



**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, October 17, 2024 at 7 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

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

SECRETARY

Emily Williams

TREASURER

Emily Williams

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.

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: September 19, 2024 – Board of Health meeting

Receive: September 19, 2024 – Performance Appraisal Committee meeting
September 19, 2024 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1		X	X	2023 Draft Audited Financial Statements (MLHU1) (Report No. 72-24)	Appendix A	To review and approve the 2023 Financial Statements for the Middlesex-London Health Unit. Lead: Emily Williams, Chief Executive Officer Presenting: Dale Percival, Senior Manager, KPMG LLP
2		X	X	Q3 2024 Risk Register Update (Report No. 67-24)	Appendix A	To review and approve the risk register for Q3 2024. Lead: Emily Williams, Chief Executive Officer Presenting: Ryan Fawcett, Manager, Privacy, Risk and Client Relations
3			X	2023-24 Compliance with the Immunization of School Pupils Act in Middlesex-London schools (Report No. 68-24)	Appendix A Appendix B Appendix C	To provide an update on compliance under the <i>Immunization of Student Pupils Act</i> . Lead: Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services Presenting: Melissa Thompson, Manager, Vaccine Preventable Disease and Dr. Amanda Perri, Epidemiologist, Population Health Assessment and Surveillance
4	X	X	X	Governance Committee Meeting Summary (Verbal Report)	October 17, 2024 Agenda	To provide an update from the October 17, 2024 Governance Committee meeting. Lead: Selomon Menghsha, Acting Committee Chair

5		X	X	2025 Board and Committee Meeting Dates (Report No. 69-24)	Appendix A	To review and approve the 2025 Board of Health and Committee meeting dates. Lead: Emily Williams, Secretary and Treasurer
6			X	Current Public Health Issues (Verbal Report)		To provide an update on current public health issues in the Middlesex-London region. Lead: Dr. Joanne Kearon Acting Medical Officer of Health
7			X	Acting Medical Officer of Health Activity Report for September (Report No. 70-24)		To provide an update on the activities of the Acting Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Joanne Kearon, Acting Medical Officer of Health
8			X	Chief Executive Officer Activity Report for September (Report No. 71-24)		To provide an update on the activities of the Chief Executive Officer since the last Board of Health meeting. Lead: Emily Williams, Chief Executive Officer

Correspondence						
9			X	October Correspondence		<p>To receive items a) through d) for information:</p> <ul style="list-style-type: none"> a) Public Health Sudbury and Districts re: <i>New measures to help prevent harms to youth from nicotine replacement therapies</i> b) Peterborough Public Health re: <i>Support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable basic income”</i> c) Haliburton, Kawartha and Pine Ridge District Health Unit re: <i>Support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable basic income”</i> d) Middlesex-London Board of Health External Landscape for October 2024

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, November 21, 2024 at 7:30 p.m.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, September 19, 2024, 7 p.m.
MLHU Board Room – Citi Plaza
355 Wellington Street, London ON

- MEMBERS PRESENT:** Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Michelle Smibert
Michael McGuire
Selomon Menghsha (attended virtually)
Aina DeViet
Dr. Joanne Kearon, Acting Medical Officer of Health (ex-officio)
Emily Williams, Chief Executive Officer (ex-officio)
- REGRETS:** Howard Shears
Skylar Franke
Peter Cuddy
Dr. Alexander Summers, Medical Officer of Health (ex-officio)
- OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services
Jennifer Proulx, Director, Family and Community Health
Darrell Jutzi, Manager, Municipal and Community Health Promotion
Ryan Fawcett, Manager, Privacy, Risk and Client Relations
Marc Resendes, Acting Manager, Strategy, Planning and Performance
Cynthia Bos, Associate Director, Human Resources and Labour Relations
Abha Solanki, End User Support Analyst, Information Technology
Andrew Powell, Acting Manager, Infectious Disease Control
David Pavletic, Manager, Food Safety and Health Hazards
Melissa Thompson, Manager, Vaccine Preventable Disease
Donna Kosmack, Oral Health and Clinical Support Services

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

DISCLOSURE OF CONFLICT OF INTEREST

Chair Newton-Reid inquired if there were any disclosures of conflicts of interest.

At **7:01 p.m.**, it was noted that Board Member Michael (Mike) Steele declared a conflict of interest related to Report No. 12-24FFC, within the Finance and Facilities Committee Meeting Summary. Within this report, the Board will be receiving information related to the Health Unit's new benefits provider (Manulife) effective January 1, 2025. This declaration was made due to Board Member Steele's employment and active shareholding with Manulife but noted that he does not work within the Manulife Group Benefits department.

APPROVAL OF AGENDA

Chair Newton-Reid noted that Report No. 58-24 re: 2023 Audited Financial Statements – Draft will be deferred to the October Board of Health meeting.

It was moved by **M. Steele, seconded by M. Smibert**, that Report No. 59-24 re: “2023 Audited Financial Statements – Draft” be deferred to the October Board of Health meeting.

Carried

Chair Newton-Reid noted that with Report 58-24 being removed from the agenda and deferred, there is also a change to the order of the closed session to the end of the meeting instead of the beginning of the meeting.

It was moved by **A. DeViet, seconded by M. McGuire**, that the **AGENDA** for the September 19, 2024 Board of Health meeting be approved as amended.

Carried

APPROVAL OF MINUTES

It was moved by **M. Smibert, seconded by M. Steele** that the **MINUTES** of the July 18, 2024 Board of Health meeting be approved.

Carried

CORRESPONDENCE

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

- a) Middlesex-London Board of Health External Landscape for September 2024
- b) Healthcare Coalition re: Healthcare Coalition Urges Caution as Ontario Prepares for Alcohol Expansion
- c) Health Canada re: reply to correspondence from March 22, 2024

Carried

NEW BUSINESS

Policy Position on Maximum Indoor Air Temperature (Report No. 59-24)

Jennifer Proulx, Director, Family and Community Health noted that this report on the policy position on maximum indoor temperature was a collaboration between two (2) program areas and introduced Darrell Jutzi, Manager, Municipal and Community Health Promotion and David Pavletic, Manager, Food Safety and Health Hazards.

D. Pavletic noted that the Health Unit has provided feedback on the proposed changes to the National Building Code of Canada that aim to establish a maximum indoor temperature in new housing units. Exposure to extreme heat can have effects such as heat rash, muscle cramps, dizziness, nausea, vomiting, confusion, loss of consciousness and in some circumstances death. D. Pavletic reflected on the 2021 “Heat Dome” heat wave in British Columbia that resulted in 619 deaths with 98% of deaths occurring indoors. D. Pavletic added that everyone is at risk in the community, especially children, pregnant persons, older adults, those living with medical conditions (including mental health) and those experiencing social and material deprivation. The risk of negative health impacts from extreme heat can be reduced. For example, thermal insulation, housing location, building materials and house orientation, window shades, green spaces and ventilation (including use of cooler nighttime air) and air conditioning can help to mitigate high indoor temperatures.

D. Pavletic explained that under the National Building Code, there is a requirement to have heating equipment in residential buildings, but there is no code for maximum indoor temperature regarding cooling. From the 2021 heat wave, the Province of British Columbia updated their building codes to mandate new dwelling units in both large and small residential buildings to maintain temperatures at no more than 26 degrees in a single living space. This legislative change in British Columbia resulted in proposed changes

(named Proposal Change 2061) to deal with overheating in new dwelling units. The amendment put forward aims to address the gap in overheating indoors and the proposal included setting a maximum indoor temperature of no more than 26 degrees in new units.

D. Jutzi noted that the Health Unit submitted feedback for the amendment to the National Building Code in July. The Health Unit was in support of establishing a maximum indoor air temperature of not more than 26 degrees and it is important that evidence regarding maximum indoor air temperature be monitored as research evolves. Further feedback included:

- Supporting the language “maintaining an indoor air temperature of not more than 26 degrees”.
- Using “in at least one living space” to allow for greater flexibility in the application, potentially allowing application to all living spaces.
- The “living space” should exclude unfinished basements, service rooms, crawl spaces, and other spaces that typically are not used for living purposes.
- Within the amended code, a definition of “cooling facilities” that contains a variety of sustainable, low-carbon, energy efficient systems should be provided.
- Applying the proposed change to both small and large buildings.

D. Jutzi noted that the next steps for the Health Unit are to explore opportunities to reduce risk locally, including enhancing media communication strategies related to extreme heat and encouraging climate resilient neighbourhood design features, such as greenspace and green infrastructure. In particular, staff will continue to collaborate with municipal partners in exploring relevant municipal bylaws related to indoor heat and maximum temperatures.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. McGuire**, *that the Board of Health receive Report No. 59-24 re: “Policy Position on Maximum Indoor Air Temperature” for information.*

Carried

Chair Newton-Reid noted that the topic of maximum indoor air temperature is being discussed often with the weather becoming warmer (climate change) and the topic will be interesting to follow further.

2023-25 Provisional Plan 2024 Q2 Status Update (Report No. 60-24)

Emily Williams, Chief Executive Officer introduced Marc Resendes, Acting Manager, Strategy, Planning and Performance to present the Q2 update on the Provisional Strategic Plan. E. Williams noted that this would be M. Resendes’ last meeting as Acting Manager, as he was returning to his home role later that week. E. Williams thanked M. Resendes for his service in this role.

M. Resendes noted that Q2 continues to be a productive time for the Health Unit and is reflecting significant progress on all fourteen (14) strategic initiatives with only one (1) tactic yet to be initiated - staff have initiated the final tactic in Q3. Many strategic initiatives have been developed to the point, however, where consultation and engagement with staff and leaders is necessary for successful implementation. To address workload concerns and burnout in light of significant operational work, a prioritization exercise was completed in Q3. M. Resendes noted that there will be a pause on initiatives for the Q3 update. M. Resendes thanked the Board of Health for their guidance and support in implementing the Provisional Plan during his time as Acting Manager.

It was moved by **A. DeViet, seconded by M. Smibert**, *that the Board of Health receive Report No. 60-24 re: “2023-25 Provisional Plan 2024 Q2 Status Update” for information.*

Carried

The Oral Health and Clinical Support Services Team – Update (Report No. 61-24)

Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services introduced Donna Kosmack, Manager, Oral Health and Clinical Support Services to present an update on oral health at the Health Unit.

D. Kosmack provided background information on the Ontario Seniors' Dental Care program. The program is a government-funded dental care program where free, routine dental services are provided for low-income adults who are 65 years and older. The Health Unit has seen a high uptake and has resulted in a waiting list for new patient exams. Last year, the Health Unit opened a new dental clinic in Strathroy, and in July, two new operatories were opened at the Citi Plaza location. New chairs in existing operatories were added, along with windows in doors of existing operatories for staff safety. One of the new operatories is also larger in size to accommodate for mobility aids such as a wheelchair if necessary. In the last year, the Health Unit has reduced the waiting list from 700 to 222 people - everyone on the client waiting list has been contacted and offered a new patient exam. The Health Unit also increased the staffing capacity (10 staff to 38 staff) of the Oral Health and Clinical Support Services team to enable the team to operate the new clinical spaces.

D. Kosmack noted that the Health Unit also supports preventative dental screening in schools and the Healthy Smiles program for children under 16 to receive dental care services. In the 2023-2024 school year, 19,964 students were screened with 2,356 students found to have urgent dental conditions, which represents 12% of children.

D. Kosmack concluded that the Oral Health and Clinical Support Services team is working to prepare for the upcoming school screening year, with September 25 being the first dental screening date in schools. The team will also be working with the Communications team to promote the Health Unit's dental services.

Chair Newton-Reid inquired on the income cutoff for receiving services within the Ontario Seniors Dental Care program. D. Kosmack stated the income cutoff was \$41,500 for a couple.

It was moved by **M. McGuire**, seconded by **M. Steele**, *that the Board of Health receive Report No. 61-24, re: "The Oral Health and Clinical Support Services Team – Update" for information.*

Carried

2024-2025 Respiratory Season Review and Update (Report No. 62-24)

M. Albanese, introduced Andrew Powell, Acting Manager, Infectious Disease Control and welcomed Melissa Thompson, Manager, Vaccine Preventable Disease to the Board of Health to present information on respiratory season. M. Thompson is the new Manager for the Vaccine Preventable Disease team and has worked at the Health Unit for 24 years.

A. Powell noted that this past year, Middlesex-London has had 2800 COVID-19 cases, with 66 deaths. The number of cases is a significant drop from previous years and has to do with the availability of testing as well as some changes within the provincial surveillance system. There have been 146 outbreaks in facilities in the community, and COVID-19 continues to be the main illness of these outbreaks (81%). A. Powell noted that typically, influenza A appears in October and influenza B appears in December, which is typical.

A. Powell provided further information on interventions that the Infectious Disease Control team are using to respond during respiratory season. This includes support of infection, prevention and control (IPAC) measures focused on long-term care, retirements homes, group homes, shelters, supportive housing, residential treatment centres and hospices. The team conducts this through education, development of IPAC programs and supporting congregate settings to implement IPAC programs. The team also supports

outbreak investigations, which include identifying the source of transmission, implementation of outbreak control measures and leading outbreak meetings with the facility.

M. Thompson provided further information on interventions that the Vaccine Preventable Disease team are using to respond during respiratory season. M. Thompson noted that the major interventions are vaccine distribution and vaccine administration. The team processes vaccine orders and support for COVID-19, influenza and respiratory syncytial virus (RSV) for hospitals, long-term care and healthcare providers. Information and support are also provided to these partners. Further, the team also supports immunization for children under two years of age for COVID-19, influenza and RSV at Citi Plaza and Strathroy, RSV for retirement homes and mobile clinics for priority populations.

M. Thompson noted that this year, the Health Unit would not be hosting mass vaccination clinics and emphasizing that having a communication plan is critical for the community to know how to access vaccine.

The Health Unit will also be participating in two (2) respiratory season simulations to prepare stakeholders during respiratory season. The Regional Respiratory Surge Simulation Exercise, facilitated by Ontario Health West was held on June 12 and included regional healthcare provider partners and Health Unit staff. The Health Unit will be hosting a local exercise on September 15, with stakeholders participating from long-term care and health system partners.

Board Member Aina DeViet inquired on how the under two (2) years of age population is being reached in Middlesex-London and how it is ensured that this demographic group is not missed. M. Thompson explained that it takes time to know the full number of children being vaccinated in the community and getting information out on where to access vaccine is very important. M. Thompson encouraged the community to visit the Health Unit's website and for health care providers to post Health Unit materials and posters to advise where vaccines can be provided. The COVAX system in Ontario can also be used as a great tool to see where vaccine has been given and what areas need to be focused on for vaccine efforts. A. DeViet noted that it may be positive to work with the Library and EarlyON locations to have materials available to members of the community.

It was moved by **M. Smibert, seconded by A. DeViet**, *that the Board of Health receive Report No. 62-24 re: "2024-2025 Respiratory Season Review and Update" for information.*

Carried

Q2 2024 Organizational Performance Reporting (Report No. 63-24)

E. Williams and Dr. Joanne Kearon, Acting Medical Officer of Health presented the Q2 Organizational Performance Reporting for the Health Unit.

E. Williams reminded the Board of Health that organizational performance reporting is a part of the Management Operating System, and that this is the administrative system that directs and manages the Health Unit's work. Organizational reporting measures how well the Health Unit is doing at the interventions it implements. E. Williams added that this is the second time reporting organizational results to the Board. The organizational performance management component contains three (3) different parts - program assessment, planning and evaluation, quarterly performance review, and continuous quality improvement. E. Williams emphasized that there was some trepidation about performance reporting from staff, as their work was being measured – as a result, the Health Unit is promoting a culture of learning and improvement.

Before Dr. Kearon presented the reporting, E. Williams noted that two (2) divisions (Corporate Services and Public Health Foundations) were added to reporting in this quarter. Dr. Kearon noted that the quarterly performance review process enables performance reporting in a fulsome way to the Board. The reporting

provides performance updates across programming, finance, human resources, risk, client and community confidence and employee engagement and learning domains.

Dr. Kearon briefly reviewed how performance reporting comes to fruition. It is first developed by managers for what their team delivers in terms of interventions. The managers discuss with their directors, who summarize their work and then it is brought for review to the Chief Executive Officer and Medical Officer of Health.

Dr. Kearon noted the following highlights for Q2:

- The Health Unit continues to see increased demand for services from clients due to lack of access to a family doctor;
- Collaboration is underway with municipal partners on policy positions related to topics such as built environment, Health and Homelessness, and substance use;
- Significant progress continued in Q2 with increased vaccine coverage rates in schools under the *Immunization of School Pupils Act*, R.S.O. 1990, c. I.1;
- Opening of two (2) new dental operatories at Citi Plaza to decrease the waitlist for clients seeking services under the Ontario Seniors' Dental Care Program;
- Discussions on the opioid crisis within Middlesex-London were initiated 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.

Concluding the presentation, Dr. Kearon noted based on highlights that there are three (3) stories to tell for this reporting – the work by staff being done to meet the needs of the public, the incredible demand for services in vaccine preventable disease driven by the lack of access to a family doctor and the progress of staff adjusting to new work and teams in Q2 related to post restructuring.

It was moved by **M. Steele, seconded by M. McGuire**, *that the Board of Health receive Report No. 63-24 re: "Q2 2024 Organizational Performance Reporting" for information.*

Carried

Current Public Health Issues (Verbal Report)

Dr. Kearon presented her first "Current Public Health Issues" update to the Board of Health as Acting Medical Officer of Health.

Legionella Outbreak

Dr. Kearon noted that there is an active outbreak of legionella bacteria within the community, and explained what legionella bacteria is. Legionella is a bacteria commonly found in natural and human-made water sources and is transmitted by inhaling droplets or mist in the air. The milder illness from exposure can result in Pontiac fever and the serious respiratory illness that can result from exposure is Legionnaires' disease – most who are exposed will never develop symptoms. Those over aged 40, who are current and former smokers, have chronic lung conditions and underlying health conditions are at greater risk for developing Legionnaires' disease if exposed. Possible sources of legionella are humidifiers, water heaters, shower heads or sink taps, cooling towers (cooling systems for buildings), home or industrial plumbing systems and hot tubs.

Dr. Kearon noted that the current legionella outbreak was declared on July 26. Positive cases (26) were mapped, and most cases had a work address or a home address within a 5 km radius. Given all cases were not at same address, a larger industrial outdoor system like a cooling tower seemed the most likely source of the bacteria. With guidance from Public Health Ontario, the Health Unit began testing cooling towers within that geographic radius. 17 environmental samples and 5 clinical samples have been sent to Public Health Ontario Labs. Of the environmental samples which tested positive, most were non-viable or a species less likely to cause an outbreak. All clinical samples so far have been the same type, suggesting a

common source. Dr. Kearon noted that a source has not been confirmed, but evidence indicates further transmission is decreasing. Dr. Kearon concluded that outbreak protocol is that after 24 days without a new case related to the outbreak, the outbreak is declared over.

Dr. Kearon emphasized that to prevent legionella bacteria, business owners must maintain and sanitize potential sources according to manufacturer's instructions. Homeowners must regularly clean and disinfect mist producing devices in the home such as shower heads, humidifiers and hot tubs.

Mpox Update

Dr. Kearon noted that on August 14, the World Health Organization declared Mpox a "Public Health Emergency of International Concern". There is a rise in a more severe clade Ib strain that is currently concentrated in Africa with only two (2) countries outside of Africa reporting cases. Dr. Kearon concluded that there have been no cases of clade Ib mpox virus in Canada and that those in the community who are eligible are encouraged to get vaccinated against Mpox

MLHU at AMO 2024

E. Williams and Dr. Kearon represented the Health Unit at the annual Association of Municipalities of Ontario (AMO) Conference from August 18-21 in Ottawa.

The Health Unit had the following delegation meetings at AMO:

- Minister of Health, the Hon. Sylvia Jones to discuss opportunities for public health to address gaps in the healthcare system, particularly for vulnerable or equity-deserving groups
- Parliamentary Assistant to the Minister of Children, Community and Social Services, Laura Smith to discuss the Nurse-Family Partnership Program
- The Official Opposition/New Democratic Party of Ontario Caucus to discuss the above
- Deputy Leader of the Green Party of Ontario, Aislinn Clancy to discuss the above

Provincial Announcement: Consumption and Treatment Services

Sylvia Jones, Minister of Health announced at AMO on August 20 changes regarding the operation of Consumption and Treatment Services (CTS) in Ontario. The Ontario government will no longer fund new CTS sites and are banning the operation of CTS sites within 200 meters of a school or daycare. Additional requirements will be introduced regarding safety, security and reporting for existing CTS sites. New legislation will be proposed in the fall that, if passed, would prohibit municipalities or any organizations from starting a new CTS site, participating in federal safer supply initiatives, or requesting decriminalization of illegal drugs from the federal government. The government has also introduced a new model called "HART Hubs" with more information on their implementation pending.

Ten (10) CTS sites in the province will close by March 31, 2025, under this new announcement (9 provincially funded and 1 self-funded). London's consumption and treatment site called Carepoint on York Street is not due to close due to its distance from schools and daycares. Needle exchange and safer supply services are not currently impacted by the requirement to be 200 meters away from a school or daycare. The impact of additional requirements for sites regarding safety, security and reporting have not yet been evaluated.

MLHU in the News

Dr. Kearon noted that the Health Unit was in the news for different matters recently, related to consumption and treatment sites, legionella, West Nile Virus and Ontario Seniors Dental Care.

Board Member Michael (Mike) McGuire inquired on the recent news of rabies in Ontario. Dr. Kearon explained that Brant County Public Health announced recently that they have had a case of rabies in humans following a bat exposure, the first case in Canada since 1967. At this time, there is no change in risk and public health units are conducting public education on rabies. Dr. Kearon emphasized if there is exposure to a bat to seek medical attention to access a rabies vaccine.

Chair Newton-Reid inquired what type of exposure occurred for this situation. Dr. Kearon explained that it was contact with a bat directly and noting that sometimes scratches or bites from a bat are hard to see.

It was moved by **A. DeViet, seconded by M. Smibert**, *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 July and August (Report No. 64-24)

Dr. Kearon presented her activity report for July and August, noting that she has been in the Acting Medical Officer of Health role since August 6.

There were no questions or discussion.

It was moved by **M. McGuire, seconded by M. Steele**, *that the Board of Health receive Report No. 64-24 re: "Acting Medical Officer of Health Activity Report for July and August 2024" for information.*

Carried

Chief Executive Officer Activity Report for July and August (Report No. 65-24)

E. Williams presented her activity report for July and August.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by A. DeViet**, *that the Board of Health receive Report No. 65-24 re: "Chief Executive Officer Activity Report for July and August" for information.*

Carried

Board of Health Chair Activity Report for July and August (Report No. 66-24)

Chair Newton-Reid presented his activity report for July and August.

There were no questions or discussion.

It was moved by **M. Steele, seconded by M. McGuire**, *that the Board of Health receive Report No. 66-24 re: "Board of Health Chair Activity Report for July and August 2024" for information.*

Carried

Finance and Facilities Committee Meeting Summary (Verbal Report)

It was noted that Board Member Michael (Mike) Steele declared a conflict of interest related to Report No. 12-24FFC, within the Finance and Facilities Committee Meeting Summary. Within this report, the Board will be receiving information related to the Health Unit's new benefits provider (Manulife) effective January 1, 2025. This declaration was made due to Board Member Steele's employment and active shareholding with Manulife but noted that he does not work within the Manulife Group Benefits department.

At **7:54 p.m.**, Chair Steele exited for the remainder of the meeting. Secretary Williams presented the verbal report to the Board.

There were no questions or discussion.

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

- 1) *Receive Report No. 10-24FFC re: “2024 Q2 Financial Update, Borrowing Update and Factual Certificate” for information;*
- 2) *Approve the use of reserve funding from the Employment Costs Reserve and the Funding Stabilization Reserve to a maximum of \$276,077 for in year pressures;*
- 3) *Receive Report No. 11-24FFC re: “Legal Services Roster – Request for Proposal Awards” for information; and*
- 4) *Receive Report No. 12-24FFC re: “Employee Benefits – Request for Proposal Awards” for information.*

Carried

OTHER BUSINESS

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

CLOSED SESSION

At **7:57 p.m.** it was moved by **M. Smibert, seconded by A. DeViet**, *that the Board of Health will move into a closed session to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations, litigation or potential litigation, including matters before administrative tribunals affecting the municipality or local board, advice that is subject to solicitor-client privilege, including communications necessary for that purpose and to approve previous closed session Board of Health minutes.*

Carried

At **8:33 p.m.**, it was moved by **M. McGuire, seconded by M. Smibert**, *that the Board of Health return to public session from closed session.*

Carried

ADJOURNMENT

At **8:33 p.m.**, it was moved by **A. DeViet, seconded by M. Smibert**, *that the meeting be adjourned.*

Carried

MATTHEW NEWTON-REID
Chair

EMILY WILLIAMS
Secretary



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

Thursday, September 19, 2024 at 5 p.m.
MLHU Board Room – Citi Plaza
355 Wellington Street, London ON

- MEMBERS PRESENT:** Michelle Smibert (Chair)
Matthew Newton-Reid
Michael Steele
Selomon Menghsha (attended virtually)
- REGRETS:** Emily Williams, Chief Executive Officer (ex-officio)
Dr. Joanne Kearon, Acting Medical Officer of Health (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)
- OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Marc Lacoursiere, President, The Achievement Centre (exited at 6:15 p.m.)

At **5:01 p.m.**, Chair Michelle Smibert called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

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

Carried

APPROVAL OF MINUTES

It was moved **M. Steele**, seconded by **S. Menghsha**, that the **MINUTES** of the June 20, 2024 Performance Appraisal Committee meeting be approved.

Carried

CLOSED SESSION

At **5:03 p.m.**, it was moved by **M. Steele**, seconded by **M. Newton-Reid**, that the Performance Appraisal Committee will move into a closed session to consider matters regarding personal matters about identifiable individuals, including municipal or local board employees; labour relations or employee negotiations and to approve previous closed session Board of Health (Performance Appraisal Committee) minutes.

Carried

At **5:52 p.m.**, it was moved by **M. Newton-Reid**, seconded by **M. Steele**, that the Board of Health return to public session from closed session.

Carried

OTHER BUSINESS

The next meeting of the Performance Appraisal Committee is on Thursday, November 28, 2024 at 6:30 p.m.

ADJOURNMENT

At **5:52 p.m.**, it was moved by **M. Newton-Reid**, seconded by **S. Mengsha**, *that the meeting be adjourned.*

Carried

MICHELLE SMIBERT
Committee Chair

MATTHEW NEWTON-REID
Board Chair

DRAFT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
FINANCE AND FACILITIES COMMITTEE

Thursday, September 19, 2024, 6 p.m.
MLHU Board Room – Citi Plaza
355 Wellington Street, London ON

MEMBERS PRESENT: Michael Steele (Chair) (exited at 6:41 p.m.)
Matthew Newton-Reid
Selomon Menghsha (attended virtually)
Dr. Joanne Kearon, Acting Medical Officer of Health (ex-officio)
Emily Williams, Chief Executive Officer (ex-officio)

REGRETS: Dr. Alexander Summers, Medical Officer of Health (ex-officio)
Howard Shears
Michael McGuire

OTHERS PRESENT: Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Mary Lou Albanese, Director, Environmental Health, Infectious Diseases
and Clinical Services
Jennifer Proulx, Director, Family and Community Health
Warren Dallin, Manager, Procurement and Operations
Cynthia Bos, Associate Director, Human Resources and Labour Relations
Michelle Smibert, Board Member

At **6 p.m.**, Chair Michael (Mike) Steele called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

Chair Steele inquired if there were any disclosures of conflict of interest.

At **6:02 p.m.**, it was noted that Chair Steele declared a conflict of interest related to Report No. 12-24FFC. Within this report, the Committee will be receiving information related to the Health Unit's new benefits provider (Manulife) effective January 1, 2025. This declaration was made due to Chair Steele's employment and active shareholding with Manulife but noted that he does not work within the Manulife Group Benefits department.

APPROVAL OF AGENDA

Chair Steele noted that the Committee will be requiring a closed session at the start of this meeting and that the agenda would be required to be amended.

It was moved by **M. Newton-Reid, seconded by S. Menghsha**, that the **AGENDA** for the September 19, 2024 Finance and Facilities Committee meeting be approved as amended.

Carried

APPROVAL OF MINUTES

It was moved by **M. Newton-Reid, seconded by S. Menghsha**, that the **MINUTES** of the May 16, 2024 Finance and Facilities Committee meeting be approved.

Carried

CLOSED SESSION

At **6:02 p.m.** it was moved by **M. Newton-Reid, seconded by S. Menghsha**, *that the Middlesex-London Board of Health (Finance and Facilities Committee) will move into a closed session to consider matters 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, personal matters about an identifiable individual, including municipal or local board employees and labour relations or employee negotiations.*

Carried

At **6:23 p.m.** it was moved by **S. Menghsha, seconded by M. Newton-Reid**, *that the Finance and Facilities Committee return to public session from closed session.*

Carried

NEW BUSINESS

2024 Q2 Financial Update, Borrowing Update and Factual Certificate (Report No. 10-24FFC)

Emily Williams, Chief Executive Officer presented the 2024 Q2 Financial Update, Borrowing Update and Factual Certificate to the Committee.

E. Williams summarized the financial status of Q2. Q2 is currently \$431,071 unfavourable to the budget. Vacancies (of positions) were offset with approximately \$628,000 non-budgeted expenditures including approximately:

- \$292,000 in Early Retirement Incentives (from 2023)
- \$120,000 in severances greater than forecast
- \$191,000 in casual workforce
- \$67,000 in increased on-call premiums (identified as risk in the 2024 budget)
- \$45,000 in increased supplemental top-ups for parental leaves
- \$44,000 in increased retiree benefits
- \$34,000 in labour/salary related to measles cases

E. Williams noted that the Ministry of Health would not be supporting the Health Unit's application to apply the early retirement incentives as a one-time cost for reimbursement. Additionally, there were several disease outbreaks causing more labour costs associated with them, which potentially may be covered by the Ministry of Health. Salaries are set to the budget and currently, actual on-call costs are twice as high compared to budgeted. E. Williams advised that if the Health Unit did not make any changes to the next quarter, there would be a deficit of \$796,591 at the end of the year. E. Williams noted that general expenses and position gapping is favourable and will assist with making up the gap, however with increased hours of staff work, it is not making up the gap currently.

E. Williams reviewed financial updates for the Health Unit 100% funded programs. For COVID-19 vaccine funding from the Ministry of Health, the Health Unit was approved for \$100,000 from January-March, with no approval for funding from April to December at this time. The Health Unit spent approximately \$34,000 of the \$100,000 funding provided. E. Williams added that the Ministry has indicated they are considering further funding for COVID-19 vaccine for the remainder of the year.

E. Williams indicated that the Health Unit has not received a letter for further funding at this time for the Ontario Seniors Dental Care program – there is currently an estimated overspend of \$112,450. There were recently two (2) additional operatories added at Citi Plaza which has decreased the client wait list.

E. Williams noted that the City of London Cannabis Legalization (CLIF) program was budgeted at \$0.2 million. Funding for this program will stop at the end of 2024, but it is noted that the Health Unit has been approved to carry over any unspent funds to 2025. The actual spending for Q2 was approximately \$64,000.

In the Shared Funding programs (MLHU2), the Best Beginnings/Healthy Babies, Healthy Children program through the Ministry of Children, Community and Social Services received an additional \$304,120 (an additional 12.5%) in funding. This additional funding will be used in 2024 to offset costs for this program charged to Shared Funding dollars. Staff will be added into this program in 2025. E. Williams concluded that the other three (3) programs in MLHU2 are flat to budget.

E. Williams noted that the Health Unit had to utilize its line of credit for slightly over two (2) weeks in Q2. E. Williams added that the variable loan outstanding amount has been reduced to due accelerated payments in previous years with \$445,000 owing.

E. Williams noted the next steps and recovery strategies for the remainder of the year. Position control will continue, and existing gapped positions will remain gapped. The Health Unit will also be seeking cost recovery from the Ministry of Health for COVID-19 vaccine and disease outbreaks. Senior Leadership will also be continuing to review and restrict general expenses where possible. At this time, no new professional development, meals and accommodations can be purchased unless previously approved, with the addition of restricting materials and supplies, program resources, printing and meeting expenses.

Committee Member Matthew Newton-Reid inquired if the Health Unit has calculated the amount of Health Unit funds that will be applied for cost recovery to the Ministry of Health for outbreaks of diseases. E. Williams noted that at this time, it is uncertain of the dollar amount. E. Williams added that senior leadership is working on calculating time spent on outbreaks of diseases and will submit to the Ministry of Health by the deadline of October 31.

It was moved by **M. Newton-Reid, seconded by S. Menghsha**, *that the Finance and Facilities Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 10-24FFC re: “2024 Q2 Financial Update, Borrowing Update and Factual Certificate” for information; and*
- 2) *Approve the use of reserve funding from the Employment Costs Reserve and the Funding Stabilization Reserve to a maximum of \$276,077 for in year pressures.*

Carried

Legal Services Roster – Request for Proposal Results (Report No. 11-24FFC)

E. Williams noted that the Health Unit has never conducted a request for proposal for legal services and thanked Warren Dallin, Manager, Procurement and Operations and Cynthia Bos, Associate Director, Human Resources and Labour Relations for their work on this request for proposal. W. Dallin presented the results for the legal services roster and explained the process to the Committee.

W. Dallin explained that a request for proposal was posted on the Health Unit’s procurement website (Biddingo) on June 3 and closed on June 28. The purpose was to establish a roster of legal services providers in six (6) areas for three (3) years:

- Labour & Employment Law
- Contracts/Corporate/Commercial Law
- Information Technology Law
- Privacy Law
- General Civil/Insurance Defence Law
- General Municipal Law

W. Dallin noted that the evaluation team for the request for proposal was made up of the Board of Health Chair, Chief Executive Officer, Manager, Procurement and Operations, Associate Director, Human Resources and Labour Relations, Manager, Privacy, Risk and Client Relations and the Executive Assistant to the Board of Health.

Bidders (legal firms) were evaluated in the following categories, noting that those who passed 75% in the categories would proceed to evaluation of the financial proposal:

- Corporate Profile and Experience
- Counsel Team
- Approach and Work Plan
- Communication Plan
- Value-Added Services
- Financial Proposal

The following legal firms have been awarded a position on the roster of legal services:

- Rae Christen Jeffries - Labour & Employment Law
- Clyde and Co - Labour & Employment Law
- Clyde and Co - Contracts/Corporate/Commercial Law
- Harrison Pensa - Contracts/Corporate/Commercial Law
- Clyde and Co - Information Technology Law
- Harrison Pensa - Information Technology Law
- Clyde and Co - Privacy Law
- Harrison Pensa - Privacy Law
- Stieber Berlach - General Civil/Insurance Defence Law
- Clyde and Co - General Civil/Insurance Defence Law
- Clyde and Co - General Municipal Law
- Boghosian and Allen – General Municipal Law

All aspects of this process were in alignment with the Health Unit's Policy G-230 on Procurement and the Province of Ontario's Broader Public Sector Procurement Directive.

It was moved by **M. Newton-Reid**, seconded by **S. Menghsha**, that the Finance and Facilities Committee recommend to the Board of Health to receive Report No. 11-24FFC re: "Legal Services Roster – Request for Proposal Awards" for information.

Carried

Employee Benefits Provider - Request for Proposal Results (Report No. 12-24FFC)

It was noted that Chair Steele declared a conflict of interest related to Report No. 12-24FFC. Within this report, the Committee will be receiving information related to the Health Unit's new benefits provider (Manulife) effective January 1, 2025. This declaration was made due to Chair Steele's employment and active shareholding with Manulife but noted that he does not work within the Manulife Group Benefits department.

At **6:41 p.m.**, Chair Steele exited for the remainder of the meeting. Secretary Emily Williams presided for the remainder of the meeting.

W. Dallin presented the results for the employee benefits request for proposal and explained the process to the Committee.

W. Dallin explained that the Health Unit has been with Canada Life (formerly Great West Life) for employee benefits since 2013 and with Homewood Health for the Employee and Family Assistance program (EFAP) since 2016. The current term with these providers ends on December 31, 2024. A request for proposal was posted on the Health Unit's procurement website (Biddingo) on April 26 and closed on May 24.

W. Dallin noted that the evaluation team for the request for proposal was made up of the Manager, Procurement and Operations, Associate Director, Human Resources and Labour Relations, Health and

Safety Advisor, Payroll and Benefits Administrator and representatives from both union groups. The Health Unit was also supported by AON, who is the Health Unit’s broker providing benefit plan administration support, which includes market research and competitive pricing analysis.

Bidders were evaluated in the following categories:

- Competitiveness of costs
- Service
- Disability management
- Value-Added innovative products and wellness solutions

W. Dallin noted there were four (4) proposals submitted for benefits and three (3) proposals submitted for employee and family assistance programs. The bidder with the top score for benefits and employee and family assistance was requested to present in person to the evaluation team. All aspects of this process were in alignment with the Health Unit’s Policy G-230 on Procurement and the Province of Ontario’s Broader Public Sector Procurement Directive.

The successful award for benefits and employee and family assistance was made to Manulife with Telus Health as a partner. The annual cost for benefits and employee and family assistance is \$445,855 for the Health Unit, which is a cost savings of \$234,360 annually. Manulife and Telus Health will begin serving the Health Unit on January 1, 2025.

W. Dallin noted that the Health Unit formally notified Canada Life on September 18 that their benefits service to the organization would be terminated on December 31, 2024.

It was moved by **M. Newton-Reid, seconded by S. Menghsha**, *that the Finance and Facilities Committee recommend to the Board of Health to receive Report No. 12-24FFC re: “Employee Benefits – Request for Proposal Awards” for information.*

Carried

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health (Finance and Facilities Committee) is on Thursday, December 12, 2024 at 6 p.m.

ADJOURNMENT

At **6:46 p.m.**, it was moved by **M. Newton-Reid, seconded by S. Menghsha**, *that the meeting be adjourned.*

Carried

MICHAEL STEELE
Committee Chair

EMILY WILLIAMS
Secretary

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 67-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer
Dr. Joanne Kearon, Acting Medical Officer of Health

DATE: 2024 October 17

Q3 2024 RISK REGISTRY UPDATE

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No.67-24 re: “Q3 2024 Risk Registry Update” for information; and
 - 2) Approve the Q3 Risk Register ([Appendix A](#))
-

Report Highlights

- There were six (6) risks identified in Q2 of 2024. This remains static as no risks have been added or removed from the Risk Registry for Q3 of 2024.
- Residual Risk in Q3 2024:
 - Two (2) classified as minor risk.
 - Two (2) classified as moderate risk.
 - Two (2) classified as significant risk.

Background

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

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

Q3 2024 Risk Register

There are six (6) risks identified on the Q3 2024 Risk Register.

Of the six (6) risks identified on the Q3 Risk Register:

- Three (3) are high risk.
 - Two (2) carry significant residual risk within the Financial and People/Human Resources categories.
 - Financial risk related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset contractual obligations and general inflation. Numerous mitigation measures are concurrently being implemented to reduce the financial gap.
 - People/Human Resources – reduced productivity and resilience in the post restructuring environment. Mitigated through implementation of the Associate Manager position and a mid-year priority setting exercise, enabling teams to focus on critical functions not competing initiatives.
 - One (1) carries moderate residual risk in the Political category – related to health unit mergers.
- Three (3) are medium risk.
 - One (1) carries moderate residual risk related to the Technology risk category.
 - Two (2) carry minor residual risk related to Technology and Legal/Compliance risk categories.

Priorities for Q4 of 2024 are continued support for staff/leaders, cyber security, reducing the financial gap and business continuity planning.

This report was written by the Manager, Privacy, Risk and Client Relations.



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



Joanne Kearon, MD, MSc, MPH, CCFP, FRCPC
Acting Medical Officer of Health

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

- The Good Governance and Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Organizational Excellence – we make decisions, and we do what we say we are going to do.
 - Direction 4.2 – Develop and initiate an organizational quality management system

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 68-24

TO: Chair and Members of the Board of Health
FROM: Dr. Joanne Kearon, Acting Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 October 17

**2023-24 COMPLIANCE WITH THE *IMMUNIZATION OF SCHOOL PUPILS ACT* IN
MIDDLESEX-LONDON SCHOOLS**

Recommendation

It is recommended 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.

Report Highlight

- The *Immunization of Student Pupils Act* (ISPA) requires students attending elementary and secondary school to provide proof of up-to-date immunization or a valid exemption.
- Preliminary compliance estimates suggest that ongoing efforts by the MLHU to enforce the ISPA and to provide access to vaccination continues to improve vaccine coverage among students in Middlesex-London schools.
- In order to maintain immunization coverage rates, a consistent and concerted effort is required, including screening, immunization, collaboration, education, and enforcement.

Background

The *Immunization of Student Pupils Act* (ISPA) requires students attending elementary and secondary school to have proof of up-to-date immunizations against nine vaccine preventable diseases including, diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis and varicella (for children born in 2010 or after) or provide a valid exemption. Students who are not compliant with the ISPA requirements may be suspended from school.

[Report No. 05-23](#) and [Report No. 60-23](#) demonstrated that the COVID-19 pandemic and associated disruption to the health system resulted in lower immunization coverage amongst students in Middlesex-London schools. Amidst a global decrease in immunization coverage, there has been a resurgence in multiple vaccine-preventable diseases, including chickenpox, pertussis and measles. Activities related to the enforcement of the ISPA are integral to improving immunization coverage and protecting the community.

In Middlesex-London, in the summer of 2022, there were 41,000 students identified as overdue for at least one vaccination. Since 2022, the Vaccine Preventable Disease (VPD) at the Health Unit has been able to re-screen all students across all school boards. In the 2023-24 school year, the numbers have dropped to 17,500 overdue students demonstrating the impact of the strategies employed by the VPD Team.

ISPA Interventions

Families are required to report their student's vaccination records to the Health Unit or provide a valid exemption. Schools and families are reminded throughout the year of the ISPA process, through letters, email notices, and online promotion. Targeted summer letters and phone calls were also used to reach families. Once received, the records must be entered into a central data system and screened to assess whether the student is up to date (see [Appendix A](#)).

Immunization clinics at the health unit offices in both London and Strathroy prioritized children 0-17 years without health cards or health care providers, including all newcomers. Appointments during the 2023-24 school year were over 95% filled, with a 4-week average waiting period. Extra appointments were available prior to a suspension date, to allow for timely receipt of overdue vaccines. An average of 396 students were seen monthly (see [Appendix B](#)).

In total, for the 2023-24 school year, 18,782 notification letters were mailed. Following notification letters, 11,996 suspension notices were mailed to students who remained overdue, resulting in 3516 being suspended from school. With a student population total of 83,612, this equates to 4.2% of students. Once suspended, many students either submit appropriate records, or receive up-to-date vaccination. Suspensions last only 2-3 days on average.

Vaccination Coverage in Middlesex-London Region

Public Health Ontario (PHO) annually reports on vaccination coverage for diseases that are part of Ontario's school-based immunization programs. The PHO annual coverage report for 2023-24 is anticipated in the coming months. However, preliminary compliance and coverage estimates were calculated for students based on data extracted from the provincial reporting system on August 31, 2024 (see [Appendix C](#)).

Preliminary estimates demonstrate that the ongoing efforts by the VPD team continues to positively impact vaccine coverage among students in Middlesex-London. From 2022-23 to the 2023-23 school year, compliance and coverage estimates increased for all but one disease in the 7- to 17-year-old cohort. The exception was poliomyelitis, which slightly decreased. This is likely due to the Ministry of Health update which deemed invalid all doses of oral polio vaccine (OPV) administered on or after April 1, 2016. OPV is not included in the Ontario immunization schedule but is used in other countries. For all other vaccine-preventable diseases, coverage and compliance estimates are now comparable to or exceed pre-pandemic levels.

Next Steps

MLHU's vaccination strategy, including the screening of vaccination records for all students and the enforcement of the ISPA, has been effective in increasing immunization coverage amongst school-aged children. The MLHU will continue with this annual process including continued collaboration with health care providers and schools. Ongoing prioritization of activities related to the ISPA will assist in sustaining higher vaccination rates and protecting our community from vaccine preventable diseases.

This report was written by the Environmental Health, Infectious Disease, and Clinical Services Division and the Public Health Foundations Division.



Joanne Kearon, MD, MSc, MPH, CCFP, FRCPC
Acting 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 Immunization standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The *Immunization of School Pupils Act*.
- 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 in regard to equity-deserving groups accessing vaccinations and supports throughout the ISPA screening process. For example, updated MLHU clinic eligibility prioritized clients that were new to Canada, or experienced multiple barriers in accessing health care (such as not having a health card).

Appendix A – Statistics for Screening and Data Entry (September 2023 – September 2024)

Screening Letters and Suspension Notices

2023-24 School Year and Summer 2024	Number of Letters, Notices and Calls (includes summer)
Screening letters	18,782
Suspension notices	11,996
Additional summer reminders	3,691
Total number: 34,469	

NOTES:

- This total number denotes how many direct attempts were made to notify families of missing records, an upcoming suspension, or additional reminder. One student could be in all three categories above.
- The total number of students screened was higher than indicated here, as some letters were pulled during the screening process (e.g. no address, moved out of area, etc.).
- Approximately 3.5% came back to MLHU as “return to sender”. When this is received, they are removed from the list as they did not receive the notice in time.

Panorama Data Entry: Records Processed

Timeframe	Data entry: # of ICON records processed	Data entry: # of paper & other records processed
Sept 2023 – Sept 2024	13,884	8,375
Overall Total 22,259		

NOTES for Data Entry:

- Many of the submissions were in response to letters sent out, but some may have also been submitted when vaccines were received on time.
- Some families submitted more than once for the same child, as entries are not always complete. Therefore, each data entry instance does not equate to the student being caught up
- These numbers include students 4-17, some were overdue for vaccines and others were providing dates of vaccines given when due. Overall data entry for the year was closer to 30,000 records for all ages.

Appendix B – Vaccines Administered to Clients 4-17 years of age (Sept.1, 2023 – Sept.1, 2024)

Vaccinations Administered at MLHU Clinics	CitiPlaza	Strathroy	Totals
Tdap-IPV	1303	22	1325
HPV	1226	61	1287
Men-ACYW-135	1119	62	1181
MMRV	1139	34	1173
Men-C-C	1136	18	1154
Varicella	1064	21	1085
MMR	690	4	694
Tdap	534	43	577
Hep-B 1.0ml	455	45	500
Hep-B 0.5ml	268	7	275
DTaP-IPV-HIB	218	5	223
IPV	247	4	251
Totals:	9399	326	9725
Number of Clinics	108	12	120
Number of Clients	4567	193	4760

Therefore, during this timeframe there were 120 clinics, seeing a total of 4760 clients for 9725 vaccine doses.

NOTES:

- This includes all vaccines within the ISPA given at Citi Plaza and Strathroy MLHU immunization clinics to clients who were 4-17 years old
- The number of clinics were decreased after the catch-up clinics at the Western Fair ended
- Due to staffing and space limitations, MLHU moved to new eligibility criteria for booked appointments as of January 2024:
 - Individuals under 18 yrs of age, and;
 - Without an Ontario health card, or
 - Newcomers to Canada within the last 12 months, or
 - At risk of being suspended from school, unable to be seen elsewhere
- Clients required an appointment, although a few were seen if they walked in and had been suspended from school as a result of ISPA legislation
- Clinic appointments were over 95% filled for the year.
- Non-ISPA vaccines are offered at all appointments if the student is eligible to enhance disease protection and provide efficient service. This includes HPV, Hepatitis-B (0.5ml and 1.0ml doses) and Varicella (to those born in 2009 or before) doses. For this timeframe, there were 2387 vaccines administered that were recommended and not required.
- Students may receive up to 5 vaccines in one visit, and need to make 3-4 visits in the first year of catching up. The average number of vaccines per client at an appointment went up slightly this year to an average of 2, indicative of the clientele being seen (increase in newcomers, and many on a catch-up series).
- The “no-show” rate for appointments was approximately 8%.
- The number of appointments requiring an interpreter increased this year, close to 10% of all appointments.
- Due to all of the above factors, the length of appointments increased in the clinic to 25 minutes from 15 minutes to accommodate for translation, information sharing and multiple vaccines per visit.

Appendix C: ISPA Preliminary Compliance and Vaccination Coverage Estimates 7- to 17-year old cohort, Middlesex-London schools, 2023-24

Public Health Ontario (PHO) produces an annual report for vaccination coverage among students in Ontario school, which is not yet available for the 2023-24 school year. Preliminary compliance and coverage estimates were calculated for students in Middlesex-London schools, based on data extracted from the provincial reporting system on August 31, 2024. These preliminary estimates are subject to change.

For the 7- to 17- year old cohort as a whole, which represents the entire cohort included under the ISPA:

- Compared to the 2022-23 school year, compliance for ISPA diseases (diphtheria, measles, meningococcal disease, mumps, pertussis, rubella, tetanus) among the cohort increased between 9.5% and 23.3% during the 2023-24 school year, depending on the disease.
- In the 2023-24 school year, the preliminary compliance estimates for these diseases ranged between 90.6% and 98.6%, compared to the 2022-23 school year, when coverage in this cohort ranged between 67.3% and 92.5%.
- Between the 2022-23 and 2023-24 school years, preliminary vaccination coverage estimates for ISPA diseases all increased between 0.2% and 2.3% in this cohort, depending on the disease. However, coverage for poliomyelitis (polio) decreased slightly, by less than 1%. Within the 7- to 17-year old cohort, younger age groups were more impacted (that is, the impact of invalidating oral polio vaccine doses on coverage and compliance was more noticeable) than their older counterparts.
- In the 2023-24 school year, the preliminary vaccination coverage estimates for ISPA diseases ranged between 87.4% and 94.7% depending on the disease, which is comparable to the 2022-23 school year (86.8% and 94.5%).
- By specific disease, the proportion of students in this cohort who achieved compliance with the ISPA by having a vaccination exemption on file ranged from 3.1% to 4.2%.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 69-24

TO: Chair and Members of the Board of Health
FROM: Emily Williams, Secretary and Treasurer
DATE: 2024 October 17

2025 BOARD OF HEALTH AND COMMITTEE MEETING DATES

Recommendation

It is recommended 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](#).*
-

Report Highlights

- The Board of Health generally meets 11 times per year, with Committee meetings bi-annually or quarterly.
- There are currently three (3) committees – Finance and Facilities, Governance and Performance Appraisal.
- It is proposed that for 2025, the Board of Health return to a full in-person meeting cadence, with provisions under the *Municipal Act* for electronic participation of Board Members as required.
- The Board is required to approve meeting dates annually ([Appendix A](#)).

Background

The Board of Health generally meets 11 times per year, with Committee meetings bi-annually or quarterly. There are currently three (3) committees – Finance and Facilities, Governance, and Performance Appraisal. Annually, the Board approves the upcoming year’s meeting dates in the fall.

2025 Meeting Schedule and Information

The draft dates for the Board’s consideration are affixed as [Appendix A](#) within this report.

It is noted that staff are proposing that all meetings by default are held in-person at the Middlesex-London Board of Health Board Room at Citi Plaza starting in January 2025. The

Board has not been fully in-person for meetings consistently since March 2020 due to the COVID-19 pandemic, where social distancing and flexibility were required.

In July 2020, the Province of Ontario amended the *Municipal Act*, S.O. 2001, c. 25 to permit electronic participation of members of councils and local boards to participate in their business meetings electronically and count towards quorum.

Electronic participation

(3.1) The applicable procedure by-law may provide that a member of council, of a local board or of a committee of either of them, can participate electronically in a meeting to the extent and in the manner set out in the by-law. 2020, c. 18, Sched. 12, s. 1 (1).

As a result, the Board of Health amended their procedural by-law (By-Law #3) to permit Board Members to participate electronically for both in-person and virtual meetings. While it is encouraged for Board Members to attend in-person, it is acknowledged that circumstances occur where virtual participation is required.

Next Steps

The Board of Health will be required to approve the 2025 meeting dates. Once these dates have been approved, they will be circulated to the Board as email calendar holds for the year. Further, the dates will be distributed to MLHU staff and posted on the website.

This report was written by the Secretary and Treasurer, Board of Health.



Emily Williams, BScN, RN, MBA, CHE
Secretary and Treasurer

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](#).

2025 Middlesex-London Board of Health and Committee Meetings		
Type of Meeting	Materials Due Date	Date and Time of Meeting
Regular Board	Thursday, January 9	Thursday, January 23 at 7 p.m.
Finance and Facilities	Thursday, February 6	Thursday, February 20 at 6 p.m.
Regular Board	Thursday, February 6	Thursday, February 20 at 7 p.m.
Regular Board	Thursday, March 6	Thursday, March 20 at 7 p.m.
Governance	Thursday, April 10	Thursday, April 24 at 6 p.m.
Regular Board	Thursday, April 10	Thursday, April 24 at 7 p.m.
Finance and Facilities	Thursday, May 8	Thursday, May 22 at 6 p.m.
Regular Board	Thursday, May 8	Thursday, May 22 at 7 p.m.
Regular Board	Thursday, June 5	Thursday, June 19 at 7 p.m.
Regular Board	Thursday, July 10	Thursday, July 24 at 7 p.m.
Finance and Facilities	Thursday, September 4	Thursday, September 18 at 6 p.m.
Regular Board	Thursday, September 4	Thursday, September 18 at 7 p.m.
Governance	Thursday, October 2	Thursday, October 16 at 6 p.m.
Regular Board	Thursday, October 2	Thursday, October 16 at 7 p.m.
Regular Board	Thursday, November 6	Thursday, November 20 at 7 p.m.
Finance and Facilities	Thursday, November 27	Thursday, December 11 at 6 p.m.
Regular Board	Thursday, November 27	Thursday, December 11 at 7 p.m.

All meetings will be held at the Middlesex-London Health Unit Board Room, 110-335 Wellington Street (Citi Plaza) in London unless otherwise specified.

Performance Appraisal Committee Meetings will be held at the call of the Chair.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 70-24

TO: Chair and Members of the Board of Health
FROM: Dr. Joanne Kearon, Acting Medical Officer of Health
DATE: 2024 October 17

ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR SEPTEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 70-24 re: “Acting Medical Officer of Health Activity Report for September” for information.

The following report highlights the activities of the Acting Medical Officer of Health for the period of September 6 – October 3, 2024.

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*

September 9 Attended a meeting to discuss the rabies program.

September 12 Chaired the Monthly Surveillance Committee meeting.

September 19 With Mary Lou Albanese, Director, Environmental Health, Infectious Disease, and Clinical Services and leadership from the Infectious Disease Control Team, met to discuss tuberculosis programming.

Participated in a preparatory meeting for the respiratory preparedness exercise being hosted by MLHU.

- September 23** With Jennifer Proulx, Director, Family and Community Health, met to discuss key performance indicators for performance management.
- September 24** Chaired a meeting to discuss school health programming.
- September 25** Participated in the MLHU 2024 Respiratory Season Preparedness Exercise.
Attended the monthly Data Governance Steering Committee meeting.
- September 26** Participated in a meeting with PHO to discuss MLHU's response to the Legionella outbreak.
- October 2** Chaired a meeting to discuss school health programming.

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.*

- September 10** Participated in the monthly Public Health Sector Coordination Table meeting, facilitated by the Ministry of Health.

With Emily Williams, CEO and Jennifer Proulx, Director, Family and Community Health, met to discuss policy and government relations strategy for intimate partner violence.
- September 11** Attended the quarterly meeting with the London Middlesex Primary Care Alliance.

Attended a meeting of the Tuberculosis Medical Surveillance Working Group, facilitated by the Ministry of Health.

Interview with Loreen Dickson, myFM Strathroy, regarding respiratory illnesses in schools.
- September 12** Attended a meeting with local First Nations Health Centres to discuss medical directives and data sharing.
- September 13** Attended the Children's Hospital fall preparedness tabletop exercise.

With Emily Williams, CEO and Stephanie Egelton, Executive Assistant to the Board of Health, met to discuss action items from the Association of Municipalities of Ontario annual general meeting and conference.

Participated in the Public Health Sector Coordination Table Syphilis Sub-Group meeting, facilitated by the Ministry of Health.
- September 16** Participated in the Council of Medical Officers of Health (COMOH) Drug/Opioid Toxicity Crisis Working Group meeting.

Participated in the monthly Southwest Medical Officer of Health/Associate Medical Officer of Health meeting.

- September 17** Presented a Healthcare Provider Outreach webinar.
- Interview with Andrew Brown, CBC London, regarding COVID-19 activity.
- September 18** With Emily Williams, CEO and Cynthia Bos, Associate Director, Human Resources and Labour Relations, attended the quarterly touch base meeting with union partner Ontario Nurses Association (ONA).
- September 19** With Emily Williams, CEO and Cynthia Bos, Associate Director, Human Resources and Labour Relations, attended the quarterly touch base meeting with union partner Canadian Union of Public Employees (CUPE).
- September 24** Interview with Angela McInnes, CBC London, regarding the Respiratory Summary in Middlesex-London for the week of September 24.
- September 25** Participated in the bi-weekly meeting of the London-Middlesex Triad.
- October 2** Attended a meeting of the Community Advisory Committee and Project Team for the London Health Sciences Centre Harm Reduction Strategy.
- Attended a meeting of the Tuberculosis Medical Surveillance Working Group, facilitated by the Ministry of Health.
- October 3** Attended the monthly meeting of the Strategy and Accountability Table for the Whole of Community System Response, facilitated by the City of London.
- Participated in the Clinical Investigators Program Residency Committee Meeting, facilitated by Western University.

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.*

- September 9** Met with the medical student completing a rotation with MLHU.
- September 13** Met with the medical student completing a rotation with MLHU.
- September 19** Met with the Infectious Disease Fellow completing a rotation with MLHU.
- September 23** Attended the National Day for Truth and Reconciliation webinar, “Health-Related Impacts of the Residential School System.”
- September 24** Attended the National Day for Truth and Reconciliation webinar, “Allyship and Confronting Unconscious Bias.”

October 2 Attended the PHO Rounds webinar: “A.I. Technologies in Public Health Part 1: Launching the Automated Opioid News Event-based Surveillance (AONES) Tool”

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.*

September 10 Attended a meeting to discuss architecture and organization of internal policies.

September 11 Attended the monthly Board of Health Agenda Review and Executive meeting.

With Emily Williams, CEO, attended a meeting to discuss 2025 budget planning.

September 12 With Emily Williams, CEO and Cynthia Bos, Associate Director, Human Resources and Labour Relations, met to discuss after hours coverage and service levels, including during the winter office closure.

Attended a meeting with the Senior Leadership Team to discuss finance-related matters.

September 16 Attended the monthly touch base meeting with the Board of Health Chair.

With Emily Williams, CEO, met to discuss budget planning.

September 19 Attended the September Finance and Facilities Committee and Board of Health meetings.

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



Joanne Kearon, MD, MSc, MPH, CCFP, FRCPC
Acting 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. 71-24

TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
DATE: 2024 October 17

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR SEPTEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 71-24 re: "Chief Executive Officer Activity Report for September" for information.

The following report highlights the activities of the Chief Executive Officer (CEO) for the period of September 6 – October 3, 2024.

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

The Chief Executive Officer provided Director On-Call coverage from September 16-22 and September 30-October 3.

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:*

- September 16** As part of the Legal Vendor Request for Proposal process, attended an introductory meeting with one of the successful legal vendors Harrison Pensa.
- September 26** As part of the Legal Vendor Request for Proposal process, attended an introductory meeting with one of the successful legal vendors Rae Christian Jeffries.
- October 3** As part of the Legal Vendor Request for Proposal process, attended an introductory meeting with one of the successful legal vendors Stieber Berlach.

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:*

- September 9** Attended the Employee Systems Review (ESR) Steering committee.
- September 10** Chaired the Pride Working Group meeting to debrief the health unit's participation in the Pride Festival to inform recommendations for next year.
- September 12** With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, met to discuss after hours coverage and service levels, including during the winter office closure.
- September 16** 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.
- September 17** Attended an introductory meeting with the new member of the Corporate Communications team.
- Attended the September MLHU Leadership Team meeting and provided a 2024 In-Year Financial Update.
- September 18** With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended the quarterly touch base with union partner Ontario Nurses Association.
- September 19** With the Acting Medical Officer of Health and Associate Director, Human Resources and Labour Relations, attended the quarterly touch base with union partner Canadian Union of Public Employees.
- October 2** Chaired the MLHU Leadership Team October Pre-Planning meeting to establish the upcoming meeting agenda.

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:*

- September 6** Attended the Association of Public Health Business Administrators (AOPHBA) Executive meeting in Toronto.
- September 10** With the Chief Financial Officer, attended a meeting with a neighboring health unit to discuss finance-related matters and opportunities for collaboration.
- With the Acting Medical Officer of Health and Director, Family and Community Health, met to discuss policy and government relations strategy for intimate partner violence.

September 11 With the Acting Medical Officer of Health, attended a meeting to discuss 2025 budget planning.

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

September 12 Attended the monthly Ministry of Health Public Health Funding Updates meeting.

Attended a meeting with the Senior Leadership Team to discuss finance related matters.

September 13 With the Acting Medical Officer of Health, attended a meeting to debrief the Association of Municipalities of Ontario conference with the EA to the Board of Health.

September 16 Met with the Board of Health Chair for a monthly one-on-one meeting.

Attended the Southwest Medical Officers of Health/Associate Medical Officers of Health meeting.

September 19 Attended the September Finance and Facilities Committee meeting.

Attended the September Board of Health meeting.

September 20 Attended a meeting to discuss MLHU Management Operating System policy items related to Occupational Health and Safety.

September 23 Attended a meeting to discuss staffing costs related to the Q2 financial results.

September 24 Attended a meeting with Auditors from KPMG to discuss the 2023 MLHU Audit.

As part of the CEO's executive membership of the Association of Public Health Business Administrator (AOPHBA), chaired the AOPHBA Annual General Meeting (AGM) Working Group meeting to discuss planning for the AGM.

As part of the CEO's executive membership of the Association of Public Health Business Administrator (AOPHBA), chaired the AOPBA Nominations Working Group meeting to discuss nominations taking place at the AOPHBA Annual General Meeting.

October 2 As part of the CEO's executive membership of the Association of Public Health Business Administrator (AOPHBA), chaired the AOPBA Nominations Working Group meeting to discuss nominations taking place at the AOPHBA Annual General Meeting.

October 3 As part of the CEO's executive membership of the Association of Public Health Business Administrator (AOPHBA), attended a meeting to discuss planning for the AOPHBA Annual General Meeting (AGM).

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

September 24 Attended a meeting with the Board Chair and Committee Chair of the Performance Appraisal Committee to debrief the CEO's Performance Appraisal survey results.

September 27 Attended a Lunch and Learn regarding Indigenous relations and how to address barriers to reconciliation hosted by the Health Equity and Indigenous Relations 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. 72-24

TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
Dr. Joanne Kearon, Acting Medical Officer of Health
DATE: 2024 October 17

2023 AUDITED FINANCIAL STATEMENTS - DRAFT

Recommendations

It is recommended 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.*

FURTHER,

It is recommended 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.

Report Highlights

- The Financial Statements ([Appendix A](#)) for the twelve months ending December 31, 2023 are attached.
- The financial statements have been prepared in accordance with legislation and the Canadian Public Sector Accounting Standards (PSAS).
- A summary of significant accounting policies is provided in note 1 to the financial statements.

Financial Overview

This report provides an overview of the financial information found in both the Statement of Financial Position and the Statement of Operations and Accumulated Surplus. These statements can be found beginning on page 5 of the draft financial statements.

Use of Reserve Funds

The MLHU has three reserve accounts:
23201, Employment Costs Reserve \$176,077
23202, Technology & Infrastructure Reserve \$60,988

29000, Funding Stabilization Reserve \$100,000

Use of \$66,296 from the Employment Costs Reserve is recommended to cover the outstanding amount of the unfunded/unbudgeted Voluntary Retirement balance of \$292,000.

Statement of Financial Position:

As of December 31, 2023, the Health Unit had approximately \$9.4 million in cash and near-cash financial assets to partially offset its \$15.4 million in financial liabilities to generate a net debt of \$6.0 million. This net debt is then offset by non-financial assets valued at \$7.5 million, to create an accumulated surplus of \$1.4 million.

Financial Assets decreased by \$2.9 million compared to 2022 primarily due to a decrease in cash of \$2.7 million. The Statement of Cash Flows on page 8 of the financial statements provides details for this decrease (opening cash balance is less by \$6.3 million and there was \$3.6 million less cash used in the operation).

Financial Liabilities also decreased by \$3.8 million compared to 2022 to include:

- Deferred Revenue decreased by \$1.9 million (*Seniors Dental Capital and School Focused Nurses Initiative*).
- Demand loan decreased by \$0.7 million (*includes the regular payments and the accelerated payment approved by both the City and the County*).
- Payable to the Province decreased by \$1.1 million (*settlements including Covid-19, Seniors Dental and School Focused Nurses Initiative*).
- Due to the City and County: both decreased with the approval to use funds to pay down the variable bank loan.

With regard to the \$3.4 million present value of Employee Future Benefits liability. This is the estimated current amount required to fund all future costs associated with providing post-retirement benefits. This liability is currently unfunded; however, each year an estimated amount required for the current year is appropriated from surplus. Details related to this liability are outlined in note 2, page 14.

The Non-Financial Assets, which total \$7.5 million, include the net book value of the Health Unit's tangible capital assets, such as leasehold improvements, computer systems, and prepaid expenses. Note 7, page 18 outlines a schedule of changes to the tangible capital assets during the year.

The last amount listed on the Statement of Financial Position is the Health Unit's accumulated surplus. This represents the net financial and physical resources available to provide future services. The details of what items make up this balance can be found in the draft financial statements on Note 10, page 20.

Statement of Operations and Accumulated Surplus

It is important to note this statement contains entries required under PSAS which are not included when determining surplus or deficit for Ministry reporting. Below is a reconciliation from Ministry reporting to PSAS reporting.

	2023 Act \$'s
Internal Reporting to the Ministry of Health	
2023 Shared Funded Programs (<i>balanced</i>)	<nil>
MLHU2 – Jan to Dec 2023 (<i>timing</i>)	(54,000)
PSAS Required Entries	
-reduce expenses for reserve entries	80,812
-reduce expenses by principal portion of bank loan payments	692,827
-reduce expenses by amount of assets that have been capitalized	1,100,495
-add no-cash amortization expense	(824,954)
-account for rental incentive provided from Citi Plaza	98,997
Annual Surplus under PSAS	1,094,178

Audit Findings

KPMG's Audit Findings Report will be circulated to Board of Health members. Common practice in presenting the report is for the Auditor Team to meet in private with Board Members, excluding staff.

Dale Percival, Senior Manager, KPMG LLP will be present at the October 17, 2024 Board of Health meeting to address any questions regarding this report.

Next Steps

The Board of Health will be required to approve the 2023 Audited Financial Statements. Once approved, the statements will be sent to stakeholders.

This report was written 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 fiduciary requirements as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The requirement for the Board of Health to prepare annual financial statements per the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, section 59(1) and the Municipal Act

Financial Statements of

MIDDLESEX-LONDON HEALTH UNIT

And Independent Auditors' Report thereon

Year ended December 31, 2023



MIDDLESEX-LONDON HEALTH UNIT

Financial Statements

Year ended December 31, 2023

Financial Statements

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Draft

MIDDLESEX-LONDON HEALTH UNIT

Financial Statements

Year ended December 31, 2023

Management's Responsibility for the Financial Statements

The accompanying financial statements of the Middlesex-London Health Unit ("Health Unit") are the responsibility of the Health Unit's management and have been prepared in compliance with legislation, and in accordance with Canadian public sector accounting standards for local governments established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. A summary of the significant accounting policies is described in Note 1 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgment, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Health Unit's management maintains a system of internal controls designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Finance & Facilities Committee meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The financial statements have been audited by KPMG LLP, independent external auditors appointed by The Corporation of the City of London. The accompanying Independent Auditors' Report outlines their responsibilities, the scope of their examination and their opinion on the Health Unit's financial statements.

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

David Jansseune, CPA, CMA
Assistant Director, Finance

Matthew Reid, Chair
Board of Health

INDEPENDENT AUDITORS' REPORT

To the Chair and Members, Middlesex-London Board of Health

Opinion

We have audited the financial statements of Middlesex-London Health Unit (the “Health Unit”), which comprise:

- the statement of financial position as at December 31, 2023
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Unit as at December 31, 2023, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Financial Statements**” section of our auditors’ report.

We are independent of the Health Unit in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Health Unit’s ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Health Unit or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Health Unit’s financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Unit's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Unit's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Health Unit to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

“Draft”

Chartered Professional Accountants, Licensed Public Accountants

June 2024

London, Canada

Draft

MIDDLESEX-LONDON HEALTH UNIT

Statement of Financial Position

December 31, 2023, with comparative information for 2022

	2023	2022
Financial Assets		
Cash	\$ 1,465,039	\$ 4,181,797
Accounts receivable	868,690	1,195,023
Grants receivable	7,058,600	6,910,975
	9,392,329	12,287,795
Financial Liabilities		
Accounts payable and accrued liabilities	1,347,422	851,182
Deferred revenue	2,287,136	4,213,229
Demand loan (note 6)	3,147,799	3,840,625
Due to Province of Ontario	3,916,828	5,005,768
Due to The Corporation of the City of London	-	611,898
Due to The Corporation of the County of Middlesex	-	116,552
Accrued wages and benefits	1,379,858	1,329,494
Employee future benefits (note 2)	3,402,800	3,220,100
	15,481,843	19,188,849
Net debt	(6,089,514)	(6,901,054)
Non-Financial Assets		
Tangible capital assets (note 7)	7,271,823	6,996,281
Prepaid expenses	218,423	211,326
	7,490,246	7,207,607
Commitments (note 8)		
Contingencies (note 9)		
Accumulated surplus (note 10)	\$ 1,400,731	\$ 306,553

The accompanying notes are an integral part of these financial statements.

MIDDLESEX-LONDON HEALTH UNIT

Statement of Operations and Accumulated Surplus

Year ended December 31, 2023, with comparative information for 2022

	2023 Budget	2023	2022
Revenue:			
Grants:			
Ministry of Health	\$ 37,593,513	\$ 33,161,332	\$ 44,444,190
The Corporation of the City of London	7,344,798	7,768,346	7,344,798
Ministry of Children and Youth Services	2,483,313	2,483,313	2,536,257
The Corporation of the County of Middlesex	1,404,859	1,485,535	1,404,859
Government of Canada	268,224	312,265	291,223
	49,094,707	45,210,791	56,021,327
Other:			
Property search fees	3,500	451	1,916
Family planning	140,000	106,803	70,366
City of London Tobacco Reinforcement	188,894	110,035	296,975
Other Income (note 11)	407,140	1,230,173	454,627
	739,534	1,447,462	823,884
Total Revenue	49,834,240	46,658,253	56,845,211
Expenditures:			
Salaries:			
Public Health Nurses	12,115,339	9,663,561	13,324,247
Other salaries	9,377,794	10,211,189	10,006,491
Administrative staff	4,640,839	4,478,992	10,766,146
Public Health Inspectors	2,320,284	2,373,529	2,663,999
Dental staff	1,689,175	1,246,697	1,102,004
Medical Officers of Health	664,050	440,628	419,248
	30,807,480	28,414,596	38,282,135
Other Operating:			
Benefits	7,605,126	7,076,335	7,443,304
Professional services	3,482,803	3,117,322	2,905,417
Rent and maintenance	3,319,032	2,607,726	3,286,234
Other expenses (note 12)	1,577,856	1,310,560	1,007,827
Materials and supplies	2,780,464	1,952,440	3,264,552
Amortization expense	-	824,953	779,188
Travel	261,479	260,143	119,918
	19,026,760	17,149,479	18,806,440
Total Expenditures	49,834,240	45,564,075	57,088,574
Annual surplus(deficit)	-	1,094,178	(243,364)
Accumulated surplus, beginning of year	306,553	306,553	549,917
Accumulated surplus, end of year	\$ 306,553	\$ 1,400,731	\$ 306,553

The accompanying notes are an integral part of these financial statements.

MIDDLESEX-LONDON HEALTH UNIT

Statement of Change in Net Debt

Year ended December 31, 2023, with comparative information for 2022

	2023 Budget	2023	2022
Annual surplus(deficit)	\$ -	\$ 1,094,178	\$ (243,364)
Acquisition of tangible capital assets, net	-	(1,100,495)	(250,710)
Amortization of tangible capital assets	-	824,953	779,189
	-	818,637	285,115
Acquisition of prepaid expenses	-	(218,423)	(211,326)
Use of prepaid expenses	-	211,326	209,881
	-	(7,097)	(1,445)
Change in net debt	-	811,540	283,671
Net debt, beginning of year	(6,901,054)	(6,901,054)	(7,184,724)
Net debt, end of year	\$(6,904,054)	\$(6,089,514)	\$(6,901,054)

The accompanying notes are an integral part of these financial statements.

MIDDLESEX-LONDON HEALTH UNIT

Statement of Cash Flows

December 31, 2023, with comparative information for 2022

	2023	2022
Cash provided by (used in):		
Operating activities:		
Annual surplus(deficit)	\$ 1,094,178	\$ (243,364)
Items not involving cash:		
Amortization expense	824,953	779,189
Change in employee future benefits	182,700	162,300
Changes in non-cash assets and liabilities:		
Accounts receivable	326,333	(430,742)
Grants receivable	(147,626)	(4,430,369)
Prepaid expenses	(7,097)	(1,445)
Due to Province of Ontario	(1,088,940)	621,854
Due to The Corporation of the City of London	(611,898)	611,898
Due to The Corporation of the County of Middlesex	(116,552)	(5,397)
Accounts payable and accrued liabilities	496,240	(2,849,265)
Deferred revenue	(1,926,093)	1,308,093
Accrued wages and benefits	50,365	(1,385,205)
Net change in cash from operating activities	(923,437)	(5,862,452)
Financing Activities:		
Repayment of demand loan	(692,828)	(186,118)
Net change in cash from financing activities	(692,828)	(186,118)
Capital activities:		
Acquisition of tangible capital assets	(1,100,495)	(250,710)
Net change in cash from capital activities	(1,100,495)	(250,710)
Net change in cash	(2,716,758)	(6,299,280)
Cash, beginning of year	4,181,797	10,481,078
Cash, end of year	\$ 1,465,039	\$ 4,181,797

The accompanying notes are an integral part of these financial statements.

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements
Year ended December 31, 2023

The Middlesex-London Health Unit (the “Health Unit”) is a joint local board of the municipalities of The Corporation of the City of London and The Corporation of the County of Middlesex that was created on January 1, 1972. The Health Unit provides programs which promote healthy and active living throughout the participating municipalities.

1. Significant accounting policies:

The financial statements of the Health Unit are prepared by management in accordance with Canadian public sector accounting standards as recommended by the Public Sector Accounting Board (“PSAB”) of the Chartered Professional Accountants of Canada. Significant accounting policies adopted by the Middlesex-London Health Unit are as follows:

(a) Basis of presentation:

The financial statements reflect the assets, liabilities, revenue and expenditures of the reporting entity. The reporting entity is comprised of all programs funded by the Government of Canada, the Province of Ontario, The Corporation of the City of London, and The Corporation of the County of Middlesex. It also includes other programs that the Board of Health may offer from time to time with special grants and/or donations from other sources.

Inter-departmental transactions and balances have been eliminated.

(b) Basis of accounting:

Sources of financing and expenditures are reported on the accrual basis of accounting with the exception of donations, which are included in the statement of operations as received.

The accrual basis of accounting recognizes revenues as they become available and measurable; expenditures are recognized as they are incurred and measurable as a result of receipt of services and the creation of a legal obligation to pay.

The operations of the Health Unit are funded by government transfers from the Government of Canada, Province of Ontario, The Corporation of the City of London and The Corporation of the County of Middlesex. Government transfers are recognized in the financial statements as revenue in the period in which events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met and reasonable estimates of the amounts can be made. Government transfers not received at year end are recorded as grants receivable due from the related funding organization in the statement of financial position.

Funding amounts in excess of actual expenditures incurred during the year are repayable and are reflected as liabilities due to the related funding organization in the statement of financial position.

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

1. Significant accounting policies (continued):

(c) Employee future benefits:

- (i) The Health Unit provides certain employee benefits which will require funding in future periods. These benefits include sick leave, life insurance, extended health and dental benefits for early retirees.

The cost of sick leave, life insurance, extended health and dental benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, insurance and health care cost trends, long term inflation rates and discount rates.

- (ii) The cost of multi-employer defined benefit pension plan, namely the Ontario Municipal Employees Retirement System (OMERS) pensions, are the employer's contributions due to the plan in the period. As this is a multi-employer plan, no liability is recorded on the Health Unit's financial statements.

(d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives that extend beyond the current year and are not intended for sale in the ordinary course of operations.

- (i) Tangible capital assets

Tangible capital assets are recorded at cost which includes amounts that are directly attributed to acquisition, construction, development or betterment of the asset. The cost, less residual value of the tangible capital assets, are amortized on a straight-line basis over the estimated useful lives as follows:

Asset	Useful Life - Years
Leasehold Improvements	5 - 20
Computer Systems	4
Motor Vehicles	5
Furniture & Equipment	7

Assets under construction are not amortized until the asset is available for productive use.

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)
Year ended December 31, 2023

1. Significant accounting policies (continued):

(d) Non-financial assets (continued):

(ii) Contributions of tangible capital assets

Tangible capital assets received as contributions are recorded at their fair market value at the date of receipt and are recorded as revenue.

(iii) Leased tangible capital assets

Leases which transfer substantially all the benefits and risks incidental to ownership of property are accounted for as leased tangible capital assets. All other leases are accounted for as operating leases and the related payment are charged to expense as incurred.

(e) Use of estimates:

The preparation of the Health Unit's financial statements requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the period. Significant estimates include assumptions used in estimating provisions for accrued liabilities, and in performing actuarial valuations of post-employment benefits.

In addition, the Health Unit's implementation of the Public Sector Accounting Handbook PS3150 has required management to make estimates of the useful lives of tangible capital assets.

Actual results could differ from these estimates.

(f) Financial Instruments:

Financial Instruments

Financial Instruments are classified into three categories: fair value, amortized cost or cost. The following chart shows the measurement method for each type of financial instrument.

Financial Instrument	Measurement Method
Cash	Cost
Accounts receivable	Cost
Accounts payable and accrued liabilities	Cost
Demand Loan	Amortized cost

Upon standard implementation, amortized cost will be measured using the effective interest rate method, as opposed to the straight-line method.

Fair value category: The Health Unit manages and reports performance for groups of financial assets on a fair-value basis. Investments traded in an active market are reflected at fair value as at the reporting date. Sales and purchases of investments are recorded on the trade date. Transaction costs related to the acquisition of investments are recorded as an expense. Unrealized gains and losses on financial assets are recognized in the Statement of Remeasurement Gains and Losses until such time that the financial asset is derecognized due to disposal or impairment. At the time of derecognition, the related

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

realized gains and losses are recognized in the Statement of Operations and Accumulated Surplus and related balances reversed from the Statement of Remeasurement Gains and Losses. A Statement of Remeasurement Gains and Losses has not been included as there are no matters to report therein.

Amortized cost: Amounts are measured using the effective interest rate method. The effective interest method is a method of calculating the amortized cost of a financial asset or financial liability (or a group of financial assets or financial liabilities) and of allocating the interest income or interest expense over the relevant period, based on the effective interest rate. It is applied to financial assets or financial liabilities that are not in the fair value category.

Cost category: Amounts are measured at cost less any amount for valuation allowance. Valuation allowances are made when collection is in doubt.

(g) Change in Accounting Policy – adoption of new accounting standards

The Health Unit adopted the following standards concurrently beginning January 1, 2023 prospectively: PS 1201 Financial Statement Presentation, PS 2601 Foreign Currency Translation, PS 3041 Portfolio Investments and PS 3450 Financial Instruments.

PS1201 Financial Statement Presentation replaces PS 1200 Financial Statement Presentation. This standard establishes general reporting principles and standards for the disclosure of information in government financial statements. The standard introduces the Statement of Remeasurement Gains and Losses separate from the Statement of Operations. Requirements in PS 2601 Foreign Currency Translation, PS 3450 Financial Instruments, and PS 3041 Portfolio Investments, which are required to be adopted at the same time, can give rise to the presentation of gains and losses as remeasurement gains and losses.

PS 2601 Foreign Currency Translation replaces PS 2600 Foreign Currency Translation. The standard requires monetary assets and liabilities denominated in a foreign currency and non-monetary items denominated in a foreign currency that are reported as fair value, to be adjusted to reflect the exchange rates in effect at the financial statement date. Unrealized gains and losses arising from foreign currency changes are presented in the new Statement of Remeasurement Gains and Losses.

PS 3041 Portfolio Investments replaces PS 3040 Portfolio Investments. The standard provides revised guidance on accounting for, and presentation and disclosure of, portfolio investments to conform to PS 3450 Financial Instruments. The distinction between temporary and portfolio investments has been removed in the new standard, and upon adoption, PS 3030 Temporary Investments no longer applies.

PS 3450 Financial Instruments establishes accounting and reporting requirements for all types of financial instruments including derivatives. The standard requires fair value measurement of derivatives and portfolio investments in equity instruments that are quoted in an active market. All other financial instruments will generally be measured at cost or amortized cost. Unrealized gains and losses arising from changes in fair value are presented in the Statement of Remeasurement Gains and Losses.

Fair value hierarchy

The following provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which fair value is observable:

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

Level 1 – fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 – fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and

Level 3 – fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The fair value hierarchy requires the use of observable market inputs whenever such inputs exist. A financial instrument is classified to the lowest level of the hierarchy for which a significant input has been considered in measuring fair value.

PS 3280 Asset Retirement Obligations (ARO) establishes the accounting and reporting requirements for legal obligations associated with the retirement of tangible capital assets controlled by a government or government organization. A liability for a retirement obligation can apply to tangible capital assets either in productive use or no longer in productive use. This standard was adopted on January 1, 2023. There was no impact to the financial statements as a result of the adoption of this standard.

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

2. Employee future benefits:

The Health Unit pays certain life insurance benefits on behalf of the retired employees as well as extended health and dental benefits for early retirees to age sixty-five. The Health Unit recognizes these post-retirement costs in the period in which the employees render services. The most recent actuarial valuation was performed as at December 31, 2023.

	2023	2022
Accrued employee future benefit obligations	\$ 3,247,700	\$ 3,394,800
Unamortized net actuarial gain	155,100	(174,700)
Employee future benefits liability as of December 31	\$ 3,402,800	\$ 3,220,100

Retirement and other employee future benefit expenses included in the benefits in the statement of operations consist of the following:

	2023	2022
Current year benefit cost	\$ 230,500	\$ 223,800
Interest on accrued benefit obligation	105,800	101,900
Amortization of net actuarial loss	43,500	44,500
Total benefit cost	\$ 379,800	\$ 370,200

Benefits paid during the year were \$197,100 (2022 - \$207,900).

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)
Year ended December 31, 2023

2. Employee future benefits (continued):

The main actuarial assumptions employed for the valuation are as follows:

(i) Discount rate:

The obligation as at December 31, 2023, of the present value of future liabilities and the expense for the year ended December 31, 2023, are determined using a discount rate of 3.50% and 3.00% respectively (2022 – 3.00%).

(ii) Medical costs:

Prescription drug costs are assumed to increase at the rate of 4.7% per year (2022 – 4.5%) varying over 19 years to an ultimate rate of 4.0%. Other Medical costs are assumed to increase at a rate of 4.8% per year (2022 - 4.6%), varying over 19 years to an ultimate rate of 4.0%. Vision costs are assumed to increase at a rate of 0% per year.

(iii) Dental costs:

Dental costs are assumed to increase at the rate of 5.1% per year (2022 – 4.9%), varying over 19 years to an ultimate rate of 4.0%.

3. Pension agreement:

The Health Unit contributes to the OMERS which is a multi-employer plan, on behalf of 313 members. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

During 2023, the plan required employers to contribute 9.0% of employee earnings up to the year's maximum pensionable earnings and 14.6% thereafter. The Health Unit contributed \$2,534,673 (2022 - \$2,257,274) to the OMERS pension plan on behalf of its employees during the year ended December 31, 2023.

The last available report for the OMERS plan was on December 31, 2023. At that time, the plan reported a \$4.2 billion actuarial deficit (2022 - \$6.7 billion), based on actuarial liabilities for \$134.6 billion (2022 - \$128.7 billion) and actuarial assets for \$130.4 billion (2022 - \$122.8 billion). If actuarial surpluses are not available to offset the existing deficit and subsidize future contributions, increases in contributions will be required in the future.

4. Bank indebtedness:

In 2021, to better manage daily cash flows, the Health Unit entered into a \$8 million demand revolving line of credit, available by way of overdraft. Interest on amounts drawn is calculated at prime rate less 0.75% per annum. No amount was outstanding under the line of credit as at year end or as at the previous year end.

5. Financial risks

As the valuation of all financial instruments held by the Health Unit at fair value are derived from quoted prices in active markets, all would be in Level 1 of the fair value hierarchy.

Risks arising from financial instruments and risk management.

The Health Unit is exposed to a variety of financial risks including credit risk, liquidity risk and market risk. The Health Unit's overall risk management program focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on the Health Unit's financial performance.

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

Credit risk

The Health Unit's principal financial assets are cash, and accounts receivable, which are subject to credit risk. The carrying amounts of financial assets on the Statement of Financial Position represent the Health Unit's maximum credit exposure as at the Statement of Financial Position date.

Market risk

The Health Unit is exposed to interest rate risk and price risk with regard to interest rate risk on its demand loan, which is regularly monitored.

The Health Unit's financial instruments consist of cash, accounts receivable, accounts payable and accrued liabilities, and demand loan. It is the Health Unit's opinion that the Health Unit is not exposed to significant interest rate or currency risks arising from these financial instruments except as otherwise disclosed.

Liquidity risk

The Health Unit mitigates liquidity risk by monitoring cash activities and expected outflows through extensive budgeting. Accounts payable and accrued liabilities are all current and the terms of the demand loan are disclosed in note 6. There have been no significant changes from the previous year in the Health Unit's exposure to liquidity risk or policies, procedures and methods used to measure the risk. The following table sets out the contractual maturities (representing undiscounted contractual cash flows) of financial liabilities:

	Within 6 months \$	6-12 months \$	1-4 years \$	4+ years \$
As at December 31, 2023				
Accounts payable	1,055,423	-	-	-
Demand loan	95,248	95,888	2,956,663	-
	Within 6 months \$	6-12 months \$	1-4 years \$	4+ years \$
As at December 31, 2022				
Accounts payable	851,182	-	-	-
Demand loan	98,779	94,615	3,647,231	-

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

6. Demand Loan:

In 2020, the Health Unit entered a loan agreement for a \$4.2 million demand instalment loan with an amortization period of 20 years to finance the fit-up and relocation costs related to the move to Citi Plaza. The loan was subsequently converted into two non-revolving amortizing instalment loans, with \$3,050,000 established as a fixed rate instalment loan, and the remaining \$1,150,000 established as a floating rate instalment loan. The fixed rate of interest on the first loan is 1.915% per annum over a term of 5 years and is being repaid by monthly blended payments of principal and interest of \$15,307. The interest rate on the second loan is calculated at prime rate less 0.75% per annum and shall be repaid by monthly principal payments of \$4,792. All amounts under the demand loans are repayable immediately on demand by the bank.

Principal payments are due as follows:

2024	191,134
2025	2,956,663
	<u>\$3,147,797</u>

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

7. Tangible Capital Assets:

Cost	Balance at December 31, 2022	Additions	Disposals / Transfers	Balance at December 31, 2023
Leasehold Improvements – 20 years	\$6,756,703	\$ 530,745	\$ -	\$ 7,287,448
Computer Systems	1,747,952	102,005	-	1,849,956
Furniture & Equipment	1,262,967	467,745	-	1,730,712
Total	\$ 9,767,622	\$ 1,100,495	\$ -	\$ 10,868,117

Accumulated amortization	Balance at December 31, 2022	Amortization expense	Disposals / Transfers	Balance at December 31, 2023
Leasehold Improvements – 20 years	\$ 806,103	347,450	\$ -	\$ 1,153,554
Computer Systems	1,221,574	298,250	-	1,519,822
Furniture & Equipment	743,664	179,253	-	922,918
Total	\$ 2,771,341	\$ 824,953	\$ -	\$ 3,596,294

	Net book value December 31, 2022	Net book value December 31, 2023
Leasehold Improvements – 20 years	\$ 5,950,600	\$ 6,133,894
Computer Systems	526,378	330,134
Furniture & Equipment	519,303	807,795
Total	\$ 6,996,281	\$ 7,271,823

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

7. Tangible Capital Assets (continued):

Cost	Balance at December 31, 2021	Additions	Disposals / Transfers	Balance at December 31, 2022
Leasehold Improvements – 20 years	\$6,756,703	\$ -	\$ -	\$ 6,756,703
Computer Systems	1,555,619	192,333	-	1,747,952
Furniture & Equipment	1,204,590	58,377	-	1,262,967
Total	\$ 9,516,912	\$ 250,710	\$ -	\$ 9,767,622

Accumulated amortization	Balance at December 31, 2021	Amortization expense	Disposals / Transfers	Balance at December 31, 2022
Leasehold Improvements – 20 years	\$ 471,922	334,181	\$ -	\$ 806,103
Computer Systems	920,867	300,707	-	1,221,574
Furniture & Equipment	599,363	144,301	-	743,664
Total	\$ 1,992,152	\$ 779,189	\$ -	\$ 2,771,341

	Net book value December 31, 2021	Net book value December 31, 2022
Leasehold Improvements – 20 years	\$ 6,284,781	\$ 5,950,600
Computer Systems	634,751	526,378
Furniture & Equipment	605,226	519,303
Total	\$ 7,524,760	\$ 6,996,281

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

8. Commitments:

The Health Unit is committed under operating leases for office equipment and rental property.

Future minimum payments to expiry are as follows:

2024	\$ 830,499
2025	804,869
2026	730,658
2027	730,658
2028	730,658
Thereafter (Remaining term of Lease)	\$ 9,408,945

9. Contingencies:

From time to time, the Health Unit is subject to claims and other lawsuits that arise in the ordinary course of business, some of which may seek damages in substantial amounts. These claims may be covered by the Health Unit's insurance. Liability for these claims and lawsuits are recorded to the extent that the probability of a loss is likely, and it is estimable.

10. Accumulated Surplus:

Accumulated surplus consists of individual fund surplus and reserves as follows:

	2023	2022
Surpluses:		
Invested in tangible capital assets	\$ 7,271,823	\$ 6,996,281
Net transfer to surplus	422,618	194,920
Unfunded:		
Demand loan	(3,147,799)	(3,840,625)
Post-employment benefits	(3,402,800)	(3,220,100)
Total surplus	1,143,841	130,477
Reserves set aside by the Board:		
Employment costs	109,781	176,077
Technology and Infrastructure	147,109	-
Total reserves	256,890	176,077
Accumulated surplus	\$ 1,400,731	\$ 306,553

MIDDLESEX-LONDON HEALTH UNIT

Notes to Financial Statements (continued)

Year ended December 31, 2023

11. Other income:

The following revenues are presented as other income in the statement of operations:

	2023 Budget	2023	2022
Charitable donations	\$147,000	\$ 277,348	\$ 234,635
OHIP billings	130,000	124,976	147,060
Miscellaneous	38,640	479,796	67,852
Food handler training	-	75	4,770
Interest Revenue	-	161,867	-
Vaccines	91,500	186,111	310
	\$ 407,140	\$ 1,230,173	\$ 454,627

12. Other expenses:

The following expenditures are presented as other expenses in the statement of operations:

	2023 Budget	2023	2022
Communications	\$ 176,700	\$ 178,838	\$ 229,813
Health promotion/advertising	246,959	169,086	214,952
Miscellaneous	322,211	350,829	45,791
Postage and courier	21,828	54,145	97,495
Printing	60,739	59,046	75,274
Staff development	166,000	190,809	201,447
Interest expense	383,684	111,217	-
Insurance	170,400	196,590	143,055
	\$ 1,548,521	\$ 1,310,560	\$ 1,007,827



September 11, 2024

VIA ELECTRONIC MAIL

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

Dear Minister Holland:

Re: New measures to help prevent harms to youth from nicotine replacement therapies

Public Health Sudbury & Districts commends the Honourable Mark Holland for the recent Ministerial order to introduce additional safeguarding measures regarding nicotine replacement therapies (NRT). We are deeply appreciative of your commitment to protect youth from targeted advertising, restrict access to nicotine pouches, and prevent further misuse of NRT which are intended to be used by adults trying to quit smoking.

The new measures outlined in your order are a significant step forward in limiting the interest, access, and recreational use of NRT among young people. These measures align closely with our previous [board resolution](#) (#26-24) and [correspondence](#) to your office, wherein we urged Health Canada to address the regulatory gap which allowed the sale of nicotine pouches to youth. We also called for increased regulations to restrict the sale of emerging tobacco and nicotine products to ensure that access remains strongly regulated and kept away from children and youth.

We are pleased to recognize that your Ministerial order has addressed these concerns and demonstrate your continued commitment to public health and the protection of youth. We thank you for your attention to this important issue and look forward to working alongside the Ministry of Health to promote and protect the health of all Canadians.

Sincerely,

Mark Signoretti (Sep 12, 2024 12:49 EDT)

Mark Signoretti, Vice Chair, Board of Health *on behalf of*
René Lapierre, Chair, Board of Health

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

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The Honourable Mark Holland
September 11, 2024
Page 2

cc: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Ya'ara Saks, Canada's Minister of Mental Health and Addictions and Associate Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Yasir Naqvi, Parliamentary Secretary to the Minister of Health, Honorable Mark Holland
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
All Ontario Boards of Health
Association of Local Public Health Agencies

October 2, 2024

The Honourable Justin Trudeau
Prime Minister of Canada
Justin.Trudeau@parl.gc.ca

The Honourable Chrystia Freeland
Deputy Prime Minister and Minister of Finance
Chrystia.Freeland@parl.gc.ca

The Honourable Mark Holland
Minister of Health
Mark.Holland@parl.gc.ca

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

The Honourable Andrew Scheer
House Leader of the Official Opposition
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Alain Therrien
House Leader of the Bloc Québécois
Alain.Therrien@parl.gc.ca

Peter Julian
House Leader of the New Democratic Party
Peter.Julian@parl.gc.ca

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

RE: Support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable basic income”

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

Peterborough Public Health (PPH) agrees with our peers in Middlesex-London, Ottawa Public Health and Thunder Bay Public Health Units, in our support for a guaranteed livable basic income as a policy option for addressing poverty, income and food insecurity and for boosting opportunities for people with lower incomes. We urge you to support Bills S-233 and C-233 “An Act to develop a national framework for a

guaranteed livable basic income”, currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons. These Bills are designed to ensure progress towards developing a basic income model that will be effective in moving individuals and their families out of poverty.

An agreed model, when implemented, will impact many lives. In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.¹ In 2022, 16.2% of Peterborough households, with or without children (20,210 people), were low income based on the Census Family Low Income Measure (CFLIM-AT).² Nearly one in five (19%) local households live in a food insecure household.³ PPH conducts the Nutritious Food Basket survey annually to monitor the affordability of food in Peterborough City and Region. The 2023 results, with its various case studies, demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many residents of Peterborough and its region to afford basic needs.⁴

As our Medical Officer of Health, Dr. Thomas Piggott pointed out at a recent local Symposium on Healthy Incomes: “All paths to health lead to income.” The evidence to support this assertion is significant:

The link between income and health or well-being

- Income has a critical impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels.⁵
- Income increases access to other social determinants of health (e.g., education, food, housing).⁵ In fact, income is understood as having the strongest socioeconomic determinant of food insecurity.^{6,7}
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia).^{8,9,10}
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress.^{11,12,13,14,15,16}
- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills.^{17,18,19}

Findings from interventions

Evidence from Canadian trials and internationally suggests that basic income positively impacts health and wellbeing.^{20, 21} Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were considered.²² In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians and positively impacts childhood health outcomes (e.g., birth weight, mental health).²³ Early findings about the impact of cash transfers in British Columbia also indicate reduced homelessness and substance use for people recently unhoused.²⁴

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

Sincerely,

Original signed by
Councillor Joy Lachica
Chair, Board of Health

cc: Michelle Ferreri, Member of Parliament, Michelle.Ferreri@parl.gc.ca
 Philip Lawrence, Member of Parliament, Philip.Lawrence@parl.gc.ca
 Jamie Schmale, Member of Parliament, Jamie.Schmale@parl.gc.ca
 Senator Percy Mockler, Chair, National Finance Committee, Percy.Mockler@sen.parl.gc.ca
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Trust • Engagement • Accountability • Leadership

September 19, 2024

The Honourable Justin Trudeau
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Peter Julian
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Standing Senate Committee on National Finance
nffn@sen.parl.gc.ca

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

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



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Hon. Prime Minister Trudeau
Hon. Chrystia Freeland
Hon. Mark Holland
Karina Gould
Andrew Scheer
Alain Therrien
Peter Julian
Standing Senate Committee on National Finance
September 2024
Page 2

At its meeting held on September 19, 2024, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) discussed and endorsed correspondence from Middlesex-London Health Unit urging the support of Bills S-233 and C-223 "An Act to develop a national framework for a guaranteed livable basic income", currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

The HKPRDHU has provided longstanding support for income-based solutions to reduce rates of poverty and household food insecurity. In the Haliburton, Kawartha, Pine Ridge District area, 8.7% of Northumberland households, 10.2% of Kawartha Lakes households, and 12.9% of Haliburton households, live in poverty and struggle to pay for rent, bills and healthy food [1].

When families cannot afford to buy the food they want and need to maintain good health, they are food insecure. Food insecurity is a symptom of poverty.

The health consequences of food insecurity and poverty incur significant costs to Canada's publicly funded healthcare system. Adults in food insecure households are more likely to be diagnosed with a wide range of chronic conditions, including mental health disorders [2], higher stress and anxiety [3], non-communicable diseases [4], and infections [5]. Research also shows that children and teens in food insecure households are more likely to have poorer health, develop chronic conditions like asthma and develop mental health conditions such as depression, social anxiety and suicidal thoughts [6], [7], [8]. Food insecurity also makes it difficult to self-manage conditions through diet [9]. Research linking food insecurity data from population health surveys with administrative health records has provided strong evidence that food-insecure people are more likely to be hospitalized for a wide range of conditions, stay in hospital longer, more likely to be readmitted to hospital and die prematurely (before the age of 83) from all causes except cancer [10].

Inadequate income and household food insecurity result in poor health outcomes and higher healthcare costs. The Board of Health for HKPRDHU supports upstream income-based solutions such as



guaranteed livable basic income as essential components to effectively reduce poverty and household food insecurity.

We appreciate your consideration of this important public health issue.

Sincerely,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT

David Marshall, Board of Health Chair

DM:st

cc: MP Jamie Schmale
MP Philip Lawrence
City of Kawartha Lakes
Haliburton County
Northumberland County
Association of Local Public Health Agencies
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Middlesex-London Board of Health External Landscape Review – October 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 in this correspondence are to inform Board members and are not necessarily an endorsement.**

Local Public Health News



‘Continuously re-evaluating what is feasible and realistic’: Northumberland still waiting on province on health unit merger

Dr. Natalie Bocking, Medical Officer of Health/Chief Executive Officer for Haliburton, Kawartha and Pine Ridge (HKPR) District Health Unit provided an update on the proposed merger between HKPR and Peterborough Public Health, while delivering a [public health update](#) at a Northumberland County Council committee meeting on October 1.

In February 2024, both Boards of Health voted in favour of a merger with the intent to submit a business case to the Province of Ontario. If accepted, the merger would be effective on January 1, 2025. At this time, the province has not approved any public health merger applications.

To read the full article, please visit Go Northumberland’s [website](#).

Impact to MLHU Board of Health

On August 22, 2023, the Ontario Ministry of Health (through Minister Sylvia Jones) announced their plan to invest in a stronger public health sector. One of the avenues was to provide financial incentives to public health unit wishing to begin a voluntary merger process. The Middlesex-London Board of Health has not applied for a merger application.

Budget stress

On October 2, the Hastings Prince Edward (HPEPH) Board of Health [held their regular meeting](#), where budgetary pressures were emphasized.



At this meeting, the Board of Health approved moving \$700,000 from its operating reserve account and \$260,000 from its building reserves to hopefully balance the 2025 budget while keeping current staffing levels. At the same time, the Board is also waiting to hear about the result of the merger application with Kingston, Frontenac, Lennox and Addington and Leeds, Grenville and Lanark District Health Units.

Medical Officer of Health Dr. Ethan Toumishey says staff and the board are working on two budgets for next year – one depending on whether amalgamation is approved and another if the health unit has to continue as is.

To read the full article, please visit Quinte News’ [website](#).

Impact to MLHU Board of Health

Public health units throughout Ontario are feeling budgetary pressures due to provincial funding not keeping up with inflation, increases in public health workload, and other financial pressures. Budget planning is also underway at the MLHU, and reserve funding may be required to address budget pressures in the coming year.



Region of Waterloo

New Public Health clinic will increase access to health services

On October 2, Region of Waterloo Public Health opened a new clinic in the Region of Waterloo building at 20 Weber Street, Kitchener. Vaccines and sexual health services will be available by appointment. Dental screening and baby feeding appointments will be offered in the future. This is the third public health location in the Region of Waterloo. A grand opening will occur in January 2025. The new space features six accessible clinic rooms and is located on the second floor of the building. The clinic is located close to the light-rail line and multiple bus routes.

“This central location is ideal for a Public Health clinic that provides easy access to important health services,” says Dr. Hsiu-Li Wang, Medical Officer of Health for the Region of Waterloo. “The addition of this clinic in downtown Kitchener brings Public Health supports closer to where residents need them.”

To read the full media release, please visit the Region of Waterloo’s [newsroom](#).

Impact to MLHU Board of Health

The MLHU Board of Health supports fellow public health units when opening new locations to provide more services to the communities that they serve.

National, Provincial and Local Public Health Advocacy

Statement from the Minister of Mental Health and Addictions and Associate Minister of Health on the Overdose Crisis



Health Canada Santé Canada

On September 13, the Honourable Ya’ara Saks, Minister of Mental Health and Addictions provided a statement after data was [released](#) by the Special Advisory Committee on Toxic Drug Poisonings, noting that that the number of opioid-related deaths, hospitalizations and emergency service (EMS) responses in the first quarter of 2024 was lower than the same period in 2023, however the rates remain at critically high levels. From January to March 2024, there were 1,906 deaths, representing 21 deaths per day.

For more information and to read the statement, please visit the Health Canada Newsroom [website](#).

Impact to MLHU Board of Health

The Board of Health has previously heard about the impacts of the opioid crisis in the Middlesex-London community. An updated report will be presented to the Board in November.



Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

CMHA TVAMHS Submits Letter of Intent to Lead Homelessness and Addiction Recovery Treatment (HART) Hub in London

The Canadian Mental Health Association Thames Valley Addiction and Mental Health Services (CMHA TVAMHS) submitted a letter of intent to the Province of Ontario to propose a Homelessness and Addiction Recovery Treatment (HART) Hub in London. CMHA TVAMHS expects to submit London’s proposal to the province by October 18.

The [HART](#) (Homelessness and Addiction Recovery Treatment) Hub was announced on August 20, along with the closure of ten (1) consumption and treatment sites in Ontario. Health Minister Sylvia Jones has said the HART Hubs will offer multiple forms of support, such as supportive housing, employment help and addiction care. She has also said communities can design their facilities to suit their needs

To learn more, please visit CMHA Thames Valley’s [website](#).

Impact to MLHU Board of Health

The Middlesex-London Health Unit and the Regional HIV/AIDS Connection’s Carepoint site is located on York Street, and was not the subject of closures by the Province due to it being further than 200 meters away from a school or daycare. More information about the connections between HART hubs and the existing Carepoint site are unknown at this time.