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

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

## MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

## MEMBERS OF THE BOARD OF HEALTH

Matthew Newton-Reid
Michael Steele
Peter Cuddy
Aina DeViet
Skylar Franke
Michael McGuire
Selomon Menghsha
Howard Shears
Michelle Smibert
Dr. 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.

## PUBLIC SESSION

### DISCLOSURE OF CONFLICTS OF INTEREST

### APPROVAL OF AGENDA

### MINUTES

Approve: July 18, 2024 – Board of Health meeting

| Item # | Delegation | Recommendation | Information | Report Name and Number | Link to Additional Information | Overview and Lead |
|---|---|---|---|---|---|---|
| **Correspondence** | | | | | | |
| **1** | | | **X** | September Correspondence | | To receive items a) through c) for information:<br>a) Middlesex-London Board of Health External Landscape for September 2024<br>b) Healthcare Coalition re: *Healthcare Coalition Urges Caution as Ontario Prepares for Alcohol Expansion*<br>c) Health Canada re: reply to correspondence from March 22, 2024 |
| **Reports and Agenda Items** | | | | | | |
| ~~**2**~~ | | ~~**X**~~ | ~~**X**~~ | ~~2023 Audited Financial Statements – Draft~~<br><br>~~(Report No. 58-24)~~<br><br>To be deferred by resolution of the Board of Health | ~~Appendix A~~<br><br>~~Appendix B~~ | ~~To review and approve the 2023 Financial Statements for the Middlesex-London Health Unit.~~<br><br>~~Lead: David Jansseune, Chief Financial Officer/Associate Director, Finance and Operations and Emily Williams, Chief Executive Officer~~<br><br>~~Presenting: Dale Percival, Senior Manager, Audit Services, KPMG~~ |
| **3** | | | **X** | Policy Position on Maximum Indoor Air Temperature<br><br>(Report No. 59-24) | Appendix A<br><br>Appendix B | To provide information on the Health Unit's policy position on maximum indoor temperature in new housing units.<br><br>Lead: Jennifer Proulx, Director, Family and Community Health<br><br>Presenting: Darrell Jutzi, Manager, Municipal and Community Health Promotion and David Pavletic, Manager, Food Safety and Health Hazards |

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| **4** | | | **X** | 2023-25 Provisional Plan 2024 Q2 Status Update<br><br>(Report No. 60-24) | Appendix A | To provide an update on activities during Q2 2024 of the Middlesex-London Health Unit Provisional Plan.<br><br>Lead: Sarah Maaten, Director, Public Health Foundations<br><br>Presenting: Marc Resendes, Acting Manager, Strategy, Planning and Performance |
| **5** | | | **X** | The Oral Health and Clinical Support Services Team – Update<br><br>(Report No. 61-24) | | To provide an update on the Oral Health Services at the Middlesex-London Health Unit.<br><br>Lead: Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services<br><br>Presenting: Donna Kosmack, Manager, Oral Health and Clinical Support Services |
| **6** | | | **X** | 2024-2025 Respiratory Season Review and Update<br><br>(Report No. 62-24) | Appendix A<br><br>Appendix B<br><br>Appendix C | To provide a review on the upcoming respiratory season in Middlesex-London.<br><br>Lead: Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services<br><br>Presenting: Melissa Thompson, Manager, Vaccine Preventable Disease and Andrew Powell, Acting Manager, Infectious Disease Control |
| **7** | | | **X** | Q2 2024 Organizational Performance Reporting<br><br>(Report No. 63-24) | Appendix A | To review the second quarterly Organizational Performance Management reporting (from the Management Operating System).<br><br>Leads: Dr. Joanne Kearon, Acting Medical Officer of Health and Emily Williams, Chief Executive Officer |

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| **8** | | | **X** | Current Public Health Issues<br><br>(Verbal Update) | | To provide an update on current public health issues in the Middlesex-London region.<br><br>Lead: Dr. Joanne Kearon, Acting Medical Officer of Health |
| **9** | | | **X** | Acting Medical Officer of Health Activity Report for July and August<br><br>(Report No. 64-24) | | To provide an update on the activities of the Acting Medical Officer of Health since the last Board of Health meeting.<br><br>Lead: Dr. Joanne Kearon, Acting Medical Officer of Health |
| **10** | | | **X** | Chief Executive Officer Activity Report for July and August<br><br>(Report No. 65-24) | | To provide an update on the activities of the Chief Executive Officer since the last Board of Health meeting.<br><br>Lead: Emily Williams, Chief Executive Officer |
| **11** | | | **X** | Board of Health Chair Activity Report for July and August<br><br>(Report No. 66-24) | | To provide an update on the activities of the Board of Health Chair since the last Board of Health meeting.<br><br>Lead: Board Chair Matthew (Matt) Newton-Reid |
| **12** | | **X** | **X** | Finance and Facilities Committee Meeting Summary<br><br>(Verbal Report) | September 19, 2024 Agenda | To provide an update from the September 19, 2024 Finance and Facilities Committee meeting.<br><br>Lead: Committee Chair Michael (Mike) Steele |

## OTHER BUSINESS

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

## ADJOURNMENT

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

Thursday, July 18, 2024, 7 p.m.
Microsoft Teams (Virtual)

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| **MEMBERS PRESENT:** | Matthew Newton-Reid (Chair)<br>Michael Steele (Vice-Chair)<br>Michelle Smibert<br>Howard Shears<br>Aina DeViet<br>Selomon Menghsha<br>Skylar Franke (joined 7:28 p.m.)<br>Dr. Alexander Summers, Medical Officer of Health (ex-officio)<br>Emily Williams, Chief Executive Officer (ex-officio) |
| **REGRETS:** | Michael McGuire<br>Peter Cuddy |
| **OTHERS PRESENT:** | Carolynne Gabriel, Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health (recorder)<br>Dr. Joanne Kearon, Associate Medical Officer of Health<br>Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Services<br>Jennifer Proulx, Director, Family and Community Health<br>Kim Loupos, Registered Dietitian<br>Heather Thomas, Health Promotion Specialist<br>Jaelyn Kloepfer, Health Promotion Specialist<br>Lindsay Croswell, Community Health Nursing Specialist<br>Andrew Powell, Acting Manager, Infectious Disease Control<br>Ryan Fawcett, Manager, Privacy, Risk and Client Relations<br>Cynthia Bos, Associate Director, Human Resources and Labour Relations<br>Megan Cornwell, Manager, Corporate Communications<br>Abha Solanki, End User Support Analyst, Information Technology<br>Angela Armstrong, Program Assistant, Communications |

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

## DISCLOSURE OF CONFLICT OF INTEREST

Chair Newton-Reid inquired if there were any disclosures of conflicts of interest. None were declared.

## APPROVAL OF AGENDA

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

Carried

## APPROVAL OF MINUTES

It was moved by **A. DeViet, seconded by M. Smibert,** *that the **MINUTES** of the June 20, 2024 Board of Health meeting be approved.*

Carried

It was moved by **H. Shears, seconded by M. Steele,** *that the **MINUTES** of the June 20, 2024 Performance Appraisal Committee meeting be received.*

Carried

## NEW BUSINESS

### Public Health Action to Support School Food Programs (Report No. 48-24)

This report was introduced by Jennifer Proulx, Director, Family and Community Health who introduced Kim Loupos, Registered Dietitian.

Highlights of this report included:

- In 2022-2023 the highest number of requests for support from the Thames Valley Education Foundation's Caring Fund were for hunger and food scarcity.
- During the 2023-2024 school year, the Ontario Student Nutrition Program operated in 89 out of 182 schools in London and Middlesex County, supporting an estimated 23,000 students. Insufficient funding, rising food costs, and increased participation rates have resulted in some schools being waitlisted for funding, to end programming early, to reduce the quality or quantity of food provided, or to terminate the program.
- Ontario school food programs receive 10 cents per student per day from Provincial core annual funding. This is the second lowest per capita funding of all provinces and territories.
- The Coalition for Healthy School Food is a non-partisan network of over 300 non-profit organizations across Canada which advocates for a universal cost-shared healthy school food program. Some of the current endorsers of the Coalition include other public health entities such as the Association of Local Public Health Agencies (alPHa) and several Ontario public health units. Current members of the Coalition include the Middlesex-London Food Policy Council, the Ontario Public Health Association, and the Ontario Dietitians in Public Health.
- April 1, 2024, the Prime Minister announced a $1 billion investment to create a national school food program, followed by the release of the National School Food Policy on June 20, 2024.

Chair Newton-Reid indicated that during his tenure as Chair for the Thames Valley District School Board it was observed that sometimes school food programs are the only source of nutritious food for some students and that school food programs were often supplemented through fundraising. Recognition was also given to the federal government for investing in school food programs when such programs are traditionally the purview of the provincial government.

A. DeViet commented that investing in school food programs is common sense when the repercussions of a poor diet are considered: decreased education attainment, impact to students' ability to concentrate, and the effects on staying healthy in the long term.

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

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

Carried

**Support for "An Act to Develop a National Framework for a Guaranteed Livable Basic Income" (Report No. 49-24)**

This report was introduced by J. Proulx who introduced Heather Thomas, Health Promotion Specialist.

Highlights of this report included:

- There are two bills, S-233 and C-233 before the Senate and House of Commons, respectively, for *An Act to develop a national framework for a guaranteed livable basic income.*
- If passed, this Act is intended to: ensure all Canadians have access to a livable basic income; facilitate the eradication of poverty while improving income equality, health conditions, and educational outcomes; benefit individuals, families and communities and project those most vulnerable in society; and ensure the respect, dignity and security of all persons in Canada.
- A guaranteed livable basic income has the potential to reduce health inequities. One example is food insecurity. Food insecurity is inadequate or insecure access to food due to financial constraints. It negatively impacts physical, mental, and social health and impacts one in five households in London and Middlesex County, representing nearly 85,000 people.
- Between 2021 to 2022 the percentage of Ontarians living in poverty increased from 7.7% to 10.9%. This is anticipated to increase further due to increased costs for food, fuel, and housing.
- Old Age Security and Guaranteed Income Supplement are successful examples of basic income in Canada.

A. DeViet observed that currently a lot is spent assisting those who cannot afford proper food and shelter, likely in excess of what the guaranteed livable basic income would cost.

A. DeViet referenced the pilot study conducted by the Ontario government, mentioned in Report No. 49-24, which was ended early. Anecdotal evidence from individuals involved in the pilot demonstrated the money was used to improve their conditions. One example was a single parent who used money from the pilot to attend school to improve their career prospects.

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

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

Carried

**Alcohol Density and Related Harms (Report No. 50-24)**

This report was introduced by J. Proulx who introduced Jaelyn Kloepfer, Health Promotion Specialist.

Highlights of this report included:

- The Provincial Government has announced plans for expanding the availability of alcohol, both in additional settings and additional alcohol options within existing settings. There are currently no provincial restrictions on alcohol retail outlet density or restrictions on proximity of outlets to sensitive land use areas.
- These changes are concerning because research shows an increase in alcohol availability is correlated with an increase in the consumption of alcohol. Increased consumption, in turn, is correlated with an increase in alcohol-related harms, examples of which are numerous chronic diseases, fetal alcohol spectrum disorder, injuries, violence, public disturbances, and crime.
- Reports of alcohol-related crimes are especially prevalent in neighbourhoods with high alcohol outlet density.

- Alcohol has the greatest societal burden of all substances when direct and indirect costs are considered.
- Increased normalization, exposure, and access to alcohol is correlated with increased use in youth which is a concern, as alcohol is known to harm developing brains and to increase the risk of injury and risky behaviours.
- Best practice guidelines for off-premises alcohol outlets recommends two outlets or fewer per 10,000 people aged 15 and older. Middlesex-London currently meets this best practice which means an increase in outlets will put the community beyond the best practice threshold.
- Protective regulatory measures to protect public health and safety related to alcohol include density restrictions, restricting hours of sale, pricing and taxation, and restricting advertising and promotion.
- MLHU has developed a Primer for Municipalities that outlines the harms and costs associated with alcohol use and includes potential actions local municipalities can explore to reduce risks.

Chair Newton-Reid noted a news article that referenced Dr. Joanne Kearon, Associate Medical Officer of Health and commented on the harms of alcohol exceeding the tax revenue received from alcohol, $7 billion compared to $5 billion, resulting in a $2 billion deficit to society. This deficit will only increase as access to alcohol increases.

M. Steele observed that with LCBO stores closed due to LCBO workers being on strike, the parking lot of a plaza with an LCBO store was empty when compared to usual, which is an indication of how many people purchase alcohol. When alcohol is readily available elsewhere, the purchase of alcohol may become exponential.

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

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

Carried

**Nurse-Family Partnership – Annual Report (Report No. 51-24)**

This report was introduced by J. Proulx who introduced Lindsay Croswell, Community Health Nursing Specialist.

Highlights of this report included:

- The Nurse-Family Partnership (NFP) is an evidence-based, intensive, two-and-a-half year, home visiting program delivered by public health nurses to those pregnant or parenting for the first time and who are experiencing multiple social and economic disadvantages.
- NFP is an internationally licensed program, currently in eight countries. The Middlesex-London Health Unit is the license holder in Ontario and is required to submit an annual report to the international team including program data indicators and demonstrating program fidelity.
- In 2023, 392 clients participated in the program, with ages ranging from 13 to 32 years of age. 4228 visits were completed.
- At intake: 38% reported an annual income of less than $25,000; 45% reported tobacco or nicotine use; 32% reported alcohol use; 42% reported cannabis use; and 56% reported concerns with their mental health.
- In 2023 the program showed an improved enrollment rate and total number of referrals, a successful transition of the NFP Canada website to a new server, and the incorporation of additional data indicators.
- Areas of focus for the program in 2024 include: expanding the number of Community Advisory Boards, increasing site self-efficacy, reviewing the data from a recently released randomized

controlled trial (RCT) from British Columbia, and continuing to improve cross-provincial collaboration.

A. DeViet inquired if the program conducts exit interviews in order to collect data to compare to those taken at intake, for example to track changes in reported alcohol use. L. Croswell advised that there are five different time points during the two-and-a-half years where program outcome information is collected, such as for substance use. The intention in 2024 is to compare the data collected, using the RCT from British Columbia to inform the analysis.

It was moved by **M. Steele, seconded by A. DeViet,** *that the Board of Health receive Report No. 51-24 re: "Nurse-Family Partnership Annual Report" for information.*

Carried

**Private Well Water Testing (Report No. 52-24)**

This item was introduced by J. Kearon who introduced Mary Lou Albanese, Director, Environmental Health, Infectious Disease, and Clinical Services and Andrew Powell, Acting Manager, Infectious Disease Control.

Highlights of this report included:

- The intention of the report is to provide information on MLHU's private well water testing program within the context of the proposed discontinuation of private well water testing in Ontario as outlined in the Auditor General of Ontario's Value for Money Audit of Public Health Ontario released in 2023, and in response to the Council resolution from the Township of Lucan-Biddulph provided to the Board of Health on June 20.
- MLHU spends approximately $19,800 annually on the pickup and delivery of private drinking water samples to the Public Health Ontario Laboratory (PHOL) from 17 pick-up locations in London and Middlesex County. Annually MLHU receives an average of approximately 1900 samples. MLHU also supports the program through public health inspectors assisting residents with adverse results and interpreting results and providing education.

Chair Newton-Reid observed that even though the laboratory testing fees are covered by the Provincial government, there remains a cost for MLHU.

H. Shears inquired what the uptake of testing is from private well owners in London-Middlesex. A. Powell advised it is unknown for London-Middlesex. Studies have demonstrated that the percentage of private well owners who follow the recommendation of testing three times per year is very low. Anecdotally, testing one time per year is a higher percentage but still low overall. MLHU uses reporting from Public Health Ontario as data is not available from the couriers picking up the samples as to how many are picked up from which locations.

J. Kearon noted research has demonstrated the percentage of well owners following testing recommendations has been around 0.3% over the course of five years. Within one year, it was found to be 10%. It is estimated that Middlesex-London is in line with the province at 10% of private well owners testing at the recommended three times per year. It was noted that the recommendations for the ideal frequency for testing is not well established. Ontario recommends three times per year, the Public Health Agency of Canada recommends two times per year, and the CDC in the United States recommends testing annually.

A. DeViet inquired what the outcomes are for the 25% of private well test results that fail and if there would be benefit to an education program for increasing testing. A. Powell advised that residents with poor well water test results typically are not symptomatic and likely the failed test results were because the test was not done correctly rather than the actual presence of harmful contamination. M. Albanese advised that

if residents are presenting with waterborne illnesses, case and contact management provided by the health unit will identify if there is a private well and will investigate.

A. DeViet commented that residents paying for water utilities and through taxes pay for regular testing of the water. There was a concern for equity between urban and rural residents, especially those on private wells, and a concern for negative health outcomes in those not conducting regular testing. J. Kearon advised that private well water testing is one part of multiple strategies that protect against waterborne illnesses.

It was moved by **S. Franke, seconded by M. Smibert,** *that the Board of Health receive Report No. 52-24 re: "Private Well Water Testing in Middlesex-London" for information.*

Carried

**Q1 2024 Organizational Performance Reporting (Report No. 53-24)**

This item was introduced by Emily Williams, Chief Executive Officer and co-presented by Dr. Alexander Summers, Medical Officer of Health.

Highlights of this report included:

- MLHU is implementing a Management Operating System (MOS), one component of which is Organizational Performance Management. This component was the least developed previously and will assist in determining how the organization is performing and ensure accountability and excellence.
- Organizational Performance Management consists of four parts with different cadences: program assessment, planning and evaluation; quarterly performance review; and quality improvement. In the early implementation of the MOS, effort has been focused on developing the quarterly performance review process.
- The Quarterly Performance Review process consists of managers reporting on their teams and interventions to their directors who summarize at the divisional level for the Medical Officer of Health and CEO, who in turn summarizes at the organizational and public health program levels for the Board of Health.
- The first Quarterly Performance Review report for Q1 involved the Environmental Health, Infectious Diseases, and Clinical Services and Family and Community Health divisions. It integrates information previously reported to the Board of Health in the areas of human resources, finance, and risk as well as assists to fill reporting gaps in public health programs and services.
- Regarding public health programs, as expected, operations across all programs were impacted by the restructuring. Additionally, there was significant scaling up of efforts to support the toxic drug and homelessness crisis, as well as significant increases in reports and cases of infectious diseases.
- Regarding client and community confidence, there was ongoing engagement and relationship building with priority populations, specifically First Nations communities and the Black community.
- Regarding employee engagement and learning, the organizational restructuring resulted in a high amount of disruption to staff. Efforts were made to support teams with team-building and to minimize negative impacts to organizational culture.
- The Quarterly Performance Review process will continue to be refined and optimized. The Q1 process allowed for a full audit of all the work being done across the organization. The process will also assist with streamlining annual reporting to the Board of Health and Ministry.

Chair Newton-Reid recognized that the organization only now, coming out of the COVID-19 pandemic, has the capacity to implement high-level reviews and procedures.

A. DeViet recognized the value of the process for leveraging information to support the continuous improvement of services to residents.

It was moved by **M. Steele, seconded by S. Menghsha,** *that the Board of Health receive Report No. 53-24 re: "Q1 2024 Organizational Performance Reporting" for information.*

Carried

**Quarterly Risk Register Update – Q2 2024 (Report No. 54-24)**

This item was introduced by E. Williams, who introduced Ryan Fawcett, Manager, Privacy, Risk, and Client Relations.

Highlights of this report included:

- The Q1 Risk Register had seven risks. One was removed for Q2, which was the financial risk related to COVID-19 mitigation funding. This was removed as the funding has been rolled into the base budget and mitigation funding accounted for in the 2024 balanced budget.
- Of the six risks remaining in Q2, two have significant residual risk, two have medium, and two are considered minor.
- One significant risk pertains to sustained financial pressures, as the 1% increase in base funding from the Ministry is insufficient to offset contractual obligations and inflation.
- The second significant risk pertains to human resources and the reduction in productivity as a result of restructuring and onboarding of staff to new teams and positions. Mitigation strategies included engaging an external consultant to assist teams and staff with the transition, enhanced onboarding and wellness initiatives. To mitigate decreased resiliency in leaders, Senior Leadership is addressing workload issues through prioritization as well as investing in associate manager positions.

Chair Newton-Reid recognized that some risks are beyond the control of the organization, such as the funding levels, despite the mitigation strategies developed and implemented.

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

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

Carried

**Current Public Health Issues (Verbal)**

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

<u>Community Encampment Response Plan</u>

- In the City of London there have been significant efforts to have a coordinated response to homelessness. The MLHU has been supporting this effort through participation in several working groups including the Strategy and Accountability Table and the Encampment Strategy Table.
- London City Council has endorsed the *Community Encampment Response Plan* which outlines the ways in which those living in encampments will be supported as well as parameters of acceptable locations and behaviours.

<u>London Police Services Press Conference</u>

- The London Police Services held a press conference at which A. Summers participated. Among other announcements, the Chief of Police informed there has been a significant increase in the

amount of hydromorphone seized. It is believed the pills are largely diverted from safer supply programs.

- Safer supply is a harm reduction intervention where prescription-grade opioids are provided to manage acute opioid addiction, so individuals are not reliant upon illicit drugs which are more dangerous. When paired with wraparound supports, those receiving the program are less likely to overdose.
- The risk of diversion from safer supply programs is always present but protocols to reduce diversion exist and are implemented by London InterCommunity Health Centre (LIHC), which is the most visible operator of a safer supply program in Middlesex-London. There are other providers of safer supply, and it is unknown what protocols they use and additional supports they provide.
- Harm reduction interventions, like safer supply, are and can be highly contentious. Many perspectives exist on how to manage the toxic drug crisis. Dividing the community into different perspectives has not proved helpful for addressing the significant suffering caused by the crisis. Finding ways to have constructive conversations will be key to responding effectively to the crisis. Facilitating these conversations is part of the reason the Community Drug and Alcohol Committee was resumed and is looking to expand its membership.
- A priority of the Community Drug and Alcohol Committee is to assess how to limit diversion from safer supply programs and to minimize disruption to the community, while ensuring continued support to those suffering from the toxic drug supply. Treatments like suboxone, methadone, or abstinence may not be an option for all people, and until it is an option, harm reduction measures help prevent overdoses and deaths.

<u>Pride</u>

- The MLHU will be marching in the annual London Pride Parade on July 21, 2024. MLHU's theme is "We Are Healthier When Everyone Belongs."
- MLHU will also have a booth at the London Pride Festival.

M. Steele inquired about the parameter that minors are not permitted to reside in encampments and what would happen if someone younger than 16 years of age was living in an encampment. A. Summers was unable to speak to the specifics of the process; however, it was noted there are strong, local agencies that support youth living in poverty and experiencing homelessness, like Youth Opportunities Unlimited (YOU), which operates one of the new homeless hubs specific to youth.

M. Steele observed there could be other sources besides safer supply programs that contribute to the diverted hydromorphone. A. Summers advised the details of the police investigation have not been released but they believe the majority of diverted hydromorphone is from safer supply programs. It is unknown if the diverted pills are from one or several providers. As a local public health unit, MLHU does not have line of sight or oversight on rates of prescriptions and more work is needed to understand the prescription practices for hydromorphone in the community. It is known that greater availability can lead to greater use; however, the issue is complex because what is available illicitly is unsafe and providing hydromorphone can help with keeping people alive.

M. Steele observed some political social media sites are saying safer supply is not a good thing. This is concerning for those supportive of a balanced approach to addiction. A. Summers highlighted that evaluations of safer supply programs with wraparound supports continue to show benefits for individuals in the program. The conversation about managing diversion is important, but it was cautioned to not let it overwhelm the more pressing issue of the toxic drug supply paired with homelessness and mental health crises.

Chair Newton-Reid commented that there may be a misperception among the public that safer supply programs provide patients with a large number of pills through one appointment, rather than providing a smaller number of pills and requiring regular visits.

H. Shears inquired how safer supply sites are selected or managed. A. Summers advised that safer supply is a clinical model rather than an assigned clinic. The way safer supply is funded and operates varies widely. The safer supply program at LIHC is a broader primary care model and receives dedicated funding through Health Canada as a pilot program. Any regulated prescriber could theoretically open a safer supply clinic in partnership with a pharmacy, which is partially why the Ministry of Health does not have a complete understanding of the number of prescribers operating safer supply. MLHU does not have oversight and prescriptions are outside of the agency's scope.

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

Carried

**Medical Officer of Health Activity Report for June (Report No. 55-24)**

A. Summers presented his activity report for June and advised he will be on leave starting August 2 so his next activity report will not be until the November Board of Health meeting. J. Kearon will be providing coverage.

It was moved by **S. Franke, seconded by S. Menghsha,** *that the Board of Health receive Report No. 55-24 re: "Medical Officer of Health Activity Report for June" for information.*

Carried

**Chief Executive Officer Activity Report for June (Report No. 56-24)**

E. Williams presented her activity report for June.

There were no questions or discussion.

It was moved by **S. Franke, seconded by M. Smibert** *that the Board of Health receive Report No. 56-24 re: "Chief Executive Officer Activity Report for June" for information.*

Carried

**Board of Health Chair Activity Report for May and June (Report No. 57-24)**

Chair Newton-Reid presented his activity report for May and June.

There were no questions or discussion.

It was moved by **S. Franke, seconded by M. Steele,** *that the Board of Health receive Report No. 57-24 re: "Board of Health Chair Activity Report for May and June" for information.*

Carried

**CORRESPONDENCE**

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

*a) Association of Local Public Health Agencies re: Ontario Public Health Standards Review 2024*
*b) Peterborough Public Health re: Wastewater Surveillance*
*c) Middlesex-London Board of Health External Landscape for July 2024*

*d) Public Health Sudbury and Districts re: Physical Literacy for Communities: A Public Health Approach*

Carried

A. Summers informed that E. Michael Perley was a stalwart supporter of tobacco control and instrumental in the creation of smoke-free spaces. He was the executive director of the Ontario Tobacco Research Unit which drove a lot of the policy research which led to the Smoke-Free Ontario Act. He worked closely with local public health agencies including TCANs and others. In light of the ongoing risks of vaping and other ways the tobacco industry is trying to get people to buy their products, his acknowledgement is a reminder of how critical the work is.

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

1) *Endorse item e) Governor General of Canada's Order of Canada Appointments for June 2024; and*
2) *Direct the Board Chair to write a congratulatory letter to E. Michael Perley for their contributions to public health and appointment to the Order of Canada*

Carried

**OTHER BUSINESS**

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

**ADJOURNMENT**

At **8**:**30 p.m.,** it was moved by **H. Shears, seconded by A. DeViet,** *that the meeting be adjourned.*

Carried

_____ _____

**MATTHEW NEWTON-REID** **EMILY WILLIAMS**
**Chair** **Secretary**

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

**Middlesex-London Board of Health**
**External Landscape Review – September 2024**

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

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## Local Public Health News

**Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs**

On August 20 during the Association of Municipalities of Ontario (AMO) Conference, the Hon. Sylvia Jones, Deputy Premier/Minister of Health announced that the Ontario government is banning supervised drug consumption sites within 200 metres of schools and childcare centres. To restrict access to dangerous and illegal drugs moving forward, the government will also introduce legislation this fall that would, if passed, prohibit municipalities or any organization from standing up new consumption sites or participating in federal so-called "safer" supply initiatives. If passed, the legislation will also prohibit municipalities from requesting the decriminalization of illegal drugs from the federal government.

Ontario has also announced HART Hubs, connecting people with complex needs to comprehensive treatment and preventative services that could include:

- Primary care
- Mental health services
- Addiction care and support
- Social services and employment support
- Shelter and transition beds
- Supportive housing
- Other supplies and services, including naloxone, onsite showers and food

**For more information, please visit the Ontario Government Newsroom website.**

**Impact to MLHU Board of Health**
The current consumption and treatment site in London (Carepoint) at 446 York Street is not impacted by these changes announced by the Minister of Health. The Middlesex-London Health Unit (MLHU) and the Regional HIV/AIDS Connection (operators of Carepoint) continue to support members of the community who use services at Carepoint.

## National, Provincial and Local Public Health Advocacy

**Health Canada introduces new measures to help prevent harms to youth from nicotine replacement therapies**

On August 22, the Honourable Mark Holland, Minister of Health announced that Health Canada is introducing new measures for nicotine replacement therapy (NRT) through a Ministerial Order to reduce the appeal of, access to, and use of these products by young people for recreational purposes, ensuring access is restricted to adults who use these products to help them quit smoking.

The Order introduces new measures that will:

- Prohibit advertising or promotion, including labelling and packaging, that could be appealing to youth.
- Require NRTs in new and emerging formats, such as nicotine pouches, to be sold only by a pharmacist or an individual working under the supervision of a pharmacist, and to be kept behind the pharmacy counter.

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- Prohibit NRTs in new and emerging formats, such as nicotine pouches, from being sold with flavours other than mint or menthol.
- Require a front of package nicotine addiction warning, as well as a clear indication of the intended use as a smoking cessation aid for adults trying to quit smoking.
- Require manufacturers to submit mock-ups of labels and packages for all new or amended NRT licenses to ensure no youth appeal.

**For more information, please visit the Health Canada Newsroom website.**

**Impact to MLHU Board of Health**
The Board of Health previously heard about the dangers of certain nicotine replacement therapies (nicotine pouches) being accessed by youth in the community (Report No. 16-24). The Board also endorsed a resolution on the same matter from the Windsor-Essex County Public Health Unit and submitted a letter to Health Canada on March 22.

**Kearon: Stigma a barrier to effective overdose response**

Dr. Kearon had an op-ed published in the August 31, 2024 edition of the London Free Press on International Overdose Prevention Awareness Day. This op-ed was published after the Provincial Government's announcement to close ten (10) consumption and treatment sites that are within 200 meters of schools or child care centres.

**To read the full article, please visit the London Free Press website.**

**Impact to MLHU Board of Health**
August 31 was International Overdose Prevention Awareness Day. As a co-chair of the Community Drug and Alcohol Committee, the Middlesex-London Health Unit continues to support all four pillars of the Community Drug and Alcohol Strategy, including harm reduction.

**MLHU Representation at AMO Conference**

AMO Association of Municipalities of Ontario

From August 18-21, more than 3,300 municipal leaders, government officials, public servants, sponsors, exhibitors, and media gathered in Ottawa to take part in the 2024 AMO Conference. MLHU was represented by Chief Executive Officer, Emily Williams and Acting Medical Officer of Health, Dr. Joanne Kearon.

**To learn more about AMO, please visit AMO's website.**

**Impact to MLHU Board of Health**
MLHU Delegates also met with Minister Sylvia Jones (Health), Parliamentary Assistant Laura Smith (Children, Community and Social Services), Deputy Leader of the Green Party of Ontario Aislinn Clancy and the Official Opposition on public health matters.

**FOR IMMEDIATE RELEASE**

## *Healthcare Coalition Urges Caution as Ontario Prepares for Alcohol Expansion*

**TORONTO, ONT. (August 7th, 2024) –** A coalition of public health, research and advocacy, and community mental health and addictions organizations are renewing their call on the Ontario government to consider public health and safety concerns alongside their plans to drastically expand alcohol access across the province.

Earlier this year, the coalition published an open letter urging Premier Ford and decision makers at Queen's Park to develop a coordinated action plan to reduce harms from alcohol use.

Today's renewed call comes amid increasing evidence about the harmful impacts of increased alcohol consumption. Research from Ontario, British Columbia, and the United States highlights the detrimental impacts that expanded alcohol access will have on the province. Alcohol-related deaths, illnesses and hospitalizations will increase rapidly, putting further pressure on Ontario's overburdened hospitals and emergency rooms. This will result in billions of dollars in new healthcare spending to accommodate for these otherwise preventable service demands.

In the absence of an alcohol health strategy, the coalition has outlined a 10-point plan to mitigate alcohol-related harms, which includes the following recommendations:

1. The provincial government should allow municipalities to opt out of this retail expansion.
2. Municipalities should have the ability to use zoning to determine where new alcohol retail locations are acceptable.
3. Alcohol retail should not be allowed within 150 metres of a school or daycare.
4. Local residents should have the ability to respond to alcohol retail applications.
5. Convenience stores and grocery stores must not be allowed to cross-promote alcohol with food or other products; alcohol should remain limited to one section of the store.
6. Convenience stores and grocery stores should not be allowed to advertise products or prices externally.
7. Alcohol should not be sold at convenience stores that are located at gas stations.
8. Health warning labels should be required for all alcoholic beverages.
9. A portion of provincial alcohol revenue should be dedicated to addressing alcohol-related harms.
10. The Ontario government should develop and implement a comprehensive provincial alcohol strategy that prioritizes health and safety and considers the costs associated with alcohol consumption.

For more information, visit AlcoholandHealth.ca

### Quotes

*"Alcohol-related harms are high in Ontario, and they are expected to rise in the years to come with the expansion of alcohol availability through private retail outlets. It is critically important that this expansion be accompanied by investments in treatment and prevention, coordinated*

*through a comprehensive provincial alcohol strategy."* - Dr. Leslie Buckley, Chief of Addictions, Centre for Addiction and Mental Health (CAMH)

*"Ontarians need to understand what this expansion really means. More retail outlets for alcohol will result in more consumption, more hospitalizations, and more deaths. The convenience of picking up a bottle at your local convenience store isn't worth the cost."* - Ian Culbert, Executive Director, Canadian Public Health Association (CPHA)

**About the coalition**

The letter and evidence brief are the result of a collaborative effort from 10 federal and provincial organizations who believe strongly that Ontario should commit to a comprehensive alcohol strategy. Members include: *Addictions and Mental Health Ontario (AMHO), Canadian Cancer Society (CCS), Canadian Centre on Substance Use and Addiction (CCSA), Canadian Mental Health Association, Ontario (CMHA-O), Canadian Public Health Association (CPHA), Centre for Addiction and Mental Health (CAMH), Children's Mental Health Ontario (CMHO), Families for Addiction Recovery (FAR), Ontario Public Health Association (OPHA) and Registered Nurses Association of Ontario (RNAO).*

-30-

**Media Contact:**

David Turnbull
Manager, Public Affairs
Addictions and Mental Health Ontario
David.Turnbull@amho.ca

# The Ontario government is planning a nearly 300% increase in alcohol retail locations

## Here's why we're concerned

***This will lead to more consumption.***

As alcohol consumption increases, so does harm.* A study in British Columbia found that for every 10% increase in privately owned stores selling alcohol, there was a 1.5% increase in alcohol consumption. With a nearly 300% increase in retail locations, Ontario could see up to a 45% increase in alcohol consumption.


***This will lead to more deaths.***

A third B.C. study found that for every 20% increase in privately owned stores selling alcohol, deaths caused by alcohol increased by 3.25%. Based on these numbers, Ontario could see up to a 50% increase in deaths caused by alcohol, from 6,200 per year to 9,100.


Potential increase in deaths caused by alcohol

***Young people will be most affected.***

Research has found that adolescents and young adults are more likely to consume alcohol and drive while impaired when the number of retail locations around them increases. Research has also consistently found an association between alcohol availability and rates of violent crime.

***This will lead to more hospitalizations.***

Ontario has already seen a significant increase in emergency department visits due to alcohol following the introduction of alcohol into supermarkets in 2015.

Another B.C. study found that for every 10% increase in privately owned stores selling alcohol, there was a 1.26% increase in alcohol-attributable hospital admissions. Based on these numbers, Ontario could see up to a 40% increase in alcohol-attributable hospitalizations, from 47,500 per year to 65,500. (This is in addition to the nearly 700 emergency department visits due to alcohol every day across the province.)


Potential increase in alcohol-attributable hospitalizations

***This will Increase economic costs.***

Alcohol already costs Ontario more than $7.1 billion per year in healthcare and criminal justice costs as well as lost productivity – well in excess of the $2 billion in annual provincial alcohol revenue. This deficit will increase. (This is in addition to the $225 million the government is giving to the Beer Store to accelerate the alcohol retail expansion.)



***This will impact everyone.***

Evidence from the United States suggests that for every 6 additional alcohol outlets, there is an associated increase of 2 motor vehicle collisions and 1 violent assault resulting in hospitalization. Based on these numbers, Ontario could see up to 2,800 more motor vehicle collisions and 1,400 more violent assaults requiring hospitalization.

Current harms · Potential harms with increased retail locations · Alcohol consumption/cost · Violent assaults

# Our recommendations

*The best course of action for public health and public safety is to cancel the planned expansion. Failing that, we propose the following:*

1. Allow municipalities to opt out of this retail expansion, as it did for cannabis.
2. Enable municipalities to use zoning laws to determine where new alcohol retail locations are acceptable.
3. Prohibit alcohol retail within 150 metres of a school or daycare, as is the case for cannabis.
4. Allow local residents to respond to alcohol retail applications, as was previously the case for off-site retail stores.
5. Restrict convenience and grocery stores from cross-promoting alcohol with food or other products; alcohol should remain limited to one section of the store.
6. Prohibit convenience and grocery stores from advertising products or prices externally (e.g. via signs or advertisements).
7. Ban alcohol sales at convenience stores located at gas stations.
8. Require health warning labels on all alcoholic beverages.
9. Dedicate a portion of provincial alcohol revenue to addressing alcohol-related harms.
10. The Ontario government should develop and implement a comprehensive provincial alcohol strategy that prioritizes health and safety and considers the costs associated with alcohol consumption.

For more information, visit AlcoholandHealth.ca

* Even at small amounts, alcohol use can impact individuals in a number of ways. It is associated with a variety of health harms, both acute and chronic. It is known to play a causal role in more than 200 disease and injury conditions, including liver cirrhosis, cardiovascular disease, alcohol use disorder and at least nine cancers. About a third of Ontarians experience harm as a result of someone else's drinking in any given year. Alcohol-attributable criminal justice costs for Ontario are estimated at $1.53 billion, and alcohol use accounts for nearly 40% of all criminal justice costs related to substance use due to its role in violent and non-violent crime and impaired driving.

Addictions & Mental Health ontario · camh · Canadian Cancer Society · Canadian Centre on Substance Use and Addiction / Centre canadien sur les dépendances et l'usage de substances · Canadian Mental Health Association Ontario · CMHO Children's Mental Health Ontario / Santé mentale pour enfants Ontario · Canadian Public Health Association / Association canadienne de santé publique · Families for Addiction Recovery · OPHA Ontario Public Health Association / l'Association pour la santé publique de l'Ontario · RNAO

Health Canada / Santé Canada
Health Products and Food Branch / Direction générale des produits de santé et des aliments

Mr. Newton-Reid, Dr. Summers, Dr. Williams
Middlesex-London Health Unit,
London Office,
110-355 Wellington St.
London, ON N6A 3N7

September 3, 2024

Dear Mr. Newton-Reid, Dr. Summers and Dr. Williams:

Thank you for your correspondence on March 22, 2024 concerning the regulation of nicotine-containing products, including nicotine replacement therapies (NRTs). We apologize for the delay in responding.

As indicated in the Notice of Intent published on March 20, 2024, Health Canada committed to taking action to address risks associated with the access and apparent youth appeal of certain NRTs, such as nicotine pouches.

In June 2024, Departmental officials consulted on the potential new requirements for the regulation of certain NRTs with a variety of partners and stakeholders, including representatives from provincial and territorial (PT) ministries of health, health advocacy groups, health professional associations, industry, pharmacists' associations, and consumers with lived/living experience with smoking and smoking cessation. Health Canada has considered your correspondence as formal feedback in this consultation process. The engagement approach was consistent with the *Statutory Instruments Act* and the *Cabinet Directive on Regulation*.

The Department received wide-ranging and constructive feedback during these engagement sessions which informed the development of the *Supplementary Rules Respecting Nicotine Replacement Therapies Order* (the Order) as announced on August 22, 2024. The Order came into force immediately upon publication in Canada Gazette, Part II, on August 28, 2024, subject to a six-month transition period in respect of packaging, labelling and advertising requirements and a sell-through period in some circumstances.

The Order introduced new measures for NRTs to reduce the appeal of access to, and use of these products by youth, while maintaining access for adults who need them to quit smoking. More specifically, the new measures:

- Prohibit NRTs in new and emerging dosage forms (for example, nicotine pouches and rapid disintegration tablets) to be sold by anyone other than a pharmacist or an individual working under the supervision of a pharmacist. New and emerging dosage forms must not be accessible for self-selection, meaning they will be kept behind the pharmacy counter;

…/2

- Prohibit the sale of NRTs under brand names that may mislead purchasers or consumers about their intended use, be appealing to, or be associated with, young people, or be mistaken for a cannabis or food product;

- Prohibit the manufacturing or sale of NRTs in certain flavours as set out in the Order. For example, the use of any flavour other than mint and menthol is prohibited for NRTs in new and emerging dosage forms (for example, pouches and rapid disintegration tablets);

- Prohibit labels and packages from being appealing to youth;

- Require mock-ups of labels and packages to be submitted for all new NRT product licence and amendment applications, including those arising from a change to an NRT's brand name or non-medicinal ingredient affecting its flavour;

- Require a front-of-package nicotine addiction warning on NRT labels, as well as a clear indication of the intended users (in other words, people who smoke intending to quit smoking) on the outermost label; and

- Prohibit advertising or promotion that could be appealing to youth under the age of 18 or convey a use other than smoking cessation, and require a health warning statement on all advertisements.

Health Canada also continues to work on identifying and seizing unauthorized nicotine products in retail locations across Canada and disrupting the supply of these products into the country by working closely with the Canada Border Services Agency.

We would like to thank you for your continued interest in this important public health priority.

Sincerely,

Stephen Norman
Director General
Natural and Non-Prescription Health Products Directorate
Health Products and Food Branch

Canada

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

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 59-24**

**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 September 19

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# POLICY POSITION ON MAXIMUM INDOOR AIR TEMPERATURE

## Recommendation

*It is recommended that the Board of Health receive Report No. 59-24 re: "Policy Position on Maximum Indoor Air Temperature" for information.*

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**Report Highlights**

- Exposure to extreme heat impacts the most vulnerable residents in our community.
- Proposed changes to the National Building Code of Canada aim to establish a maximum indoor temperature in new housing units.
- Appendix A provides the MLHU response to National Building Code of Canada's "Proposed Change 2061: Overheating in New Dwelling Units".
- MLHU staff will continue to explore actions to be taken internally and at the municipal level to protect those not impacted by the proposed policy action in the National Building Code.

## Background

Individuals can experience extreme heat both outdoors and indoors. Exposure to extreme heat can have negative health impacts. While everyone is at risk of heat-related illness, those most at risk include:

- Infants and children[1-4]
- Pregnant women[1,2,4]
- Older adults[1-3]
- Those living alone[1]
- Those with pre-existing medical conditions[1-3]
- Those with pre-existing mental health conditions[1-3]
- Underhoused individuals[1,2]
- Those with mobility issues[1,3]
- Those experiencing material and social deprivation[2]

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".[5, p. 52]

Under the current National Building Code[6], residential buildings must have heating equipment installed to maintain minimum temperatures in winter, but there is currently no maximum indoor temperature during the summer[7]. In early 2024, British Columbia updated their building code to mandate new dwelling units, in both large and small residential buildings, to maintain temperatures at no more than 26°C in a single living space[8]. This change was a result of a heat wave in 2021 which resulted in 619 deaths related to heat, and where 98% of deaths had occurred indoors[9].

As a result, changes were proposed to the National Building Code of Canada to address this gap. "Proposed Change 2061: Overheating in New Dwelling Units"[10] included establishing a maximum indoor temperature of not more than 26°C in new dwelling units.

**MLHU Response to Proposed Change 2061**

On July 29, 2024, the Middlesex-London Health Unit (MLHU) submitted feedback on the National Building Code of Canada's "Proposed Change 2061: Overheating in New Dwelling Units"[10]. As outlined in Appendix A: Proposed changes 2061-feedback-Middlesex-London Health Unit, overall, the MLHU was in support of establishing a maximum indoor air temperature of not more than 26°C. However, it is important that evidence regarding maximum indoor air temperature be monitored as research evolves. Additional feedback included:

- Supporting the language "maintaining an indoor air temperature of not more than 26°C".
- 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.

**Next Steps**

The proposed policy action had limitations with respect to protecting the most vulnerable residents in existing housing units. To address the limitations, there is a continued need for interventions at the local level. The MLHU staff will 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, the MLHU staff will continue to collaborate with municipal partners in exploring relevant municipal bylaws related to indoor heat and maximum temperatures.

References to this report are found in Appendix B.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division and the Food Safety and Health Hazards Team of the Environmental Health, Infectious Disease, and Clinical Services Division.

**Joanne Kearon, MD, MScN, 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 Foundational standard (Health Equity) and the Program standard (Healthy Environments) as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The *National Building Code of Canada: 2020*
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Client and Community Confidence
    - Program Excellence
    - Organizational Excellence

**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 Engage in Healthy Public Policy (Anti-Black Racism Plan) and Supportive Environments, Equitable Access and Service Delivery (Taking Action for Reconciliation).

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

**July 29, 2024**

Canadian Board for Harmonized Construction Codes
1200 Montreal Road, building M-20
Ottawa, Ontario
K1A 0R6

**RE: Proposed Change 2061: Overheating in New Dwelling Units**

The Middlesex-London Health Unit (MLHU) is mandated by Ontario's *Health Protection and Promotion Act* (*HPPA*) to deliver public health programs and services specified within the Ontario Public Health Standards (OPHS) to prevent the spread of disease and to promote and protect the health of people in London and Middlesex County. One of the requirements included in this mandate is to reduce exposure to health hazards (Ministry of Health and Long-Term Care, 2021).

"Proposed Change 2061: Overheating in New Dwelling Units" acknowledges that there are negative health impacts from exposure to extreme heat indoors and aims to add a maximum indoor air temperature to address overheating in new dwelling units. Setting a maximum indoor air temperature aligns with Ontario public health's mandate to reduce exposure to health hazards, including extreme heat, and is an important step to help reduce the negative health impacts of overheating indoors, especially for those most vulnerable (PHAC, 2022). The MLHU is pleased to have the opportunity to comment on "Proposed Change 2061: Overheating in New Dwelling Units" and submits the following comments and recommendations for consideration and inclusion in the amended National Building Code (NBC) of Canada.

**Section 9.33. Heating and Air-conditioning**
**9.33.3 Design Temperatures**

**Maximum Temperature**

The MLHU supports establishing a maximum indoor air temperature. The MLHU also supports the suggested language in section 9.33.3.1[2] (page 4 of the proposed change), "maintaining an indoor air temperature of not more than 26°C", as this language corresponds with existing language in section 9.33.3.3(1) of Division B in the National Building Code (National Research Council of Canada, 2022).

As indicated within the justification section of the proposed change, there is precedence for setting a maximum indoor air temperature of 26°C to reduce the negative impacts of indoor heat. However, to provide the best protection for those most vulnerable, it is important that evidence regarding the proposed maximum indoor air temperature be monitored as research continues to evolve.

**Living Space**

Currently within the justification section (page 2 and 4), it indicates "in at least one living space in new dwelling units". Conversely, within the abbreviated impact analysis section (page 6), it indicates "in a single living space within each dwelling unit". Given the variety of buildings that the proposed change

could apply to, using “in at least one living space” could allow for greater flexibility in the application, potentially allowing application to all living spaces.

When determining living space(s) where the maximum indoor air temperature should not be exceeded, several factors should be taken into consideration, including accessibility to all occupants, the amount of time spent within the living space, and the ability to protect multiple occupants during the day and night. To align with existing language in section 9.33.3.1(1) of the NBC and British Columbia’s building code, the "living space" should also exclude unfinished basements, service rooms, crawl spaces, etc. (National Research Council of Canada, 2022; Government of British Columbia, 2024).

**Section 1.3. Divisions A, B, and C, of this Code**
**Section 1.3.3. Application of Division B**

The table presented on page 1 of the proposed changes denotes that housing and small buildings could potentially be affected; it does not indicate large buildings are affected. However, within the abbreviated impact analysis (page 6/9), it references “Part 9 and apartment type dwellings”. No definition is provided for apartment type dwellings in the analysis, although apartment buildings are defined as having “more than two dwelling units” in section A-1.4.1.2.(1) of the current Code. As such, it is unclear if the proposed change also applies to large buildings.

If the proposed change's intent is to exclude large buildings, the MLHU recommends modifying the approach to include dwelling units in all buildings (Part 9 and large buildings). Applying it to all buildings, would be in line with the recent changes to the British Columbia (B.C.) Building Code (Government of British Columbia, 2024) and provide greater protection from overheating indoors.

**Section 1.4 Terms and Abbreviations**
**1.4.1.2. Defined Terms**

Air-conditioning can contribute to greenhouse gas emissions and increase energy consumption (WHO, 2018). Within the amended NBC, consideration should be given to providing a definition of “cooling facilities” (mentioned in section 9.33.3.1[2]) that contains a variety of options including sustainable, low-carbon, energy efficient systems. Encouraging these options aligns with the OE Environment objective in section 2.2.1.1 of the Code to use energy efficiently (National Research Council of Canada, 2022), and can reduce negative impacts on the environment.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Alexander Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 60-24**

**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 September 19

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## 2023-25 PROVISIONAL PLAN 2024 Q2 STATUS UPDATE

### Recommendation

*It is recommended that the Board of Health receive Report No. 60-24 re: "2023-25 Provisional Plan 2024 Q2 Status Update" for information.*

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**Report Highlights**

- Progress has been made on all 14 Provisional Plan strategic initiatives within the second quarter of 2024.
- One tactic among six within the management operating system initiative has not been initiated: *development of a template for programmatic operational plans*. This is planned to be initiated in Q3 2024.
- Four types of risks were identified within the tactics in Q2 2024: (1) Operational / Service Delivery, (2) People / Human Resources, (3) Financial, and (4) Information / Knowledge.
- Many initiatives are at a point of requiring leader consultation, piloting with select teams, and/or organization-wide implementation. To prevent workload concerns among staff and leaders, a re-prioritization process is underway. This process will result in some initiatives being put on hold, beginning in Q3.

### Background

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

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

## Provisional Plan Status Update

This Q2 status update reflects the fourth time for the Strategy, Planning and Performance (SPP) team to report on the 2023-25 Provisional Plan. Over the April to June 2024 timeframe, the Health Unit has executed key deliverables associated with several strategic initiatives. A Q2 2024 Provisional Plan Status Report has been included in Appendix A.

Considerable progress has been made on all 14 strategic initiatives during the second quarter of 2024. However, many initiatives are now at the stage where leader consultation, piloting with select teams, or implementation across the organization is required. Leaders have raised concerns regarding competing demands on their time due to the simultaneous rollout of multiple initiatives following organizational restructuring in Q1. In response, SLT is engaging in a re-prioritization process to stagger the engagement of leaders and staff on these strategic initiatives. As a result, this will impact progress on initiatives in Q3 and Q4. The re-prioritization process is aligned with the new Framework for a Learning Organization as the MLHU improves internal coordination and communication of strategic initiatives.

In addition, one tactic among six within the management operating system initiative has not been initiated: *development of a template for programmatic operational plans*. This is planned to be initiated in Q3 2024 to support development of 2025 operational plans.

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

- **Operational / Service Delivery**: Leader / staff capacity to engage in planning discussions or implement tasks associated with initiatives. There is also a recognition that some of the initiatives (e.g., Key Performance Indicator development) will require several years beyond the current provisional plan timelines to meet the goal of ensuring public health programs are effective and grounded in evidence.
- **People / Human Resources**: MLHU must initiate planning on the Continuity of Operations Plan (COOP) and Labour Disruption Plan in advance of union negotiations in March 2025.
- **Financial**: There is a funding shortfall directly related to inflation requiring internal savings strategies to balance the 2025 budget.
- **Information / Knowledge**: There are risks identified regarding the planning assumptions for 2025 as a result of labour negotiations planned for 2025.

## Next Steps

Work will continue on the 2023-25 Provisional Plan initiatives, according to the planned project documentation. Project plans will be updated to reflect SLT re-prioritization discussions to reflect new timelines for impacted projects. This will also consider the appropriate timing to engage in strategic planning to develop the 2026-2030 Strategic Plan.

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

**Joanne Kearon, MD, MScN, 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 good governance and management practices as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation; specifically, the Provisional Plan holds the MLHU accountable to coordinated implementation of both the plans.

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

Q2 2024 (April-June)

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

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

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 61-24**

**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 September 19

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# THE ORAL HEALTH AND CLINICAL SUPPORT SERVICES TEAM – UPDATE

## Recommendation

*It is recommended that the Board of Health receive Report No. 61-24, re: "The Oral Health and Clinical Support Services Team – Update" for information.*

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**Report Highlights**

- The Ontario Senior's Dental Care Program (OSDCP) continues to be in high demand and currently has a waiting list for new patient exams at Citi Plaza.
- To respond to the high demand for service with the Ontario Seniors Dental Care Program, the MLHU received capital funding to expand services at Citi Plaza and built two (2) additional operatories.
- In addition to the OSDCP the OHCSS team has finished a successful 2023/2024 school screening year and has navigated changes to the Emergency and Essential Services Stream of Healthy Smiles Ontario.

## Background

The Ministry of Health launched the Ontario Seniors Dental Care Program (OSDCP) in the fall of 2019 to provide routine dental care to low-income individuals 65 years of age and older. Since the inception of the program the Middlesex-London Health Unit (MLHU) has seen a high uptake for the program. This high demand coupled with a shortage in clinical space, and the COVID-19 pandemic, resulted in a waiting list for the program.

To address the waiting list, the Middlesex-London Health Unit applied for capital funding to build a brand new dental clinic in Strathroy, as well as expand the existing clinic space at Citi Plaza. The 4 operatory Strathroy clinic opened its doors in July of 2023. Then, in July of 2024, 2 new operatories opened at Citi Plaza. In addition to the construction of additional clinical space,

MLHU increased the capacity of the Oral Health and Clinical Support Services (OHCSS) Team, by expanding the staffing model to enable the team to operate the additional operatories.

In addition to the OSDCP, the OHCSS team also delivers services under The Healthy Smiles Ontario (HSO) program which is mandated though the Ontario Public Health Standards and Protocols. Children and youth under 19 years of age can receive preventative services at the MLHU Dental Clinic, as well as attend the clinic for a dental screening under the Emergency and Essential Services Stream. Staff assist individuals in navigating the public dental system and help them obtain HSO coverage if required. In addition, the MLHU OHCSS team provides screening in all publicly funded elementary schools in Middlesex-London as well as many private schools and both Indigenous schools within the catchment area.

**Status Update**

In the last 13 months MLHU has been working diligently to expand the OHCSS team's capacity to address the OSDCP waiting list. MLHU has increased the number of operatories from 2 to 8 and increased staffing by 1 Dental Hygienist, 0.2 Dentists, 1.5 Clinical Team Assistants and 6 Dental Assistants. With the expansion of operatories and staffing, the waiting list has been reduced from over 700 to 237 people for the Citi Plaza clinic and 0 for the Strathroy clinic.

MLHU's OHCSS team were successful in screening 19,964 students in the 2023-2024 school year and identified 12% of these children (2,356 students) as having an urgent dental condition. Post school screenings, hygienists follow up with all 2,356 children to assist families in obtaining the necessarily treatment for the children.

**Next Steps**

The OHCSS team has begun promoting the OSDCP, as well as the preventative oral health program offered for children, now that capacity for clinical dental services has expanded in the county. With the help of the MLHU Population Health Assessment and Surveillance team, neighbourhoods in Middlesex County with higher proportion of seniors were identified. Volunteers have been working this summer to deliver post cards to residents in these neighbourhoods promoting the OSDCP and the Strathroy Dental Clinic.

The OHCSS team is working diligently to prepare for the upcoming 2024-2025 school screening year. The team has been working with the School Health Team to prepare information for schools with their screening date and the name of their assigned Hygienist. The first screening date will be September 25, 2024.

This report was written by the Manager, Oral Health and Clinical Support Services.

**Joanne Kearon, MD, MScN, 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 Chronic Disease Prevention and Well-Being and Health Growth and Development 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:
  - Client and Community Confidence
  - Program Excellence
  - Organizational Excellence

**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 recommendations to support equity seeking groups in accessing dental services in the Middlsex-London jurisdiction, such as partnerships with SOAHAC and The Wright Clinic.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 62-24**

**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 September 19

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# 2024-2025 RESPIRATORY SEASON REVIEW AND UPDATE

## Recommendation

*It is recommended that the Board of Health receive Report No. 62-24 re: "2024-2025 Respiratory Season Review and Update" for information.*

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**Report Highlights**

- COVID-19 cases and outbreaks continued to dominate the 2023-2024 respiratory season, with more than 2,800 confirmed cases and 146 institutional outbreaks.
- Influenza activity in the 2023-2024 season was comparable to pre-pandemic seasons, with more than 800 confirmed cases and seven institutional influenza A outbreaks.
- While most respiratory pathogens demonstrated a more 'typical' season of decreased activity over the summer, COVID-19 outbreaks continued to be identified to the end of August 2024.
- In 2024-2025, the Middlesex-London Health Unit will continue working to reduce the burden of respiratory illness in Middlesex-London by communicating risk, encouraging vaccination and managing outbreaks.

## Background

This report offers an assessment and overview of the 2023-2024 respiratory season, while also outlining Middlesex-London Health Unit's (MLHU) preparedness for the upcoming 2024-2025 season.

During the 2023-2024 season, COVID-19 continued to be the predominant virus circulating in the community. However, there was also concurrent circulation of respiratory pathogens that typically circulated pre-pandemic, such as influenza. For most respiratory pathogens, the 2023-2024 season was characterized by a more 'typical' pattern of decreased activity throughout the late spring and early summer. However, COVID-19 outbreaks continued to be identified throughout and up to the end of the summer in August 2024.

Looking forward to the 2024-2025 season, the MLHU, alongside health system partners, will continue to monitor, assess and communicate risk, encourage vaccination against respiratory pathogens, and manage outbreaks.

**2023-2024 Respiratory Season Review - Epidemiology**

Appendix A provides tables and figures reviewing various indicators of respiratory activity in the 2023-2024 respiratory season in Middlesex-London. There were over 2,800 COVID-19 cases confirmed by laboratory testing among Middlesex-London residents. Although COVID-19 was the most commonly identified respiratory pathogen in the 2023-2024 season, the number of confirmed cases was much lower compared to previous seasons. This may be due to several factors, including reduced testing availability compared to previous seasons, and other changes in provincial surveillance.

There were 66 deaths where COVID-19 was either the underlying cause of death or contributed to the death. This represented a decrease from previous years. Hospitalization, another indicator of severity, showed that bed occupancy peaked in mid-December 2023, with 50 cases in hospital with or due to COVID-19. Hospital bed occupancy decreased throughout the spring and into the early summer but started increasing again through July and August 2024.

COVID-19 was the most common pathogen identified in outbreaks in institutional settings (hospitals, long-term care homes and retirement homes) in the 2023-2024 season, being found to have caused 146 outbreaks, or 81%. While COVID-19 outbreaks were most numerous from the beginning of the season and into the beginning of 2024, COVID-19 outbreaks continued to be identified throughout and up to the end of the season in August 2024, unlike typical respiratory pathogens pre-pandemic.

The first local case of influenza A was reported on October 2, 2023 and the first local influenza B case was reported on December 10, 2023. In 2023-2024, more than 800 influenza cases reported among Middlesex-London residents. The majority (79%) of cases were influenza A. This is comparable to pre-pandemic levels.

In addition to seven influenza A outbreaks (4%), there were also 11 entero/rhinovirus outbreaks (6%) and five parainfluenza outbreaks (3%). Unlike the previous season, when respiratory syncytial virus (RSV) was identified in 5% of outbreaks, there was only one RSV institutional outbreak identified in the 2023-2024 season. Like typical respiratory seasons, outbreaks related to non-COVID-19 respiratory pathogens decreased over the summer.

**2023-2024 Respiratory Season Review – MLHU Response**

In the 2023-2024 respiratory season, all individuals were recommended to receive both an influenza vaccine and a COVID-19 vaccine in the fall. High-risk individuals were recommended to receive an additional COVID-19 vaccine in the spring. The MLHU held mass and mobile vaccine clinics throughout 2023, providing COVID-19 and Influenza vaccines to the general population. As of January 1, 2024, funding for general population dose administration for both COVID-19 and influenza was moved primarily to pharmacies and health care providers. The MLHU's focus for COVID-19 vaccination pivoted to providing access to children under 2 years of age, as pharmacies and health care providers did not often offer these vaccines to this age group. During the 2023-2024 respiratory season, the RSV vaccine was introduced for specific high-risk populations. The MLHU distributed RSV vaccine, as well as providing support for

administration in certain settings. Appendix B contains details about MLHU vaccine distribution to all area partners and dose administration at MLHU clinics in 2023.

During the 2023-2024 respiratory season, there were several provincial updates related to COVID-19 monitoring aimed at bringing reporting into alignment with other respiratory pathogens. As of June 2024, only COVID-19 cases with a fatal outcome are now required to be reported, rather than all confirmed cases. The provincial system (CCM) for reporting COVID-19 cases and all adverse events following immunization, which was developed as part of the provincial pandemic response, was discontinued and case reporting transitioned to the existing provincial system (iPHIS) used for all other diseases of public health significance. Finally, as of July 31, 2024, the provincial wastewater surveillance program was discontinued. These changes led to a temporary interruption of the MLHU's weekly Respiratory Surveillance Report during the summer months to reassess available data to best evaluate and communicate risk.

**2024-2025 Respiratory Season Response Planning**

The planning for the 2024-2025 respiratory season began in June 2024 and consists of internal and external preparedness activities. MLHU participated in two regional exercises led by Ontario Health West along with local and regional health system partners. The MLHU will also facilitate a respiratory outbreak tabletop exercise for long-term care and retirement homes on September 25, 2024, to review Ministry guidelines for the upcoming season and identify areas for further education and preparation. Throughout the 2024-2025 season, the Infectious Disease Control team will continue to support institutions with preventing and managing respiratory outbreaks.

The MLHU will be receiving large allocations of COVID-19, Influenza and RSV vaccines for distribution this fall to health care providers, long-term care and retirement homes administering their own vaccine. In 2024-2025, the MLHU's vaccine administration focus will be on those who have a more difficult time obtaining the vaccine and/or are part of priority populations. The Vaccine Preventable Disease (VPD) Team in collaboration with the Health Equity and Indigenous Reconciliation Team (HEART) and community partners are planning to provide 2-3 mobile clinics this fall. The VPD team will also be supporting RSV vaccine administration at retirement homes who do not have registered nursing staff. Pharmacies are expected to be the predominant access point for COVID-19 and influenza vaccination to the public. However, as pharmacies do not administer to children under 2 years, the MLHU will continue to have clinic appointments available for young children. Appendix C provides the expected timelines for vaccine availability for 2024-2025.

Included in the planning process for the upcoming respiratory season, a communication plan has been developed to encourage immunization and other respiratory illness risk reduction advice and guidance. The MLHU's weekly Respiratory Surveillance Report has also been re-initiated as of September 10, 2024. Health care providers will receive the newest information through the health care provider newsletter and weekly webinar. Other health and social services partners will be provided easy to use resources, key messages, and directions to the most accurate and accessible information.

**Next Steps**

The burden of all respiratory pathogens on the Middlesex-London region is expected to be similar in the 2024-2025 respiratory season as compared to last year. This burden will be monitored and managed through preparatory activities with health system partners, alongside

encouraging vaccination, outbreak investigation and management, vaccine administration, and public risk communication.

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:**

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

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically in regards to equity seeking groups accessing information and availability to seasonal vaccines. The MLHU is committed to providing equitable access to vaccinations and other services.

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# Appendix A – 2023-2024 Respiratory Season Activity

**Table 1: COVID-19 and Influenza cases and institutional outbreaks, Middlesex-London, 2019-2020 through 2023-2024 respiratory seasons**

| | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 |
|---|---|---|---|---|---|
| **COVID-19** | | | | | |
| Laboratory-confirmed cases* | 738 | 12,749 | 28,565 | 7,844 | 2,881 |
| Deaths | 57 | 180 | 203 | 117 | 66 |
| Institutional outbreaks | 26 | 92 | 176 | 177 | 146 |
| **Influenza** | | | | | |
| Laboratory-confirmed cases | 347 | 0 | 53 | 497 | 819 |
| Deaths | 12 | 0 | 0 | 9 | 10 |
| Institutional outbreaks | 11 | 0 | 1 | 8 | 7 |

* COVID-19 case count only to June 1, 2024. As of June 2, 2024, COVID-19 reporting was updated to include only cases with fatal outcomes.

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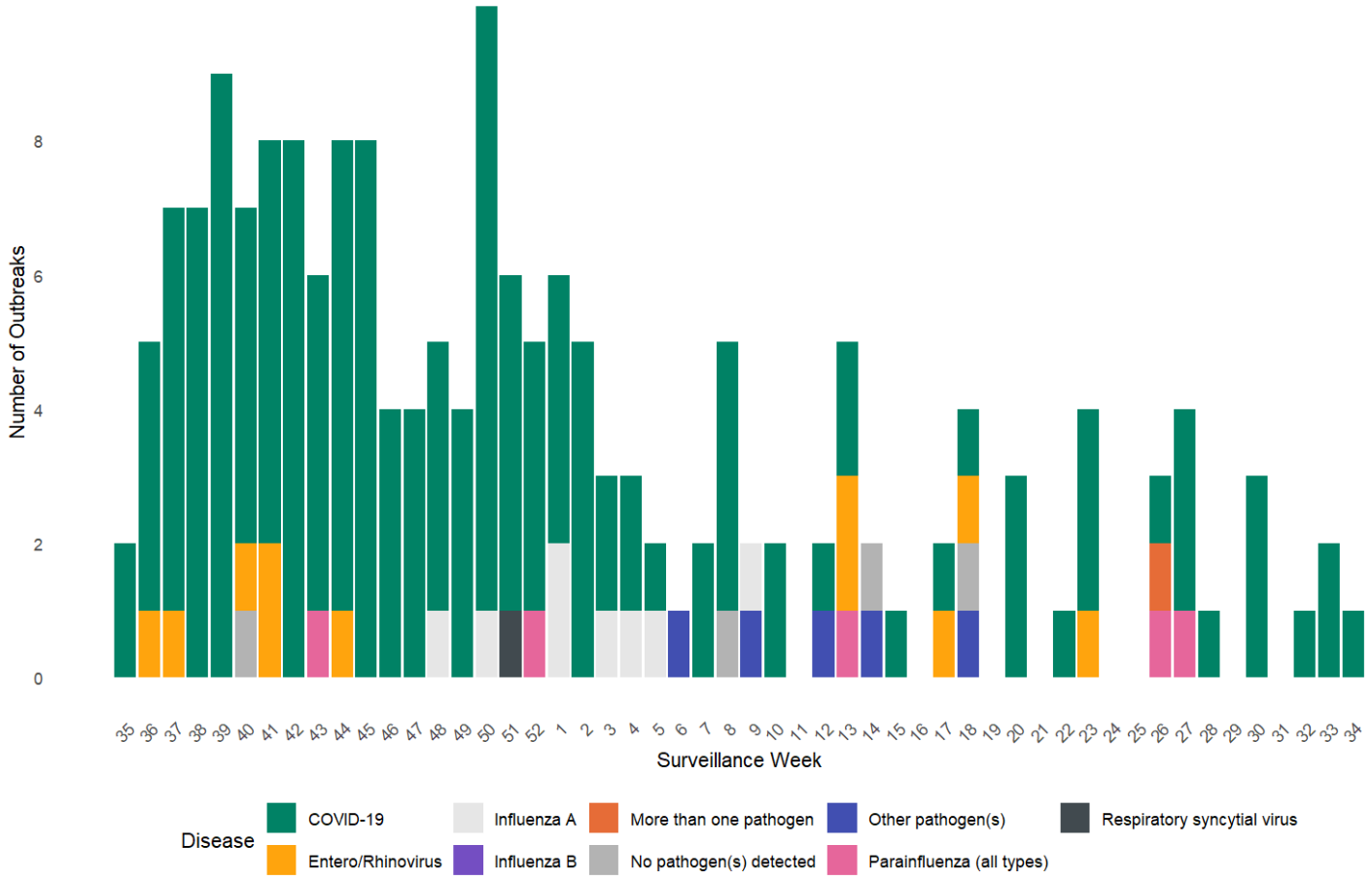
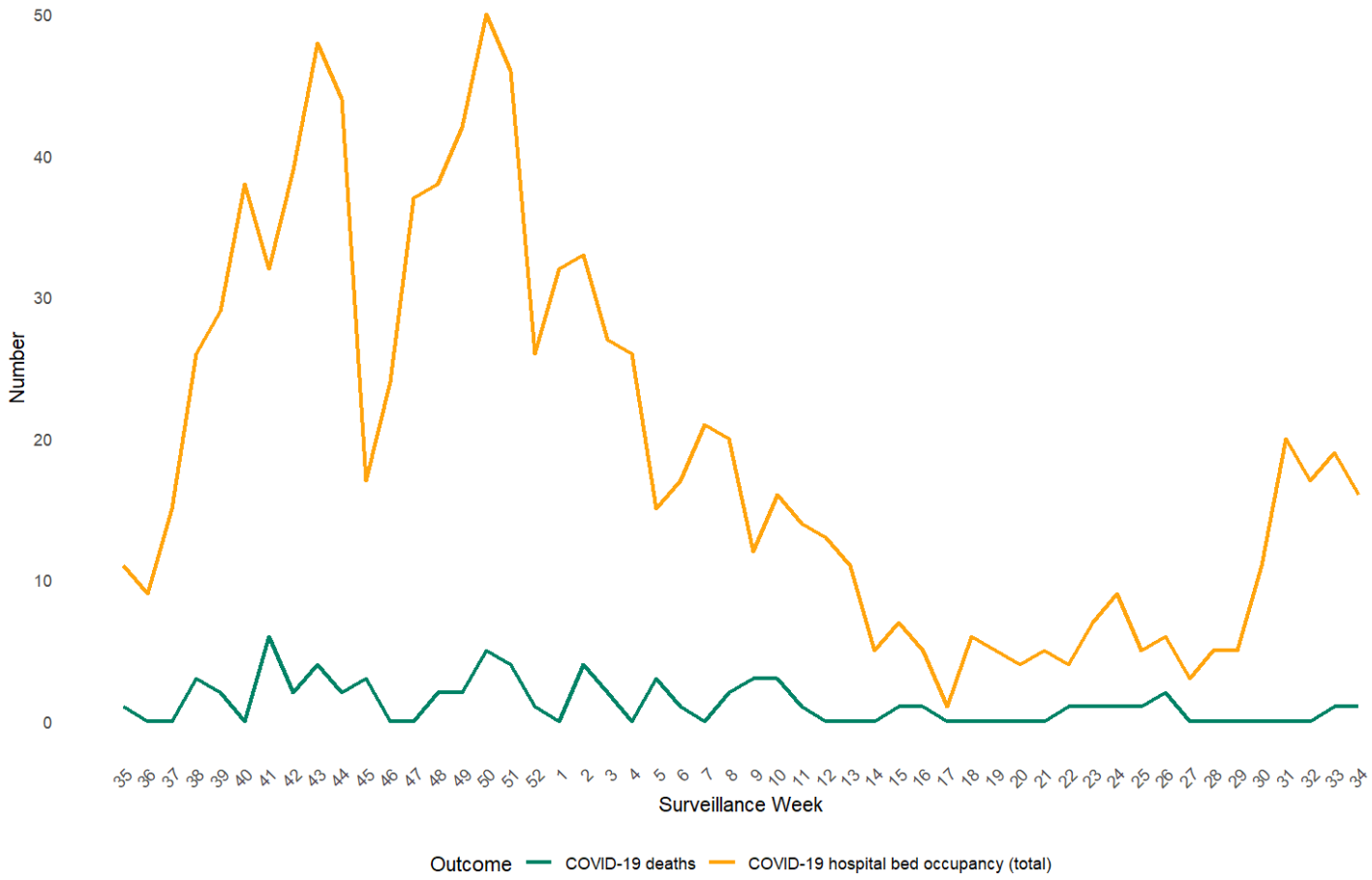
**Figure 1: Number of confirmed institutional respiratory outbreaks by pathogen, Middlesex-London, 2023-2024 respiratory season (August 27, 2023 – August 24, 2024)**



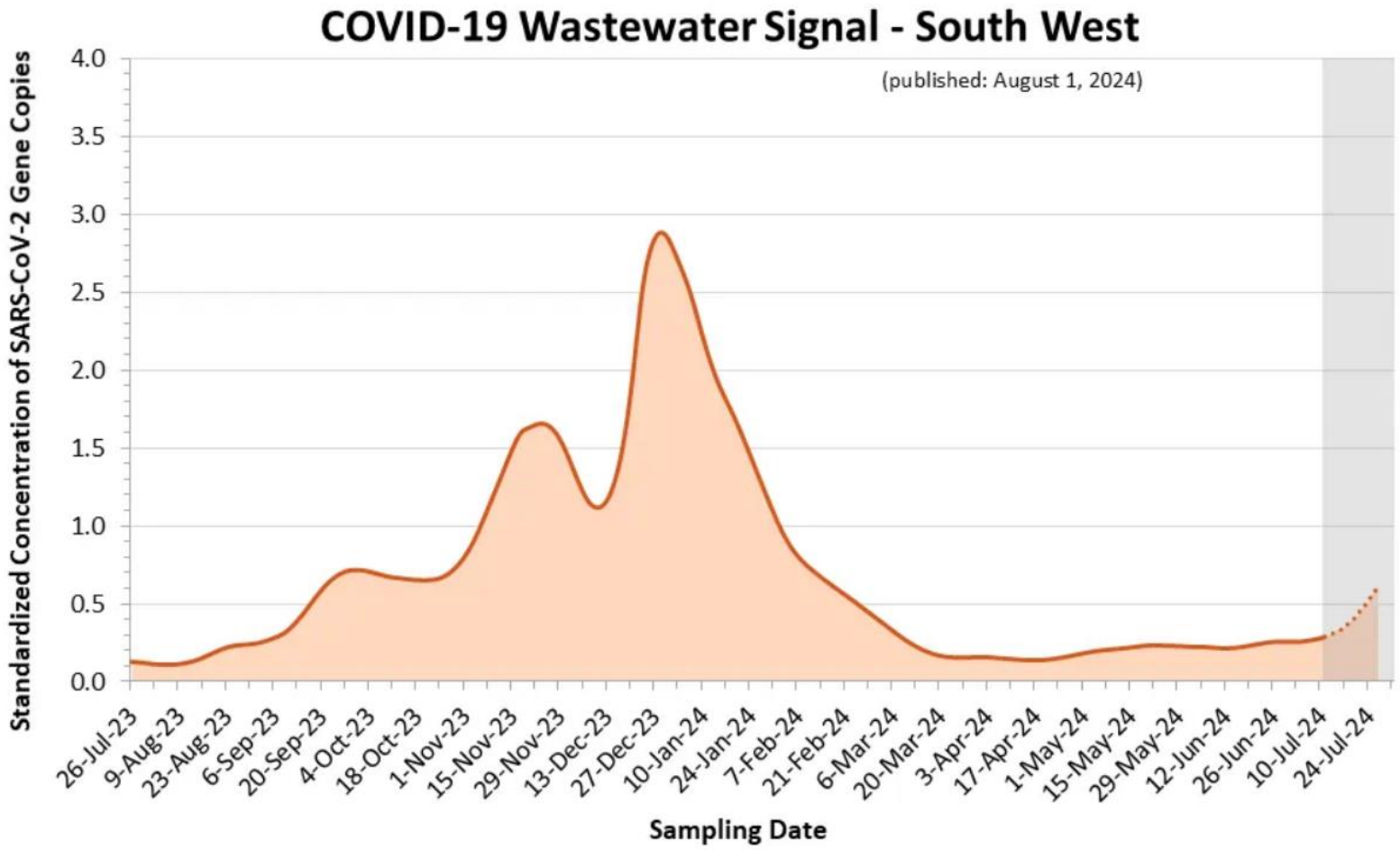

**Source**: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2024 Aug 30 [cited 2024 Sept 4]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

**Figure 2: Number of confirmed COVID-19 case hospitalizations and deaths, Middlesex-London, 2023-2024 respiratory season (August 27, 2023 – August 24, 2024)**




**Source**: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2024 Aug 30 [cited 2024 Sept 4]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

**Figure 3: COVID-19 wastewater surveillance, South West region, July 26, 2023 – July 24, 2024**




**Source**: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2024 Aug 1 {cited 2024 Aug 19]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

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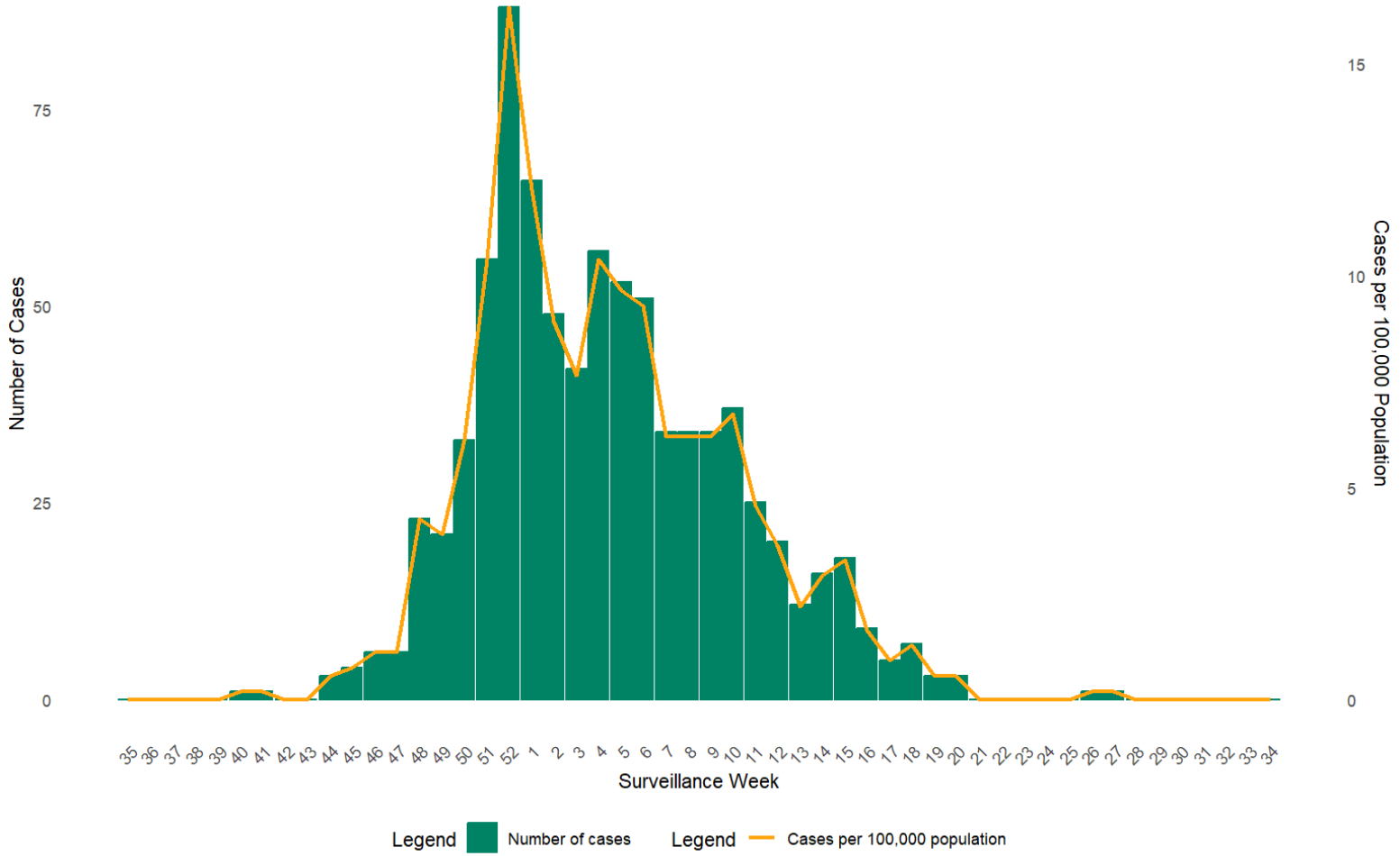
**Figure 4: Number and rate of confirmed influenza cases, by week, Middlesex-London, 2023-2024 respiratory season (August 27, 2023 – August 24, 2024)**




**Source**: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2024 Aug 30 [cited 2024 Sept 4]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

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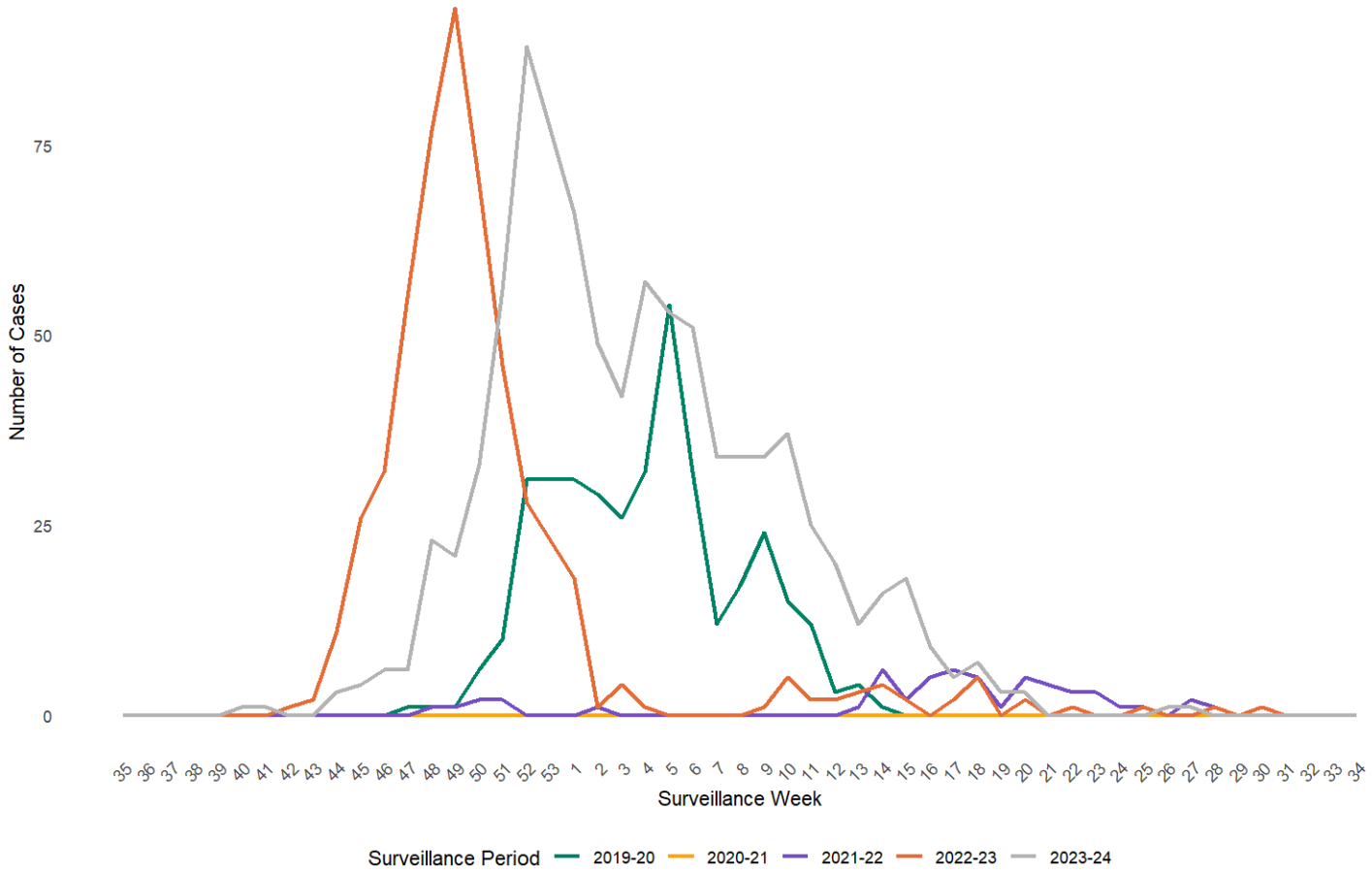
**Figure 5: Number of confirmed influenza cases by week, Middlesex-London, 2019-2020 to 2023-2024 seasons (August 25, 2019 – August 24, 2024)**




**Source**: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Respiratory Virus Tool [Internet]. Toronto, ON: King's Printer for Ontario; 2024 Aug 30 [cited 2024 Sept 4]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

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# Appendix B – 2023-2024 Respiratory Season MLHU Vaccine Distribution and Administration

**Information from 2023-24:**

**Vaccine Distribution:**

- MLHU distributed COVID, Influenza and RSV vaccines to health care providers, retirement homes, long term care homes, hospitals, and MLHU mass, mobile and CitiPlaza clinics.

- Vaccine distribution totals:

| Respiratory Vaccine | Doses Distributed – 2023 |
|---|---|
| COVID-19 vaccine | 60,751 |
| Influenza vaccine | 89,215 |
| RSV vaccine | 2218 |

**Vaccine Administration:**

- MLHU administered doses at mass and mobile clinics in 2023. The amount will be decreased in 2024 as mass clinics closed and the focus for health units became children under the age of 2 years and priority populations, including retirement homes that require assistance. Vaccines will still be available from other providers for the remainder of 2024.

- Dose administration totals at MLHU clinics:

| Respiratory Vaccine | Doses Administered by MLHU – 2023 |
|---|---|
| COVID-19 vaccine | 31,437 |
| Influenza vaccine | 9338 |
| RSV vaccine | 111 |

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# Appendix C – 2024-2025 Vaccine Availability

| Vaccine | Date Available | Vaccine Providers |
|---|---|---|
| **Influenza** – High Risk Individuals<br>**COVID-19** – High Risk Individuals | Early October | Health care providers<br>Pharmacies<br>RH/LTCH<br>Hospitals (staff, some patients)<br>MLHU (children 2yrs and under)<br><br>Note: pharmacists do not often immunize younger children |
| **Influenza** – General Population<br>**COVID-19** – General Population | Mid to late October | Health care providers<br>Pharmacies<br>RH/LTCH<br>Hospitals (staff, some patients)<br>MLHU (children (2 yrs and under)<br><br>Note: pharmacists do not often immunize younger children |
| **RSV**<br>Limited eligibility (not publicly funded for the general population)<br><br>High-Risk Individuals (over 60 yrs of age)<br>-one lifetime dose<br>• Residents of LTCH, RH<br>• ALC patients in hospitals<br>• Individuals experiencing homelessness<br>• First Nations, Inuit, Metis<br>• Specific high-risk medical conditions<br><br>Pregnant individuals (at 32-36 weeks of pregnancy) – one dose<br>Infants – product coming in October<br>• RSV protection should be given to the pregnant individual OR the infant (not both), with the infant being the preferred recipient<br>• High-risk children up to age 2yrs | Currently available | High risk older individuals:<br>Health care providers (order individually per client)<br>RH (with some MLHU assistance)<br>LTCH<br>Hospitals<br><br>Infants, Pregnant Individuals:<br>Health care providers<br>Hospitals (at birth)<br>Midwives (if eligible)<br>High-risk infant and child clinics<br>MLHU – role to be determined |

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 63-24**

**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 September 19

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# Q2 2024 ORGANIZATIONAL PERFORMANCE REPORTING

## Recommendation

*It is recommended that the Board of Health receive Report No. 63-24 re: "Q2 2024 Organizational Performance Reporting" for information.*

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**Report Highlights**

- A core process of MLHU's new Management Operating System is the Organizational Performance Management system, which includes quarterly performance reporting to the Board of Health.
- Quarterly reporting was expanded in Q2 2024 to include the Corporate Services and Public Health Foundations divisions.
- A summary report is affixed as Appendix A.

## Background

The Management Operating System (MOS) is the administrative governance system by which MLHU is directed and managed. It is an integrated system that describes the structure and processes for decision making and accountability that guide behaviour. This framework ensures consistent quality in meeting organizational goals. The MLHU recently launched the MOS and is continuing to on-board additional components and processes (for more information see Report No. 53-24).

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

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

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

**Q2 2024 Organizational Performance Report to the Board of Health**

A summary report of MLHU's Q2 2024 organizational performance can be found in Appendix A and includes the reporting for the Corporate Services and Public Health Foundations divisions.

As previously reported in Q1, the work of the Health Unit in Q2 continues to be impacted by financial constraints. Highlights of Q2 include:

- 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.

**Next Steps**

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

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

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

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically the broad sets of recommendations related to governance and accountability in both plans.

# MLHU's Quarterly Performance Report to the Board of Health

## Q2 2024

## Public Health Programs

Program highlights are only provided when strategically significant.

| Program Cluster | Programs | Q2 Summary |
|---|---|---|
| **Food Safety** | • Food Safety Program | • All inspections remain on track for completion by end of year. |
| **Health Hazards** | • Health Hazards Program | • A fulsome risk assessment was conducted pertaining to a health hazard investigation of odours (hydrogen sulfate/H2S) at a London landfill, and was provided and presented to municipal partners. The process worked well, but was lengthy and required significant consultation with external partners. |
| **Healthcare Access and Quality** | • Health System Reorientation | • There is continued demand on the MLHU clinical services related to a lack of access to primary care, particularly for immunization services. For example, 28% of clients seen during ISPA catch up clinics were without a Family Doctor.<br>• Meetings with the Primary Care Alliance continued to determine opportunities for collaboration on communication and support to primary care providers.<br>• MLHU executive leadership remain members of the Middlesex-London OHT Coordinating Council, supporting discussions related to health system integration and improvement.<br>• Preliminary discussions with the Thames Valley Children Centre were held to determine how the Health Care Provider and Early Years Outreach teams can support education of providers to increase accuracy and timeliness of referrals. |

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| **Healthy Behaviours** | • Healthy Sexuality<br>• Physical Activity and Sedentary Behaviours<br>• Tanning Beds<br>• Ultraviolet Radiation and Sun Safety | • Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation).<br>• Given ongoing increases in sexually transmitted infections (STIs) in the community, MLHU launched a new project, promoting "Get a Kit" home STI testing as part of its comprehensive approach to healthy sexuality. |
| **Healthy Eating** | • Menu Labelling<br>• Food Systems and Nutrition | • MLHU School Health team continues to engage with the TVDSB related to school food programs, given the national food program funding announcement and the evidence related to improved student attendance. As well, 13 situational supports (3%) offered to students were related to food systems and nutrition.<br>• The Municipal and Community Health Promotion team continues to support the work of the Middlesex-London Food Policy Council and the London Good Food Box.<br>• Compliance inspections for the Healthy Menu Choices Act were discontinued, in alignment with provincial direction. |
| **Healthy Environments** | • Active Transportation and Built Environment<br>• Healthy Environments and Climate Change Program<br>• Healthy Workplaces | • MLHU continues to provide City and County staff with expertise on the health implications of the built environment.<br>• Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy workplaces. |
| **Healthy Growth & Development** | • Early Childhood Development<br>• Healthy Pregnancies<br>• Infant Nutrition<br>• Preconception Health | • The demand for home visiting and infant feeding supports continue to be significant, with 208 calls to the Health Growth and Development phone line, 66% of which were related to infant feeding.<br>• The postpartum screening rate declined further to 65% (from 68% in Q1 and 86% in 2023) as the number of births continued to rise in Middlesex-London outpacing existing resources.<br>• The Smart Start For Babies program provided 6 programs at 5 sites with expansion to the Northwest London Resource Centre. |

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| **Immunization** | • Community Based Immunization Outreach<br>• COVID-19 Vaccine Program<br>• Immunization Monitoring and Surveillance<br>• Immunizations for Children in Schools and Licensed Child Care Settings<br>• Vaccine Administration<br>• Vaccine Management | • COVID-19 vaccine clinics were offered once per month to children under age 2. Only one Retirement Home required assistance with spring COVID-19 vaccinations; many LTCs are utilizing Pharmacists.<br>• Clinics were full during ISPA suspension process during the quarter. As well, school clinics ran for 11 weeks, with 50 clinics in 116 schools, and total doses YTD at 6640. Significant progress continues to be made in ISPA enforcement and vaccine coverage rates amongst school aged children.<br>• Cold chain related losses due to power outages and inclement weather totaled $67K.<br>• A video was created by the Communications team to help parents navigate the ICON application (the vaccine record submission process), though this continues to be an issue of concern. |
| **Infectious Disease Control** | • Rabies and Zoonotic Disease<br>• Sexually Transmitted and Blood-Borne Disease<br>• Infectious Disease Control<br>• Vector-Borne Diseases Program | • The demand for rabies post-exposure prophylaxis increased this quarter, with 116 doses administered to 48 clients (up from 88 doses administered to 36 clients in Q1). 340 animal bite investigations were initiated (up from 282 in Q1). Despite this, response to rabies calls remained consistently within 24 hours.<br>• STI rates remain high, with significant resources dedicated to finding and supporting cases.<br>• Increased rates of infectious disease reports have been sustained this quarter, with associated increased workload (388 reports in Q2 2024 vs. 133 reports in Q2 2023).<br>• Vector Borne Disease program staff conducted 5 presentations to school-aged children and disseminated tick safety information to local daycares and camps. There were 79 tick submissions requiring identification and client follow up in Q2, and 9 requests for information. |
| **Injury Prevention** | • Adult Injury Prevention<br>• Childhood Injury Prevention | • Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation). |
| **Mental Health & Wellbeing** | • General Mental Health Promotion<br>• Perinatal Mental Health Promotion | • Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health). |

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| **Oral Health** | • Non-Mandatory Oral Health Programs<br>• Ontario Seniors Dental Care Program<br>• Oral Health Assessment and Surveillance<br>• Healthy Smiles Ontario Program | • There were 6434 children screened, with 100% of schools completed.<br>• Student volunteers handed out postcards to promote Strathroy Senior Dental Clinic and Healthy Smiles Ontario program. Presentations were also done at elementary schools and community organizations to promote services in high-risk areas.<br>• 100% of daycares part of the program (13) were provided three applications of fluoride, with 442 children included.<br>• Construction of two new dental operatories completed at Citi Plaza, with OSDCP waiting list down from just over 500 in Q1 to 319 in Q2. |
| **Safe Water** | • Drinking Water Program<br>• Recreational Water Program | • There were 9 Adverse Water Quality incidences reported and responded to in Q2, resulting in 2 Boiled Water Advisories.<br>• Small Drinking Water Systems inspections continue to be on track for completion end of year.<br>• No updates or emerging risks for Recreational Water. |
| **School Health** | • Comprehensive School Health | • MLHU remains unable to be present in elementary schools, except for oral health services and vaccination.<br>• In secondary schools, 69 interactions were targeted at increasing knowledge (up from 49 in Q1) at the individual level with topics ranging from sexual health, tobacco and vapour, and general mental health promotion. Work at the School Board level continues on initiatives related to mental health and wellbeing, sexual health and substances. |
| **Substance Use** | • Needle Syringe Program<br>• Alcohol<br>• Cannabis<br>• Opioids (Harm Reduction Program Enhancement)<br>• Other Drugs<br>• Tobacco and Vapour Products (Smoke Free Ontario) | • Visits remain high to the Citi Plaza Needle Syringe Program with 2268 visits in Q2. Naloxone distribution (3187 kits) continued as well to community organizations and individuals.<br>• The Social Marketing and Health System Partnership team launched the 'Rethinkyourdrinking' website as part of a social marketing campaign targeted at young adults. As well, the Municipal and Community Health Promotion team advanced work on the impacts of alcohol retail expansion, producing a primer document circulated to key partners.<br>• The Community Drug and Alcohol Committee was reconvened in Q2, with MLHU co-chairing with London InterCommunity Health Centre, in order to re-engage discussions on coordinated response to opioid and other substance use. |

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| | | • 224 complaints were received related to Tobacco and Vapour (up from 95 in Q1) and investigated, representing a significant increase in workload for the team. Significant increase in retailer outlets continues to present challenges in conducting all required inspections. |
| **Social Conditions** | • Poverty Reduction<br>• Housing and Homelessness<br>• Anti-Racism and Anti-Oppression | • Executive leaders continue to participate in the City of London's Health and Homelessness and Encampment Strategy meetings.<br>• Limited resources are available for interventions directly related to Poverty reduction.<br>• The Health Unit continues to make incremental progress on the Taking Action for Reconciliation Plan. For First Nations communities, leaders within prioritized programs are co-developing MOUs to formalize collaboration and relationship. |
| **Violence Prevention** | • Intimate Partner Violence Prevention<br>• Violence Prevention | • The iHEAL program addressing intimate partner violence continues to operate in partnership with Western University; funding is still slated to end in spring of 2025 – this is under review. |

# Finances

Please see the Q2 Financial Update, Borrowing Update and Factual Certificate for more information (Report No. 10-24FFC). These reports will continue to be presented in an aligned cadence, with further integration in the future.

# Human Resources

## Fill Rate and Time to Fill

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

# Client and Community Confidence

## Clients

The development of a comprehensive client relations process was initiated in Q2 and will be completed in Q3. Feedback from clients related to programs and services provided by the Health Unit remains very positive, with increases in demand for services in several programs. The increase in capacity for the Ontario Senior Dental Care Program through the completed construction of two additional dental operatories in Q2 has decreased the waiting list for this service to 316 clients from over 500 in Q1.

## Partners

The MLHU has relationships with numerous community partners through the work of the teams and the divisions. These relationships are evidenced by continued requests for data, information and perspective on issues of public health interest from numerous partners (e.g. media, health care providers, partner agencies). The MLHU continues to work closely and prioritize relationships with municipal and provincial government partners. Examples include Emergency Management work with Middlesex County (COVID-19 debrief), meetings with local MPPs to review the work of the agency and prioritized issues planned for advocacy, and routine meetings with finance staff. The re-establishment of the Community Drug and Alcohol Committee is a key highlight in Q2, with further defining of the important work of that group to be completed in Q3.

The planned establishment of a Partnership Engagement Framework has been delayed, given workload and capacity challenges across the agency. This work is planned to be recommenced in 2025.

## Community

The MLHU continues to make incremental progress in building relationships with prioritized populations, including First Nations communities in the Middlesex-London area, and members of the African, Black, and Caribbean communities. The Health Unit has been engaged in a process to determine when presence at community events needs to be prioritized in the face of resource constraints. Factors such as the ability to meaningfully engage in topics of public health significance, build relationships, demonstrate allyship are all being included in the review.

# Employee Engagement and Learning

## Staff Development

One of the recommendations of the Middlesex-London Health Unit's Anti-Black Racism Plan is to "develop and implement organizational policy to ensure Board of Health members, senior leaders, and all MLHU employees complete education related to ACB cultural safety training, cultural humility, Anti-Black racism, anti-oppression and decolonization". The modification and implementation of an on-line training module (in partnership with Women's College Hospital) introducing anti-black racism was launched for all staff and received positive feedback from members of the Equity Diversity and Inclusion staff advisory committee. Further education is planned in Q4. Leaders continue to promote staff development; however, workload and capacity challenges routinely prevent staff from engaging in these activities.

## Organizational Restructuring and Impacts to Teams

Teams across the organization have been observed to be stabilizing post-restructuring. Supports continued to be offered in Q2 and leaders continued to play a key role in team recovery.

# Risks

Please see previous Q2 Risk Register Update (Report No. 54-24). These reports will continue to be presented in an aligned cadence, with further integration in the future.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 64-24**

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

**FROM:** Dr. Joanne Kearon, Acting Medical Officer of Health

**DATE:** 2024 September 19

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## ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JULY AND AUGUST

### Recommendation

*It is recommended 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.*

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The following report highlights the activities of the Acting Medical Officer of Health for the period of July 8-September 5, 2024. It is noted that Dr. Joanne Kearon began her duties as Acting Medical Officer of Health on August 6.

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*

**July 15** Attended the monthly Management Operating System (MOS) Steering Committee meeting.

**July 17** Participated in a meeting to discuss an *Immunization of School Pupils Act* vaccination process for equity-deserving groups.

**July 18** Chaired the Monthly Surveillance Committee meeting.

Participated in a meeting of physicians who provide services through MLHU's sexual health clinics.

**July 19** Participated in a meeting with members of the Strategy, Planning, and Performance team to discuss items related to the MOS.

**July 29** Chaired an internal meeting to discuss the status and plan to respond to a Legionella outbreak.

Chaired a meeting with Public Health Ontario (PHO) to discuss MLHU's response to a Legionella outbreak.

**July 30** Attended the Respiratory Season Planning Workgroup meeting.

**July 31** Participated in a meeting to discuss the plan for organizational learning modules on public health sciences.

Participated in a meeting to review key performance indicators for healthy public policy.

Chaired an internal meeting to discuss the status and progress in responding to the Legionella outbreak.

**August 1** Participated in a meeting with PHO to discuss MLHU's response to the Legionella outbreak.

Attended the monthly meeting of the Data Governance Steering Committee.

**August 6** Chaired an internal meeting to discuss the status and progress in responding to the Legionella outbreak.

Participated in a call from public health professionals with the Direction régionale de santé publique de Montréal to discuss MLHU's response to the Legionella outbreak.

**August 7** Participated in a meeting with PHO to discuss MLHU's response to the Legionella outbreak.

**August 8** Participated in the internal planning meeting for the Middlesex-London Community Drug and Alcohol Committee.

Participated in a call with a representative of PHO to discuss the updated epidemiology of the Legionella outbreak.

**August 9** Participated in a meeting with PHO to discuss MLHU's response to the Legionella outbreak.

**August 12** Attended the Respiratory Season Planning Workgroup meeting.

**August 13** Chaired an internal meeting to discuss the status and progress in responding to the Legionella outbreak.

**August 14** Participated in a meeting with PHO to discuss MLHU's response to the Legionella outbreak.

**August 16** Participated in an internal meeting to discuss approaches for the dissemination of information on extreme heat to landlords.

Chaired the Monthly Surveillance Committee meeting.

**August 22** Participated in a call with an MLHU epidemiologist to plan the respiratory dashboard for the 2024-2025 respiratory season.

**August 27** Participated in a meeting with members of the Sexual Health team, Social Marketing and Health Systems Partnership team, and Communications team to discuss messaging regarding syphilis.

**September 4** Chaired an internal meeting to discuss the status and progress in responding to the Legionella outbreak.

**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.*

**July 9** Participated in the monthly Public Health Sector Coordination Table meeting, facilitated by the Ministry of Health.

**July 10** Participated in an interview with Aynsley Klassen, Project Manager with Ontario Resource Centre for Climate Adaptation, to discuss MLHU's work on climate change.

**July 19** Participated in a meeting with members to the Clinical Investigator Program at Western University to discuss its residency program committee.

**July 30** Interview with Alessio Donnini, CBC London, regarding the Legionella outbreak.

**July 31** Attended the initial meeting of the Community Advisory Committee and Project Team for the London Health Sciences Centre Harm Reduction Strategy.

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

**August 1** Interview with Emily Passfield, Corus Radio London, regarding the Legionella outbreak.

**August 2** Interview with Matt Thompson, CTV News, regarding the Legionella outbreak.

**August 7** With representatives from the Health Equity and Indigenous Reconciliation team, attended a meeting with an Elder, facilitated by London Health Sciences Centre.

With support from the Communications team, hosted a virtual media briefing regarding the Legionella outbreak.

**August 8** Participated in a meeting with researchers from Western University regarding heat and air quality warnings and community response.

**August 9** Interview with Matthew Trevithick, CBC London, regarding the first human case of West Nile Virus in Middlesex-London in 2024.

Interview with Emily Passfield, Corus Radio London, regarding the first human case of West Nile Virus in Middlesex-London in 2024.

Interview with Kimberly Milhomens, myFM Strathroy, regarding the first human case of West Nile Virus in Middlesex-London in 2024.

**August 10** Attended a community partners' meeting regarding the project "Understanding the Evolution of Vaccine Hesitancy Among African Immigrants in Canada: A Case Study in Southwestern Ontario" at Western University.

**August 15** With Emily Williams, CEO, Jennifer Proulx, Director, Family and Community Health, and Stephanie Egelton, Executive Assistant to the Board of Health, met to discuss delegations at the Association of Municipalities of Ontario (AMO) conference.

With Emily Williams, CEO, and Stephanie Egelton, Executive Assistant to the Board of Health, met with the Manager of Government Relations with the City of London to discuss delegations at the Association of Municipalities of Ontario (AMO) conference.

Participated in the monthly meeting with representatives of local First Nations Health Centres.

**August 16** Participated in a meeting with representatives from London Health Sciences Centre to discuss vaccination strategies for the 2024-2025 respiratory season.

**August 19-21** Attended the AMO conference in Ottawa.

**August 19** With Emily Williams, CEO, attended a delegation with Deputy Premier and Minister of Health, the Hon. Sylvia Jones.

With Emily Williams, CEO, attended a delegation with Green Party of Ontario Member of Provincial Parliament (MPP), Aislinn Clancy.

**August 20** With Emily Williams, CEO, attended a delegation with Official Opposition Leader, Marit Stiles, the Official Opposition/NDP Caucus and Senior NDP Staff.

With Emily Williams, CEO, attended a delegation with MPP Laura Smith, Parliamentary Assistant to the Minister of Children, Community and Social Services.

**August 27** Interview with Craig Needles, Classic Rock 98.1, regarding the provincial announcement about new restrictions on consumption and treatment services.

**August 28** Participated in the bi-weekly meeting of the London-Middlesex Triad.

**September 4** Met with Martin McIntosh, Executive Director, Regional HIV/AIDS Connections.

**September 5** Interview with Devon Peacock, AM 980, regarding the potential harms associated with the expansion of alcohol to corner stores

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

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

**August 6** Met with the Infectious Disease Fellow completing a rotation with MLHU.

**August 12** Met with the Infectious Disease Fellow completing a rotation with MLHU.

**August 14** Participated in a meeting with members of HEART to debrief on the experience and learnings from the meeting with the Elder at London Health Sciences Centre.

**August 22** Met with the Infectious Disease Fellow completing a rotation with MLHU.

**August 26** Met with the Infectious Disease Fellow completing a rotation with MLHU.

**September 3** Met with the Medical Student completing a rotation with MLHU.

**September 5** Met with the Infectious Disease Fellow 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.*

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

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

**July 18** Attended the July Board of Health meeting.

**August 14** Attended the monthly touch base meeting with the Board of Health Chair.

With Lilka Young, Health and Safety Advisor, met to discuss occupational health and safety responses to the 2024-2025 respiratory season.

**August 16** Participated in a meeting with the Senior Leadership Team to review the Q2 financial summary and proposals for investments and savings.

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.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 65-24**

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

**FROM:** Emily Williams, Chief Executive Officer

**DATE:** 2024 September 19

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## CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JULY AND AUGUST

**Recommendation**

*It is recommended that the Board of Health receive Report No. 65-24 re: "Chief Executive Officer Activity Report for July and August" for information.*

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The following report highlights activities of the Chief Executive Officer (CEO) for the period of July 6-September 5, 2024.

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

The Chief Executive Officer took vacation on the following dates: July 31 and August 22 to September 5.

The Chief Executive Officer also attended the following meetings:

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

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| **July 21** | With MLHU staff, attended the London Pride Parade. |
| **July 22** | With the Board Chair and Medical Officer of Health, attended an introductory meeting with Steve Pinsonneault, MPP for Lambton-Kent-Middlesex in Strathroy. |
| **August 16** | Had an introductory meeting with the new General Manager overseeing public health services for Chatham-Kent. |
| **August 19-21** | With the Acting Medical Officer of Health, attended the Association of Municipalities of Ontario Conference in Ottawa. |

**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:*

**July 9** Attended the Privacy, Risk and Client Relations team meeting to introduce the MLHU Management Operating System (MOS) to staff members.

**July 10** Attended the Nurse Family Partnership and Early Years Group Program team meeting introduce the MLHU Management Operating System (MOS) to staff members.

**July 11** Attended the Citi Plaza Dental Construction Project Close Out meeting.

**July 16** Chaired the Pride Working Group meeting.

Attended the July MLHU Leadership Team meeting.

Met with members of MLT to discuss the weekend On-Call coverage expectations for the Pride Parade.

**July 18** Attended a meeting to discuss the hiring process for the Infectious Disease Control Manager position.

**July 22** Attended the Sexual Health team meeting to introduce the MLHU Management Operating System (MOS) to staff members.

Attended the Equity, Diversity and Inclusion Advisory Committee meeting.

**July 23** Attended the Human Resources team meeting to introduce the MLHU Management Operating System (MOS) to staff members.

**August 7** Attended a meeting to discuss the on-call leadership process MLT agenda item.

**July 30** Attended the Oral Health and Clinical Support Services team meeting to introduce the MLHU Management Operating System (MOS) to staff members.

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

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

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

Attended the Employee Systems Review (ESR) Steering committee.

**August 15** Met with the Information Technology, Procurement and Operations and Finance teams meeting to introduce the MLHU Management Operating System (MOS) to staff members.

**September 5** Chaired the MLHU Leadership Team September Pre-Planning meeting.

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

**July 8** Attended a meeting with the Association of Public Health Business Administrators (AOPHBA) working group members to discuss planning for the AOPHBA leadership development as set out in AOPHBA's strategic plan.

**July 9** Attended a meeting with the Legal Services Request for Proposal (RFP) Evaluation Committee to discuss the review after the RFP closed on June 28.

Attended the July Public Health Sector Coordination Table meeting.

**July 11** Attended the Board of Health July agenda review and Executive meeting.

**July 12** Attended the Association of Public Health Business Administrators (AOPHBA) Executive meeting.

**July 15** Attended a meeting to continue discussing a new process for leadership on-call coverage for the vaccine fridge alarms.

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

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

**July 17** Met with the Manager, Corporate Communications to discuss the Q2 Performance Reporting as part of the implementation of the MLHU Management Operating System.

**July 18** Met with the Associate Director, Human Resources and Labour Relations to discuss the Q2 Performance Reporting as part of the implementation of the MLHU Management Operating System.

With the Medical Officer of Health, Associate Medical Officer of Health and Executive Assistant, Board of Health, attended a meeting to discuss the Association of Municipalities of Ontario Conference briefing notes.

Attended the July Board of Health meeting.

**July 22** Met with the Manager, Privacy, Risk and Client Relations to discuss the Q2 Performance Reporting as part of the implementation of the MLHU Management Operating System.

**July 25** Met with the CFO to discuss Q2 financials.

**July 26** Attended a meeting with Selomon Mengsha, Board of Health Member, to discuss Human Resources Metrics for Organizational Performance reporting.

**July 29** Provided an interview for an Association of Municipal Managers, Clerks

and Treasurers of Ontario Course (AMCTO) Municipal Administration Assignment to discuss the CEO's role and responsibilities at MLHU.

**July 30** With the CFO and Medical Officer of Health, attended a meeting to review the Q2 financials.

**August 1** Attended a meeting to discuss Healthy Babies Healthy Children program funding.

Met with the Board Chair and Vice Board Chair to discuss Q2 financials.

**August 2** Met with Brent Feeney and Sandra Han, Ministry of Health Finance representatives to discuss the MLHU Q2 Standard Activity Reporting.

**August 12** Met with the CFO to discuss the Q2 Performance Reporting as part of the implementation of the MLHU Management Operating System.

**August 13** Attended a meeting with members of the EHIDCS division to discuss a process for uninsured tuberculosis clients.

**August 14** Met with the Board of Health Chair for a monthly one-on-one meeting.

Attended a meeting with the Legal Services Request for Proposal (RFP) Evaluation Committee to discuss the review.

**August 15** Met with the Manager, Information Technology and CFO, to discuss the Q2 Performance Reporting as part of the implementation of the MLHU Management Operating System.

Attended a meeting to discuss Association of Municipalities of Ontario conference delegations.

**August 16** Met with the Manager, Information Technology and CFO, to discuss the Q2 Performance Reporting as part of the implementation of the MLHU Management Operating System.

Attended a meeting with SLT to discuss planning for the 2025 Budget.

**August 19** With the Acting Medical Officer of Health, attended a delegation meeting with the Deputy Premier and Minister of Health to discuss opportunities for public health units to support the health care sector to alleviate pressures on primary care and hospitals within the province.

With the Acting Medical Officer of Health, attended a delegation meeting with the Green Party of Ontario Member of Provincial Parliament, Aislinn Clancy, to discuss opportunities for public health units to support the health care sector to alleviate pressures on primary care and hospitals within the province and the case to fund the Nurse Family Partnership (NFP) within participating public health units in Ontario.

**August 20** With the Acting Medical Officer of Health, attended a delegation meeting with the Official Opposition Leader, Marit Stiles, the Official Opposition/NDP Caucus and Senior NDP staff to discuss opportunities for public health units to support the health care sector to alleviate pressures on primary care and hospitals within the province and the case to fund the Nurse Family Partnership (NFP) within participating public health units in Ontario.

With the Acting Medical Officer of Health and Director, Family and Community Health, attended a meeting to discuss the announcement at the Association of Municipalities of Ontario conference regarding Consumption and Treatment Sites.

With the Acting Medical Officer of Health, attended a delegation meeting with Member of Provincial Parliament and Parliamentary Assistant to the Minister of Children, Community and Social Services, to discuss the case to fund the Nurse Family Partnership (NFP) within participating public health units in Ontario.

**September 5** With Environmental Health and Infectious Disease Clinical Services staff, attended a meeting to discuss the Tuberculosis TB UP program with Ministry of Health representatives.

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

**July 25** Attended a meeting with the 360-survey consultant to debrief the CEO's Performance Appraisal survey results.

This report was prepared by the Chief Executive Officer.

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

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

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

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

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

**REPORT NO. 66-24**

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

**FROM:** Matthew Newton-Reid, Board of Health Chair

**DATE:** 2024 September 19

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## BOARD OF HEALTH CHAIR ACTIVITY REPORT FOR JULY AND AUGUST 2024

### Recommendation

*It is recommended that the Board of Health receive Report No. 66-24 re: "Board of Health Chair Activity Report for July and August 2024" for information.*

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The following report highlights activities of the Middlesex-London Health Unit's Board of Health Chair for the period of July 6 – September 5, 2024. The 2024 Board of Health Chair is Matthew (Matt) Newton-Reid.

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

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

**July 9** Participated in a meeting to kick off the External Legal Services Roster Request for Proposal

**July 22** Attended an introductory meeting with the new Member of Provincial Parliament for Lambton-Kent-Middlesex, Steve Pinsonneault with the Chief Executive Officer and the Medical Officer of Health

**August 14** Meeting with the evaluation team for the External Legal Services Roster Request for Proposal

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

**July 11** Participated in the monthly agenda review meeting with the Vice-Chair, Acting Medical Officer of Health and Chief Executive Officer

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

**July 18** Presided over the July Board of Health meeting

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

**July 9** Monthly meeting with the Executive Assistant to the Board of Health

**July 11** Participated in the monthly executive meeting with the Vice-Chair, Acting Medical Officer of Health and Chief Executive Officer

**July 15** Monthly meeting with the Chief Executive Officer

**July 15** Monthly meeting with the Medical Officer of Health

**July 17** Meeting with the Associate Medical Officer of Health

**August 1** Meeting with the Vice-Chair and Chief Executive Officer

**August 14** Monthly meeting with the Executive Assistant to the Board of Health

**August 14** Monthly meeting with the Chief Executive Officer

**August 14** Monthly meeting with the Acting Medical Officer of Health

This report was prepared by the Board of Health Chair.

**Matthew Newton-Reid**
Board of Health Chair

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

- The good governance and management standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

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