

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

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

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

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

SECRETARY

Emily Williams

TREASURER

Emily Williams

DISCLOSURES OF PECUNIARY INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: October 17, 2024 – Board of Health meeting

Receive: October 17, 2024 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1			X	Opioid Crisis Update 2024 (Report No. 74-24)	Appendix A	To provide an update on the opioid crisis in Middlesex-London. Lead: Jennifer Proulx, Director, Family and Community Health Presenting: Darrell Jutzi, Manager, Municipal and Community Health Promotion and Alanna Leffley, Epidemiologist
2			X	2023-25 Provisional Plan 2024 Q3 Status Update (Report No. 75-24)	Appendix A	To provide the Board of Health with an update for Q3 2024 on the Health Unit's Provisional Strategic Plan. Lead: Sarah Maaten, Director, Public Health Foundations Presenting: Amanda Harvey, Manager, Strategy, Planning and Performance
3		X	X	2024 Budget Amendment (Report No. 76-24)		To seek approval from the Board of Health to amend the 2024 Budget. Lead: Emily Williams, Chief Executive Officer
4			X	Q3 2024 Organizational Performance Reporting (Report No. 77-24)	Appendix A	To review the third quarterly Organizational Performance Management reporting (from the Management Operating System). Leads: Dr. Alexander Summers, Medical Officer of Health and Emily Williams, Chief Executive Officer
5			X	Current Public Health Issues (Verbal Update)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Alexander Summers, Medical Officer of Health

6			X	<p>Acting Medical Officer of Health Activity Report for October (Report No. 78-24)</p>		<p>To provide an update on the activities of the Acting Medical Officer of Health since the last Board of Health meeting.</p> <p>Lead: Dr. Joanne Kearon, Associate Medical Officer of Health</p>
7			X	<p>Chief Executive Officer Activity Report for October (Report No. 79-24)</p>		<p>To provide an update on the activities of the Chief Executive Officer since the last Board of Health meeting.</p> <p>Lead: Emily Williams, Chief Executive Officer</p>
8			X	<p>Board of Health Chair and Vice-Chair Activity Report for September and October (Report No. 80-24)</p>		<p>To provide an update on the activities of the Board of Health Chair and Vice-Chair in September and October.</p> <p>Leads: Board Chair Matthew (Matt) Newton-Reid and Vice-Chair Michael (Mike) Steele</p>
Correspondence						
9			X	<p>November Correspondence</p>		<p>To receive items a) through f) for information:</p> <ul style="list-style-type: none"> a) Public Health Sudbury and Districts re: <i>Support for Ontario to continue to protect the safety of private drinking water</i> b) Municipality of Central Manitoulin re: <i>Public Health Ontario Proposes Phasing Out Free Water Testing for Private Wells</i> c) Town of Gore Bay re: <i>Public Health Ontario proposes phasing out free water testing for private wells</i> d) Peterborough Public Health re: <i>Funding support for Student Nutrition Programs</i> e) Middlesex-London Board of Health External Landscape for November 2024 f) Email Correspondence from Board of Health Chair, Chris Moise (Toronto Public Health)

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, December 12, 2024 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, October 17, 2024 at 7 p.m.
Microsoft Teams

MEMBERS PRESENT: Michael Steele (Vice-Chair) (presiding)
Peter Cuddy (exited at 7:58 p.m.)
Matthew Newton-Reid (exited at 7:58 p.m.)
Howard Shears
Michael McGuire
Selomon Menghsha
Aina DeViet
Dr. Joanne Kearon, Acting Medical Officer of Health (ex-officio)
Emily Williams, Chief Executive Officer (ex-officio)

REGRETS: Skylar Franke
Michelle Smibert
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Cynthia Bos, Associate Director, Human Resources and Labour Relations
Dale Percival, Senior Audit Manager, KPMG LLP (exited at 8:12 p.m.)
Katie DenBok, Partner, Audit, KPMG LLP (exited at 8:12 p.m.)
Jennifer Proulx, Director, Family and Community Health/Chief Nursing Officer
Sarah Maaten, Director, Public Health Foundations
Ryan Fawcett, Manager, Privacy, Risk and Client Relations
Melissa Thompson, Manager, Vaccine Preventable Disease
Dr. Amanda Perri, Epidemiologist

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

CLOSED SESSION

At **7:01 p.m.**, it was moved by **P. Cuddy, seconded by H. Shears**, that the Board of Health will move into a closed session to consider matters regarding 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, 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 and to approve previous closed session Board of Health minutes.

Carried

At **7:58 p.m.**, it was moved by **H. Shears, seconded by A. DeViet**, that the Board of Health return to public session from closed session.

Carried

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **S. Menghsha, seconded by A. DeViet**, that the *AGENDA* for the October 17, 2024 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. McGuire, seconded by S. Menghsha**, that the *MINUTES* of the September 19, 2024 Board of Health meeting be approved.

Carried

It was moved by **A. DeViet, seconded by H. Shears**, that the *MINUTES* of the September 19, 2024 Performance Appraisal Committee meeting be received.

Carried

It was moved by **M. McGuire, seconded by S. Menghsha**, that the *MINUTES* of the September 19, 2024 Finance and Facilities Committee meeting be received.

Carried

NEW BUSINESS

2023 Draft Audited Financial Statements (MLHU1) (Report No. 72-24)

Dale Percival, Senior Audit Manager and Katie DenBok, Partner, Audit, both of KPMG presented the Draft Audited Financial Statements (MLHU1) to the Board of Health.

D. Percival reviewed the audit findings for the Health Unit's audit and noted the following:

- Auditors are required to report materialities. Materiality of \$890,000 (2022 - \$1,080,000) was determined based on preliminary total expenses resulting in an audit misstatement posting threshold of \$44,500 (2022 - \$54,000).
- There were no significant unusual transactions.
- There were no controlled efficiencies or audit misstatements corrected or incorreced identified during the audit.

D. Percival noted that KPMG substantially completed the audit as of October 17 and added that there are some minor supports that are being sought but will not take long to complete the audit. Once these final supports (documents) are provided, the Chief Executive Officer can sign the management representation letter, where the final statements can be issued.

There were no questions or discussion.

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

- 1) Receive Report No. 72-24 re: "2023 Audited Financial Statements-Draft" for information; and
- 2) Approve the audited Financial Statements for the Middlesex-London Health Unit for the year ending December 31, 2023.

Carried

Emily Williams, Chief Executive Officer reminded the Board that voluntary retirement incentives were a part of the 2023 restructuring that the Health Unit conducted. E. Williams noted that in the Q2 update, the retirement incentive payments had been reported as included in 2024 but upon the advice of our auditors, these payments were moved back into 2023 as appropriate, which resulted in restated financials for the year.

E. Williams further noted that the Health Unit has insufficient surplus to cover the entire amount (of retirement incentive payments) from last year and requested the use of \$66,296 in reserve funds from the employment cost reserve to cover the remaining balance.

There were no questions or discussion.

It was moved by **A. DeViet, seconded by S. Menghsha**, *that the Board of Health approve the use of reserve funds \$66,296 from 2023 to cover the outstanding amount of the unfunded/unbudgeted Voluntary Retirement balance of \$292,000.*

Carried

At **8:12 p.m.**, D. Percival and K. DenBok exited the meeting.

Q3 2024 Risk Register Update (Report No. 67-24)

Ryan Fawcett, Manager, Privacy, Risk and Client Relations presented the Q3 2024 Risk Register Update to the Board of Health.

R. Fawcett noted there are six (6) risks identified in Q3. Three (3) are high risk, two (2) carry significant residual risk related to continued financial pressures and reduced productivity and resilience post restructuring. R. Fawcett noted that for the second risk, this has been mitigated through the introduction of the Associate Manager position and priority setting exercises to focus on critical functions not competing initiatives. Priorities for Q4 of 2024 are continued support for staff, cyber security, reducing the financial gap and business continuity planning.

There were no questions or discussion.

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

- 1) *Receive Report No.67-24 re: "Q3 2024 Risk Registry" for information; and*
- 2) *Approve the Q3 Risk Register (Appendix A)*

Carried

2023-24 Compliance with the Immunization of School Pupils Act in Middlesex-London Schools (Report No. 68-24)

Dr. Joanne Kearon, Acting Medical Officer of Health introduced Melissa Thompson, Manager, Vaccine Preventable Disease and Dr. Amanda Perri, Epidemiologist to provide information on the immunization compliance rates for pupils within the Middlesex-London community.

Dr. Perri noted that preliminary estimates indicate that the ongoing efforts by the Vaccine Preventable Disease team are having a significant positive impact on both vaccine compliance and coverage rates. These rates are either comparable to or have surpassed the pre pandemic levels, however noting that the Health Unit observed a slight decrease in polio vaccination coverage among younger populations. The decline for this vaccination is likely attributable to the recent update from the Ministry of Health, which invalidated all doses of the oral polio vaccine administered after April 1, 2016. Further, vaccinations exemptions range from 3.1% to 4.2% and may be granted for medical reasons, personal or religious beliefs. It was clarified that compliance refers to the extent to which individuals have adhered to the recommended vaccination schedules, whereas immunization coverage measures the proportion of the population that is vaccinated.

Data for compliance and coverage was extracted on August 31, 2024 by the Population Health and Surveillance Team. The compliance estimates for the 2023-2024 school year have increased by 9.5% to 23.3% across the various diseases compared to the previous year, resulting in overall compliance rates

ranging from 90.6% to 98.6%. When looking at the preliminary coverage data, an increase by 0.2% to 2.3% for the 2023-2024 academic year is observed, although coverage for polio decreased by just under 1%. Overall, the coverage estimates for this year are between 87.4% and 94.7% in Middlesex-London.

M. Thompson explained that students will come up on the overdue list (for vaccination) for a variety of reasons related to their immunization record status, such as no record on file (this mostly occurs with junior kindergarten students and newcomers coming into Middlesex-London), the record does not have all doses required for each antigen and students who did not receive all vaccines required by their age. Last year, there were 6000 students that had no record on file at the beginning of the school year. The Vaccine Preventable Disease team sends a letter to the parents and guardians of these children and are compliant either with suspension or without. Close to 22% of students received letters, and the majority of these students complied.

M. Thompson explained that the Vaccine Preventable Disease team has partners and collaborations to achieve compliance rates for vaccination and to support those in the community seeking vaccination for students. The team works with other areas of the Health Unit to employ collaboration and communication strategies, as well as with community partners such as London Inter-Community Health Centre, the London Cross-Cultural Learner Centre and with settlement workers in schools. These partners provide some access to specific populations, interpretation and some assistance with newcomers to help them understand the process. M. Thompson further noted that the Vaccine Preventable Disease team also provides resources, support and vaccine to healthcare providers in the community.

M. Thompson noted that while the process is successful, the Vaccine Preventable Disease team has several challenges each year during the vaccination compliance process for students. These challenges include:

- Using mail as communication method to families
- Timeframe required to complete screening / suspension
- Exemptions
- Increased school enrollment
- Increased newcomers with out-of-country immunization records
- Increased students from outside of Middlesex-London
- Other programming priorities

M. Thompson concluded with planning for 2024-2025. It is known that about 23% of students are overdue for their vaccinations, and ongoing communications are being conducted with schools, healthcare providers, families and social media. The team will expand clinic appointments when suspension letters have gone out, and the team continues to do summer screening. The team has also reached out to more than 4000 families through letters or phone calls to advise of specific overdue status for their students and for confirming addresses and phone numbers. M. Thompson added that the team is currently halfway through the first round of screening and off to a great start.

Board Member Howard Shears inquired why children in Gaza have been immunized against polio this summer with oral vaccinations, while Canada has invalidated some of the polio vaccinations. M. Thompson explained that the doses of oral polio vaccine were invalidated after 2016 because these vaccine doses protected against only two types of polio, when polio vaccinations should protect against three different types. With the invalidation of these doses, the community is being encouraged to receive the polio vaccine that protects against three strains of polio. M. Thompson added that in Canada, no oral polio vaccine is provided and only the IPV containing injectable vaccine is provided.

It was moved by **A. DeViet**, seconded by **H. Shears**, that the Board of Health receive Report No. 68-24 re: "2023-24 Compliance with the Immunization of School Pupils Act in Middlesex-London schools" for information.

Carried

Governance Committee Meeting Summary (Verbal Report)

Selomon Menghsha, Acting Governance Committee Chair reviewed the reports and proposed changes to governance policies to the Board of Health.

The Governance Committee reviewed 12 policies for the Board's consideration:

- G-190 Asset Protection
- G-220 Contractual Services
- G-230 Procurement
- G-240 Tangible Capital Assets
- G-250 Reserve and Reserve Funds
- G-310 Corporate Sponsorship
- G-320 Donations
- G-330 Gifts and Honoraria
- G-370 Board of Health Orientation and Development
- G-380 Conflicts of Interest and Declaration
- G-470 Annual Report
- G-500 Respiratory Season Protection

It is noted that there were queries and comments made regarding changes to G-210 Investing and G-320 Donations that require further research specific to finance. These policies will be brought for consideration to a future meeting. All other policies had housekeeping amendments or amendments that are minor in nature, which the Committee supported.

There were no questions or discussion.

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

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

Carried

2025 Board and Committee Meeting Dates (Report No. 69-24)

E. Williams introduced the 2025 Board and Committee meeting dates for the Board of Health's consideration. Staff are proposing to move the January and April meetings by one (1) week to accommodate for the office closure and the Easter statutory holidays, to not have an August meeting and to move all meetings in 2025 to be in-person. E. Williams noted that under the *Municipal Act* and the Board of Health's procedural by-law that Board Members may attend meetings virtually as required.

There were no questions or discussion.

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

- 1) *Receive Report No. 69-24 re: "2025 Board of Health and Committee Meeting Dates" for information; and*
- 2) *Approve the 2025 Board of Health and Committee Meeting Dates as presented in Appendix A.*

Carried

Current Public Health Issues (Verbal Report)

Dr. Joanne Kearon, Acting Medical Officer of Health presented the “Current Public Health Issues” update to the Board of Health.

Legionella Outbreak Update

The Legionella outbreak update was declared over as of October 11. It was determined the outbreak period was May 1 to September 26 and in that time frame there were 30 confirmed Legionella cases. All of those cases were hospitalized, with nine (9) in the intensive care unit and two (2) deaths. The age range was between 37 and 87 years old. For someone to be diagnosed with Legionella, it typically means that their symptoms were severe enough that they went to the hospital and were tested, which is the only way to be diagnosed.

During the investigation, the Health Unit collected 71 environmental samples from 18 different cooling tower sites. Legionella was detected at 11 sites and were non-viable or a species that were less likely to cause an outbreak. The clinical samples can be used to indicate where the outbreak was coming from, however some samples are still pending from the Public Health Ontario laboratory. A common source has still not been confirmed; however, all of the clinical samples do have the same subtype of Legionella. This suggests that the individuals all were infected from a common source.

The outbreak was declared over because there were no new cases for 24 days, which is the incubation period of Legionella.

Respiratory Vaccines

Vaccination programs in 2024-2025 for COVID-19, Influenza, and RSV are all active and generally aligned with eligibility criteria and availability timelines.

For COVID-19, the approved vaccines are Pfizer and Moderna to protect against the KP2 variant that is more likely to be circulating the community currently. As of October 8, it is available for the highest risk individuals and priority populations. The general population will be eligible on October 28 to receive the vaccine. For influenza, there are four available vaccines. Individuals older than 65, priority populations and highest risk individuals can receive the vaccine now, with the general population being eligible on October 28. It is noted that both the COVID-19 and influenza vaccines can be received at the same time. Further, the Health Unit will not be conducting mass vaccination clinics this year and it is encouraged to get vaccinated at a pharmacy or healthcare provider.

For respiratory syncytial virus (RSV) vaccines, there are two separate programs. One is for high-risk adults, primarily those in long term care homes, in-patients at hospitals and certain priority populations. The other program is for infants, as they are the highest risk population for severe outcomes related to RSV. Infants can be vaccinated at the hospital after birth and children can be vaccinated at their healthcare provider. The RSV vaccine can be administered at the same time as the COVID-19 and influenza vaccines. Pharmacies are not administering RSV vaccines for publicly funded individuals.

Respiratory Season Update

The Middlesex-London region is not yet in a high-risk period. New outbreaks continue to be high, and it is mainly due to COVID-19. New hospitalizations have low severe outcomes due to improved immunity from vaccination and natural infection. Percent test positivity for COVID-19 peaked last month, however, we are not yet seeing cases of influenza in the emergency department. As the community is in respiratory season, there are other viruses circulating and being tested in emergency departments, so the Health Unit is aware of the said circulating respiratory illnesses.

MLHU in the News

The Middlesex-London Health Unit was in the media many times this month. There were interviews given regarding Legionella, awareness of COVID-19 risks, and vaccines.

There were no questions or discussion.

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

Carried

Acting Medical Officer of Health Activity Report for September (Report No. 70-24)

Dr. Kearon presented her activity report for September and noted that this would be her last report as Acting Medical Officer of Health. Dr. Kearon will resume the duties as Associate Medical Officer of Health upon Dr. Summers' return at the end of October.

There were no questions or discussion.

It was moved by **A. DeViet, seconded by M. McGuire**, *that the Board of Health receive Report No. 70-24 re: "Acting Medical Officer of Health Activity Report for September" for information.*

Carried

Chief Executive Officer Activity Report for September (Report No. 71-24)

E. Williams presented her activity report for September. E. Williams thanked Dr. Kearon for her partnership and leadership over the past three (3) months.

There were no questions or discussion.

It was moved by **H. Shears, seconded by M. McGuire**, *that the Board of Health receive Report No. 71-24 re: "Chief Executive Officer Activity Report for September" for information.*

Carried

CORRESPONDENCE

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

- a) *Public Health Sudbury and Districts re: New measures to help prevent harms to youth from nicotine replacement therapies*
- b) *Peterborough Public Health re: Support for Bills S-233 and C-233 "An Act to develop a national framework for a guaranteed livable basic income"*
- c) *Haliburton, Kawartha and Pine Ridge District Health Unit re: Support for Bills S-233 and C-233 "An Act to develop a national framework for a guaranteed livable basic income"*
- d) *Middlesex-London Board of Health External Landscape for October 2024*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, November 21, 2024 at 7:30 p.m. Vice-Chair Steele noted that a Special Meeting of the Board of Health will also be occurring on Thursday, November 21, 2024 at 6 p.m.

ADJOURNMENT

At **8:40 p.m.**, it was moved by **M. McGuire**, seconded by **H. Shears**, *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Vice-Chair

EMILY WILLIAMS
Secretary

DRAFT



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

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

MEMBERS PRESENT: Selomon Menghsha (Acting Committee Chair)
Matthew Newton-Reid
Michael Steele
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Joanne Kearon, Acting Medical Officer of Health (ex-officio)

REGRETS: Michelle Smibert (Committee Chair)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Ryan Fawcett, Manager, Privacy, Risk and Client Relations

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

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

Carried

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

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

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

Carried

APPROVAL OF MINUTES

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

Carried

NEW BUSINESS

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

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

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

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

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

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

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

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

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

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

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

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

Carried

OTHER BUSINESS

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

ADJOURNMENT

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

Carried

SELOMON MENGSHA
Acting Committee Chair

EMILY WILLIAMS
Secretary

DRAFT

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 74-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 November 21

OPIOID CRISIS UPDATE 2024

Recommendation

It is recommended that the Board of Health receive Report No. 74-24 re: "Opioid Crisis Update 2024" for information.

Report Highlights

- Since the local opioid crisis was declared in our region in 2017, the rates for opioid-related emergency department (ED) visits and deaths in the Middlesex-London region have been consistently higher compared to Ontario and similar health unit regions.
- Compared to 2022, data from 2023 demonstrates a decline in opioid-related ED visits and opioid-related poisoning deaths in Middlesex-London; this is the second year in a row that a decline was observed.
- Despite this encouraging trend, the burden of illness associated with the opioid crisis remains significant in Middlesex-London, requiring an ongoing comprehensive community approach along the four pillars of prevention, treatment, harm reduction, and enforcement.

Background

Opioid related morbidity and mortality have had a significant impact on the Middlesex-London community over the past several years. The toxic unregulated drug supply has contributed to the number of fatal and non-fatal opioid overdoses seen across the province.

In August, the provincial government [announced](#) that new Consumption and Treatment Services (CTS) sites would no longer be funded and prohibited CTS sites within 200 meters of schools or daycares. London's CTS, Carepoint, is not impacted by the new distancing requirement, however potential impacts from additional requirements have not yet been evaluated. The province is also introducing funding for new Homelessness and Addiction Recovery Treatment (HART) Hubs; the Hubs will not provide harm reduction services. London has put forward an application for a HART Hub in the community.

Population-level impacts of opioids

[Appendix A](#) shows data from the new [Community Health Status Resource \(CHSR\) Substance Use dashboard](#). [Figure 1](#) shows that since 2017, the Middlesex-London rates for opioid-related ED visits have remained significantly higher compared to Ontario and other health units similar to MLHU (peer group). However, since peaking in 2021, local ED rates have significantly decreased for the second year in a row, by 16%, to 122.8 per 100,000 in 2023. Despite this decrease, though, there were still more than 650 opioid-related ED visits in 2023.

As shown in [Figure 2](#), local opioid-related death rates were significantly higher in 2021 and 2022 but were comparable to Ontario and our peer group in 2023. Similar to ED visits, the local rate of opioid-related poisoning deaths declined for the second year in a row, to 19.3 per 100,000 in 2023, corresponding to an 18% decrease but still representing more than 100 deaths in 2023.

Local Interventions

A four-pillar approach to addressing substance use includes prevention, treatment, harm reduction, and enforcement interventions. Prevention initiatives work to enhance protective factors and reduce risk factors to substance use, including work that focuses on improving the social determinants of health. Treatment includes timely access to addictions treatment, and other healthcare services. Harm reduction includes policies and practices that reduce harms associated with drug use without requiring abstinence and is grounded in human rights. Enforcement includes interventions that improve community safety, the justice system, and enforcing legislation. Work within each pillar is important for a comprehensive approach to reducing the burden of opioid-related illness and deaths in our community. There are many partners across the community engaged in work across the pillars, requiring a coordinated and collaborative approach.

The MLHU supports upstream prevention programs, including early childhood home visiting; harm reduction strategies, including the naloxone distribution and needle syringe programs (NSP); surveillance of population-level health substance related data; social marketing campaigns, including those focussed on anti-stigma messaging; healthy public policy development and community and partner mobilization to address the opioid crisis locally. The MLHU provides administrative support and leadership to the Community Drug and Alcohol Committee, which reconvened earlier this year. The opioid crisis, including the toxic drug supply, has been identified as a priority area by the CDAC. The committee is currently working to expand membership and identify local actions for the remainder of 2024 and 2025. The CDAC brings leaders together from across sectors and expertise in all four pillars to identify priorities and issues and ensure collaborative action to address opioid harms in the community.

Next Steps

There is a continued need for upstream prevention, community-based treatment, harm reduction interventions, and enforcement to reduce opioid poisonings in the Middlesex-London region. The MLHU staff will continue to work with and learn from our community partners to guide and support community action. The MLHU will continue to monitor local data and trends.

This report was prepared by the Municipal and Community Health Promotion Team of the Family and Community Health Division, and the Population Health Assessment and Surveillance Team of the Public Health Foundations 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, 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](#):
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: Partner with Other Sectors, Equitable Access and Service Delivery.

Appendix A

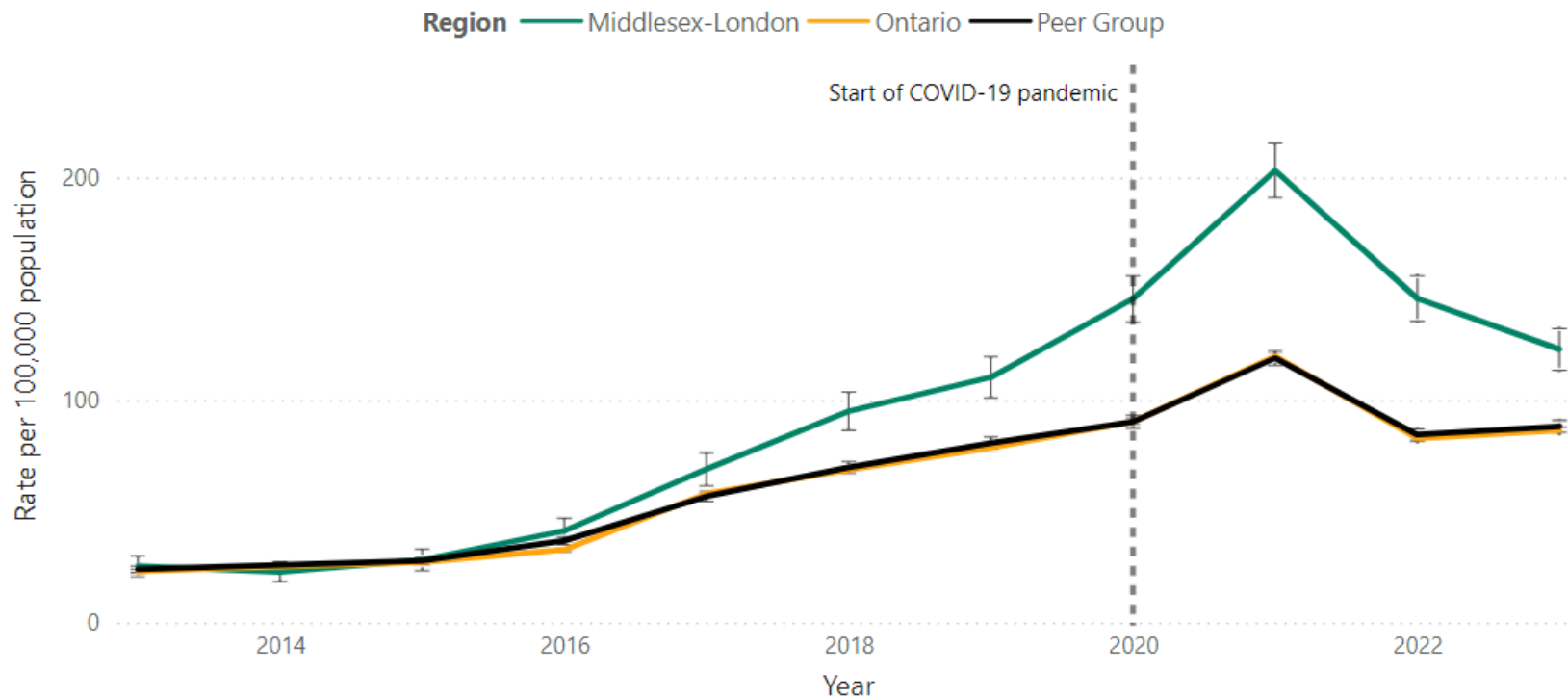
Summary of Population-level Impacts of Opioids

Key Findings from the new Community Health Status Resource (CHSR) Substance Use dashboard:

- Figure 1 (below) shows that for Ontario, the rate of opioid-related ED visits increased by approximately 4% between 2022 and 2023, from 82.8 to 86.4 per 100,000. In contrast, for the Middlesex-London region, opioid-related ED visits significantly decreased for the second year in a row. Local ED visit rates decreased by 16%, from 145.6 in 2022 to 122.8 per 100,000 in 2023. Despite the decreased rate, there were still more than 650 opioid-related ED visits in 2023, representing one to two visits each day.
- In Figure 2 (below), preliminary death data for Ontario shows that the 2023 rate of 17.2 per 100,000 was comparable to the 2022 rate. Locally, the rate of opioid-related poisoning deaths declined for the second year in a row, by 18%, from 23.5 in 2022 to 19.3 per 100,000 in 2023. That said, there were still more than 100 opioid-related deaths in 2023.

Appendix A

Figure 1: Rate of emergency department visits for opioid poisonings, Middlesex-London, Ontario and Peer Group, 2013 to 2023



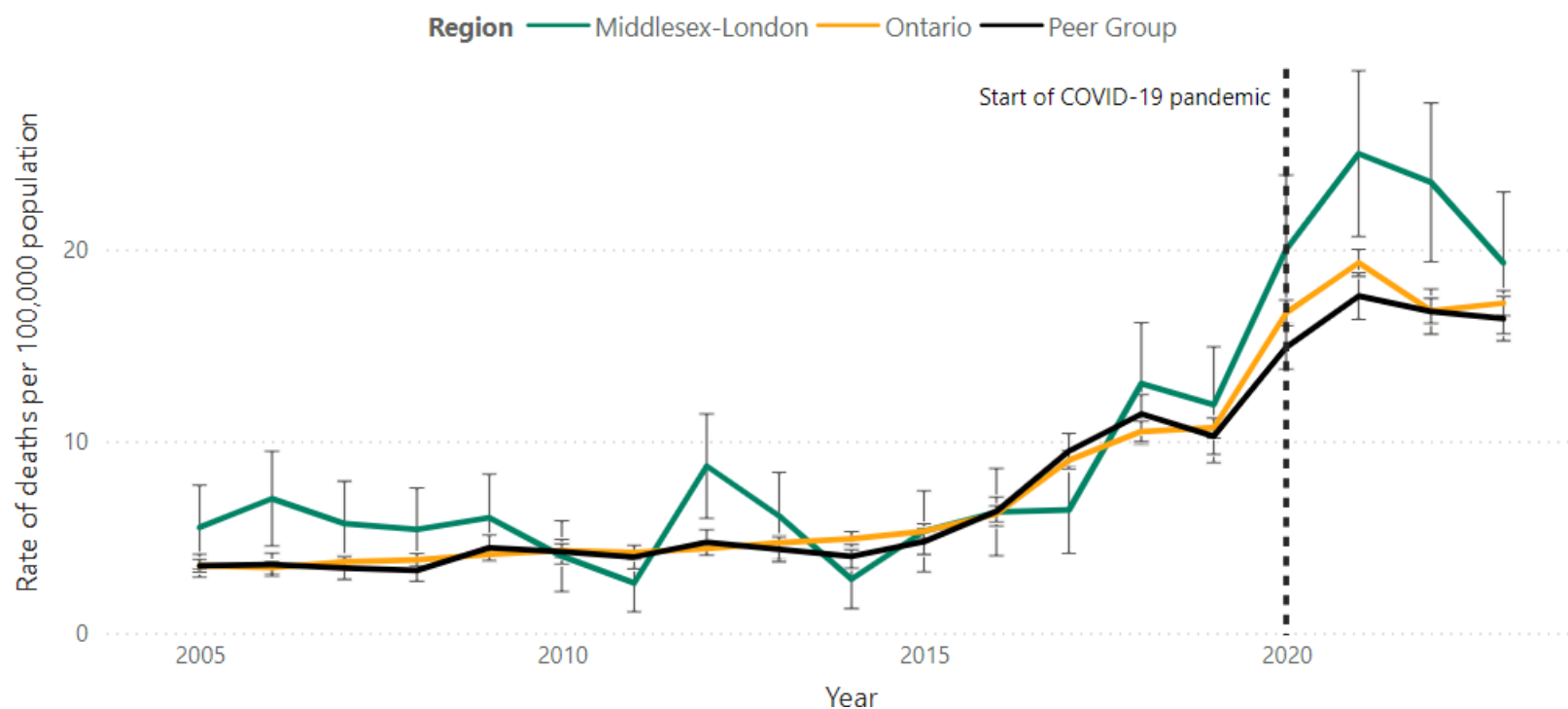
Source: Middlesex-London Community Health Status Resource [Internet]. London (ON): Middlesex-London Health Unit; 2024. Substance use: opioid use; 2024 Oct 31 [cited 2024 Nov 18]. Available from: <https://www.healthunit.com/community-health-status-resource#substance-use>

Notes:

- Diagnostic codes included in this visualization only include acute toxicity poisonings from opioids and do not include visits for opioid addiction, treatment or withdrawal.
- Peer group health units are Durham Region Health Department, Halton Region Health Department, Hamilton Public Health Services, Ottawa Public Health, Region of Waterloo Public Health, Windsor-Essex County Health Unit.

Appendix A

Figure 2: Rate of deaths from opioid poisonings, Middlesex-London, Ontario and Peer Group, 2005 to 2023



Source: Middlesex-London Community Health Status Resource [Internet]. London (ON): Middlesex-London Health Unit; 2024. Substance use: opioid use; 2024 Oct 31 [cited 2024 Nov 18]. Available from: <https://www.healthunit.com/community-health-status-resource#substance-use>

Notes:

- Includes all deaths where opioid poisoning was considered a contributing to the cause of death.
- 2022 and 2023 data are considered preliminary and subject to change.
- Peer group health units are Durham Region Health Department, Halton Region Health Department, Hamilton Public Health Services, Ottawa Public Health, Region of Waterloo Public Health, Windsor-Essex County Health Unit.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 75-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 November 21

2023-25 PROVISIONAL PLAN 2024 Q3 STATUS UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 75-24 re: “2023-25 Provisional Plan 2024 Q3 Status Update” for information.

Report Highlights

- Progress has been made on many of the Provisional Plan strategic initiatives within the third quarter (Q3) of 2024; however, some initiatives were paused in Q3 due to the level of engagement required with staff and leaders, and the resulting workload concerns. A Senior Leadership Team (SLT) reprioritization process was implemented in Q3 to stagger the engagement of leaders and staff over the remaining time for the provisional plan initiatives.
- The last remaining tactic among six within the management operating system initiative was initiated in Q3 2024: development of a template for programmatic operational plans. Work is underway with three teams in Q4 to pilot an operational plan template to document their team’s activities for 2025.
- Three types of risks were identified within the tactics in Q3 2024: (1) Operational / Service Delivery, (2) People / Human Resources, and (3) Financial.

Background

The Health Unit continues to ensure that the priority areas, goals, and directions identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the organization.

On May 18, 2023, the Board of Health approved the 2023-24 Provisional Plan available on the health unit [website](#). It has since been extended to the end of 2025 (now called the 2023-25 Provisional Plan) per [Report No. 04-24](#).

Provisional Plan Status Update

Over the July to September 2024 timeframe, the Health Unit has executed key deliverables associated with several strategic initiatives, as outlined in the Q3 2024 Provisional Plan Status Report ([Appendix A](#)).

The last remaining tactic among six within the management operating system initiative was initiated in Q3 2024: *development of a template for programmatic operational plans*. The first step in this initiative is to develop team-based operational plans. Three teams are piloting this in Q4.

Four initiatives were paused in Q3 after an SLT re-prioritization process. Many of the strategic initiatives were at the stage in Q3 where leader consultation and implementation were required across the organization. However, leaders brought forth concerns regarding competing demands on their time due to the simultaneous rollout of multiple initiatives. In response, SLT reprioritized the strategic initiatives to stagger the engagement of leaders and staff over the duration of the provisional plan. The following initiatives were reprioritized:

- The Partnership Engagement Framework and Partnership Inventory were placed on hold at the beginning of Q3 resulting in no activities being completed during the quarter.
- The Intervention Description and Indicator Development initiative made progress with KPI development; however, the initiative was paused towards the end of Q3 which has resulted in timelines being extended to respond to competing priorities.
- Some activities associated with the Joy in Work initiatives experienced delays due to workload and organizational priorities (e.g. performance appraisals, LEADS 3 Review).

A process is now in place to document the level of intensity and duration required to engage leaders and staff across various organizational initiatives. This is regularly updated at Senior Leadership Team (SLT) and reviewed monthly at the Management Leadership Team (MLT) meetings. This strategy is aligned with our new Framework for a Learning Organization (FLO) as we learn and improve on internal coordination and communication of strategic initiatives.

Three types of risks were identified within the tactics in Q2 2024 provisional plan reporting as follows:

- **Operational / Service Delivery:** Leader / staff capacity to engage in planning discussions or implement tasks associated with initiatives. There is also a recognition that some of the initiatives (e.g., KPI development) will require several years beyond the current provisional plan timelines to meet the goal of ensuring public health programs are effective and grounded in evidence.
- **People / Human Resources:** MLHU must initiate planning on the Continuity of Operations Plan (COOP) and Labour Disruption Plan in advance of union negotiations in March 2025. Budget planning processes in Q3 experienced challenges due to significant turnover in the Finance Team. Mitigation strategies include the CEO leading budgeting processes, engaging support from a neighbouring health unit, and retaining external accounting support.
- **Financial:** Funding remains insufficient to address inflationary costs resulting in the need for increased municipal contributions in order to prevent position loss. There have also been internal savings strategies proposed to balance the 2025 budget.

Next Steps

Work will continue on the 2023-25 Provisional Plan initiatives, according to the planned project documentation or be updated to reflect SLT re-prioritization discussions to reflect new timelines for impacted projects. The 2026-2030 Strategic Plan development will start to be discussed in Q4 2024.

This report was written by the Strategy, Planning and Performance team.



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



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

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

- The good governance and management practices 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 Provisional Plan holds the MLHU accountable to coordinated implementation of both the plans.

MLHU 2023-25 Provisional Plan Status Report to Board of Health

Q3 2024 (July-September)

Priority Area	Goal "Where we want to be"	Direction "The path we're taking to get there"	Initiative "How we plan to move forward along that path"
Client and Community Confidence	We have strong relationships with our partners and are trusted by our community.	Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically the Black community and Indigenous communities.	Work towards an honest and authentic relationship with First Nations and Indigenous-led organizations through the ongoing implementation of the Taking Action for Reconciliation Plan (TAFR), including commitment to clarifying the role of the MLHU in supporting the health of Indigenous people and communities
			Reinforce commitment to upholding the needs of equity-deserving groups through continuous implementation of equity-based plans, including the Employment Systems Review (ESR) and Anti-Black Racism Plan (ABRP)
			Prioritize equity, diversity, and inclusion training for staff to facilitate cultural humility, competency and safety when engaging with equity-deserving groups
		Develop and adopt a partner engagement framework	Catalog and track MLHU relationships with key local and regional partners, including the assigned MLHU leads / key liaisons for those relationships
		Develop and implement an evidence-based framework to effectively engage with partners	
Program Excellence	Our public health programs are effective, grounded in evidence and equity	Define what we do and do it well	Document MLHU programs and interventions, and refine these descriptions
			Identify measurable indicators for programs and interventions to effectively monitor and maximize outcomes
			Enhance the systematic collection of sociodemographic, and race-based data to inform planning, implementation and evaluation of programs and strengthen population health assessment and surveillance which can be used to identify health inequities
			In collaboration with health system partners, including Indigenous leaders and service providers, develop robust organizational emergency management and business continuity plans that facilitate effective and timely response and surge capacity in the event of a public health emergency, while maintaining essential public health services
Employee Engagement and Learning	Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported	Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out	Continue to implement the Joy in Work framework and prioritize wellness activities and supports
		Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders	Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum
			Implement a leadership development program, including a process for identifying potential leaders
Organizational Excellence	We make effective decisions, and we do what we say we are going to do	Clarify who makes decisions and how those decisions are made	Develop an organizational governance framework to facilitate transparency and efficiency in decision-making
		Develop and initiate an organizational quality management system	Develop and adopt a management operating system manual that describes our equity-informed management and quality operating systems, including an operational planning and performance process to enable the monitoring of program and indicators

Status Legend	Definition
Complete	Have completed the tactics for the direction
As Planned - Not yet started	As planned, no tactics have begun yet for this direction
As Planned - Proceeding	Tactic(s) are underway for this direction and work is happening as planned
Delayed - Proceeding with Caution	Tactic(s) are underway and more than one have hit delays
Major Obstacles, On Hold or Abandoned	Tactic(s) have issues or are unable to continue

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 76-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 November 21

2024 BUDGET AMENDMENT

Recommendation

It is recommended that the Board of Health:

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

Report Highlights

- The Board of Health reviewed and approved the 2024 Budget on December 14, 2023.
- The Health Unit receives funding from the Ministry of Children, Community and Social Services for delivery of the Healthy Babies, Healthy Children program.
- On July 10, 2024, the MLHU was notified that increased funding was received from the Ministry of Children, Community and Social Services (MCCSS) for delivery of the Healthy Babies, Healthy Children program.
- The increased funding received from MCCSS was \$304,120.
- The Board of Health will be required to approve a budget amendment.

Background

The Middlesex-London Board of Health reviewed and approved the 2024 Budget on December 14, 2023 (under [Report No. 81-23](#)).

The Health Unit receives funding from the Ministry of Children, Community and Social Services (MCCSS) for delivery of the Healthy Babies, Healthy Children (HBHC) program within the region. This program is a 100% funded program. For 2024, this funding was approved for \$2,483,313, which has been stagnant for 12 years. The Medical Officer of Health and the Chief Executive Officer, along with the Board of Health Chair, engaged in multiple advocacy activities, including attending delegations with the MCCSS at the Association of Municipalities of Ontario (AMO) annual conference, to highlight the need for increased funding for HBHC. Middlesex-

London is one of the fastest growing communities in the province, and demand for the program continues to increase.

Increased Funding from the Ministry of Children, Community and Social Services

On July 10, 2024 the Chief Executive Officer was notified by a local Member of Provincial Parliament that increased funding was received through the Health Unit's Transfer Payment Ontario (TPON) account. This increased funding was from the Ministry of Children, Community and Social Services (MCCSS) for delivery of the Healthy Babies, Healthy Children program. The increased funding received from MCCSS was \$304,120 annually. The total funding for the program is now \$2,787,433, and as a result, a budget amendment is required.

Next Steps

Upon the Board of Health's approval, the 2024 Budget will be amended in order to be reconciled accurately.

This report was written by the Chief Executive Officer.



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



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

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

- The fiduciary requirements as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

MLHU's Quarterly Performance Report to the Board of Health

Q3 2024

Public Health Programs

Program highlights are only provided when strategically significant.

Program Cluster	Programs	Q2 Summary	Q3 Summary
Food Safety	<ul style="list-style-type: none"> Food Safety Program 	<ul style="list-style-type: none"> All inspections remain on track for completion by end of year. 	<ul style="list-style-type: none"> High and moderate risk inspections are on track for completion by year end. Low risk inspections are at risk of not being completed by year end.
Health Hazards	<ul style="list-style-type: none"> Health Hazards Program 	<ul style="list-style-type: none"> A fulsome risk assessment was conducted pertaining to a health hazard investigation of odours (hydrogen sulfate/H₂S) at a London landfill, and was provided and presented to municipal partners. The process worked well, but was lengthy and required significant consultation with external partners. 	<ul style="list-style-type: none"> A policy position paper was submitted to the National Building Code of Canada related to Maximum Indoor Air Temperature. Work commenced and is on-going on an investigation into soil vapour intrusion in a neighbourhood.
Healthcare Access and Quality	<ul style="list-style-type: none"> Health System Reorientation 	<ul style="list-style-type: none"> There is continued demand on the MLHU clinical services related to a lack of access to primary care, particularly for immunization services. For example, 28% 	<ul style="list-style-type: none"> There is continued demand on the MLHU clinical services related to a lack of access to primary care, particularly for immunization services. For example, Vaccine Preventable Diseases team is supporting monthly mobile

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

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

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

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

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

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

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

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

Human Resources

Fill Rate and Time to Fill

Fill rate varies by team, with some positions held to meet the budgeted gap. This also impacts the time to fill metric, as some delays in hiring were intentional.

Client and Community Confidence

Clients

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

Partners

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

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

Community

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

Employee Engagement and Learning

Staff Development

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

Organizational Restructuring and Impacts to Teams

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

Risks

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 77-24

TO: Chair and Members of the Board of Health

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

DATE: 2024 November 21

Q3 2024 ORGANIZATIONAL PERFORMANCE REPORTING

Recommendation

It is recommended that the Board of Health receive Report No. 77-24 re: “Q3 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.
- Quarterly reporting was expanded in Q2 2024 to include the Corporate Services and Public Health Foundations divisions, with all divisions now participating in the process.
- 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 (for more information see [Report No. 53-24](#)).

A core process of MLHU’s 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 performance 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.

Q3 2024 Organizational Performance Report to the Board of Health

A summary report of MLHU's Q3 2024 organizational performance can be found in [Appendix A](#) and includes the reporting for the Corporate Services and Public Health Foundations divisions.

As previously reported in Q2, the work of the Health Unit in Q3 continues to be impacted by increased demand for services, particularly in the Environmental Health, Infectious Disease and Clinical Support Services Division. Highlights of Q3 include:

- The Health Unit continues to see increased demand for services from clients due to lack of access to a family doctor, particularly in immunization;
- Collaboration is underway with municipal partners on policy positions related to topics such as built environment, school food programs, housing and homelessness, and substance use;
- Significant work continued in Q3 with school-aged children under the *Immunization of School Pupils Act, R.S.O. 1990, c. 1.1*; this included follow up with students outstanding from previous rounds to reduce potential suspensions in subsequent quarters;
- Discussions on the opioid crisis within Middlesex-London continued through the reconvening of the Community Drug and Alcohol Committee; and
- Continued work to support recommendations from the Health Unit's Taking Action for Reconciliation Plan and Anti-Black Racism Plan.

Next Steps

Quarterly organizational performance reporting information will continue to be provided to the Board of Health.

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



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



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

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

- The 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.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 78-24

TO: Chair and Members of the Board of Health
FROM: Dr. Joanne Kearon, Associate Medical Officer of Health
DATE: 2024 November 21

ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR OCTOBER

Recommendation

It is recommended that the Board of Health receive Report No. 78-24 re: “Acting Medical Officer of Health Activity Report for October” for information.

The following report highlights the activities of the Acting Medical Officer of Health for the period of October 4 – November 7, 2024. It is noted that the Acting Medical Officer of Health resumed their duties as Associate Medical Officer of Health on October 28.

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

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

Public Health Excellence– *These meeting(s) reflect the Acting 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*

- October 21** Attended a meeting regarding translation of the Notice of Collection for the Middlesex-London Health Unit.
- October 23** Chaired the Monthly Surveillance Committee meeting.
- October 29** Participated in a meeting with Public Health Ontario and the Ministry of Health related to tuberculosis cases.

October 30 Met with managers within the Environmental Health, Infectious Disease, and Clinical Service division to review their third quarter performance reporting as part of quarterly performance management.

November 1 Attended a meeting to discuss a medical directive for Tuberculosis Skin Testing.

Community Engagement, Partner Relations, and System Leadership – *These meeting(s) reflect the Acting 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.*

October 4 Interview with Alessio Donnini, CBC News London, regarding the Legionella outbreak.

Interview with Eric Dougan, 6X News Fanshawe, regarding the Legionella outbreak.

Interview with Jack Moulton, London Free Press, regarding the Legionella outbreak.

October 7 With Emily Williams, CEO, met with Minister Rob Flack to discuss Ontario's Action Plan to End Gender-Based Violence.

Attended the meeting of the Community Drug and Alcohol Committee, co-chaired by Scott Courtice, London Inter-Community Health Centre and Jennifer Proulx, Director, Middlesex-London Health Unit.

October 8 Participated in a meeting, facilitated by the Public Health Agency of Canada, regarding a Canadian Wastewater Survey.

Interview with Mike Stubb, 980 CFPL, regarding the 2024-25 COVID-19 vaccine.

Interview with Larry Cornies, London Free Press, regarding outbreaks in long-term care homes.

October 9 Met with Mayor Josh Morgan regarding the opioid crisis.

Interview with Norman Debono, London Free Press, regarding the start of the 2024-25 respiratory season.

Interview with Bienvenu Senga, Radio-Canada, regarding the Legionella outbreak.

October 10 Participated in the monthly meeting with representatives from local First Nations Health Centres.

October 11 Interview with Alessio Donnini, CBC News London, regarding the Legionella outbreak.

- October 16** Presented the Health Care Provider webinar.
- Attended a meeting of the Tuberculosis Medical Surveillance Working Group, facilitated by the Ministry of Health.
- October 17** Attended the Middlesex County Emergency Exercise located in Kerwood, facilitated by Middlesex County.
- October 21** Attended a meeting of the Community Advisory Committee and Project Team for the London Health Sciences Centre Harm Reduction Strategy.
- With Emily Williams, CEO, and Cynthia Bos, Associate Director, Human Resources and Labour Relations, attended a meeting with union partners the Ontario Nurses' Association (ONA).
- With Emily Williams, CEO, and Cynthia Bos, Associate Director, Human Resources and Labour Relations, attended a meeting with union partners the Canadian Union of Public Employees (CUPE).
- October 22** Attended a meeting to discuss memoranda of understanding with First Nations Health Centre partners.
- October 28** With Emily Williams, CEO, and Stephanie Egelton, Executive Assistant to the Board of Health, met with MPP Peggy Sattler regarding the Ministry of Children, Community, and Social Services Grant.
- October 29** Presented a guest lecture to the London-Middlesex Primary Care Alliance regarding the 2024/2025 respiratory vaccines.
- November 1** With representation from the Middlesex-London Health Unit and Southwestern Public Health, met with representation from the London District Catholic School Board regarding the *Immunization of School Pupils Act*.

Employee Engagement and Teaching – *These meeting(s) reflect on how the Acting 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.*

- October 4** Met with the medical student completing a rotation with MLHU.
- October 7** Met with the medical student completing a rotation with MLHU.
- October 9** Attended the Public Health Ontario Rounds webinar: "National Surveillance of Neisseria gonorrhoeae AMR in Canada."
- October 10** Participated in the Be Well Escape Room as part of Canadian Healthy Workplace Month activities.
- October 11** Met with the medical student completing a rotation with MLHU.

- October 16** Attended the Environmental Health, Infectious Disease, and Clinical Service Divisional Leadership Team meeting.
- October 18** Met with the medical student completing a rotation with MLHU.
Presented a guest lecture on Environmental Noise and Radiation.
- October 28** With Emily Williams, CEO, and Alexander Summers, Medical Officer of Health, held open office hours for staff to ask questions in person regarding the 2025 budget.
Met with the medical student completing a rotation with MLHU.
- October 29** With Emily Williams, CEO, and Alexander Summers, Medical Officer of Health, held open office hours for staff to ask questions in person regarding the 2025 budget.
- October 30** Attended the Public Health Ontario Rounds webinar: “Congenital Rubella Prevention and the ‘Paradoxical Effect.’”
- October 31** Attended the Public Health Ontario Rounds webinar: “AI Technologies in Public Health Part 2.”
- November 1** Met with the medical student completing a rotation with MLHU.

Organizational Excellence – *These meeting(s) reflect on how the Acting 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.*

- October 7** Participated in a meeting to discuss Infection Prevention and Control (IPAC) Hub quarterly reporting.
- October 10** With Emily Williams, CEO and Jennifer Proulx, Director, Family and Community Health, met to discuss a Ministry of Children, Community and Social Services grant application.
- October 16** Attended a meeting with the Senior Leadership Team to discuss finance-related matters.
- October 17** Attended the October Board of Health meeting.
- October 18** Attended a meeting with the Senior Leadership Team to discuss finance-related matters.
- October 22** Attended the monthly touch base meeting with the Board of Health Chair.
- October 23** Participated in a meeting to plan the Board of Health orientation occurring in November.

- October 23-25** With appropriate senior leaders, attended meetings with impacted teams and individuals regarding the 2025 budget and related organizational and operational changes.
- October 25** Chaired a meeting regarding the development of an organizational Data Governance Policy.
- With Emily Williams, CEO, and Sarah Maaten, Director, Public Health Foundations, attended a meeting to discuss an approach for coordinating the roll out of organizational initiatives and projects to meet internal capacity.
- October 30** With Sarah Maaten, Director, Public Health Foundations, and Pat Harford, Manager, Information Technology, participated in a meeting to discuss an approach to the use of artificial intelligence at the Middlesex-London Health Unit.

This report was prepared by the Associate Medical Officer of Health.



Joanne Kearon, MD, MSc, MPH, CCFP, FRCPC
Associate 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. 79-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2024 November 21

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR OCTOBER

Recommendation

It is recommended that the Board of Health receive Report No. 79-24 re: "Chief Executive Officer Activity Report for October" for information.

The following report highlights the activities of the Chief Executive Officer (CEO) for the period of October 4 – November 7, 2024.

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

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

The Chief Executive Officer was on vacation on October 11.

The Chief Executive Officer also attended the following meetings:

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

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

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

- October 15** Attended the October MLHU Leadership Team meeting and provided a 2025 Budget Update.
- October 18** Attended a meeting to discuss the process and considerations for charity support for 2025 as part of the Corporate Social Responsibility policy.
- October 21** With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended a touch base with union partner Ontario Nurses Association.
- With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended a touch base with union partner Canadian Union of Public Employees.
- October 23** Attended a meeting with the employee benefits vendor to discuss the Administrative Services Only (ASO) float.
- October 24** Attended a meeting to provide an update on the pilot MLHU Leadership Mentorship program.
- October 25** Attended a meeting to discuss the MLHU Leadership Team Deliverables tracking document.
- October 28** With the Medical Officer of Health and Associate Medical Officer of Health, held Budget Open Office Hours as part of the MLHU 2025 Budget communication process.
- October 29** Attended a meeting to debrief and plan for the Lead Self, Engage Others, Achieve Results and Systems Transformation (LEADS) session being offered to MLHU leaders.
- With the Medical Officer of Health and Associate Medical Officer of Health, held Budget Open Office Hours as part of the MLHU 2025 Budget communication process.
- November 4** Chaired the MLHU Leadership Team November Pre-Planning meeting to establish the upcoming meeting agenda.
- Attended the Employee Systems Review (ESR) Steering committee.

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

- October 4** Attended the Association of Public Health Business Administrators (AOPHBA) Executive meeting.
- October 7** Attended a meeting to discuss Infection Prevention and Control Hub Quarterly reporting to the Ministry.
- With the Acting Medical Officer of Health, met with the Member of Provincial Parliament, Elgin-Middlesex-London, to discuss the MLHUs application for funding as part of Ontario’s Action Plan to end Gender-Based Violence Proposal Guidelines.
- Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- October 8** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- Attended the Board of Health October agenda review and Executive meeting.
- October 10** With the Acting Medical Officer and Director, Family and Community Health met to discuss policy and government relations strategy for the MLHU submission to Ontario’s Action Plan to end Gender-Based Violence Call for Proposals.
- October 18** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- October 22** Attended an Association of Public Health Business Administrator (AOPHBA) Nominations Working Group meeting in preparation for the AOPHBA Annual General Meeting.
- Met with the Board of Health Chair for a monthly one-on-one meeting.
- Attended the monthly Ministry of Health Public Health Funding Updates meeting.
- October 17** Attended the October Governance Committee meeting.
- Attended the October Board of Health meeting.
- October 23** Attended a meeting to discuss planning for Board Orientation.
- October 24** With the Director, Family and Community Health, met with the Public Health Agency of Canada representatives to discuss the funding model for the Smart Start for Babies program.
- October 25** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

- October 28** With the Acting Medical Officer of Health, met with Member of Provincial Parliament, London-West, to discuss the MLHUs application for funding as part of Ontario's Action Plan to end Gender-Based Violence Call for Proposals.
- Attended the Virtual Association of Public Health Business Administrators (AOPHBA) Annual General Meeting.
- November 1** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.
- November 5** Attended an accounting support meeting to review the progress on the audited financial statements, and other key finance deliverables.

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

- October 30** Chaired and facilitated the Inaugural Association of Public Health Business Administrators (AOPHBA) Virtual Lunch and Learn Human Resources Expertise Panel.
- November 6** Attended and co-facilitated the LEADS Achieve Results Review to enhance and support leadership development for the MLHU Leadership team.

This report was prepared by the Chief Executive Officer.



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

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

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

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 80-24

TO: Members of the Board of Health

FROM: Matthew Newton-Reid, Board of Health Chair
Michael Steele, Board of Health Vice-Chair

DATE: 2024 November 21

**BOARD OF HEALTH CHAIR AND VICE-CHAIR ACTIVITY REPORT FOR
SEPTEMBER AND OCTOBER 2024**

Recommendation

It is recommended that the Board of Health receive Report No. 80-24 re: “Board of Health Chair and Vice-Chair Activity Report for September and October 2024” for information.

The following report highlights activities of the Middlesex-London Health Unit’s Board of Health Chair and Vice-Chair for the period of September 6 – November 8, 2024.

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*

- September 13** Meeting with the evaluation team and successful rostered legal firm for the area of General Municipal Law
- September 16** Meeting with the evaluation team and successful rostered legal firm for the area of IT Law, Privacy Law, Contracts/Corporate/Commercial Law
- September 26** The Vice-Chair met with a Board Member to review proceedings of the Finance and Facilities Committee and Board of Health meetings
- Meeting with the evaluation team and successful rostered legal firm for the area of Labour and Employment Law

- October 3** Meeting with the evaluation team and successful rostered legal firm for the area of General Civil/Insurance Defense Law
- October 7** Meeting with the evaluation team and successful rostered legal firm for all legal service areas
- November 8** The Vice-Chair attended the Association of Local Public Health Agencies' Fall Symposium

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

- September 11** Participated in the monthly agenda review meeting with the Acting Medical Officer of Health, Chief Executive Officer and Executive Assistant
- October 8** Participated in the monthly agenda review meeting with the Acting 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*

- September 19** The Board Chair presided over the September Board of Health meeting
- October 17** The Board Vice-Chair presided over the October 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*

- September 11** Participated in the monthly executive meeting with the Acting Medical Officer of Health and Chief Executive Officer
- September 16** Monthly meeting between the Chief Executive Officer and Board Chair
- Monthly meeting between the Acting Medical Officer of Health and Board Chair
- Monthly meeting between the Executive Assistant and Board Chair

- October 8** Participated in the monthly executive meeting with the Acting Medical Officer of Health and Chief Executive Officer
- October 22** Monthly meeting between the Chief Executive Officer and Board Chair
- Monthly meeting between the Acting Medical Officer of Health and Board Chair
- October 23** Monthly meeting between the Executive Assistant and Board Chair
- Committee Attendance** - *Serves as ex-officio voting members of all committees*
- September 19** Participated in the Performance Appraisal Committee meeting
- Participated in the Finance and Facilities Committee meeting
- October 17** Participated in the Governance Committee meeting

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



Matthew Newton-Reid
Board of Health Chair



Michael Steele
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.



Public Health
Santé publique
SUDBURY & DISTRICTS

October 16, 2024

VIA ELECTRONIC MAIL

Honourable Minister Sylvia Jones
Minister of Health
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M5G 2C8

Michael Sherar
President and Chief Executive Officer
Public Health Ontario
661 University Avenue, Suite 1701
Toronto, ON M5G 1M1

Dear Minister Jones and Mr. Sherar:

Re: Support for Ontario to continue to protect the safety of private drinking water

At its meeting on September 19, 2024, the Board of Health carried the following resolution [#48-24](#):

WHEREAS twenty-two percent of households within the Public Health Sudbury & Districts service area rely on private drinking water systems; and

WHEREAS it is recommended that drinking water be tested frequently to ensure that it is safe for human consumption; and

WHEREAS exposure to contaminated drinking water can lead to severe gastrointestinal illness and in rare cases may result in death; and

Sudbury

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Letter

Re: Support for Ontario to continue to protect the safety of private drinking water

October 16, 2024

Page 2

WHEREAS anyone can become ill from drinking contaminated water; however, children, older adults, and people with weakened immune systems are at a higher risk of the harmful effects; and

WHEREAS Public Health Ontario's Well Water Testing program is a publicly-funded service that tests water samples from private drinking water sources for indicators of bacterial contamination; and

WHEREAS testing drinking water quality at private laboratories can be cost prohibitive; and

WHEREAS Public Health Ontario in conjunction with the Ministry of Health has proposed joint modernization plans in 2017 and again in January 2023 that proposed discontinuing well water testing as part of a plan to streamline operations; and

WHEREAS the Auditor General of Ontario in its December 6, 2023 [Value-for-Money Audit: Public Health Ontario](#), called for Public Health Ontario and the Ministry of Health to move forward with streamlining laboratory operations in consideration of the proposed modernization plans; and

WHEREAS Public Health Ontario and the Ministry of Health have not yet announced a final plan for streamlining laboratory operations at this time;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly recommends to the Minister of Health and to Public Health Ontario that Ontario's Well Water Testing program be continued in the plan to implement streamlined laboratory operations, and That the Board of Health endorse the resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.

Exposure to contaminated drinking water can cause debilitating gastrointestinal illness, particularly in children, older adults and people with weakened immune systems. Close to one quarter of households within Public Health Sudbury & Districts service area rely on private drinking water systems. For these residents, drinking water testing is the only way to know if their drinking water is safe.

For the well-being of residents, our Board of Health support the continuation of Ontario's publicly funded Well Water Testing program and affirm resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the

Letter

Re: Support for Ontario to continue to protect the safety of private drinking water

October 16, 2024

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Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.

Maintaining publicly-funded drinking water testing is a needed service that protects many Ontarians utilizing private drinking water systems. Thank you for your attention to this important issue.

Sincerely,



René Lapierre

Chair, Board of Health

cc: Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer
Dr. Kieran Moore, Chief Medical Officer of Health
Local Municipalities
Ontario Boards of Health
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma – Manitoulin
Association of Local Public Health Agencies



6020 Highway 542, P.O. Box 420
Mindemoya, ON POP 150
Tel: 705-377-5726
Fax: 705-377-5585
Email: ddeforge@centralmanitoulin.ca

July 8, 2024

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON. M7A 1A1

Via Email: premier@ontario.ca

Dear Premier Ford,

RE: PUBLIC HEALTH ONTARIO PROPOSES PHASING OUT FREE WATER TESTING FOR PRIVATE WELLS

Please be advised that the Council of the Municipality of Central Manitoulin adopted the following resolution at their meeting of June 27, 2024, regarding the above noted matter;

Resolution # 200-2024

Moved by: Councillor D. Stephens

Seconded by: Councillor Mitchell

BE IT RESOLVED THAT Central Manitoulin Council supports the Township of Archipelago's request to the Province of Ontario to reconsider and ultimately decide against the proposed phasing out of free private drinking water testing services;

FURTHER, this resolution is circulated to all Ontario municipalities, the Minister of Health, and Sudbury District Health Unit...Carried

Please contact our office should you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise Deforge", is written over a faint, larger version of the same signature.

Ms. Denise Deforge
CAO/Clerk

cc. Minister of Health sylvia.jones@pc.ola.org
Sudbury District Health Unit sutcliffep@phsd.ca
Ontario Municipalities



May 14, 2024

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Via Email: premier@ontario.ca

Dear Premier Ford:

Re:Public Health Ontario proposes phasing out free water testing for private wells

Please be advised that the Council of the Town of Gore Bay adopted the following resolution at their meeting of May 13, 2024, regarding the above noted matter;

15772

Moved by Kelly Chaytor

Seconded by Rob Dearing

BE IT RESOLVED THAT Gore Bay Council supports the Township of Archipelago's request to the Province of Ontario to reconsider and ultimately decide against the proposed phasing out of free private drinking water testing services;

FURTHER, this resolution is circulated to all Ontario municipalities, the Minister of Health, and Sudbury District Health Unit.

Carried

Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Respectfully,

A handwritten signature in black ink, appearing to read 'Stasia Carr', written in a cursive style.

Stasia Carr
Clerk

Cc:
Minister of Health sylvia.jones@pc.ola.org
Sudbury District Health Unit sutcliffep@phsd.ca
Ontario Municipalities



May 23, 2024

Bradford West Gwillimbury
100 Dissette Street
Units 7 & 8
Box 100
Bradford, Ontario
L3Z 2A7

Thank you for bringing your resolution to our attention. Well water testing is an important need of many of our residents as well.

Council reviewed your resolution and passed the following motion in support with a slight change for our region.

Resolution No. 114-05-2024

Moved by: L. Cook

Seconded by: M. Erskine

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands supports the well water testing resolution put forth by Brandford west Gwillimbury and further that a copy of this resolution be forwarded to Manitoulin Sudbury Health Unit.

Carried

Thank you

Pam Myers

Clerk

October 29, 2024

Hon. Doug Ford
Premier of Ontario
premier@ontario.ca

Hon. Michael Parsa
Minister of Child, Community and Social Services
MinisterMCCSS@ontario.ca

Hon. Jill Dunlop
Minister of Education
minister.edu@ontario.ca

Dear Premier Ford and Honourable Ministers:

Re: Funding support for Student Nutrition Programs

The Board of Health at Peterborough Public Health would like to stress the importance of the Government of Ontario negotiating and signing an agreement with the federal government that will see federal funding to support provincial student nutrition programs (SNPs), as outlined in the [National School Food Policy](#). In addition, the Board of Health urges that the Province address and increase government funding to SNPs that would close the gap between the national median contribution and provincial contribution. Specifically, the Board urges an increase of provincial funding contribution by \$0.29/student/day to match the national median (provincial/territorial and municipal government contribution) of \$0.39/student/day.

Universal access to nourishing food every day at school supports students' academic success, reduces tardiness, and improves student behaviour. An important step towards health equity and well-being, student nutrition programs contribute to students' physical and mental wellness and foster social connection in a welcoming, stigma-free environment. Program success requires all levels of government to be engaged and supportive of an adequately funded delivery model.

The Board of Health supports negotiating the terms to enhance current programming and help fund new SNPs at schools. As public health experts with extensive experience, including a 32-year history of supporting local programs and working with Ontario SNPs, we urge that a universal program provide a nourishing and culturally appropriate daily meal, use best practices in food safety and delivery, as well as function in inspected and adequately equipped spaces. Programs teach students Canada's Food Guide messages by providing a hands-on learning opportunity to eat more vegetables and fruit, whole grains and protein foods in a socially inclusive environment where they enjoy, prepare and eat healthy food with others.

While a sustainable school food program does not replace adequate income support for underserved families, they do provide nourishment so that students are better able to learn and participate in school, establish healthier eating habits (which may reduce the risk of chronic disease), and foster academic success with improved scores in math, reading and science.

We look forward to seeing the Province enhance their support for adequately funded SNPs in order that all children have access to nourishing food at school every day which will contribute to their overall health and well-being and academic success.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

Middlesex-London Board of Health External Landscape Review – November 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

Ontario

All Ontario Grocery and Big-Box Stores Now Able to Sell Alcoholic Beverages

On October 31 (Halloween), it was announced that all grocery stores and big-box stores (such as Costco) were permitted to sell alcoholic beverages.

The government's expansion plan in 2024 was:

- As of July 18, 2024, up to 450 grocery stores licensed to sell beer, cider and wine are able to sell ready-to-drink beverages, including in large pack sizes.
- As of September 5, 2024, all eligible convenience stores are able to sell beer, cider, wine and ready-to-drink alcoholic beverages.
- As of October 31, 2024, all eligible grocery and big-box grocery stores are able to sell beer, cider, wine and ready-to-drink beverages, including in large pack sizes.

The government will maintain close collaboration with the LCBO, the Alcohol and Gaming Commission of Ontario (AGCO) and The Beer Store, while also consulting with industry partners, local beverage alcohol producers and other stakeholders as it implements this new marketplace.

To learn more, visit the Ontario Government's [newsroom](#).

Impact to MLHU Board of Health

The Board of Health has heard concerns regarding expanding the alcohol marketplace, most recently through [Report 50-24](#). This report outlined the concerns of expanding the alcohol marketplace and provided a primer on harms of alcohol to local municipalities. The Board and Health Unit will continue to advocate for a health focused plan to avoid further alcohol attributed harms with the expansion of alcohol in retail locations.

National, Provincial and Local Public Health Advocacy

2024 Ontario Economic Outlook and Fiscal Review: Building Ontario for You

The Minister of Finance has released the *2024 Ontario Economic Outlook and Fiscal Review: Building Ontario for You*. The fiscal review is a snapshot of the current financial situation and provides a preliminary look at the next budget.



Building Ontario

- Municipalities are receiving increases (\$100 million in 2025) to the Ontario Municipal Partnership Fund (the municipal base funding they receive), and this may lessen the burden on municipalities to support local boards who request additional funding.
- The government is working with Ontario Power Generation to commence planning and licensing for three additional small modular reactors (SMRs), in addition to an already planned SMR, which has completed the first phase of site preparation at the Darlington Nuclear Generating Station.
- Continued investment in the agri-food sector to ensure farmers have resources to remain competitive while being able to supply food to the community.

Working for You

-Learn and Stay grants starting in 2026 to support 1,360 eligible undergraduate students that commit to practice family medicine with a full roster of patients once they graduate. The funding will cover all tuition and other direct educational costs like books, supplies and equipment in exchange for a term of service as a physician in any community across Ontario. This may entice more medical students to alleviate primary care burdens.

-Dr. Jane Philpott was appointed as Ontario's Chair of Primary Care Action Team to help connect everyone with a family doctor. The government committed \$546 million over three years to improve access to primary care. This investment will connect approximately 600,000 people to team-based primary care by expanding and creating new interprofessional care teams across the province.

-The government is introducing legislative amendments to reserve 100 per cent of undergraduate medical education seats for Canadian students, with a minimum of 95 per cent of seats for Ontario residents. This may be a challenge for internationally trained medical students who wish to set up practice to alleviate the primary care burdens.

-The government is investing \$128 million over the next three years to support continued increases in nursing spaces at publicly assisted colleges and universities by 2,000 registered nurses and 1,000 registered practical nurse seats. More nurses will be trained to support the primary care system.

-Beginning in 2025–26, the government will invest an additional \$150 million over two years to expand the Ontario Fertility Program (OFP). These funds may be able to support/supplement staff seeking fertility treatment.

-In 2025 there will be support for 50 hospital projects and approximately 3,000 new hospital beds to enhance access to acute care.

-As part of the government's plan to expand alcohol sales, up to 8,500 eligible convenience, grocery and big-box grocery stores in Ontario could be licensed to sell beer, cider, wine and ready-to-drink alcoholic beverages. This is a concern as many stakeholders have advocated for an alcohol strategy outlining concerns of this policy decision.

To review the full document, visit the Ontario Government's Budget [website](#).

Impact to MLHU Board of Health

As noted above, the 2024 fiscal outlook from the Province of Ontario has no mention of public health, however there are indirect impacts to public health in different areas.



Canadian Dental Care Plan milestone reached as 1 Million Canadians have received care

As of October 31, more than 1 million Canadians have received care under the Canadian Dental Care Plan (CDCP) and more than 2.7 million

Canadians have been approved to be part of the plan.

Starting November 1, the CDCP will expand to include more services. The CDCP will begin accepting requests for services that require preauthorization. This will mean that it will be possible for patients to receive services such as the initial placement of partial dentures, or crowns, as well as requests for services when a CDCP patient has a particularly high need or complex condition. Each request will be assessed thoroughly on a case-by-case basis to see if the course of treatment recommended by the oral health practitioner meets the clinical criteria for coverage under the CDCP.

The CDCP will also begin accepting paper claim submissions for services covered under the CDCP. While most providers have been able to submit claims electronically since May 2024, providers who only work with paper claims will now also be able to submit claims for their services.

More than 22,340 oral health providers nationwide, or 89% of active oral health providers, are providing care to Canadians covered under the plan.

For more information, please visit the Canada Dental Care Plan's [website](#).

Impact to MLHU Board of Health

The Board of Health acknowledges that dental care is health care, and members of the community deserve to have a healthy smile regardless of their circumstances. The Board has heard the positive impacts of both the Ontario Seniors' Dental Care and Canada Dental Care Plan programs for members of the Middlesex-London community in [Report No. 61-24](#).

Association of Local Public Health Agencies 2024 Fall Symposium

On November 8, the Association of Local Public Health Agencies (alPHA) hosted their annual Fall symposium. Topics included: public health recovery, public health workforce burnout and mergers.

To learn more, visit alPHA's [website](#).

**Impact to MLHU Board of Health**

The Vice-Chair of the Board of Health attended the Fall Symposium to represent the Middlesex-London Board of Health. Vice-Chair Steele also attended the Board of Health Section meeting with other local Boards of Health members.

From: [Councillor Moise](#)
To:
Subject: Regional Response to New Provincial SCS Regulations
Date: Friday, October 25, 2024 4:30:09 PM

You don't often get email from councillor_moise@toronto.ca. [Learn why this is important](#)

Dear Colleagues,

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

I look forward to hearing from you.

Regards,

Chris

--

Chris Moise (he/him)
City Councillor
Chair, Board of Health
Ward 13 – Toronto Centre

tel: 416-392-7903

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www.chrismoise.ca

Communicating with the Councillor or Councillor's staff at the City of Toronto on certain subject matters (e.g. all communication covering sales information, pricing and business development) may require you to register as a lobbyist. To help determine if you are required to register, you may refer to the interactive tool on the Office of the Lobbyist Registrar website. You may also contact the Office of the Lobbyist Registrar by phone at 416-338-5858 or by email at lobbyistregistrar@toronto.ca.