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

Thursday, December 10, 2020, 7:00 p.m.
TEAMS

MISSION - MIDDLESEX-LONDON HEALTH UNIT

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

MEMBERS OF THE BOARD OF HEALTH

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: November 26, 2020 – Board of Health meeting

Receive: December 3, 2020 – Finance & Facilities Committee Meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1.	**X**	**X**	**X**	FFC Summary Report (Report No. 057-20)		Lead: Ms. Kelly Elliott, Chair Finance & Facilities Committee
2.			**X**	Social Determinants of Health During COVID-19 (Report No. 058-20)	Appendix A	Lead: Dr. Alexander Summers, Associate Medical Officer of Health
3.			**X**	COVID Updates (Verbal)		Lead: Dr. Alexander Summers, Associate Medical Officer of Health
4.			**X**	Summary Report – December 2020 re: Bill 216 The Food Literacy for Students Act, 2020 (Report No. 059-20)	Appendix A	Lead: Maureen MacCormick, Director of Healthy Living
5.			**X**	Medical Officer of Health Activity Report – December (Report No.060-20)		Lead: Dr. Christopher Mackie, Medical Officer of Health
Correspondence and Information Items						
6.			**X**	December 2020 Correspondence		To receive correspondence items a) through d) for information and endorse item e)

OTHER BUSINESS

- Next Board of Health Meeting: January 21, 2021
- Draft 2021 Board of Health and Committee meeting dates attached for review

CONFIDENTIAL

The Middesex-London Health Unit's Board of Health will move in a closed session to consider personal matters including identifiable individuals, and to hear advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, November 26, 2020, 7:00 p.m.
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. Arielle Kayabaga
REGRETS:	Ms. Tino Kasi
OTHERS PRESENT:	Dr. Christopher Mackie, Medical Officer of Health (Secretary Treasurer) Ms. Stephanie Egelton, Executive Assistant to the Board of Health (recorder) Dr. Michael Clarke, CEO (interim) Mr. Dan Flaherty, Manager, Communications Ms. Beth Milne, Supervisor, Communications Dr. Alexander Summers, Associate Medical Officer of Health Ms. Heather Lokko, Director, Healthy Start Ms. Maureen MacCormick, Director, Healthy Living Mr. Stephen Turner, Director, Environmental Health and Infectious Disease Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health Ms. Nicole Gauthier, Director (Interim), Healthy Organization Ms. Rhonda Brittan, Manager, School Health Team Mr. David Pavletic, Manager, Food Safety and Healthy Environments Mr. Mirek Pawelec, Manager, Finance

Chair Maureen Cassidy called the meeting to order at 7:01 p.m.

Ms. Arielle Kayabaga joined the meeting at 7:06 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 **Ms. Aina DeViet, seconded by Mr. Ian Peer**, *that the **AGENDA** for the November 26, 2020 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Bob Parker, seconded by Mr. Peer**, *that the MINUTES of the October 15, 2020 Board of Health meeting be approved.*

Carried

It was moved by **Mr. Parker, seconded by Mr. Peer***, that the MINUTES of the October 29, 2020 Special meeting of the Board of Health be approved.*

Carried

It was moved by **Mr. Parker seconded by Mr. Peer**, *that the MINUTES of the November 5, 2020 Finance & Facilities Committee be received.*

Carried

REPORTS AND AGENDA ITEMS

Finance and Facilities Committee Meeting Summary (Report No. 047-20)

Ms. Elliott, Chair of the Finance and Facilities Committee provided an update on the PMBA Proposals, for the 2021 Budget.

Mr. Peer gave acknowledgment and commended the Finance and Facilities Committee on their work on the 2021 Budget.

Mr. Matt Reid inquired why the Board was approving an increase when the final budget would be passed in February.

Dr. Mackie noted that this is the proposed marginal change for next year, and further noted that COVID-19 response funding is anticipated to extend into 2021.

Mr. Reid asked if funding was not possible, if it would be put onto the region taxpayer.

Dr Mackie noted that if the government does not extend funding for COVID-19 response into 2021, Middlesex-London Health Unit would work to mitigate impacts to the region taxpayer. Dr. Mackie further noted that the purpose of the increase notice in November was to assist MLHU staff to see where the budget is headed in 2021.

Ms. DeViet asked if the Board can communicate this increase to the City of London and County of Middlesex.

Dr. Mackie noted that prior to Board approval, staff were not in a position to approach the City and County regarding this increase, and that MLHU would communicate with the City and County when Board approval was confirmed.

Ms. Elliott emphasized that the presented budget increase does not include the COVID program increase previously approved.

It was moved by **Ms. Kelly Elliott, seconded by Mr. Parker** *that the Board of Health received and approved items in Report No. 027-20FFC re: "2021 Budget – PBMA Proposals":*

1) *Receive Report No. 027-20FFC re: "2021 Budget – PBMA Proposals"; and*
2) *Approve Appendix A, PBMA Disinvestments totaling $385,984; and*
3) *Approve Appendix B, PBMA Investments totaling $337,197;and*
4) *Approve Appendix C, PBMA One-time Proposals totaling $100,000; and*
5) *Approve increase to 2021 budget of $762,182;*

Carried

It was moved by **Ms. Elliott, seconded by Ms. DeViet,** *that the Board of Health receive Report No. 028-20FFC re: "Q3 Financial Update and Factual Certificate" for information.*

Carried

It was moved by **Ms. Elliott, seconded by Ms. Kayabaga**, *that the Board of Health receive Report No. 029-20FFC, re: "Emergency Contract Award" for information.*

Carried

It was moved by **Ms. Elliott, seconded by Mr. Parker**, *that the Board of Health:*

1) *Receive Report No. 030-20FFC re: "Governance Policy and By-Law Review"; and*
2) *Approve the new process for finance-related governance policies and by-laws appended to this report as Appendix A.*

Carried

Board of Health – Executive Committee (Report No. 048-20)

Dr. Michael Clarke, CEO presented his report on an Executive Committee within the MLHU Board of Health. Dr. Clarke defined an Executive Committee as a committee being tasked with specific items to consider on behalf of the Board of Health. This would eliminate the need for the Board to call a Special Session.

Mr. Reid noted to the Board that it was preferred that this topic was discussed at the strategic planning level.

Mr. Peer suggested that the Board looks into creating a terms of reference for this committee.

Mr. Parker asked the Board if the word "create" could be replaced with "consider".

It was moved by **Mr. Parker, seconded by Mr. Reid**, *that the Board of Health request the Governance Committee to undertake the development of the necessary By-laws and policies needed to consider a standing Executive Committee.*

Carried

COVID-19 Recovery Recommendations: Emerging and Priority Public Health Issues (Report No. 049-20)

Ms. Heather Lokko, Director, Healthy Start presented her report on emerging and priority public health issues during the COVID-19 pandemic.

Ms. Elliott noted that it was important to see mental health as a priority issue in Ms. Lokko's report, especially within women in rural communities.

Ms. DeViet added that after reaching out to the Women's Rural Resource Centre (Strathroy-Caradoc) that domestic violence was rising in families during the pandemic, and recognizing it is hard for women to get help. Ms. DeViet further added that this report is the type of work that the Women's Caucus of Middlesex County Council is looking to accomplish.

Ms. Lokko added that the previous report (PMBA recommendations) connected to MLHU's iHeal and Nurse-Family Partnership programs.

It was moved by **Ms. Kayabaga, seconded by Mr. Parker**, *that the Board of Health:*

1) *Receive Report No.049-20 re "COVID-19 Recovery Recommendations: Emerging and Priority Public Health Issues" for information; and*

2) Approve the five priority areas for MLHU identified during COVID-19 recovery planning: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health.

Carried

Status Report on MLHU's COVID-19 Response Capacity and Impacts on Non-COVID-19 Programs (Report No. 050-20)

Dr. Alexander Summer, Associate Medical Officer of Health provided a presentation on MLHU's COVID-19 response capacity and impacts.

Ms. DeViet asked if the COVID-19 Alert mobile application had helped contact tracing.

Dr. Summers stated that only 1 case of a person positive with COVID-19 in Middlesex-London has come through this application and noted that while the region has not had much impact with the use this application, it is something worth further emphasizing.

Mr. Peer applauded MLHU for their effort in redeployment of staff and inquired how the workforce was doing during this time.

Dr. Summers spoke to the quality and character of MLHU staff and acknowledged that while there was fatigue and more work to come, that staff takes pride in their work and have pride for protecting the community.

Chair Cassidy stated that the Board is proud and fortunate to have the quality staff at MLHU and recognizing their hard efforts.

Mr. Parker asked if influenza (the flu) is impacting the region at this time?

Dr. Summers stated that the health unit recently released the first Influenza Surveillance Report of the year, and that there has been a massive uptake in the influenza vaccines coupled with the community already following public health measures.

It was moved by **Ms. DeViet, seconded by Mr. Peer**, *that the Board of Health receive Report No. 050-20 re: "Status report on MLHU's COVID-19 response capacity and impacts on non-COVID-19 programs" for information.*

Carried

Summary Report (Report No. 051-20)

Dr. Mackie stated that this report highlighted work within the Communications team in reaching different communities with public health messaging.

Ms. Elliott noted that the lower tiers would be great partners in spreading this information, and further that Thames Centre has a Low German community whom would also be a good community to reach.

It was moved by **Ms. Elliott, seconded by Ms. Kayabaga**, *that the Board of Health receive Report No. 051-20 re: "Summary Information Report - November 2020" for information.*

Carried

Public Health Inspector Enforcement Actions and Inspection Activities – Q3 of 2020 and COVID-19 Support Activities (Report No. 052-20)

Mr. Stephen Turner, Director, Environmental Health and Infectious Disease presented the report on enforcement and inspection activities.

Mr. David Pavletic, Manager, Food Safety and Healthy Environments was also in attendance to answer any questions.

It was moved by **Mr. Reid, seconded by Ms. Kayabaga,** *that Report No. 052-20 re: "Public Health Inspector Enforcement Actions and Inspection Activities – Q3 of 2020 and COVID-19 Support Activities" be received for information.*

Carried

Impact of Redeployments on Public Health Inspection Activities (Report No. 053-20)

Mr. Stephen Turner, Director, Environmental Health and Infectious Disease presented the report on the impacts of redeployed staff and inspection activities.

It was moved by **Mr. Peer, seconded by Mr. Brennan**, *that Report No. 053-20 re: "Impact of Redeployments on Public Health Inspection Activities" be received for information.*

Carried

Remote Work (Verbal Update)

Dr. Clarke provided an update on an expression of interest of MLHU staff for a remote work policy, and stated that a future report would come back to the board on the matter.

It was moved by **Ms. Kayabaga, seconded by Mr. Reid**, *that the Board of Health receive the Remote Work verbal update for information.*

Carried

Medical Officer of Health Activity Report – November (Report No. 054-20)

Dr. Mackie presented the activity report for November and showed a brief presentation on the Southwest Region Pandemic Response structure, as appended to the report.

It was moved by **Ms. Kayabaga, seconded by Mr. Parker,** *that the Board of Health receive Report No. 054-20 re "Medical Officer of Health Activity Report – November" for information.*

Carried

CORRESPONDENCE

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

In addition, it was moved by **Ms. DeViet, seconded by Ms. Kayabaga**, *that the Board of Health endorse item g), titled "Inclusive Economy London and Region*".

Carried

OTHER BUSINESS

Next Board of Health Meeting – December 10, 2020

CONFIDENTIAL

At 8:49 p.m., it was moved by Mr. Reid seconded by Ms. Elliott, *that the Board of Health move in-camera to consider matters regarding labour relations and identifiable individuals, litigation or potential litigation, including matters before administrative tribunals, affecting the Middlesex-London Board of Health, and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At 11:16 p.m. it was moved by **Ms. DeViet, seconded by Mr. Reid,** *that the Board of Health return to public session.*

Carried

ADJOURNMENT

At **11:16 p.m**., it was moved by **Ms. DeViet, seconded by Ms. Elliott**, *that the meeting be adjourned.*

Carried

MAUREEN CASSIDY	**CHRISTOPHER MACKIE**
Chair	**Secretary-Treasurer**

PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Microsoft Teams
Thursday, December 3, 2020 9:00 a.m.

MEMBERS PRESENT: Ms. Maureen Cassidy
Ms. Aina DeViet
Mr. Ian Peer

Regrets: Ms. Kelly Elliott
Ms. Tino Kasi

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Dr. Michael Clarke, CEO (interim)
Ms. Emily Williams, Director, Healthy Organization
Mr. Mirek Pawelec, Manager Finance
Mr. Joe Belancic, Manager Procurement and Operations
Ms. Stephanie Egelton, Executive Assistant to the Board of Health and Communications Coordinator

At 9:00 a.m., Chair Cassidy called the meeting to order.

DISCLOSURES OF CONFLICT(S) 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. Peer, seconded by Ms. DeViet, *that the **AGENDA** for the December 3, 2020 Finance and Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

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

Carried

NEW BUSINESS

4.1 Emergency Procurement (Report No. 031-20FFC)

Dr. Clarke introduced this item. It was noted that to get new contact tracers deployed as soon as possible, 20 additional laptops were required. The single source emergency procurement was awarded to Stronghold Services.

Mr. Belancic advised that the Health Unit is on a 3-year replacement cycle for laptops and that when these laptops are no long required for contact tracers, they will replace older models currently being used by other staff.

It was moved by Ms. DeViet, seconded by Mr. Peer, *that the Finance and Facilities Committee recommends the Board of Health receive Report No. 031-20FFC, re: "Emergency Purchase Award - Laptops" for information.*

Carried

OTHER BUSINESS

Next meeting: February 4, 2021
Mr. Peer reminded the committee that his appointment to the Board of Health finishes at the end of the year and attention to quorum for Finance & Facilities will be needed in the new year.

CONFIDENTIAL

At 9:07 a.m., it was moved by Mr. Peer, seconded by Ms. DeViet , *that the Finance and Facilities Committee will move in camera to consider matters regarding a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Middlesex-London Board of Health, 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.*

Carried

At 9:46 a.m., it was moved by Mr. Peer , seconded by Ms. DeViet, *that the Finance and Facilities Committee return to public session.*

Carried

At 9:46 a.m. the Finance and Facilities Committee returned to public session.

ADJOURNMENT

At 9:49 a.m., it was moved by Mr. Peer, seconded by Ms. DeViet, *that the meeting be adjourned.*

Carried

At 9:49 a.m., Chair Cassidy *adjourned the meeting*.

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MAUREEN CASSIDY **CHRISTOPHER MACKIE**
Chair **Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 057-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2020 December 10

FINANCE & FACILITIES COMMITTEE MEETING – September 10, 2020

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, December 3, 2020. A summary of the Committee's discussions can be found in the draft minutes.

Reports	Recommendations for Information and Board of Health Consideration
(Report No. 031-20FFC)	It was moved by Ms. DeViet, seconded by Mr. Peer, that the Finance & Facilities Committee recommend the Board of Health receive Report No. 031-20FFC, re: "Emergency Purchase Award – Laptops" for information. Carried

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

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 058-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Michael Clark / CEO (Interim)

DATE: 2020 December 10

Social Determinants of Health During the COVID-19 Pandemic

Recommendation

It is recommended that Report No.058-20 re: "Social Determinants of Health During the COVID-19 Pandemic" be received for information.

Key Points

- Social determinants of health (SDOH) play a key role in the health of individuals and communities. Incorporating SDOH in a pandemic response identifies existing inequities and individuals at heightened risk. Once inequities are identified, interventions to reduce the disproportionate impact of the pandemic can be employed.
- In April 2020, the MLHU began collecting race and socio-economic data from confirmed cases of COVID-19. In June 2020, the Ministry of Health required the collection of information on race, income level, language, and household size for individuals who test positive for COVID-19.
- Health equity considerations should be included in pandemic planning, response, recovery, and beyond, to all MLHU programs and services, where the capacity to do so exists.

Background

Social determinants of health (SDOH), including gender, income, employment and working conditions, race, and Indigenous identity, play a key role in the health of individuals and communities. The importance of SDOH have been highlighted throughout the course of the COVID-19 pandemic. As cases of COVID-19 increase, evidence shows that SDOH play a role in the risk of COVID-19 infection and severe outcomes. Therefore, incorporating the SDOH into a pandemic response helps to identify existing inequities and allows for a better understanding of those at heightened risk. Once inequities are identified, interventions to reduce the disproportionate impact of the pandemic can be employed.

Throughout the course of the COVID-19 pandemic, MLHU has utilized health equity interventions to support at-risk groups. This has included establishing a priority population liaison team, supporting Indigenous partners and homeless serving agencies to conduct their own testing, and developing culturally appropriate health promotion campaigns for populations experiencing outbreaks.

Data Collection

In April 2020, the Middlesex-London Health Unit (MLHU) was one of the first public health agencies in Canada to initiate the voluntary collection of race and socio-economic data from laboratory confirmed cases of COVID-19. At the end of June 2020, the Ministry of Health required the collection of information on race, income level, language, and household size for individuals who test positive for COVID-19. As part of follow-up with confirmed COVID-19 cases, MLHU staff continue to collect information for the following indicators:

- Race

- Total family income
- Household size
- Language
- Occupation
- Homeless/underhoused
- Indigenous identity

Overall, these data help identify where inequities exist and inform MLHU's response to the COVID-19 pandemic. This highlights the need to incorporate a health equity approach to pandemic preparedness, response, and recovery. The collection, analysis, and dissemination of data on the social determinants of health, can influence and inform actions to address and potentially mitigate health inequities.

Data Findings

Between January 24 and October 31, 2020, a total of 1,145 confirmed cases of COVID-19 were reported among residents of Middlesex County and the City of London. Descriptive analysis indicates that among confirmed cases reported as of Saturday, October 31, 2020:

- 55.6% of cases were female.
- Cases ranged in age from 2 years old to 102 years old, with a mean age of 44 years.
    - The highest proportion of cases fell within the 20-29 year age group.
- Severe outcomes related to COVID-19 disproportionally affected laboratory confirmed COVID-19 cases falling within the higher age groups (i.e., 50 years of age and older).
    - The mean age for severe outcomes was higher than the mean age for all cases. The mean age of those hospitalized was 69 years old, of those requiring an ICU stay was 65 years old, and of those with COVID-19 as the primary cause of death was 82 years old.
- 88.5% of cases had family income data recorded. Of these, 23.1% preferred not to answer, and 25.7% stated they do not know their family income.
    - Of cases with family income data, 15.4% reported a total household income before taxes in 2019 below $30,000. Families of 2 or more earning less than $30,000 before taxes would fall below the poverty line based on the Market Basket Measure, Canada's new official poverty line. In 2015, the percent of the Middlesex-London population below the poverty line based on the Market Basket Measure was 15.0%.
- 89.9% of cases had race data recorded. Of these, 8.6% preferred not to answer, and 4.6% stated they do not know their race.
    - Of cases with race data, 32.4% identified as a visible minority. A visible minority refers to a person belonging 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 population.

Next Steps

To understand disparities further, it is essential that the MLHU continues to collect health equity data from confirmed cases of COVID-19. This data will especially help clarify the relationships between race and income with COVID-19 infection and has demonstrated that it is valuable to collect health equity information across all public health programs and services, where the capacity to do so exists.

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

Michael Clarke, PhD
CEO (Interim)

Appendix A: Social Determinants of Health During the COVID-19 Pandemic (Report No. 058-20)

Social Determinants of Health During the COVID-19 Pandemic

Population Health Assessment and Surveillance Team & Health Equity and Indigenous Reconciliation Team
Middlesex-London Health Unit
355 Wellington St, Suite 110
London, ON N6A 3N7

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Background

Social determinants of health (SDOH), including gender, income, employment and working conditions, race, and Indigenous identity, play a key role in the health of individuals and communities. The importance of SDOH have been highlighted throughout the course of the COVID-19 pandemic[1]. As cases of COVID-19 increase, evidence shows that SDOH play a role in the risk of COVID-19 infection and severe outcomes. Therefore, incorporating SDOH into a pandemic response helps to identify existing inequities, and allows for a better understanding of those at heightened risk of becoming infected with COVID-19 and experiencing severe outcomes associated with COVID-19 infection. Additionally, once inequities are identified, interventions to reduce the disproportionate impact of the pandemic can be employed.

Throughout the course of the COVID-19 pandemic, MLHU has utilized health equity interventions to support various at-risk groups in the community including the following:

- Establishing a priority population liaison team to support pandemic planning for agencies and organizations including homeless, developmental, Indigenous, and other group living settings.
- Supporting Indigenous partners, including the Oneida Nation of the Thames Health Centre, Chippewa of the Thames First Nation Health Centre, and Southwest Ontario Aboriginal Health Access Centre (SOAHAC) to conduct their own testing, including providing medical directives, swab training, and providing swabs.
- Working with the City of London, London Intercommunity Health Centre, and other partners in the homeless sector to develop an alternate testing and isolation system, that was accessible, safe, and effective for homeless and underhoused in the MLHU community.
- Working with community partners including the Cross Cultural Learner Centre and the London Intercommunity Health Centre to develop culturally grounded health promotion campaigns, ensuring populations experiencing outbreaks have access to culturally appropriate information.

In April 2020, the Middlesex-London Health Unit (MLHU) was one of the first public health agencies in Canada to initiate the voluntary collection of race and socio-economic data from laboratory confirmed COVID-19 cases. At the end of June 2020, the Ministry of Health required the collection of information on race, income level, language, and household size for all individuals who test positive for COVID-19. As part of follow-up with confirmed COVID-19 cases, MLHU staff continue to collect information for the following indicators:

- Race
- Total family income
- Household size
- Language
- Occupation
- Homeless/underhoused
- Indigenous identity

It is important to note that data available and included in this analysis was limited to what was collected by COVID-19 case investigators. Some health equity data, including race and income, was not collected

[1] Ontario Agency for Health Protection and Promotion (Public health Ontario). COVID-19 – What we know so far about... social determinants of health. Toronto, ON. Queen's Printer for Ontario. 2020.

early in the pandemic. Additionally, as the volume of cases and subsequent contacts per day increased, there was decreased capacity for case investigators to collect health equity data. Therefore, a case may not have provided health equity information for two reasons: 1) a case refused to share the information; or 2) they were not asked.

Another important consideration is whether the gender of the case or sex of the case was recorded. Based on consultation with the COVID-19 case and contact management team, the "gender" of the case is pulled directly from the lab result and not confirmed by the client (in most cases). Lab results either refer to the gender (e.g., lab reports from Ontario Agency for Health Protection and Promotion) or sex (e.g., lab reports from London Health Science Centre) of the case. It is unclear whether the lab requisitions that indicate gender, truly report the gender identity of the case, or rather the case's biological sex. Therefore, it is likely that the gender field in CCM uses a mix of both sex and gender as captured by the lab report, and thus is more appropriately referred to as the biological sex of the case.

Additionally, the categories of severe outcomes (hospitalization, ICU, death) are not mutually exclusive. Therefore, a laboratory confirmed case could potentially fall into one or multiple severe outcome categories.

Overall, these data help identify where inequities exist and further inform MLHU's response to the COVID-19 pandemic. This highlights the need to incorporate a health equity approach to pandemic preparedness, response, and recovery. The collection, analysis, and dissemination of data on the social determinants of health, especially throughout the course of a pandemic, can influence and inform actions to address and potentially mitigate health inequities.

Data Findings

Summary

Between January 24 and October 31, 2020, a total of 1,145 confirmed cases of COVID-19 were reported among residents of Middlesex County and the City of London. Descriptive analysis indicates that among confirmed cases reported as of Saturday, October 31, 2020:

- 55.6% of cases were female.
- Cases ranged in age from 2 years old to 102 years old, with a mean age of 44 years.
    - The highest proportion of cases fell within the 20-29 year age group.
- Severe outcomes related to COVID-19 disproportionally affected laboratory confirmed COVID-19 cases falling within the higher age groups (i.e., 50 years of age and older).
    - The mean age for severe outcomes was higher than the mean age for all cases.
    - The mean age of those hospitalized was 69 years old, of those requiring an ICU stay was 65 years old, and of those who died with COVID-19 as the primary cause of death was 82 years old.
- 88.5% of cases had family income data recorded. Of these, 23.1% preferred not to answer, and 25.7% stated they do not know their family income.
    - Of cases with family income data reported, 15.4% reported a total household income before taxes in 2019 below $30,000. Families of 2 or more earning less than $30,000 before taxes would fall below the poverty line based on the Market Basket Measure, Canada's new official poverty line. In 2015, the percent of the Middlesex-London

population living below the poverty line based on the Market Basket Measure was 15.0%.

- 89.9% of cases had race data recorded. Of these, 8.6% preferred not to answer, and 4.6% stated they do not know their race.
    - Of cases with race data recorded, 32.4% identified as a visible minority. A 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.

Health outcomes within sociodemographic groups

There is emerging evidence that COVID-19 health outcomes differ by sociodemographic factors. This has also been highlighted at the Federal level, in the Chief Public Health Officer of Canada's Report on the State of Public Health in Canada[2]. Data below include laboratory confirmed cases of COVID-19 reported to the MLHU between January 24 and October 31, 2020.

Sex

Overall, 55.6% of laboratory confirmed COVID-19 cases were female, while 44.4% were male. Table 1 presents the data for severe COVID-19 outcomes within each sex group. The proportion of male cases hospitalized was slightly higher than the proportion of female cases. Of all male cases, 12.4% were hospitalized, while 10.7% of all female cases were hospitalized. In contrast, the proportion of laboratory confirmed COVID-19 cases requiring an ICU stay was slightly higher for females than males. Of all female cases, 3.0% required an ICU stay, while 2.8% of all male cases required an ICU stay. Additionally, the proportion of laboratory confirmed COVID-19 male cases who died from COVID-19 was slightly higher at 5.7%, than the proportion of female cases at 5.2%.

It is important to note that although the field in the MLHU case and contact management (CCM) tool refers to gender, it is likely referring to the case's biological sex.

Table 1: COVID-19 health outcomes within sex group, Middlesex-London, 2020

Sex	Hospitalized (%)*	ICU stay (%)*	Death (%)*
Female (n=637)	10.7	3.0	5.2
Male (n=508)	12.4	2.8	5.7
Overall (N=1145)	**11.4%**	**2.9%**	**5.4%**

* Denominator is the number of cases in each gender group. Refer to Appendix A for details.
Shading indicates health outcome proportions within groups that exceed the overall proportion for each health outcome.

Age

Laboratory confirmed COVID-19 cases ranged in age from 2 years old to 102 years old, with a mean age of 44 years. Overall, the highest proportion of cases fell within the 20-29 year age group. However, severe outcomes related to COVID-19 disproportionally affected laboratory confirmed COVID-19 cases in the older age groups (i.e., 50 years of age and older). Additionally, the mean age for severe outcomes

[2]Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19. Ottawa, ON. 2020.

was higher than the mean age for all cases. The mean age of those hospitalized was 69 years old, for those requiring an ICU stay was 65 years old, and for those who died with COVID-19 as the primary cause of death was 82 years old. Table 2 presents the data for severe COVID-19 outcomes within each age group.

The proportion of laboratory confirmed COVID-19 cases hospitalized within each age group was highest above 60 years of age. The proportions of cases who were hospitalized in each of these age groups were higher than the overall proportion of laboratory-confirmed COVID-19 cases who had been hospitalized. This proportion was highest in the 70-79 age group, with 47.0% of cases within this age group hospitalized. This was followed by the 80+ age group, where 36.4% of cases within this age group hospitalized, and the 60-69 age group, where 19.1% of cases within this age group hospitalized.

The proportion of laboratory confirmed COVID-19 cases requiring an ICU stay was highest for cases between 50 and 79 years of age. The proportions of cases who required an ICU stay in each of these age groups were higher than the overall proportion of laboratory-confirmed COVID-19 cases who required an ICU stay. This proportion was highest in the 70-79 age group, with 16.7% of cases within this age group required an ICU stay. This was followed by the 60-69 age group, where 7.0% of cases within this age group required an ICU stay, and the 50-59 age group, where 4.4% of cases within this age group required an ICU stay.

Similar to hospitalizations, the proportion of laboratory confirmed COVID-19 cases who died with COVID-19 as the primary cause of death was highest above 60 years of age. The proportions of cases who died in each of these age groups were higher than the overall proportion of laboratory-confirmed COVID-19 cases who had died. This proportion was highest in the 80+ age group, where 33.0% of cases had died from COVID-19. This was followed by the 70-79 age group, where 18.2% of cases died from COVID-19, and the 60-69 age group, where 6.1% of cases died. No deaths were reported in the 0-39 age groups.

Table 2: COVID-19 health outcomes within age group, Middlesex-London, 2020

Age Group (years)	Hospitalized (%)*	ICU stay (%)*	Death (%)*
0–19 (n=146)	0.7	0	0
20–29 (n=278)	1.1	0.4	0
30–39 (n=148)	2.7	0	0
40–49 (n=115)	7.8.	2.6	0.9
50–59 (n=159)	11.3	4.4	1.9
60-69 (n=115)	19.1	7.0	6.1
70–79 (n=66)	47.0	16.7	18.2
80+ (n=118)	36.4	2.5	33.0
Overall (N=1145)	**11.4%**	**2.9%**	**5.4%**

* Denominator is the number of cases in each age group. Refer to Appendix A for details.
Shading indicates health outcome proportions within groups that exceed the overall proportion for each health outcome.

Annual Household Income

Overall, 88.5% of cases had family income data recorded. Of these, 23.1% preferred not to answer, and 25.7% stated they do not know their family income. The limitations of the data available made

meaningful comparisons between income groups difficult. Of the cases with family income data reported, 15.4% reported a total household income before taxes in 2019 below $30,000. All families of 2 or more earning less than $30,000 before taxes would fall below the poverty line based on the Market Basket Measure, Canada's new official poverty line. Unfortunately, a small subset (35.7%) of cases had household size recorded, limiting the ability to determine how many confirmed COVID cases fell below the poverty line. Additionally, it is important to consider the value that a person reports for family income does not necessarily indicate whether someone is living in poverty (e.g., post-secondary students, retired seniors). In 2015, the percent of the Middlesex-London population living below the poverty line based on the Market Basket Measure was 15.0%. Table 3 presents the data for severe COVID-19 outcomes within each income group.

Further, 6 confirmed COVID-19 cases (0.5%) identified as homeless or underhoused (see Appendix A). It is important to understand how MLHU's partnership with the homeless sector throughout the pandemic has been successful at preventing outbreaks within the homeless community.

Table 3: COVID-19 health outcomes within annual household income group, Middlesex-London, 2020

Annual household income	Hospitalized (%)*	ICU stay (%)*	Death (%)*
$0 - $29,999 (n=156)	9.6	1.9	2.6
$30,000 or more (n=363)	8.5	1.6	0.3
Do not know (n=260)	14.2	3.5	11.2
Prefer not to answer (n=234)	5.6	1.3	1.7
Income not provided (n=132)	26.5	9.1	18.2
Overall (N=1145)	**11.4%**	**2.9%**	**5.4%**

* Denominator is the number of cases in each annual household income group. Refer to Appendix A for details.
Shading indicates health outcome proportions within groups that exceed the overall proportion for each health outcome.

Race

Overall, 89.9% of laboratory-confirmed COVID-19 cases had race data recorded. Of these, 8.6% preferred not to answer, and 4.6% stated they do not know their race. Additionally, race was not provided for 10.1% of cases.

Based on the data available, some race categories were collapsed if counts were too small for meaningful interpretation. Additionally, severe outcome data for the Indigenous category has been suppressed because of small case counts. Limitations of the data available, including the small number of cases within racial groups as well as the number of cases without race data provided, made meaningful comparisons between groups difficult. Table 4 presents the data for severe COVID-19 outcomes within each race group.

Of the cases with race data recorded, 32.4% identified as a visible minority. A 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.

Table 4: COVID-19 health outcomes within race group, Middlesex-London, 2020

Race	Hospitalized (%)*	ICU stay (%)*	Death (%)*
Asian (n=155)	5.8	1.9	0
Black (n=46)	4.4	0	0
Indigenous (n=7)	Suppressed	Suppressed	0
Latin American (n=55)	9.1	1.8	1.8
Middle Eastern (n=77)	2.6	1.3	0
Mixed heritage/Other (n=21)	0	0	0
White/European (n=532)	11.3	2.3	4.1
Do not know (n=47)	23.4	4.3	34.0
Prefer not to answer (n=89)	5.6	0	1.1
Race not provided (n=116)	29.3	10.3	19.0
Overall (N=1145)	**11.4%**	**2.9%**	**5.4%**

* Denominator is the number of cases in each race group. Refer to Appendix A for details.
Shading indicates health outcome proportions within groups that exceed the overall proportion.

Conclusions

The COVID-19 pandemic has exposed and exacerbated existing health inequities, highlighting the need to prioritize the collection of health equity information to assess and modify our response to health crises and protect the health of all individuals. The findings included in this report suggest that inequities exist related to who is infected and experiencing severe outcomes related to COVID-19 infection. These findings should inform MLHU's COVID-19 response and priorities as the pandemic continues.

Next Steps

Much of the data collected is incomplete (i.e., non-response to health equity questions). To understand disparities further, it is essential that the MLHU continues to collect health equity data from laboratory confirmed cases of COVID-19. Additional data will especially help clarify the relationships between race and income with COVID-19 infection. Overall, health equity considerations should be included in pandemic planning, response, recovery, and beyond. It would be worthwhile to consider collecting health equity information across all MLHU's public health programs and services, where the capacity to do so exists.

Appendix A – Cases by Sociodemographic group

Count of laboratory-confirmed COVID-19 cases by sociodemographic group, Middlesex-London, 2020

	Count	Percent
Number of confirmed cases	1145	100%
Sex		
Female	637	55.6
Male	508	44.4
Age (years)		
0-19	146	12.8
20-29	278	24.3
30-39	148	12.9
40-49	115	10.0
50-59	159	13.9
60-69	115	10.0
70-79	66	5.8
80+	118	10.3
Annual household income		
$0 - $29,999	156	13.6
$30,000 or more	363	31.7
Do not know	260	22.7
Prefer not to answer	234	20.4
Income not provided	132	11.5
Homeless/underhoused		
Yes	6	0.5
No	1113	97.2
Unknown/Not reported/ Blank	26	2.3
Race		
Asian – East	16	1.4
Asian – South	115	10.0
Asian – South East	24	2.1
Black – Africa	32	2.8
Black – Caribbean region	9	0.8
Black - North America	5	0.4
Indigenous	7	0.6
Latin American	55	4.8
Middle Eastern	77	6.7
Mixed heritage	10	0.9
White/European	532	46.5
Other(s)	11	1.0
Do not know	47	4.1
Prefer not to answer	89	7.8
Race not provided	116	10.1

Appendix B - Figures

Figure 1: Percent and count of laboratory-confirmed COVID-19 cases by sex, Middlesex-London, January-October 2020

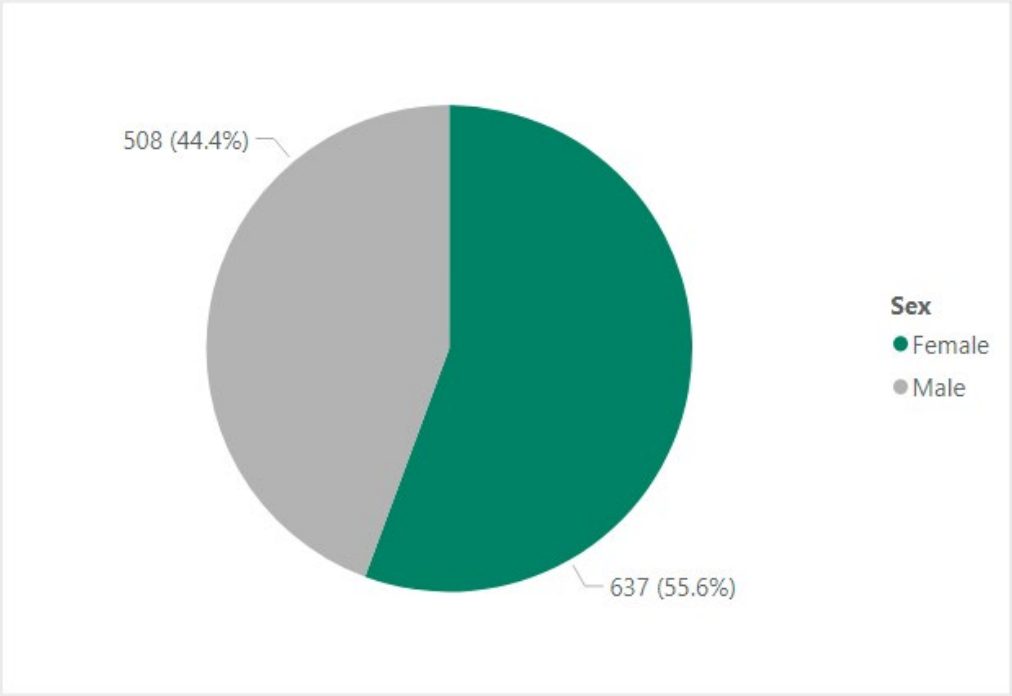


Figure 2: Percent of laboratory-confirmed COVID-19 cases by age group, Middlesex-London, January-October 2020

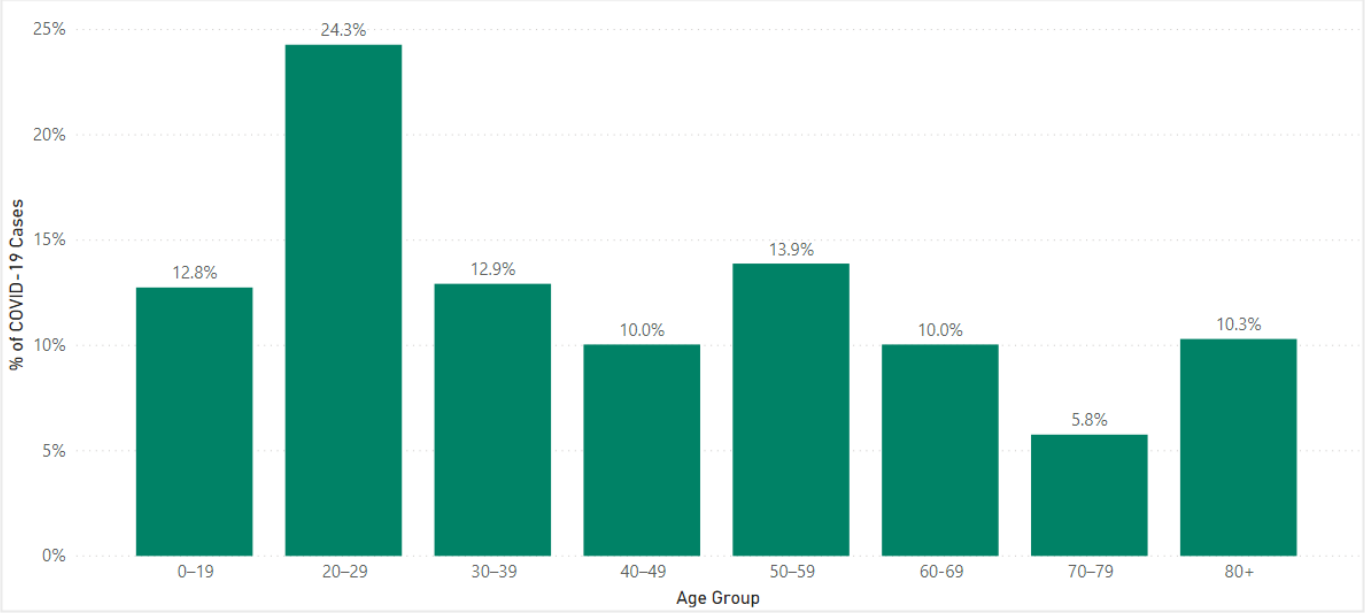


Figure 3: Percent of laboratory-confirmed COVID-19 cases by annual household income group, Middlesex-London, January-October 2020

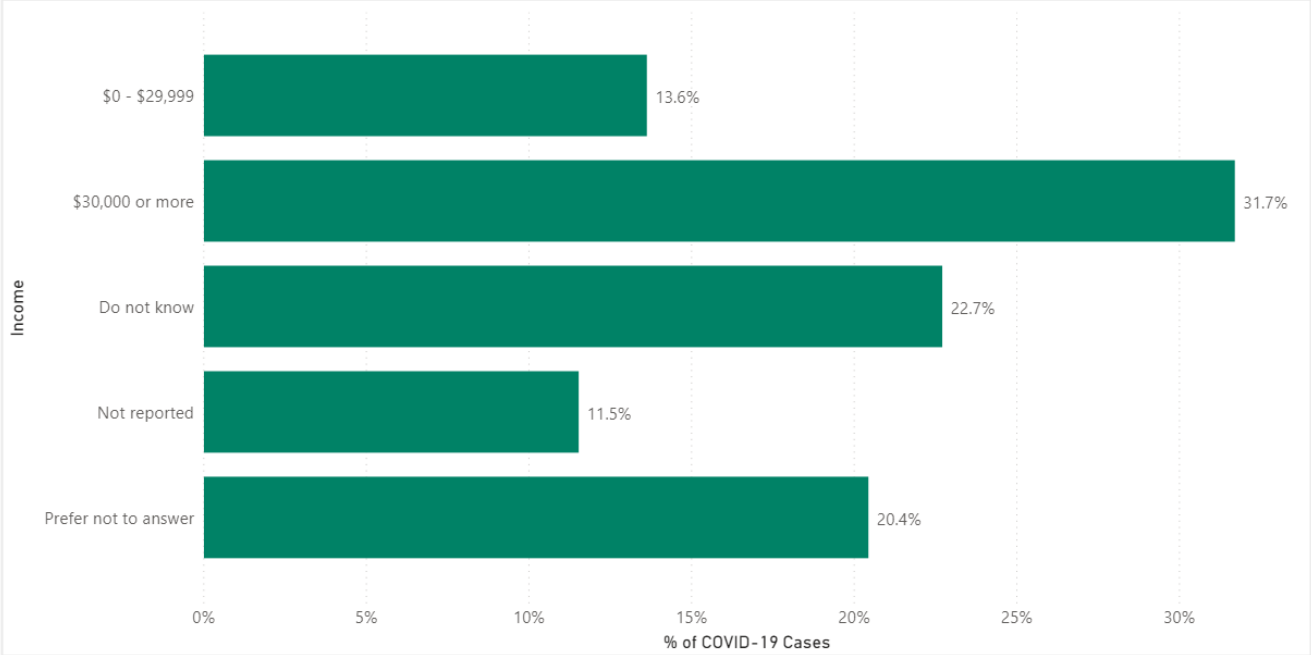


Figure 4: Percent and count of laboratory-confirmed COVID-19 cases identifying as a visible minority, Middlesex-London, January-October 2020

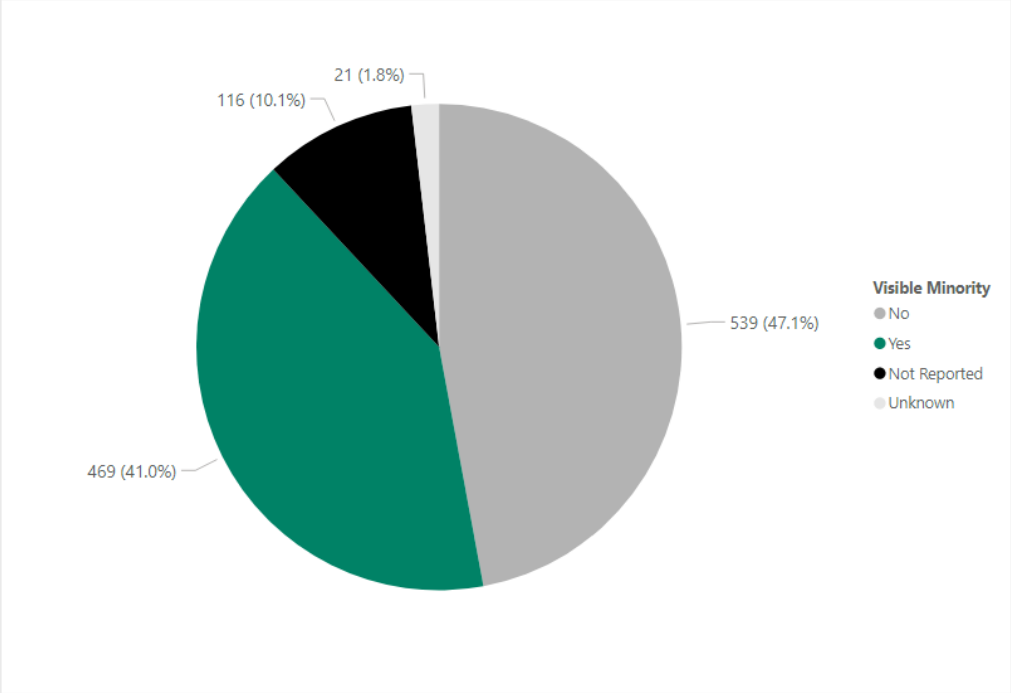
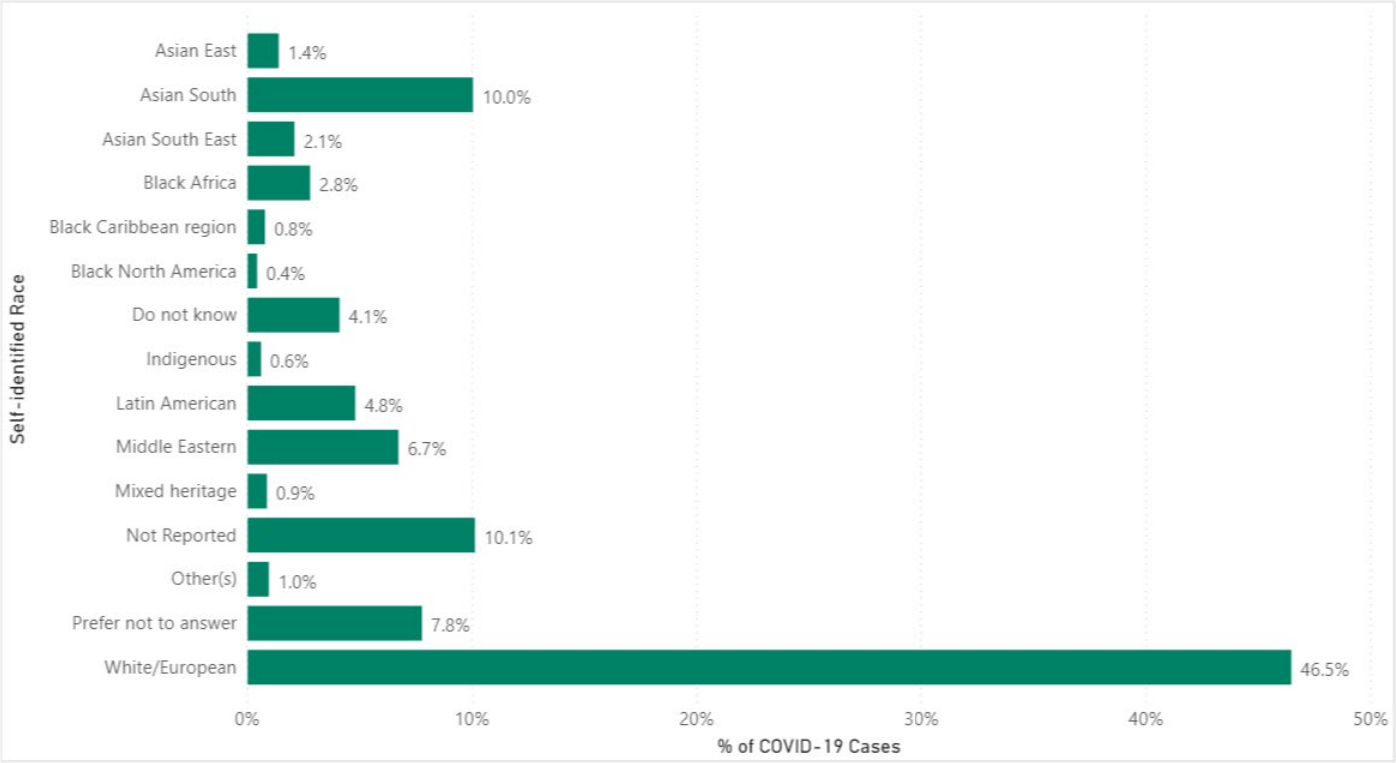


Figure 5: Percent of laboratory-confirmed COVID-19 cases by race group, Middlesex-London, January-October 2020



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 059-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Dr. Michael Clarke, CEO (Interim)

DATE: 2020 December 10

SUMMARY INFORMATION REPORT DECEMBER 2020

Recommendation

It is recommended that Report No. 059-20 re: Summary Information Report - December 2020 be received for information.

Key Points

- Food literacy is an important life skill encompassing much more than food and cooking skills and is essential for a solid foundation of healthy eating behaviours.
- The benefits of food literacy and cooking programs extend beyond healthy eating behaviours. Research indicates these programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life, which aligns with the Ministry of Education's focus on Mental Health and Social-Emotional Learning (SEL) Skills.
- Nutrition and food literacy are key factors that contribute to both physical and mental well-being while also reducing the risk of certain chronic diseases.
- MLHU submitted comments to the Legislative Assembly of Ontario in support of Bill 216 *Food Literacy for Students Act, 2020*

Background

Bill 216 - *Food Literacy for Students Act, 2020* was introduced in the Ontario Legislature in October 2020 by Hastings—Lennox and Addington MPP Daryl Kramp, and has been referred to the Standing Committee on the Legislative Assembly for consideration. Bill 216 would amend the *Education Act,* requiring Ontario school boards to offer experiential food literacy education to all students in grades 1 through 12.

Evidence demonstrates that hands-on, experiential learning about food contributes significantly to increasing vegetable and fruit consumption for students. Furthermore, youth who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes later in life. Nutrition and food literacy are key factors that contribute to both physical and mental well-being while also reducing the risk of certain chronic diseases.

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

Dr. Michael Clarke, PhD
CEO (Interim)

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

December 1, 2020

MPP Daryl Kramp,
8 Dundas St. W.
Napanee, ON K7R 1Z4
daryl.kramp@pc.ola.org

Re: Comments on Bill 216 - *Food Literacy for Students Act, 2020*

Dear MPP Kramp,

The Middlesex-London Health Unit (MLHU), supports Bill 216 – *Food Literacy for Students Act, 2020*.

Food literacy is an important life skill encompassing much more than food and cooking skills[1] and is essential for a solid foundation of healthy eating behaviours. We are pleased that Bill 216 would require school boards to offer experiential food literacy education to all Ontario students in grades 1 through 12. This addition to the Ontario curriculum will help to ensure that all children and youth develop vital skills to inform food choices throughout their lives. Evidence demonstrates that hands-on, experiential learning about food contributes significantly to increasing vegetable and fruit consumption for students aged 4-18 years[2]. As well, youth (18-23 years) who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes 10 years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food)[3].

The benefits of food literacy and cooking programs extend beyond healthy eating behaviours. Research indicates these programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life[4] which aligns with the Ministry of Education's focus on Mental Health and Social-Emotional Learning (SEL) Skills [5]. We live in the most complex food environment in human history[6]. Evidence-based food literacy education relevant to today's food environment is necessary to improve the health of current and future generations[7]. Including food literacy in curricular expectations will help prepare Ontario students for academic and personal success while teaching important life skills and play an important role in addressing society's burden of chronic disease.

Nutrition and food literacy are key factors that contribute to both physical and mental well-being while also reducing the risk of certain chronic diseases. MLHU Registered Dietitians, with expertise in food literacy and curriculum development, are well positioned to support schools in implementation of an enhanced food literacy curriculum.

Sincerely,

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO
Middlesex-London Health Unit

CC: Honorable Doug Ford, Premier of Ontario

Honorable Christine Elliott, Minister of Health and Deputy Premier of Ontario

Honorable Stephen Lecce, Minister of Education

Honorable Ernie Hardeman, Minister of Agriculture, Food and Rural Affairs

Honorable Lisa Thompson, Minister of Government and Consumer Services

Members of the Standing Committee on the Legislative Assembly

Teresa Armstrong, MPP London—Fanshawe

Terence Kernaghan MPP London North Centre

Hon. Monte McNaughton, Minister of Labour, Training and Skills Development and MPP Lambton—Kent—Middlesex

Peggy Sattler, MPP London West

Honorable Jeff Yurek, Minister of the Environment, Conservation and Parks and MPP Elgin-Middlesex-London

Loretta Ryan, Executive Director, Association of Local Public Health Agencies

References

1) LDCP Healthy Eating Team (2018). Food Literacy: A Framework for Healthy Eating. Available from https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web_1.pdf
2) Ontario Agency for Health Protection and Promotion (Public Health Ontario), Mensah G. (2016). Evidence Brief: Impact of food skills programs on fruit and vegetable consumption among children and youth. Toronto: Queen's Printer for Ontario.
3) Utter, J., Larson, N., Laska, M., Winkler, M., & Neumark-Sztainer, D. (2018). Self-Perceived Cooking Skills in Emerging Adulthood Predict Better Dietary Behaviors and Intake 10 Years Later: A Longitudinal Study. Journal of Nutrition Education Behaviour, 494-500.
4) Farmer, N., Touchton-Leonard, K., & Ross, A. (2017). Psychosocial Benefits of Cooking Interventions: A Systematic Review. Health Education & Behaviour, 167-180.
5) Ontario Ministry of Education. (2019). Mental Health and Social Emotional Learning in Ontario Schools. https://www.ontario.ca/document/health-andphysical-education-grades-1-8/social-emotional-learning-sel-skills (accessed Nov 18 2020)
6) Slater, J (2017). Food literacy: A critical tool in a complex foodscape. Journal of Family Consumer Sciences, 109(2). 7) Slater, J. (2013). Is cooking dead? The state of Home Economics Food and Nutrition education in a Canadian province. International Journal of Consumer Studies, 37: 617–624
7) Slater, J. (2013). Is cooking dead? The state of Home Economics Food and Nutrition education in a Canadian province. International Journal of Consumer Studies, 37: 617–624

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 60-20

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2020 December 10

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 60-20 re: "Medical Officer of Health Activity Report for December" for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period November 15, 2020 to November 27, 2020.

To respond to the COVID pandemic, increased meetings and webinars were necessary to keep up with the ever-changing landscape. The MOH continued to participate in external and internal pandemic related meetings. These included 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. The MOH and London Mayor Ed Holder continue to provide regular COVID-19 virtual media briefings.

The MOH and the Associate Medical Officer of Health (AMOH) continued to host a weekly MLHU Staff Town Hall present on many topics, including COVID-19.

The following events were also attended by the MOH.

November 16 Interview with Darryl Newcombe in regard to COVID-19

November 18 Monthly meting with Board Chair to discuss the November 26th Board meeting agenda
Interview with Jane Sims, London Free Press in regard to long haul trucking and risk for contracting COVID
Interview with Jennifer Bieman, London Free Press in regard to increase COVID-19 case counts

November 19 Meeting with government staff in the state of North Carolina, USA in regard to guidance on Thanksgiving COVID Prevention
Interview with Emily Taylor - Western Gazette in regard to the Western University Residence Outbreak
Interview with Travis Dolynny, CBC Live Afternoon Drive in regard to several COVID updates
Interview with Dan Brown, London Free Press in regard to the Western University Residence Outbreak
Attended the 14th Annual Pillar Community Innovation Awards Event (Virtual)

November 20 Interview with Bill Kelly, Global News Radio AM900 CHML in regard to anti-mask rallies
Interview with Matt Trevithick, AM980 in regard to several COVID-19 issues

November 23 News Conference to announce the Provincial Approval to move forward with a permanent Consumption Site (CTS)at 446 York St.
Interview with Jess Brady, AM980 CFPL Global News Radio in regard to the CTS announcement

November 24 Interview with Bill Kelly, Global News Radio – AM900 CHML in regard to the CTS announcement
Call with Minister Lecce and local School Board Executives regarding COVID response in schools
Interview with Nick Paparella, CTV News
Interview with Marek Sutherland,

November 25 Participated in the Council of Medical Officers of Health (COMOH) Section meeting

November 26 Participated in a meeting facilitated by the City of London - London Community Recovery Network – Ideas for Recovery
Attended the Board of Health meeting

November 27 Participated in a meeting of the Association of Local Public Health Agencies (alPHa) Board Executive
Participated in the virtual Staff Day event
Introductory meeting with Meera Shah, 4th year medical student

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

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

CORRESPONDENCE – December 2020

a) Date: 2020 November 16
Topic: Information Break
From: Association of Local Public Health Agencies
To: All Health Units

Background:

On November 16, 2020, the Association of Local Public Health Agencies (alPHa) issued an update to its members that included information related to COVID-19 Ministry of Health Situation Reports, the Rapid Risk Factor Surveillance System (RRFSS) survey that restarts in February 2021, the updated Ontario Public Health Directory and updates on the alPHa's Annual General Meeting.

Recommendation: Receive.

b) Date: 2020 November 16
Topic: 2019-2020 Annual Community Report
From: Simcoe-Muskoka District Health Unit
To: All Boards of Health

Background:

On November 16, 2020, the Simcoe-Muskoka District Health Unit shared its Annual Community Report for 2019-2020. The report highlights accomplishments in 2019 and how the organization is responding to the COVID-19 pandemic.

Recommendation: Receive.

c) Date: 2020 November 16
Topic: Basic Income for Income Security during Covid-19 Pandemic and Beyond
From: Thunder Bay District Health Unit
To: Prime Minister Justine Trudeau and Deputy Prime Minister Chystia Freeland

Background:

On November 16, 2020, the Board of Health for Thunder Bay District Health Unit wrote to Prime Minister Trudeau and Minister Freeland in support for efforts to provide income solutions to reduce Household Food Insecurity (HFI) and a call to action to consider adequate income solutions that provide long-term income support to the most at-risk and in need.

Recommendation: Receive.

d) Date: 2020 November 16
Topic: Income Security for Canadians
From: Hugues Vaillancourt, Senior Director, Social Policy Directorate
To: Ms. Maureen Cassidy and Dr. Christopher Mackie

Background:

On November 27, 2020, Mr. Vaillancourt wrote to Ms. Cassidy and Dr. Mackie on behalf of Minister Ahmed Hussen regarding the basic income correspondence submitted to Prime Minister Trudeau from the Middlesex-London Health Unit. Refer to correspondence item a) from the October 15, 2020 Board of Health agenda. Mr. Hussen advised that the Government of Canada continues to undertake research and analysis on a range of policies and programs that could positivity impact Canada's economy and society. In response to COVID-19 the Government continues to explore policy responses to build a resiliency agenda for the middle class. In addition, the Government of Canada will continue to invest in housing, carry out a campaign to create jobs and support initiative to improve food security.

Recommendation: Receive.

e) Date: 2020 December 03
Topic: Mass Immunization Program
From: County of Lambton
To: Honourable Doug Ford

Background:

On December 3, 2020, the County of Lambton wrote to Premier Ford to inform the Ontario Government that Lambton Public Health is prepared to conduct a mass immunization program and is well positioned to scale-up COVID-19 immunizations locally as needed.

Recommendation: Endorse.

2021 Draft Board of Health, Governance Committee and Finance & Facilities Committee meeting dates

2021 Board of Health and Governance Committee Meeting Dates	
Thursday, January 21	Inaugural meeting
Thursday, February 18	Also Governance Committee
Thursday, March 18	
Thursday, April 15	
Thursday, May 20	
Thursday, June 17	Also Governance Committee
Thursday, July 15	
Thursday, August 19	***usually cancelled**
Thursday, September 16	
Thursday, October 21	Also Governance Committee
Thursday, November 18	
Thursday, December 9	

2021 Finance & Facilities Committee Meeting Dates
No meeting in January
Thursday, February 4 * budget meeting, 9:00 a.m. - 12 noon
Thursday, February 11 * budget meeting, 9:00 a.m. - 12 noon (if required)
Thursday, March 4
Thursday, April 1
Thursday, May 6
Thursday, June 3
July – TBD due to Canada Day
Thursday, August 5 ***usually cancelled**
Thursday, September 2
Thursday, October 7
Thursday, November 4
Thursday, December 2