccination for COVID, influenza and measles. H. Shears inquired what contingency plans would the Health Unit have for uptick in disease. Dr. Summers noted that vaccination hesitancy is of concern (for

uptick in diseases such as measles) as occurrences are happening closer. The work that the Health Unit continues to do with provincial partners is emphasizing that there is a need to continue to have capacity to investigate cases of infectious diseases, as well as emphasizing the need to make sure that as many people in our population are as vaccinated as possible. Dr. Summers noted that it is reassuring that locally, there are high rates of vaccination and locally, vaccines are readily available to provide to the community. Dr. Summers further highlighted the use of the *Immunization of Student Pupils Act* to vaccinate youth and to reach more people with vaccination.

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

Carried

#### **Medical Officer of Health Activity Report for January (Report No. 15-25)**

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

It was moved by **P. Cuddy, seconded by M. Newton-Reid**, that the Board of Health receive Report No. 15-25 re: *“Medical Officer of Health Activity Report for January” for information*.

Carried

#### **Chief Executive Officer Activity Report for January (Report No. 16-25)**

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

It was moved by **M. Smibert, seconded by H. Shears**, that the Board of Health receive Report No. 16-25 re: *“Chief Executive Officer Activity Report for January” for information*.

Carried

#### **CORRESPONDENCE**

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

- a) *Public Health Sudbury and Districts re: Response to Proposed Amendment of Section 22 of the Health Protection and Promotion Act*
- b) *Middlesex-London Board of Health External Landscape for February*

Carried

#### **OTHER BUSINESS**

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

#### **CLOSED SESSION**

At **8:04 p.m.**, it was moved by **A. DeViet, seconded by P. Cuddy**, that the Board of Health will move into a closed session to consider matters regarding:

- *advice that is subject to solicitor-client privilege, including communications necessary for that purpose affecting the municipality or local board; and*
- *to approve previous closed session Board of Health minutes.*

Carried

At **8:10 p.m.**, it was moved by **M. Newton-Reid**, seconded by **S. Menghsha**, *that the Board of Health return to public session from closed session.*

Carried

**ADJOURNMENT**

At **8:11 p.m.**, it was moved by **S. Franke**, seconded by **A. DeViet**, *that the meeting be adjourned.*

Carried

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**MICHAEL STEELE**  
Chair

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**EMILY WILLIAMS**  
Secretary



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**QUALITY AND GOVERNANCE COMMITTEE**

Thursday, February 20, 2025 at 6 p.m.  
MLHU Board Room – CitiPlaza  
110-355 Wellington Street  
London, ON N6A 3N7

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**MEMBERS PRESENT:** Aina DeViet (2025 Committee Chair Appoint)  
Michelle Smibert  
Matthew Newton-Reid (attended virtually)  
Michael Steele  
Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:** Stephanie Egerton, Executive Assistant to the Board of Health (recorder)  
Jennifer Proulx, Director, Family and Community Health  
Sarah Maaten, Director, Public Health Foundations  
Omar Ozaldin, Director, Environmental Health, Infectious Diseases and Clinical Services  
Ryan Fawcett, Associate Director, Operations/Privacy Officer  
Cynthia Bos, Associate Director, Human Resources and Labour Relations  
Dr. Janice Mok, Medical Resident

At **6:01 p.m.**, Secretary and Treasurer Emily Williams called the meeting to order.

**MEETING PROCEDURES**

**Election of 2025 Quality and Governance Committee Chair**

Secretary and Treasurer Emily Williams opened the floor to nominations for Chair of the Quality and Governance Committee for 2025.

It was moved by **M. Smibert, seconded by M. Steele**, *that Aina DeViet be nominated for Chair of the Quality and Governance Committee for 2025.*

Carried

Aina DeViet accepted the nomination.

E. Williams called three times for further nominations. None were forthcoming.

It was moved by **M. Smibert, seconded by M. Steele**, *that Aina DeViet be acclaimed as Chair of the Quality and Governance Committee for 2025.*

Carried

**DISCLOSURES OF PECUNIARY INTEREST**

Chair DeViet inquired if there were any disclosures of conflicts of interest.

### **APPROVAL OF AGENDA**

It was moved by **M. Steele, seconded by M. Smibert**, that the **AGENDA** for the February 20, 2025 Quality and Governance Committee meeting be approved.

Carried

### **NEW BUSINESS**

#### **2025 Quality and Governance Committee Terms of Reference (Report No. 01-25QGC)**

Emily Williams, Secretary of the Board of Health introduced the draft 2025 Quality and Governance Committee Terms of Reference.

E. Williams explained that the new Quality and Governance Committee will conduct work that includes policy review and reviewing quality-related reporting such as strategic planning, organizational performance, privacy statistics and risk management. Meetings will be quarterly at 6 p.m. before the regularly scheduled Board of Health meeting.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, that the *Quality and Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 01-25QGC re: "2025 Quality and Governance Committee Terms of Reference" for information; and*
- 2) *Approve the 2025 Quality and Governance Committee Terms of Reference.*

Carried

#### **2023-25 Provisional Plan 2024 Q4 Status Update (Report No. 02-25QGC)**

Sarah Maaten, Director, Public Health Foundations presented the 2024 Q4 Status Update of the Middlesex-London Health Unit's Provisional Strategic Plan.

S. Maaten noted that progress has been made on many of the Provisional Plan strategic initiatives within Q4 of 2024 with some initiatives being delayed and paused following a reprioritization process in Q3. The initiative to develop an organizational emergency response plan (ERP) and continuity of business operation plan (COOP) has been completed. This is the first provisional plan initiative to be completed and will be presented to the Board of Health at the regular Board of Health meeting later in the evening (February 20 at 7 p.m.). Three types of risks were identified within the tactics in Q3 2024: (1) Operational / Service Delivery, (2) People / Human Resources, and (3) Financial.

S. Maaten noted that the following initiatives have experienced delays or pauses:

- The Partnership Engagement Framework and Partnership Inventory initiatives were placed on hold at the beginning of Q3 resulting in no activities being completed during Q4. This initiative is planned to resume in Q1 2025 with a trial of the draft inventory.
- The Intervention Description and Indicator Development initiative was paused towards the end of Q3 and during Q4. Timelines have been extended to respond to competing priorities. This initiative is planned to resume in Q1 2025.
- The sociodemographic and race-based data collection project experienced a decline in staff participation due to several operational and service delivery factors. A few strategies are planned for Q1 2025 to further understand the challenges in data collection from early adopter teams and explore technical solutions.
- Some activities associated with the Job Description Review experienced delays in Q4 due to limited staff capacity to review position descriptions.

- Some activities associated with Document and Refine Budgeting Processes were delayed due to turnover in the Finance team.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, *that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 02-25QGC re: “2023-25 Provisional Plan 2024 Q4 Status Update” for information.*

Carried

#### **Privacy Program Report – IPC Statistical Reports for 2024 (Report No. 03-25QGC)**

Ryan Fawcett, Associate Director, Operations/Privacy Officer presented the 2024 privacy statistics for the Middlesex-London Health Unit.

R. Fawcett noted that reporting to the Information and Privacy Commissioner of Ontario for local boards and municipalities is due March 1 each year. Required reports include confirmed privacy breaches, access and correction requests under the *Personal Health Information Protection Act, O. Reg 329/04* (PHIPA) and access and correction requests under and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Reporting was completed on February 10, 2025.

The Health Unit had one (1) privacy breach incident in 2024 that met the threshold for notification to the Information and Privacy Commissioner. This privacy breach involved a staff member accessing private health information of a client without authorization. The information was not disclosed to anyone else and the Health Unit worked through the disclosure with the client. The steps that the Health Unit conducted to rectify the situation satisfied the Information and Privacy Commissioner.

In 2024, there were five (5) PHIPA access requests, 2 (two) MFIPPA access requests, and one (1) privacy breach. In 2023, there were 21 PHIPA access requests, 7 (seven) MFIPPA access requests and no privacy breaches.

Committee Member Mike Steele inquired on the reason that freedom of information requests would be lower than previous years. R. Fawcett explained that freedom of information requests vary from year to year. Historically, the Health Unit has had higher personal health information (PHIPA) requests than municipal (MFIPPA). Requests for 2024 are on par with pre-COVID trends.

Chair DeViet noted that municipal clerks are reporting higher volumes in freedom of information requests for 2024.

It was moved by **M. Smibert, seconded by M. Newton-Reid**, *that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 03-25QGC re: “Privacy Program – Information and Privacy Commissioner (IPC) Statistical Reports for 2024” for information.*

Carried

#### **Q4 2024 Risk Registry Update (Report No. 04-25QGC)**

R. Fawcett presented the Q4 2024 Risk Registry. There are eight (8) risks identified on the Q4 2024 Risk Register.

Three (3) risks carry significant residual risk within the Financial and People/Human Resources and Legal/Compliance categories. The financial risk is related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset actual work and inflation. Due to the election,

the 2024 funding package has not been received by the Health Unit. MLHU awaits a response from the Ministry with respect to one-time COVID and outbreak disease funding request. The people-related risk is related to reduced resiliency post restructuring. Senior Leadership continues to support leaders and staff through change, as well as conducting goal and priority setting exercises to focus teams on core deliverables. The legal risk is related to a planned legal matter in Q1 2025.

Three (3) risks carry moderate residual risk within the Political, Technology and Operational/Service Delivery categories. The political risk is related to health unit mergers. Voluntary mergers were approved, merging nine (9) health units into four (4) newly created health units. No new mergers are anticipated at this time. The technology risk is related to token software management, which has been mitigated by the Information Technology team. The operational risk is related to the Health Unit needing a new website provider, which vendor options are being explored.

Two (2) carry minor residual risk related to the technology and legal risk categories, both of which have been mitigated to an acceptable level of risk.

R. Fawcett noted that priorities for 2025 are continued support for staff and leaders, hardening cyber defenses, reducing the financial gap and business continuity planning. A new risk register will be developed in 2025 enhancing how risks are identified and communicated within the Health Unit and to the Board.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, that the *Quality and Governance Committee recommend to the Board of Health to:*

- a) *Receive Report No. 04-25QGC re: "Q4 2024 Risk Registry" for information; and*
- b) *Approve the Q4 Risk Register (Appendix A)*

Carried

#### **Q4 2024 Performance Reporting (Report No. 05-25QGC)**

Dr. Alexander Summers, Medical Officer of Health introduced the Q4 2024 Performance Reporting. Dr. Summers reminded the Committee that this process was a part of the Management Operating System (MOS) at the Health Unit, providing the Committee and Board of Health with quarterly performance reporting.

Highlights of Q4 2024 include:

- Significant changes to the comprehensive school health interventions;
- Ongoing community mobilization efforts to address the toxic drug crisis and homelessness crisis within Middlesex-London;
- Completion of the Continuity of Operations Plan on an expedited schedule; and
- Continued development and implementation of the Management Operating System, including the re-initiation of the intervention description and indicator development process.

E. Williams noted that key performance indicator (KPI) work was picking up at the Health Unit and that more indicators from Corporate Services would be seen in Q2's report to the Committee.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, that the *Quality and Governance Committee recommend to the Board of Health to receive Report No. 05-25QGC re: "Q4 2024 Organizational Performance Reporting" for information.*

Carried

**OTHER BUSINESS**

The next meeting of the Quality and Governance Committee is on Thursday, May 22, 2025 at 6 p.m.

**ADJOURNMENT**

At **6:16 p.m.**, it was moved by **M. Steele**, seconded by **M. Newton-Reid**, *that the meeting be adjourned.*

Carried

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**AINA DEVIET**  
Committee Chair

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**EMILY WILLIAMS**  
Secretary



**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 19-25**

**TO:** Chair and Members of the Board of Health

**FROM:** Dr. Alexander Summers, Medical Officer of Health

**DATE:** 2025 March 20

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**MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR FEBRUARY**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 19-25 re: "Medical Officer of Health Activity Report for February" for information.*

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The following report highlights the activities of the Medical Officer of Health for the period of February 7 – March 6, 2025.

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

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

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

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

- |                    |  |
|--------------------|--|
| <b>February 10</b> | Attended a meeting of the internal Substance Use Coordination Committee.   |
|                    | Chaired an internal debrief meeting regarding the inaugural Middlesex-London Health System Emergency Management Table. |
| <b>February 27</b> | Participated in an internal meeting regarding the role of public health units in childhood vaccination.                |
| <b>March 4</b>     | Chaired an internal planning meeting with regards to the Middlesex-London Community Drug and Alcohol Committee.        |

**March 5** Participated in an internal meeting to explore the use of the RAVE mass notification system in case and contact management.

**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.*

**February 10** With Emily Williams, Chief Executive Officer, met with City of London Councillor Pelosa regarding the Middlesex-London Health Unit budget.

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

**February 13** Participated in a tour of Joan's Place, an affordable housing project by Youth Opportunities Unlimited.

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

Chaired an internal meeting to discuss Middlesex-London Health Unit partnerships with local school boards.

**February 14** Attended the Council of Medical Officers of Health section meeting.

**February 18** Participated in a planning meeting for the 2025 "The Ontario Public Health Conference" (TOPHC), facilitated by Public Health Ontario.

**February 19** With Dr. Joanne Kearon, Associate Medical Officer of Health, met with Dr. Karalyn Dueck, Medical Officer of Health for Lambton Public Health, to discuss the Middlesex-London Health Unit providing coverage for the Medical Officer of Health while away.

**February 20** Participated in a meeting with Dr. Matthew Tenenbaum, Associate Medical Officer of Health at Wellington-Dufferin-Guelph Public Health, to discuss quality improvement and performance measurement.

**February 21** Presented a guest lecture for the Western Senior Alumni Program.

**February 25** With Jennifer Proulx, Director, Family and Community Health and Isabel Resendes, Manager, Healthy Babies Healthy Children, hosted and provided a presentation on public health and Middlesex-London Health Unit programming for women and families to a delegation from Cambodia, facilitated by the County of Middlesex.

**February 26** Met with Andrew Lockie, Chief Executive Officer, YMCA of Southwestern Ontario.

Interview with Chirag Singhal, Western Gazette, regarding avian influenza.

- February 27** Participated in the monthly Middlesex-London Ontario Health Team Coordinating Council meeting.
- Hosted City of London Councillor Ferreira for a tour of the Middlesex-London Health Unit London offices.
- March 3** Met with Martin McIntosh, Executive Director, Regional HIV/AIDS Connection.
- Participated in a planning meeting for the 2025 “The Ontario Public Health Conference” (TOPHC), facilitated by Public Health Ontario.
- Interview with Nyna Jayavarshita, Western Gazette, regarding student smoking rates.
- March 4** Interview with Mike Stubbs, CFPL 980, regarding measles rates and exposures.
- March 5** Participated in a meeting of a working group of the Middlesex-London Health System Emergency Management Table regarding respiratory illness surges.
- March 6** Attended a meeting related to measles, facilitated by Public Health Ontario.

**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.*

- February 12** With Emily Williams, Chief Executive Officer, co-chaired a Senior Leadership Team Planning Day.
- February 13** Met with a public health and preventive medicine resident during their rotation with the Middlesex-London Health Unit.
- February 19** Met with a student to provide mentorship regarding career in medicine and public health.
- February 20** Met with a public health and preventive medicine resident during their rotation with the Middlesex-London Health Unit.
- March 4** Met with a medical student to provide mentorship.
- March 5** Attended a meeting of the Infectious Disease Residency Training Program Committee.
- March 6** Participated in a meeting with students from Schulich School of Medicine and Dentistry reviewing their systematic reviews as part of a course project.
- Met with a public health and preventive medicine resident during their rotation with the Middlesex-London Health Unit.

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

- February 10**      Attended the February Board of Health Agenda Review and Executive meeting.
- February 20**      Attended the monthly touch base meeting with the Board of Health Chair.
- Attended the February Quality and Governance Committee meeting.
- Attended the February Board of Health meeting.
- March 3**            Participated in internal meetings to coordinate the operational response to a Microsoft outage which impacted internal applications such as email.
- March 6**            Attended a meeting regarding the Middlesex-London Health Unit Strategic Planning project.

This report was prepared by the Medical Officer of Health.



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

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

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

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

**MIDDLESEX-LONDON BOARD OF HEALTH**  
**REPORT NO. 20-25**

**TO:** Chair and Members of the Board of Health  
**FROM:** Emily Williams, Chief Executive Officer  
**DATE:** 2025 March 20

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**CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR FEBRUARY**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 20-25 re: "Chief Executive Officer Activity Report for February" for information.*

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The following report highlights the activities of the Chief Executive Officer (CEO) for the period of February 11 – March 6, 2025.

Standing meetings include weekly Corporate Services leadership team meetings, Senior Leadership Committee meetings, MLHU Leadership Team meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, monthly check ins with the Director, Public Health Foundations, and weekly check ins with the Corporate Services leaders and the Medical Officer of Health. The CEO was on vacation from February 25-March 1.

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:*

**February 13** With the Associate Director, Operations & Privacy Officer, met with a Vice President of Middlesex Hospital Alliance to discuss partnership opportunities.

**February 20** With the Executive Assistant to the Board of Health, met with the City of London Manager of Government Relations regarding a ROMA delegation.

Met with other CEO/Business Administrators from local public health agencies to discuss issues of common interest and share ideas.

**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:*

**February 12** With the MOH, co-chaired an SLT retreat day focused on team building.

**February 14** Provided training on Management Reporter as part of orientation for the new Director, Environmental Health, Infectious Disease, and Clinical Services, as well as the Manager of Infectious Disease Control.

**February 19** Hosted a coffee break for the Corporate Services Division.

As part of MLHU's 2026 budget planning process, chaired the third Budget Implementation Working Group meeting to provide staff an opportunity to identify key issues, opportunities and provide recommendations for improving the budget process.

**March 5** Met with an employee to provide mentorship.

**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:*

**February 11** Attended a meeting with KPMG (Audit firm) to discuss and plan for the 2024 financial year audit process.

**February 19** Attended a meeting to review the Q4 financials with members of the Finance team.

**February 20** Met with the Manager, Communications, to discuss organizational branding.

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

Attended the inaugural meeting of the Quality and Governance Committee.

Attended the February Board of Health meeting.

**March 3** Chaired internal meetings to coordinate the operational response to a Microsoft outage which impacted internal applications such as email.

**March 6** Participated in a meeting regarding the Middlesex-London Health Unit Strategic Planning project.

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

**February 14** As part of the CEO's Executive membership of the Association of Public Health Business Administrators (AOPHBA), attended a meeting to discuss the annual conference.

**February 19** Attended the "Politics Created Medicare. Unleash Your Inner Politician to Save It" webinar hosted by the Canadian College of Health Leaders.

**February 20** As part of the CEO's Executive membership of the Association of Public Health Business Administrator (AOPHBA), chaired a meeting to discuss planning for an AOPHBA Lunch and Learn.

**February 21** As part of the CEO's Executive membership of the Association of Public Health Business Administrator (AOPHBA), attended the AOPHBA executive meeting.

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.**

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 21-25**

**TO:** Members of the Board of Health

**FROM:** Mike Steele, 2025 Board of Health Chair  
Michelle Smibert, 2025 Board of Health Vice-Chair

**DATE:** 2025 March 20

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**BOARD OF HEALTH CHAIR AND VICE-CHAIR ACTIVITY REPORT  
FOR JANUARY AND FEBRUARY**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 21-25 re: "Board of Health Chair and Vice-Chair Activity Report for January and February" for information.*

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The following report highlights activities of the Middlesex-London Health Unit's Board of Health Chair and Vice-Chair for the period of January 9 – March 6, 2025.

The 2025 Board Chair and Vice-Chair are Mike Steele and Michelle Smibert.

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*

**January 29** The Board Chair, Vice-Chair, Past Board Chair and Executive Assistant met to discuss transitioning matters between 2024 and 2025 for the Board of Health.

**February 25** The Vice-Chair (also in their capacity as a County of Middlesex Councillor) attended a presentation to the Cambodian delegation on public health for the Federation of Canadian Municipalities' Partnerships for Municipal Innovation – Women in Local Leadership Program.

**March 6** The Board Chair attended a meeting with Health Unit leaders on the Health Unit's Strategic Plan



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

**January 15** Participated in the monthly agenda review meeting with the Medical Officer of Health, Chief Executive Officer and Executive Assistant

**February 10** Participated in the monthly agenda review meeting with the 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*

**January 23** The Board Chair presided over the January Board of Health meeting

**February 20** The Board Chair presided over the February 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*

**January 15** The Board Chair and Vice-Chair participated in the monthly executive meeting with the Medical Officer of Health and Chief Executive Officer

**February 10** The Board Chair and Vice-Chair participated in the monthly executive meeting with the Medical Officer of Health and Chief Executive Officer

**February 20** Monthly meeting between the Chief Executive Officer and Board Chair  
Monthly meeting between the Medical Officer of Health and Board Chair  
Monthly meeting between the Executive Assistant and Board Chair

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

**February 20** The Board Chair and Vice-Chair participated in the Quality and Governance Committee meeting

This report was jointly prepared by the 2025 Board of Health Chair and 2025 Vice-Chair.



**Michael Steele**  
Board of Health Chair



**Michelle Smibert**  
Board of Health Vice-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.**

## Middlesex-London Board of Health External Landscape Review – March 2025

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

### National, Provincial and Local Public Health Advocacy



#### Ontario Election Results on February 27

On February 27, the incumbent Progressive Conservative Party was re-elected with a majority government.

There were no changes to local elected representation in Middlesex-London:

- Terrence Kernaghan (London North-Centre) – New Democratic Party of Ontario
- Peggy Sattler (London West) – New Democratic Party of Ontario
- Teresa Armstrong (London Fanshawe) – New Democratic Party of Ontario
- Rob Flack (Elgin-Middlesex-London) – Progressive Conservative Party of Ontario
- Steve Pinsonneault (Lambton-Kent-Middlesex) – Progressive Conservative Party of Ontario

The Premier (Doug Ford) and Cabinet will be sworn in on March 19, with a new session of the Ontario Legislative Assembly to begin on April 14.

To review full election results, please visit Elections Ontario's [website](#).

#### Impact to MLHU Board of Health

The Board of Health, the MOH and CEO looks forward to continuing to discuss critical local public health matters that concern the provincial government post-election with sworn in Members of Provincial Parliament in the coming weeks.

### United States Tariffs Implemented



On March 4, 2025, the United States imposed 25% tariffs on all Canadian exports to the United States and a 10% tariff on all Canadian energy. In response, the Canadian Government announced retaliatory tariffs on \$155 billion of American goods in a phased approach. The Ontario Government has also announced retaliatory measures including banning U.S.-based companies from participating in government procurement and encouraged municipalities to do the same. Further, the United States has also announced that it may impose additional 25 per cent tariffs on certain industries, including steel, aluminum and autos on March 12.

For a full list of items impacted by Canada's retaliatory tariffs, see the Canadian Department of Finance [website](#).

#### Impact to MLHU Board of Health

The Board of Health, MOH, and CEO are actively pursuing a policy of not purchasing items directly from United States suppliers, unless a single-sourced item. Due to retaliatory tariffs, the cost of procurement for some items may increase; however, in cases of costs increasing significantly, MLHU will look for alternative domestic or non-US products.

**Ontario Superior Court of Justice approves \$32.5 billion tobacco settlement**

On March 6, Chief Justice Geoffrey B. Morawetz has approved a historic \$32.5 billion settlement that will see three major tobacco companies compensate provinces, territories and ex-smokers in Canada.

The settlement was first proposed in October 2024 after unsuccessful years of mediation between tobacco companies JTI-Macdonald Corp., Rothmans, Benson & Hedges and Imperial Tobacco Canada Ltd and their creditors. The purpose of the settlement is for provincial and territorial governments to recoup smoking-related health-care costs.

The settlement details for the companies to pay more than \$24 billion to provinces and territories over about two decades, while plaintiffs in two class-action lawsuits in Quebec will get more than \$4 billion to split between them. Another \$2.5 billion will go to compensate Canadian smokers not included in the lawsuits, and more than \$1 billion will go to a foundation to fight tobacco-related diseases. The money for the foundation also includes \$131 million taken from the amount allocated to the Quebec plaintiffs.

It is noted that legal counsel for the Canadian Cancer Society (a party of the settlement) was disappointed the approved settlement did not contain stronger public health measures for companies and provinces/territories regarding smoking reduction.

To read the full article, please visit CBC News' [website](#) and to review the full decision, please see decision [Imperial Tobacco Canada Limited, 2025 ONSC 1358](#).

**Impact to MLHU Board of Health**

The Board of Health has previously heard a report regarding tobacco marketing and cost recovery in January 2025 in [Report No. 07-25](#). The MLHU recommended recovery costs from tobacco and vapour product firms, strengthening prevention and cost recovery in phases.

**Local Public Health News****Measles Outbreaks in Surrounding Regions**

As of February 26, 2025 Ontario has reported 177 measles cases associated with a multi-jurisdictional measles outbreak which started in October 2024 in New Brunswick. The majority of outbreak-related cases have occurred in surrounding health units of Southwestern Public Health (48%) and Grand Erie Public Health (44.6%). Several exposures associated with the outbreak have occurred in the Middlesex-London region including local hospitals and retail spaces.

On March 11, the MLHU notified the public of a measles case in the region.

**GRAND ERIE**  
PUBLIC HEALTH

To review the full epidemiological summary of *Measles in Ontario*, please visit Public Health Ontario's [website](#).

**Impact to MLHU Board of Health**

The Board of Health, the MOH, and CEO support collaboration with other regional public health units in the mitigation of infectious diseases and preparation to address any local exposure or cases.