



AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, June 18, 2020, 6:30 p.m.
Microsoft Teams Conferencing

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

Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Ms. Tino Kasi
Ms. Arielle Kayabaga
Mr. Ian Peer
Mr. Bob Parker
Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: May 21, 2020 Board of Health meeting
May 28, 2020 Special Meeting of the Board of Health

Receive: June 4, 2020 Finance and Facilities

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1			X	Finance and facilities Committee Update (Report No. 026-20)		To provide a recap the June 4, 2020 meeting. Lead: Ms. Kelly Elliott, Chair FFC
2			X	Governance Committee Verbal Update	June 4, 2020 Governance Committee Agenda	To provide a verbal update on the reports presented at the June 18, 2020 meeting. Lead: Ms. Aina DeViet, Chair GC
3			X	Public Health Inspector Enforcement Actions and Inspection Activities - Q1 of 2020 (Report No. 027-20)		To provide the Board of Health with Q1 data including Enforcement actions include the issuance of provincial offence notices (tickets) as well as orders made under the Authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7. Inspection activities include compliance inspections, re-inspections, on-site education and consultations. Lead: Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
4			X	Collection of Race and Other Social Determinants of Health Data During the COVID-19 Pandemic (Report No. 028-20)		To outline how this ongoing work will help to inform decisions and next steps in the Health Unit's response to the COVID-19 pandemic, informing the development of targeted health promotion strategies and effective case management and contact tracing techniques. Leads: Dr. Alex Summers, Associate Medical Officer of Health and Ms. Heather Lokko, Director, Healthy Start and Chief Nursing Officer

5.			X	COVID-19 Verbal Update (Report No. 008-20 GC)	To advise the Board of Health on current local and provincial matters and to provide an update on planning for return to work. Lead: Dr. Alexander Summers, Associate Medical Officer of Health, Dr. Chris Mackie, Medical Officer of Health/CEO and Ms. Heather Lokko, Director, Healthy Start and Chief Nursing Officer
6.			X	Medical Officer of Health / CEO Activity Report for June (Report No. 029-20)	To provide an update to activities of the MOH/CEO since the last Board of Health meeting. Lead: Dr. Christopher Mackie, Medical Officer of Health / CEO
Correspondence					
7.			X	June 2020 Correspondence	To receive correspondence items a) through c)

OTHER BUSINESS

- Next Board of Health Meeting: July 16, 2020
- Update from IT regarding multi-factor authentication for Board Members
- Update –Motion passed unanimously at City Council that will aide the city in ending racism by not only recognizing the issue, but requesting the police board, the school boards and the health unit respond to the issue as well.

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding labour relations, identifiable individuals and advice that is subject to solicitor-client privilege, including communications necessary for that purpose, and to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, May 21, 2020, 6:00 p.m.

Webinar – Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Mr. Bob Parker
Mr. Ian Peer
Mr. Matt Reid
Ms. Tino Kasi (arrived at 6:55 due to technical difficulties)
Ms. Arielle Kayabaga (arrived at 6:10 due to technical difficulties)

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health/CEO (Secretary Treasurer)
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health/CEO and Associate Medical Officer of Health (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Laura Di Cesare, Director, Healthy Organization
Ms. Heather Lokko, Director, Healthy Start
Ms. Maureen Rowlands, Director, Healthy Living
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Dr. Michael Clarke, VP Modernization
Mr. Dan Flaherty, Manager, Communications
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator
Ms. Laurie Rees, Public Health Nurse

Chair Cassidy called the meeting to order at 6:07 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Reid, seconded by Mr. Peer, *that the **AGENDA** for the May 21, 2020 Board of Health meeting be approved.*

Carried

MINUTES

It was moved by Mr. Reid, seconded by Ms. DeViet, *that the **MINUTES** of the April 16, 2020 Board of Health meeting, the **MINUTES** of the May 13, 2020 Special Board of Health meeting and the **MINUTES** of the April 16, 2020 Relocation Advisory Committee be approved.*

Carried

REPORTS AND AGENDA ITEMS

By Law Amendment Regarding Electronic Participation (Report No. 022-20)

Dr. Mackie noted that Ms. Di Cesare and her Team worked with legal counsel to revise this by-law to ensure electronic participation in meetings met legislative requirements.

It was moved by Mr. Peer, seconded by Mr. Parker, *that the Board of Health receive Report No. 022-20 re: "By Law Amendment Regarding Electronic Participation" for information.*

Carried

Impact of the COVID-19 Pandemic on Adherence to the Nurse-Family Partnership Core Model Elements (Report No. 023-20)

Dr. Mackie advised the Chair that Ms. Lokko, Director of Health Start and Chief Nursing Officer was available should there be any questions for her. He noted the importance of making the Board of Health aware of how this program has been impacted because of COVID-19.

In response to Chair Cassidy's question asking how the program is being delivered at this time, Dr. Mackie noted that there were many changes and a lot of work done to make the program effective.

Ms. Lokko highlighted some of the changes. To keep face to face meetings reserved for the most vulnerable, phone interviews were being used more often, a new policy has been instituted that allows the use of video meetings through OTN.

Ms. Lokko also noted that in the cases where a face to face meeting is necessary, staff are ensuring that proper screening and personal protective equipment (PPE) is being used.

It was moved by Mr. Reid, seconded by Ms. Kayabaga, *that the Board of Health receive Report No. 023-20 re: "Impact of the COVID-19 Pandemic on Adherence to the Nurse-Family Partnership Core Model Elements" for information.*

Carried

Staffing Update (Report No. 024-20)

Ms. Di Cesare provided this update. It was noted that due to the COVID-19 response, the Infectious Disease Control Team (IDC) and the Healthy Babies, Healthy Children Team require additional support. This request is to hire 2 temporary full-time Public Health Nurses for IDC until the end of the year, and 1 public Health Nurse to provide coverage until March 2021.

It was moved by Ms. DeViet seconded by Ms. Elliott *that the Board of Health receive Report No. 024-20 re: "Staffing Update" for information.*

Carried

COVID-19 Update (verbal)

Dr. Alexander Summers provided an update on the pandemic since the last Board of Health meeting. As of today, there have been 493 reported cases in London and Middlesex County.

The Provincial numbers have been rising over the last 2 weeks which means that the anticipated flattening of the curve is not happening as predicted. Dr. Summers advised that it is very much a marathon ahead of us and the Health Unit response will be drawn out longer than expected.

There was discussion in regard to Long Term Care Facilities (LTC) that included:
An outbreak in LTC is declared when one person tests positive;

The testing of all staff and residents at all LTC facilities has been completed. It is not known at this time if the Province will be asking for the retesting of all LTC facilities, staff and residents;
There has been a lot of media attention in regard to outbreaks;
Several outbreaks have been declared over;
The Health Unit continues to support LTC testing;
The IMS model has been changed to include an Outbreak and Facility Management Team;

Testing – testing is continuing at both Assessment Centres, congregate settings and hospitals. Since there are more swabs available, a request has been sent out in the Healthcare Provider Newsletter looking for physicians in both the county and city who have capacity to safely do testing to volunteer to do so. It was also noted that swabs still need to be monitored to ensure there is adequate supply.
MLHU has been able to report to the province that all positive cases are contacted within 24 hours. The backlog of test results is currently being resolved as the laboratory network evolves. Lab results are generally being received within 48 hours.

Masking - the latest recommendation from Chief Medical Officers is that people wear a cloth mask when physical distancing is not possible. The Senior Leadership Team will discuss how this will look at the Health Unit. It was noted that the wearing of masks in public varies. Some people are wearing them, some not and some stores require shoppers to put on a mask before entering.

There was discussion in regard to the reopening of the city and county. With the recent celebration of Mother's Day and the warmer weather, we will soon start to see if any trends present. This will help determine when communities could start to reopen. It was noted that the provincial case numbers dropped about 2 weeks ago but have now started to consistently go up.

The Health Unit will work with local partners and the Province to prepare as much as possible for a second wave should that happen.

Dr. Mackie noted that Heather Lokko, Director, Health Start and Chief Nursing Officer has taken the leadership role for recovery and renewal process. Ms. Lokko provided an update on the Health Unit's recovery planning for the resumption of operations post-pandemic. She briefly noted the five objectives to be achieved and that the groups are working closely with other projects that are currently underway.

The five objectives to be achieved are:

Create a feasible plan return to operations in a wise way. A BOH report will be forthcoming as will a draft plan

1. Consider and look at successes. Acknowledge, pause and reflect at where we can strengthen our response. (Maureen Rowlands, Director, Healthy Living is the lead)
2. Wellness – organizational and individual. (Laura Di Cesare, Director Healthy Organization is the Lead). This group will work with Homewood Health as well as create a survey for all staff.
3. Heather Lokko – organizational structure and processes – what can we keep for the long sustainable term, for use beyond the pandemic.
4. Look at anticipating emerging issues and needs. June to October timeline.

It was noted that there will be a lot of work to be done, and that it won't be easy to get back to "normal".

It was moved by Ms. Elliott, seconded by Ms. Kayabaga, *that the Board of Health receive "COVID-19 Verbal Update" for information.*

Carried

Medical Officer of Health/CEO Activity Report for May (Report No. 025-20)

It was noted that aside from what is noted in this report, there are many other calls and meetings that are not included because they are too frequent, and all COVID-19 related. Dr. Mackie counted at least 30 COVID related meetings in his calendar in one week at the end of April. Dr. Mackie noted that public health is frequently being asked to be involved within the other sectors of the health system. It was noted that Board of Health support has been much appreciated.

It was moved by Mr. Reid, seconded by Mr. Parker, *that the Board of Health receive Report No. 025-20 re: "Medical Officer of Health/CEO Activity Report for May" for information.*

Carried

CORRESPONDENCE

Chair Cassidy inquired if there were any questions; hearing none she asked for a mover and seconder.

It was moved by Ms. DeViet, seconded by Mr. Parker, *that the Board of Health receive items a) through f) for information.*

It was moved by Ms. Elliott, seconded by Mr. Reid, *that the Board of Health endorse items g) and h) and have the Board Chair send letters of appreciation to the London District Catholic School Board and the Thames Valley District School Board.*

Carried

Dr. Mackie noted that Health Unit has been working on getting a permanent supervised consumption facility for 3 years. The Ministry asked the health unit to get support from both school boards before approving the 446 York Street site. Brian Lester and Dr. Mackie have been working with both School Boards, and even provided a virtual tour of the temporary site when the face to face tour had to be changed due to COVID-19.

Board members shared their appreciation and it was noted that the need for this service still remains.

OTHER BUSINESS

Next Board of Health meeting – June 18, 2020

CONFIDENTIAL

At 7:04 p.m., it was moved by Mr. Peer, seconded by Mr. Reid, *that the Board of Health move in-camera to consider matters regarding labour relations, identifiable individuals and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At 7:05 p.m., it was moved by Ms. DeViet, seconded by Ms. Kayabaga, *that the Board of Health return to public session.*

Carried

Chair Cassidy asked for a mover and seconder to recess for 30 minutes.

It was moved by Ms. Kayabaga, seconded by Mr. Reid, *that the Board of Health take a 30-minute recess.*

Carried

At 7:30 p.m. the Board of Health reconvened the meeting.

At 7:30 p.m., it was moved by Ms. Elliott, seconded by Ms. Kayabaga, *that the Board of Health move in-camera to consider matters regarding labour relations, identifiable individuals and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At 12:07 a.m. it was moved by Mr. Reid, seconded by Ms. DeViet, *that the Board of Health return to public session.*

Carried

ADJOURNMENT

At 12:08 a.m., it was moved by Mr. Brennan, seconded by Mr. Peer, *that the meeting be adjourned.*

Carried

MAUREEN CASSIDY
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
SPECIAL MEETING

Thursday, May 28, 2020 5:00 p.m.
Via Microsoft Teams

MEMBERS PRESENT: **Ms. Maureen Cassidy (Chair)**
Ms. Aina DeViet
Mr. Ian Peer
Mr. Matt Reid
Mr. John Brennan
Mr. Bob Parker
Ms. Kelly Elliott
Ms. Arielle Kayabaga (via Microsoft Teams/Teleconference)

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Ms. Elizabeth Milne, Executive Assistant to the Board of Health and
Communications Coordinator (Recorder)
Ms. Jodi Gallagher-Healy, Partner, Hicks Morley
Ms. Margaret Szilassy, Partner, Hicks Morley

Chair Cassidy called the meeting to order at 5:08 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Parker, seconded by Mr. Brennan, *that the **AGENDA** for the May 28, 2020 Special Meeting of the Board of Health meeting be amended to include approval of the May 13 and May 21 Restricted minutes*

Carried

MINUTES

It was moved by Mr. Reid, seconded by Mr. Peer, *that the Restricted minutes of the May 13 and May 21, 2020 Special Meeting of the Board of Health meeting be approved.*

Carried

OTHER BUSINESS

The next regular meeting of the Board of Health will be on Thursday, June 18 at 7:00 p.m.
Chair Cassidy also noted the next FFC meeting Thursday June 4

CONFIDENTIAL

At 5:13 p.m., it was moved by Ms. DeViet, seconded by Mr. Brennan *that the Board of Health move in camera to consider matters regarding labour relations, identifiable individuals and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

Ms. Milne left the meeting at 5:13 p.m. and Chair Cassidy recorded the remaining information for the purposes of these minutes.

At 6:58 p.m., it was moved by Ms. Elliott, seconded by Mr. Brennan, *that the Board of Health rise and return to public session.*

Carried

At 6:58 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 6:59 p.m., it was moved by Mr. Peer, seconded by Ms. DeViet, *that the meeting be adjourned.*

Carried

MAUREEN CASSIDY
Chair

AINA DEVIET
Vice-Chair



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Via Microsoft Teams
Thursday, June 4, 2020 9:00 a.m.

MEMBERS PRESENT: Ms. Maureen Cassidy
Ms. Aina DeViet
Ms. Kelly Elliott (Chair)
Ms. Tino Kasi
Mr. Ian Peer

OTHERS PRESENT: Mr. Matt Reid, Board of Health
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Ms. Kendra Ramer, Manager, Strategic Projects
Mr. Joe Belancic, Manager, Operations and Procurement
Mr. Jeff Cameron, Manager, Information Technology
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator

At 9:03 a.m., Chair Elliott called the meeting to order.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Ms. DeViet, seconded by Ms. Cassidy, *that the AGENDA for the June 4, 2020 Finance and Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the amended MINUTES of the March 5, 2020 Finance and Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Relocation Project Update (Report No. 013-20FFC)

Dr. Mackie introduced this report.

Ms. Kendra Ramer, Manager, Strategic Projects provided some additional information for this report. It was noted that the updates to lighting on the second level were needed to meet Joint Occupational Health and Safety regulations. One of the recommendations from the CEPTED audit was to add a second vestibule to the second floor entrance, as noted in the report.

Ms. Ramer noted that all of the requested updates are estimates and will be going out for bid.

The Board of Health further discussed the significant changes required for the clinical changes. It was noted that the dental program for seniors impacted the space. The HVAC in the dental operator is a significant change.

MLHU staff noted that working with the contractors has been difficult since COVID-19 hit, and some contractors have not returned yet. Scheduling of the trades has been a challenge to ensure there is no overlap of different trades. This may impact the time and have a delay in getting these changes made. This will be funded out of the contingency funds and the project will remain under budget.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Finance and Facilities Committee receive Report No. 013-20FFC re: "Relocation Project Update" for information.*

Carried

OTHER BUSINESS

Next meeting: July 2, 2020 9:00 a.m.

CONFIDENTIAL

At 9:12 a.m., it was moved by Mr. Ian, seconded by Ms. Cassidy, *that the Finance and Facilities Committee move in-camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.*

Carried

At 9:53 a.m., it was moved by Ms. Cassidy, seconded by Ms. DeViet, *that the Finance and Facilities Committee return to public session.*

Carried

At 9:53 a.m. the Finance and Facilities Committee returned to public session.

ADJOURNMENT

At 9:53 a.m., it was moved by Ms. Cassidy, seconded by Ms. Kasi, *that the meeting be adjourned.*

Carried

At 9:54 a.m., Chair Elliott *adjourned the meeting.*

KELLY ELLIOTT
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 026-20

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2020 June 18

FINANCE & FACILITIES COMMITTEE MEETING – JUNE 4, 2020

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, June 4, 2020. A summary of the Committee’s discussions can be found in the [draft minutes](#).

Reports	Recommendations for Information and Board of Health Consideration
Relocation Project Update (Report No. 013-20FFC)	It was moved by Mr. Peer, seconded by Ms. Cassidy, <i>that the Finance and Facilities Committee receive Report No. 013-20FFC re: “Relocation Project Update” for information.</i> <p style="text-align: right;">Carried</p>

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

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2020 June 18

PUBLIC HEALTH INSPECTOR ENFORCEMENT ACTIONS AND INSPECTION ACTIVITIES – Q1 OF 2020

Recommendation

It is recommended that Report No. 027-20 re: “Public Health Inspector Enforcement Actions and Inspection Activities – Q1 of 2020” be received for information.

Key Points

- Enforcement actions include the issuance of provincial offence notices (tickets) as well as orders made under the Authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7. Inspection activities include compliance inspections, re-inspections, on-site education and consultations.
- On March 17, 2020, following the declaration of a provincial emergency, the Chief Medical Officer of Health ordered the closure of many facilities including restaurants (except for take-out) and other facilities otherwise requiring routine inspections from MLHU resulting in a decrease in Q1 inspection activity.

Background

Beginning in 2020, Public Health Inspectors (PHI) at MLHU working within the Environmental Health and Infectious Disease (EHID) division began inspection work in routine areas; many of which include recreational water facilities, congregate living housing, food safety establishments and personal service settings. PHIs aim to address unsafe practices found within these environments which may have the potential to compromise the health of residents living within the city of London and Middlesex County. Activities that include routine inspections, follow-up inspections, consultations, education and enforcement are conducted by PHIs in an effort to assist operators achieve regulatory compliance and safe operation.

Towards the latter part of Q1 2020, a large number of inspected premises were required to suspend operations as a result of the Emergency Order from the Provincial Government ordering the closure of all non-essential businesses due to the risk of COVID-19 transmission. Some essential premises were permitted to remain open but were required to modify their operations in a manner that aimed to greatly reduce the risk of COVID-19 transmission to the general public. An example includes restaurants closing the dining facility, but being permitted to remain open for take-out only.

Observations

The total number of inspections, infractions and enforcement actions are highlighted in the following chart as Q1 2020. The Total Inspections includes all routine inspections, re-inspections and complaint-based inspections. In total, there were 1,262 inspections. The number of premises requiring reinspection was 71 (a rate of 5.6%). This indicates a slightly lower rate than previous quarters which have typically fluctuated around 8%. On 4 occasions enforcement action was required to achieve compliance for food premises and recreational water facilities.

Demand work including the need to provide operator consultations and to respond to public service requests (complaints) began to increase in volume creating challenges in adhering to the work plans for PHIs. The need became evident in the early stages of the COVID response to establish new work priorities focusing on grocery stores and community kitchens serving vulnerable populations, as many restaurants, recreational water facilities and personal service settings were closed due to the provincial orders. Approximately 1/3 of staff in Environmental Health and majority of the Infectious Disease Control (IDC) team were required to be redeployed to COVID operations. As a result, programming supporting critical operations and vulnerable populations was prioritized. Programs such as rabies control, adverse water quality incidents, vector borne diseases and reportable disease follow ups were maintained along with health hazard risk assessment and investigation. Inspections and follow up in lower risk settings were scaled back during this time.

Q1 2020

Type of Inspection	Total Inspections	Non-Critical Infractions	Critical Infractions	Enforcement Actions
Child Care	55	4	0	0
Food Institutional & Other	85	13	3	0
Food Safety	831	311	105	2
Infection Control	17	4	0	0
Personal Service Settings	169	3	14	0
Recreational Water	100	31	19	2
Drinking Water	5	0	0	0

Summary

The number of inspections completed in Q1 was slightly reduced as compared to previous years due to the closure of facilities and the redeployment of staff in response to COVID-19. Much of the work conducted by PHIs towards the latter portion of Q1 and well into Q2 maintains supporting the local pandemic response by working with community operators and responding to reports of substandard COVID management practices. At present, a large component of the work now being conducted by Public Health Inspectors includes providing support and consultation to public inquiries regarding a variety of COVID-related questions and concerns.

Inspection reports for all inspected premises are publicly accessible at <http://inspections.healthunit.com>.

This report was prepared by the Food Safety Team, Environmental Health and Infectious Diseases Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 June 18

COLLECTION OF RACE AND OTHER SOCIAL DETERMINANTS OF HEALTH DATA DURING THE COVID-19 PANDEMIC

Recommendation

It is recommended that Report No. 028-20 re: “Collection of Race and Other Social Determinants of Health Data During the COVID-19 Pandemic” be received for information.

Key Points

- Social determinants of health (SDOH), such as gender, income, race, occupation, and Indigenous identity play a critical role in health outcomes. The collection and analysis of SDOH data will help to inform interventions that can address health inequities.
- In April 2020 the Middlesex-London Health Unit (MLHU) began collecting race and socio-economic data from confirmed COVID-19 cases.

Background

Social determinants of health (SDOH), such as gender, income, race, employment and working conditions, and Indigenous identity, play an essential role in the health of individuals and communities. The importance of social determinants has been highlighted in the COVID-19 pandemic, with early studies demonstrating inequities in the burden of infection internationally. The collection, analysis, and dissemination of data on the social determinants of health helps to influence and inform actions that can rectify and address health inequities.

Data Collection

The Middlesex-London Health Unit’s Health Equity and Indigenous Reconciliation Team (HEART), and the Population Health Assessment and Surveillance Team (PHAST), have worked in partnership to develop appropriate indicators and methods that will enhance the information available to address health inequities and improve health outcomes in the Middlesex and London region. The goal is to implement race and socio-economic data collection across MLHU’s public health programs and services.

In April 2020, MLHU was one of the first public health agencies in Canada to initiate the voluntary collection of race and socio-economic data from all confirmed cases of COVID-19. As part of follow-up with confirmed COVID-19 cases, Health Unit staff have been collecting information for the following data fields:

- Race
- Total family income
- Occupation

- Homeless/underhoused
- Indigenous identity

Health Unit staff continue to collect data, and an initial analysis is underway. A preliminary analysis indicates that for confirmed cases reported as of Wednesday June 10:

- 87% of cases had race information recorded. Among those with responses, only 1.6% indicated that they preferred not to answer.
- 86% of cases had income information recorded. Among those with responses, 11.5% indicated that they preferred not to answer.
- 27% of cases identified as a visible minority. Visible minority refers to whether a person belongs to a visible minority group as defined by the Employment Equity Act, 1995. The Employment Equity Act defines visible minorities as persons, other than Indigenous peoples, who are non-white in race or colour. As of 2016, the visible minority population of Middlesex-London represented 17.0% of the total population.
- 27.5% of cases indicated an annual household income of less than \$60,000, 31% indicated an annual household income of greater than \$60,000, 30% stated they did not know their household income, and 11.5% preferred not to answer. The median household income before tax was \$64,797 for all Middlesex-London households in 2015.

In the context of COVID-19, the collection and analysis of this information will help MLHU identify where inequities exist. This ongoing work will help to inform decisions and next steps in the Health Unit's response to the COVID-19 pandemic, informing the development of targeted health promotion strategies and effective case management and contact tracing techniques.

Next Steps

The Health Unit is currently participating in provincial and national efforts to standardize the indicators and methods used to collect and analyze data on race and other social determinants of health within public health programs and services. MLHU staff will continue to collect and analyze race and socio-economic data associated with the COVID-19 pandemic. Staff will continue to update the Board of Health as this work is completed.

This report was prepared by the Health Equity and Indigenous Reconciliation Team (HEART) and the Population Health Assessment and Surveillance Team (PHAST).



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2020 June 18

MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR JUNE

Recommendation

It is recommended that the Board of Health receive Report No. 029-20 re: “Medical Officer of Health/CEO Activity Report for June” for information.

The following report presents activities of the Medical Officer of Health (MOH)/CEO for the period May 9, 2020 to June 5, 2020.

The MOH/CEO continues to participate in many external meetings each week on COVID-19. These include calls daily, every other day, or weekly with Middlesex County, the City of London, local health partners, the Association of Local Public Health Agencies (alPha), the Ministry of Health, Ontario Health West, the Southwest LHIN, the Office of the Chief Medical Officer of Health, and Public Health Ontario, to name a few. The MOH/CEO and London Mayor Ed Holder continue to provide daily media briefings on the COVID-19 pandemic. The MOH and the Associate Medical Officer of Health (AMOH) host a weekly all staff Town Hall to present on many topics, including COVID-19.

The following events were also attended by the MOH/CEO.

- May 9 Interview with Ms. Megan Stacey, London Free Press in regard to no new reported cases
Interview with Ms. Kelly Wang, AM980 News in regard to no new cases to report
- May 15 Meeting with Mr. Andrew Lockie, CEO at YMCA of Southwestern Ontario to discuss the eventual opening of YMCAs
- May 20 Interview with Canadian Press, Mr. Shawn Jeffords in regard to COVID-19 testing
- May 21 Attended the Middlesex-London Board of Health meeting
- May 22 Interview with Mr. Devon Peacock on the AM980 Morning Show on how Londoners can best enjoy the summer with distancing and relaxed restrictions
Interview with CBC Radio One, The House with Ms. Kristin Nelson in regard to the Province’s re-opening plans and thoughts about the Prime Minister’s announcement that 3,600 federal employees will be made available to the provinces for contact tracing
Interview with Ms. Heather Wright, CTV National News in regard to COVID-19 case counts and how the numbers don’t seem to be going down
- May 25 Phone call with Ms. Maureen Cassidy, Board of Health Chair in regard to office furniture

- May 27 Phone call with Mr. Todd Stepanuik, President and CEO Middlesex Hospital Alliance in regard to testing and swabbing
Interview with Ms. Marcy Cuttler, CBC in regard to re-opening Ontario
Interview with Mr. Chris dela Torre, CBC London in regard to the regional approach to re-opening Ontario
- May 28 Attended the meeting of Coordinating Council of the Western Ontario Health Team
- May 29 Interview with Mr. Vasseyy Kapelos, CBC News-Power and Politics in regard to Premier Ford's regional re-opening strategy
- June 1 Phone meeting with YMCA staff in regard to emergency child care
Phone call with MP Karen Vecchio in regard to the Ontario Plants facility and positive COVID-19 cases
- June 4 Attended the Finance and Facilities Committee meeting
Attended a presentation by Randy Richmond, Canadian Journalist of the Year, on investigative journalism
- June 5 Interview with Ms. Rebecca Zandbergen, CBC London Morning Show in regard to the Black Lives Matter protest
Attended a meeting of the alpha Board

This report was submitted by the Office of the Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

CORRESPONDENCE – June 2020

- a) Date: 2020 May 20
Topic: Basic Income for Income Security during COVID-19 Pandemic and Beyond
From: Simcoe Muskoka District Health Unit
To: Prime Minister Trudeau, Minister Chrystia Freeland, Minister Morneau

Background:

On May 20, 2020, the Board of Health for Simcoe Muskoka District Health Unit wrote to Prime Minister Trudeau as well as Minister Freeland and Minister Morneau in support of the Canada Emergency Response Benefit (CERB). The Board of Health raised concerns about Canadians who do not qualify for measures such as CERB are left vulnerable to household food insecurity and other negative consequences of income insecurity. The Simcoe Muskoka District Health Unit urges the federal government to take action and evolve CERB into legislation for an effective long-term response to problems of income insecurity, persistent poverty and household food insecurity.

Recommendation: Receive.

- b) Date: 2020 March 13
Topic: Appointment of Dr. Miriam Klassen
From: Christine Elliott, Minister of Health
To: Board of Health, Huron Perth Health Unit

Background:

On March 13, 2020, Minister Elliott wrote to the Board of Health for Huron-Perth Health Unit approving the appointment of Dr. Miriam Klassen to the position of Medical Officer of Health for the newly constituted Huron Perth Health Unit.

Recommendation: Receive.

- c) Date: 2020 June 9
Topic: Ontario Health reporting inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care
From: Mr. Mitch Towlan, Chair of the Board of Health, Grey Bruce Health Unit
To: Mr. Bruce Lauckner, Transitional Regional Lead West, Ontario Health & CEO for Erie St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington LHINS

Background:

On May 5, 2020 the Premier stated in the media that some Health Units and their Medical Officer's of Health were performing in a less than optimal manner. This was after receiving erroneous data from Mr. Lauckner. Mr. Lauckner confirmed on May 7, 2020 with the Board Chair, Warden of Bruce County and Warden of Grey County and other of his error in reporting to the Premier. He noted that he would immediately communicate with the Premiers Office to ensure that the correction of the data would occur. The Health Unit is requesting a written response, confirming that the error was reported to the Premier and that the correction was completed.

Recommendation: Receive.

May 20, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5

Dear Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to convey our strong support for the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

While we commend the federal government for the economic measures that have been put into place to support Canadians during this unprecedented time of the COVID-19 pandemic, we also know that many are falling through the cracks. Measures such as the CERB, the Canada Emergency Student Benefit (CESB) and the Canada Emergency Wage Subsidy (CEWS), though necessary and very important, have left many Canadians, who do not qualify for or not able to access these programs, vulnerable to household food insecurity and the negative consequences of income insecurity and poverty such as inadequate or unstable housing, and poorer mental and physical health, including chronic diseases. A basic income would address these gaps, offering support to the most vulnerable Canadians.

Before the COVID-19 pandemic, many Canadians were already experiencing household food insecurity. In 2017-18 approximately 4.4-million (1 in 8) Canadians reported being food insecure, including 1.2 million children under the age of 18.¹ As a result of COVID-19, this number is predicted to increase as many individuals are facing precarious employment, have had their hours reduced or have lost their jobs altogether. Many are relying on food banks and other charitable programs, however, this only meets the need on a temporary basis and is not a long term solution.

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Examples of key Canadian initiatives that demonstrate the positive impact of basic income-like programs on health and well-being include the Old Age Security and Guaranteed Income Supplement through Canada's public pension system, the Canada Child Benefit, and the Newfoundland Poverty Reduction Strategy.

Basic income pilots for working-age adults in Canada have also led to promising findings, including the Mincome pilot in Manitoba and the recent Ontario Basic Income Pilot. The research study, [Southern Ontario's Basic Income Experience](#) released in March 2020, is based on Ontario's pilot. This pilot was implemented in three Ontario cities in 2018 by the provincial government, and the project was terminated in 2019 following a change in government. While the formal pilot evaluation was cancelled, this research study made use of surveys of individuals from Hamilton, Brantford and Brant County who had been enrolled in the pilot (217 individuals participated out of 1000 enrolled households), and interviews with 40 participants. Some of the key findings cited by participants in this report include improvements in physical and mental health; increased labour market participation; moving to higher paying and more secure jobs; reduced household food insecurity; housing stability; improved financial status and social relationships; less frequent visits to health practitioners and hospital emergency rooms; improved living standards; and an improved sense of self-worth and hope for a better future.

Additional evidence supporting the potential of a basic income for reducing the prevalence and severity of household food insecurity is presented in: [Implications of a Basic Income Guarantee for Household Food Insecurity](#), a research paper prepared for the Northern Policy Institute based on the Ontario Basic Income Pilot.

Moving forward during and following the COVID-19 pandemic is an opportune time for the federal government to take action to evolve the CERB into a basic income. This would provide income security to all Canadians during the economic challenges of the pandemic itself, the post-pandemic recovery, and into the future. This is particularly pertinent given the dramatic shifts in the labour market in recent decades, such that full-time permanent employment is no longer the norm. The current CERB has helped demonstrate the logistical feasibility of delivering a basic income, and it could be readily evolved into an ongoing basic income for anyone who falls below a certain income floor. There is evidence of growing support for this concept, as outlined in Appendix A. The Basic Income Canada Network has outlined [key features](#) of basic income design for Canada, which we support.

The SMDHU has been a strong proponent of basic income repeatedly since 2015. This includes having sponsored a resolution at the Association of Local Public Health Agencies (aLPHA) general meeting endorsing the concept of basic income and requesting the federal and provincial governments jointly consider and investigate a basic income policy option for reducing poverty and income insecurity (2015), and expressing support and input into the Ontario Basic Income Pilot (2017). SMDHU has also been encouraging advocacy for income solutions to household food insecurity through our [No Money for Food is Cent\\$less](#) initiative since 2017.

In keeping with this, we strongly recommend your government take swift and immediate action on the evolution of the CERB Benefit into legislation for a basic income as an effective long-term

response to the problems of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CS:cm

Encl. (1)

cc. Hon. Doug Ford, Premier of Ontario
Simcoe and Muskoka MPs and MPPs
Simcoe Muskoka Municipal Councils
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

Appendix A: Examples of Support for Basic Income in Response to COVID-19 and Beyond

On April 21, 2020, 50 members of Canada's Senate wrote a [letter](#) to the federal government calling for a restructuring of the CERB into a minimum basic income to "ensure greater social and economic equity", especially for those who are most vulnerable. In support of this letter, Senator McPhedran's Youth Advisory Council, the Canadian Council of Young Feminists, in collaboration with the Basic Income Canada Youth Network, sent their own [letter](#) to the federal government.

In our region, Simcoe North MP Bruce Stanton has expressed agreement that it's time to consider basic income. He is quoted as saying "Based on my reading of this, like Senator Boniface, I am persuaded that it could be very good public policy" ([News Story](#)).

The Ontario Dietitians' of Public Health (ODPH) have also written a [letter](#) to the federal government stating "We ask that you take immediate action to enact legislation for a basic income guarantee as an effective long-term response to the problem of persistent poverty and household food insecurity as well as shorter-term consequences of the economic fallout of the COVID-19 pandemic".

The Board of Health of the Kingston, Frontenac, Lennox and Addington Health Unit in Ontario also passed a motion requesting the federal government to provide a basic income support to all Canadians ([News Story](#)).

June 8, 2020



Bruce Lauckner
Transitional Regional Lead West, Ontario Health
CEO for Erie St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington LHINs

Dear Mr. Lauckner,

Re: Ontario Health reporting inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care

On the May 7, 2020, Bruce-Grey COVID-19 Update Call you debriefed myself as the Board of Health Chair and Warden of Bruce County, and Paul McQueen, Warden of Grey County among others on the status of the Grey Bruce Health Unit (GBHU) with regards to the Enhanced Surveillance of COVID-19 testing in Long-Term Care, as directed by the Ministry of Health, and the data reporting inaccuracy that took place.

In your debrief, you spoke very highly of Dr. Ian Arra as the Medical Officer of Health (MOH) for the Grey and Bruce Counties, and of the GBHU performance. You attested that the GBHU has met and exceeded the Ministry of Health's expectation by reaching testing targets before the required deadlines.

You also explained what led to presenting inaccurate testing data to the Premier erroneously reflecting suboptimal performance of a number of the health unit in the South West Ontario Health Region. The reported number of swabs completed was substantially lower than actual number by a wide margin. For the GBHU, the inaccuracy showed 5% completion rate instead of the actual 45% at the time.

You explained that data from the Ontario Laboratory Information System (about 2 week old data) was possibility used instead of the diligently reported data by these health units on a daily basis.

The inaccurate data resulted in the Premier's statement in the media on May 5, 2020 describing the less than optimal performance of these health units and their MOHs. The Premier's statement was appropriately proportionate to the data that was presented.

You indicated in the meeting, what you had confirmed with the MOH on May 6, 2020, that the data inaccuracy was immediately communicated to the Premier's Office and that correction of the data was to follow.

No further communication has been forth coming from yourself as the CEO or your office representatives regarding this data inaccuracy, nor if the issue has been reported to the Premier's Office for knowledge and correction.

We respectfully request a written response confirming and outlining the following points. First, that the data inaccuracy was appropriately reported to the Premier's Office and the correction was completed. Second, and equally important, that mitigation measures have been implemented to prevent such inaccuracy from occurring in the future.

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

519-376-9420

1-800-263-3456

Fax 519-376-0605

Yours truly,

A handwritten signature in black ink, appearing to read 'Mitch Towlan'. The signature is fluid and cursive, starting with a long horizontal stroke that curves upwards and then loops back down.

Mitch Towlan

Chair of the Board of Health
Grey Bruce Health Unit
101 17th Street East
Owen Sound ON N4K 0A5
Phone: (519)376-9420, Ext. 1241

CC

Office of the Premier
Minister of Health
Minster of Long-Term Care
MPP Lisa Thompson
MPP Bill Walker
Chief Medical Officer of Health, Dr. David Williams
Boards of Health – Ontario

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



MAR 13 2020

eApprove 72-2019-33

Ms. Kathy Vassilakos
Chair, Board of Health
Huron Perth Health Unit
653 West Gore Street
Stratford ON N5A 1L4

Dear Ms. Vassilakos:

I am writing with respect to the Board of Health's appointment of Dr. Miriam Klassen to the position of Medical Officer of Health for the newly constituted Huron Perth Health Unit.

I am pleased to approve the appointment of Dr. Klassen as the Medical Officer of Health for the Huron Perth Health Unit.

This approval is granted in accordance with Clause 64(c) of the *Health Protection and Promotion Act*.

Sincerely,

A handwritten signature in blue ink that reads "Christine Elliott".

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Miriam Klassen, Medical Officer of Health, Huron Perth Health Unit
Hon. Lisa M. Thompson, MPP, Huron-Bruce
Randy Pettapiece, MPP, Perth-Wellington
Dr. David Williams, Chief Medical Officer of Health